SOUTH ASIAN WOMEN’S EXPERIENCES IN COUNSELING: AN EXPLORATION OF WORKING ALLIANCE, MULTICULTURAL COMPETENCE, ACCULTURATION, AND CULTURAL VALUE CONFLICTS

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The purpose of this study was to examine predictors of client-counselor working alliance by understanding the effects of acculturation, perceived multicultural competence in counselors, and cultural value conflicts among South Asian women. The study was based on a nonrandom sample of women ages 18 to 39 years living in the United States who had completed at least three counseling sessions with a mental health professional in the last 5 years. Forty participants completed the online survey. Participants were recruited through personal contacts, social networking Internet websites, businesses, agencies, and places of worship. The majority of participants were highly educated, second-generation women descending from India or Pakistan.

The full survey included an eligibility screening questionnaire, demographic questionnaire, the Working Alliance Inventory-Short Revised with an average mean of 4.82, Cross-Cultural Counseling Inventory-Revised with an average mean of 4.17 and reliability of excellent internal consistency reliability at $\alpha = .92$, Asian Values Scale-Revised with an average mean score of 2.44, and Cultural Value Conflicts Scale for South Asian Women with a mean score of 3.33.

Participants reported experiencing working alliance often within the therapeutic relationship and experienced middle levels of Asian value adherence, falling in the integration level. The results indicated that participants experienced neutral to agreeable cultural value conflicts. Bivariate correlations indicated a statistically significant, moderate relationship between participants’ perceptions of counselors’ multicultural competence and their reports of working alliance in the therapeutic relationship. All other correlations reflected small to
moderate effect sizes; however, these correlations were not statistically significant. Similarly, bivariate regression indicated that perceptions of multicultural counselor competence predicted the client-counselor working alliance to a moderate degree. From the results of hierarchical linear regression, acculturation and cultural value conflicts did not predict client-counselor working alliance even after accounting for perceived multicultural competence in counselors. The strongest predictor of client-counselor working alliance was the perceived multicultural competence of counselors. Probable reasons for the results of this study were discussed, limitations were identified, and suggestions for counseling practice were provided. Implications for the profession of counseling were made, and recommendations for future research were provided.
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CHAPTER 1
INTRODUCTION

Multiculturalism has been identified as the fourth force in the counseling profession, and the importance of cultural relevance is woven into the profession as evidenced by mandates in the American Counseling Association’s *Code of Ethics* (2005) and the Council for Accreditation for Counseling and Related Educational Program’s *2009 Standards*. In the past three decades, researchers have provided insight into needs of diverse clients and predictors for the client-counselor working alliance for diverse ethnic groups, including the Asian population living in the United States (U.S.). Although this research has been meaningful, an assumption has been established that the Asian population living in the U.S. can be examined as a whole, resulting in a dearth of attention to diversity within Asian cultures. Although the Asian population living in the U.S. has been a focus of examination by many researchers, specific Asian sub-groups, such as South Asian women, have been neglected by researchers. In Chapter 2, how this gap in research poses as a problem in the field of counseling is discussed, and examination of this unique population’s predictors for the client-counselor working alliance is proposed. In Chapter 3, research questions are identified pertaining to predictors of client-counselor working alliance including perceived multicultural competency, adherence to Asian values, and cultural value conflicts. I then describe the significance of the study, define terms, and outline the proposed study. In Chapter 4, statistical analyses and results are explained. Particularly, descriptive statistics for the participants in addition to correlation and regression analysis results are provided. In Chapter 5, relationships between perceived multicultural competence in counselors, client-counselor working alliance, adherence to Asian values, and cultural value conflicts are discussed along with limitations of the study and implications for theory, practice, and research.
Background

The Asian population consists of East Asians, Southeast Asians, and South Asians. According to American Community Survey of the U.S. Census Bureau (2009), there is a wide variety of experiences within each sub-group. Research has prevailed regarding East Asians as representative of all Asians; however, collapsing cultures together can be problematic when striving to understand the richness and unique struggles of each sub-group. Although professional counseling services may be useful, research regarding the cultural effectiveness of counseling services for minority clients has shown mixed results (Want, Parhan, Baker, & Sherman, 2004), and few scholars have attended to specific needs of South Asians who have recently immigrated to the U.S. in large numbers.

In response to this growing number of Asians living in the U.S., attention needs to be drawn to the counseling needs of this population. The American Psychological Association (APA, 2002) established considerations when working with the broad population of Asian female clients based, in part, on sometimes contradictory findings regarding the experiences of Asians living in the U.S. (e.g., Farver, Bhadha, & Narang, 2002; Kim & Atkinson, 2002; Kim, Li, & Liang, 2002). I believe this difference is due to the large sum of diversity collapsed into one “Asian” group. Indeed, Gee (2004) proclaimed that South Asian female clients living in the U.S. have been severely understudied.

Understanding uniqueness is particularly important for the rapidly-growing South Asian population because there is a significant distinction between expectations for South Asian men and South Asian women, resulting in unique and specific stressors for women in this population (Inman, Yeh, Madan-Bahel, & Nath, 2007). Values of the culture of origin begin to clash with the values of the dominant culture, creating conflict for South Asian women who attempt to live
in the midst of both cultures. This conflict may result in thoughts and feelings of loneliness, isolation, secrecy, resentment, pressure, and entrapment (Abouguedia & Noel, 2001).

With substantial support suggesting that minorities differ between groups in their processes of developing therapeutic alliances and achieving satisfaction with services, an understanding of whether or not differences in these processes within minority groups needs to be developed. Many researchers (e.g., Benkert et al., 2009; Constantine, 2007; Castro & Ruiz, 2009; Diaz, 2003; Fuertes & Brobst, 2002; Kim et al., 2005; Mallinckrodt et al., 1995; Paris et al., 2005; Rubio et al., 2007; Vetter, 2004; Wang & Kim, 2010) have suggested a strong relationship between perceived multicultural competence in counselors, client-counselor working alliance, and client satisfaction. However, two major constructs have the possibility of affecting these relationships: clients’ level of acculturation and cultural value conflicts experienced by clients.

Despite a high potential for acculturative distress and the resulting need for mental health services, a strong stigma has been associated with seeking counseling services within the South Asian community. Many South Asians have preconceived notions that counseling is a process that focuses on emotions and feelings rather than cognitions, and therefore, creates deeper depression (Inman et al., 2007). Furthermore, many South Asians believe that strong individuals are able to restrain their feelings; in turn, counseling represents a sign of weakness (Inman et al., 2007). In general, minority clients express perceiving their counselors as unaware of their struggles with specific issues that set them apart from other ethnic groups (Want et al., 2004). Minority groups may struggle with the individualistic values inherent in counseling which may result in discontinuation of services (Sue & Sue, 2008). Asians living in the U.S., in general, have reported that they believe that they will not be understood by counselors concerning their
values and lifestyle, especially those counselors of the dominant culture; and, as a result, researchers have suggested that when minority clients feel unheard or not understood, they will react by rejecting counseling services at higher rates (Kim, Atkinson, & Umemoto, 2001).

Statement of the Problem

The rise in number of South Asian women currently in the U.S. indicates the need for research to inform ways to meet the unique counseling needs of this population. Fuertes et al. (2006) and Li and Kim (2004) suggested the presence of a strong correlation between clients’ perceptions of their counselors’ multicultural competence and client-counselor working alliance. However, a considerable gap exists in quantitative research regarding how acculturation and cultural value conflicts affect these predictors. Although it is encouraging to observe the development of research regarding the multicultural counseling relationship, acculturation levels, and the cultural values conflict with Asian clients, there is no research available for understanding the relationships among these constructs for South Asian clients, and particularly among female South Asian clients. Without a more comprehensive understanding regarding how adherence to Asian values and cultural value conflicts is related to client perceptions of counselor multicultural competence and client-counselor working alliance, counselors may struggle to understand how to conceptualize and meet the unique needs of South Asian female clients.

Purpose of Study

The purpose of this study was to enhance understanding of the relationship between South Asian female clients’ perceptions of counselors’ multicultural competence, adherence to Asian values, cultural value conflicts, and the client-counselor working alliance. In particular, the study results might help counselors better understand how cultural value conflicts and
acculturation influence the relationship between perceived multicultural competence in counselors and client-counselor working alliance. By understanding these predictors, I hoped that mental health professionals could better understand of how to meet their South Asian female clients’ counseling needs.

Research Questions

Specific research questions addressed in this study included the following:

1. To what degree do South Asian female clients:
   a) perceive their counselors as multicultural competent,
   b) experience a working alliance with their counselors,
   c) report adherence to Asian values, and
   d) report cultural value conflicts?

2. To what degree are client perception of their counselors’ multicultural competence, working alliance, adherence to Asian values, and cultural value conflicts correlated?

3. To what degree does client perception of multicultural competence in counselors predict experiences of working alliance?

4. To what degree do adherences to Asian values and cultural value conflicts predict experiences of client-counselor working alliance after controlling for client perceptions of multicultural competence in counselors?

Significance of Study

Due to the lack of research regarding South Asian female clients, problems arise when counselors fail to understand these clients in a unique manner. In particular, South Asian women living in the U.S. who do seek counseling might divert from counseling services and counseling opportunities due to perceptions of a poor working alliance in the counseling relationship.
Results of this study might be used to help professional counselors better understand the ways in which issues of acculturation are connected to South Asian female clients’ experiences within the counseling relationship. From this study’s findings, I hoped to develop training modules or continuing education offerings that educate mental health professionals regarding unique needs of South Asian female clients, their self-reported experiences in counseling, and implications for practice. By providing a meaningful addition to the limited body of literature surrounding this issue, I hoped that the number of South Asian women living in the U.S. who seek and receive culturally sensitive counseling services could increase.

Definition of Terms

The major constructs utilized in this study are defined below in order for the reader to gain a better understanding of each term.

Acculturation is defined as the process through which members of one cultural group choose to adapt or not to adapt to the values, norms, and or behaviors of the dominant culture in which they live (Castillo, Conoley, & Brossart, 2004; Sue & Sue, 2008).

Collectivism is defined as a value system in which one prioritizes the importance of the group over that of the individual. Collectivism is defined by the groups’ needs surpassing the needs of individuals, which also ties into group interdependence, and which means each member of the group has an obligation to take care of another member of the group (Kim et al., 1999).

Cultural value conflict is defined as an experience of distressful affect and cognitive contradictions, related to intimate relations and sex role expectations, from dealing simultaneously with the values and expectations internalized from the culture of origin and the dominant culture (Inman, Ladany, Constantine, & Morano, 2001).

Dominant culture is defined as the mainstream or dominant culture. In this study, the
dominant culture will be the U.S. The dominant culture is a culture that has the capacity to influence its values and behaviors on a minority culture through economic, legal, and political power (Sue & Sue, 2008).

First generation is defined as individuals who were born outside of the U.S. and who migrated into the U.S. from another country. In this study, first generation most often refers to those who immigrated in to the U.S. from South Asia.

Individualism is defined as the importance of the individual and in the virtues of self-reliance, autonomous, uniqueness, and personal independence (Castillo et al., 2004).

Multicultural competence in counselors is defined in this study in the same way Sue and Sue (2008) defined the term, which follows:

A culturally competent helping professional is one who is actively in the process of becoming aware of his or her own assumptions about human behavior, values, biases, preconceived notions, personal limitations, and so forth. Second, a culturally competent helping professional is one who actively attempts to understand the worldview of his or her culturally different client….Third, a culturally competent helping professional is one who is in the process of actively developing practicing appropriate, relevant, and sensitive intervention strategies and skills in working with his or her culturally different client. (p. 43-44)

Second generation is defined as individuals who are children of immigrant parents and have been born and raised in the U.S. In this study, second generation will most often refer to children who have at least one first generation South Asian parent.

South Asians are individuals who descended from South Asia; South Asian countries include India, Pakistan, Bangladesh, Bhutan, Myanmar, Sri Lanka, Maldives, and Nepal.
Working alliance is defined as individuals’ perceptions of the counselor-client therapeutic alliance which includes tasks within the counseling relationship, goals or outcomes of treatment, and the extent to which there is a positive personal attachment or bond in the relationship is present between the therapist and client (Tracey & Kokotovic, 1989).

Organization of the Proposed Study

In this chapter, the lack of research regarding South Asian women’s experiences in counseling has been discussed. Consideration of examining the predictors of client-counselor working alliance has been introduced. The statement of the problem, purpose of the study, research questions, significance of the study, and organization for the study has been provided.

Chapter 2 contains a comprehensive literature review regarding common Asian cultural values, variations within sub-groups, predictors of experiences of client-counselor working alliance, perceptions of counselors’ multicultural competence, acculturation, and counseling recommendations. In Chapter 3, research questions and recruitment are explained along with procedures, analyses, and a discussion of each instrument utilized in this study. In Chapter 4, statistical analyses are discussed as well as descriptive statistics, correlation, and regression analysis results.

In Chapter 5, I discuss the relationships between perceived multicultural competence in counselors, experiences of client-counselor working alliance, adherence to Asian values, and cultural value conflicts are discussed. Next, I identify the strongest predictor of working alliance along with limitations of the study, implications for theory, practice, and research.
CHAPTER 2
REVIEW OF THE LITERATURE

In Chapter 1, the rationale for a study regarding predictors of the client-counselor working alliance was presented. Particularly, the need to examine how adherence to Asian values and cultural value conflicts affects the relationship between perceptions of multicultural competence in counselors and experiences of client-counselor working alliance was discussed.

In this chapter, common values among Asians living in the U.S. are reviewed along with the variations within sub-groups and specific cultural value conflicts pertaining to South Asian women. Next, the importance of counselors’ understanding of client-counselor working alliance predictors and multicultural competence in counselors is reviewed. Then, differences between minority groups and differences within sub-groups are discussed in regard to acculturation. The chapter concludes with explanation of counseling recommendations and South Asians’ beliefs and experiences regarding counseling.

According to the American Community Survey of the U.S. Census Bureau (2009), the Asian population living in the U.S. grew at a faster rate than any other major racial group between 2000 and 2010, growing from 10.2 million to 14.7 million and increasing their population by 43%. The U.S. Census Bureau illustrated a wide range of diversity in terms of educational status, socioeconomic status, and generational status of Asians living in the U.S. According to the U.S. Census Bureau, 8.3 million Asians living in the U.S are first generation, 3.8 million are second generation, and 1 million are third generation. In addition, out of the 13.3 million Asians living in the U.S, 11.7 million live above poverty while 1.5 million live below poverty. Furthermore, 1.7 million Asians living in the U.S have a high school degree, 2.8 million have obtained a bachelor’s degree, and 1.8 million have completed advanced degrees.
The continent of Asia includes 48 countries and 2,197 spoken languages, reflecting a high linguistic diversity across the continent (Anderson & David, 2002). Individuals from the three main sub-groups of Asia include East Asians, Southeast Asians, and South Asians. East Asians include individuals from China, Korea, Vietnam, and Japan (Flaskerud, 1991). Southeast Asians include people from Vietnam, Thailand, Singapore, and Indonesia, while South Asians encompass those from Bangladesh, Bhutan, Myanmar, Maldives, India, Nepal, Pakistan, and Sri Lanka. These sub-groups make up Asian culture as a whole and share some commonalities in values, worldviews, and norms while expressing uniqueness across sub-groups and individuals, shaped, in part, by unique historical context within the United States (U.S.; Robinson-Wood, 2007). First, I explore shared common values among the many groups of Asians living in the U.S.

Common Values Among Asians Living in the U.S.

Although Asian immigrants have established their lives in the U.S., Asian cultural values and beliefs remain deeply rooted for many (Sue & Sue, 2008). Therefore, many Asians practice cultural norms which differ from the dominant American culture. Common values for Asian groups include emotional restraint, harmony in relationships and collectivism, filial piety, and education and success. Because these values often contain a gendered element, I discuss gender implications for each cultural value.

Emotional Restraint

Within traditional Asian cultures, discussion of feelings and emotions may be perceived as a sign of weakness, lack of control, and childish; therefore, many Asian individuals suppress affect (Sue & Sue, 2008). Kim et al. (2001) explained that Asians have expectations of themselves to resolve their own emotional problems by using their own inner resources, re-emphasizing the perception that seeking psychological guidance is weak. Because Asian
cultures highly value engagement in self-control and self-restraint, many Asians believe restraining emotional pain is a strength (Kim et al., 2001).

This cultural focus on emotional restraint was illustrated by Inman et al. (2007) as they conducted a qualitative study to understand grief and coping strategies of South Asian Americans. Participants included first-generation immigrants who had resided in the U.S. within a period of 2 decades, ranged in age from 27 to 59 years old, and varied in terms of nationality and language within the South Asian ethnicity. Participants were recruited from Asian American organizations and included those who had lost a relative during the World Trade Center attack on September 11, 2001. A research team of first-generation and second-generation counseling psychologists interviewed participants regarding the grieving process approximately 10 months after the tragedy and concluded that participants who experienced grief had a sense of pride in trying to resolve the distress themselves. Although Asians may believe that emotional restraint is viewed as a weakness, it appears that men receive more pressure to restrain emotions than women (Baptiste, 2005).

Harmony in Relationships

Many Asian cultural values derive from Confucian beliefs of harmony and serenity (Robinson-Wood, 2007; Sue & Sue, 2008). In particular, Kim et al. (2001) discussed the cultural value of maintaining interpersonal harmony by valuing accommodation and restraint of emotion. Kim et al. added that Asians often avoid conflict or disagreement in an effort to keep the atmosphere serene and agreeable. Indeed, several multicultural scholars discussed how it is the role of the woman to assuage emotional tension within the family by becoming the liaison between family and community members in order to sustain relationships (Robinson-Wood, 2007; Sue & Sue, 2008).
Collectivism

Traditionally, Asians living in the U.S. view their lifestyles through a collective perspective which means they value the importance of the group above the individual (Robinson-Wood, 2007). Rather than encouraging personal needs and individual identity, Asians may focus on group and family dynamics (Sue & Sue, 2008). Along the same lines, Kim et al. (2001) provided a description of collectivism as a system where the groups’ needs surpass the needs of individuals which ties into the group interdependence value. Group interdependence means each member of the group has an obligation to take care of another member of the group.

In addition, it is important to note the unique gender roles Asians place within the collectivist perspective. Although most Asians are expected to keep harmonious relationships, researchers suggest that there is more focus on the role of the woman to sustain peace within the community. Upon analyzing results of a mixed-methods study of 63 first generation and 130 second generation South Asian women, Inman (2006) noted that Asian female participants reported being expected to behave in a selfless manner in order to sustain peace and harmony. Women who caused disruption were viewed by participants as selfish and self-centered.

Filial Piety

The Confucian concept of filial piety is described as respect for parents and elders, meaning a sacrifice of personal fulfillment as an obligation to honor parents indisputably (Baptiste, 2005; Kim et al., 2001). In fact, Dugsin (2001) conducted a grounded theory qualitative study to examine conflict and healing in family experiences of second-generation immigrants from India living in the U.S. Participants included three male and three female second-generation Asian American Indians via a 70-minute interview. Participants agreed that their family’s desires preceded their own when making decisions. In connection with the collectivist orientation, these participants described a deep responsibility to take care of each
other. These findings aligned with Kim et al.’s (2001) explanation that the extended Asian American family will strive to great lengths to take care of one another, and even after individuals are married, obligations remain with parents and family (Sue & Sue, 2008). Kim and colleagues stated that closeness within families offers a sense of reliability and safety for each individual and described this closeness as a sense of selflessness that reflects close family ties.

Assertions regarding the importance of family are supported by findings from Rothbaum, Morelli, and Liu-Constant (2000) who conducted a semi-structured qualitative study of 40 first-generation participants, including 20 mothers and 20 fathers, regarding expression and meaning of physical closeness with their children. Participants were recruited through two Chinese Christian community centers and engaged in 80-minute interviews with upper level undergraduate and graduate students. Researchers reported a theme of family relatedness that included factors of harmony, accommodation, and family hierarchy. Participants described that as children age, their responsibilities to their parents and family remain the same, therefore emphasizing the importance of family during the lifespan of an individual.

It is important to observe differences in gender roles within the family. In the Asian family culture living in the U.S., women are accustomed to placing the needs of male family members ahead of their own. For example, Kalliyayalil (2004) conducted an open-ended qualitative research study examining 25 second-generation Asian Indian women aged 18 to 23 years from a large Midwestern university. These participants were recruited through advertisements and word of mouth and were interviewed for 90 minutes by psychologist Kalliyayalil regarding the messages the females received from their mothers and their role as women in the Asian Indian community. These participants stated it was customary for women to
minimize their feelings while adapting and accepting their role within their families, whereas the men were placed higher in the family hierarchy (Das & Kemp, 1997).

*Education and Success*

In Asian cultures, parents are advocates for educational and career success as both are perceived as signs of good upbringing. Dugsin (2001) employed a qualitative grounded theory design, and participants discussed how parents’ self-worth is measured by the education and success of their children. Dugsin noted how second generation Asians living in the U.S. experienced pressure to achieve intellectually, professionally, and in physical appearance. For example, participants discussed minimal importance placed on liberal arts or literature, encouragement to pursue careers in science or math, and being viewed as underachieving if they sought professional experiences in other areas. In fact, parents most often chose careers for their children in order to meet the standard expectation (Sue & Sue, 2008). In addition, Dugsin observed that parents place value on monetary gains and emphasize salaries as a measure of success.

In regard to gender roles, Asian women are expected to sustain the values of the Asian culture while becoming highly educated and successful (Dugsin, 2001). Asian female participants in Dugsin’s qualitative study reported that their parents encouraged them just as firmly as their brothers to pursue advanced education and become successful professionals; however, the women were expected to take on more responsibilities in maintaining the household. Many of these value commonalities derive from a collective perspective in general. Due to the different histories, discrimination types, and philosophies that different sub-groups have experienced, there are many substantial differences within this large population.
Variations Within Sub-Groups

Although there are several similar values shared by Asians, many practical researchers have acknowledged the abundance of diversity within the Asian population. In this absence of empirical research, multicultural theorists have suggested that it is essential to understand differences within each sub-group and how these distinctions affect the counseling process (Robinson-Wood, 2007; Sandhu, 1997; Sue & Sue, 2008; Uba, 1994). Sandhu (1997) stated that among the more than 40 groups encompassed from the Asian cultural groups, all 40 differ in terms of values, philosophies, and language. Uba (1994) stated that it is unsuitable to use the term “Asian culture,” because although Asians share similar values, they experience vast differences among the many sub-groups, regions, and religions falling under the “Asian” umbrella. In addition, Uba expressed evidence of large generalizations regarding the Asian culture and how it is rather impossible to abide by these generalizations because of the great diversity found within the Asian culture.

Sandhu (1997) added that a majority of Asian sub-groups have lived in the U.S. for generations, yet they have been overlooked and under-researched. Sandhu’s argument was supported by Robinson-Wood (2007) who stated that the diversity in the Asian population includes “nationality, language, immigration status, educational, and occupational levels, and income” (p. 120). Robinson-Wood added that homogenizing a group of individuals is a form of racism due to the lack of acknowledgment of the differences found within such a large group as Asians. Due to unique cultural differences, Asian sub-groups differ from one another in terms of social roles and normative behaviors (Kim, Yang, Atkinson, Wolfe, & Hong, 2001), economic practices and business (U.S. Census Bureau, 2009), family dynamics, and historical cultural oppression (Sue & Sue, 2008).
Shim and Schwartz (2008) argued that there is a high volume of studies conducted about the Chinese or Japanese culture as an indication of all Asians despite warnings from scholars (e.g., Robinson-Wood, 2007; Sandhu, 1997; Shim & Schwartz, 2008; Sue & Sue, 2008; Uba, 1994) regarding these assumptions. To better understand why East Asians have been the focal point of counseling research regarding Asians, one must attend to unique historical trends of Asian groups in the U.S. In the early 1900s, the U.S. government passed laws ordering the cessation of Asian immigration into the U.S. In the mid-1950s, a resumption of naturalization rights granted individuals from East Asian countries opportunities for immigration to and citizenship in the U.S. (Chin, 1998). In contrast, individuals from South Asia were not permitted immigration until much later with the condition that only a certain quota be allowed entrance. As a result, East Asians have resided in the U.S. longer than other Asian groups; thus, standing out as being the majority sub-group in the U.S. for a duration of time.

Along those same lines, the Korean War in the 1950s and Vietnam War in the 1970s resulted in a massive flood of immigrants to the U.S. (Robinson-Wood, 2007). Those fleeing persecution in their homelands sought new opportunities in the U.S., which increased the number of East Asians living in the U.S. significantly. By the 1970s, a large number of East Asians and Southeast Asians resided in the U.S., calling more attention to researchers to study these populations. In order to illustrate the uniqueness in experiences and struggles among several sub-groups, historical review of the immigration of the Chinese, Japanese, Vietnamese, and South Asians into the U.S. is provided.

**Chinese**

The Chinese were the first immigrants from the Asian population to reach the U.S. in the 1840s (Robinson-Wood, 2007; Sue, 2006). These immigrants fled from China to the U.S. due to political insecurities and taxation; however, their opportunities in America were gruesome and
difficult (Avakian, 2002). Robinson-Wood (2007) and Sue (2006) reviewed literature regarding historical injustices experienced by Chinese and explained that they were recruited for cheap labor during construction of the transcontinental railroads, often experiencing brutal living conditions and extensive discrimination. Chinese women suffered due to enslavement and kidnapping, which lead to more than 80% of Chinese females’ involvement in prostitution (Robinson-Wood, 2007). It is evident that this population endured serious, traumatic experiences during the first wave of immigration to the U.S.

As a result of these traumatic experiences, the Chinese population developed certain values and worldviews while living in the dominant culture. For example, through a qualitative study, Huang and Spurgeon (2006) described the experiences of first-generation Chinese individuals who held traditional catering jobs while keeping minimal contact with the dominant culture upon immigration. Due to isolation, the Chinese population tended to manifest psychological adjustment when living within the dominant culture. On the other hand, these authors described second-generation Chinese Americans as highly motivated to integrate into the host country by separating themselves from the Chinese culture in order to survive professionally and economically. Some emergent themes for second-generation participants were having an absence of racial confidence and residing in another person’s house, thoughts which led them to want to challenge the Chinese culture by integrating into the dominant culture. Further, the Chinese population has resided longer in the U.S. than any other Asian sub-group. Some authors have theorized that these factors influence the degree to which individuals experience acculturation (Blair & Qian, 1998; Robinson-Wood, 2007).

Japanese

The Japanese began to migrate to the U.S. in the 1870s at the time of the Meiji Restoration (Ina, 2006; Robinson-Wood, 2007). As the Japanese experienced severe poverty due
to economic struggles, many migrated to Hawaii; by the 20th century, the Japanese provided 70% of labor for sugar plantations (Ina, 2006). Japanese individuals faced many struggles residing in the U.S., especially after the Japanese navy’s attack on Pearl Harbor in 1941 (Ina, 2006; Robinson-Wood, 2007). After this occurrence, many Japanese were extracted from their homes and forced to live in small relocation camps while suffering sickness, starvation, and unsanitary living conditions. Japanese Americans face the implications of these historic struggles in present times. Ina (2006) explained that early childhood trauma during World War II related to the systemic development of values such as subjugation and internalization of feelings due to perceived shame from the traumatic experiences and the use of silence as a coping strategy. In fact, Hallenberg (as cited in Ina, 2006) found a significant relationship between subjugation of emotion due to imprisonment and chronic depression in Japanese Americans. Because of their unique experiences, Japanese Americans have suffered historically and have developed unique adjustment patterns, coping strategies, and norms.

Vietnamese

The Vietnamese population is one of the more recent groups to immigrate to the U.S. After the Vietnam War, many Vietnamese immigrants fled to the U.S. out of fear of experiencing communist retaliation (Robinson-Wood, 2007). These individuals were highly educated and skilled in their home country. However, when they arrived to the U.S., many resided in refugee camps. These living situations or occupations were not conducive for what this population had experienced, causing a major change in lifestyle. Even though the U.S. government supported Vietnamese immigration, many Vietnamese faced discrimination and resentment by Americans due to lost American lives during the Vietnam War (Robinson-Wood, 2007). A poll taken in 1975 (as cited in Chung & Bemak, 2006) reflected that only 36% of Americans favored Vietnamese immigration.
As a result of premigration and resettlement trauma, Vietnamese Americans developed unique psychological adjustment and adaptation techniques. For example, Mollica and Jalbert (1989) noted that some individuals believed they must hide their awareness or appearance of being smart to minimize being targeted for torture. Therefore, this population used survival techniques of acting oblivious, deaf, or having confusion regarding their surroundings.

South Asians

By 2000, South Asian immigrants were said to be the third largest sub-group of Asians living in the U.S. Many Asian Indian immigrants arrived in the U.S. due to the Immigration Act of 1965 (Hart-Celler Act, 1965) when visas were offered to selected Asian Indians who were in the urban middle-class and who pursued graduate degrees in university settings (Das & Kemp, 1997). Individuals who were chosen to migrate to the U.S. were deemed as special, creating a sense of prestige and achievement for these Asian Indians and their U.S.-born children. Due to this belief of feeling special, an attitude and belief of prestige was passed down to further generations who also believe they are special based on the opportunities provided for them. Although Das and Kemp (2002) stated that Asian Indians with lower socio-economic status and lower education levels were given the opportunity to migrate to the U.S. more recently, a sense of prestige in migrating from India to the U.S. remains.

Another important issue at hand is that after the terrorist attack events of September, 11, 2001, South Asians living in the U.S. were doubly perceived as racial and religious minorities and faced increased issues of discrimination and mistrust in the U.S. The Federal Bureau of Investigation (2011) has reported an increase of 40% in hate crimes against South Asians since 2001, thus introducing stressors that set them apart from other Asian sub-groups.

Just as different Asian groups have different immigration statuses, East Asians, Southeast Asians, and South Asians are marked by differences in philosophies, beliefs, and values.
example, East Asians and Southeast Asians tend to share Confucian and Buddhist philosophies, whereas the majority of South Asians share philosophies of Hinduism and Islam (Uba, 2003). With differing philosophies, South Asians may carry separate values and beliefs from East Asians, thus making them a unique sub-group in need of further exploration.

As observed throughout this section, multicultural theorists have reported on the unique experiences of the Chinese, Japanese, and Vietnamese population and how these experiences have shaped their values, worldviews, coping styles, and psychological adjustment. However, there is a noticeable absence in the literature regarding unique events for South Asians and how these experiences have impacted their values, norms, and methods of coping. Therefore, it is evident that more attention needs to be focused to the South Asian sub-group. In addition, South Asians have resided in the U.S. for the shortest amount of time out of all of the Asian sub-groups, which has affected their acculturation experiences. In particular, South Asian women may perceive some of the South Asian values as conflict when living in an environment such as the dominant culture of the U.S. whose values are drastically different from those of their culture of origin. In the next section, I explore the development of feelings of distress and cultural conflict for South Asian women living in the U.S.

Cultural Value Conflicts for South Asian Women

Inman, Constantine, and Ladany (1999) defined cultural value conflict as:

an experience of negative affect (e.g., guilt, anxiety) and cognitive contradictions that results from contending simultaneously with the values and behavioral expectations that are internalized from the culture of origin (South Asian culture) and the values and behavioral expectations that are imposed on the person from the new culture. (p. 18)
Researchers have found many cultural conflict themes that emerge from living in a bicultural society. Inman et al. (1999) first identified cultural value conflicts within the female South Asian population through an extensive literature review. The majority of these themes was drawn from qualitative studies and emphasized the lack of quantitative analysis regarding cultural value conflicts. Inman et al. (2001) consolidated these themes to develop the Cultural Values Conflicts Scale (CVCS) using an initial sample of 348 South Asian women, aged 20 to 44 years old, who were living in the U.S. Upon conducting a series of factor and item analyses, Inman et al. identified a factor structure consisting of intimate relations and sex role expectations and proceeded to explore group differences and validity within the sample. In the end, the cultural value conflicts that Inman et al. (1999) generated for South Asian women were the themes that emerged throughout my own literature review and represent the themes addressed throughout this chapter. Inman et al. (1999) suggested the following themes as struggles: parent-child relationships, family, dating and marriage, and gender role expectations (Abouguendia & Noel, 2001; Baptiste, 2005; Dasgupta, 1996; Dugsin, 2001; Farver et al., 2002; Kallivayalil, 2004; Kim et al., 1999; Kurian, 1986).

Parent-Child and Family Conflict

The Confucian concept of filial piety is described as respect for parents and elders, meaning that children are expected to sacrifice personal fulfillment as an obligation to honor parents indisputably throughout their lifespan (Baptiste, 2005; Kim et al., 1999). Baptiste (2005) suggested that the parent-child relationship is a struggle for South Asian women living in the U.S. due to parents’ expectations of their daughters. Parents believe their children should agree with parents’ wishes and do accordingly with what parents’ require of them. There is an expectation that South Asian women reflect honor upon their family, meaning they should not engage in behaviors that will bring shame to the family’s name and reputation.
In addition, several scholars suggested that some parents expect less socialization for the child outside the realms of the family or ethnic group and more socialization within the context of the family (Kalliyayalil, 2004; Talbani & Hasanali, 2000). For example, participants in Kalliyayalil’s (2004) qualitative study indicated that there was indeed an expectation to socialize within the family unit, and they were discouraged from spending time outside the family. It is considered normal for adult children to reside with their parents until they are ready to marry. Parents expect adult children to fulfill the duty of inviting their parents to reside with them when the parents attain old age in order for the adult children take care of their aging parents (Kalliyayalil, 2004).

Along the same lines, Talbani and Hasanali (2000) conducted a qualitative study in which they examined the cultural experiences of 22 adolescent second-generation Canadian females originating from several South Asian sub-groups such as Pakistan, India, and Bangladesh. These participants participated in semi-structured interviews regarding socialization, marriage, dissent, and future goals. One of the main themes that emerged from these questions was the pressure to mingle within the family rather than with school friends. Both Kallivayalil (2004) and Talbani and Hasanali (2000) gathered that these females experienced pressure and resentment regarding family expectations.

Although family expectations may be distressing to some, Dugsin (2001) described positive outcomes of closeness within families as offering a sense of reliability and safety for each individual as there is a sense of selflessness equated to such family ties. Kim et al. (1999) described the importance to conform to the expectations of family rather than to individuals’ own desires. However, South Asian individuals living in the dominant culture might feel caught between perceived benefits of close family ties and individualistic views of closeness posing a
lack of boundaries and restraining individuals from developing their own ideas. This clash between individualistic and collectivistic values can lead to decreased autonomy and create feelings of entrapment for South Asian women living in the U.S. (Dugsin, 2001). In addition, Abouguendia and Noel (2001) suggested that the strongest predictor of depression and low self-esteem was related to parent-child conflict that occurs when living within the dual-world rhetoric.

Thiagarajan (2007) found through a qualitative exploration that participants connected lower levels of parent-child conflict to parents’ level of acculturation. Thiagarajan interviewed eight second generation Asian Indian women who had married cross-culturally to understand their cultural and family experiences and challenges. These participants’ values resembled many of the dominant culture’s values while also adhering to Asian values, placing them in the integration level of Berry’s (1997) acculturation model. These participants stated that integration was due to their parents’ integration beliefs in regard to independence and personal empowerment. Although these parents resided in India, their integrated attitudes were due to exposure to the Western society, increased mobilization between countries, and the British influence in India (Thiagarajan, 2007). Because parents and children had the same level of acculturation, the gap between parents’ and children’s values were smaller and resulted in less conflict. As a result, these Asian Indian females described themselves as independent and autonomous. These females also married cross-culturally because they reported feeling more connected to the males of the dominant culture rather than to the males of the Indian culture (Thiagarajan, 2007).

Dating and Marriage

The concept of dating in the dominant culture differs from the values and beliefs of the South Asian culture. Dion and Dion (1993) discussed three propositions regarding the cultural
differences with love and intimacy from individualistic and collectivistic views. In the dominant culture, women ordinarily look for romantic love in a partner; however, in the South Asian culture, women ordinarily look for mates with comparable socioeconomic statuses, educational levels, and family backgrounds (Dion & Dion, 1993). Although the dominant culture perceives dating as a vital social development in the lifespan of humans, for the South Asian culture, the dating process only begins when females are prepared to marry (Dugsin, 2001). South Asian females are expected to find mates of similar stature and values. Even if parents find it acceptable to marry cross-culturally, husbands must share similar values as the family. Dugsin (2001) illustrated this shared value by describing how if an individual chose to marry cross-culturally with a partner of the dominant culture, the partner of the dominant culture would be expected to agree to invite his or her parents to live with them at old age.

This dichotomy of beliefs may be problematic for South Asian women who struggle to find their niche in experiencing the socially developmental aspects of dating while retaining the ideas of the South Asian culture. The female participants in Kallivayalil’s study (2004) described struggling in this area because they attended school with others who engaged in dating and premarital experiences; however, those experiences hold strong threats for these females and their families. Premarital sexual relations are considered detrimental to a family’s honor; therefore, South Asian women who engage in such behaviors risk destroying their family’s reputation.

Interestingly, Kallivayalil (2004) conducted a qualitative study with 25 females aged 18 to 23 years old at a rather large university in the U.S. Midwest. Not one participant indicated that she had engaged in premarital intercourse. From my point of view, there is a message of fear engrained within South Asian females regarding premarital sexual relations; therefore, it
would be less common for them to admit to engaging in these behaviors. In fact, Kallivayalil (2004) discussed how mothers send “cultural messages” to their daughters describing the characteristics of a “good woman” (p. 538), meaning that women are expected not to engage in premarital sexual relations. To support this interpretation, Inman (2006) found that both generations discussed significant worries and fears about experiences they would face if their personal sexual issues became public.

Because significant feelings of fear, guilt, and shame are associated with premarital sexual relations, South Asian women may become secretive and lie to others in the community in order to protect their family’s honor and their own reputations in order to remain marriageable to others within their ethnic culture. In Kallivayalil’s (2004) qualitative study, one adult female reported lying to her parents because she felt there was no other option. Most females in Kallivayalil’s (2004) study stated they felt close ties with their parents and family; however, they would not share their dating lives with their parents. This secrecy reflects Dugsin’s (2001) finding that female adults keep their dating lives secret. Some individuals choose secrecy whereas others reported lying as a simpler option instead of confronting the conflict or submitting to the values of the culture. Dugsin (2001) suggested that choosing the latter can lead to feelings of resentment regarding the suppressed desire to experience intimate relationships. Kallivayalil (2004) referred to three different sources in which South Asian females reported feeling lonely as though they were living two different lives.

In addition to secrecy, women in this population struggle regarding issues related to finding compatible partners. In fact, Kallivayalil (2004) described marriage as a significant rite of passage for South Asian women. Saldana (as cited in Abouguendia & Noel, 2001) reported that South Asian women experienced difficulty in finding a partner within the in-group. The
stressors of finding a partner of the same ethnicity, socioeconomic status, education level, and family background created anxiety and tension and were related to lower levels of self-concept and self-esteem in South Asian females.

**Gender Role Expectations**

Unique gender expectations have been mentioned throughout this section regarding Cultural Value Conflicts. Additional expectations are examined further under this heading regarding the differential gender expectations between South Asian females and their brothers, male cousins, and male friends. Naidoo and Davis (1988) conducted an open-ended survey of 298 South Asian and 153 Anglo-Canadian women regarding their attitudes around acculturation and role expectations within family settings. The South Asian participants described themselves as adopting the values of the dominant culture as it pertained to education and work, and they reported that they retained the values of the South Asian culture regarding marriage and religion. This retention and adoption seems to fit into a selective acculturation idea. However, these Asian Indian females perceived smaller amounts of socialized freedom and increased social pressure compared to South Asian males.

Similarly, Dasgupta (1996) conducted a correlational study of 46 sets of first-generation parents and their second-generation sons and daughters; the participants included various groups of South Asians who identified with diverse religions. Upon examining intergenerational dynamics, attitudes toward women and dating, and indicators of ethnic identity and success, Dasgupta found that social pressure pertains to being responsible for the family’s honor and reputation as well as to keep the tradition undamaged. Certainly, such findings are consistent with reports discussed previously regarding how women have the power to obliterate their family’s name by their actions and behaviors. Talbani and Hasanali (2000) reported that South
Asian women are given less decision making power in the family and are more isolated and sheltered than South Asian men.

The problem emerges when South Asian women are expected to behave in a selfless manner in opposition to the values and attitudes of the dominant culture (Inman, 2006). Srinivasan (2001) conducted a cross-cultural qualitative study that compared first-generation and second-generation Asian Indian women with European American women. Asian Indian female participants reported being expected to endorse the attitude of the dominant culture as strongly as males by becoming accomplished, successful, and educated professionals, yet they still were expected to continue to conform to the traditional expectations of the gender’s role within their families. The notion of continuously compromising is expected of these South Asian females in order to remain “good Indian girls” (p. 153), which may lead to feelings of resentment (Srinivasan, 2001).

Tee (1997) conducted a qualitative study involving 25 first generation and 26 second generation South Asian women ranging from 20 to 57 years old. Participants were interviewed about their family roles and conflict resolutions, and the interviews lasted approximately 2 hours. Participants in Tee’s (1996) study reported a struggle with their desire for equality in relationships with males in their lives, such as brothers and husbands. Therefore, these values clash and become a significant struggle for South Asian women living biculturally.

Due to this disconnect in gender expectations, Farver et al. (2002) found that Asian Indian females are more likely to lean toward the marginalization level on the acculturation scale whereas Asian Indian males are likely to lean toward the integration level of acculturation. Farver et al. (2002) concluded that the females in their study wanted to retreat from both cultures
due to the resentment because of Asian Indian men being permitted more autonomy and freedom from responsibilities.

Due to the unique stressors and cultural value conflicts that South Asian women face, this population is vulnerable to experiencing distressful affect. These mental health needs are intricate, considerable, and in need of attention. As a potential resource, counseling can help clients’ alleviate these stressors and aid them through their experiences of living in a dichotomous world. However, these clients may not find the understanding they had hoped for within the therapeutic relationship. Therefore, now that I have discussed values common for Asians and values more unique to South Asians, particularly women, I next discuss the importance of understanding client-counselor working alliance as well as how the process differs among diverse groups as it pertains to the counseling process and how this diversity affects current research and literature.

Predictors of Working Alliance Between Clients and Counselors

After three decades of research, a number of researchers determined that the client-counselor working alliance is the most important and active element for fostering client outcomes and satisfaction in counseling across theoretical orientations (Horvath & Bedi, 2002; Horvath & Greenberg, 1994; Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000). In a meta-analytic review, Lambert (1992) found that the therapeutic relationship is attributed to 30% of the variance in outcome of counseling, making it a large portion of the counseling process. In a similar review, Martin et al. (2000) concluded that the alliance between counselors and clients is therapeutic by itself. More recently, Norcross (2010) performed a review of 89 studies and found the effect size between client-counselor working alliance and therapy outcome to be 0.21, suggesting meaningful association between the two components.
To understand the construct of client-counselor working alliance, it is important to first understand the significance of the therapeutic relationship. Interpersonal relationships have been categorized as a powerful component during the lifespan of human beings for “survival, socialization, [and] for the pursuit of satisfaction” (Yalom & Leszcz, 2005, p. 24). In addition, social connection has been valued as the foundation for people’s health, personality development, and self-esteem (McCarroll, Lindsey, MacKinnon-Lewis, Chambers, & Frabutt, 2009), and social belonging has been proven to be a positive impact on the healing process for physical and emotional wounds (Leserman et al., 2000).

Contemporary psychotherapists acknowledge the importance of social relatedness and have identified the therapeutic relationship as a central component to effective counseling (Mandin, 2007). As a result, the therapeutic relationship has been established as a necessary component in clients’ development and growth across all psychotherapies. In fact, Coombs, Coleman, and Jones (2002) from the National Institute of Mental Health (NIMH) concluded that a positive, supportive, and compassionate bond within the therapeutic relationship, in all forms of psychotherapy, is the key to producing positive changes with clients.

The therapeutic relationship is broad and encompasses many components; one of the components includes the client-counselor working alliance. Norcross (2010) referred to alliance as the “quality and strength of the collaborative relationship between client and therapist” (p. 120). In 1979 and 1980, Bordin developed a model to show the specific characteristics needed in a client-counselor working alliance and therapeutic relationship to produce change, summarizing that the “working alliance is what makes it possible for the patient to accept and follow treatment faithfully” (1980, p. 2). Bordin (1980) concluded that three components are necessary in a working alliance. These three components include goal, task, and bond.
Bordin (1980) referred to the goal component as the purpose of counseling and a mutually agreed upon outcome of counseling between counselors and clients. As counselors gain higher degree of awareness, knowledge, and skill, they begin to understand the purpose of their clients’ goals in counseling opposed to their own agenda which may be unfit or biased. Competent counselors understand how to meet their clients at a place where they can both agree upon a realistic and desirable outcome in counseling and are in alignment.

Next, Bordin (1980) identified tasks as another key component and included the agreement on how counselors and clients work together to achieve the goal. The concept of tasks includes counselors and clients understanding their own responsibilities during the course of counseling. Researchers speculate that clients’ perceptions of counselors’ multicultural competencies might be an important benchmark by which they can assess whether the task of counseling is working (Fuertes et al., 2006). For example, when clients perceive that counselors understand their problems, it seems to enhance counselors’ credibility in clients’ perception to tackle and guide them through their problems. Additionally, this competence helps counselors and clients match with each other regarding their values and the direction of counseling, in order to enhance the process of working toward the therapeutic goal.

Bordin (1980) described bond as the final component to client-counselor working alliance and the degree to which clients trust and value their counselors. Fuertes et al. (2006) found a significant positive relationship between the perceived multicultural competence in counselors of the therapist and the working alliance for both client and therapist. In addition, Fuertes et al. suggested a positive relationship between therapists’ multicultural competency and therapists’ level of empathy, essentially a main factor in the therapeutic relationship. Fuertes et al. indicated that by increasing this bond in the therapeutic relationship, clients perceive their
counselors as more understanding, objective, and able to understand the clients’ perspectives, particularly as such relate to personal worldview, culture, and background. Fuertes et al. added that the therapeutic bond is critical for clients to feel understood. However, client-counselor working alliance may differ according to the acculturation process, cultural value conflicts, and perceptions of counselors’ multicultural competence. In this section, I explain each construct along with their relation to each other.

Reis and Brown (1999) conducted another meta-analytic review and found that a strong client-counselor working alliance at the beginning stages of counseling is a predictor for a strong client-counselor working alliance in later counseling sessions, a finding that aligns with the multicultural literature addressing the therapeutic alliance (Sue & Sue, 2003). Additional discussion of how perceived multicultural counselor competence affects the counseling process is included in the multicultural competence in counselors section of this chapter. To support this notion, Bachelor and Horvath (1999) explained that there is an association between therapeutic alliance and disengagement, or early drop out, and termination, according to Reis and Brown’s (1999) meta-analysis. Scholars have found that an established client-counselor working alliance is associated with positive outcome and client satisfaction (Horvath & Greenberg, 1994; Krupnick et al., 1996; Zuroff & Blatt, 2006). In turn, client satisfaction relates to client engagement in counseling (Jerrell, 1998; Kokotovic, 1989; Maramba & Hall, 2002; Sue et al., 1991), premature termination (Shin et al., 2005), and outcome (Lee, 2004). However, client-counselor working alliance may differ according to perceptions of counselors’ multicultural competence, the acculturation process, and cultural value conflicts. In the following sections, I explain each construct along with their relation to each other.
Multicultural Competence in Counselors

Multiculturally competent professionals are able to understand, appreciate, and work effectively with clients from diverse cultures (Sue, 1998). Counselor multicultural competence combines the attitudes and beliefs, knowledge, and skills of the counselor, the worldview of the client, and the therapeutic relationship (Sue et al., 1982; Sue, Sue, Arredondo, & McDavis, 1992). Counselor multicultural competence has been a considerable issue of focus in the literature and research, because there is a great need for counselors to have the capability to provide effective counseling services in individuals different from themselves. Known as the fourth force of counseling, counselor multicultural competence has been a topic of discussion in the counseling profession for four decades with concrete competencies first developed by Sue et al. in 1982, modified by Sue et al. in 1992, and operationalized by Arredondo et al. in 1996.

Multicultural competencies include three statuses: awareness, knowledge, and skill. The first focus is on how race, culture, and ethnicity and have played a role in the counselor’s own life. In order to build awareness, counselors need to understand their own cultural identity development throughout their lifespan and how this has impacted their values and beliefs. Next, counselors need to gain knowledge regarding aspects of their own culture. Counselors’ understanding the roots of their own origin of culture and how this understanding has developed is important to building adequate multicultural competence for counselors. Finally, counselors need to develop skills to continue to explore their awareness and gain further knowledge. These skills include techniques and methods put into practice, such as journal writing, processing, reading, attending educational conferences, and researching (Constantine, 2002).

The second status of the multicultural model encompasses the awareness, knowledge, and skills that counselors need to obtain regarding their clients’ worldviews (Arredondo et al., 1996). Counselors need to gain awareness of clients’ cultures and cultural perspectives, because
understanding clients’ core beliefs, thoughts, and feelings surrounding their cultural identity is a significant part of building competence. Next, counselors need to acknowledge that multicultural counseling is a multifaceted, multilayered dynamic process and that care should be taken to continue to be current in this changing field of knowledge. Therefore, counselors need to gain knowledge of their clients’ culture, race, ethnicity, socio-political history, and present day challenges. After counselors have established some foundation in their awareness and knowledge, they need to employ certain skills to enhance their understanding of their clients’ worldview including asking clients questions, keeping up to date with the socio-political climate, and researching.

Once counselors have accomplished the first two statuses, they need to incorporate an additional component into their practice which would be to gain awareness, knowledge, and skills of multicultural competencies within the therapeutic relationship (Arredondo et al., 1996). Counselors need to gain awareness and knowledge of the ways in which their clients’ culture affects the therapeutic relationship. Then counselors need to implement specific culturally sensitive techniques within the therapeutic relationship in order to continue to build upon their knowledge and skills.

Ackerman and Hilsenroth (2001) described mental health professionals who displayed poor working alliance characteristics as including a lack of confidence, being worn out, being apathetic, lacking in self-awareness, being unsupportive, being inflexible, and being defensive. In comparison, scholars describe multiculturally competent counselors as flexible, open, self-aware, and non-defensive to differences (Sue & Sue, 2003). Therefore, working alliance characteristics and multicultural components are necessary in a competent counselor. Furthermore, Ackerman and Hilsenroth (2001) described therapist traits that help to enhance the
client-counselor working alliance as including clients’ perception of respect from therapists, acceptance of clients, trustworthiness, and therapists’ comfort with confrontation. These qualities parallel the traits of multiculturally competent counselors as well. According to Sue and Sue (2003), counselors’ conveyance of trustworthiness to diverse clients is the most essential part of developing an alliance with them. Subsequently, the qualities of perceived multicultural competence in counselors and experiences of client-counselor working alliance are closely aligned. In fact, Wolfe and Goldfried (1988) described a trusting relationship as one of a healing nature that transcends all cultural bounds and identified this factor as a universal and multicultural component.

When it comes to working with diverse clients, the working alliance is a major component of the counseling process and an important component of focus. To begin this focus, practical literature has indicated that counselors and clients who share similar worldviews develop a stronger client-counselor working alliance than counselors and clients who have mismatched worldviews (Sue & Sue, 2008). In fact, a number of researchers have concluded that when clients perceive their counselors to be multiculturally competent, they experience the purpose of counseling to be consistent with each other, strengthening the client-counselor working alliance (Fuertes et al., 2006; Kim et al., 2002; Li & Kim, 2004). To illustrate, Kim, Ng, and Ahn (2005) conducted a hierarchical multiple regression analysis involving Asian men and women who experienced a personal concern and were recruited from a large college of the West Coast. Kim et al. indicated that worldview match between counselor and client was associated with higher scores for client-counselor working alliance. It appears that counselors are able to understand their clients’ perspective if their worldviews match; however, counselors who are able to understand other individuals’ worldview, regardless if those match with the
counselors’ worldviews, are identified as multiculturally competent. This notion re-emphasizes the trusting relationship as a universal component surpassing all cultures.

Several researchers have concluded that clients who perceive their counselors as demonstrating high levels of multicultural competency perceive a more positive working alliance in the therapeutic relationship (Fuertes et al., 2006; Li & Kim, 2004). Fuertes et al. (2006) conducted an ex post facto study of 51 therapist-client dyads who were paired for a minimum of three sessions at three university therapy centers; clients who perceived higher counselor multicultural competency experienced higher levels of client-counselor working alliance, bond, goals, and tasks.

Along the same lines, Li and Kim (2004) conducted a quasi-experimental analogue design with volunteer clients and counselors from a large mid-Atlantic university. Clients consisted of 52 Asian American college students ranging from first generation to fifth generation, while the counselors consisted of seven European American females and one Hispanic American counselor with noticeable Caucasian features. Through a hierarchical multiple regression analysis, Li and Kim found a very strong correlation ($r = .72, p < .01$) between client-counselor working alliance and cross-cultural competence.

Similarly, Jaouich (2007) conducted correlational analyses with first generation, second generation, and international students from a college on the West Coast. These clients were identified to be from a wide range of minority groups who sought counseling for vocational and academic issues, family issues, financial concerns, trauma, grief, and relationship issues. The counselors were from diverse ethnic groups and consisted of both males and females from a university counseling center. Jaouich indicated the presence of a strong positive correlation
(r = .46, p < .01) between perceived multicultural competence in counselors and experiences of client-counselor working alliance.

On the other hand, Ward (2002) conducted a descriptive study of 15 diverse client-counselor dyads and reported that clients’ perceptions of clinicians’ multicultural competence did not predict clients’ perceptions of the client-counselor working alliance after controlling for cultural mistrust. However, Ward (2002) suggested that a relationship between these two constructs may not have been indicated due to the validity of the cultural mistrust inventory subscales used in the study.

Researchers have found that minority clients experience higher levels of satisfaction when they perceive their counselors as multiculturally competent; similarly, general counseling skills and multicultural counseling skills are indeed deeply related. Specifically, Fuertes and Brobst (2002) conducted a correlational design and examined 85 diverse participants who were receiving personal counseling. Through a hierarchical regression analysis, Fuertes and Brobst indicated a considerable overlap of 50% between clients’ perceptions of counselors’ general competence (i.e., attractiveness, trustworthiness, and expertness) and perceived multicultural competence. Perceptions of multicultural competence in counselors only accounted for an additional 4% of the variance between client satisfaction and multicultural competence.

On the other hand, Wang and Kim (2010) studied 113 Asian American college students ranging from first to fifth generation to examine multicultural competency in their personal counseling process. Results of an independent samples t-test indicated that clients who participated in counseling sessions with multiculturally competent therapists scored higher ratings of client-counselor working alliance and empathic understanding than those matched with counselors who used general, supportive counseling (t (110) = 1.82, p = .035, Cohen’s d = .34).
Hence, perceptions of multicultural competence in counselors is an important factor because diverse clients experience higher levels of satisfaction with the counseling process when they perceive their counselors as multiculturally competent.

In addition, Constantine (2007) conducted a path-model analysis for which 40 college students rated their perception of counselors’ multicultural competence and their experiences of client-counselor working alliance. Constantine found a strong correlation between perceived multicultural competence in counselors and experiences of client-counselor working alliance ($r = .70, p < .001$) and perceived multicultural competence in counselors and client satisfaction with counseling ($r = .59, p < .01$). In addition, Fuertes et al. (2006) concluded that client satisfaction was directly linked to perceptions of counselor multicultural competence.

On the other hand, Owen, Leach, and Wampold (2011) found no association between perceived multicultural competence in counselors and positive counseling outcome. This discrepancy in the research findings may be because Owen et al. only accounted for participants who attended more than three sessions. By excluding clients who attended less than three sessions, Owen et al. did not account for those who experienced non-engagement and early termination which likely affected the generalizability of the results. In essence, many researchers have concluded that perceptions of multicultural competence in counselors is related to experiences of client-counselor working alliance and client satisfaction (Constantine, 2002, 2007; Fuertes et al., 2006; Li & Kim, 2004; Owen et al., 2010); therefore, it is important to examine the importance of perceived multicultural competence in counselors and client-counselor working alliance in counseling with various groups diverse clients.

* Differences between minority groups. Several minority groups share similar values due to the collective cultural beliefs employed through each group. When looking at diverse clients, it
is important to note that the process in which clients experience working alliance, experience satisfaction, and perceive multicultural competence in counselors differs between groups and creates a strong case for research regarding experiences of more specific populations. To illustrate, Constantine (2007) examined relationships among racial microaggressions, cultural mistrust, perceived multicultural competence in counselors, and experiences of client-counselor working alliance. Although other ethnic groups may experience cultural mistrust with White counselors, the historical ill-treatment of African Americans (Toldson & Toldson, 2001) has led this population to develop higher degrees of distrust toward White people. This distrust poses as a problem because the majority of mental health providers are White.

Constantine (2007) developed a scale to measure racial microaggressions in counseling by conducting a series of focus groups involving African American college students. The scale was then utilized in the second part of this study to test a path model, which included 40 mixed gender African American client participants. Results of the path analysis suggested that perceived microaggressions were negatively associated with African American clients’ reports of working alliance ($r = -.40, p < .05$), counselor multicultural competence ($r = -.36, p < .01$), and satisfaction ($r = -.66, p < .001$). On the other hand, Benkert et al. (2009) utilized a descriptive-correlational study to examine 100 African American patients from three academic medical center clinics in urban areas. Benkert et al. found moderately high means for trust with the health care system and European Americans; however, this finding did not seem to impact patients’ satisfaction with their nurse practitioners.

Evidence suggests that Latino and Latina clients may experience the client-counselor working alliance and client satisfaction process differently than African American clients. Several researchers have suggested that language barriers are related to client-counselor working
alliance and client satisfaction (Castro & Ruiz, 2009; Paris, Anez, Bedregal, Andres-Hyman, & Davidson, 2005). For example, Castro and Ruiz (2009) used a correlational design to examine Latina patient satisfaction ($n = 218$) of nurse practitioners ($n = 15$). A regression analysis indicated that cultural competence, which included language, accounted for 4% of the variance of Latina patient satisfaction. Similarly, Paris et al. reported a significant inverse relationship between satisfaction and acculturation ($r = .28$, $p < .01$). In other words, Latina women who tended to be less assimilated to the dominant culture experienced higher degrees of satisfaction when counseled by bilingual Spanish speaking counselors. Paris and colleagues stated that this inference is supported by literature that Latina women build stronger rapport with those who communicate in the same language. Although Paris et al. focused on behavioral acculturation, it is suggested that language may play a major role in clients’ counseling experiences.

In addition, Diaz (2003) conducted a mixed method study of 30 Latino patient-psychotherapist dyads. In the qualitative analysis, counselors suggested that reasons for higher dropout rates for cross-cultural dyads may have been because Latino and Latina clients were less goal-oriented in their sessions, resulting in discord between counselors’ perceptions of the task and goal components of client-counselor working alliance. According to the multicultural literature, Latino and Latina clients may differ from Asian clients in regard to goal-orientation in counseling (Sue & Sue, 2003). Furthermore, mental health professionals in Diaz’s (2003) study described this population as more inclined to miss counseling sessions. In contrast, Asian clients were observed to utilize services to their full potential more so than any other minority group (Abe-Kim et al., 2007). As a result, this friction between White counselors and Latino and Latina clients may affect the bond component of client-counselor working alliance.
Another difference between minority groups relates to socioeconomic status and socioeconomic status’ effects on therapeutic relationship and client satisfaction with services. Clients who have fewer socioeconomic resources often underutilize services or access poorer services than those with higher socioeconomic status (Castro et al., 2005; Constantine, 2007). In turn, they experience lower levels of client-counselor working alliance and satisfaction within the therapeutic relationship. According to the multicultural literature, Asians tend to have higher socioeconomic status than African Americans and Latinos and Latinas (Sue & Sue, 2008). Thus, African American and Latino and Latina clients are more likely to be affected from disadvantages of low socio economic status given their differential rates of poverty.

Furthermore, Vetter (2004) conducted two-way between subject analyses of covariance (ANCOVAs) including 1,022 consumers who had received mental health services for issues of chronic pain over a 2-year period. Participants completed a variety of instruments to assess their satisfaction with services, and Vetter indicated that Asians experienced more satisfaction when matched with a counselor of the same ethnicity. On the other hand, Latino and Latina clients experienced a decrease in satisfaction, and African American clients experienced no significant difference when matched with their counselors by ethnicity. These results provide additional support for the idea that the process of developing client-counselor working alliance and client satisfaction differs between minority groups.

To take it a step further, Kim et al. (2005) found that Asian client adherence to cultural values of the dominant culture was positively associated with their reports of client-counselor working alliance ($r = 0.38, p < .001$). This information supports the notion that levels of acculturation affect other constructs in the counseling process. Issues of acculturation and differences within minority groups are discussed in the Acculturation section of this chapter.
In addition to cultural minority groups, there is also a difference in the process of client-counselor working alliance and client satisfaction between males and females. Mallinckrodt, Coble, and Gantt (1995) analyzed 79 diverse females’ experiences with counselors from a counseling psychology program in a university setting. Mallinckrodt et al. conducted a two hierarchical multiple regression design because they were interested in the relationship between social competency and parental bonds and client-counselor working alliance in females. The analysis indicated that father overprotection was negatively correlated with client-counselor working alliance \( r = -0.35, p < 0.01 \). Mallinckrodt et al. discussed the importance of emotional closeness with fathers for social development in women. In addition, Rubio, Pearson, Clark, and Breitkopf (2007) used a correlational design to study 338 females from diverse cultural backgrounds and found that satisfaction predicted cancer patients’ self-esteem; they reported these results are meaningful because self-esteem differs between men and women (see Hagger & Stevenson, 2010). Thus, there is support for how gender plays a role in the process of client satisfaction. For the purposes of this study, I narrow the focus on each of the Asian culture subgroups, and in particular, I narrow focus down to only the South Asian sub-group. First, it is important to understand the acculturation process.

**Acculturation**

Acculturation encompasses the process in which an individual adapts to the dominant culture; therefore, there are different levels in which this process occurs in individuals. Berry (1997) discussed different levels of acculturation including assimilation, separation, integration, and marginalization (Abouguendia & Noel, 2001). Assimilation occurs when individuals do not retain the characteristics of their culture and value the interactions with the dominant culture. Separation occurs when individuals highly value the characteristics of their ethnic culture and avoid interactions with the dominant culture. Integration occurs when individuals value the
characteristics of their ethnic culture as well as interacting with the dominant culture.

Marginalization occurs when there is apathy for sustaining the characteristics of either the ethnic culture or the dominant culture.

Acculturation has been studied on the basis of the degree to which individuals adapt to the behaviors of the dominant culture such as eating ethnic food and learning a language. Although many of these studies measure individuals’ change in behaviors, one of the major criticisms is that acculturation assessments neglect to measure the degree to which individuals adapt to the less-visible norms, values, attitudes, and beliefs of the dominant culture (Kim et al., 1999). Ignoring value dimensions of acculturation reflects a substantial weakness in previous research studies by limiting the understanding of the relationship between values adaptation and Asian psychological distress (Shim & Schwartz, 2008). Indeed, LaFromboise, Coleman, and Gerton (1993) argued that “individuals will learn the behaviors needed to survive in a new culture before they acquire the values of the majority group” (p. 398). Castillo et al. (2004) defined the adaptation of values to the dominant culture as psychological acculturation.

Robinson-Wood (2007) suggested that acculturation varies according to the length of time in the U.S., educational level, employment status, access to resources, familiarity with language, generational status, age, birth country, and reasons for immigration. To date, several authors have supported these claims with empirical research.

Kim and colleagues (1999) developed the Asian Values Scale which focused on the degree to which individuals adhere to Asian cultural values (e.g., conformity to norms, filial piety, collectivism, emotional self-control, family recognition through achievement, and humility) rather than focus on behaviors. Further details regarding the Asian Value Scale are provided in Chapter 3. However, Kim et al. indicated that there was a low correlation ($r = .15$)
between Asian values acculturation and Asian behavioral acculturation, suggesting that Asian values change at a slower pace than behaviors.

More recently, Shim and Schwartz (2008) compared value acculturation and behavioral acculturation in a correlational study of 118 Korean immigrants aged 18 to 24 years who were residing in the U.S. Surveys were distributed among the Korean community and Korean organizations with a 31% response rate in return of surveys. These participants completed a behavioral acculturation scale, the Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA; Suinn, Rickard-Figueroa, Lew, & Vigil, 1987) and the Asian Values Scale (AVS; Kim et al., 1999) to assess their degree of behavioral and value acculturation. Shim and Schwartz found that participants who lived in the U.S. for a shorter amount of time and with fewer years of education in the host country indicated fewer signs of behavioral acculturation. On the other hand, individuals with more years of education in the U.S. reported higher signs of value acculturation. Shim and Schwartz explained these findings as understandable due to the notion that individuals will adapt more quickly to behavioral changes and view them as less threatening to endorse than changes in their values. In addition, Shim and Schwartz interpreted these findings as indications that perhaps more contact with those in the dominant culture, such in an educational setting, likely result in value changes rather than merely living in a new country and experiencing little contact with the dominant culture.

Chang, Tracey, and Moore (2005) supported the notion that individuals adapt more quickly to behavioral changes than to values. Chang and colleague’s study included 188 Asian Americans from various sub-groups ranging from first generation to fourth generation. Chang et al. used the Asian American Scale of Identity and Acculturation (AASIA) which included two parallel subscales to assess the attitudes (value acculturation) and behaviors (behavioral
acculturation) for Asians and Americans. The authors used a three-way multidimensional scaling (MDS) to study acculturation across three prototype groups of Asian Americans: Asian identified, American identified, and hybrid of Asian and American identified. Weights indicated that for the American identified prototype, there was more variance associated with the language/culture dimension than the cultural identity values dimension (Chang et al., 2005). On the other hand, there was more variance associated with the cultural identity values dimension than the language/culture for the Asian identified prototype. Lastly, the prototype that identified themselves as both Asian and American group used both dimensions and was dispersed throughout the language subscale and values subscale (Chang et al., 2005).

It is evident that there is a substantial difference between assessing behaviors and values when observing the acculturation process. When it comes to behaviors, individuals may adapt to accommodate to their surroundings in order to survive in the new environment; however, to truly understand these individuals’ beliefs and values, an assessment of their values acculturation is needed. For that reason, Kim et al. (1999) argued that researchers must attend to levels of acculturation according to values, attitudes, and beliefs. For the purpose of this study, I am interested in this assessment of acculturation according to values of individuals within the acculturation process.

Along the same lines, several researchers have concluded that groups with different immigration status and varying in their length of residency in the dominant culture have unique acculturation experiences and acculturation styles (Abouguendia & Noel, 2001; Farver et al., 2002). Because longevity is a factor in how much people assimilate to the dominant culture, it follows that Asian groups (e.g., East Asians) who have been in the U.S. for a longer duration of time may demonstrate more assimilated characteristics to the dominant culture than those who
immigrated to the U.S. more recently (e.g., South Asians). This also reflects the information provided above regarding the immigration history of Asians to the U.S. In fact, out of all the Asian sub-groups, Japanese Americans have been identified to be the most assimilated, Filipino Americans to be more egalitarian, and Southeast Asians to be more traditional and patriarchal (Blair & Qian, 1998).

Acculturation has played a role in the levels of distress South Asians living in the U.S. experience; therefore, attention to the acculturation process is necessary. For example, Abouguendia and Noel (2001) conducted a mixed design study of South Asians in Canada and involved 40 first generation (born outside the Canadian borders) and 34 second-generation college students (immigrant children born in Canada). Participants included South Asians from India, Nepal, Tibet, Pakistan, Sri Lanka, Burma, Kashmir, and Bangladesh who were recruited from various cultural organizations and personal contacts. The participants were given inventories to assess in-group hassles, out-group hassles, depression, and self-esteem. In-group hassles were defined as stressors that occur when engaging with individuals from one’s own ethnic group. These stressors are due to a fear of being perceived as “too American” (Inman, 2006, p. 307), for example, if Asian individuals struggled with speaking the language of origin, they might be perceived as uncultured by members of their own ethnic group (Abouguendia & Noel, 2001).

Abouguendia and Noel (2001) concluded that in-group hassles resulted in poor self-esteem and poor self-concept. On the other hand, out-group hassles occur when individuals engage with the dominant culture. Out-group hassles include perceived discrimination and power differential regarding skin color leading to Asians stating they feel different and not accepted by those of the dominant culture and resulting in depression (Abouguendia & Noel,
2001). Through correlational analyses, Abouguendia and Noel found that out-group hassles were the strongest predictor of depression at the multivariate level, and only in-group hassles were significant predictors of depression for both the bivariate and multivariate levels of analysis. In sum, participants who fell in the integration category of Berry’s (1997) acculturation model experienced in-group hassles, such as increased family struggles, while those who fell in the separation category experienced increased out-group hassles, such as perceived discrimination.

To add to these findings, Farver et al. (2002) conducted an exploratory study including 85 East Asian Indian second-generation participants along with their first-generation parents to and examined how acculturation levels among family members were associated with children’s self-esteem. Participants were recruited through local cultural organizations and through word of mouth. Through a multivariate analysis of covariance, Farver et al. compared self-esteem with the four categories of acculturation. Farver et al. concluded that adolescents who identified with the integrated category of acculturation had higher ratings of self-esteem and self-worth, whereas adolescents who identified with the marginalization or separated acculturation categories had lower ratings of self-esteem and self-worth. Due to beliefs and stigma of receiving mental health services, it may be that those most distressed by their experiences are least likely to seek counseling services.

Scholars do not always agree regarding effects of acculturation on minority clients; therefore, I describe three studies that show these differences. In one study, Kim and Atkinson (2002) conducted an experimental design examining 112 Asian American college students and their career counseling experience with five Asian American and seven European American counselors. Results of a 2x2 ANOVA suggested no significant main or interaction effect
between adherence to Asian cultural values and perceived empathy of counselors.

On the other hand, Kim et al. (2002) explored client adherence to Asian cultural values, client-counselor working alliance, and perceived counselor empathy by studying 78 participants who sought career counseling with 10 counselors (i.e., 9 European American and 1 Hispanic American). Kim et al. discovered that clients with high adherence to Asian cultural values gave higher scores for client-counselor working alliance than Asians who adhered less to Asian values. An explanation of these results might be that the participants who adhered closely to Asian cultural values might have rated higher scores on client-counselor working alliance due to value of sustaining harmonious relationships. As a result of reviewing these three studies, a discrepancy regarding the effects of the Asian cultural value adherence and the counseling process is evident. Now, I focus more closely to the counseling content related to this unique population.

Counseling Recommendations

In the absence of empirical research, many practical researchers provide broad theoretically-based counseling implications for Asian clients. Sue and Sue (2008) suggested that although the degree to which Asian clients adhere to the Asian culture and U.S. culture may differ, it is important to keep in mind that the values of the group and interdependence in general are important when working with clients of Asian descent. This means that counselors should assess Asian clients’ problems from the worldview of the client, a perspective that includes family, community, and society influences. In addition, counselors are encouraged to focus on behaviors more so than emotions in order to understand clients’ needs. If counselors do indeed focus on clients’ emotions, they may need to recognize them in a less direct way (Sue & Sue, 2008). Because counseling may be a foreign concept for Asian clients (Sue & Sue, 2008),
building rapport, explaining confidentiality, and clarifying the counselor and client relationship are helpful. In addition, Sue and Sue (2008) discussed that setting up the expectations of counseling is beneficial when developing goals and intervention techniques. Multicultural theorists encourage counselors who work with Asian clients to take an active role, utilize problem-focused approaches, and implement time-limited techniques in a culturally appropriate manner.

When reviewing the literature, some authors recognized the importance of separating Asian sub-groups when discussing counseling recommendations. To date, the literature includes recommendations for Chinese Americans, Japanese Americans, Korean Americans, and Southeast Asians. For example, Sue (2006) discussed recommendations for Chinese Americans as stressing family bonds and unity, addressing roles and status, and observing somatization versus psychologization. Despite the presence of these recommendations in the literature, the literature is largely silent on recommendations for counselors of South Asian clients despite literature that urges the importance of understanding the effects of acculturation, language, religion, and generation status on the counseling process. Before understanding how these constructs affect the process in counseling, it is first important to understand how South Asians respond to the idea of counseling.

South Asians’ Beliefs Regarding Counseling

There is a strong stigma associated with professional counseling as well as with discussing personal issues with others outside of the realms of the family within the South Asian culture. Through a literature review, Panganamala and Plummer (1998) found three main cultural variables as to why Asian Indian Americans resist counseling: spiritual beliefs, pride, and prestige. First, Panganamala and Plummer described individuals who hold spiritual values
sacred as believing that coping comes from their own spiritual beliefs and spiritual practices and obtaining emotional facilitation outside of the realm of spirituality may be considered unfaithful.

Panganamala and Plummer (1998) also argued that Asian Indian Americans have a significant amount of pride associated with retaining physical and verbal emotional vulnerability. As mentioned by Kim et al. (2001), weakness is attributed to signs of emotion or feeling, so there is a sense of pride related to keeping those emotions inward. In addition, participants in Inman et al.’s (2007) consensual qualitative research study described how they turned to their families for support during their time of grief. These participants stated that they would rather speak with their friends and families than a counselor who would be a stranger from a different culture.

Finally, Panganamala and Plummer (1998) discussed that prestige plays a major role in resistance toward counseling with Asian Indian Americans. This prestige seems to be related to this population’s feeling of being special during immigration time as discussed previously (see Das & Kemp, 1997). Kim et al. (2001) discussed how individuals suppress affect because discussing personal and intimate issues with non-family members is perceived as an act of betrayal; in order to honor the family’s name, people must keep distressful issues to themselves. The belief is that individuals should use their inner drive to alleviate psychological issues and that asking for assistance in this process is perceived as emotionally feeble. In addition, due to the value placed on engaging in self-control, the idea of discussing emotions with others would be a sign of weakness as demonstrated with the participants from Inman et al.’s (2007) and Dugsin’s (2001) studies.

Panganamala and Plummer (1998) conducted a correlational study of 101 first-generation and second-generation Asian Indians’ generation status and attitudes toward counseling. Participants were recruited from an Asian Indian social organization, and the researchers
reported a 22% return rate in surveys. Panganamala and Plummer showed that Asian Indians hold a fairly positive attitude toward counseling, and those who migrated to the U.S. at younger ages showed more positive attitudes toward counseling. However, due to the low return rate in surveys and the lack of clarification regarding the difference in counseling behaviors in India and the U.S., Panganamala and Plummer’s results could be skewed to suggest more positive attitudes. Another explanation is that immigrants who migrated at a younger age might reflect more assimilated values and demonstrate higher degrees of positive attitude toward counseling.

The participants in Inman et al.’s (2007) qualitative study believed that counselors, in general, would not understand the problematic issues associated with their South Asian culture. Along the same lines, South Asians consider counseling as a process that dwells on problems, meaning there is an emphasis on feeling-oriented processing in counseling rather than problem solving and non-emotional thinking. According to results of Inman et al.’s (2007) study regarding grief, South Asians believe that the more individuals discuss their emotions, the more depressed they will feel. In all, the participants described counseling as not pertaining to South Asians and believed that counseling did not fit into the beliefs and values of South Asian culture.

South Asians’ Cultural Value Conflict and Counseling Process

The cultural values that South Asian women experience as conflict may be values that are in conflict with the individualistic values inherent in counseling (Sue & Sue, 2008). For example, in the parent and child family conflict domain, females may feel caught between their obligations toward their family and the dominant culture’s value of being more independent. If counselors treat clients according to the theoretical models of counseling, then counselors could conceptualize this conflict as problematic and unhealthy and guide clients in a direction of more independence and self-directedness, two characteristics representing normality in counseling theory (Sue & Sue, 2008). If South Asian women believe their conflicts are not understood by
their counselors, then the counseling process may be impeded. Indeed, Want et al. (2004) found that minorities discontinue counseling at higher rates and reported their clinicians were not conscious of their issues or cultural value conflicts. Certainly, the importance of understanding the predictors of client-counselor working alliance for South Asian female clients is vital in assessing how clients of this population experience counseling and how these feelings can guide future counselors toward providing more culturally responsive therapeutic environments.

South Asians may feel apprehensive about seeking counseling services for various reasons. There needs to be an examination of this population’s experience when they do seek counseling services. This presumption is confirmed by Kim et al. (2001) who found participants felt frustrated when their counselors were not conscious of their specific issues, explaining why minority groups, in general, discontinue counseling at higher rates than individuals from dominant culture. I believe that with a greater understanding of the predictors of client-counselor working alliance for South Asian clients, the number of clients who remain in counseling will rise and will generate an increase in the number of South Asian female clients seeking counseling as a whole.

Summary of Literature Review

There are many commonalities in values among all the sub-groups under the Asian umbrella; however, a large amount of uniqueness is present among these groups. In fact, minority groups in general differ in the client-counselor working alliance process as well as within sub-groups, such as the sub-group of South Asians. By categorizing all Asians under one umbrella, variations within sub-groups that impact experiences are neglected.

South Asian female clients experience unique cultural stressors and beliefs about counseling which may influence their experiences within the counseling relationship. In
previous studies, researchers have focused on the relationship between perceived multicultural competence in counselors and experiences of client-counselor working alliance; however, the effects of adherence to Asian values and cultural conflict values within this process have been overlooked. It is vital that mental health professionals understand unique predictors of client-counselor working alliance for members of this population who seek counseling to provide more effective counseling to their clients (Marbley, 1998). As a result, an increasing potential for these clients to continue to seek counseling services could occur, raising the positive attitude toward counseling for this population.
Chapter 2 contained a review of the literature regarding common values among Asians, variations within Asian sub-groups, and cultural value conflicts that emerge due for South Asians, specifically women, living between the dominant culture and their culture of origin. Furthermore, the process of client-counselor working alliance and perceived multicultural competence in counselors in the therapeutic relationship varies between and within minority groups, thus indicating a need for researchers to examine how acculturation and cultural value conflicts play a role in the counseling process for specific groups. The current study responded to this need by examining relationships among experiences of client-counselor working alliance, perceived multicultural competence in counselors, adherence to Asian values, and cultural value conflicts in a sample of South Asian women living in the U.S. who had participated in counseling in the past five years. In this chapter, research questions are discussed, participants and recruitment are explained, and instrumentation is examined. Finally, study procedures and data analysis methods are provided, and limitations of the study are discussed.

Research Questions

This study was designed to address four major research questions initially proposed in Chapter 1:

1. To what degree do South Asian female clients:
   e) perceive their counselors as multicultural competent,
   f) experience a working alliance with their counselors,
   g) report adherence to Asian values, and
   h) report cultural value conflicts?
2. To what degree are client perceptions of their counselors’ multicultural competence, experiences of working alliance with the counselors, adherence to Asian values, and cultural value conflicts correlated?

3. To what degree do clients’ perceptions of their counselors’ multicultural competence predict perceptions of client-counselor working alliance?

4. To what degree do adherences to Asian values and cultural value conflicts predict client experiences of working alliance with their counselor after controlling for client perceptions of their counselors’ multicultural competence?

Population and Participants

The population of interest for this study included South Asian females, ages 18 years and older, who were living in the U.S. The participants for this study included individuals who were currently in counseling or had undergone at least three sessions in the last 5 years with a mental health provider (e.g., licensed professional counselor, marriage and family licensed therapist, social worker, psychologist, or psychiatrist). A minimum sample size of 40 participants was established in consultation with the University of North Texas Center for Interdisciplinary Research and Analysis and based on Tabachnick and Fidell’s (2001) recommendation to include 10 participants for each independent variable.

Due to the stigma associated with counseling mentioned in Chapter 2, recruitment for this study posed a challenge. Due to this challenge, I recruited participants through various methods in order to obtain a substantial and diverse population for this study. These methods included personal contacts Facebook networking, national organizations, university multicultural organizations, and professional and religious groups.

Personal Contacts

Due to the collectivistic values of South Asians living in the U.S., there are close knit
cultural connections between members of groups. Therefore, it is common for individuals to be acquainted with many other individuals across the nation. In fact, many researchers have recruited participants mainly through word of mouth (e.g., Dasgupta, 1996; Kalliyayalil, 2004; Srinivasan, 2001; Talbani & Hasanali, 2000; Thiagarajan, 2007). Because of this connection, a nonrandom sample was derived through my South Asian contacts and network of professionals. Through the use of electronic email, I sent out information regarding this study to all South Asian women currently in my own personal directory.

In addition, health provider colleague referrals were obtained from health care providers across the nation from my personal list of professional contacts. Another form of recruitment was used through the social networking website of Facebook. Through Facebook, I have numerous contacts with other South Asian women and requested recruitment and help in extending the word for the study. In order to do so, I created a Facebook event page regarding this study. Appendix A includes an example of what the content on the page entailed. Subsequently, I invited 783 of my Facebook friends to join this event and without request, 12 friends posted this event on to their profile so that their friends may have access of viewing the event. This snowball sampling was used in an attempt to maximize diversity of participants for demographics including age, generation status, social-economic status, acculturation level, ethnicity, and religion.

Facebook Recruitment

In addition to the Facebook recruitment using personal contacts described above, I utilized several existing Facebook groups to reach as many potential participants as possible. I contacted the administrator for each of the following Facebook groups and posted the event on their profile: South Asian Americans Leading Together, South Asian International Film Festival, South Asian Fashion, South Asian Life, South Asian Health, South Asian Connection, South
Asian Living, South Asian Source, South Asian Network, South Asian, and South Asian Woman Magazine.

To attend to religious and region diversity, I contacted administrators for South Asian Muslim religious affiliated Facebook groups such as Texas Muslim Women’s Foundation, MuslimGear, Productive Muslim, MuslimMatters.org, MuslimGirl.net, Extraordinary Muslim Women, Muslim Women’s Alliance, and Mental Health 4 Muslims. I contacted administrators for South Asian Hindu religious affiliated Facebook groups such as, Support Hinduism, I am Hindu and I am proud to be one, Sikh, Sikh Knowledge, Proud to be Sikh, Malayalam, Punjabi, and Gugurati. I requested that these administrators send a message to each of their members.

In addition, administrators of Facebook groups related to mental health were contacted in order to reach those mental health providers who currently can pass on the information to their clients or mental health professional colleagues. These Facebook groups included: Psychology Today, Psychology, American School Counselor Association, and Association for Counselor Education and Supervision.

National Organization Recruitment

Multicultural scholars often note that Asian clients feel more at ease when seeking services through physicians (Baruth & Manning, 2003). It is common for Asians to seek services from medical physicians as a first line of defense when under distress. Therefore, focusing on informing physicians of this study was helpful in the recruitment process. To do this, I gained permission to post the information for this study on websites for the Association of Physicians of Pakistan decent of North America (APPNA) and the American Association of Physicians of India (AAPI). Physicians from these organizations were potential participants as were their patients and health professional colleagues. In order to maximize religious diversity in the sample, I contacted by phone religious organizations likely to affiliate with South Asians
including the Islamic Society of North America (ISNA) and North American Hindu Association (NAHA); these organizations hold over 15,000 members). These specific organizations were contacted due to their abilities to reach individuals on a national level.

*University Multicultural Organization Recruitment*

Currently, many universities have active multicultural organizations that target South Asians such as the Indian Student Association, Muslim Student Association, and Hindu Student Association, all of which were useful for recruitment. I contacted the following major university organizations from across the U.S. through electronic mail in order to obtain a diverse geographical sample:

- DePaul University
- Ferris State University
- Loyola University Chicago
- New York University.
- Southern Methodist University
- Stanford University
- Texas Tech University
- Texas Women’s University
- University of California, Los Angeles
- University of Illinois Chicago
- University of Michigan
- University of North Texas
- University of Texas in Austin
- University of Texas in Dallas
University of Texas in Houston

Wayne State University

Professional and Religious Group Recruitment

With permission, Internet listservs from counseling, psychology, social work, and psychiatry programs across the nation were utilized (e.g., CESNET, COUNSgrads, Diversegrads, and Association for Multicultural Counseling and Development). Each listserv owner was asked to distribute information about the study through their listserv. In addition, I contacted places of worship such as churches, mosques, and temples by phone to ask permission to set up flyers at venues for the study (Appendix E). Specifically, the following places of worship were contacted: Islamic Association of North Texas, DFW Hindu Temple, SyroMalabar Church, Texas Indian Church, and Sikh Temple of North Texas. For all forms of contact with each affiliation mentioned above, I utilized a letter to explain to each contact the nature of the study and requested that he or she kindly distribute the information of the study (see Appendix A). Then, I delivered the letter and asked it to be handed out to potential participants (see Appendix B).

In the end, participants included in the sample were 40 South Asian women who varied from ages 23 to 39 years old. Participants primarily resided in Texas in addition to several states across the U.S. The majority of participants were single, highly educated, second-generation women. They mainly affiliated with the religion of Islam and from India and Pakistan descent. Participants sought mental health services primarily from licensed professional counselors and psychologists. Additional details regarding the resulting sample are presented in Chapter 4.

Instruments

Demographic Questionnaire

A researcher-developed demographic questionnaire (Appendix D) asked the participants
to provide their race or ethnicity (e.g., Bangladesh, Bhutan, Myanmar, Maldives, India, Nepal, Pakistan, and Sri Lanka), sex, age, educational level, relationship status, religion, generation status, time in the U.S., and geographic location. Participants were asked to report the following information regarding their most recent mental health provider: gender, ethnicity, credentials, and number of counseling sessions that they have completed in the past 5 years.

**Working Alliance Inventory-Short Revised Form (WAI-SR)**

Although a variety of instruments have been designed to measure client-counselor working alliance, the Working Alliance Inventory (WAI) created by Horvath and Greenberg (1989), is one of the most widely used in research. In fact, according to Tryon et al. (2007), 27 out of 52 (52%) data studies regarding client-counselor working alliance used the WAI exclusively, indicating the scale’s wide use. Due to the wide-scale use of the WAI, this scale was used to measure the strength of the alliance between counselors and clients.

The WAI was initially designed to measure Bordin’s (1979, 1980) concepts of the therapeutic alliance as assessing general alliance and specific alliance factors including bond, task, and goal (Horvath & Greenberg, 1989). Since that time, the WAI has undergone several revisions in attempts to create a short form (e.g., Tracey & Kokotovic, 1989) that maximizes reliability and validity while minimizing number of items required and maintaining factor structure. Most recently, Hatcher and Gillaspy (2006) utilized a large database and more current statistical procedures to find a solution that paralleled the total alliance obtained in the original WAI but also closely mirrored scores on the three subscales of bond, goal, and task. As a result, Hatcher and Gillapsy (2006) developed the Working Alliance Short Version Revised (WAI-SR). On the WAI-SR, the same adjustments were used on the Likert scale by using Rasch analysis to improve score reliability and distribution.
Like the WAI, the WAI-SR has three subscales that measure agreement on tasks, agreement on goals, and therapeutic bond. Gatcher and Gillapsy (2006) developed the WAI-SR using two different samples. The first sample included 231 participants from an adult psychotherapy university center and the second sample included 235 participants from outpatient facilities. According to Gatcher and Gillapsy, convergent validity was determined because the WAI-SR and WAI are well-correlated with r’s ranging from .95 for the total scales to .83 for the task scales. In addition, the WAI-SR has a strong correlation with California Psychotherapy Alliance Scale (r = .80) and Health Assessment Questionnaire (r = .74). Internal consistency coefficient alphas for the WAI-SR subscales and total scores were reported as excellent (α = .91 to α = .92). This report resembles the internal consistency coefficient alpha of .95 in the current study. For the purposes of this study, the short-revised form revised was used in order to decrease the number of items for the participants and increase response rates (Fink, 2006).

*Cross-Cultural Counseling Inventory–Revised (CCCI-R)*

LaFromboise, Coleman, and Hernandez (1991) developed the Cross-Cultural Counseling Inventory–Revised (CCCI-R) for third-party participants to assess counselors’ multicultural or cross cultural competence based on the guidelines of the Education and Training Committee of Division 17 of APA as conceptualized by Sue et al. (1982). This scale has been widely used to assess multicultural competence in counselors in the mental health professions. In fact, Ross and Thornson (2008) reviewed approximately 800 manuscripts that addressed multicultural competence in professional training and assessments for mental health providers and identified the CCCI-R as one of the top three most appropriate scales to use across a wide range of people and settings. Through my own review, the CCCI-R has been used in numerous studies to explore clients’ perceptions of multicultural counseling competence (e.g., Constantine, 2002,
Due to this scale’s wide use and consistent feedback regarding its reflection of the multicultural literature, I used this scale in my study to assess South Asian female clients’ perceptions of their counselors’ multicultural competence.

The CCCI–R was developed to correspond with the characteristics of a multiculturally competent counselor as identified by Sue et al. (1982); although it is a dated instrument, Kitaoka (2005) and Ross and Thornson (2008) recently lent support for the face validity of the CCCI-R. The CCCI–R contains 20-items and utilizes a 6-point Likert-type scale (1 = strongly agree and 6 = strongly disagree) to assess three main areas including cross-cultural counseling skill, sociopolitical awareness, and cultural sensitivity. Higher scores on the CCCI–R reflect higher degrees of cross-cultural counseling competence, and lower scores reflect lesser degrees of cross-cultural counseling competency. CCCI–R has been established to have good construct and criterion related validity evidenced by independent raters who assessed the amount of agreement between the instrument and the Counselor Rating Form (Barak & LaCrosse, 1975), suggesting that the CCCI–R measures unique cross-cultural competencies rather than general counseling competencies. Pomales, Claiborn, and LaFromboise (1986) suggested evidence of discriminant validity because they found low correlations (from .01 to .28) between the CCCI-R and the Counselor Rating Form (which assesses interpersonal expertness, trustworthiness, and attractiveness) and low correlations with the Encounter and Internalization subscales of the Racial Identity Attitude Scale. More recently, Hays (2008) noted that the CCCI-R is able to differentiate between individuals with and without multicultural training. The CCCI-R is reported to have excellent internal consistency reliability (α = .95; LaFromboise et al., 1991). Kim and Atkinson (2002) and Kim et al. (2002) found good coefficient alphas of .89 and .90, for
Asian samples which reflects the internal consistency reliability of .92 for the South Asian women in the current study.

LaFromboise et al. (1991) stated that scores from the CCCI-R should be calculated as one unidimensional score which was performed in this study. Because the original purpose of this instrument is for supervisors to assess multicultural competence in counselors in training, I modified the scale so that it was appropriate for clients to complete the form. For example, the item that stated “Counselor demonstrates knowledge about client’s culture” was modified to state “My counselor demonstrated knowledge about my culture.” Although this modification may limit the psychometric validity of the data, this modification is consistent with that used in previous studies (e.g., Constantine, 2002; Kim & Atkinson, 2002; Kim et al., 2002) given the lack of a more appropriate instrument for assessing clients’ perceptions of counselors’ cross-cultural competence.

Asian Values Scale-Revised (AVS-R)

As established in Chapter 2, behavioral acculturation differs from value acculturation. For the purposes of this study, an acculturation scale that examines the values associated with psychological acculturation was used. Upon a thorough review of the literature, I was unable to identify an instrument for examining adherence to Asian values for South Asians, specifically South Asian women. Therefore, I utilized the Asian Values Scale (AVS; Kim et al. 1999) because it represents the only psychological acculturation scale that encompassed the sub-group of South Asians. This instrument has been widely used in approximately 112 studies as recognized by Google Scholar to date; thus, making it a widely used instrument in the study of Asian values.

As discussed in Chapter 2, the AVS was developed by Kim and colleagues (1999) in order to evaluate people’s adherence to Asian cultural values. Kim et al. produced a list of
cultural values through a review of the literature, nationwide survey of Asian American psychologists, and three focus group discussions to generate an initial set of 112 items. Pilot testing with the original items yielded 36 items that first-generation Asian Americans more highly endorsed when compared to European Americans. The researchers used exploratory factor analysis to narrow the item pool to six Asian values dimensions: conformity to norms, filial piety, family recognition through achievement, humility, collectivism, and emotional self-control. Because scores for these six factors lacked internal reliability to give good reason to use each as a separate subscale, Kim et al. suggested using the total score. In fact, through confirmatory factor analyses, Kim et al. (2001) indicated that the AVS contained a hierarchical factor structure with one overarching Asian values factor and six second-order values constructs.

Convergent validity was attained through factor structural relationships between the AVS and the Individualism-Collectivism Scale (Triandis, 1995) and between the AVS and Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA; Suinn et al., 1987). As mentioned in Chapter 2, discriminant validity reflected a low correlation \((r = .15)\) between AVS, which assesses for value acculturation and Suinn-Lew Asian Self-Acculturation Scale (SL-ASIA, Suinn et al., 1987) which assesses behavior acculturation. As for reliability, Kim et al. (1999) indicated coefficient alphas of .81 and .82 and 2-week coefficient of stability of .83.

Kim and Hong (2004) revised the AVS in 2004 utilizing Rasch Modeling to provide a more advanced measure. The AVS-Revised (AVS-R) has a 4-point response scale \((1 = \text{strongly disagree}, 2 = \text{disagree}, 3 = \text{agree}, 4 = \text{strongly agree})\) and 24 items. The AVS-R assesses adherence to Asian cultural values and includes the same six Asian value dimensions as the AVS mentioned above under this section. Higher scores demonstrate higher degrees of adherence to Asian Cultural values and lower scores reflect lesser degrees of adherence to Asian Cultural
values. Kim and Hong reported coefficient alphas of .81 and .82 and 2-week coefficient of
stability of .83 for the AVS-R which resembles the reliability of the current study at .85.

Cultural Value Conflicts Scale for South Asian Women (CVCS)

As reviewed in Chapter 2, many unique conflicts exist when individuals, specifically
women, live in a dichotomous world. For the purposes of this study, I examined these cultural
value conflicts; therefore, a thorough search was conducted to find an instrument to assess these
factors. Upon a thorough review of the literature, the Cultural Value Conflicts Scale (CVCS)
developed by Inman et al. (2001) was found to be the only instrument in existence to study these
conflicts, and the CVCS has been used in 41 studies regarding South Asian females as identified
via Google Scholar.

The CVCS is a 24-item scale developed to assess four components of values conflict
experienced by South Asian women who live in the U.S.: “family relations, dating/premarital
sexual relations, marriage, and sex-role expectations” (Inman et al., 2001, p. 6). Individuals who
complete the survey respond using a 5-point Likert Scale (1 = strongly disagree, 2 = disagree, 3
= neutral, 4 = agree, 5 = strongly agree). Results of factor analysis indicate a two-factor
structure to the CVCS. The first subscale is Intimate Relations (IR) which concentrates on
understanding the values surrounding dating relationships, marriage, and pre-marital
relationships. The second subscale is Sex Role Expectation (SRE) which concentrates on
understanding values associated with family relationships and expectations of gender. The 40-
item CVCS has a coefficient alpha of 0.84 and 2-week test-retest reliability of 0.81. The IR scale
has a coefficient alpha of 0.85 and test-retest reliability of 0.63, and the SRE scale has a
coefficient alpha of 0.82 and test-retest reliability of 0.82.

The group differences method was used to determine the discriminant validity for the
CVCS; the results indicated that there was a difference between first generation South Asian
Indian women and South Asian Indian women. Therefore, the construct validity was established due to this difference in generations. Finally, Inman et al. (2001) assessed test-retest reliability for Intimate Relations and its association with Anxiety in a follow-up study of 207 South Asian females after a 2-week period. Pairwise correlations indicated a lower correlation for subscale of Intimate Relations ($r = .63$) than for the other subscale of Anxiety ($r = .82$), which suggested that some of these issues may have been situational.

The CVCS was revised from 40 items to 28 items and resulted in revised internal consistency reliabilities ranging from .73 to .87. In addition, to the good test-retest reliabilities ranging from .75 to .82, the reliability in the current study was .82. Inman et al. (2001) demonstrated convergent validity via results of a one-way MANOVA and suggested that second generation South Asian women experience higher degrees of conflict living in a dichotomous world (including both values and behaviors) than first generation South Asian women.

Similarly, the CVCS was positively associated with the Cultural Adjustment Difficulties Checklist and the State Anxiety Scale of the State Trait Anxiety Inventory; thus demonstrating convergent validity. Although Inman et al. found potential construct-irrelevant test variance as evidenced by a statistically significant positive relationship between the CVCS and the Balanced Inventory of Desirable Responding, they concluded that the strengths of the instrument outweighed its potential limitation. Therefore, based on this review of the CVCS, it was an appropriate, reliable, and valid instrument to utilize for the purposes of this study.

**Procedures**

UNT Institutional Review Board approval was obtained before participant recruitment to approve all forms of gathering participants for this study. Surveys used for this study were administered electronically through Qualtrics, and potential participants either received an
electronic mail providing them with a link or were able to access the link on the websites and Facebook pages mentioned above. Information with a link to the study was provided on flyers posted in places of worship, businesses, and non-profit organizations (Appendix E).

First, individuals were provided a cover letter describing the purpose, procedures, and informed consent for the study (Appendix C). Next, these individuals had a choice to electronically approve and agree to the terms provided before proceeding to complete the survey. Individuals who agreed to participate were directed to a screening page to ensure their eligibility; on this page, they answered questions regarding their ethnicity (Bangladesh, Bhutan, Myanmar, Maldives, India, Nepal, Pakistan, and Sri Lanka) and if they are currently in counseling or have received mental health services in the last 5 years. Individuals who chose not to give informed consent or did not meet eligibility requirements were directed to a page thanking them for their time and consideration. Those who met requirements for study participation were connected to the first page of the survey.

Data collection instruments were presented in the following order: Cross-Cultural Counseling Inventory–Revised (CCCI–R), Working Alliance Inventory–Short-Revised Form (WAI-SR), Cultural Value Conflicts Scale for South Asian Women (CVCS), Asian Values Scale-Revised (AVS-R), and demographics. The reason for this arrangement is because when South Asian females began their survey, they may have been more likely to answer honestly and openly about their perceptions of multicultural competence in counselors and experiences of working alliance with their counselors without conscious thoughts of how their own acculturation level and cultural value conflicts have influenced the process. Introducing questions regarding personal domain of acculturation and conflicts first might have helped to create less bias later when broaching questions regarding perceptions of multicultural
competence in counselors and experiences of working alliance in the therapeutic relationship.

After completing the survey, participants were directed to a page where they could refer three people who they believe might be interested in completing the study. Following this page, participants were directed to a separate link page where they had the option to request more information regarding the study and/or enter their name into a drawing for a $100 gift certificate. Samples of all final study-related material were replicated in the appendices.

In addition, through networking on Facebook, I received several private messages from individuals who relayed their personal experiences regarding emotional distress as well as struggles, tribulations, and experiences when contemplating or receiving mental health services. Given the exploratory nature of the research and the number of individuals who reached out to discuss experience with the survey, I also discuss and analyze informal feedback from South Asian women in Chapter 5. In addition, I also heard from referral sources regarding experiences and concerns about the survey instrument. Further discussion is located in Chapter 5.

Statistical Analyses

Preliminary Data Screening

Upon completion of data collection, all results were transferred from Qualtrics into SPSS 17.0 for data analysis. Prior to data analysis, a review of the data was administered. I inspected the data for missing data points, accuracy of data entry, and to confirm the eligibility of all participants. In all, 46 of 102 (45.09%) people who accessed the study on the online survey site were eligible to partake in the study. Out of the 46 eligible participants, 6 (13.04%) were excluded due to large amounts of missing data. Although the aim for recruitment was 80, 40 participants met requirements for adequate power; therefore, 40 surveys were observed. Finally, I inspected the data to determine suspicious response patterns. Finding none, I recoded
negatively-scored items, used the mean to replace missing data on continuous variables, and computed the subscales as new variables for conducting the analysis.

**Research Question 1**

Descriptive statistics for each construct were computed and included the mean, standard deviation, median, minimum score, and maximum score. Upon obtaining these values, I compared them as similar or dissimilar to previous studies to see if the data were consistent with current research. Next, I looked at skewness and kurtosis for each variable to ensure no values were greater than the absolute value of one and to suggest a reasonably normal distribution (Tabachnick & Fidell, 2001). Finally, I compared the reliability of each instrument to previous studies that utilized these scales.

**Research Question 2**

A Pearson $r$ correlation coefficient was performed to indicate the statistical significance and magnitude and direction of the association between all four variables: Asian Values Scale-Revised (AVS-R), Cultural Value Conflicts Scale for South Asian Women (CVCS), Cross-Cultural Counseling Inventory–Revised (CCCI–R), and Working Alliance Inventory–Short Form (WAI–SR). I built a matrix illustrating the summary of correlations, means, and standard deviations of each variable. I used $p < .05$ to assess for statistical significance and $r^2$ to assess effect size.

**Research Question 3**

The results from Research Question 2 produced the relationship between perceptions of counselors’ multicultural competence (CCCI–R) and client experiences of client-counselor working alliance (WAI–SR) and represented the data needed to address Research Question 3. Several assumptions were met prior to conducting this analysis. First, according to Field (2009), correlations between variables greater than .80 were problematic; therefore, I tested for
multicollinearity by examining correlation coefficients between variables to determine if any of the variables were too closely related. Next, in multiple regression, the data are assumed to be homoscedastic and normally distributed (Field, 2009; Pedhazur, 1997; Tabachnick & Fidell, 1996), and this assumption was tested using a normal probability plot. If all assumptions were met, then data were deemed suited for further analysis.

I observed Research Question 2 for statistical significance between perceived multicultural competence and client-counselor working alliance by using an alpha level of 0.05. In addition, both multiplicative (β) weights and structure coefficients were used in order to provide a more meaningful interpretation of the effect from predictor variables (Pedhazur, 1997). Finally, I compared results of this correlation with other studies to observe consistency in the findings.

Research Question 4

I employed a hierarchical multiple regression analysis to determine the degree to which adherence to Asian values (ASV-R) and cultural value conflicts (CVCS) affected the client-counselor working alliance (WAI-SR) after controlling for perceptions of counselors’ multicultural competence (CCCI-R). By first computing the relationship between perceived multicultural competence in counselors and perceptions of client-counselor working alliance and then computing the relationship between all four variables, I could determine if adherence to Asian values and/or cultural values conflicts affected the relationship between perceived multicultural competence in counselors and client-counselor working alliance. I utilized procedures for evaluating statistical assumptions, statistical significance, and practical significance as discussed in Research Question 3.
Conclusion

To summarize, this chapter contained discussion regarding research questions, recruitment procedures, instrumentation, procedures, and data analyses. Results are presented in Chapter 4.
CHAPTER 4

RESULTS

In Chapter 3, I reviewed methodology for participant recruitment, instrumentation, and survey administration. In this chapter, I present statistical analyses, describe the resulting sample, and examine the research questions regarding perceived multicultural competence in counselors, experiences of client-counselor working alliance, acculturation, and cultural value conflicts. Specifically, I describe the descriptive statistics for the participants in addition to correlation and regression analysis results.

Participants

The resulting sample included 40 South Asian women who varied in age from 23 to 39 years old ($M = 29.11, SD = 3.38$). Participants resided in the following states: Texas ($n = 18, 45.00\%$), California ($n = 8, 20.00\%$), Georgia ($n = 2, 5.00\%$), Illinois ($n = 2, 5.00\%$). New York ($n = 2, 5.00\%$), Arizona ($n = 1, 2.50\%$), Massachusetts ($n = 1, 2.50\%$), Michigan ($n = 1, 2.50\%$), Missouri ($n = 1, 2.50\%$), and Virginia ($n = 1, 2.50\%$). The majority of the participants were second generation, meaning that they were born in the U.S. and at least one of their parents was born in a South Asian country ($n = 26, 65.00\%$); participants were also first generation ($n = 9, 22.50\%$) and third generation or later ($n = 5, 12.50\%$).

Participants reported that they and/or their families were primarily from India and Pakistan. Table 1 shows participants’ ethnic and geographic backgrounds.
Table 1

Participants’ Ethnic and Geographic Backgrounds

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>26</td>
<td>53.06</td>
</tr>
<tr>
<td>Pakistan</td>
<td>17</td>
<td>35.69</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>2</td>
<td>4.08</td>
</tr>
<tr>
<td>Nepal</td>
<td>1</td>
<td>2.04</td>
</tr>
<tr>
<td>Tibet</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Burma</td>
<td>1</td>
<td>2.04</td>
</tr>
<tr>
<td>Kashmir</td>
<td>1</td>
<td>2.04</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2.04</td>
</tr>
</tbody>
</table>

*Note.* Results sum to more than 100% because participants were allowed to endorse multiple ethnic backgrounds.

Participants were affiliated primarily with the religion of Islam. Table 2 provides the religion and/or spiritual affiliations reported by the participants.
In addition, Table 3 provides information related to participants’ relationship statuses.

The majority of women identified themselves as single.

Table 3

<table>
<thead>
<tr>
<th>Relationship Status</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>22</td>
<td>55.00</td>
</tr>
<tr>
<td>Married</td>
<td>12</td>
<td>30.00</td>
</tr>
<tr>
<td>Cohabitating</td>
<td>2</td>
<td>5.00</td>
</tr>
<tr>
<td>Separated or Divorced</td>
<td>2</td>
<td>5.00</td>
</tr>
<tr>
<td>Missing Data</td>
<td>2</td>
<td>5.00</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100.00</td>
</tr>
</tbody>
</table>
Participants in the sample were very highly educated with nearly two-thirds having earned an advanced degree. All of the participants had completed high school and attended some degree of higher education. Table 4 provides information regarding participants’ educational status.

Table 4

*Participants’ Educational Statuses*

<table>
<thead>
<tr>
<th>Educational Status</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Degree (i.e. Master’s, Doctorate, JD, MD)</td>
<td>25</td>
<td>62.50</td>
</tr>
<tr>
<td>Bachelors Degree</td>
<td>12</td>
<td>30.00</td>
</tr>
<tr>
<td>Some College</td>
<td>1</td>
<td>2.50</td>
</tr>
<tr>
<td>Missing</td>
<td>2</td>
<td>5.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>40</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Participants reported engaging primarily with Licensed Professional Counselors and psychologists in counseling sessions. Table 5 provides information related to the type of professional counseling participants sought. When asked to report their mental health providers’ ethnicities, participants noted that their counselors were primarily White American (n = 27, 67.50%), other minority (n = 6, 15.00%), Asian but not South Asian (n = 3, 7.50%), South Asian (i.e., from India, Pakistan, Bangladesh, Bhutan, Myanmar, Sri Lanka, Maldives, or Nepal; n = 3, 7.50%), and unknown (n = 1, 2.50%).
Table 5

Participants’ Mental Health Professional Characteristics

<table>
<thead>
<tr>
<th>Type of Professional Seen</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Professional Counselor (i.e. LPC, LMHC)</td>
<td>11</td>
<td>27.5</td>
</tr>
<tr>
<td>Psychologist</td>
<td>11</td>
<td>27.5</td>
</tr>
<tr>
<td>Marriage and family therapist (i.e. LMFT)</td>
<td>8</td>
<td>20.0</td>
</tr>
<tr>
<td>Not sure or other</td>
<td>5</td>
<td>12.5</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>3</td>
<td>7.5</td>
</tr>
<tr>
<td>Social Worker (i.e. LCSW, MSW)</td>
<td>2</td>
<td>5.0</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Research Question 1: Descriptive Analyses

Research Question 1 was designed to explore the degree to which South Asian female clients perceived their counselors as multiculturally competent, experienced a working alliance, reported adherence to Asian values, and reported cultural value conflicts between South Asian and dominant American culture. Descriptive statistics for each variable were computed, including means, standard deviations, Cronbach’s alpha, skewness, kurtosis, and maximum and minimum values. These values are located in Table 6.
Table 6

Descriptive Statistics for the Cross-Cultural Counseling Inventory-Revised (CCCI-R), Working Alliance Inventory-Short Revised (WAI-SR), Cultural Value Conflicts Scale for South Asian Women (CVCS), and Asian Value Scale-Revised (AVS-R)

<table>
<thead>
<tr>
<th>Scale</th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>α</th>
<th>Skewness</th>
<th>Kurtosis</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCCI-R Total</td>
<td>40</td>
<td>4.17</td>
<td>0.68</td>
<td>.92</td>
<td>-.69</td>
<td>-.30</td>
<td>2.50</td>
<td>5.00</td>
</tr>
<tr>
<td>WAI-SR Total</td>
<td>40</td>
<td>4.82</td>
<td>0.85</td>
<td>.95</td>
<td>-.99</td>
<td>.36</td>
<td>2.25</td>
<td>6.00</td>
</tr>
<tr>
<td>CVCS Total</td>
<td>40</td>
<td>3.33</td>
<td>0.60</td>
<td>.82</td>
<td>-.64</td>
<td>1.06</td>
<td>1.78</td>
<td>4.61</td>
</tr>
<tr>
<td>AVS-R Total</td>
<td>39</td>
<td>2.44</td>
<td>0.36</td>
<td>.85</td>
<td>-.11</td>
<td>-.04</td>
<td>1.67</td>
<td>3.29</td>
</tr>
</tbody>
</table>

According to Tabachnick and Fidell (2001), ideal values for skewness and kurtosis should be no greater than the absolute value of one which suggests a reasonably normal distribution. All scales were normally distributed except the Cultural Value Conflicts Scale for South Asian Women (CVCS), which had a kurtosis value of 1.06 due to a slightly leptokurtic distribution. A follow up analysis using the Shapiro-Wilk test of normality indicated that the distribution did not violate the assumptions of normality necessary for further analysis ($W = 0.96, p = .13$).

In this study, Cross-Cultural Counseling Inventory-Revised (CCCI-R) mean scores and standard deviations ($M = 4.17, SD = 0.68$) were calculated for the 20-item scale. On a 5-point scale, participants experienced agreeable levels of perceived multicultural competence from their counselors. Internal consistency reliability for the CCCI-R in this study was excellent at $\alpha = .92$. A follow up $t$-test indicated that clients perceived greater multicultural competence in their
counselors when they had non-White counselors ($M = 5.15, SD = 0.55$) compared to when they had White counselors ($M = 4.39, SD = 0.77$), with a very large effect size ($r = .49$).

With regard to the Working Alliance Inventory-Short Revised (WAI-SR), participants reported a total client-counselor working alliance mean score of 4.82 ($SD = 0.85$) on a 6-point scale, participants reported experiencing client-counselor working alliance between sometimes and often, closer to often, within the therapeutic relationship. The Cronbach’s alpha for WAI-SR total was excellent at $\alpha = .95$. These results were lower than the scores ($M = 5.67, SD = 0.85$) reported by Li and Kim in their 2002 study with Asian participants. With the follow up $t$-test, although the effect size was moderate ($r = 0.21$) mean differences were not statistically significant. Participants appeared to have endorsed lower client-counselor working alliance with White counselors ($M = 4.73, SD = 1.02$) than with non-White counselors ($M = 5.10, SD = 0.64$). This relationship would have likely been significant with a larger sample size.

With the scale Asian Value Scale-Revised (AVS-R) total, items were reversed scored for data analysis. The mean score for the 24 item ($M = 2.44, SD = 0.36$) indicated that on a 4-point scale, participants experienced middle levels of Asian value adherence, likely falling in the integration or bicultural level. The Cronbach’s alpha observed in this study was very good at $\alpha = .85$. These scores were consistent with the scores ($M = 2.57, SD = 0.33$) in Miville and Constantine’s (2007) study of 201 college-aged Asian American participants.

The mean score on the 24 item Cultural Value Conflicts Scale for South Asian Women (CVCS) was 3.33 ($SD = 0.60$) on a 5-point scale, indicating that participants experienced between neutral to agreeable cultural value conflicts. The data yielded good internal consistency reliability ($\alpha = .82$). These scores resembled scores ($M = 3.08, SD = 0.60$) from Inman’s (2006) study with South Asian female participants.
Research Question 2

Research Question 2 asked to what degree client perceptions of their counselors’ multicultural competence (CCCI-R), experiences of client-counselor working alliance (WAI-SR), adherence to Asian values (AVS-R), and cultural value conflicts (CVCS) were correlated. Table 6 already provided a matrix illustrating the summary of the means and standard deviations of each variable. I used $p < .05$ to assess for statistical significance and $r^2$ to assess effect size.

As is reflected in Table 7, there was a statistically significant relationship between participants’ perceptions of counselors’ multicultural competence and their reports of client-counselor working alliance ($r = .35; p < .05$), reflecting a moderate effect size. I utilized Cohen’s (1988) proposal to interpret the strength of effect size.

Although several other correlations reflected small to moderate effect sizes, the relatively small sample size rendered these correlations not statistically significant. For example, the small correlation between the WAI-SR and AVS-R ($r = .18$) would have been statistically significant with a sample size of 120, and the moderate correlation between AVS-R and CVCS ($r = .29$) would have been statistically significant with a sample size of 47.

Table 7

<table>
<thead>
<tr>
<th>Measure</th>
<th>CCCI-R</th>
<th>WAI-SR</th>
<th>CVCS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$r$</td>
<td>$p$</td>
<td></td>
</tr>
<tr>
<td>CCCI-R</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WAI-SR</td>
<td>.35</td>
<td>.03</td>
<td>-</td>
</tr>
<tr>
<td>CVCS</td>
<td>.03</td>
<td>.86</td>
<td>-.09</td>
</tr>
<tr>
<td>AVS-R</td>
<td>.06</td>
<td>.71</td>
<td>.18</td>
</tr>
</tbody>
</table>
Research Question 3

In Research Question 3, I sought to understand the degree to which client perceptions of multicultural competence in counselors predicted the perception of client-counselor working alliance. Several assumptions were met prior to conducting this analysis. First, according to Field (2009), correlations between variables greater than .80 are problematic, and I observed that no variables surpassed this number. Next, in multiple regression, the data are assumed to be homoscedastic and normally distributed (Field, 2009; Pedhazur, 1997; Tabachnick & Fidell, 1996). This assumption was tested using a normal probability plot. All assumptions were met; therefore, the data were deemed suited for further analysis. I observed Research Question 3 for statistical significance between perceived multicultural competence in counselors and client-counselor working alliance by using an alpha level of 0.05.

A bivariate linear regression analysis was conducted to predict overall perceptions of client-counselor working alliance (WAI-SR) from perceptions of counselor’s multicultural competence (CCCI-R). Regression results suggested that the CCCI-R predicted a moderate degree of WAI-SR scores ($R^2 = 0.14$, $R^2_{adj} = 0.12$, $F (1, 39) = 6.19$, $p < .001$). The power for bivariate linear regression was .77 which is close to sufficient power for this analysis according to Pallant (2007).

Research Question 4

In Research Question 4, I employed a hierarchical multiple regression analysis to determine the degree to which adherence to Asian values (AVS-R) and cultural value conflict (CVCS) predicted client-counselor working alliance (WAI-SR) after controlling for client perceptions of counselors’ multicultural competence (CCCI-R). CCCI-R was entered into the model in SPSS using the first block, and AVS-R and CVCS were entered in the second block.
As reported in Research Question 3, perceived multicultural competence in counselors ($\beta = 0.38$, $p < .001$) was a statistically significant predictor of client-counselor working alliance ($F(1, 38) = 6.19, p < .001, R^2 = 0.14, R^2_{adj} = 0.12$). The addition of Asian values and cultural value conflicts in the second block did not result in a statistically or practically significant $R^2$ change ($p = .38$). Examination of multiplicative ($\beta$) weights and structure coefficients indicated that Asian Values ($\beta = .20, p = .21, r_s^2 = .18$) and Cultural Value Conflicts ($\beta = -.15, p = .35, r_s^2 = .04$) did not contribute a statistically significant portion of the common variance in predicted client-counselor working alliance. Table 8 highlights the results of this regression model. Unfortunately, observed power for the hierarchical multiple regression analysis was .25 which suggested insufficient power for this analysis (Pallant, 2007).

Table 8

<table>
<thead>
<tr>
<th>Predictor Variables</th>
<th>$R^2$</th>
<th>$R^2_{adj}$</th>
<th>Block 1</th>
<th>Block 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$\Delta R^2$</td>
<td>$\beta$</td>
<td>$p$</td>
</tr>
<tr>
<td><strong>Block 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCCI-R</td>
<td>.14</td>
<td>.12</td>
<td>.14</td>
<td>.38</td>
</tr>
<tr>
<td><strong>Block 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AVS-R</td>
<td>.19</td>
<td>.12</td>
<td>.05</td>
<td>.20</td>
</tr>
<tr>
<td>CVCS</td>
<td></td>
<td></td>
<td></td>
<td>-.15</td>
</tr>
</tbody>
</table>

*Note. Block 1 $F(1, 38) = 31.33, p < .001$. Block 2 $F(3,38) = 11.04, p < .001; F_{\Delta} = 0.94 (p = .40).*

To conclude, this chapter included the statistical analyses of the resulting data provided by the participants. Bivariate regression indicated that perceptions of multicultural competence
in counselors predicted a moderate degree of client-counselor working alliance. Furthermore, this chapter explained that a hieratical linear regression indicated that the strongest predictor of client-counselor working alliance was perceived multicultural competence in counselors. Acculturation and cultural value conflicts did not predict client-counselor working alliance even accounting for perceived multicultural competence in counselors. I offer further discussion about these findings in Chapter 5.
CHAPTER 5
DISCUSSION

In this chapter, I discuss participants in general while also explaining acculturation attitudes and cultural value conflicts of participants and illustrate relationships among clients’ perceptions of counselors’ multicultural competence, experience of client-counselor working alliance, adherence to Asian values, and cultural value conflicts. I then identify the strongest predictor of client-counselor working alliance. Finally, I address the limitations of the study and discuss implications for theory, practice, and research.

Discussion of the Findings

The typical participant in this study was a young, second-generation woman of Indian or Pakistani decent who held an advanced degree. In Research Question 1, I sought to understand the degree to which South Asian female clients in this study perceived their counselors’ multicultural competence, experienced client-counselor working alliance, reported adherence to Asian values, and experienced cultural value conflicts. On average, participants identified their counselors as having agreeable levels of multicultural competence and reported experiencing working alliance sometimes to often in the therapeutic relationship. As a whole, participants identified themselves as falling within the integration level of acculturation status and experiencing neutral to agreeable levels of cultural value conflicts.

Acculturation Attitudes

As discussed in Chapter 2, the process of acculturation differs among minority groups, and I was interested in understanding how South Asian female clients experienced acculturation. Participants in this study reported acculturation levels consistent with those in other studies of Asian clients in general (e.g., Miville & Constantine, 2007). It is possible that the proportion of
second-generation to first-generation participants and highly educated participants in this sample may have skewed the data due to the homogeneous group. However, Abouguendia and Noel (2001) noted no difference between first and second generation participants’ overall acculturation attitudes or conflicts. In fact, other researchers have suggested that South Asians as a whole, regardless of generation status in the U.S., are comfortable in the integration level of acculturation (Aycan & Kanungo, 1998; Berry, 1997; Krishnan & Berry, 1992). On the contrary, Robinson-Wood (2007) suggested that acculturation varies according to the length of time in the U.S., educational level, employment status, access to resources, familiarity with the English language, generational status, age, birth country, and reasons for immigration.

Another explanation for the relatively small variation in responses for acculturation (AVS-R) is my use of recruitment methods that involved targeting groups identified with specific cultural and religious groups. Therefore, the data may not have included individuals who did not affiliate and represent themselves in these groups, meaning individuals who had low levels of adherence to Asian values. For example, Farver et al. (2002) indicated that females withdrew from both cultures due to bitter feelings regarding Asian Indian males’ perceived autonomy and freedom comparatively to females; these participants fell within the marginalized category of acculturation. The close-knit community recruitment style of my study could mean this survey might not have reached those females falling within this category or choosing not to identify with South Asian culture. On the opposite end, this survey may not have reached individuals who had high levels of adherence to Asian values because individuals who adhere strongly to Asian values tend to show less preference for counseling (Kim & Omizo, 2003).

Another explanation might be that South Asian females tend to value harmony and serenity (Robinson-Wood, 2007; Sue & Sue, 2008) which would reflect their desire to balance
and maintain the values of their culture while participating in the dominant culture as a way not to cause disruption. As discussed in Chapter 2, Kim et al. (2001) discussed how Asians often avoid conflict or disagreement in an effort to keep the atmosphere serene and agreeable. South Asian respondents might have reported being integrated or neutral when reporting values as a way to try to sustain the serene atmosphere rather than identifying with either extremes (assimilation or separation). Through informal feedback, I learned that participants might be accustomed to remaining neutral with their values in order to “survive” with a sense of belonging in both cultures. Again, these issues mentioned above might explain how participants’ responses in this study fell within the middle or integration level of acculturation.

Cultural Value Conflicts

The variation of scores on the cultural conflict values scale (CVCS) was somewhat minimal, indicating that the majority of the participants fell in between experiencing neutral to agreeable levels of cultural value conflicts. Several married, first generation participants provided me with informal feedback that they did not experience as many intimate relation conflicts due to their lack of exposure to experiences in meeting a mate while living in the U.S. Others indicated that they chose not to answer personal items regarding realm of dating and intimate relations. Therefore, first generation participants who were married could have affected the mean results of the CVCS scale and reflected less cultural value conflicts.

Perceived Multicultural Competence in Counselors

The scores on the multicultural competence scale (CCCI-R) varied slightly, an explanation for this variance might be that a number of participants chose not to answer a number of the items. Several participants provided informal feedback that they were unfamiliar with their counselor’s awareness of issues such as their cultural heritage or professional responsibilities. In addition, some participants viewed items as inapplicable to due to their
limited use of counseling terminology such as “institutional intervention skills, institutional barriers, and nonverbal messages” leading them to skip over these items. Furthermore, participants’ may not be aware if their counselors’ values affect them due to their own struggles with values and cultural values. Participants might also be unaware if counselors are presenting their own values to them due to their own developing self-awareness, an experience that will be further discussed in the limitations section of this chapter. Therefore, contrary to others’ reports (Constantine, 2002, 2007; Fuertes et al., 2001; Gim et al., 1991), this instrument may not have been a suitable measure of this experience for this population.

Client-Counselor Working Alliance

South Asian women perceived working alliance sometimes to often within the therapeutic relationship, a finding that differed from Li and Kim’s (2002) study with Asian participants who had slightly higher scores ($M = 5.67, SD = 0.85$). The scores from this study indicate that the client-counselor working alliance may differ slightly between South Asians and Asians. Because acculturation levels and cultural conflict values were similar for South Asian women compared to Asians; the reason South Asian women would perceive client-counselor working alliance lower than Asians is unknown and in need of further study. Future research recommendations are discussed in the research implications section later in this chapter.

Perceived Multicultural Competence in Counselors and Client-Counselor Working Alliance

In Research Question 2, I sought to understand the degree to which perceived multicultural competence in counselors, client adherence to Asian values, and client cultural value conflicts related to perceptions of client-counselor working alliance. Results indicated that only the correlation between perceived multicultural competence in counselors and client-counselor working alliance was statistically significant with a moderate effect size. Further, regression analysis indicated that South Asian women’s perceptions of multicultural competence
in their counselors accounted for approximately 14% of their working alliance in the therapeutic relationship ($R^2 = 0.14$, $R^2_{adj} = 0.12$, $F(1, 39) = 6.19$, $p < .001$).

The results of this study aligned with the practical literature and research supporting the notion that perceived multicultural competence in counselors is the key component to the working alliance within the therapeutic relationship (Benkert et al., 2009; Castro & Ruiz, 2009; Constantine, 2007; Diaz, 2003; Fuertes & Brobst, 2002; Kim et al., 2005; Mallinckrodt et al., 1995; Paris et al., 2005; Rubio et al., 2007; Sue & Sue, 2003; Vetter, 2004; Wang & Kim, 2010). According to Sue and Sue (2003), the most crucial part of developing therapeutic alliance in counseling relates to counselors’ ability to build trust with diverse clients. To examine this further, empirical evidence has indicated a strong correlation between perceived multicultural competence in counselors and client-counselor working alliance. For example, when examining Asian Americans, Li and Kim (2004) conducted a hierarchical multiple regression analysis yielding results ($r = .72$, $p < .01$) between client-counselor working alliance and cross-cultural competence. Similarly, Wang and Kim (2010) reported results indicating a strong correlation between perceived multicultural competence in counselors and client-counselor working alliance. Although the results of this study indicate a statistical significant relationship between these two components, they are not as strong as the two previous studies discussed.

A possible reason for the difference in strength between this study and others could be that not all participants answered all of items in the multicultural competence instrument (CCCI-R), perhaps opting to leave an item blank rather than disagree with the item. Another reason for the difference might be that the client-counselor working alliance process differs between South Asians and Asian groups. Going broader, the relationship between these two variables was consistent with studies related to Asian clients as well as studies examining minority clients in
general (Constantine, 2007; Fuertes et al., 2006; Jaouich, 2007; Ward, 2002). It may be that perceived multicultural competence transcends all cultures, establishing multicultural competence as a powerful tool for counselors to use.

*Adherence to Asian Values, Cultural Value Conflicts, and Client-Counselor Working Alliance*

As mentioned, there was no statistically significant correlation between adherence to Asian values and client-counselor working alliance, a finding consistent with Kim and Atkinson’s (2002) study of 112 Asian American college students. In addition, there was no statistically significant relationship between cultural value conflicts and client-counselor working alliance. Although I was unable to find previous studies to support these results, adherence to Asian values and cultural value conflicts are theoretically related (and may have been statistically significant with a moderate effect size given more power due to a slightly larger sample). Based on the current results, clients’ values have little relationship with whether they experience a strong client-counselor working alliance.

The final research question examined the degree to which adherence to Asian values and cultural value conflicts predict the client-counselor working alliance after controlling for perceptions of counselor multicultural competence. Even after controlling for cultural values and conflicts, only perceptions of multicultural competence in counselors predicted client-counselor working alliance. As with Research Question 3, the results have supported the assumption that the values of the client are unrelated to how strongly a client-counselor working alliance can be established. Regardless of client values or conflicts, responsibility falls to counselors to gain multicultural competence and establish a strong working alliance with their clients.

*Limitations of the Study*

One of the main limitations of this study was sample size, resulting in low power to
detect small-moderate effect sizes and difficulty accessing more diverse participants within this population. In this study, bivariate linear regression yielded a reasonably sufficient power; however, there was insufficient power for the hierarchical multiple regression analysis. Because the power of a study depends heavily on the sample size (Pallant, 2007), a larger sample would have increased power as well as the possibility that significance would have been found among other variables.

Recruitment for this population posed as limitation because many South Asian women living in the U.S. may not pursue counseling. Other coping strategies maintained in the South Asian culture (e.g., spirituality) and cultural values regarding emotional vulnerability as signs of weakness and may deter individuals from seeking counseling services. Furthermore, South Asian women who did pursue counseling services might have been hesitant to share that information with others even if it could be shared anonymously. They might have felt ashamed and embarrassed regarding their desire to seek facilitation outside of the family. Thus, there was a risk of the return rate for the survey to be low, and individuals who choose to respond to the survey might not have been representative of most South Asian women who pursue counseling services. To further illustrate this notion, the resulting sample was quite similar in this study. In addition, terminology utilized in the instruments might not have been understandable to individuals unfamiliar with such choice of words.

Another risk that might have affected the results in low survey response was the length of the surveys; the instruments were fairly extended which might have deterred participants from completing measurements. There was approximately 70 items for all survey instruments combined which may be a long process for individuals to complete. Therefore, the probability that potential participants both started surveys and completed surveys might have been low,
especially for participants with less than a high school education or whose first language was not English. In addition, as mentioned in the multicultural competence section in this chapter, informal feedback from participants indicated that many of the items on the CCCI-R scale were confusing. Therefore, another limitation in this study is whether instruments utilized were comprehensible for all participants.

Another limitation was that individuals with a low sense of self might not understand what they need from their counselor and might then take their counselor’s values as their own. If this occurred, their levels of working alliance with their counselor might have appeared satisfactory because they will have adapted to the counselor’s values. Furthermore, heavy reliance on electronic and networking recruitment methods required access to technology and ability to read in English. I was less likely to recruit those with more traditional in beliefs or who represented lower socio-economic status or education levels. In addition, if more traditional participants completed the survey, they may have perceived their counselors as authority figures and assumed their interpretations to be correct (Panganamala & Plummer, 1998).

As it pertained to acculturation, my recruitment methods were highly targeted toward cultural and/or religious groups; people who responded to the survey might have developed a religiously-based cultural identity if they were affiliated with these groups. In addition, throughout the recruitment process, there was no method to assess or control for religious identity. Therefore, this variable may have skewed the population to be of those more in the same acculturation level. With that said, these surveys were offered in English, and therefore, they might not have been as appropriate for those who were more traditional in their acculturation.

In addition, South Asian women might have been less likely to pursue counseling due to
expectations of privacy and honor (Kim et al., 1999). Even if individuals of this population have pursued counseling currently or in the past 5 years, they might have been hesitant to fill out the questionnaire, even if guaranteed confidentiality and explanation of the anonymous nature of the study. In particular, several potential participants stated that they declined involvement due to privacy concerns or feeling offended by values conflict questions related to intimate relations. These issues are further discussed below in this section.

Furthermore, several individuals approached me inquiring if they were eligible for the survey because they sought assistance related to mental health issues through family, friends, or religious figures. These inquiries were consistent with Inman et al.’s (2007) observation that participants seek emotional support from families or friends rather than from strangers. This observation also aligned with Panganamala and Plummer’s (1998) finding that South Asians valued spirituality in times of coping and crisis.

Because there is currently no organization catering to South Asian female clients living in the U.S. from which I could draw a sample, this study required the use of a nonrandom sample. Nonrandom sampling served as a limitation because there was no accurate method to compute the response rate or determine who would be more likely to respond to the survey. One form of recruitment was through personal contacts and snowball sampling, because I asked personal contacts and participants to pass along the survey information to their friends and family. Several friends explained their feelings of discomfort in promoting the survey to others because they feared they would appear unstable or be perceived to have personally experienced shameful mental health issues. This hesitation confirmed the taboo related to discussing mental health issues in the South Asian community in a manner consistent with Inman et al.’s (2007) findings. Along the same lines, several individuals stated they did not envision a majority response to this
study. This opinion may have contributed to the low number of survey responses I received in this study which was consistent with other studies such as Panganamala and Plummer’s (1998) low survey return rate.

Nearly two-thirds of participants identified themselves as second generation. Through feedback, I learned that at least a few potential first generation participants refused to participate in the anonymous study because they could not relay their personal stories or value conflicts to a stranger which was consistent with the values of keeping secrets within the scope of the family to ensure family honor (Panganamala & Plummer, 1998). This feedback was consistent with the notion that issues related to sexual relations and mental health are taboo to discuss in the South Asian community (Kim et al., 2001).

**Theoretical Implications**

One of the theoretical objectives of this study was to inquire about the relevance of perceived multicultural competence in counselors, adherence to Asian values, and cultural value conflicts in the understanding of the client-counselor working alliance. Although adherence to Asian values and cultural value conflicts were not predictors of client-counselor working alliance, this study has provided evidence to suggest that perceived multicultural competence in counselors is a critical component in the development of a strong client-counselor working alliance.

A vital component of South Asian women’s experiences has been related to issues of acculturation and cultural value conflicts (Abouguendia & Noel, 2001; Baptiste, 2005; Dasgupta, 1996; Dugsin, 2001; Farver et al., 2002; Inman et al., 2001, Kallivayalil, 2004; Kim et al., 1999; Kurian, 1986; Sandil, 2008), but previous researchers did not explore the ways those variables were related to clients’ perceptions of counselor multicultural competence and working alliance.
It is all the more important for multiculturally sensitive counselors to be aware of these issues and to understand how to help clients work through value conflicts. The current study has enlarged the literature regarding South Asian women and enriched theoretical understanding of the counseling needs of South Asian women by including the effects of perceived multicultural competence in counselors, adherence to Asian values, and cultural value conflicts on the client-counselor working alliance.

Adherence to Asian values and cultural value conflicts might not necessarily be important components in developing a strong client-counselor working alliance. Rather, counselor understanding of how to help clients work through culturally oriented issues is important to the client-counselor working alliance. The theoretical and empirical literature has been focused largely on the psychological adjustments experienced by different minority groups; when doing so, previous authors neglected to emphasize counselors’ responsibility, duty, and role in the process of seeking continuous training in multicultural competence. Cho and DeCastro-Ambrosetti (2005) defined competence as a continuous process of seeking awareness, knowledge, and skill; as soon as counselors’ pause in this process, they no longer are multiculturally competent. Therefore, more focus on encouraging counselors to understand the importance of their responsibility in working with diverse groups such as South Asian women is needed.

Implications for Practice and Future Direction

Counselors’ Practice in the Community

During the recruitment stage of this research study, I received many private messages or emails from individuals who conveyed that they had contemplated seeking counseling services due to conflicts in their lives; however, they became discouraged due to the taboo associated with seeking mental health services in the South Asian culture. As a result of viewing the
survey, some of these individuals became encouraged stating that they themselves felt more comfortable seeking services by knowing other South Asians receive and promote counseling. Some of these individuals even inquired about counseling resources in their areas. The simple exposure of this study in the South Asian community seems to have helped some individuals gain support and seek necessary counseling services. This feedback confirmed the taboo that exists in the South Asian culture regarding mental health services. I believe implications should include promoting support and awareness regarding counseling to this population.

In addition, I received private messages and emails from South Asian women who shared that they had participated in counseling services but had not disclosed this information to others. Many of them stated that they felt comfortable sharing their story with me due to my stance as a researcher on South Asian women and mental health, yet they had not disclosed this information to family or friends. In my opinion, this lack of comfort with sharing confirms that South Asian women seeking counseling may experience feelings of guilt and shame. Becoming aware that others in the south Asian community value the importance of mental health support might normalize feelings and enable members of the population to modify their feelings of guilt and shame into feelings of relief and understanding. Thus, setting up support programs to reach out to the South Asian community may increase the number of women seeking professional counseling services.

_Counselors’ Practice in Counseling_

This study has implications for counselors who work with South Asian women. Counselors have the unique position to assist South Asian women by assuming responsibility for their own multicultural competence. Although professional standards such as the Council for Accreditation for Counseling and Related Educational Program’s (CACREP) 2009 _Standards_, the American Counseling Association’s (2005) _Code of Ethics_, and the Association for
Multicultural Counseling and Development’s *AMCD Multicultural Counseling Competencies* expect counselors to understand their own personal cultures, Farrell (2009) argued that current multicultural competency training concentrates on understanding values and value conflicts of clients rather than focusing on evaluating the self and the counselors’ responsibility to understand how to help clients work through these issues. This notion is consistent with results that counselors’ ability to demonstrate multicultural competence (including awareness, knowledge, and skill with themselves, their clients, and within the client-counselor relationship) is the strongest predictor of working alliance in the therapeutic relationship. Attention should be placed on the counselors’ responsibility for fostering the client-counselor relationship more so than on the clients’ responsibility for adapting to values consistent with dominant culture (e.g., adherence to Asian values and cultural value conflicts). To add to this, the process of counselors’ becoming self-aware leads to a better understanding of clients. In fact, according to Constantine and Sue (2005) and Hays (2008), development of self-awareness promotes greater understanding of counselors’ diverse clients’ worlds, regardless of their values or cultural conflicts.

In the same regard, Carter (2003) and Farrell (2009) discussed how training programs neglect counselors’ exploration of their cultural identities and instead focus attention on learning about non-dominant cultures. Programs need to implement training in which counselors gain the awareness, knowledge, and skill needed for being multiculturally competent counselors. Multicultural training programs should include a comprehensive exploration of counselors’ personal cultures. In fact, the Association for Multicultural Counseling and Development (2009) competencies and CACREP (2009) standards highlight the importance of counselor self-awareness in order to effectively counsel minority clients. In order for counselors to become
confident in their multicultural counseling ability, they must continually explore their ethnic identity (Collins & Pieterse, 2007). Also, while it is quite common to include detailed strategies for counseling diverse clients in multicultural training, few training programs include information that defines the White dominant culture. Therefore, more attention to understanding the White dominant culture is necessary. Because the process of exploration is ongoing, counselors should strive continuously to increase their understanding of cultural differences while at the same time challenging their beliefs about their own cultures in order to become more competent (Carter, 2003; Collins & Pieterse, 2007). In order to do so, training programs should encourage counselors to engage in a wide variety of activities designed to promote cultural self-awareness and multicultural awareness on a continuing basis in order to sustain a level of competency when counseling minority clients (Collins & Pieterse, 2007; McNeill, 2001).

In addition, training programs should include opportunities for student counselors to hear from diverse participants, including South Asian women, who have participated in counseling services in order to understand experiences with culturally skilled and not so culturally skilled professionals. These women can help counselors in training understand what was most useful and least helpful in counseling and can discuss the factors that lead to them feeling supported or unsupported in their therapeutic relationships.

According to the results of this study, counselors’ multicultural competence influences the client-counselor working alliance more so than clients’ values. This finding could be empowering to counselors because it implies that counselors hold the responsibility for developing working alliances and should not view their clients as resistant or difficult. Oftentimes, counselors report that their clients’ beliefs create difficulty for them in their efforts to build strong working alliances; however, building strong working alliances are counselors’
responsibility. Client-counselor working alliance is connected to counseling outcome (Horvath & Bedi, 2002; Horvath & Greenberg, 1994; Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000). Theoretically, the current research results connect multicultural competence to counseling outcome.

Research Implications

As discussed previously, results of this study are consistent with those from previous studies (Benkert et al., 2009; Castro & Ruiz, 2009; Constantine, 2007; Diaz, 2003; Fuertes & Brobst, 2002; Kim et al., 2005; Mallinckrodt et al., 1995; Paris et al., 2005; Rubio et al., 2007; Vetter, 2004; Wang & Kim, 2010). I recommend future research focus on alternative methods to explore these variables. Because the results for South Asian women demonstrated lesser strength between perceived multicultural competence in counselors and client-counselor working alliance compared to previous studies involving Asians; additional model testing with increased sample sizes and a variety of South Asian women is necessary to ensure validity of the current results. In addition, future researchers need to employ techniques to obtain a larger and more diverse sample population. For example, researchers may recruit mental health professionals who, in turn, will invite current clients to participate in study. Clients will feel more secure with the information about a survey coming from someone with whom they have built a relationship rather than a third party recruiter.

Qualitative research will be helpful with examining this population due to the lack of previous research regarding South Asian women’s experiences in counseling. This study’s findings suggested that acculturation and cultural value conflicts do not affect client-counselor working alliance; however, the client-counselor working alliance was lower strength in correlation than previous studies of Asians. Future research is recommended to understand
associated theory related to perceived multicultural competence in counselors, adherence to Asian values, cultural value conflicts, and client-counselor working alliance and to investigate contributing knowledge and facts to help build a theory that would help understand the unique components of South Asian women’s counseling experiences. By doing so, researchers will be able to identify what is vital in South Asian women’s counseling experiences and, in turn, inform further study.

Specifically, areas of focus for qualitative research related to South Asian women might include experiences in help seeking and ways in which mental health stigma in the South Asian community has influenced their process. Describing South Asian women’s experiences in counseling, their beliefs about themselves, and their feelings of belonging in their community will be helpful. Another qualitative study recommendation includes observation of South Asian women who have advocated for mental health services in their community or household and rich descriptions of their struggles and achievements. A qualitative study regarding spiritual leaders in the South Asian community and their beliefs and experiences regarding mental health services and their beliefs on how the counseling process affects the community they serve will be beneficial. Another needed qualitative study relates to gaining an understanding of South Asian women’s counseling styles and method preferences. Lastly, a qualitative study is needed regarding South Asian medical professionals’ attitudes toward counseling and mental health referral practices.

Future qualitative researchers should explore counselors’ beliefs regarding seeking multicultural competence and sense of responsibility when developing working alliances with minority clients in general. Due to the results of this study’s results mirroring the results for other subgroups covered in Chapter 2, the counselors’ process should be focused on their own
awareness when counseling minority clients in general. Along those same lines, future research should be focused on understanding counselors’ journeys toward gaining and sustaining multicultural competence with specific attention to the struggles they experience. By understanding the struggles counselors face when building multicultural competence, further studies might be conducted to assist counselors through the difficulties that hinder their ability to seek and to sustain the multicultural competence they may experience.

For quantitative future research recommendations, Sue and Sue (2008) reported that minority clients experience individualistic views in counseling; therefore, a quantitative longitudinal exploration of clients’ acculturation process throughout counseling would be helpful. In this exploration, researchers could examine if individualistic values inherent in counseling affect South Asian women’s shift toward the assimilation level of acculturation. In addition, other variables should be explored, such as effectiveness of counseling or outcomes, predictors of continued engagement, effectiveness of anti stigma and outreach, and preferred characteristics of counselors. Although many studies should be conducted involving South Asian women, counselors, and the counseling process, it is my opinion that primary research should be focused on counselors and the counseling process in general.

Conclusion

Multiculturalism has been recognized as the fourth force in the counseling profession. The importance of multicultural competence is evidenced in professional standards provided by the American Counseling Association’s (2005) Code of Ethics and the Council for Accreditation for Counseling and Related Educational Program (CACREP, 2009). In previous research, multicultural counseling has offered valuable insight into the experiences of diverse clients and predictors of a strong client-counselor working alliance such as with the Asian culture living in
the U.S. This research has been meaningful to the literature; however, previous researchers held
the assumption of no differences between the Asian cultures’ subgroups, specifically with
women. This study’s findings have facilitated understanding of the gap in research regarding
South Asian women’s experiences in counseling. In addition, this study contributed to the
literature by exploring key elements that might factor into client-counselor working alliance,
such as adherence to Asian values and cultural value conflicts.

Several conclusions may be drawn from this study. First, perceived multicultural
competence in counselors is the leading predictor of client-counselor working alliance in the
therapeutic relationship even after accounting for Asian values and value conflicts. Results for
South Asian women from this study were similar to previous studies regarding Asians in general.
However, previous studies suggested different strengths, indicating similarities and differences in
the client-counselor working alliance process between South Asian sub-groups. While
conclusions are tentative due to the low number of participants and lack of variety in the sample,
the theoretical support as well as the reliability of the results in this study has offered sufficient
support to allow discussion.

Furthermore, much attention has been dedicated to identifying psychological distress
regarding South Asian women’s values (Abouguendia & Noel, 2001; Baptiste, 2005; Dasgupta,
1996; Dugsin, 2001; Farver et al., 2002; Inman et al. 2001, Kallivayalil, 2004; Kim et al., 1999;
Kurian, 1986). However, there has been a lack of theoretical and practical implications for
practitioners as to how to implement change and develop multicultural competence when
working with South Asian female clients. This study has offered empirical support for the notion
that multicultural competency should be a main focus regarding counseling programs’ attention
to helping relationships. Additionally, a strong emphasis on the counselor’s responsibility to
promote a strong working alliance rather than focusing on the values and value conflicts of clients should be included in counseling programs.

It is my hope that this study will facilitate further examination of how to build multicultural competence expands within the counseling field of research. I hope this study’s findings influence mental health providers to understand the importance of taking responsibility for exploring their own cultural identities when working with South Asian female clients or other diverse clients.
APPENDIX A

NOTE TO RECRUITERS
Hello,

My name is Masuma Rasheed and I am a doctoral candidate in the Counseling Program at the University of North Texas. As a South Asian American woman interested in providing mental health services to fellow South Asian women in the United States, my research interests are focused on developing a better understanding of the mental health attitudes and predictors of client satisfaction in the South Asian American female community.

I am conducting a study regarding South Asian women and their experiences in counseling. Currently, there is a lack of research for this important population; with your help, my hope is that this unique group will gain more recognition and exploration in the field of research to assist them when seeking counseling services that are more culturally sensitive.

On that note, I kindly request that you post the attached letter on your [*insert here]. Your cooperation is greatly appreciated. Thank you for your time.

Sincerely,

Masuma Rasheed, M.S., LPC-Intern

(*listserv, Facebook page, website, business, email)
APPENDIX B

RECRUITMENT LETTER
Hello,
My name is Masuma Rasheed and I am a doctoral candidate in the Counseling Program at the University of North Texas. As a South Asian American woman interested in providing mental health services to fellow South Asian women in the United States, my research interests are focused on developing a better understanding of the mental health attitudes and predictors of client satisfaction in the South Asian female community.

I am recruiting South Asian females to participate in a study regarding their experiences in counseling. South Asian females are a prevalent population in American society who, unfortunately, have been understudied and overlooked in the field of research. South Asian women who grow up in the United States experience struggles and conflicts associated with living in between two cultures; meaning, living in the culture of the United States while still maintaining and/or being expected to maintain the values of the Asian culture. During these conflicts, South Asian women may reach out for counseling services or have had the desire to do so. Unfortunately, seeking counseling services has been perceived as a taboo in the South Asian culture, and people may refrain from engaging in such services. The purpose of my study is to help mental health professionals understand South Asian client experiences so we can serve our community more effectively.

It is my hope that by your participation, you will be able to make a difference in the South Asian female community by helping to break down the barriers of this taboo. It is also my hope that your participation will help to enrich the mental health research; thus, helping yourself and fellow South Asian women experience effective mental health services. As an incentive for your participation, you will be eligible to enter a drawing for a $100 gift certificate.

Your participation will consist of taking an online survey that may take about 20 minutes. Some participants might find that this survey can be completed in significantly less time while others may need more than 30 minutes. In order to participate, you must meet the following requirements:

1) You are a citizen of the United States.
2) You are of South Asian decent (India, Nepal, Tibet, Pakistan, Sri Lanka, Burma, Kashmir, or Bangladesh).
3) You are at least 18 years old.
4) You are currently in counseling or have undergone at least three sessions in the last two years with a mental health provider (e.g., a licensed professional counselor, marriage and family licensed therapist, social worker, psychologist, or psychiatrist).

All surveys are completely anonymous; you will not be asked to provide your name or contact information on the survey. Your IP address will not be collected.

In an effort to promote recognition for the South Asian female population in the United States, I hope you will also send this survey to at least three South Asian women you believe would be willing to participate in the study.

Please click the link below to begin!
Thank you for your time and consideration,
Masuma Rasheed, M.S., LPC-Intern
APPENDIX C

INFORMED CONSENT
Before agreeing to participate in this research study, it is important that you read and understand the following explanation of the purpose, benefits and risks of the study and how it will be conducted.

**TITLE OF STUDY:** South Asian women’s experiences in counseling.

**PRINCIPAL INVESTIGATOR (PI):** Casey Barrio Minton, Ph.D., NCC, University of North Texas (UNT) Department of Counseling and Higher Education

**KEY PERSONNEL:** Masuma Rasheed, M.S., LPC-Intern, UNT Department of Counseling and Higher Education

**PURPOSE OF THE STUDY:** You are being asked to participate in a research study designed to explore South Asian women’s experiences in counseling.

**STUDY PROCEDURES:** You will be asked to complete four assessments of your perception of the client-counselor working alliance and your perceptions of your mental health provider’s multicultural competence, adherence to Asian values, and cultural conflicts values. Completion of the survey will take about 25-30 minutes of your time.

**FORESEEABLE RISKS:** No foreseeable risks are involved in this study.

**BENEFITS TO THE SUBJEC TS OR OTHERS:** This study is expected to be helpful to counselors in understanding what affects the relationship between counselors and clients. By reflecting on your own counseling experiences, you may help yourself and potentially other South Asian female clients gain better quality mental health care.

**COMPENSATION FOR PARTICIPANTS:** You will not be compensated for participating in the study. However, as an incentive for participation, you may choose to enter a random drawing for $100 cash prize incentive to be awarded at the end of the data collection period. Everyone who participates will have an equal chance to win.

**PROCEDURES FOR MAINTAINING CONFIDENTIALITY OF RESEARCH RECORDS:** Despite you receiving this electronic survey link, no personally identifiable information will be collected about you. Your participation in this study is anonymous. Your randomly assigned identification code will be used only for computing response rates. Once the data collection period has closed, these codes will be destroyed. If you choose to enter the incentive drawing, you will be taken to a separate survey link to enter your contact information for the $100 prize drawing. All of the sites associated with the study are configured so that your IP address will not be stored with any of the survey results. It will be impossible to connect any survey responses with the incentive drawing entries. Records will be kept in the PI’s private office on a password-protected computer and via a password-protected secure Qualtrics account. Research records will be maintained by the PI indefinitely. The confidentiality of your individually provided anonymous information will be maintained during the process of presenting the results in any publications or at any conferences.

**QUESTIONS ABOUT THE STUDY:** If you have any questions about the study, please contact Masuma Rasheed, M.S., LPC-Intern, at Masuma.Rasheed@unt.edu or at telephone number (214) 215-8500.

**REVIEW FOR THE PROTECTION OF PARTICIPANTS:** This research study has been reviewed and approved by the UNT Institutional Review Board (IRB). The UNT IRB can be contacted at (940) 565-3940 with any questions regarding the rights of research subjects.

**RESEARCH PARTICIPANT'S RIGHTS:** By completing survey materials, you will indicate that you have read or have had read to you all of the above information and that you confirm the following:

- You understand the possible benefits and the potential risks and/or discomforts of the study.
- You understand that you do not have to take part in this study, and your refusal to participate or your decision to withdraw will involve no penalty or loss of rights or benefit

________________________________
Printed Name of Participant

________________________________                                ____________
Signature of Participant                                Date
APPENDIX D

QUESTIONNAIRE
RESEARCHER DEVELOPED DEMOGRAPHIC QUESTIONNAIRE

By Masuma Rasheed (2011)

INSTRUCTIONS: Please provide the following information about yourself.

1. Race or ethnicity: Bangladesh Bhutan Myanmar Maldives India Nepal Pakistan Sri Lanka

2. Sex: Female Male

3. Age:

4. Educational Level:

5. Relationship Status: Single Cohabitating Married Divorced

6. Religion:


8. Amount of Time in the U.S.:

9. Geographic Location:

ASIAN VALUES SCALE-REVISED (AVS-R)

By Kim and Hong (2004)

CROSS-CULTURAL COUNSELING INVENTORY-REVISED (CCCI-R)

By LaFromboise, Hardin, and Coleman (1991)

CULTURAL VALUES CONFLICT SCALE (CVCS)

By Inman, Ladany, Constantine, and Morano (2001)

WORKING ALLIANCE INVENTORY SHORT REVISED (WAI-SR)

By Hatcher and Gillaspy (2006)
APPENDIX E

MARKETING FLYERS FOR PLACES OF WORSHIP, BUSINESSES, AND NON-PROFIT ORGANIZATIONS
Are you a South Asian woman?
What’s your experience living between the U.S. and South Asian cultures?
Participate & make a difference!

Search for “South Asian Women’s Experiences in Counseling” on Facebook.
Participants will be entered into a drawing for a $100 gift certificate.
REFERENCES


Bordin, E. S. (1980). Of human bonds that bind or free. Presidential address presented at the meeting of the Society for Psychotherapy Research, Pacific Grove, CA.


Jaouich, A. The impact of cultural variables and multicultural competence: A model of early therapy process (Unpublished doctoral dissertation). McGill University, Montreal, Quebec, Canada.


