



Obsessive compulsive disorder (OCD) is a mental health disorder that can affect anyone regardless of their racial/ethnic identity. This tip sheet will explore how OCD can look in people from Asian countries and/or cultures, discuss barriers to treatment, and provide some tips for mental health professionals to consider when treating Asian Americans and Indian Americans (AA/IAs). Please keep in mind that there are several countries in Asia and this factsheet will only focus on a few of them.

## What does OCD look like in people from Asian countries/cultures?

While Asian Americans and Indian Americans deal with the same OCD symptoms as other races/ethnicities (perfectionism, doubt/checking, aggression, mental compulsions, etc.) there are certain subtypes that are more commonplace. Some of the more common obsessions and compulsions found in those countries/cultures are outlined below:

### OBSESSIONS:

- Contamination (*Japan<sup>1</sup>, Taiwan<sup>2</sup>, Korea<sup>3</sup>, China<sup>4</sup>, India<sup>6</sup>*)
- Symmetry (*Japan<sup>1</sup>, Taiwan<sup>2</sup>, China<sup>4</sup>*)
- Violence/aggression (*Japan<sup>1</sup>, Korea<sup>3</sup>, China<sup>4</sup>*)
- Pathological doubt (*Taiwan<sup>2</sup>, India<sup>6</sup>*)
- Repeating (*Korea<sup>3</sup>*)
- Religious (*Korea<sup>3</sup>, China<sup>5</sup>, India<sup>7</sup>*)
- Somatic (*Korea<sup>3</sup>*)
- Sexual (*Korea<sup>3</sup>, India<sup>8</sup>*)

### COMPULSIONS:

- Checking (*Japan<sup>1</sup>, Taiwan<sup>2</sup>, China<sup>5</sup>, India*)
- Washing (*Japan<sup>1</sup>, Taiwan<sup>2</sup>, Korea<sup>3</sup>, China<sup>5</sup>*)
- Arranging (*Japan<sup>4</sup>*)
- Repeating (*Japan<sup>1</sup>, Korea<sup>3</sup>, India*)
- Exactness/orderliness/precision (*Japan<sup>1</sup>, Taiwan<sup>2</sup>*)

## What are some barriers to treatment for Asian Americans and Indian Americans?

### 1. Cost

Southeast Asian Americans have lower insurance coverage and are more likely to be afflicted by poverty. This may also explain why they have higher therapy dropout rates.<sup>10</sup>

### 2. Culture

Concerns that cultural values may not be present in mental health treatment may serve as a deterrent from seeking treatment.<sup>11</sup>

### 3. Language

Lack of linguistically proficient mental health providers can make treatment-seeking and the treatment process itself extremely difficult.<sup>11</sup>

### 4. Misdiagnosis

Individuals may experience symptoms influenced by culturally specific concerns. Treatment without consideration of a client's culturally specific family structure, beliefs, or upbringing may hinder the understanding of a client's psychopathology, thereby making therapy more difficult.<sup>12</sup>

### 5. Shame and stigma

Due to negative cultural attitudes toward mental illness, Asian Americans are more likely to report somatic symptoms instead of emotional ones.<sup>13</sup> The disclosure of emotional impairment or stress may be associated with feelings of isolation, guilt, and shame.<sup>10,14</sup> Also, Asian Americans' value preserving one's dignity and hiding their embarrassment about their disorder is also a barrier to consider.<sup>15</sup>

### 6. Religion/religious practices

Buddhism, Confucianism, and Hinduism each view the source of mental illness differently from western conceptualizations. Hindus believe that the manifestation of illness is a result of wrongdoings one may have committed in the past. As a result, individuals following this particular religion may see mental illness as a deserved punishment, thus preventing help-seeking.<sup>16</sup> In contrast to westernized mental health practices, AA/IAs more often believe in the integration of spirit, body, and mind when addressing illness. As a result, members of this population may be more likely to seek spiritual healing or mind-body treatments (such as Ayurvedic or Chinese medicine) in lieu of traditional westernized mental health treatments.<sup>17</sup>

## Tips for professionals when working with Asian Americans and Indian Americans

- 1. Keep in mind barriers to treatment, including those listed on the first page and any others your client(s) may disclose to you.**
- 2. Consider cultural competency training**  
Cultural sensitivity matters when dealing with minority populations. This can also be cultivated by having a multicultural practice and consulting with your multicultural colleagues.
- 3. Severe cases**  
Given that some AA/IAs perceive mental illness as stigmatizing, they may be less likely to seek out mental health services until problems are quite severe. Clinicians should be aware of the unique challenges that their clients will face as a result of this, and in moving forward with treatment in spite of their beliefs.<sup>18</sup>
- 4. Diversity of treatment**  
Clinicians should be cognizant of other treatment approaches clients may want to utilize in addition to western approaches, to provide comprehensive care that is both effective and culturally acceptable.
- 5. Involve family members in treatment**  
Given the importance of family honor within many AA/IA cultures, clinicians should not only try to normalize the experience of mental illness, but also strive to integrate the family into the treatment process and attempt to educate and normalize the experience of mental illness within the family.
- 6. Stay informed**  
Make an effort to involve AA/IAs in mental health research, and stay informed by reading articles.
- 7. Reach out to community leaders**  
Be sure to reach out to active religious, social, and organizational leaders in the Asian American/Indian American community or town in which your practice is based. Working with them can not only help to increase your clients' buy-in for treatment, but also help to reduce the stigma of mental health for all members of the culture within your community.

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