

CONCEPT OF SHAME AND THE MENTAL HEALTH OF PACIFIC ASIAN AMERICANS

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One priority of the Health Task group of the Conference on Pacific and Asian American Families (1978) was the need for re-search into the psychological and emotional problems of Pacific and Asian American (PAA) groups and their possible remedies. Specifically, the report identified the importance of shame in the education and socialization process of PAA families in controlling behavior. As a cultural characteristic among PAAs, shame or "saving face" remains an important concept to the individual, the family, the community, and to the racial group as a whole.

Perhaps in response to saving face or avoiding losing face, PAAs generally have high academic achievements and low crime and delinquency rates. For these reasons, PAAs are sometimes referred to as the "model minority" in America. This myth remains quite strong and maintains that PAAs have no serious problems and are relatively trouble-free.

This paper focuses on the impact of shame on PAA's mental health status in terms of low utilization patterns of mental health services, under employment patterns, and religious orientation.

Although several authors (Ausubel & Kirk, 1977; Ogawa, 1973; and Ward, 1972) have written on the positive and negative impact of both shame and guilt as being very necessary and effective in the control of behavior, the concept of guilt is much more in evidence as a superior means of controlling behavior (Benedict, 1946; Freud, 1930; and Erikson, 1963). Ironically, PAAs are seen as model minorities by one group and seen as having an inferior means of controlling behavior by another group. More extensive reviews of the literature on guilt have been written by Mosher (1979) and by Sato (1979a). Doi (1973) has written on shame and guilt in Japan. Shame seems to be absorbed by guilt in Western cultures and by American traditions.

Shame, or the avoidance of bringing disgrace to the name or to the family, can be related to PAAs infrequently failing in college or dropping out of high school. According to a report by the U.S. Commission on Civil Rights (1978), Chinese, Japanese, and Philipino Americans have the highest college and high school completion rates of minority groups. In some cases the completion rates are much higher than the majority group.

A paradox may be appearing when one views the impact of shame working in a positive way as one rich resource motivating PAAs toward success in higher education and improving one's chances in achieving better employment and lifestyle. Shame can also be a factor in keeping smooth interpersonal relationships within the family by motivating the children to avoid doing anything that will be embarrassing to their parents. Shame can have a negative impact on the family as well. According to the President's Commission on Mental Health (1978) report on Asian/Pacific Americans, one important cultural barrier to service utilization of counseling and therapy is related to the concepts of shame and pride. The PAA client may feel that using mental health services is a shame-inducing process and he will experience extreme stress when asking for help. In a conversation with Dr. Aiko Oda (1978) she mentioned that too much shame resulting in inflexibility of behaviors is pathological. Psychiatrists and other professionals (Matsumoto, 1979 and Seid, 1979) have indicated that many PAA clients come to their attention only when the "illness" is quite advanced and very serious, thereby making the treatment quite difficult and long-term. The shame of not being able to handle problems within the family and having to seek outside help and risk losing face in the community is a powerful force among PAAs. There is great pride among PAAs when one achieves some success in education and employment, but the consequence of not seeking "early" outside help for personal and family problems may result in a severe pathology that may even require hospitalization.

For some PAA families it is quite possible to deny any mental health problem as well as deny the impact of such factors as shame and pride. Sometimes the family is taught to bear the burden and must tolerate or suffer quietly without expressing any emotions or resorting to outside help.

There are many studies of service delivery and treatment models among PAA groups which consider the impact of shame and guilt as possible cultural barriers. These include among others Duff and Arthur (1973), Ho (1976), Ishizuka (1978), Kim and Condon (1975), Kitano (1970), Marsella (1974), Peralta and Horikawa (1978), Sue (1977), and Tinloy (1977). Several colleagues working in PAA community mental health settings have also mentioned the importance of shame in working with PAA families and individuals (Kawazoe, 1979; Kusama, 1978; and Kim, 1979). In commenting on a paper on counseling Asian Americans (Sato, 1979b), Jesse Quinsaas, an attorney in San Diego, mentioned that shame or "hiya" is especially prominent among the Philipino elderly and somewhat among the younger generation. Cayann Topacio (1978) listed the concept of shame or saving face as culturally important to the Koreans and Vietnamese as well. Beverly C. Yip adds that the Laotian and Thai communities have a similar concept. Many similarities exist among various PAA groups but there are many more complex issues within these groups that care must be taken to investigate and differentiate each group and respect the individuality of any given member of that group.

Very briefly, according to the Civil Rights Commission (1978) report on the chapter on earnings and educational levels, one indicator demonstrates that although Japanese, Chinese, and Philipino American *males* and *females* are much more likely to have completed college than majority males, they receive lower earnings as college graduates than majority males. In a conversation with Jerri Takahashi of Asian American Studies, University of California, Berkeley, he related that one must consider the powerful impact of society and institutions in dealing with the under employment patterns of PAAs.

The interaction of the structure and culture of American society with the Asian and Asian American experience may be found to be a unique ethnic experience. Warren Furutani (1979), a community leader, states in an interview that it is not Japanese culture that makes us "quiet" but rather the culture of oppression that existed in Japan which was brought over to the United States by Japanese immigrants in order to survive. This survival mechanism seems to be tied into not taking risks by keeping a low profile as a PAA. In some ways the covert and subtle patterns of racism and discrimination which affect PAAs are difficult to detect. As victims of mistreatment or denial of promotional opportunities, PAAs appear to have a difficult time "making waves" to complain. It is rare when a PAA employee will file a formal complaint or grievance against his/her boss and become a "target" (stand out). By standing out as a troublemaker, the PAA is risking the possibility of losing a secure job and even loss of face before the other employees. The impact of shame may perhaps be felt at any number of points in employment and upward mobility. One thing that is clearly shown is that there is continued underemployment and extremely low unemployment among PAAs. Perhaps part of this can be accounted for by PAAs generally maintaining jobs, although low paying, rather than be on welfare and not be able to provide for oneself (lose face and self-respect). There may be great shame involved for PAAs to have to get a welfare check or seek outside help for any problems they cannot handle within the family. In hindsight, a PAA may end up just feeling guilty for letting a supervisor get away with unfair treatment rather than risk losing face and be shamed by perhaps being terminated after fifteen years on the same job.

Lastly, in terms of religious orientation as well as in our legal system, the emphasis is on *sin* and *guilt* in contrast to shame and embarrassment. American religions, especially Christianity, have focused on sin, guilt, and confession (Menninger, 1973; and Mowrer, 1967). Dr. David Hirano, therapist and one of the pastors at a Congregational church in Hawaii, sees many PAA clients for therapy. Dr. Hirano sees the direct impact of shame inhibiting PAA clients from verbalizing their personal problems in therapy. It becomes very difficult to treat clients who do not "open up" and let out their deep, sometimes pathological, problems during therapy. Saving face in the Asian American Christian community remains a

strong factor, even among third generation Sansei Japanese Americans (Tonomura, 1978). Rev. Ted Ogoshi, another pastor in Hawaii, is incorporating the shame factor in his dissertation on ministry to Asian Americans. David Kuroda, L.C.S.W. and Assistant Director of Training in Social Work at a university affiliated hospital, considers shame among several other factors when working with PAA clients and regards it as an important area of research today. Dr. Masumi Toyotome, Missionary Strategy Agency, agrees that shame, or "haji," is an important factor among Japanese Americans, but even more so among the Japanese in Japan. According to Dr. Toyotome, some related Japanese terms for shame include: burden of guilt or "tsumi no kashaku"; criticism or "tsumi no togame"; and the idea of forgiveness or "nasake."

The Asian American Protestant Ethnic Church appears to be growing in membership as well as the establishment of Korean, Samoan, and Vietnamese Christian churches. Social and safe, wholesome activities for the elderly and families with young children seem to be active components of the ethnic church. Although the primary focus of the church should be on God and the person of Jesus Christ, with praise and humility, at times it becomes very difficult to worship with deep personal problems. Sometimes it is tough enough to admit to a family problem but to add to that is to turn to the Lord for help and admitting that they could not take care of it within the family, intense shame may be felt through this confession or bringing the problem to the Lord. Spiritual help towards coping with personal and family problems can be very supportive towards better mental and physical health and life.

It is vitally important for the Asian American Protestant Church to provide a comfortable place for worship and fellowship with other PAAs. When there are serious problems regarding the family or individual, it would perhaps be ideal to be able to turn to the pastor or membership for support. It seems more common for PAAs to keep up the appearance that "everything is fine" or saving face and not sharing some possible personal or family problem.

Even more complex than admitting a problem exists which cannot be handled within the family and admitting some type of failure in coping by depending on God is the doctrine and beliefs within Protestant Christianity. Paul Pruyser (1962) is one of a few theologians to make an important distinction between shame and guilt. Pruyser makes that distinction based on the Biblical account of the confrontation of David by the prophet Nathan. Pruyser (1964) also writes about the atonement in relation to anxiety, guilt, and shame.

Bob Smith, (1976) writing on the psychology of sin, looks at the most commonly-used word for sin in the Greek New Testament which is *hamartia* and related forms. As used by Aristotle, *hamartia* is a lack of virtue, or weakness and defect, but does not include the concept of guilt. It is interesting to note that *hamartia* is

more deviance than the idea of sin and enmity against God. Leavenworth (1976) adds that shame or "aischune" is "a painful emotion caused by consciousness of guilt." Many questions are raised concerning the difference and similarities within the Biblical concept of both shame and guilt. It might be important to note that many studies on the integration of psychology and theology primarily focus on guilt and as an after thought may mention shame. Some of these writings on guilt include Collins (1977), Dobson (1974), Leavenworth (1976), Meier (1977), Mowrer (1961), Narramore and Counts (1974), Nelson (1973), Oden (1969), Osborne (1976), Pruyser (1962; 1964), Sall (1975), Smith (1976), Stott (1974), Tournier (1962), and Wagner (1974).

Further research and review is needed in this area to not only clarify possible differences that may occur in the American emphasis on guilt and sin among PAAs but also whether a revision in a major doctrine or belief might be considered. Some questions that might be asked include: "When one commits a sinful act, one is found *guilty* or *ashamed* before God and/or men? and in some cases if one is not caught, he may feel guilty *guilty* but not *ashamed* until someone finds out." One is innocent until proven "ashamed." Both the Protestant church and the American legal system focus on the *guilt* of deviant behavior.

Zimbardo (1977) in his book on *Shyness* recognizes that both the Japanese and the Chinese experience the impact of shame as shyness and he describes Japanese society as the model of a shyness generating society. He sees both strengths and weaknesses tied into the shyness society of Japan and the Japanese in America. Important to consider again is the structure and culture of oppression in America and the distinction between PAAs and foreign born Asians.

Moteki, (1978) in conclusion, verifies the low utilization of mental health services by PAAs and relates this to the direct impact of shame...PAAs feeling that they risk a greater degree of emotional and social punishment by admitting emotional illness and having to seek outside help. Greater understanding of the concept and impact of shame may provide more insight and appreciation of the social psychological and cultural experience of the Pacific Asian Americans (Sato, 1979c; Wong, 1979).

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Critique by Helen MacLam

Masayuki Sato's article *Concept of Shame and the Mental Health of Pacific Asian Americans* serves the vital function of raising issues as the necessary first step in seeking answers. Sato has convincingly related some attributes of Pacific Asian Americans (eg., high scholastic achievement, low utilization of mental health services and underemployment) to the need to avoid shame or "save face."

However, reading his article is like eating delicious *hors-d'oeuvres* which tantalize the appetite without satisfying. I wish he had dealt more specifically with some of the implications of his statements. For example, what are the psychological and emotional costs to PAAAs of high achievement and underemployment? Is the suicide rate or rate of psychosomatic illness higher for people in cultures which employ shame as a socializing/behavior controlling technique? Or is this an unknown factor because of their reluctance to seek treatment? How have providers of mental health services managed, if at all, to overcome the "shame barrier"? What kind of counseling have they used?