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When the therapist is asked to treat Japanese-American clients in group therapy, what should he or she understand about the clients before beginning the therapy?

In examining the specifies of working with Japanese-American clients in group psychotherapy, one finds that many authors generalize Japanese-Americans as one of Asian/Pacific-Americans (Chu & Sue, 1984; Kitano, 1989; Root, 1985; Shon & Ja, 1982). This generalization looks reasonable, and there are many similarities among the Asian/Pacific-Americans. However, the therapist has to be cautious in following these generalizations because "Asian/Pacific-Americans" come from a wide range of culture backgrounds. Among 35 or more different groups in the Asian/Pacific category, each has a unique cultural background. In addition, each Asian/Pacific-American has a different immigration pattern. Thus, if the therapist tries to understand the Japanese-American clients, he or she should understand their cultural and immigration issues in addition to the common characteristics of Asian/Pacific-Americans (Chu & Sue, 1984).

Who are Japanese-Americans? They are immigrants to the United States and their descendants. The original Japanese immigrants to the United States are called the "Issei"; their children are the "Nisei"; and their children are the "Sansei". There are, of course, the fourth generation and more after the third generation (Sansei). But the majority of Japanese-Americans discussed here are the ones from the first generation (Issei) to the third generation (Sansei) because they tend to keep old Japanese characteristics to a greater extent (Yamamoto & Iga, 1983; Yamamoto & Wagatsuma, 1980).

In order to deal with the Japanese-American clients, it is important to understand cultural and historical factors they bring to therapy. First, the overall attitude towards mental health services between Japanese-Americans and western ones is very different due to their cultural factors. Japanese culture doesn't share the concept of "paying to talk" until recent decades because asking someone to help about one's personal problems had been regarded as shameful and unacceptable, and people thought it was impossible to treat personal problems without greater maturity. So it is unusual to seek therapy and even beyond the comprehension of Japanese-Americans, especially the first generation who still maintains old Japanese culture (Chu & Sue, 1984; Kitano, 1982).

In the therapy, western psychologists stress the importance of independence and self-sufficiency. On the other hand, Japanese-Americans stress interdependence and collectivity. Japanese people have survived for a long time by helping each other in a small island. Thus, people identify themselves within a society rather than as individuals (Chu & Sue, 1984; Yamamoto & Iga, 1983). In order to lead life smoothly, Japanese people should accomplish obligations of their roles in the society and the family. "Amae" is the unique concept in Japan (Doi, 1973). This is a kind of passive love, and people gain advantages from others' love by using the mechanism of "amae". For example, children can continue to be dependent on their parents even after marriage by showing faithfulness to their parents. In this case, children can keep "amae". Therefore,

accomplishing roles in the society and the family means maintaining "amae" or confirming their own identity. Especially, obligation to parents is important for Japanese because parents raise and send children into the society. "Filial piety" is required throughout life. Children are taught not by direct punishment but by knowing how they do harm to others as a result of not accomplishing their obligations. When they feel guilt and shame, it is due to loss of "amae" and their identities. Because of their emphasis on interdependent relationship, direct confrontation and criticism are not acceptable for Japanese-Americans. It is difficult for them to accept the western psychotherapy style. They are also not used to verbalizing their feelings directly. (Chu & Sue, 1984; Shon & Ja, 1982).

Japanese-Americans attitudes to authority are different from the westerns. Japanese-Americans tend to anticipate an active therapist who advises and solves the client's problem soon with proficient techniques. This is because many confuse the treatment of the therapist with one of physicians by their cultural reasons (Che & Sue, 1984; Yamamoto & Yap, 1984).

The therapist also should take note of the role of women in Japanese culture. For a long time, women have had a lower status. Women had to obey their husbands without exception. The modern Japanese society, of course, has changed and admitted women's right. However, this hierarchical concept still affects the first and second generations of Japanese-Americans who keep old Japanese culture. Thus, male clients may feel uncomfortable with female therapists, and female clients also may feel guilt or fear with male therapists in individual, even grouptherapy sessions (Chu & Sue, 1984; Shon & Ja, 1982).

Second, many historical factors affect Japanese-American personality structures. In order to realize dreams, the first generation Japanese (Issei) chiefly immigrated to the United States from about 1900 until 1924 when the Oriental Exclusion Act was passed. They underwent hardships, discrimination and racism. Legal acts such as prohibiting land ownership, limiting housing and restricting educational, occupational and political chances were existed. Before World War II, racism in Hawaii and in the western United States was particularly severe. Moreover, the days during World War II were even harder for Japanese-Americans. There were traumatic incidents of hostility and violence to Japanese-Americans in largely California, Oregon, and Washington states on December 7, 1941. At last the President ordered every Japanese and Japanese-American in the United States to be "relocated" in camps of the west coast in 1942. These concentration camps continued until the end of the war (Kitano, 1982; Yamamoto & Wagatsuma, 1980). Due to these camp experiences, especially the second generation of Japanese-Americans (Nisei) felt deceived by the United States because they thought of themselves as loyal Americans (Chu & Sue, 1984). Kitano (1989) stated that these traumatic war-time experiences still influence current Japanese-Americans' psychological and physical conditions very much.

From historical factors, Chu and Sue (1984) noted that image problems, generational conflicts and relationship problems were familiar problems in psychotherapy for Asian/Pacific-Americans. So are they for Japanese-Americans. Image problems are ones which are caused by negative or stereotypical images of American society. Identity problems are very common among the second generation (Nisei) who were born in the United States because they feel difficult to find models to follow for their identities.

Generational conflicts are ones between the parents who keep their old culture and children who learn American culture better than parents. Parents try to teach children to obey the old culture, but chidren resist because they have to behave by the western manners to be accepted in the American society. Thus, conflicts occur naturally.

Relationship problems occur between Japanese-American couples, mostly the first generation couples and the second ones. The reason these problems occur is that their relationship are very role-structured and women's status are much lower, so they sometimes dislike their artificial relationship compared with Americans' romantic and equal relationship.

After understanding the Japanese-American clients' characteristics, the therapist should integrate these concept into grouptherapy. Grouptherapy seems to be profitable for Japanese-American clients because it is a suitable place for the clients whose old culture emphasizes interdependence and cooperation in society, or groups, in order to solve their problems (Chu & Sue, 1984; Yamamoto & Yap, 1984). The strategies in grouptherapy for Japanese-American clients stated below are fundamental ones that are fitted to most kinds of group psychotherapy. Therefore, the therapist has to learn more strategies depending on specific characteristics of the group after starting with these basic ones.

Preparation for the group is very valuable to start effective therapy. What the therapist should think about first is composition of the group. If members are all Japanese-American clients, the problems they have are very common and easy to understand for them. If the Japanese-American clients are with non Japanese-American clients, they can learn how to socialize by modeling other clients' lifestyles (Chu & Sue, 1984). In thinking about composition, the therapist should estimate each client's language ability as well. The first generation and second generation clients may feel stressful and uncomfortable with speaking English. Even in the same Asian-American clients, difference of mother tongues obstructs the members from effective group process. Composition of sexes also should be considered. As stated earlier, the first generation male clients may not listen to what female therapists or clients advise due to their hierarchical cultural background. As seen above, it is important to decide on the composition of the group depending on the characteristics of the clients such as language ability, differences of generations, contents of problems they have and so on.

Regarding the therapist, if he or she is a non Japanese-American, a Japanese-American co-therapist who is familiar with the client's culture would be very helpful for the therapist to supplement the lack of experiences or skills (Root, 1985). Moreover, co-therapists, a male and a female pairings, provide good marital or parental models which are very crucial in the client's culture (Jacobs, et al., 1988; Yalom, 1985). The therapist might gain more respect if he or she is much older than clients. This is because Japanese-Americans tend to respect and believe older people (Atkinson et al., 1989).

Several individual sessions with the client prior to the group may enhance effective group experiences, First, through explanation on grouptherapy by the therapist helps the clients stay in the group (Yalom, 1985). Many Japanese-American clients come to the therapy with little knowledge of the process. Many may find that talking about their personal problems in the group stressful. Some may even feel too threatened to join the group. For these clients the therapist's explanation of meaning of the therapy, length, rules, etc. helps the clients transit the group much smoothly. The cost of the therapy has to be discussed as well in this stage. Many clients won't initially understand the concept of "paying to talk"; furthermore, some may come involuntarily. Thus, the

cost of the therapy is more likely to be a reason of dropping out. The therapist should be cautious about this and try to help the client to understand this system. Sometimes sliding scale fees or barter system should be used (Root, 1985).

The first session in grouptherapy may have a more important meaning for Japanese-American clients than that for the western clients. Due to the cultural reason, Japanese-American clients come to the therapy with an anticipation of getting quick relief or solutions to their problems. The clients would be disappointed in the therapy without seeing its effectiveness. In fact, Root (1985) reported the majority of the Asian-American clients dropped out after the first session. She suggested that one of the reasons of this premature termination is because the clients were confused about how the therapy worked. In order to prevent this problem, the therapist should present effectiveness of the group to the clients at the first session. The brief and structured therapy model might be more suitable than the Yalom's type of therapy which is time-consuming and unstructured (Root, 1985; Yalom, 1985; Yamamoto & Yap; 1984). The therapist also should take more active roles in using effective suggestions and advice, and he or she should convey competence to the clients in addition to empathy. Because of their cultural background, the Japanese-American clients expect such a therapist's role. (Root, 1985; Yamamoto & Yap, 1984).

From beginning of the group through later sessions, the therapist may face the client's silence problem. According to Yalom (1985), the silent clients don't take advantage of grouptherapy, so withdrawing should be considered. However, in the case of dealing with Japanese-American clients, the therapist has to understand that silence have several meanings. First, silence might be expression of confusion, boredom or lack of attention. Second, silence might be expression of respect or politeness toward the therapist and other clients. In Japanese culture, talking too much is regarded as impolite, so waiting for invitation to speak is polite. Interrupting or confronting others is also impolite (Chu & Sue, 1984; Root, 1985). Third, silence might be expression of resistance to the therapy. The therapist should pay attention to subtle changes in nonverbal communication by the clients so that he or she can understand the true meaning of silence and set strategies depending on types of silence (Chu & Sue, 1984).

For example, several exercises may be suitable for the silent clients who are confused or bored (Jacobs et al., 1988). However, the therapist has to be cautious about contents of exercises when he or she uses them. The exercises using physical contact are often inappropriate for Japanese-American clients, especially for the first and second generations. They don't have such a custom, and physical contacts between heterosexes are sometimes immoral (Chu & Sue, 1984).

The therapist will notice that the Japanese-American clients often bring food to the group and gifts to the therapist. The therapist also has to understand this means expressions of closeness and respect rather than expressions of transference (Chu & Sue, 1984). Yamamoto and Yap (1984) recommend that the staff can accept the gifts and appreciate the clients in their treatment center.

Confidentiality in the group is a subject which should be discussed. As explained earlier, roles in the family are highly structured in Japanese culture, so chidren are required to respect parents and always be honest with parents. And parents believe that they have to know all about their children as good parents. It is very natural if the parents ask the therapist what his or her client, their child, talked in the group. How should

the therapist respond? Its solution is not as easy as it looks. If the therapist says to the parents that he or she cannot tell because of confidentiality, the parents might prohibit their child to come back to the therapy again. They cannot trust the therapist anymore because of their cultural belief. In order to deal with this subject, the therapist might need the original concept of confidentiality fitted to Japanese-Americans.

Finally, there are two topics as special consideration. One is about the perception of all Japanese-Americans as people who have the same type of psychological structures. For instance, there are distinct differences between the first generation and the fourth generation, so this research focuses the population just from the first generation (Issei) to the third generation (Sansei). Kitano (1989) used the unique categorization for the types of Japanese-American clients. He used the concepts of "Assimilation in the western culture" and "Ethnic Identity," and divided Japanese-Americans into four types: Type A, high in assimilation and low in ethnic identity; Type B, high in assimilation, high in ethnic identity; Type C, high in ethnic identity, low in assimilation; and Type D, low in ethnic identity, low in assimilation. This model seems to be useful. The therapist has to establish proper strategies of the therapy depending on the generation and types of the clients.

The other consideration is related to using therapeutic techniques which were born in Japan. Morita therapy has known as group-centered, much formal and behavioral type therapy (Ishiyama, 1990; Kitano, 1989). Naikan therapy is the therapy which emphasizes the mother-children relationship (Kitano, 1989; Reynolds, 1983). These techniques might be very suggestive when the therapist deals with Japanese-American clients in individual and group therapies.

In summary, in order to deal with Japanese-American clients in grouptherapy, the therapist should understand their common characteristics from cultural and historical aspect, first. In the grouptherapy procedure, the therapist has to be cautious regarding the preparation stage, the style of therapy, attitudes of the therapist, meanings of silence by the clients, a meaning of bringing food or gifts, confidentiality and so on. However, the therapist should not always provide same techniques to the clients even if they are all Japanese-Americans. He or she needs to integrate proper strategies depending on their generations, degree of the western cultural assimilation, degree of ethnic identity and so on. Using ideas from Japanese psychotherapies such as Morita therapy and Naikan therapy might be helpful for the therapist.

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