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The Experiences of Spiritual and Religious Asian American Emerging Adults in Counseling: A Qualitative Exploration

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Abstract

Asian Americans continue to underutilize professional mental health services and there is a gap in understanding their experiences in counseling (John & Williams, 2013). Using a transcendental phenomenological approach, the authors interviewed 10 Asian American emerging adults who identified as religious and spiritual and attended counseling to learn more about their experiences. The researchers identify five themes and discuss clinical implications, limitations, and recommendations for future research.

Keywords: Asian American, spirituality, counseling experiences, emerging adults, help-seeking behavior

The Experiences of Spiritual and Religious Asian American Emerging Adults in Counseling: A Qualitative Exploration

In a cultural landscape marked by increasing diversity, it becomes necessary for counselors to learn about the different subcultures of their clients (Ratts et al., 2015). One rapidly growing population is the Asian American population (U.S. Census Bureau, 2024). The percentage of

Asian Americans has nearly tripled in the past 30 years with approximately 24 million individuals identifying as Asian American in the United States. Many cultural factors frame the Asian American experience, including group culture, pressure to guard against “loss of face,” the pervasive “model minority” stereotype, and recent upswings in hate and violence in post-COVID-19 society (Kalibatseva et al., 2017; Lee et al., 2017; Litam, 2020). Many differences also exist within this community, compared to other

ethnic minority groups in the U.S., including more language barriers and socioeconomic disparity (Pew Research Center, 2018). Considering the complex and varied experiences within the Asian American community, counselors are called upon to address the unique challenges and needs of the Asian American clients they serve through culturally competent practice.

Religion and spirituality, essential elements of clients' worldview and experiences, emerge as pivotal influences in the lives and health of Asian Americans, shaping their attitudes toward help-seeking behaviors and mental health support (Leong et al., 2011). Approximately three out of four Asian Americans identify with a spiritual or religious worldview (Pew Research Center, 2023), which is a preferred source of resilience and healing (Choi & Doh, 2019; John & Williams, 2013). The Asian American community tends to eschew professional mental health support in favor of spiritual leaders or practice (John & Williams, 2013), and they are more likely than any other ethnic group to prematurely terminate counseling sessions (Wang & Kim, 2010). Given Asian Americans' association between spirituality and health and their cultural reluctance toward counseling (John & Williams, 2013; Kent et al., 2019), it would benefit counselors to deepen their understanding of these cultural nuances. Thus, the goal of this study is to shed light on the experiences of religious and spiritual Asian Americans in counseling to ultimately remove barriers and improve mental health support for this community.

Help-Seeking Behaviors of Asian Americans

Despite the growing percentage of Asian Americans in the United States, the percentage of those seeking mental health counseling is not

growing proportionally (Choi & Doh, 2019). A contributing factor to this disparity is the pervasive stigma surrounding mental health issues within traditional Asian cultures (Leong et al., 2011). Asian Americans persistently underutilize counseling services, accessing mental health services 65% less than the white population (Substance Abuse and Mental Health Services Administration, 2021). Further, for those who seek counseling, they have the highest likelihood of any ethnic group to conclude mental health services before treatment goals are met (Wang & Kim, 2010). As a result, mental health disparities continue to grow as Asian Americans are not as able to benefit from professional support as other populations.

Mental Health Disparities among Asian Americans

The mental health disparities of Asian Americans are a hidden public health concern (Sangalang & Gee, 2012). Historically, the assessment and treatment of Asian Americans have been significantly limited (Zane & Yeh, 2002). For instance, when assessed under Western psychiatric criteria, Asian Americans continually exhibit a reduced rate of psychiatric disorders or mental health distress. However, the death rate by completed suicide and suicidal ideation is higher among young adult Asian American females than their white counterparts (U.S. Department of Health and Human Services Office of Minority Health, 2024). Thus, it becomes evident that there is a possibility that mental health treatment may not adequately address psychological distress in this population either.

Loss of Face and Help-Seeking

"Loss of face" is one of the more studied factors that impact Asian Americans' willingness to seek help for mental health concerns or to disclose their struggles in counseling sessions (Braje & Hall, 2016; Kalibatseva et al., 2017;

Kam & Bond, 2008; Leong et al., 2008; Park, 2006; Zane & Yeh, 2002). In Asian cultural contexts, "loss of face" refers to the social or psychological embarrassment, shame, or loss of respect experienced by an individual or their family due to their actions, behaviors, or circumstances (Kalibatseva et al., 2017). In many Asian cultures, maintaining "face" is crucial for maintaining harmonious relationships and upholding social status, often leading individuals to prioritize reputation and social image. In a sample of 154 Asian Americans, loss of face significantly predicted depression and social anxiety (Braje & Hall, 2016). Although it is considered a universal concept, the concerns with loss of face are deeply rooted in Asian culture (Braje & Hall, 2016; Ho, 1976; Kam & Bond, 2008). Additionally, a study examining depression among Asian American and European American college students revealed that loss of face mediated the relationship between race/ethnicity and depression (Kalibatseva et al., 2017). While intergenerational family conflict explained equal levels of depression variance for both groups, loss of face accounted for more variance in depression among Asian Americans. Further, studies using Asian samples demonstrate that loss of face's influence on actions, including help-seeking behavior, is mediated by social emotional complexes such as shame and avoidance (Kam & Bond, 2008). Understanding the nuanced influence of these culturally factors is vital for developing culturally sensitive counseling interventions that effectively address the mental health needs of Asian Americans.

Intersectionality of Asian American Spirituality and Mental Health

Counselors bear the responsibility to cultivate more culturally responsive treatment that can potentially reduce the underutilization and premature termination of counseling (Post & Wade, 2014). One of the ways to decolonize counseling and create culturally responsive

treatment for a minority group is to identify the sources of strength embedded in the culture (Chopra & Tsong, 2023; Litam et al., 2021; Millner et al., 2021). Identified sources of strength in Asian culture include spiritual practice (e.g., meditation, prayer) and religious community (e.g., attending temple worship, pastoral guidance; Choi & Doh, 2019). In addition, research indicates that Asian Americans often forego mental health services in favor of spiritual avenues of support (Lee et al., 2019). The preference is partially rooted in the perception that seeking assistance from a higher power or religious leadership carries less stigma compared to seeking help from mental health professionals (Loya et al., 2010). It also is rooted in colonial mentality, which perpetuates internalizes oppression, affecting help-seeking attitudes among many Asian Americans (Tuazon et al., 2019). Given these insights, it would benefit counselors to deepen their understanding of the nuanced intersectionality between spirituality, cultural values, and mental health within Asian American communities to provide culturally responsive, decolonized treatment.

The Emerging Adult Demographic among Asian Americans

To delve deeper into the experiences of Asian Americans, the current study specifically focuses on the emerging adult demographic for two main reasons. First, it is notable that while the suicide rate among Asian Americans is concerning, it notably decreases with age, particularly compared to the white population. Based on a national survey from the U.S. Department of Health and Human Services Office of Minority Health (2020), the highest suicide rates among Asian Americans occur during adolescence (ages 14 – 18) and emerging adulthood (18 – 24) but disproportionately diminish as they reach middle adulthood compared to the white population. Therefore, addressing the mental health of emerging adult Asian Americans is a crucial

aspect of public health concern, and little research has been conducted in this area (Strokes et al., 2021).

Secondly, there is an increasing importance placed on understanding spirituality among emerging adults. This evolving spirituality, often termed millennial spirituality, is significantly influencing the attitudes toward mental health and counseling experiences of young adults (Longsdorf, 2018). Existing research highlights how individuals undergo shifts in their perspectives on religion and spirituality during emerging adulthood, affecting their psychological outcomes (Barry et al., 2020; Koenig, 2022; Yonker et al., 2012). However, there remains a gap in research specifically regarding the spirituality of Asian American emerging adults (Santoro, 2017). Counselors stand to benefit from understanding the spiritual and religious experiences of emerging Asian American adults.

Multicultural and Spiritual Competence

Culturally sensitive practices that acknowledge and integrate spiritual dimensions of healing can establish a therapeutic environment conducive to trust and rapport, ultimately leading to more effective outcomes in therapy (Currier et al., 2023; Koenig et al., 2012). To be able to use culturally responsive treatment in regard to spirituality requires religious and spiritual competence, which has been demonstrated to lead to better client outcomes (Oxhandler & Pargament, 2014; Pearce et al., 2020). The counseling field formally acknowledged spiritual competence as an integral part of multicultural competence when the American Counseling Association (ACA) endorsed the Spiritual and Religious Competencies developed by the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC, 2009; Cashwell &

Watts, 2010; Cashwell & Young, 2020). With 75% of Asian Americans identifying with a religion or spirituality, it could be said that multicultural and spiritual competence would be difficult to disentangle when counseling Asian Americans.

Despite widespread acknowledgment of its importance, many counselors report an insufficient understanding of how spirituality applies in a counseling context (Stewart-Sicking et al., 2017). Many counselors agree with the importance, but they generally report they have not received adequate training in spiritually integrative techniques or interventions (Stewart-Sicking et al., 2017). In general, the counseling field faces a practice and training gap concerning the integration of spirituality in counseling, which is significant given that clients often expect spiritual considerations to be part of their counseling experience and typically look to counselors to initiate such discussions (Harris et al., 2016; Post & Wade, 2014). Further, existing spiritually integrative training programs often lack specificity tailored to communities, such as Asian Americans, as they primarily focus on the general population (Richards et al., 2023). Our study seeks to address this research gap by examining the counseling experiences of Asian American young adults who identify as spiritual or religious.

Methodology

Research Team

The research team at the time of the data collection and analysis consisted of three doctoral students and one associate professor in counselor education and supervision. The members of the research team had diverse cultural backgrounds. The first author identifies as a South Asian American female, the second author identifies as a Biracial Asian American female, the third author identifies as an African and African

American male, and the fourth author identifies as an African American female. All authors are mental health counselors who identify as religious and spiritual. The first author has an Islamic background while the rest of the authors have a Christian background. All authors identify as spiritual. Additionally, all authors have attended counseling.

The research team met throughout the research process to bracket their beliefs, assumptions, and experiences around this topic. As the team analyzed the data, they discussed findings to reach consensus. If they did not reach consensus the team went with the majority members. They spend significant time discussing their own experiences as individuals who shared some or all identities with the participants. The research team took time to assure individuals were not inviting their own perspectives or prior experiences into the way they understood the participants' stories. The first three authors were involved in interviewing, transcribing, and coding. All authors were involved in the analysis of themes and the writing and editing of the article.

Participants

The research team recruited individuals using purposive criterion sampling. Participants were eligible to participate if they met criteria in four areas: (a) were between the ages of 18-30, (b) identified as Asian American, (c) identified as religious or spiritual, and (d) had attended at least one individual counseling session. After obtaining permission from the IRB, participants were recruited online and face to face on different college campuses. Online recruitment involved sharing on social media and collaborating with Asian organizations or mental health pages to share the recruitment flyer on their social media pages and group messages. Additionally, the researchers also recruited at student organizations in person on different campuses such as Asian

cultural clubs and to their alumni. In total, 10 individuals agreed to be a part of the study. To ensure confidentiality, participants' identities were protected with pseudonyms. Most participants (n = 8) identified as female, and two identified as male (n = 2). Participants ranged in age from 19 to 30 years old with the average age being 23.8. The majority of participants identified as both spiritual and religious (n=6) with two identifying as religious and two as spiritual. Additionally, most of the participants identified as some denomination of Christianity (n = 6) and two identified as Muslim (n = 2). Three participants identified their sexual orientation as Queer (i.e. Gay, Queer, Pansexual) while they rest did not share their orientation. And lastly, participant counseling engagement spanned one month to seven years.

Data Collection and Analysis

The research team utilized the transcendental phenomenological approach in which they conducted semi-structured interviews with participants to gain knowledge and depth of understanding around the phenomena (Moustakas, 1994). Interview questions followed the interview protocol (Appendix A). The interviews were approximately 60 minutes and after each interview the researcher reflected in their reflexive journal.

Data was analyzed using the Stevick-Colaizzi-Keen method in transcendental phenomenology (Cresswell, 1998; Moustakas, 1994). The processes include: (a) *epoche* (i.e., bracketing personal judgments, assumptions, and understandings); (b) phenomenological reduction(i.e., developing a textural description of the essence of the phenomenon); (c) imaginative variation(i.e. presenting a picture of the complexities that make up an experience); and (d) synthesizing the data to develop a comprehensive statement of the whole phenomenon.

Additionally, each researcher kept a reflexive journal to explore their thoughts and feelings each time they came in contact with the data. The journaling helped researchers to support their bracketing process. After the data was transcribed, it was sent for member checking. The data was member checked by sending transcripts to participants asking them to review them. Participants were asked to check for clarity and were told they could remove or add items if needed after member checking, the next step was data analysis. During the analysis, the transcriptions, completed by hand, were coded for salient ideas. Both emic, using the participants' voices and etic, using the researchers' perspectives were used during coding (Hayes & Singh, 2012; Moustakas, 1994). Data was hand coded and then moved forward in the analysis. Next, the codes were added to the horizontalization chart that helps organize and assign value to all statements (Moustakas, 1994). The complexities of the experience were presented in this chart. In the chart they were then reduced, grouped, categorized, and built into salient themes of the participant experiences (Hayes & Singh, 2012; Moustakas, 1994). During this time, the researchers worked as a team to ensure validation of the data. Lastly, after themes begin to emerge the team worked to provide a structural description that reflected on the setting and context of full phenomena around the experiences of Asian American emerging adults in counseling (Moustakas, 1994).

Trustworthiness

Multiple strategies were used to ensure trustworthiness in the research process (Creswell & Crewswell, 2018; Hayes & Singh, 2012). One of these strategies involved the use of a diverse research team to be able to discuss and ensure validation of data (Lincoln & Guba, 1985). The team members brought their perspectives to ensure a more holistic view of the findings. Additionally, the team used an audit trail to keep

track of major decisions made through the research project. Members also utilized a reflexive journal as a part of the bracketing process in the study (Creswell & Creswell, 2018; Creswell & Poth, 2018; Hayes & Singh, 2012). During the interviews, the team solicited thick rich descriptions of the phenomena to gain a deeper understanding. Additionally, data was triangulated with a demographic questionnaire and the semi structured interview for multiple sources of information. Lastly, all participants were sent a copy of the transcripts for member checking to ensure validity of the data (Varpio et al., 2017).

Findings

The researchers identified five major themes. These themes included: (a) Personal Identity, (b) Understanding the Role of Mental Health, (c) Family Messages about Help Seeking, (d) Growth, and (e) The Therapeutic Process. Many participants framed their responses to questions in the context of their values and upbringing, illustrating a chronological description of their individual experiences. Overall, in the findings, participants discussed their personal identities as providing the backdrop for which they began to build a view of mental health. They described the family messages that influenced their perspectives about help seeking. Participants then brought these individual histories and perspectives into counseling where interactions with a professional counselor were influenced by the client's background and influenced the client's experience in therapy.

Theme 1: Personal Identity

All participants in the study (n=10) spoke about their personal identities and values as an important part of their counseling experiences. Participants shared about navigating their intersecting identities including their cultural identities and how those identities were situated

in their upbringing. They discussed how the complex interaction of these identities shaped their earliest understanding of the interplay between religious faith and help seeking. For many participants, these values went on to guide them throughout their lives, shaping their personal identity and decision making.

Emma highlighted her connection with her cultural identity saying, I know that currently I am an Asian Studies minor and my culture and my background have become more and more so a big part of my identity. And so, I, since coming to college, I have used the opportunity to become more acquainted with my culture and help others get to know my culture.

Additionally, Ian discussed the intersectionality of his identities saying, “I do have more traditional Chinese values growing up, mostly culturally Chinese, but also Catholic as well, there was like a decent amount of talk about that.” Angela described her relationship with her spirituality as,

Somewhere along high school I stopped identifying with the specific religion, and I started identifying just as spiritual. So, I definitely believe that there is some higher being. But I just didn’t find myself agreeing with the beliefs or attitudes of the Roman Catholic Church. So, I still find myself talking to a God, but I don’t have very specific views on how that God is. I definitely believe in something.

Some participants also spoke about how their personal identities have been a part of their experiences in their daily life as well. Sarah illuminates this further,

But I just am realizing now that, like all of my experiences, it is not going to be the same as a white person’s experience. And because even though I am white, I think like I do look a little

racially ambiguous. I do have this like Asian American identity, and that affects the lens through which I’m processing... the ways that people treat me and things like that.

For all the participants, their personal identities and values were an important part of how they experienced a wide variety of social situations and provided insight into how their worldview has been shaped.

Theme 2: Understanding the Role of Mental Health

All participants (n=10) also spoke about the life situations and contexts that surrounded their choice to engage in mental health services. These contexts were generally centered around two categories (a) life challenges that had begun to manifest as symptoms and (b) preexisting understanding of how mental health as a concept played into their experiences. All participants were asked to provide a personal definition of mental health, which revealed their attitudes towards help seeking.

External factors, often stressful, played a significant role in our participants' choices to seek counseling (n=9). For many (n=7), these factors precipitated beginning counseling. Emma stated about the kinds of challenges that led her to counseling,

Yeah, like these were always was a problem before, but I kind of just dismissed it. And then there was like a breaking point. I guess, I hit a breaking point. And then I was like, ‘oh this is really a problem.’ I have to do something about it or it's just going to get worse.

When discussing the nature of the external factors they were experiencing, participants often labeled them as symptoms of clinical disorders, most commonly anxiety or depression. Tiffany speaks specifically to the role previous counseling had played in her decision to return

saying, “I wanted to try counseling again because I felt like I should go back, because I knew that I had these things, that I had like depression and anxiety and I wanted to continue treating them.”

At another point Tiffany also shared,

And I definitely think my depression worsened in high school, and I just didn't know it. And I thought I was lazy. But then when I went to counseling, and they tell you things like procrastination is actually a symptom, the anxiety. And like, it's not normal to not want to get out of bed. That's depression.

The messages about mental health and counseling that our participants had been taught their whole lives influenced their decisions to utilize services. Liam mentioned his preexisting view of mental health that factored into his counseling experience. He said, “my mother, she works in mental health, but yet talking about that stuff is seen as weakness.” Participants described these preexisting views of mental health as part of their developing understanding of its role in their life.

Theme 3: Family Messages about Help-Seeking

Attitudes toward help-seeking emerged as a significant factor in how individuals made decisions about attending counseling. Almost all participants (n=9) spoke about the family messages they received about help-seeking growing up. Two categories emerged from this theme: (a) family dynamics and (b) the stigma of mental health.

When participants shared about family dynamics (n=9), they spoke about dealing with family conflict and rigid rules in parenting. These often included a lack of conversation with their families around challenges and generational differences. Vanessa elaborated, “my sisters-- we all talk to each other when [our] parents don't

understand. Sometimes we talk to other cousins who are the same age who can relate or to other adults who are not our parents.”

Furthermore, participants shared about challenges in navigating dynamics which sometimes included lack of boundaries, dependency on parents, and family mental health history. Angela described this further as she stated,

I was worried to tell my dad that I want to go to therapy because it's something you just get over it, it's not somebody [allowing] you go to therapy if you are feeling anxious or sad, it's just something you just deal with. It's not viewed as important or serious. It's just like - get over it.

Anna also dived into this notion further,

I guess a lot of times, especially if parents don't feel like they have an outlet to express their own hardships—a lot of it gets funneled directly to the kids. The expectation is that you don't talk to outsiders about family problems.

Similarly, participants also expressed that their family relationships influenced their ability to access treatment as their beliefs about counseling held stigma (n=8). Bella elaborated on this regarding Asian cultures not being encouraged to talk about feelings. “It's a shameful thing to talk about certain feelings whether it's societal shame or within the family shame, it's kind of just, don't bring it up, just keep going.” Liam also spoke about the kinds of messages he received as a child,

There were a lot of times growing up, I would get my feelings hurt by kids, I got bullied a lot. And whenever I felt that, my dad would be like ‘[Liam], that's weakness,’ ‘you need to hide it,’ ‘that's not what a man is,’ ‘men don't show feelings.’ My dad would always tell me to suck it up or stop feeling those things.

These family messages played an important role in the way participants conceptualized

themselves and their decision to attend counseling.

Theme 4: Growth

All participants in the study (n=10) spoke about the growth they went through during the counseling process. This appears to be a significant theme and these transformations were not limited to developments that took place within counseling sessions. Two subthemes emerged from this theme: (a) growth that was bolstered by extra therapeutic factors such as religion or social support and (b) growth that was identified as a result of the counseling process itself.

Extra Therapeutic Factors in Growth

Every participant in the study (n=10) discussed factors unrelated to counseling that contributed to their personal growth. All participants shared these extra therapeutic factors were consistently related to the participant's culture and faith. Participants described spirituality in their lives often started as part of practices that they incorporated since childhood but became a natural environment to learn on for support as they got older. Hope explained, "Sometimes when I wake up in the morning, say something, I try to do every day, but I don't always do it every day. But I try to like feel. I try to, pray and feel gratitude for having another day."

Liam also described this

For example, before I go to work, I will pray in my car to please give me the energy to do the work. I'm like, "God I need you, I cannot do this on my own strength" and just also not be selfish and focus on my own work but think about how I can help other people in their positions along the way, their needs as well as my own as well.

Participants (n=7) also noted that later in their life they also incorporated support from their peer groups and relationships with others. Ian speaks to this when he said "When I need to turn for mental health support, it's usually just like my peers or my friends mostly. Sometimes it's like my partner." Sarah opened up about her external support groups saying,

My good friends I've probably told about my experiences and my mental health and with counseling and things like that. And I feel like I have a really great support system and people around me who understand me very well. They're able to talk me through things.

Therapeutic Growth

Additionally, all participants (n=10) spoke about growth they experienced in the counseling setting. Two categories emerged in this subtheme that all participants talked about when it came to the counseling setting: (a) the process of opening up or engaging in counseling and (b) the wide array of emotional reactions in counseling. Participants shared that counseling became a place to talk about their problems and share about their lives. Sarah highlighted, "But I realized like a lot of it is probably just me internally. Like whoever goes to counseling internally has to want to change or something like that. Counseling helps, but I think it's mostly me like doing the legwork here."

After Liam's counselor encouraged him to open up and share, he added,

Even though that can be really scary...I remember first I was like sharing but holding a lot back because I was ashamed of what he would think of me, but when he said that I would like you to share more. So, he could get a better picture of where I was currently at... I may not feel that great sharing those things but it's so helpful.

The second category regarding therapeutic growth within counseling setting related to participants' wide array of emotional reactions in counseling. These included experiencing uncertainty, vulnerability, and validation. Describing her emotional reaction in counseling Emma stated,

There were a lot of tears involved here, but I felt they had been built up and like I just hadn't been letting them out... a lot of it was stuff that I already knew in my head... I can't invalidate or ignore my own feelings. My feelings are valid for a reason and I'm feeling them for a reason.

Hope also elaborated on this, sharing,

So I feel like that was the breakthrough I had in therapy, that I had this skill set, but also that I was able to understand why.... I had gone through the exercise of understanding why it is I felt what I felt and that there's no bad feelings.

Participants reported that they continued to build on the therapeutic growth they experienced in the counseling setting.

Theme 5: The Therapeutic Process

During interviews, participants also described how the nature of their interactions with the therapist influenced their experience. Specifically, participants highlighted how the building of the relationship and the techniques that the therapist used impacted their time in counseling (n=10). Anna discussed how cultural competence contributed to the building of rapport saying,

We had really good rapport. I felt like she was very respectful. And the thing too that might've helped was that our counseling program has a very strong emphasis on multiculturalism and cultural competence and so I think that's one reason why I felt heard, like I felt really heard and validated. And she

saw the whole me and she didn't neglect the parts of my life.

In many instances (n=7), the cultural competence of the counselor came into play. Bella described her experience as follows,

I was lucky because my therapist...was open and aware of the issues and the background I came from. She was very sensitive to me being a woman of color because I always felt like other counselors were not. And I felt like there was this kind of, like fetish of like being a woman of color and like not really understanding things and going with stereotypes instead of educating yourself and kind of get like a history report of how we grew up and how those experiences shaped who we are today.

Additionally, the general skills of the counselor, including their ability to normalize experiences or help participants open up in therapy, aided the buy-in process. Participants valued counselors who conducted themselves in a way that was considered professional and relatable. This disposition was described by Hope who said,

Something that I liked about my counselor as opposed to talking to my friends... is that a friend will try to give you advice. And a counselor doesn't really do that. I mean, a therapist isn't going to do that. They equip you to deal with whatever on your own. And they're completely non-judgmental. And I think friends and family can be judgmental.

Hope also talked about her counselor being "professionally distant," which helped her feel more comfortable with the experience. Referring to her therapist, Emma similarly shared,

Was definitely this line of like 'you're a professional'? And she's helped other people deal with similar and very different perspectives on a case-by-case basis. It's felt kind of like, very supportive. Kind of like a

mentor, I guess. And a mentorship kind of relationship where it wasn't necessarily like you were better than me or your above me or I look up to you. More just like a comfortable like we can have a dialogue freely.

Incorporating the client's spiritual background was important for several of our participants (n=6). Liam illustrates this by saying, She would ask me 'where do you see God in all this' and like that was a very good question because that was the point or one of the biggest points of what I wanted to learn, to really find God in times of suffering. To really see Him and find joy in Him overall. So that's a great informed question....

Ian had a contrasting experience with a counselor who did not bring spirituality into the session saying, Maybe like if there was more talk about my spirituality or you know culturally where I was coming from that would have maybe benefitted me more maybe like helped me go to more counseling sessions or convince...because maybe talking more about that would like engage me more draw me in more, so that I'd have more rapport with my therapist.

For some participants (n=4), a lack of cultural sensitivity was cited among some of the factors that contributed to poor experiences. Bella spoke to the importance of cultural sensitivity saying, "They were like super, I felt, insensitive to other cultures...it felt like a very ignorant experience. And that made me very frustrated." Hope adds, "Nobody wants to be responded to in [a] cookie cutter kind of way." Negative experiences were more regularly seen when the counselor could not understand the client's intersecting identities in a way that was culturally relevant. For Tiffany, having a relevant cultural understanding became a big part of her experience,

I just need a counselor who fits my identity as much as possible. Or, will maybe understand

the experience of being South Asian and like Muslim and like Female...like nothing she said made me think that she understands the experience.

These voices highlighted the specific relationships that developed between the therapist and the participants.

Discussion

The purpose of this study was to explore the counseling experiences of Asian American emerging adults who identify as spiritual or religious. In alignment with the existing literature, our findings corroborate the influence of family messages, stigma on seeking professional help, and preference for spiritual guidance on mental health concerns (Braje & Hall, 2016; Kalibatseva et al., 2017; Lee et al., 2019). The current research findings also contribute new insights into several areas. First, our findings revealed the nuanced dynamics of family messages within the context of counseling. Our participants talked in depth about emotional reactions from family members and how to navigate family challenges and dynamics. Additionally, our findings provided a more comprehensive understanding of spiritual integration when counseling Asian Americans. Our participants (n=7) spoke about what spiritual integration looked like, if any, and some (n=6) spoke about the therapist's perceived competence in including culture. Though not all described positive experiences, some even described their bad experiences in detail (n=4).

In the present study, participants frequently (n=9) recounted experiencing cultural and familial pressures to conceal their mental health struggles, a phenomenon consistent with existing research on Asian cultural norms emphasizing "loss of face" (Kalibatseva et al., 2017). For instance, Kam and Bond (2008) found in a study of Asian Americans that the concept of loss of

face correlated with relationship deterioration, highlighting shame as a mediating factor. In our study, Liam vividly described how his father repeatedly and explicitly labeled depression as a weakness, leading to increasing emotional distance in their relationship as Liam sought help within the family. When seeking professional help outside the family, Liam further sacrificed his relationship with his father. In comparison with European Americans, Kalibatseva and colleagues (2017) demonstrated that loss of face mediated the relationship between ethnicity and depression levels among Asian American and European American emerging adults, reinforcing the significance of cultural factors in counseling experiences.

Even after participants sought counseling services, the family messages continued to influence their counseling experiences. The participants in this study emphasized the kinds of messages, often negative from their family, that would influence their perspectives of seeking counseling. Despite this they still appreciated being part of the counseling process. These qualitative findings may shed light on the high rates of premature termination of counseling among Asian Americans, as documented by Wang and Kim (2010). Our participants who did persist in counseling all described gratitude toward counselors who empathized and recognized the cost of sharing personal struggles outside of the family. The participants emphasized the benefit of counselors proactively incorporating their cultural sources of strength, such as spirituality, into the therapeutic process. Specifically, participants found it beneficial when counselors asked open-ended questions that encouraged reflection on their spiritual beliefs, such as "Where do you see God in all of this?" Further, they described their therapeutic rapport as dependent upon this curiosity and proactiveness from their counselors. One participant, Ian, went as far as to say that perhaps

he would have continued counseling more if his counselor brought up spirituality, but there was little rapport without it.

Our findings revealed a notable trend among participants, indicating a preference for seeking counseling primarily to alleviate specific symptoms such as anxiety or depressive symptoms rather than pursuing holistic wellness. Instead, the participants tended to rely on that outside of counseling, such as spiritual leaders and community, for spiritual well-being. This finding contrasts with research indicating that spiritual individuals typically prefer and seek to integrate spirituality into counseling when addressing their mental health concerns (Longsdorf, 2018; Swift et al., 2022). Our participants did not openly share their desire to address spirituality-related concerns but instead just wanted a counselor who acknowledged their spirituality. This cultural distinction prompts important inquiries in research. First, it may have a bearing on the empirical research that demonstrates that European Americans often terminate counseling with more improved clinical outcomes than Asian Americans (Strokes et al., 2021). Despite viewing counselors as professionals to alleviate symptoms, and spiritual leaders as facilitators of holistic wellness, our findings demonstrate that Asian American emerging adults value counselors who integrate their cultural and spiritual beliefs into the healing process. Although contrary to their initial perceptions of counseling, such integration strengthened the perceptions of counseling. These findings hold significant implications for counselors regarding the necessity of multicultural sensitivity and the integration of spirituality into therapeutic approaches.

Implications for Culturally Competent Practice

Several implications arise for culturally competent counseling practice and training

regarding Asian American emerging adults who identify as spiritual or religious. To deepen the therapeutic experience, our findings suggest exploring and broaching clients' spirituality along with ethnic and racial identity (Day-Vines et al., 2007). Counselors would benefit from gathering information on spirituality beyond the intake and delving into its significance for the client. Additionally, our findings revealed that participants' expectations around addressing their background in therapy varied, and thus it would be helpful to inquire about clients' expectations of therapy around issues of spirituality and religion. Many participants in our study generally had low expectations regarding spiritual integration in counseling. However, the participants were appreciative of its inclusion and deemed it necessary for therapeutic rapport. Thus, there are implications for counselors to be spiritually competent when working with this group, as they may not naturally initiate discussions about spirituality (Oxhandler & Pargament, 2014; Pearce et al., 2020). Our findings indicate that clients appreciate it when counselors initiate these discussions, aligning competencies on spiritual and religious integration (e.g., ASERVIC Competencies; 2009).

Our findings also provide implications for how counselors can best create space for clients to explore family messages, particularly around minimizing emotional distress. A family systems perspective may better address the complexity of Asian American experiences. It could help counselors recognize that clients are part of multiple systems and to honor the balance between individual autonomy and family identity – especially if they are at odds (Lee et al., 2005; Lim & Nakamoto, 2008;). Counselors can balance respecting clients' upbringing without framing it as necessarily incompatible with any emerging or present worldviews.

Moreover, counselors would benefit from emphasizing a comprehensive approach to client care, considering both internal and external factors that contribute to growth and well-being. Our findings suggest that therapy with Asian Americans could benefit from demonstrating flexibility in their therapeutic approach and actively acknowledging the importance of spirituality and community in wellness. Participants in the present study, influenced by external beliefs about counseling, did not spend significant time speaking about problems in a spiritual lens. However, through effective role induction (Wilcoxon et al., 2010), counselors can encourage Asian American emerging adults to reconsider how and where they address their holistic experiences.

Limitations

The findings of this study offer important insights into understanding the needs of young Asian Americans adults in counseling. However, these insights should be viewed within the context of potential limitations. A potential limitation of this study was the relative ethnic diversity of the participants. While generalizability is not an objective of qualitative studies (Hays & Singh, 2012), the varied cultural backgrounds of the participants offer diverse perspectives on the Asian American experience in counseling and may differ within specific Asian American ethnic groups. A second potential limitation relates to the proportionately high number of female participants in the study. Of our 10 participants, only two identified as male. A more balanced group of participants concerning gender identities would have offered more balanced perspectives. Lastly, a final limitation comes from the fact that interviews were conducted by three different researchers. While the researchers were more readily able to collect data and conduct consensus coding throughout it is important to note that differences in interviewing styles may have impacted the data

retrieved, even though they were all trained together. Nonetheless, all interviewers followed the same semi-structured interview protocol and asked the same questions.

Future Research

Because this study explored the experiences of Asian American emerging adults in counseling broadly, the research literature would benefit into exploration of the unique experiences of specific ethnic groups (e.g., Filipino Americans, Korean Americans, Indian Americans, etc.) in therapeutic settings. This investigation added more information about why Asian Americans might be hesitant to seek out professional help or remain in therapy. However, it provided more implications for culturally responsive intervention research, aiming to identify approaches that reduce shame and integrate spirituality, ultimately extending the counseling process as required (Wang & Kim, 2010). It could be beneficial to research this group with longitudinal studies which could help understand clients who choose to remain in counseling. Additionally, more focused exploration could focus on clients who choose to leave counseling due to feelings of dissatisfaction.

Conclusion

In conclusion, this qualitative study offers valuable insights into the multifaceted relationship between spirituality and counseling experiences among Asian American emerging adults. Our findings, which align with existing literature on family influences, stigma surrounding help-seeking behaviors, and preferences for spiritual integration, provide nuanced additions to the discourse. Notably, participants described cultural pressures to conceal mental health struggles, emphasizing the enduring impact of familial messages even within counseling contexts. These findings underscore the importance of further research to deepen our

understanding of how cultural factors shape counseling experiences and to inform more culturally sensitive approaches to mental health support for Asian Americans.

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Appendix A

Interview Protocol

Demographic Questions

- 1) What is your age?
- 2) How do you identify as racially/ ethnically?
- 3) How do you identify by gender?
- 4) How do you identify in terms of spiritual, religion, or both?
- 5) Are any other identities salient for you?
- 6) What was the setting of your counseling experience and how long were you engaged in it?

Interview Questions

- 7) What led you to respond to participate in this study?
- 8) When I say mental health, what does that mean to you?
 - a) Possible Probe: Can you give an example?
- 9) How important is your spirituality or religion to you?
- 10) Tell me about spirituality/ religion in your life?
- 11) Can you tell me about where you'd turn to support for mental health concerns?
- 12) Tell me about how your family talked about (role of) mental health/ spirituality in your childhood?
 - a) Possible Probe: What would a conversation (with a parent/ religious leader/ child/ peers) about going to counseling look like?
- 13) How do you view counseling?
- 14) Could you talk about what led you to seek counseling?
 - a) Possible Probe: What emotional responses did you experience in counseling?
- 15) What was your relationship like with your counselor?
- 16) Tell me the extent to which spirituality or religion was a topic in your counseling?
- 17) What would be important for a counselor to know to be effective in helping you?
- 18) As a Young Asian American who is (spiritual/religious), what was your experience like in counseling?
- 19) Is there anything else you would like to add?