

**APPLICATION OF FAMILY SYSTEMS APPROACHES ON INTERGENERATIONAL
CONFLICTS IN ASIAN IMMIGRANT FAMILIES**

by

Allie Yu-Ching Lin

A Capstone Research Project Submitted in Partial Fulfillment
of the Requirements for the Degree of

Master of Counselling (MC)

City University of Seattle

Vancouver BC, Canada site

June 2021

APPROVED BY

Chris Kinman, PhD, MSc, MDiv., Capstone Supervisor, Counsellor Education Faculty
Bruce Hardy, Ph.D., R.C.C., Faculty Reader, Counsellor Education Faculty

Division of Arts and Sciences

Abstract

Intergeneration acculturation discrepancy within Asian immigrant families is a major source of intergenerational conflicts, and subsequently, has adverse impacts on the parent-child relationship and immigrant children and youth's psychological and behavioural functioning. Multicultural Counselling and Family Systems Therapy literature offer integrative frameworks for working with Asian immigrant and immigrant families. Research further suggests that clients' acculturation levels and counsellors' multicultural competence, among other clients and counsellor variables, may impact culturally diverse clients' experience in counselling. However, the literature review has revealed a lack of research on how to work with Asian immigrant families experiencing acculturation-based intergenerational conflicts and how acculturation discrepancy may impact clients' experience with the family counselling process and the therapeutic relationship. A phenomenology research project is proposed to explore Asian immigrant families' experiences and subjective perceptions of acculturation discrepancy among individual family members and between family members and the counsellors when family receive family therapy for acculturation-based intergenerational conflicts.

Keywords: Acculturation, acculturation-discrepancy, Asian, immigrant, family systems, multicultural counselling, multicultural competence

Acknowledgements

Foremost, I would like to thank my family and friends who have been supportive and present in my life for the last three years while I was often absent from theirs. Thank you for giving me space to pursue my path while keeping me grounded.

I would like to express my sincere gratitude to my capstone supervisor Dr. Chris Kinman for his support and encouragement. His guidance helped my capstone project developed organically while stayed focused. I also wish to thank my faculty reader, Dr. Bruce Hardy, for his guidance and feedback. Many thanks to my CityU professors who have helped shape me becoming the counsellor I am going to be.

I want to acknowledge friends from my cohort, who were with me every step of this journey as we talked and listened, and challenged and inspired each other. I couldn't wish for better companions for this journey.

Table of Contents

Abstract	2
Acknowledgements	3
Chapter 1: Introduction of the Study	6
Introduction.....	6
Context of the Study	9
Representation of Asian immigrant Families in Canada/B.C.	9
Common settlement challenges in Canada	11
Multicultural Counselling and Multicultural Competence	15
Family systems therapy.....	16
Lived Experience as a 1.5 generation immigrant woman with Intergenerational Conflict	17
The Research Objectives and Research Questions	19
Research Methodology	20
Outline of Chapters	21
Definitions of Terms	22
Acculturation.....	22
Multicultural Counselling	23
Chapter 2: Literature Review	25
Acculturation Discrepancy and Intergenerational Conflicts in Asian Immigrant Families.....	25
Acculturation and Immigrants' Well-being	26

FAMILY SYSTEMS THERAPY WITH ASIAN IMMIGANT FAMILIES	5
Acculturation Discrepancy and Intergenerational Conflicts in Asian Immigrant Families.....	29
Multicultural Counselling with Asian Immigrant Families	34
Multicultural Counselling and Multicultural Competence	35
Working with Asian Immigrant Families	38
Outcome Research of Multicultural Counselling	39
Family System Therapies with Asian Immigrant Families.....	42
Cultural Adaptation of Family Systems Therapy in Working with Asian Families.....	43
Chapter 3: Discussion and Research Proposal.....	48
Discussion.....	48
Research Proposal.....	53
Participants.....	54
Design and Procedure	55
Data Analysis	56
References.....	58

Chapter 1: Introduction of the Study

Introduction

For newcomers living on foreign land, families are both a protective and a risk factor. Families potentially offer individual immigrants financial, emotional and practical stability and support, and information, as well as resources and opportunities for education, occupation and social development. However, families could also be sources of stress, pressure, unwanted expectations and demands, conflicts and chaos for newcomers. As immigrants endeavour to adjust and settle in the new host country, they face multiple barriers and challenges. In a longitudinal survey of immigrants to Canada (Schellenberg & Maheus, 2007), the top five difficulties newcomers identified were finding an adequate job, learning new languages, getting used to the weather, missing support from the homeland and adapting to the new culture/value. Being a country built upon immigrants, Canada's immigration policy and trends have significantly shifted over in the last two centuries from the strictly race-based Eurocentric admission system to the expansionist, non-discriminatory point system adopted in the latter half of the twentieth century (Bragg & Wong 2016; Trebilcock & Trebilcock, 2019). According to Census 2016, 21.9% of the Canadian population were foreign-born. Furthermore, 37.5% of Canadian children under age 15 and 41% of youth aged 15 to 30 were foreign-born or had at least one foreign-born parent (Statistics Canada, 2017c).

Unemployment, financial hardship, language barrier, cultural barrier, and lack of support — for individuals who face any of these difficulties could find them challenging and overwhelming. However, newcomers and their families are likely to face multiple challenges concurrently and bear the compounded impact. Compounding with migration, settlement and acculturation stress, newcomer families also face family stress due to potential family conflicts,

changes or disturbance. Using the Longitudinal Survey of Immigrants to Canada, Browne et al. (2017) examined the association between mental health and parenting status among new immigrants in Canada. As immigrant parents were at risk of dealing with parenting stressors than non-parents, they were more likely to report emotional problems post-migration than non-parents, and lone parents were at the greatest risk. Younger members in the immigrant families also struggled with intergenerational conflicts and unhealthy parent-child relationships. Centre for Addiction and Mental Health & Children's Aid Society of Toronto (2014) presented a study on homeless newcomer youth in Toronto found that among 74% of participants, approximately 60% reported they left home due to family conflicts and differences in terms of cultural values between parents and youth was cited as a common reason. Intergenerational conflicts also affect immigrant youth's mental health (Choi et al., 2020; Lui, 2019; Ying & Han, 2007; Patel et al., 2016). To learn and understand immigrants' settlement and adaptation experience, psychologists employed the framework of acculturation to comprehend immigrants' acculturation and integration process in the new cultural setting. In particular, the acculturation gap between parents and children has been postulated to be a common contributing factor to intergenerational conflicts in immigrant families — especially for those who migrated from a more collectivist culture to a more individualistic one (Lui, 2019; López et al., 2011).

Asia has become the largest source region of immigrants to Canada since the 1990s. According to Census 2016, 48.1% of the foreign-born population in Canada and the majority (61.8%) of recent immigrants — referring to immigrants who landed and settled within the last five years, were born in Asia (Statistics Canada, 2017c). Furthermore, among Canadian children with an immigrant background, 47% of them were from an Asian country of ancestry (Statistics Canada, 2017a). Without generalizing, Asian immigrants were more likely from a more

collectivist culture than the more individualistic nature of the Canadian society (Lui, 2019; MohdZain, 2011). For counsellors who live in a diverse community like Vancouver and have the opportunity to work with immigrants whose culture of origins are potentially drastically different from the North American culture, learning and understanding how acculturation and the acculturation discrepancy contribute to immigrants' stress and conflicts may offer insights on making sense of and attending to family dynamics and relational stressors in immigrant families. Contemporary psychotherapy has expanded and incorporated multicultural theories and practices. Multicultural counselling theory was developed to challenge the presumption of cultural universality of traditional Western psychotherapy regarding human experiences and conditions and proposed that counsellors work with families from different ethnic and cultural backgrounds from a cultural relativism perspective (Sue & Sue, 2008; Sue et al., 2019).

Along with many psychotherapy theories, major family therapy theories were examined and reevaluated from a cultural lens on their western philosophical foundation and cross-cultural validity (Shulman & Lamba, 2011). Multicultural counselling also highlights cultural competence and sensitivity as essential counselling skills to ensure professional and ethical practices when working with diverse populations. When counsellors work with immigrants and their families, awareness and understanding of how different levels of acculturation and acculturation discrepancy between family members could come up in the family counselling setting and if and how that impact immigrants' counselling experiences may also offer counsellors insights and perspectives on what to attend to in the therapeutic process as well as therapeutic relationships (McGoldrick et al., 2005).

This research project intends to present findings from reviews of relevant literature on the relationship between acculturation discrepancy and intergenerational conflicts in immigrant

families, multicultural counselling, and application of System approaches in working with Asian immigrant families in North American society, and a proposed qualitative research design intended to explore both experiences of Asian Canadian immigrant families and their counsellors with family counselling. The collected data might be utilized to better understand the application and applicability of family systems theories with intergenerational conflicts in Asian immigrant families and immigrants' experiences of the therapeutic process and relationships. In the introductory chapter, the study's rationale, the aims of the research and the outline are provided. The context of the study, including the academic background and the researcher's lived experience, are presented first to explain the rationale, following with the objective of the research, the research questions and research methodology. The chapter then proceeds to an outline of the chapters and ends with a definition of terms.

Context of the Study

Representation of Asian immigrant Families in Canada/B.C.

The recent growth of the Asian immigrant population. In 2016, more than one in fifth (21.9%) Canadians were foreign-born and reported that they were or had been a landed immigrant or permanent resident (Statistics Canada, 2017c), and Asia has gradually become the largest source of immigrants since the 1990s (Edmonston, 2016). Between 2011 to 2016, there were 1,212,075 new immigrants— representing 3.5% of the total population — permanently settled in Canada. Among the total immigrant population, 48.1% were born in Asia (including the Middle East). Moreover, the majority (61.8%) of recent immigrants who settled in Canada between 2011 and 2016 were born in Asia. According to Statistics Canada's projection on current immigration trends, the proportion of the immigrant population could grow between

24.5% to 30.0% by 2036, and of the immigrant population, 55.57% to 57.9% would be born in Asia (Statistics Canada, 2017c).

Asian immigrants have made up a large proportion of both the total and recent immigrants in British Columbia and the Metro Vancouver area. Census 2016 indicated that immigrants made up 28.3% of the population of British Columbia. Next to Ontario, B.C. had the second highest immigrant population among Canadian provinces (NewToBC, 2018). 61.% of the total immigrants and 75.1% of recent immigrants who landed between 2011 and 2016 in B.C. were born in Asia. The top five places of birth of immigrants in B.C. were China (15.5%), India (12.6%), the United Kingdom(9.6%), the Philippines (8.7%), and Hong Kong (8.7%) and the top five source countries of recent immigrants who arrived and settled in B.C. between 2011 to 2016 were China (21.7%), India(15.6%), the Philippines(15.2%), Iran (4.9%) and South Korea(4.6%) (Statistics Canada, 2017b). In 2016, 76.5% of B.C. immigrants lived in the Metro Vancouver Area and made up 40.8% of residents, of which 14.4% were recent immigrants (NewToBC, 2018). Furthermore, the top five places of birth of immigrants in Metro Vancouver were China (19.1%), India (12.7%), the United Kingdom(5.7%), the Philippines (9.8%), and Hong Kong (7.2%), while the top five source countries of recent immigrants were China (25.2%), India(15.0%), the Philippines(14.2%), Iran (5.8%) and South Korea(4.7%)(Statistics Canada, 2017d).

Immigrant Families in Canada. In 2016, 60.3% of the recent immigrants were admitted under the Economic category, including principal applicants and their spouse and children as the secondary applicants, while 26.8% were sponsored by families in Canada (Statistics Canada, 2017c). Among the young Canadian generation, 37.5% of children under age 15 and 41% of youth aged 15 to 30 were foreign-born (first-generation immigrants) or had at least one parent

was foreign-born (second-generation immigrants) (Statistics Canada, 2017a; Statistics Canada, 2019a) and almost half of the immigrant children and youth (47% and 46.5%, respectively) were from an Asian country of ancestry. In addition, 6.4% of the first-generation immigrant children and 27.7% of second-generation children lived in multigenerational households and were more likely to live with their foreign-born grandparents. Also, foreign-born grandparents were almost twice as likely as their Canadian counterparts to live with their grandchildren (Statistics Canada, 2019b). It is also noted that compared to their parents, immigrant children were three times more likely to speak only an official language at home. Immigrant children with two foreign-born parents were more likely to speak a non-official language and both non-official and official language at home than their counterparts living with only one foreign-born parent or lone foreign-born parents.

Common settlement challenges in Canada

Immigrants face numerous settlement challenges once they land in Canada. Knowledge of immigrants' common settlement barriers could help counsellors better understand their clients' unique set of challenges and even connect appropriate services and resources to support the clients better. There are individual and environmental factors that could contribute and influence immigrants' settlement and integration process and experiences, and some of those factors potentially could intertwine and amplify the challenges they encounter. Some of the significant sociodemographic factors include immigrant's age, gender, education level and generation status. Ecological factors could range from micro to macro levels — from the availability of personal support networks, available services and resources designed for immigrants within the community or from different levels of the government, to existing immigration policy that shapes the selection process, the composition of immigrants and support

services (or the lack of) for immigrants over time (Bragg & Wong 2016; Trebilcock & Trebilcock, 2019; Zhou, 2013).

Current Canadian immigration policy is designed based on the human capital theory. After the universal point system was introduced in the mid-twentieth century, the new criteria of immigrant admission measured potential immigrants' "human capital" such as age, education level, language skills, formal qualifications and credentials and work experience (Trebilcock & Trebilcock, 2019). The utilitarian emphasis of the current immigration policy and the implications of evaluating immigrants' economic contributions also shape immigrants' distribution, availability, and eligibility of services and resources. Ultimately, it contributes to or increases some immigrants and their families' settlement challenges and even hinders their integration process, particularly vulnerable populations. Immigrants admitted as the secondary applicants of Economic class or under Family class were more likely to be women, children, adolescents, and older adults. They are more likely to face multiple barriers. However, as the existing immigration policy shapes the settlement funding and program design, they also receive less community and government support and resources (Bragg & Wong 2016; Trebilcock & Trebilcock, 2019; Zhou, 2013).

The service providers and policymakers identified common settlement issues: language, employment, housing, transportation, health care, lack of information and access to health and other essential services such as child care, isolation and family separation and conflict (Dumitra, 2018; Simich, 2005). In a longitudinal survey on immigrants' experiences of their first four years in Canada (Schellenberg & Maheus, 2007), significant difficulties immigrants encountered after they landed and settled in Canada include finding employment, linguistic and cultural adaptation adjusting to Canadian weather, lack of social support and social interactions, finding

housing and accessing healthcare. Those challenges were often interconnected. For example, financial constraints and lack of support prevented newcomers from accessing language training, and language barriers remain one of the biggest challenges for immigrants as language barriers increased immigrants' challenges in adapting to new culture and values, finding jobs and housing, establishing and expanding social networks and accessing essential services they needed (Boyd, 2009; Boyd & Cao 2009). On the other hand, the lack of social interaction and networks kept immigrants from familiarizing themselves with the host culture and values, learning about community resources and services and obtaining professional opportunities (Schellenberg & Maheus, 2007). One of the most commonly reported barriers experienced by immigrants in Canada was accessing healthcare, including mental healthcare (AMSSA, 2015; Thomson et al., 2015). Language barriers, high cost of medical services, lack of information and navigation to the Canadian healthcare system were the most common reasons for newcomers not to access healthcare (AMSSA, 2016). In particular, language barriers, lack of culturally appropriate services and fear of stigma were reported to prevent newcomers in Canada from accessing mental health support (AMSSA, 2015).

Acculturation Discrepancy and Intergenerational Conflicts in Immigrant Families

Acculturation refers to the process of individuals and groups with different cultural backgrounds making contacts and adapting to the dominant culture in a new environment, and factors such as age could contribute to individuals' pace and level of acculturation (López et al., 2011). Acculturation can be looked at as a collective phenomenon as the result of sustained cultural group encounters. It can also be examined at the individual level to understand how individuals' behaviours, beliefs and identity change (or not change) over time with continuous contact with another culture. While acculturation is considered a bi-directional process, one

group tends to experience more significant changes than the other. In earlier literature, acculturation was often used as an interchangeable term with assimilation. The unidimensional model was adapted to study immigrant's acculturation process under the assumption that one moved linearly from low to complete acculturation. This model also argued that a higher level of acculturation was associated with better psychological and socioeconomic outcomes (López, 2011 & Chrikov, 2009). More recent research found that individuals varied significantly in the degree of their participation in the acculturation process. The bidimensional model acknowledges personal agency in the acculturation process as the model proposes that immigrants could "hold and adapt various aspects of their heritage and host cultures without relinquishing either culture" (Chrikov, 2009, p.178). It further emphasizes the values and potential benefits of maintaining one's heritage cultural beliefs (Berry, 1997; Sue & Sue, 2008; Sue et al., 2019) to immigrants' adjustment and integration experience in the new society.

Research has suggested that immigrant families were more likely to experience intergenerational conflicts than non-immigrant families (Phinney et al., 2000; Patel et al., 2016), and the gap in acculturation in terms of identity, behaviours and language was postulated to be a major source of family conflicts (Patel et al., 2016). Due to both developmental and environmental factors, immigrant children and youth acculturate at a faster pace than adults. They are more susceptible to environmental changes and are more likely to have direct contact with mainstream culture in school and with peers. As a result, they are more ready to accept and adapt to the host country's dominant cultural values and norms. On the other hand, adult immigrants are more likely to retain values and norms obtained from their culture of origin, and immigrant parents might expect or even pressure their children to do the same. Acculturation discrepancy-distress theory suggests that when the acculturation discrepancy on values and

cultural behaviours between parents and children widens, the gap would contribute to family conflicts and potentially lead to the ill parent-child relationship, mental health concerns among family members, children/youth's behavioural and school performance issues (Guruge & Butt, 2015; Lim et al., 2009; Patel et al., 2016).

Multicultural Counselling and Multicultural Competence

Multicultural counselling refers to a set of guiding principles on the therapist's role and therapeutic process when working with culturally diverse clients (Sue & Sue, 2008; Sue et al., 2019). In a narrower sense, culturally diverse clients specifically refer to ethnically different clients from the dominant group in the society. However, in a broader sense, culturally diverse clients could come from diverse populations categorized by characteristics such as gender, age, sexual orientation, physical ability, religion or immigration status (Cornish et al., 2010).

Multicultural counselling is not a psychological treatment, a form of intervention. It is a philosophy, an attitude and a way of being and thinking that guides counsellors to learn and become aware of how cultures and cultural differences manifest in the therapeutic process and relationship, to define both issues and goals that are consistent with the clients' life experience and cultural backgrounds, and to utilize that knowledge and awareness to provide culturally responsive services to clients (Sue & Sue, 2008; Sue et al., 2019).

Culturally competent practices start with counsellors' awareness of values, beliefs, bias or attitudes from their cultures of origin they might hold, evaluation of their expectations and assumptions about human behaviours, therapeutic process, and then integration of that awareness into their practice. Sue and associates developed a tripartite model of multicultural competence counselling. The three dimensions of cultural competence are awareness of beliefs and assumptions from their culture of origins, knowledge of the racial and cultural heritage of

culturally diverse clients as well as the larger sociopolitical contexts they experience as minorities in everyday life and skills and interventions that are consistent with clients' cultural values and life experiences (Sue & Sue, 2008).

Family systems therapy

Informed by General System Theory and Cybernetic Theory, the development of Family Systems Therapy represented a paradigm shift from traditional individual psychotherapy. It was a shift from the intrapsychic framework of understanding one's behavioural, emotional, psychological and interpersonal issues and their formations to a systemic, contextual framework. Family as a system seeks homeostasis and self-regulates to maintain stability and resist change (Gehart, 2018). From a systemic perspective, symptoms are not viewed as products of intrapsychic pathology but manifestations of habits and patterns within one's environment, such as their family or even larger contexts like the community or culture (Becvar & Becvar, 2013; Gehart, 2018). From the Family Systems perspective, it is assumed that symptoms experienced by individuals such as depression or behavioural issues are embedded within their family dynamics, and only through assessing the interconnections between and among family members and working with the family as a whole. Family therapy models founded upon the systemic orientation included Systemic and Strategic Therapies, Structural Family Therapies, Experiential Family Therapies, Intergenerational and Psychoanalytic Family Therapies, Cognitive-Behavioural Therapies and Early Solution-based Therapies (Gehart, 2018).

Along with other contemporary psychotherapy theories, family systems therapies have been adapted to work with different ethnic groups and/or different cultures/countries worldwide. Research has been designed to study the cross-cultural validity of major family systems approaches. Traditional Western philosophical and cultural aspects of psychotherapy such as

cultural universality (Sue & Sue, 2008; Sue et al., 2018), individualism, rationality, objectivity, and attachment (Shulman & Lamba, 2011) have been examined challenged. For example, Bowen's theory, especially on the validity of the concept of differentiation of self, has been studied and tested in cross-cultural situations. Several studies indicated the positive correlation between the level of differentiation of self and interpersonal and intrapersonal well-being, although each culture might have unique ways to interfere with individuals' sense of differentiation (Chang, 2018; H. Kim et al., 2015).

Lived Experience as a 1.5 generation immigrant woman with Intergenerational Conflict

As a 1.5 generation Taiwanese immigrant woman living in Vancouver, I am keenly aware of the two worlds and cultures I live in and the two sets of norms and customs to follow in everyday life. Whenever I change roles and/or enter/exit various cultural and social groups and settings, I switch and adopt different cultural rules. I also experience the discrepancy in values and beliefs in both the public and private sphere and with both the dominant cultural group and my ethnic community. I often wonder how much the differences of acculturation levels contribute (among other factors) to this dissonance and if my peer immigrants share my experiences. I am also curious to learn how acculturation dissonance manifests and impacts interactions and relationships both in everyday life and in a therapeutic setting.

From conversations with friends, films and books I watched and read and daily interactions, I notice that living in two cultures with two separate sets of norms for the public and the private life has been a common experience for many of the 1.5 or 2nd generation of my peer immigrants. From setting curfews, choosing extracurricular activities/college majors/careers, determining when/who/how to date, marry and have children to deciding on wedding reception format, homey purchase or parenting styles, there are numerous opportunities for potential

conflicts between children and parents throughout the family life cycles. From the ongoing unofficial survey I conducted among my immigrant friends from more collectivist cultural backgrounds, my friends have often reported significant cultural value dissonance with parents and other family members and the need to decide which set of cultural norms to follow. It seems that this collective lived experience with its own set of nuances distinguishes us from the dominant cultural group and our ethnic communities.

One of the major challenges for my friends and me who live a bicultural life is that while our parents have encouraged, even demanded that we learn and adapt the dominant culture, so we can be “Canadians” and integrate into the mainstream society (as much as we could), at home they expect us to follow the norms from our cultural of origins (whichever they are) as they are. Immigrant parents envision their children embracing and integrating into the mainstream society while continuing to hold and practice traditional cultural values like they are (Lim et al., 2009; Lui, 2019). In my personal experience, my parents and I had had some significant differences that were either generational, cultural or both — but they were major enough to cause conflicts. It took both sides a long time to learn how to navigate through our differences for our relationship and for me to learn how to maintain a balance between the different sets of values and norms. And frequently, I have to make conscious choices and decide when/where/what to be (or not to be) aligned with my parents on different issues. Some friends shared similar frustration and anxiety about familial relationships, while others had experienced major rifts with their parents and other family members. Regardless of the age of entrance, the generation status and the combination of bicultural identity immigrants possess, I notice that intergenerational conflicts do not necessarily come from the acculturation discrepancy they experience but from how they

perceive this discrepancy, their relationships and their roles in the relationships as well as the rights and responsibilities that come with the roles.

When the immigrants' private family life is shared or portrayed with the dominant cultural group, it potentially faces misunderstanding, misinterpretation and misunderstanding. I remember several experiences of extreme frustration when I watched Hollywood depiction of Chinese Americans' (family) life such as *The Joy Luck Club* (W. Wang, 1993), as I found the story full of inaccurate or exaggerated racist bias and stereotypes to satisfy the pop culture discourse written for Chinese immigrants in America. I was uncomfortable and annoyed when friends from the dominant cultural group came to me to praise the movie. On a more intimate level, I have, on several occasions, chosen to discuss/disclose family matters with friends or counsellors and again had experiences of frustration when I felt that the values and beliefs from my culture of origin were being dismissed or even censored. Those were not isolated experiences. Being bicultural means that I choose which set of cultural values and norms to follow depending on my assessment of the environments and the matters. At the same time, I also sense that how others perceive or even inform me how Canadian/Chinese/Taiwanese I am or should be and think and behave accordingly. As a counsellor-in-training, it occurs to me that my clients might have similar assumptions and expectations on me based on my bicultural backgrounds as I would to them. I am keen to explore those assumptions and expectations manifest and interact in the therapeutic process and relationships.

The Research Objectives and Research Questions

For this research project, I intend to explore the application and applicability of family systems therapies to Asian immigrant families with intergenerational conflicts in North American society. I specifically want to learn about both the counsellors' and family members'

experiences when the counsellors work with Asian immigrant families focusing on intergenerational conflicts from a Family Systems orientation.

The counsellors' experiences: What are family counsellors' experiences when they work with immigrant families from a Family Systems orientation? What are their experiences in building and maintaining therapeutic relationships and alliances with each family member and the family as a whole? What are their experiences in case conceptualizing and applying modalities and interventions? Furthermore, what are their experiences of self as a counsellor in the therapeutic process?

Experience of the Asian immigrant family clients: What are their experiences of (Family Systems) therapies? How do they receive, react and/or respond to the interventions and the counsellor? Does the acculturation level of individual family members influence their experiences in the therapeutic process and therapeutic relationship? If so, what are their experiences? Finally, what kind of awareness, knowledge and skills might family counsellors find beneficial and useful if they aim to provide culturally competent and sensitive services from a Family Systems orientation?

Research Methodology

Qualitative research design helps researchers explore and understand the meanings of human experiences and capture the richness and complexity of human's intrapsychic and interpersonal relationships (Creswell & Creswell, 2017). This research project intends to explore and deepen the understanding of the subjective perceptions and experiences of Asian immigrant families receiving counselling services. For that reason, phenomenology — a qualitative approach, is adapted for the study. Phenomenology is designed to capture the “essence of the experience” (Creswell & Creswell, 2017, p.13) of the phenomenon by usually using in-depth

interviews for data collections. The project is intended to conduct in-depth semi-structured interviews with Asian immigrant families who receive family counselling in community family services agencies, along with the family counsellors who had worked with those families. Targeted participants are Asian immigrant families with first-generation parents and first- or second-generation adolescent or young adult children who receive family counselling for presenting issues linked to intergenerational conflicts. In addition, there will also be in-depth semi-structured interviews with the family counsellors who work with the Asian immigrant clients to explore their experiences of the therapeutic process and relationship. All interviews will be tape-recorded (with participants' consent) and later transferred to a transcript for further data analysis. The details of the phenomenology design will be discussed in Chapter Three.

Outline of Chapters

Chapter One introduced the research topic with the background and the context of the study. It also provided an outline of the overall research project. Chapter Two will provide a review of the literature on the relationship between acculturation discrepancy and intergenerational conflicts in Asian immigrant families, Multicultural counselling and application of family systems therapy on intergenerational conflicts in Asian immigrant families. Chapter Three will first discuss and review the findings from chapter Two and, based on the analysis of the findings, present a proposed qualitative research design intended to explore Asian Canadian immigrant families' experiences with family counselling, specifically how the impact of acculturation discrepancy manifests in Asian immigrant families' experience of the therapeutic process and relationships.

Definitions of Terms

Acculturation

Acculturation can refer to any changes due to sustained contact with other cultures. In this project, within the context of immigration, it is defined as the psychological and behavioural changes of individuals and groups who have developed in one cultural context making contacts and adapting to the dominant culture in the new environment (Berry, 1997; López, 2011).

Acculturation Discrepancy-Distress Theory

A hypothesis states that as immigrant parents and children acculturate at different rates, a discrepancy in languages (both native language and English or other official languages of the host country) and cultural values develops over time within immigrant families. The acculturation discrepancy becomes a major source of intergenerational conflicts in immigrant families, which increases the risk of poor parent-child relationships and poor psychological and behavioural functioning among immigrant children/youth (Lui, 2019; Patel et al., 2016).

Family Systems Therapy

Family Systems therapy refers to family therapy models informed by systemic thinking that view individual issues in the familial context. From the Family Systems perspective, individuals' problems are not viewed as products of intrapsychic pathology but manifestations of habits and patterns within one's environment, such as their family or even larger contexts like the community or culture (Becvar & Becvar, 2013; Gehart, 2018). It is assumed that individuals' issues are embedded within their family dynamics, and only through assessing the interconnections between and among family members and working with the family as one unit. Family therapy models founded upon the systemic orientation included Systemic and Strategic Therapies, Structural Family Therapies, Experiential Family Therapies, Intergenerational and

Psychoanalytic Family Therapies, Cognitive-Behavioural Therapies and Early Solution-based Therapies (Gehart, 2018).

Immigrant

Immigrants can refer to anyone who “has entered into a new environment that is different of the one from which he or she originated.” (Zagelbaum & Carlson, 2011, p.6). In Canada, an immigrant refers to a person who is, or has been a landed permanent resident (including naturalized citizens) who has been given the right to live in Canada by immigration authorities (Statistics Canada, 2017e). In Canada, first-generation refer to individuals who were born outside Canada -- mostly immigrants to Canada. The second-generation refers to individuals born in Canada and had at least one foreign-born parent, while the third-generation or more refers to individuals born in Canada with both parents born in Canada. In addition, 1.5 generation refers to foreign-born individuals who arrived before or during early teen years (Asher, 2011).

Multicultural Counselling

Multicultural counselling refers to a set of guiding principles on the therapist’s role and therapeutic process when working with culturally diverse clients. It is a philosophy that guides counsellors to learn and become aware of how cultures and cultural differences manifest in the therapeutic process and relationship and how to utilize that knowledge to provide culturally responsive services (Sue & Sue, 2008; Sue et al., 2019).

Multicultural Competence

Multicultural competence consists of three dimensions: awareness, knowledge and skills. Awareness refers to counsellors’ awareness of values, beliefs, bias or attitudes from their cultures of origin, how they might interfere with the therapeutic process and therapeutic relationship and how to integrate this awareness into counselling practice. Knowledge refers to

the specific cultural knowledge of culturally diverse clients' racial and cultural heritage and larger sociopolitical contexts that shaped clients' everyday life experiences as non-dominant groups. Finally, skills refer to skills and interventions consistent with clients' cultural values and life experiences (Sue & Sue, 2008).

Settlement

In Canada, settlement is defined as the process of “mutual adaptation between the newcomers and the host society” (Immigration, Refugees and Citizenship Canada [IRCC], 2019, Expected Outcome Section). It requires both the newcomers to adapt and embrace life in Canada and the host society to welcome the newcomers and adapt to new cultures (IRCC, 2019).

Chapter 2: Literature Review

Acculturation Discrepancy and Intergenerational Conflicts in Asian Immigrant Families

Multiple barriers and perpetual hardships experienced by immigrants during their settlement journey elevate stress in immigrants' everyday life and affect their functioning and wellness. Researchers have postulated that immigrants' adaptation to the host country is essential to their overall well-being and settlement outcome (Barry & Hou, 2016, López et al., 2011). Culture plays a significant role in individuals' development as it helps shape their sense of self as autonomous beings in relation to others, construct worldviews and guide behaviours in different social contexts. While relocating and settling in a new country, immigrants experience pull forces towards both the dominant culture and their culture of origin as they adopt (or not adopt) to the dominant culture. Acculturation is used as the construct to understand this process. Acculturation can refer to any changes due to sustained contact with other cultures. In the context of migration, it is defined as the psychological and behavioural changes of individuals and groups who have developed in one cultural context making contacts and adapting to the dominant culture in the new environment (Berry, 1997; López et al, 2011). Earlier literature mostly treated acculturation as a one-directional adoption in values and norms as individuals relinquishing their culture of origin and embracing the dominant culture in the host country, and the term acculturation was often used as an interchangeable synonym for assimilation (Chrikov, 2009; López et al., 2011). Recent research has acknowledged the complexity and multidimensional nature of acculturation as this process involves groups and individuals' agency and choices in the adaptation of the dominant culture and retention of their culture of origin and the development of cultural identity congruent to both the dominant culture and one's culture of origin (Berry, 1997; Chrikov, 2009; Lui, 2019; Sue & Sue, 2009; Sue et al., 2019).

Individuals vary in the degree of their participation in the acculturation process which are influenced by both individual (e.g. sociodemographic characteristics such as age, gender, education, generation status) and situational factors (e.g. cultural distance between the dominant culture and the culture of origin or host country's immigration policy) (Berry, 1997; López et al., 2011). Within immigrant families, there is likely to be an acculturation gap between parents and children. Studies have demonstrated that due to developmental and environmental advantages, immigrant children and youth are likely to acculturate at a faster pace than their parents as young generations adapt the official languages and embrace the dominant cultural values and norms while immigrant parents tend to adhere to their heritage culture and even expect their children to do the same (Lim et al., 2009; Lui, 2019; Patel et al., 2016). Researchers have postulated that the acculturation discrepancy between parents and children (or among different generations of family members) to be a major source of family conflicts (Szapocznik & Kurtines, 1993). This section will first review and summarize the conceptual framework of acculturation and the link between acculturation and immigrants' well-being and then review the research on the relationship between acculturation discrepancy and intergenerational conflicts within Asian immigrant families.

Acculturation and Immigrants' Well-being

Immigrants encounter and experience differences in cultural values and norms on a daily basis as they settle in the host country. Acculturation is not a passive and one-directional process and experience for immigrants. As immigrants encounter the dominant cultural norms and values, they have agency in choosing how they interpret and respond (Berry, 1997, López et al., 2011). Berry's (1997) framework of acculturation addressed the complexity and multi-dimension of this process. Berry suggested that two underlying issues surfaced as immigrants interacted

with the dominant culture in everyday life: cultural maintenance (to one's cultural identity) and contact and participation (with the dominant culture) and proposed four acculturation strategies: integration, assimilation, separation and marginalization. Integration (sometimes also refers as biculturalism) refers to a balance immigrants finding between adopting the dominant culture and retaining the culture of origin and experiencing a high sense of belonging to both cultures. Assimilation refers to adoption and identification with the dominant culture while abandoning heritage cultural identity and practice and experiencing a high sense of belonging to the dominant culture and low to the culture of origin. Separation refers to the rejection of the dominant culture and retention of heritage cultural identity and practices and experiencing a low sense of belonging to the dominant culture but high for the culture of origin. Finally, marginalization refers to rejection and a low sense of belonging to both the dominant and heritage culture (Berry, 1997, 2016; Schwartz et al., 2010).

Immigrants engaging in integration or assimilation strategy aim to embrace and adopt dominant cultural values and participate in the dominant society while immigrants experiencing separation or marginalization face frequent clashes and/or alienation in cultural values and practices and might further suffer from acculturative stress or mental health issues (Berry, 1997). Acculturative stress refers to unique stressors associated with non-dominant cultural groups' acculturation process in the dominant culture (Berry, 1997; Rogers-Sirin et al., 2014). Studies have revealed that with Asian immigrants, both English and native language fluency, perceived prejudice and discrimination, family cohesion, generation status, length of residence, and bicultural identity were all linked to acculturative stress (Lueck & Wilson, 2010). Acculturative stress was also found to be related to immigrant adolescents and young adults struggling with depression, anxiety, substance use, behavioural issues and somatization, an increase in

interpersonal and family conflicts, and immigrant parents experiencing depressive symptoms and reduced positive parenting (Y.Wang et al., 2012; Wu et al., 2017).

According to Berry's (1997) conceptual framework, numerous factors, including situational and individual factors, interact and contribute to immigrants' acculturation process. On the environmental level, the sociocultural, political and economic environments of both the source and the host country, such as war or immigration policy, shape the acculturation process and experience of individuals from non-dominant cultural groups. (Bragg & Wong, 2016, Trebilcock & Trebilcock, 2019; Zhou, 2013). On the individual level, immigrants' sociodemographic characteristics, life stage, cultural distance, motivations of migration, generation status, length of residence, availability of resources and support and choices of acculturation and day-to-day coping strategies could all shape immigrants' acculturation process (Berry, 1997; Schwartz et al., 2010). For example, Lee (2011) revealed that age-at-arrival was a strong predictor of Asian immigrants' Socioeconomic outcomes in Canada and the United States as the younger the immigrants arrived, the more likely they would enjoy greater English language proficiency, higher education level, professional careers and home ownership.

Immigrants' settlement and acculturation outcome reflect on their psychological (well-being), sociocultural (daily life functioning) and economic adaptation. Berry's models and conceptual framework of acculturation have been utilized to understand and examine immigrants' acculturation stressors, experiences and outcomes (Schwartz et al., 2010). Berry and Hou (2016) surveyed 7,000 immigrants who moved to Canada from 1980 to 2012 on their life satisfaction and self-reported mental health to examine the relationship between immigrants' acculturation strategies and well-being. They found that immigrants who adapted integration or assimilation strategies reported higher life satisfaction and better mental health, while

immigrants adapting separation or marginalization strategies reported significantly poor life satisfaction and mental health. Additionally, among the four acculturation strategies, integration was associated with the highest level of immigrants' well-being while marginalization was associated with the poorest. This study also found that compared to social and demographical factors such as employment, income or perceived discrimination, acculturation strategies were, in fact, better predictors for immigrants' well-being. However, Berry (1997) emphasized that integration strategy could only be freely pursued in a multicultural society where cultural diversity and mutual understanding and acceptance among cultural groups were valued, and there was a sense of belonging to the larger society by all groups.

Acculturation Discrepancy and Intergenerational Conflicts in Asian Immigrant Families

Research has revealed the intricate relationships between acculturation and intergenerational conflicts within Asian immigrants (Lui, 2019). Among Asian immigrants, Younger generations (1.5 or second generation) are more likely to quickly adapt to the dominant culture as they learn new languages faster and often have ongoing, direct contact with the dominant culture with peers and at school. Moreover, they tended to embrace North American cultural values such as independence, autonomy, and or assertiveness, which were considered crucial normal development goals in European American culture. At the same time, their 1st generation immigrant parents (and other older family members such as grandparents) are more likely to struggle with language and cultural barriers and continue to follow and practice traditional Asian cultural values and norms — particularly in the private sphere (i.e., home) and within the ethnic community. As Asian immigrant youth attempt to become more assertive and independent, immigrant parents may feel bewildered, distanced or alienated from their children or even the community and see their changes as rebellion or even betrayal to their heritage

culture (Lui, 2019; Park, 2010; Ho et al., 2004). Relevant literature mainly focused on two areas: theories of and factors contributing to the relationship between acculturation discrepancy and intergenerational conflicts and the impact of acculturation-based family conflicts on family relationships and immigrant youth's psychological and behavioural functioning.

Szapocznik and Kurtines's (1993) Acculturation Gap-Distress theory was widely accepted and utilized to understand and examine immigrant families' experiences with acculturation-based conflicts. They suggested that as children tended to acculturate at a faster pace than adults, immigrant families' exposure to a new dominant culture would create an acculturation gap between parents and children. The family struggled as a whole as "some family members (the youth) struggled for autonomy and others (the elders) for family connectedness" (p.403). As a result, the acculturation gap increased family conflicts and youth maladjustment as "children losing[lost] emotional and social support from their families and parents losing[lost] their positions of leadership" (p.403).

While the Acculturation Gap-Distress model was widely accepted, it was criticized for lacking sufficient empirical support. Telzer (2010) reviewed 23 studies on the Acculturation Gap-Distress model and concluded that depending on the cultural contexts and the acculturation strategies immigrants parents and youth engaged in, there were, in fact, four types of acculturation gap between parents and children. The review found different types/directions of acculturation gap contributed to immigrant parent-child dynamic and immigrant youth well-being differently and challenged the original hypothesis. When children were more oriented towards the dominant culture or less orientated toward the heritage culture than their parents, there was an increase in family conflicts, but not an increase in youth maladjustment. On the other hand, when children were more oriented towards their heritage culture or less oriented

towards the dominant culture than parents, there were increases in both family conflicts and youth maladjustment. Lately, Lui (2019) tested the Acculturation Gap-Distress model among Asian American college students and examined the bidirectional relationships among parent-child acculturation discrepancies, acculturation-based parent-child conflicts, and youth's internalizing and externalizing symptoms. The results showed that while acculturation discrepancy was a significant predictor of intergenerational conflicts, it did not predict externalizing symptoms via intergenerational conflicts. On the other hand, both internalizing and externalizing symptoms of immigrant youth predict higher intergenerational conflicts and subsequently predict greater perceived acculturation discrepancies.

More recently, Hwang (2006) introduced the Acculturation Family Distancing model (A.F.D.) in an attempt to provide a more problem-focused framework to examine acculturation-based intergenerational conflicts. Acculturation Family Distancing is defined as the distancing between immigrant parents and children caused by communication breakdowns and incongruences in cultural values due to acculturation discrepancy. This phenomenon is particularly prominent when immigrant youth transit from adolescence to emerging adulthood. A.F.D. model focuses on parent-child conflicts over specific issues such as gender roles, academic success and career choices caused by differences in acculturative processes (adaptation of the dominant culture and retention of the heritage culture). Hwang et al. (2010) studied the link between A.F.D. and immigrant youth's mental health over intergenerational conflicts among Chinese American high students and their mothers. They found that A.F.D. was associated with increased risks of depression via family conflict for immigrant youth, while there was a direct link between A.F.D. and increased risks of depression for immigrant mothers.

Cross-cultural psychology researchers have indicated various potential contributing factors to acculturation-based intergenerational conflicts within Asian immigrant families: types of family issues that are likely to instigate family conflicts, relational patterns between immigrant parents and children, cultural identities of both immigrant parents and children and individual psychological functioning. Common sources associated with acculturated-based parent-child conflicts include discipline and respect, cultural/language brokering, academic achievement and career development, prioritizing family needs over individuals and sexuality and dating—especially with daughters and marrying within or out of the ethnic groups and interracial marriages (Foner & Derby, 2011; Hua et al., 2012; Juang et al., 2012; Kwak, 2003; Chope & Consoli, 2006, Tsai-Chae & Nagata, 2008). Moreover, researchers suggested that Asian immigrant parents' adherence to traditional Asian values and parenting styles contribute to acculturation distancing with their children and influence potential family conflicts (Chance et al., 2013; Juang et al., 2012; Park et al., 2010).

Traditional Asian parenting style is often considered high in parental control and low in warmth and categorized as the authoritarian parenting style (Chance et al., 2013; Choi et al., 2020; Lim et al., 2009; Park et al., 2010). Asian immigrant parents — particularly those with high adherence to traditional Asian values — may emphasize the vertical and hierarchical nature of traditional Asian family structure and the importance of family cohesion, reinforce the value of filial piety and self-sacrifice, and exercise high parental control and authoritarian parenting style while expecting children to follow parents' guidance and demands (Ho et al., 2004; Park et al., 2010; Tsai-Chae & Nagata, 2008). Researchers also emphasized that while the authoritarian style could be effective and appropriate in the Asian cultural context, it might become problematic and contribute to family conflicts and affect immigrant youth's mental health in the

Western cultural context (Park et al., 2010). A 2020 research (Choi et al.) on disempowering parenting and mental health among Filipino and Korean American youth found that abusive, burdening, culturally disjointed, disengaged, and gender-prescriptive parenting practices could potentially increase intergenerational family conflicts and have an adverse impact on youth's mental health. Furthermore, Lim and associates (2009) examined the relationship between mother-child acculturation discrepancy, parenting styles and youth distress in Chinese American families with immigrant youth and found a partial relationship between the acculturation discrepancy and adolescent distress with no mediator. The same study also revealed a more direct link between parenting styles and youth distress as greater parent-child conflict and greater parental overprotection were positively associated with immigrant youth's internalizing symptoms, while greater parental warmth was associated with less depression.

In another study on acculturation discrepancy, parenting styles and family conflicts with Asian American college students, Park et al.(2010) observed that the immigrant parents' adherence to Asian cultural values was positively associated with intergenerational family conflicts. Curiously, depending on youth's acculturation strategies, increased authoritarian parenting style did not always lead to greater family conflicts as integrated, separated and assimilated participants reported increased family conflicts while marginalized participants reported lower conflicts. Finally, extensive research has revealed that intergenerational acculturation discrepancy and family conflicts within Asian immigrant families were associated with immigrants youth' poorer psychological and behavioural functioning, including higher risk of depression, lower self-esteem, higher risk of delinquency and poorer academic performance (Choi et al., 2019; Hwang et al., 2010; Lim et al., 2009; Suinn, 2010; Y.Wang et al., 2012; Ying & Han, 2007). Studies have indicated that in addition to settlement and acculturative stress,

relational stress caused by acculturation-based family conflicts could be detrimental to immigrant children and youth's mental health and functioning as well as parent-child relationships.

Multicultural Counselling with Asian Immigrant Families

Multicultural counselling refers to a set of guiding principles on the therapist's role and therapeutic process when working with culturally diverse clients (Sue & Sue, 2008; Sue et al., 2019). Nowadays, multicultural competence is considered one of the core competence for counsellors and psychotherapists to provide professional and ethical services (Pope & Vasquez, 2016). The multicultural counselling movement was originated in the 1960s and 1970s in the United States when there were more culturally diverse psychologists, and counsellors entering the field and raised concerns for limitations of mainstream psychotherapy approaches in working with racial and ethnic minority clients and advocated for changes to make counselling practices more culturally responsive (Abreu et al., 2000). Ethnic minority psychologist associations were formed to lobby and advocate recognition and changes in cultural diversity issues within American Psychological Association (A.P.A.) and eventually led to the structural changes of A.P.A. and the development of the mandates of guidelines of multicultural counselling competence and mandates of multicultural counselling training. Literature on the development of multicultural counselling theories, training and clinical practices, and outcome research to provide empirical support has been abundant. This section will first introduce the multicultural counselling framework, provide a brief review of multicultural counselling training and then proceed to multicultural counselling outcome research with a focus on working with the Asian populations in North American society.

Multicultural Counselling and Multicultural Competence

Multicultural counselling is not a psychological intervention but a philosophical framework designed to guide counsellors in developing multicultural competence and providing culturally responsive and sensitive services to diverse clients (Sue & Sue, 2008; Sue et al., 2019). Sue and Torino (2005) defined multicultural counselling/therapy as:

both a helping role and process that uses modalities and defines goals consistent with the life experiences and cultural values of clients, recognizes client identities to include individual, group, and universal dimensions, advocates the use of universal and cultural specific strategies and roles in the healing process, and balances the importance of individualism and collectivism in the assessment, diagnosis, and treatment of client and client systems (p.6).

Based on the conceptual framework developed by Sue and his associates, multicultural competence consisted of three dimensions: awareness, knowledge and skill. It is highlighted that multicultural competence was not an achieved state but rather “an active, developmental and ongoing process” (Sue & Sue, 2008, p.44) for counsellors to pursue and practice in both their professional and personal lives. First, a culturally competent counsellor works on self-awareness of personal values, beliefs, biases and assumptions originating in their culture of origins and how that might interfere with the ability to work with culturally diverse clients. As they become more aware of their own cultural values and biases, they seek to understand, respect, accept and appreciate differences between themselves and culturally diverse clients. They are sensitive to personal biases and assumptions and willing to examine and recognize their own negative attitudes, beliefs and feelings associated with differences in race, ethnicity, gender, sexual orientation and other social identities. With awareness of their racist, sexist, heteronormative or

other discriminatory and oppressive cognitions, emotions and (potentially) behaviours, they are mindful of the potential impact and interference on the counselling process and relationships with culturally diverse clients.

Secondly, a culturally competent counsellor is capable of establishing a shared worldview with culturally diverse clients. This does not mean the counsellor must possess the same cultural values and beliefs as the clients, but rather have “cognitive empathy” (Sue & Sue, 2008, p.45) and could see and understand the world from the client’s point of view from a non-judgmental stance. A culturally competent counsellor is informed with cultural knowledge of relevant culturally diverse groups in the community. They are also aware of the external sociopolitical forces and institutional barriers contributing to non-dominant ethnic groups’ everyday life realities. Counsellors should also be familiar with community resources and services outside of the counselling rooms and advocate for minority clients who experience institutional discrimination (Sue & Sue, 2008; Falicov, 2012; Zigelbaum & Carlson, 2011). Finally, a culturally competent counsellor develops skills and utilizes modalities and interventions that “are consistent with the client’s life experiences and cultural values” (Sue & Sue, 2008, p.45). For example, cross-cultural research has observed that Asian Americans with high adherence to traditional Asian cultural values tended to prefer directive, authoritative, cognitive-based and solution-focused interventions over non-directive, collaborative, emotion-focused and process-oriented approaches (B.S.K. Kim & Park, 2015; B.S.K. Kim, 2011; B.S.K. Kim et al., 2009; MohdZain, 2011; Shulman & Lamba, 2011). Utilizing a wide range of communication and interpersonal skills and interventions and strategies, culturally competent counsellors would have the ability to establish counselling relationships and facilitate counselling processes consistent

with the client's life experiences. Counsellors should also be aware of the potential impacts and limitations of the chosen modality with clients. (Sue & Sue, 2008).

Multicultural Counselling Training. Nowadays, multicultural competence is considered essential for mental professionals to provide adequate and ethical care. In both A.P.A. (2017) 's *Ethical Principles of Psychologists and Code of Conduct* and Canadian Psychological Association (2017) 's *Canadian Code of Ethics for Psychologists*, development of self-awareness, sufficient cultural knowledge and adequate multicultural training were outlined to guide professional development and ethical practices of mental health professionals who work in an increasingly diverse society. APA mandated multicultural counselling training to be incorporated into the counsellor education programs (Utsey et al., 2003). Common multicultural counselling training models include separate courses, interdisciplinary, area of concentration, and the separate course model -- a single multicultural training course with primary didactic instruction — seems to be the most common model (Lafromboise & Foster, 1992 as cited in Newell et al., 2010). Recent research evaluated the impact of various multicultural counselling training models on counsellors-in-training (Castillo, 2007; Kagnici, 2014; McDowell, 2012; Newell et al., 2010) and have indicated a positive impact of multicultural education with counsellors-in-training. Castillo et al. (2007) studied the relationship between multicultural counselling training and the level of implicit racial prejudice — referring to the unaware internalized racial bias. They found that for those who took the multicultural counselling course, there was a decrease in implicit racial prejudice and increased self-awareness. Kagnici (2014) examined the impact of experiential learning methods, including multicultural genogram and game, in a graduate-level multicultural counselling course in Turkey and found an increase in students' cultural awareness and knowledge. Moreover, counsellors-in-training who participated

in the immersion program in the format of an international course from McDowell's (2012) qualitative research reported increased awareness of racial and cultural differences, social positioning (including their own privileges) and structural oppression.

Working with Asian Immigrant Families

Cross-cultural studies have identified various cultural constructs likely shared among Asian cultural groups in North American society. They also cautioned that Asian populations in North American society were composed of diverse cultural groups who considerably differed in language, religions, values and cultural practices. Counsellors should be aware of between-group and within-group differences (MohdZain, 2011). B.S.K. Kim et al. (1999) developed the Asian Values Scale to support counsellors' to provide culturally responsive services, and 14 value dimension of Asian populations were identified:

ability to resolve psychological problems, avoidance of family shame, collectivism, conformity to family and social norms and expectations, deference to authority figures, educational and occupational achievement, filial piety, the importance of family, maintenance of interpersonal harmony, placing other's needs ahead of one's own, reciprocity, respect for elders and ancestors, self-control and restraint, and self-effacement (p.344).

Cultural knowledge on major Asian cultural values would be beneficial for counsellors working with relational conflicts within immigrant families associated with gender and generations (Falicov, 2012). In addition to the Asian cultural dimensions listed above and intergenerational acculturation discrepancy within immigrant families, past research also examined other sociopolitical factors counsellors should beware of when working with Asian immigrant families. In addition to cultural knowledge, contextual knowledge — such as

macroecological factors like immigration policy trends and systemic discrimination, common settlement challenges such as language barriers, unemployment, isolation and lack of local information, resources and support, to risk factors owing to common migration patterns of Asian immigrant families such as transnational relationship and family separation/ reunification — could further assist counsellors to better support immigrant families by understanding their social positioning and unique sets of challenges and by connecting clients with available services and resources within the community (Falicov, 2012; MohdZain, 2011; Sue & Sue, 2008)

Cross-cultural researchers have further investigated how cultural and sociopolitical factors might implicate acculturation-based conflicts within Asian immigrant families. For example, compared to non-immigrant parents, Chinese immigrant parents — particularly those with high adherence to Chinese culture — were more inclined to family centrality, strong parental control and guidance in children's development and greater expectations of children's high achievement, deferences to elderly and authority figures, and conformity to social norms (Chance et al., 2013). Multicultural theorists and researchers suggested that culturally competent counsellors are aware of the potential implications of those value dimensions on the counselling process — from assessment, diagnosis, counselling dynamics, therapeutic relationships to modalities and interventions. Those are valuable references when working with Asian immigrant clients consistent with the clients' values and life experiences (B.S.K Kim et al., 1999; Sue & Sue, 2008).

Outcome Research of Multicultural Counselling

As the multicultural counselling movement developed, evolved and helped transform contemporary psychotherapy and counselling theories and practices, multicultural researchers were interested in learning if and how counsellors' multicultural competence among other client

and counsellor variables impact counselling outcome and client experiences. D'Andrea and Heckman (2008) reviewed more than two thousand multicultural outcome articles published between 1967 to 2007 and identified only 53 studies that met their criteria of professional empirical research examining the effectiveness of multicultural counselling among culturally diverse clients. They found that despite a substantial increase in multicultural counselling outcome research in the 40 years since the beginning of the multicultural counselling movement and more studies that included changes in clients' psychological functioning as dependent variables, there was still only limited professional literature studying multicultural counselling outcomes. D'Andrea and Heckman (2008) pointed out that similar to other professional fields going through a paradigm shift, while multicultural theories had made significant advancement, they lacked corresponding empirical evidence support.

Berger et al. (2014) conducted a quantitative study with 221 community mental health professionals to examine the relationship between therapist ethnicity, treatment orientation and multicultural counselling competence. They found that ethnic minority therapists reported higher multicultural awareness and better counselling relationships with ethnic clients than therapists from the dominant cultural group. Ethnic minority therapists also tended to be more involved in the ethnic communities, more likely to use a cultural framework and see their agencies more culturally sensitive. In addition, therapists with an eclectic/integrative orientation reported greater multicultural awareness and a higher level of community knowledge than therapists with a non-behavioural orientation. Both therapists with eclectic/integrative and behavioural/cognitive-behavioural orientations reported better relationships with ethnic minority clients. Moreover, clients' agency and needs also influenced their experience and perception of counsellors' multicultural competence and counselling process and outcome. Pope-Davis and his

colleagues (2002) conducted a qualitative study to learn about clients' multicultural counselling experiences. They observed that while various factors, including clients' characteristics, client process, client appraisals and therapeutic relationships all contributed to clients' perception of counsellors' multicultural counselling competence, clients' perception and experience of counsellor's cultural competence was ultimately determined by clients' perception of if and how well the counsellors met their needs.

Multicultural Counselling Outcome with Asian Immigrants. Asian populations residing in North American society have been known to underutilize and reported adverse experiences with mental health services (Berger et al., 2014; MohdZain, 2011; S. Wang & B.S. Kim, 2010). Cross-researchers have been curious to examine the relationships of mental health professionals' multicultural competence and Asian clients' experience and counselling outcome. B.S.K. Kim and his colleagues conducted many studies to examine how multicultural counselling competence, among other variables, impacted Asian Americans' counselling experience and counselling outcome (Li & B.S.K. Kim, 2004; B.S.K. Kim et al., 2005; B.S.K. Kim et al., 2009; B.S.K. Kim & Park, 2015; S. Wang & B.S.K. Kim, 2010). Li and B.S.K. Kim (2004) and B.S.K. Kim and Park (2015) examined Asian Americans' reactions to culturally congruent and incongruent communication styles in the counselling context. In the 2004 (Li & B.S.K. Kim) research, participants found counsellors who engaged in directive counselling style (culturally congruent) more empathic, more culturally competent and reported stronger therapeutic alliance and greater session depth. In 2015 (B.S.K. Kim & Park) study, the participants reported more positive experiences with incongruent (direct) style over congruent (indirect) style. Further analysis suggested that Asian participants might perceive counselling as a Western form of helping and expect a direct communication style as they perceived counsellors

to be the expert and provide guidance while maintaining interpersonal harmony. Studies by B.S.K. Kim et al. (2005), B.S.K. Kim et al. (2009) and S. Wang and B.S.K. Kim (2010) all indicated that clients' perceived matched worldviews and shared understanding of the presenting problems between the counsellor and clients impacted clients' perception of counsellors' empathy, credibility, therapeutic alliance, counselling process and outcome.

Multicultural researchers have further examined the potential implications of Asian values dimensions in the counselling process when working with Asian populations. It was noted that emphasis on hierarchy, deference to authority and interpersonal harmony might impact Asian immigrant clients' expectations and reactions to counselling styles and therapeutic relationships. Asian clients tended to prefer high-context, indirect and relationship-oriented communication (B.S.K. Kim & Park 2015) while expecting counsellors to be directive and authoritative to provide guidance (B.S.K. Kim, 2011; MohdZain, 2011). Moreover, self-control is highly appraised while strong emotional expressions are usually discouraged (B.S.K. Kim, 2011) in many Asian cultures; however, somatic symptoms are considered more acceptable forms of expressions of psychological distress (MohdZain, 2011). Counsellors should be mindful in encouraging open expressions of strong emotions or interpreting/misinterpreting clients' lack of emotions or somatic symptoms.

Family System Therapies with Asian Immigrant Families

Despite multicultural competence is considered an essential aspect of contemporary psychotherapy/counselling practices and Family systems therapies have been examined from a cultural lens and adapted to work with different ethnic groups and different cultural contexts, surprisingly, there has been little current research on cross-cultural validity of different approaches of Family Systems Therapy in working with Asian immigrant families. Due to

insufficient current research on the application of specific Family Systems therapies in working with Asian immigrant families, this section will concentrate on reviews of Family Systems approaches from a multicultural perspective and on the adaptations of Family systems in working with Asian immigrants and immigrant families.

Cultural Adaptation of Family Systems Therapy in Working with Asian Families

Due to its systemic nature, Family systems theory is generally considered applicable and compatible in working with cultural groups with a collectivistic orientation (Ho, 1989; Ho et al., 2004; Sue & Sue, 2008;). The development of Family Systems theory represented a paradigm shift of contemporary psychotherapy, moving from the traditional intrapsychic framework to a systemic approach of conceptualizing individual issues. From the Family Systems perspective, clients' presenting problems are not the products of individual psychopathology but their family systems. The clients' problems may serve to maintain the system (including the family's dysfunction) or be maintained by the family process. They may be seen as the products of how the system (e.g. family) operates or symptoms of inherent dysfunctional relational patterns passed down through generations (Becvar & Becvar, 2013; Gehart, 2018). Family Systems therapies are generally categorized into two approaches: the communication approach (e.g. the Satir Model), which sees family communication behaviours as an integral part of understanding and working with the family and the structural approach (e.g. Structural-Strategic Family Therapy and Multigenerational Family Therapy, that focuses on the family system's structural dynamics. Both are deemed suitable to adopt in working with Asian immigrant families (Ho et al., 2004; Epstein et al., 2012; J.M. Kim, 2003; S.C. Kim, 1985; Sue and Sue, 2008; Shulman & Lamba, 2011).

Many other shared characteristics of Family systems therapies are also considered applicable in working with Asian immigrant families: emphasis on the family unit instead of on the individual, problem-focus, goal-orientation, systemic approaches to client's issues attending to family histories, family structures and family dynamics and intergenerational (or multigenerational) relational patterns, and counsellors' expert stance. On the other hand, due to its western philosophical roots, the underlying value systems — which guide how Family Systems models conceptualize clients' problems, define what system/relationship is healthy, set therapeutic goals, and utilize interventions/strategies — may be culturally incongruent to clients from non-dominant cultural groups. Depending on their acculturation levels, immigrant clients from collectivist cultures tend to find the following premises of Family Systems therapies culturally incongruent: nuclear family as the standard family unit, high regards in open and free expressions of emotions (in the counselling sessions and between family members), beliefs in egalitarian relationships and equal division of labour between couple/among family members, emphasis on individuality (and its significance during different developmental stages) and conceptualization of individual symptoms as a manifestation of family dysfunction (Epstein et al., 2012; Shulman & Lamba, 2011; Sue & Sue, 2008,).

Existing literature recommends an integrative family counselling model by adapting and modifying strategies and interventions from communication and structural approaches in working with Asian immigrant families (Falicov, 2012; Ho, 1989; Ho et al., 2004; Sue & Sue, 2008). From a cross-cultural perspective, Asian cultures often have a strong orientation towards high-context cultures that value and utilize non-verbal communication and indirect, implicit and layered messages (Ho et al., 2004; Kim & Park 2015). Also, traditional Asian families usually are built upon and operated within a rigorous, if not rigid, vertical hierarchical structure with

prescribed roles determined by age, sex, generation and birth order (Chance et al., 2013; Ho et al., 2004; Tsai-Chae & Nagata, 2008). Furthermore, during the immigration and acculturation process, communication breakdown and barriers and structural dynamic changes could occur within immigrant families and become sources of family conflicts (Hwang, 2006). Hence, both the Family Communication and Structural models are considered culturally congruent in working with Asian immigrant families dealing with behavioural and interpersonal issues (Ho et al., 2004).

Joining is a valuable technique for counsellors to work with Asian immigrant families at the initial stage. Asian clients tend to expect the counsellors to be the expert and be directive about their problems. However, clients might resist if they feel counsellors are confrontational, imposing dominant cultural values onto their family and/or discriminating against cultural norms and practices adhering to their culture of origin. The counsellor should understand, respect and follow the “ethnic-specific rules of the systems” (Ho et al., 2004, p.21) and engage in culturally appropriate manners to “join” the family as one of the family leaders. For example, when working with multigenerational Asian families, instead of starting with the identified patient, the counsellor could choose first to approach the head of the household — usually the father or grandfather, to respect and follow the rules of the vertical, hierarchical family structure.

Maintenance intervention and collaborative goal setting also allow the counsellors to validate the existing system structures and acknowledge and respect norms and values of the family’s culture of origin (Epstein et al., 2012; Ho et al., 2004; J.M. Kim, 2003; S.C. Kim, 1985).

Genogram/structural mapping or Satir’s Family Life Chronology are valuable tools in constructing family and immigration history from an intergenerational perspective, identifying intergenerational relational and behavioural patterns and contributing factors such as

settlement/aculturative stress or levels of differentiation and acculturation to presenting problems. Furthermore, it also allows family members to locate the origins of their detrimental individual personal narratives and offer freedom and space to reconstruct individual or collective narrative as a family and unique emotional experience and/or interpretation of the individual/family narratives for individual family members (Lim & Nakamoto, 2008).

Communication breakdowns or barriers are common challenges within Asian immigrant families as there is a difference in family members' level of acculturation and use of languages (Hwang, 2006; Ho et al., 2004). Depending on the topics and the status of the family members, explicit verbal communication might not be appropriate and welcomed by Asian immigrant families. Satir's Family Choreography and Family Sculpting are action-oriented, non-verbal experiential interventions that could be employed for family members to be creative to depict their perception of the family relationships and problems (Ho et al., 2004; Gehart, 2018). Also, positive reframing and relabeling are congruent with Asian cultural values and more acceptable to Asian clients. In contrast, the counsellor's confrontation is usually not taken well by Asian clients (Ho et al., 2004; J.M. Kim, 2003; S.C. Kim, 1985). Certain family systems therapy techniques such as paradoxical interventions (e.g. double bind, prescribing the problem) or disequilibrium techniques (e.g. enactment, boundary-making) might be seen as too confrontational, too abstract, too challenging, too Western to Asian immigrant families (Ho et al., 2004;). Counsellors also need to be careful with conjoint family sessions. Family members are often obliged to act and interact in a certain way based on their prescribed roles within the traditional Asian families, certain topics (e.g. power dynamics) and exchanges (such as children express negative feelings towards elders or parents show depression or anxiety in front of

children) are seen as inappropriate even unacceptable (Ho et al., 2004; MohdZain, 2011; Shulman & Lamba, 2011).

Finally, differentiation and boundary are two of the major Family Systems concepts used to determine the well-being of the individual and family functioning. However, differentiation of self and healthy boundaries may look quite different in Asian families, as Asian cultures highly value relatedness and (at least part of) an individual's sense of self is in relation to others.

Counsellors need to be mindful of their own beliefs on what constitutes a healthy family and acquire cultural knowledge and skills when working with Asian immigrant families. Relevant literature has suggested that within non-dominant cultural groups, an individual's differentiation level is associated with their acculturation level. Depending on the age at arrival, length of residence, generation status, and gender, potentially there will be an acculturation discrepancy among family members such as between parents and child, between spouses or between older and younger siblings, and there will be different levels of understanding of differentiation among family members. It is suggested that conjoint family therapy might not be appropriate for an Asian immigrant family of mixed acculturation. Instead, family counsellors could work with the most acculturated individual member in the family to facilitate change (Ho et al., 2004; Sue & Sue, 2008;).

Chapter 3: Discussion and Research Proposal

Discussion

Reviews on acculturation-based intergenerational conflicts within Asian immigrant families, multicultural competence framework and multicultural counselling outcome and adaptation of Family Systems therapies in working with Asian immigrant families have depicted an intricate, multidimensional picture of Asian immigrant families' struggles with mental health and interpersonal issues as well as receiving (or not receiving) support from the mental health services reigned by the dominant cultural groups. However, there are also many gaps left in this picture and those blank spaces reveal the lack of current research and corresponding services to address Asian immigrant families' unique experiences and needs. First of all, as D'Andrea and Heckman (2008) pointed out, while there has been significant growth and expansion in multicultural theories and research, they lacked corresponding empirical evidence support. There is an abundance of research on Asian populations in relation to acculturation strategies and well-being, the Acculturation Gap-Distress Theory within immigrant families and multicultural counselling. The literature indicated that acculturation stress and acculturation discrepancy between parents and children was a significant source of intergenerational conflicts, and acculturation-based intergenerational conflicts would lead to poor parent-child relationships and adverse psychological and behavioural functioning for immigrant children and youth of family conflicts. Also, currently, there were insufficient culturally responsive mental health services suitable for Asian immigrants and their families. However, only limited literature offered frameworks of adaptation, modification, or integration of various family therapy models in working with Asian families – not necessarily immigrants. Although the literature offered valuable considerations in applying integrative multicultural family counselling to Asian

immigrant families, there was little corresponding research that provided empirical support on outcomes or evidence of change in clients' functioning or perception and experiences in the counselling process and counselling outcome. Furthermore, there is no literature on applying family therapies in working with Asian immigrant families experiencing acculturation-based conflicts and the impact of acculturation discrepancy between parents and children and between clients and counsellors on counselling process and therapeutic relationship and how to address and work with it.

Moreover, participants recruited in most of the reviewed literature might have not reflected the general compositions of Asian immigrant populations in North American society. Particularly participants from multicultural counselling and family therapy research were mostly counsellors/therapists, counsellors-in-training (graduate students from counselling programs) or college students in the United States. For counsellors/therapists and counsellors-in-training who participated in multicultural competence studies, the research results were based on self-report (Berger et al., 2014; Castillo, 2007; Epstein et al., 2012; Kagnici, 2014; McDowell, 2012; Newell et al., 2010), and there was no corresponding quantitative client (perceived) outcome research. For participating clients in the multicultural counselling research, they were primarily Asian American college students who were not actively seeking mental health services for psychological distress (Li & B.S.K. Kim, 2004; B.S.K. Kim et al., 2005; B.S.K. Kim et al., 2009; B.S.K. Kim & Park, 2015; S. Wang & B.S.K. Kim, 2010). Also, as Asian immigrant college students were more likely to have arrived in North America at a younger age, theoretically, they could have been more acculturated and had higher adherence (or at least more knowledge) to the dominant culture. One family therapy research conducted in China had graduate students in counselling programs reviewed and discussed various family systems therapy models. This study

was selected for this project since this was one of the few recent research addressing the application and applicability of specific family therapy models with the Asian (Chinese) population. However, the participants were Chinese counsellors-in-training who aimed to evaluate the relevance of Western family therapy models in working with Chinese families. In other words, participants in this research were individuals who came from the dominant culture within their country as they evaluated the applicability of foreign counselling frameworks in working with families who also from the same dominant culture groups, so the immigration and acculturation factors were not considered in this context. Although their experiences and interpretation of those experiences should not be discredited, their experience would not reflect the general picture of Asian immigrants' experience with multicultural counselling.

Furthermore, many Asian values highlighted in cross-cultural studies such as collectivism, deference to authority and elders, family-oriented action and decisions in major aspects of life, maintenance of interpersonal harmony and self-control seemed to be valid across different Asian immigrant ethnic groups (but not limited to). On the other hand, I have noticed that the potential impact of other external forces such as social-cultural, political and economic factors on immigrants' cultural values and practices was rarely considered. For example, the one-child policy was introduced in China in 1979 and drastically changed the family dynamics within Chinese families. As a single child was often born and raised with two parents and two sets of grandparents and became the focus of the family, there was a shift of the Chinese family structure from parent-centred to child-centred (Feng et al., 2014). Hence, traditional Chinese values and practices such as deference to authority and elders (in the family), conformity to family expectations, or authoritarian parenting might have become less commonly practiced in contemporary Chinese families – either in China or overseas. Another example of social-political

force is the impact of Globalization – or Westernization among Asian countries. In contemporary Taiwanese society, many parents balance traditional Confucian and Western values and practices in terms of parenting styles. Many parents incorporate Western cultural elements such as language learning into their parenting practices to better prepare children for an increasingly globalized world. Incorporating Western cultural values into parenting is not a unique phenomenon that only occurs in Taiwan (Shih, 2019). When Asian families voluntarily move to the United States or Canada, it is unlikely that they will encounter and experience North American culture as entirely foreign and novel. Although there will be an acculturation process for immigrant parents and children, they might struggle with various aspects of the dominant culture and acculturate at different rates.

One interesting finding in multicultural competence research is that in addition to Asian immigrant clients' acculturation level, other client variables also reflect how the clients' agency could significantly impact their subjective experience and perception of counselling and counsellors' multicultural competence. For clients from non-dominant cultural groups, how relevant is multicultural competence to the counselling process and outcome and clients' counselling experience? Multicultural research conducted by B.S.K. Kim and his associates (2005; 2009) highlighted that in relation to the significance of common factors — particularly client's motivation, clients' expectation for counselling success and a shared worldview between the counsellor and the client associating with clients' counselling experience and counselling outcome. While counsellors' multicultural competence is impactful on the counselling process and therapeutic relationship with culturally diverse clients, Pope-Davis et al. (2002) suggested that clients' experience and perceived outcome of counselling were ultimately determined by their perception of how well the counsellors met their needs. Researchers noted that clients who

saw their presenting problems were culturally related tended to place higher value in counsellors' multicultural competence. On the other hand, if clients perceived their presenting problem was not culturally relevant, and if they perceived their needs were met and experienced overall positive therapeutic relationships, they saw counsellors' multicultural competence less relevant. Additionally, clients' assumption and expectation of the counselling process and counsellors' expertise and cultural similarity and dissimilarity all impact their experience of the counselling relationships. Interestingly, although multicultural competence studies (B.S.K. Kim et al., 2005; B.S.K. Kim et al., 2009; D'Andrea, & Heckman, 2008; Pope-Davis et al., 2002) highlighted that a cultural match between the counsellor and the client was a greater indicator of clients' positive counselling experience and counselling success, culturally diverse clients did not necessarily prefer to work with a culturally similar counsellor. One participant from Pope-Davis et al.' study (2002) shared her discomfort of seeing a male counsellor who shared cultural background as she feared his judgement based on her assumptions of his values.

In summary, the literature review has suggested that both counsellor and client variables could contribute to the counselling process and clients' counselling experience and perceived outcome when working with Asian clients. Counsellor variables that were addressed included multicultural competence (which also depended on other variables), counselling styles and theoretical orientations, and client variables included clients' acculturation levels (adherence to Asian or European American culture), assumptions and expectation of counselling and counsellors and understanding of their presenting issues and counselling needs. When (Asian) immigrant families start receiving counselling services (either voluntary or involuntary), individual family members with various acculturation levels may come in with their own assumptions and expectations of counselling process and outcome and the role of counsellors as

well as their own understanding of the presenting issues and needs (even they might appear to be a shared issue or need). Although counsellors do need to respond to the collective as well as individual members' assumptions, expectations, issues and needs as they work with families, how do they attend to the differences of assumptions, expectations and cultural constructs that were due to acculturation discrepancy between family members — particularly with acculturation-based intergenerational conflicts? How do clients' acculturation level and acculturation discrepancy interlace with the counselling process and relationship and their perceptions of the process and relationship? On the other hand, how do counsellors' adherence to the dominant culture/heritage culture and their acculturation levels and their theoretical orientations interlace with the counselling process and relationship as well as assumptions and expectations of the clients? What if the counsellors find themselves sharing a similar worldview with some family members but not others?

The following research proposal aims to explore the counselling experience of Asian immigrant family clients and the counsellors and see if and how their acculturation level and the discrepancy between family members and between clients and counsellors impact those experiences.

Research Proposal

The research is designed to explore Asian immigrant families' experience and subjective perceptions of acculturation discrepancy among individual family members and between family members and the counsellors when family receive family therapy for acculturation-based intergenerational conflicts. Qualitative research design is a systemic approach to help researchers highlight and explore individuals' subjective experiences and give them meaning. In particular, phenomenology will be adapted for this study. Phenomenology will be a suitable research

method for this project as this approach allows the “multiple realities and multiple truth” (Khan, 2014, p. 299) to exist among participants consisting of Asian family members with various acculturation levels and family counsellors with various cultural competence. It further allows the researcher and the participants to work together to interpret the context and construct the meaning of the phenomenon (Khan, 2014). Researchers could then attempt to identify the commonalities all participants experience in this phenomenon in order to “reduce individual experience with a phenomenon to a description of the universal essence” (Creswell & Poth, 2016, p.58). This study focuses on exploring experiences and subjective perceptions of and the acculturation discrepancy and/or cultural similarity/dissimilarity experienced by family members and the counsellor and how they interpret and attend to this awareness. Additionally, the study aims to identify and examine potential factors that could influence their experiences, including counsellors’ multicultural competence and therapeutic orientations and individual Asian immigrant family members’ acculturation levels, assumptions and expectations of counselling process and outcome.

Participants

Participants will be Asian (self-identified) immigrant family clients, consisting of first-generation parents and first- or second-generation adolescent and/or young adult children (age 13+), along with their family counsellors recruited from the community family service agencies located in the Metro Vancouver area in which there is a high Asian population density. Only voluntary clients will be invited to participate in this research project. Mandated clients referred by the Ministry of Child and Family Development will be excluded. Participating counsellors are advised to have at least two to three-year experience in family counselling format and utilize and/or incorporate Family Systems models/interventions when working with families. This

research project is intended to recruit eight to ten Asian immigrant clients with three to four family counsellors in three to four community family services agencies.

Design and Procedure

The current study adopts a transcendental phenomenology design that allows the researcher to explore the phenomenon of acculturation discrepancy and/or cultural similarity/dissimilarity between Asian immigrant family members and between the clients and the counsellors in the counselling process. Research proposals will be sent to the community family services agencies which provide short-term family counselling services (three to six months) in the Metro Vancouver area to recruit interested agencies and counsellors. For agencies and counsellors who agree to participate, a one-hour orientation will be delivered to address research purpose, design and procedure. The goal is to recruit three to four community agencies and three to four counsellors to participate in this study. Next, intake counsellors from recruited agencies could provide research study flyers prepared by the researchers to potential immigrant family clients who seek family counselling services for seemingly acculturation-based familial conflicts such as parenting issues or communication problems. Only voluntary clients (self-referred) will be recruited. Researchers will meet family clients who sign up to provide an orientation about the research purpose and procedures, and then the family will be assigned to the recruited counsellors. Separate semi-structured interviews will be conducted with both participating family clients and the counsellors with the intention to explore two main questions: what are their experiences of acculturation discrepancy among family members and cultural similarity/dissimilarity between clients and counsellor in the therapeutic process/relationship? Moreover, what factors influence those experiences? (Creswell & Poth, 2016)

Interviews for participating immigrant parents and children will be conducted once before the first session and after termination. The researcher will use open-ended questions to guide and facilitate the interview process. The pre-counselling interview is designed to be around 45 to 60 minutes long for the clients to indicate their family, immigration status, length of residence, generation status, the reason for the counselling, previous counselling experiences (if any) and any expectations and assumptions about counselling and counsellors. The post-counselling interview is designed to be 90 to 120 minutes long for the client and researcher to explore clients' experience and perception of the counsellor's cultural competence, the therapeutic relationship, the counselling process and outcome. In addition, a separate interview will be given to the counsellors to explore their experiences as counsellors when working with Asian immigrant clients, what culturally relevant issues/challenges they encounter and how they attend to them. All interviews will be tape-recorded (with participants' consent) and transferred to transcripts.

Data Analysis

Phenomenological data analysis is designed for the researcher to identify and highlight the universal essence of human experiences with a particular phenomenon from the data collected, that is, descriptions of the phenomenon and individuals' experiences of it. First of all, as previously indicated, all interviews for Asian immigrant family clients and their counsellors will center around acculturation discrepancy and cultural similarity/dissimilarity among family members and between clients and counsellor manifest in the therapeutic process and individuals' experience of them. All interviews will be tape-recorded and transcribed. The researcher will go through the data (the interview transcripts) to highlight quotes or statements that reflect participants' experience of the phenomenon and identify if those quotes and statements shared

common elements and can be categorized into themes. Next, the researcher will use the materials to create a textual description — participants' experiences of the phenomenon and a structural description — factors that influence participants' experience. The researcher will also provide a description of their own experience and the contributing factors of this phenomenon. Finally, the researcher will utilize the materials from the textual and structural descriptions and write a composite description that captures the essence of the phenomenon.

References

- Abreu, J. M., Chung, R. H. G., & Atkinson, D. R. (2000). Multicultural counseling training: Past, present, and future directions. *The Counseling Psychologist, 28*(5), 641-656.
- American Psychological Association. (2017). Ethical principles of psychologists and code of conduct (2002, amended effective June 1, 2010, and January 1, 2017).
<http://www.apa.org/ethics/code/index.html>
- AMSSA. (2015, February 1). Migration Mental Health. Migration Matters. AMSSA.
<https://www.amssa.org/wp-content/uploads/2020/09/AMSSA-Info-Sheet-Issue-21-Mental-Health1.pdf>
- AMSSA. (2016a, February 1). Newcomer Health Care: Access and Navigation. *Migration Matters*. AMSSA. https://www.amssa.org/wp-content/uploads/2020/09/AMSSAInfoSheet_Issue28-Health-Care.pdf
- Asher, C. (2011). The progressive past: How history can help us serve generation 1.5. *Reference & User Services Quarterly, 51*(1), 43.
- Becvar, D. S., & Becvar, R. J. (2013). *Family therapy: A systemic integration*. Pearson Education.
- Berger. (2014). Therapist ethnicity and treatment orientation differences in multicultural counseling competencies. *Asian American Journal of Psychology., 5*(1).
<https://doi.org/10.1037/a0036178>
- Berry, J. W. (1997). Immigration, acculturation, and adaptation. *Applied psychology, 46*(1), 5-34.
- Boyd, M. (2009). Official language proficiency and the civic participation of immigrants. In *Metropolis Language Matters Symposium, October* (Vol. 22, p. 2009).

- Boyd, M., & Cao, X. (2009). Immigrant language proficiency, earnings, and language policies. *Canadian Studies in Population [ARCHIVES]*, 36(1-2), 63-86.
- Bragg, B., & Wong, L. L. (2016). "Cancelled dreams": Family reunification and shifting Canadian immigration policy. *Journal of Immigrant & Refugee Studies*, 14(1), 46-65.
doi:10.1080/15562948.2015.1011364
- Browne, D. T., Kumar, A., Puente-Duran, S., Georgiades, K., Leckie, G., & Jenkins, J. (2017). Emotional problems among recent immigrants and parenting status: Findings from a national longitudinal study of immigrants in Canada. *PloS one*, 12(4), e0175023.
- Chang, S. (2018). Testing a model of codependency for college students in Taiwan based on Bowen's concept of differentiation. *International Journal of Psychology* /, 53(2).
- Canadian Psychological Association (2017). *Canadian Code of Ethics for Psychologists* (4th ed.). Canadian Psychological Association.
- Castillo, L. G., Brossart, D. F., Reyes, C. J., Conoley, C. W., & Phoummarath, M. J. (2007). The influence of multicultural training on perceived multicultural counseling competencies and implicit racial prejudice. *Journal of Multicultural Counseling and Development*, 35(4), 243-255.
- Chance, L. J., Costigan, C. L., & Leadbeater, B. J. (2013). Coparenting in immigrant Chinese Canadian families: The role of discrepancies in acculturation and expectations for adolescent assistance. *Journal of Family Psychology*, 27(6), 905.
- Chirkov, V. (2009). Summary of the criticism and of the potential ways to improve acculturation psychology. *International Journal of Intercultural Relations*, 33(2), 177-180.

- Choi, Y., Lee, M., Lee, J. P., Park, M., Lee, S. Y., & Hahm, H. C. (2020). Disempowering parenting and mental health among Asian American youth: Immigration and ethnicity. *Journal of applied developmental psychology, 66*, 101077.
- Chope, R. C., & Consoli, A. J. (2006). Multicultural family influence in career decision making. *Vistas: Compelling perspectives on counseling, 85-88*.
- Centre for Addiction and Mental Health & Children's Aid Society of Toronto. (2014). *Hidden in Our Midst: Homeless Newcomer Youth in Toronto –Uncovering the Supports to Prevent and Reduce Homelessness*. Centre for Addiction and Mental Health.
https://www.camh.ca/-/media/files/pdfs---reports-and-books---research/hidden-in-our-midst-final-report_nov-2014-pdf.pdf
- Cornish, J. A. E., Schreier, B. A., Nadkarni, L. I., Metzger, L. H., & Rodolfa, E. R. (Eds.). (2010). *Handbook of multicultural counseling competencies*. John Wiley & Sons.
- Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage publications.
- Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. Sage publications.
- D'Andrea, M., & Heckman, E. F. (2008). A 40-year review of multicultural counseling outcome research: Outlining a future research agenda for the multicultural counseling movement. *Journal of Counseling & Development, 86*(3), 356-363.
- Dumitra, S. (2018). Immigration for B.C.'s Future: An Call for Action to Strengthen Newcomer Integration. AMSSA. <https://www.amssa.org/resource/bcs-future-a-call-for-action-to-strengthen-newcomer-integration/>

- Edmonston, B. (2016). Canada's immigration trends and patterns. *Canadian Studies in Population [ARCHIVES]*, 43(1-2), 78-116.
- Epstein, N. B., Berger, A. T., Fang, J. J., Messina, L. A., Smith, J. R., Lloyd, T. D., ... & Liu, Q. X. (2012). Applying western-developed family therapy models in China. *Journal of Family Psychotherapy*, 23(3), 217-237.
- Falicov, C. J. (2012). Immigrant family processes: A multidimensional framework. In Froma Walsh. (Eds.). *Normal Family Processes, Fourth Edition: Growing Diversity and Complexity*. The Guilford Press.
- Gehart, D. R. (2013). *Mastering competencies in family therapy: A practical approach to theory and clinical case documentation* (3rd ed.). Cengage Learning.
- Guruge, S., & Butt, H. (2015). A scoping review of mental health issues and concerns among immigrant and refugee youth in Canada: Looking back, moving forward. *Canadian journal of public health = Revue canadienne de sante publique*, 106(2), e72–e78.
<https://doi.org/10.17269/cjph.106.4588>
- Ho, M. K. (1989). Applying family therapy theories to Asian/Pacific Americans. *Contemporary family therapy*, 11(1), 61-70.
- Ho, M. K., Rasheed, J. M., & Rasheed, M. N. (2004). *Family therapy with ethnic minorities*. SAGE Publications, Inc., <https://www.doi.org/10.4135/9781452204567>
- Hua, J. M., & Costigan, C. L. (2012). The familial context of adolescent language brokering within immigrant Chinese families in Canada. *Journal of youth and adolescence*, 41(7), 894-906.
- Hwang, W. C. (2006). Acculturative family distancing: Theory, research, and clinical practice. *Psychotherapy: Theory, research, practice, training*, 43(4), 397.

Hwang, W. C., Wood, J. J., & Fujimoto, K. (2010). Acculturative family distancing (A.F.D.) and depression in Chinese American families. *Journal of consulting and clinical psychology*, 78(5), 655.

Immigration, Refugees and Citizenship Canada. (2019). *Settlement Program Terms and Conditions*. Immigration, Refugees and Citizenship Canada.

<https://www.canada.ca/en/immigration-refugees-citizenship/corporate/transparency/program-terms-conditions/settlement.html>

Juang, L. P., Syed, M., Cookston, J. T., Wang, Y., & Kim, S. Y. (2012). Acculturation-based and everyday family conflict in Chinese American families. *New directions for child and adolescent development*, 2012(135), 13-34.

Kagnici, D. Y. (2014). Reflections of a Multicultural Counseling Course: A Qualitative Study with Counseling Students and Counselors. *Educational Sciences: Theory and Practice*, 14(1), 53-62.

Khan, S. N. (2014). Qualitative research method-phenomenology. *Asian Social Science*, 10(21), 298.

Kim, B. S. K. (2011). Client Motivation and Multicultural Counseling. *The Counseling Psychologist*, 39(2), 267–275. <https://doi.org/10.1177/0011000010375310>

Kim, B. S.K., Ng, G. F., & Ahn, A. J. (2005). Effects of Client Expectation for Counseling Success, Client-Counselor Worldview Match, and Client Adherence to Asian and European American Cultural Values on Counseling Process With Asian Americans. *Journal of Counseling Psychology*, 52(1), 67.

- Kim, B. S.K., Ng, G. F., & Ahn, A. J. (2009). Client adherence to Asian cultural values, common factors in counseling, and session outcome with Asian American clients at a university counseling center. *Journal of Counseling & Development, 87*(2), 131-142.
- Kim, B. S.K., & Park, Y. S. (2015). Communication styles, cultural values, and counseling effectiveness with Asian Americans. *Journal of Counseling & Development, 93*(3), 269-279.
- Kim, H., Prouty, A. M., Smith, D. B., Ko, M. J., Wetchler, J. L., & Oh, J. E. (2015). Differentiation and healthy family functioning of Koreans in South Korea, South Koreans in the United States, and white Americans. *Journal of Marital and Family Therapy, 41*(1), 72-85
- Kim, J. M. (2003). Structural family therapy and its implications for the Asian American family. *The Family Journal, 11*(4), 388-392.
- Kim, S. C. (1985). Family therapy for Asian Americans: A strategic-structural framework. *Psychotherapy: Theory, Research, Practice, Training, 22*(2S), 342.
- Kwak, K. (2003). Adolescents and their parents: A review of intergenerational family relations for immigrant and non-immigrant families. *Human development, 46*(2-3), 115-136.
- Lee, S. M., & Edmonston, B. (2011). Age-at-Arrival's Effects on Asian Immigrants' Socioeconomic Outcomes in Canada and the U.S. *International Migration Review, 45*(3), 527-561.
- Li, L. C., & Kim, B. S.K. (2004). Effects of counseling style and client adherence to Asian cultural values on counseling process with Asian American college students. *Journal of Counseling Psychology, 51*(2), 158.

- Lim, S. L., Yeh, M., Liang, J., Lau, A. S., & McCabe, K. (2009). Acculturation gap, intergenerational conflict, parenting style, and youth distress in immigrant Chinese American families. *Marriage & Family Review, 45*(1), 84-106.
- Lim, S. L., & Nakamoto, T. (2008). Genograms: Use in therapy with Asian families with diverse cultural heritages. *Contemporary Family Therapy, 30*(4), 199-219.
- López, I., Escoto, E. R., Monford-Dent, T., & Prado-Steiman, M. (2011). Theories of acculturation and cultural identity. In A. Zigelbaum & J. Carlson, (Eds.), *Working with immigrant families: A practical guide for counselors*, 21-37. Routledge.
- Lueck, K., & Wilson, M. (2010). Acculturative stress in Asian immigrants: The impact of social and linguistic factors. *International Journal of Intercultural Relations, 34*(1), 47-57.
- Lui, P. P. (2019). Rethinking the acculturation gap-distress theory among Asian Americans: Testing bidirectional indirect relations. *American Journal of Orthopsychiatry, 89*(6), 627.
- McDowell. (2012). Transformative learning through international immersion: Building multicultural competence in family therapy and counseling. *Journal of Marital and Family Therapy.*, 38(2). <https://doi.org/10.1111/j.1752-0606.2010.00209.x>
- McGoldrick, M., Giordano, J., & Garcia-Preto, N. (Eds.). (2005). *Ethnicity and family therapy*. Guilford Press.
- MohdZain, A. Z. (2011). Working with Asian immigrant families, part 1: Far East, Southeast Asian, and Pacific Islands. In A. Zigelbaum & J. Carlson, (Eds.). *Working with immigrant families: A practical guide for counselors* (pp. 121-136). Routledge.
- Newell, M. L., Nastasi, B. K., Hatzichristou, C., Jones, J. M., Schanding Jr, G. T., & Yetter, G. (2010). Evidence on multicultural training in school psychology: Recommendations for future directions. *School Psychology Quarterly, 25*(4), 249.

NewToBC. (2018). Immigrant demographics Vancouver, B.C.. NewToBC.

<https://newtobc.ca/wp-content/uploads/2013/07/Vancouver-Immigrant-Demographic-Profile-2018.pdf>

Patel, S. G., Clarke, A. V., Eltareb, F., Macciomei, E. E., & Wickham, R. E. (2016). Newcomer immigrant adolescents: A mixed-methods examination of family stressors and school outcomes. *School Psychology Quarterly, 31*(2), 163.

Phinney, J. S., Ong, A., & Madden, T. (2000). Cultural values and intergenerational value discrepancies in immigrant and non-immigrant families. *Child development, 71*(2), 528-539.

Park, Y. S., Kim, B. S., Chiang, J., & Ju, C. M. (2010). Acculturation, enculturation, parental adherence to Asian cultural values, parenting styles, and family conflict among Asian American college students. *Asian American journal of psychology, 1*(1), 67.

Pope, K. S., & Vasquez, M. J. (2016). *Ethics in psychotherapy and counseling: A practical guide*. John Wiley & Sons.

Pope-Davis, D. B., Toporek, R. L., Ortega-Villalobos, L., Ligiéro, D. P., Brittan-Powell, C. S., Liu, W. M., ... & Liang, C. T. (2002). Client perspectives of multicultural counseling competence: A qualitative examination. *The Counseling Psychologist, 30*(3), 355-393.

Robert, A., & Gilkinson, T. (2012). Mental health and well-being of recent immigrants in Canada: Evidence from the longitudinal survey of immigrants to Canada. *Immigrant integration: Research implications for future policy, 191-210*.

Schellenberg, G. & Maheus, H. (2007). Immigrants' perspectives on their first four years in Canada: Highlights from three waves of the Longitudinal Survey of Immigrants to Canada [Special Edition]. *Canadian Social Trends*. Statistics Canada.

- Shih, Y.-P. (2019). Social Class and Cosmopolitan Parenting in Taiwanese Families. *Journal of Family Issues*, 40(14), 1963–1988. <https://doi.org/10.1177/0192513X19863210>
- Shulman, J., & Lamba, G. (2011). Theories of family therapy. In A. Zigelbaum & J. Carlson, (Eds.), *Working with immigrant families: A practical guide for counselors*, 39-57. Routledge
- Rogers-Sirin, L., Ryce, P., & Sirin, S. R. (2014). Acculturation, acculturative stress, and cultural mismatch and their influences on immigrant children and adolescents' well-being. In *Global perspectives on well-being in immigrant families* (pp. 11-30). Springer, New York, NY.
- Schwartz, S. J., Unger, J. B., Zamboanga, B. L., & Szapocznik, J. (2010). Rethinking the concept of acculturation: implications for theory and research. *American Psychologist*, 65(4), 237.
- Simich. (2005). Providing social support for immigrants and refugees in Canada: Challenges and directions. *Journal of Immigrant and Minority Health.*, 7(4).
<https://doi.org/10.1007/s10903-005-5123-1>
- Statistics Canada. (2017a). *Census In Brief, Children with an immigrant background: Bridging cultures*. Statistics Canada – Catalogue no. 98-200-X2016015.
- Statistics Canada. (2017b). *Focus on Geography Series, 2016 Census*. Statistics Canada Catalogue no. 98-404-X2016001. <https://www12.statcan.gc.ca/census-recensement/2016/as-sa/fogs-spg/Index-eng.cfm>
- Statistics Canada, (2017c). *Immigration and ethnocultural diversity: key results from the 2016 census*. Statistics Canada. <https://www150.statcan.gc.ca/n1/daily-quotidien/171025/dq171025b-eng.htm>

- Statistics Canada. (2017d). *Vancouver [Census metropolitan area], British Columbia and British Columbia [Province]* (table). *Census Profile*. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E>
- Statistics Canada. (2017e). *Dictionary, Census of Population, 2016*. Statistics Canada Catalogue no. 98-301-X. <https://www12.statcan.gc.ca/census-recensement/2016/ref/dict/index-eng.cfm>
- Statistics Canada. (2019a). *A Portrait of Canadian Youth: March 2019 Updates*. Statistics Canada Catalogue no. 11-631-X. <https://www150.statcan.gc.ca/n1/pub/11-631-x/11-631-x2019003-eng.htm#moreinfo>
- Statistics Canada. (2019b). *Family Matters: Grandparents in Canada*. Statistics Canada Catalogue no. 11-001-X. <https://www150.statcan.gc.ca/n1/daily-quotidien/190207/dq190207a-eng.htm>
- Sue, D. W. & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice*. (5th ed.). John Wiley & Sons.
- Sue, D. W., Sue, D., Neville, H. A., & Smith, L. (2019). *Counseling the culturally diverse: Theory and practice*. (8th ed.). John Wiley & Sons.
- Sue, D. W., & Torino, G. C. (2005). Racial-cultural competence: Awareness, knowledge and skills. In R. T. Carter (Ed.), *Handbook of racial-cultural psychology and counseling* (pp. 3–18). Wiley.
- Suinn, R. M. (2010). Reviewing acculturation and Asian Americans: How acculturation affects health, adjustment, school achievement, and counseling. *Asian American Journal of Psychology*, 1(1), 5.

- Szapocznik, J., & Kurtines, W. M. (1993). Family psychology and cultural diversity: Opportunities for theory, research, and application. *American Psychologist, 48*(4), 400.
- Telzer, E. H. (2010). Expanding the acculturation gap-distress model: An integrative review of research. *Human Development, 53*(6), 313-340.
- Trebilcock, M., & Trebilcock, M. (2019). The puzzle of Canadian exceptionalism in contemporary immigration policy: “Canada could be the first post-national state. there is no core identity, no mainstream in Canada.” prime minister justin trudeau new york times magazine, November 10, 2015. *Journal of International Migration and Integration, 20*(3), 823-849. doi:10.1007/s12134-018-0633-6
- Tsai-Chae, A. H., & Nagata, D. K. (2008). Asian values and perceptions of intergenerational family conflict among Asian American students. *Cultural Diversity and Ethnic Minority Psychology, 14*(3), 205.
- Utsey, S. O., Gernat, C. A., & Bolden, M. A. (2003). Teaching racial identity development and racism awareness. *Handbook of racial & ethnic minority psychology, 147-66.*
- Wang, W. (Director). (1993). *The Joy Luck Club* [Film]. Hollywood Pictures.
- Wang, S., & Kim, B. S.K. (2010). Therapist multicultural competence, Asian American participants’ cultural values, and counseling process. *Journal of counseling psychology, 57*(4), 394.
- Wang, Y., Kim, S. Y., Anderson, E. R., Chen, A. C. C., & Yan, N. (2012). Parent–child acculturation discrepancy, perceived parental knowledge, peer deviance, and adolescent delinquency in Chinese immigrant families. *Journal of youth and adolescence, 41*(7), 907-919.

- Wu, S., Wang, X., Wu, Q., Zhai, F., & Gao, Q. (2017). Acculturation-based family conflict: A validation of Asian American Family Conflict Scale among Chinese Americans. *PsyCh journal*, 6(4), 294-302.
- Ying, Y. W., & Han, M. (2007). The longitudinal effect of intergenerational gap in acculturation on conflict and mental health in Southeast Asian American adolescents. *American Journal of Orthopsychiatry*, 77(1), 61-66.
- Zagelbaum, A., & Carlson, J. (2011). Orientation to working with immigrant families. In A. Zagelbaum & J. Carlson, (Eds.), *Working with immigrant families. A practical guide for counsellors*, 1-20. Routledge.
- Zhou, Y. R. (2013). Toward transnational care interdependence: Rethinking the relationships between care, immigration and social policy. *Global Social Policy*, 13(3), 280–298.
<https://doi.org/10.1177/1468018113499573>