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# Counseling international students: Presenting concerns and implications for the college mental health professional

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Counseling International Students:  
Presenting Concerns and Implications for the College Mental Health Professional  
Anna Khizanishvili

A research project submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

Partial Fulfillment of the Requirements

for the degree of

Educational Specialist

Department of Graduate Psychology

May 2010

## Dedication

This research project is dedicated to all international students like Deepa, who come to the United States for an education and brave the challenging experience of adjusting to a new life. This is also dedicated to my parents, Nana and Irakli Khizanishvili, for teaching me the value of hard work, dedication, and a positive attitude when we started our lives from scratch in the United States.

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## Table of Contents

Dedication.....	ii
Acknowledgments.....	iii
Abstract.....	v
Introduction.....	1
Literature Review	
Case Study: Deepa.....	10
Methods	
Background Information	
Problems and Concerns Encountered at JMU	
Views about Counseling Prior to Coming to the US	
Views about Counseling After Receiving Counseling in the US	
Willingness to Participate in Group or Individual Counseling	
Conclusions and Recommendations.....	23
References.....	29

## ABSTRACT

This research project details the presenting concerns of international students studying in American colleges and universities such as: lack of social support, acculturation, anxiety, depression, academic struggles, financial concerns, and language barriers. Despite the numerous significant stressors that they experience while studying in the United States, international students are less likely than American students to use counseling services on U.S. college campuses. A case study of an international student, Deepa, is presented and details her struggles with studying in the United States. Implications and recommendations for mental health professionals working with international college students are presented.

## INTRODUCTION

### Literature Review

According to the Institute of International Education (2007), the number of international students enrolled in higher education institutions in the United States reached 582,984 during the 2006-2007 academic year, an increase of 3% from the previous year. Among the 582,984 students, Asian students represented 58% of all international students, followed by European students (15%), Latin American students (11%), African students (6%), Middle Eastern students (4%), and 6% were students from North America and Oceania (Institute of International Education, 2007). The ever-increasing number of international students studying in the United States poses many challenges to host campuses, especially for college student personnel and counseling staff members: it has become evident that student affairs programs designed specifically for American students are lacking in resources that meet the needs of international students (Wehrly, 1986).

College is a challenging time for most students: academic standards are higher than those in high school and students are away from the comforts of home for the first time. Given the new and unfamiliar environment, many students face challenges and doubts about their beliefs concerning issues such as sexual orientation, alcohol and drugs, and monogamy. Mental disorders such as schizophrenia and bipolar disorder usually present in the age range during which many people are attending college. The aforementioned issues including being separated from one's family, struggling in a new setting, and being challenged by a new environment are even more prevalent for

international college students studying in the United States (Wedding, McCartney, & Currey, 2009).

Many international students studying in US colleges are faced with going through the challenging process of acculturation. Acculturation is defined as a process of cultural change resulting from direct, repeated contact between two different cultural groups (Berry, Kim, Minde, & Mok, 1987). Pedersen (1991) explained that during acculturation, the international student is faced with two critical considerations: whether or not one's own cultural identity is valuable and should be retained, and whether or not one should seek positive relations with the host country. According to the way the international student answers the aforementioned questions, he or she will experience assimilation, integration, rejection, or deculturation. Assimilation refers to the relinquishing of cultural identity and moving into the larger society. Integration implies maintaining cultural integrity and at the same time becoming a part of the larger society. Rejection means the withdrawal from the larger societal framework and being separated from society. Lastly, deculturation implies loss of identity, feelings of separation and alienation, and high levels of acculturative stress. During deculturation, the student is alienated from both the host and home culture.

As mentioned above, acculturative stress is a possible consequence of acculturation, and is characterized by a deterioration of general health, and presence of psychological, physical, and social issues that are tied to the changes which result from continuous direct intercultural contact (Berry et al., 1987; Williams & Berry, 1991). Selye argued that our adaptive energy has a limit and that psychological and physical resources become exhausted and depleted due to excess stress during acculturation (as



cited in Pedersen, 1991, p. 18). Anxiety and depression are typical in those experiencing acculturative stress (Hovey & Magana, 2002). According to a study by Kilinc & Granello (2003) students who were the least acculturated showed increased difficulties in their academics, language, and physical health. For many international students studying in the United States, the first six months in the foreign country can reach a crisis level (Wehrly, 1986). Atkinson, Morten, and Sue stated that once international students arrive in the United States, they are under extreme and continuous pressure to acculturate to the host country. This situation can create familial conflict between generations: parents may disapprove of younger students conforming to the host culture (as cited in Yakushko, Davidson & Sanford-Martens, 2008, p. 7). The understanding of issues such as acculturation and acculturative stress are pivotal when counseling international students

A study by Poyrazli, Kavanaugh, Baker, and Al-Timimi (2004) measured the relationship between acculturative stress and social support, age, gender, marital status, academic achievement, ethnicity, English language proficiency, and patterns of social contact in American versus international students. Results indicated that social support and English proficiency were unique factors in contributing to variance in the level of students' acculturative stress; the higher the level of English proficiency and social support, the lower the level of acculturative stress. The results also showed that those students who socialized only with non-Americans had higher levels of acculturative stress compared to students who socialized with Americans. Also, compared to students who socialized equally with both groups, the aforementioned students reported less social support and more socialized stress. These results indicate that for international students,

interaction with students from the United States may be beneficial in achieving higher adjustment.

Sumer, Poyrazli, and Grahame (2008) examined predictors of depression and anxiety by examining demographic variables, length of stay, social support, and proficiency in English and the relationship of these variables to anxiety and depression levels in international students. Results of this study indicated that students with lower levels of social support had higher levels of depression as well as anxiety, older students reported higher levels of anxiety, and students with lower English proficiency had higher levels of depression as well as anxiety. Clearly, lack of social support is a significant stressor among the international student population and possibly contributes to heightened levels of anxiety and depression. An individual's self-esteem and self-image are validated by significant others who are close to the individual such as family and a close network of friends. Therefore, an international student who has left his or her home country is being deprived of a crucial support system that contributes to the individual's emotional wellbeing (Pederson, 1991). Older students reported higher levels of anxiety in the study which may indicate that perhaps it is harder for older students to adjust to a new culture since they have spent a longer time in their traditional home culture. English proficiency was also a significant predictor of anxiety and depression, suggesting that despite passing scores on the Test of English as a Foreign Language (TOEFL), students may still struggle with everyday verbal and nonverbal communication in academic and social settings in the United States.

According to Pedersen (1991), in addition to psychological symptoms such as anxiety and depression, acculturative stress may also manifest itself physiologically in

international students. Physiological reactions may include too much or too little sleep, lack of appetite, tiredness, gastrointestinal problems, and body aches and pains.

International students undergoing acculturative stress may experience physiological symptoms such as severe headaches and stomach problems (Thomas & Althen, 1989). More so than American students, international students may tend to display more somatic concerns: a study by Yoo & Skovholt (2001) found that Korean students studying in the United States reported more somatic symptoms than American students studying in the United States. A study by Tanaka-Matsumi & Marsella (1976) discovered that Americans associated depression with internal emotional words such as sadness, loneliness, and despair, while East Asians associated depression with external words such as cloudy, rainy, and dark. These studies indicate that non-Western cultures stress physiological and external meanings of problems, whereas in the West, people may tend to stress the psychological meaning of problems.

In addition to personal problems international students studying in the United States encounter, they also have academic, physical health, financial, and vocational concerns (Yi, Lin, & Kishimoto, 2003). Deressa & Beavers (1988) and Parr, Bradley, & Bingi (1992) stated that due to language barriers, international students have academic problems with writing essays and note-taking during lectures (as cited in Yi, Lin, & Kishimoto, 2003, p. 399). Therefore, a new and foreign educational system poses several challenges for international students who are unfamiliar with the system and its norms and expectations. According to Prietto (1995) many international students reported difficulty with dealing with the health care system and seeking health care because of language barriers as well as unfamiliarity with the healthcare system (as cited in Yi, Lin,

& Kishimoto, 2003, p. 334). Mori (2000) argued that due to immigration regulations, international students usually cannot work off campus, potentially creating financial difficulties (as cited in Yi, Lin, & Kishimoto, 2003, p. 334). Wehrly (1986) spoke to the vocational concerns that international students may have including the challenge of deciding whether or not to pursue employment after graduation in the United States or to return home to seek employment.

It is evident from the aforementioned literature that international students studying in the United States experience a myriad of stressors such as anxiety, depression, acculturative stress, lack of social support, financial stress, vocational stress, and language barriers. International students could particularly benefit from counseling services provided on campus, but counseling literature shows that international students are hesitant to utilize campus counseling services. A study by Yakushko, Davidson, & Sanford-Martens (2008) found that over a 5-year period, only a small number of international students, 1.8% enrolled in the university, used campus counseling services. The study results also showed that international students had fewer individual counseling sessions compared with American students. A similar study by Nilsson, Berkel, Flores, & Lucas (2004) indicated that at a university in which 8% of the student body was made up of international students, 2% of the international student population sought counseling, representing only 2.6% of the total clients seen at the counseling center in one year. The aforementioned study replicated results from a study by Dadfar and Friedlander (1982) which found that American students were more likely to seek counseling than international students. The study also indicated that Western students had more positive attitudes about counseling than did non-Western students. Another

study measuring perceived stigma and mental health care seeking among a random sample of undergraduate and graduate students found that international students perceived higher levels of stigma related to mental health care seeking than American students (Golberstein, Eisenberg, & Gollust 2008). It is evident in the counseling literature that despite added acculturative stressors, compared to American students, international students are less likely to seek counseling services on college campuses.

Numerous theories and speculation exist about what makes international students hesitant to seek counseling on college campuses in the United States. A study by Yoon & Jepsen (2008) revealed that compared with American students, Asian international students showed a less self-perceived need for counseling, greater shame/discomfort with counseling, less openness to counseling and if seeking counseling services, more of a preference for a directive counseling style. This study utilized a questionnaire on which certain items applied only to international students and required a response on a four-point scale (1 = strongly disagree, 4= strongly agree). On an item that stated "I feel that the university counseling center may be for U.S. students rather than for international students," 50.8% of Asian international students either agreed or strongly agreed. On another item, "I am concerned that I would not be able to communicate effectively in English with the counselor," 55.6% of Asian international students either agreed or strongly agreed. For an item that stated "I am concerned that the counselor would not have the cultural sensitivity or expertise to help me because of cultural differences," 77% of Asian international students either agreed or strongly agreed.

International students are most likely to identify friends, faculty, academic advisers, and medical health care professionals as ideal sources of help (Aubrey, 1991).

In fact, in some parts of the world, there are no professional roles that are equivalent to those of counselor, psychologist, or social worker (Wedding, McCartney, & Currey, 2009). Dadfar & Friedlander (1982) examined differential attitudes toward seeking psychological help among students from Africa, Asia, Europe, and Latin America. The study suggested that students who were unfamiliar with counseling services may view such services as untrustworthy and a violation of privacy. Cultural barriers preventing self-referral for seeking psychological help are prevalent for many students from non-Western countries. For many international students from Asian and African nations, help with psychological difficulties is only sought within the family (Wehrly, 1986).

A study by Kilinc & Granello (2003) examined effects of acculturation, beliefs about mental illness, and several demographic variables affecting attitudes about help-seeking of 120 Turkish students attending college in the United States. Results indicated that a majority of Turkish students reported that their knowledge and views about mental illness were mostly based on the media and that most of the students would rather go to a friend than professional resource for help. For international students from East Asian countries, there may be a conflict between the counseling process and traditional East Asian values that may explain underutilization of counseling services. Some of the values and attitudes that may explain this underutilization include the belief that seeking psychological help is a consequence of lack of willpower and bad thoughts, that getting psychological help from an outsider will bring shame to one's family, and that it is one's job to resolve personal problems on one's own (Yoo & Skovholt, 2001).

Lomak (1984) pointed out that in general, there is typically a low level of awareness, usage, and satisfaction with most counseling services and programs on

campus (as cited in Pedersen, 1991, p. 26). During their adjustment, international students have had to rely more on one another than on other resources so they may be more reluctant to seek out counseling. Also, international students may view their problems as so unique that the counseling staff may not understand where they are coming from due to vast cultural differences. In addition, international students may view speaking about their problems to a counseling professional in a foreign language as anxiety-provoking and stressful (Pedersen, 1991).

## CASE STUDY: DEEPA

### Methods

In order to attempt the process of accommodating the counseling needs of international students on college campuses in the US, it is important to understand the concerns and problems being experienced by the students. To gain further understanding of the experience of international students in American university settings, I believe it is important to go to the source: the international students studying in colleges and universities in the United States. Originally, I had planned on gathering information through surveys and interviews from multiple international students enrolled at James Madison University (JMU) in Harrisonburg, VA. I gained approval from the JMU Institutional Review Board in order to send out a questionnaire via email to a list of all international students at JMU provided by the Office of International Programs. The email contained a consent form for the survey which stated that respondents could indicate if they would like to be interviewed in person. At the end of the web consent form, there was a link to the survey which was created in a Qualtrics survey program. The following list indicates the questions on the survey:

- Describe the kind of social support, if any, that you have at JMU
- Describe the stressors, if any, that you are experiencing currently as an international student at James Madison University
- Describe the issues that most concern you
- Describe the issues that least concern you



- What are some expectations or thoughts that you have about counseling or psychotherapy in the USA? How are these expectations or thoughts different in your country of origin?
- What are some notions you have about counseling or psychotherapy in general?
  - How have these notions changed since you have been at JMU?
- Have you ever received counseling services on campus?
  - If yes, how did you hear about the counseling services?
- If you wanted to seek counseling on campus, are there any obstacles that would keep you from coming?
- If you had concerns or issues that bothered you, would you be willing to come to group counseling for international students at JMU? Explain why yes/no
- If you had concerns or issues that bothered you, would you be willing to come to individual counseling at JMU? Explain why yes/no

There was one respondent, Deepa (the name has been changed to a pseudonym for confidentiality purposes) to the survey. Deepa emailed me and stated that she would be willing to be interviewed in person. Consequently, I interviewed Deepa two separate times in the fall 2009 semester. The first interview lasted one and a half hours and the second interview lasted two hours. The interview was semi-structured: I utilized the above questionnaire with Deepa, however, at certain points I asked open-ended questions for clarification purposes or questions in order to further gain understanding of Deepa's experience. I audio-recorded the entire interview process with Deepa and then proceeded

to transcribe the interview. After reading through the transcription several times, common ideas and statements begin to emerge. I grouped the common statements together into themes which I wrote on the margins next to the statement. I then proceeded to make an outline with themes as the headings and Deepa's statements and excerpts from her interview under the headings. This approach is consistent with Denzin & Lincoln's (2005) description of qualitative analysis. The following is an in-depth analysis of the interview with Deepa, including demographic information as well as themes that were noted in response to the questions.

### *Background Information*

Deepa is a twenty-five-year-old graduate student from India. She is in the third year of a four year program. Before coming to Harrisonburg to study at JMU, Deepa had never been away from her country. Currently, Deepa lives off-campus in an apartment with a roommate who is also from India. Deepa was educated in an English-medium school (a school in which English is the primary instructional language) from kindergarten until university. Both of Deepa's parents were educated in English-medium schools.

### *Problems and Concerns Encountered at JMU*

#### *Social Support*

Upon arriving in the US, Deepa struggled with adjustment to the US and living by herself. She stated that there were numerous factors that she did not consider in relation to studying in the US, such as being without the support of her family, especially father and brother. Missing the social support that she had in India was a very prevalent part of

Deepa's struggle to adjust to being at JMU. Although at one point, Deepa had lived apart from her family during university studies, for the most part she was used to living with and being very close to her family. Deepa conveyed that her family and close friends were her first source of comfort whenever she needed someone to talk to; she continued to communicate with her family via the telephone when she moved to the US. Back in India, Deepa was used to a full, bustling house that had many visitors as well as four servants whose children were always in and out of the house as well. Therefore, coming to JMU and living alone in a one bedroom apartment was a shock for Deepa: all of a sudden there was nobody to talk to whenever she came home. Deepa also stated that it was very difficult for her that there were very few Indian international students on the JMU campus. Deepa communicated with some of her close Indian friends who were scattered throughout the US for graduate studies, and this provided a great comfort to her in maintaining her significant social relationships. Deepa stated that at JMU she primarily felt social support from her academic program advisor and graduate program cohort whom she became close to after getting to know them. Deepa stated that with American friends she had to learn the differences that existed in peer relationships in the US, such as boundaries, norms, and values related to the use of alcohol, vegetarian food, etc. For instance, Deepa learned that with her American friends, she had to specifically ask for certain things such as getting a ride somewhere, whereas with her Indian friends, she was used to the assumption that a ride would always be provided for her. Currently, Deepa is living with a new roommate who is also an international student from India, so she feels much comfort and support from him.

### *Depression*

When Deepa first began her program at JMU, she fell into what she calls a state of depression. She described her first year, living alone in the apartment, as miserable. The most miserable part was that she was alone all day: getting up for class, going to classes where she felt lost, and coming home to nobody. Deepa described that for a while during this depressive period, she would not want to make food and would not eat for days. During this time, waking up was a problem for Deepa. She did not want to get out of bed and go to class and felt a general lack of motivation. Deepa's sadness was so profound that she decided she needed to move out and find a roommate so that she could have someone to talk to. She was definitely questioning having come to the US and was thinking of going back to India to be with her family. She had wanted to pursue her future career in India anyway, what was the point of staying in the US? Deepa told me that if it were not for her academic advisor, she would have given up during this depressive time and gone back to India.

### *Academic Stress*

Deepa experienced frustration when it came to her graduate program. Not only was the field new to her, but so was the entire American academic system. Deepa found herself struggling with classes and following the subject matter. In particular, she found it difficult to get used to new rules such as having hard and rigid deadlines and due dates. In India, due dates were much more flexible and it was not the end of the world if an assignment was turned in one or two days late. Deepa quickly learned that such rules did not apply to the American academic system. Deepa also found it challenging to make sense of the meaning of "professionalism."

*Unfamiliarity with Practical Aspects of Living in the US*

Deepa told several anecdotes which revealed her unfamiliarity with the practical side of coming to study in the US. For instance, she struggled with obtaining a cell phone. No cell phone company would sell her a phone without a credit history, however, in India, having credit is very uncommon and even considered bad. It means that you do not have enough family and social support in order to provide you with a loan. In fact, it was Deepa's Indian friend living in another part of the US who helped her get her a phone and put her on his plan. Other practical things that Deepa was not familiar with included using a dishwasher, knowing where grocery stores are, and utilizing Harrisonburg public transportation.

Deepa also struggled to follow a vegan diet here because she did not realize such foods were not readily available. She recounted a story to me of when she went to a local eatery and asked for a vegetarian hotdog and that her hotdog bun not have any eggs in it. The owner gave her a normal hotdog because he did not understand and when Deepa found out that it was meat, she was very upset. When she attempted to go back to the eatery and return the hotdog, the owner implied that she should not be asking "stupid" questions like whether or not the hotdog had any meat or whether the bun had any eggs. For Deepa, experiences such as this were disconcerting because in India, items such as veggie hotdogs were readily available. Deepa had to learn that even when she went to a grocery store such as Wal-Mart, she had to scour the ingredients of every item to make sure there was no meat, eggs, or dairy in it. Deepa said that she was in Wal-Mart for about two hours before she could even find any bread and butter that were eggless and

not made from any animal fats. She stated that she ate the bread and butter for every meal for about a week until a classmate introduced her to pasta.

Deepa also told me about a time when she got caught in a “phishing scam” and lost \$3,000 from it. Deepa was not aware of what phishing scams were. It occurred when she was looking for a new roommate and posted for a roommate on the JMU housing website. A person who was interested in living with her communicated with Deepa for about six months and gained Deepa’s trust. She arranged to live with this person, but the person asked Deepa to cash a fraudulent check for \$4,000 and send the money to her – this caused Deepa’s own bank account to overdraw and Deepa to go into debt. Deepa told me that this was due to ignorance of the banking process and ignorance about phishing scams. Although she was doubtful about cashing the check, she did so anyway. The loss of money from the phishing scam caused Deepa to go into a crisis. She already was struggling financially, and this made things much worse. On top of losing money that she had worked very hard to save for two and a half years, she was about to go to India to visit her family for the first time. Part of the reason that she was saving so much money was so that she could buy gifts for her family and relatives. Although Deepa’s advisor attempted to help her talk to the bank manager, she did not end up getting any of the money back.

Deepa memorably stated “It is because initially there is nobody to explain you those things, you don’t have an active narrator, you don’t know what things are, and you’re expected to find those things on your own. And you’re not aware of the legal systems, you’re not aware of the processes, and then 24 hours a day you are just

ambiguous, about everything. You are constantly preparing yourself to expect the unexpected.”

### *Different Cultural Values*

One of the hardest things for Deepa was learning that the cultural values in the US were very different from her own values. An anecdote that perfectly illustrates this was when Deepa first arrived in the US and was walking in the airport. She attempted to help an elderly woman who appeared to be struggling with her luggage. As soon as Deepa stated “I will help you with this” and started picking up the lady’s luggage, the lady started screaming and yelling, thinking she was getting mugged. Security arrived on the scene and Deepa was in utter confusion since she was simply attempting to help an elderly lady, which is very normal in her culture. This experience was one of the many that began to put Deepa’s own values and beliefs into disarray: she felt as though she had to think twice before doing anything.

As mentioned earlier, Deepa learned that friendship was different in the US. She stated that she had to think many times before she could call one of her American classmates at 9 p.m. on a Saturday: would it be odd to call because they would be out ‘partying?’ She felt as though with her Indian friends, she could call them no matter what, even if they were at a party or if they were studying for a test, and they would pick up the phone. This had not been her experience with Americans. As Deepa stated “I have developed relationships with local American people, but it was difficult and we actually had to talk it through and develop it and we had to be more explicit about values and things, it has to be more explicitly and verbally expressed which was again difficult.”

*Views about Counseling Prior to Coming to the US*

Prior to coming to the US, Deepa had mixed, skeptical views about psychotherapy and counseling. She did her undergraduate studies in psychology and her graduate studies in human development and family studies, so she knew a bit about what counseling was. She stated that in India, counseling in the traditional sense of a client and counselor sitting in a room, is very new and has much stigma. Deepa stressed that one would find counselors and psychologists mostly in big cities such as Mumbai, Bangalore, and Delhi, but not in the small cities. According to Deepa, in India, the mindset is that only very severely mentally retarded individuals require treatment. Psychiatrists who prescribe medication are far more common than counselors and psychologists. Deepa had never received counseling in India, especially because the cultural values espouse keeping everything within the family. If she were to go talk to a counselor about family issues, it would mean betraying her family, and would potentially have emotional and behavioral consequences.

*Views about Counseling After Receiving Counseling in the US*

During the self-described depressive phase, Deepa's advisor recommended that she get counseling. Deepa stressed the impact that her advisor has on her, stating that had he not suggested counseling, she would not have even tried it. Deepa did not have a good experience and spoke strongly, voicing her negative reactions to the counseling experience:

“...what is therapy? I...struggled with that question a lot to think you were just sitting in a room and talking and wasting time, and why would you need to do



that, and my views were much biased. I used to think that if I had any problems personally I would go and talk to my mother or my father and, you know, just process things with them. You know, that's why I thought there was not much of a need for therapy in my culture.”

Deepa continued saying:

“As a culture, we are not raised to talk about ourselves. If you talk about yourself it's seen more as bragging about yourself or, you know, you are just being so self-centered. You know, questions like “what are your strengths and weaknesses?” It is so common here and it is so easy for people to say but if I am asked that question, I don't know how to respond to that. Even if you ask me to talk about myself, I have heard my cohort talk about themselves, and they actually talk about themselves, but it's very difficult for me to do that. Because, when people ask me the first thing I would say is “oh, I come from India, my mother is this, my father is this,” so you know, a lot about the family, so a lot of yourself is so connected to things outside and treating yourself as an object, like an object-concept is missing. But then my therapist would ask me questions like ‘oh tell me—how was your week’ and so I would be like ‘oh it was good’ or ‘this happened,’ but I don't know what specific to tell her beyond that. So, you know, when she would ask me specific about myself it would just threaten me, like what is she asking, and then it would make me feel like ‘see, she is asking me questions and I don't know’ and it would be more horrible...It was another place where I felt I was incompetent because I was not doing well in my classes so I was feeling more depressed, I

didn't have social relationships, I go and meet this lady and she makes me feel as if I don't understand therapy and I am not cooperating with her... “

When Deepa first went to see this counselor, she was thrown off immediately and insulted by the fact that the counselor asked which continent India was located in. To Deepa, this indicated that the counselor did not know basic geography or had not taken the time to look this up herself. Deepa's frustration with the counseling experience also stemmed from the fact that the counselor would have Deepa elaborate on her culture and context to an overwhelming extent: Deepa felt that she was giving lessons on Indian culture to the counselor, and felt as though she was not actually receiving counseling for her current presenting concerns. At some points, the counselor would even state that she wanted to know certain background information “just out of curiosity,” which would further frustrate Deepa since she felt as if she was paying \$50 per session to give a workshop to someone about India. Deepa finally decided to stop going to the counselor because one day she was telling a story about how something her father did made her unhappy and the counselor replied with “didn't you feel like shooting your father?” Deepa stated that her jaw dropped and she didn't know if the counselor was being sarcastic or serious, but it was beyond salvageable. She already felt so insulted and disrespected that she never went back to see the counselor. It was quite clear that Deepa had an extremely negative experience with this counselor.

Deepa chose to give another counselor a chance. This time, she had quite a positive experience, mainly due to the fact that the counselor was more aware of India and its cultural values. Deepa did not feel as though she was providing lessons to the counselor about her culture. The counselor had even been to India and therefore, Deepa

felt much more comfortable and at ease. Deepa was comforted by times when the counselor would wish her a Happy New Year, since not many Americans would even know that for Indians, New Year was at a different time. Deepa stopped going to this counselor due to financial reasons. She explained that she would have liked to pursue counseling on campus for free, however the college counseling center was a practicum site for her and therefore she was not allowed to receive counseling services at the facility.

Deepa also recounted her struggle with the concept of the hierarchical structure of counseling in the US versus in India. She stated that in India, the hierarchical structure was such that the counselor or doctor was always the expert, without question. People went to this expert to be prescribed medicine or be told what to do, not process their feelings. Due to this belief, Deepa explained that many people in her culture tend to be unaware of “what is wrong with them.” She went on to state:

“In my case, even though I was depressed, I know I was feeling bad, I know I was not feeling good, but I didn’t know it was called depression until my advisor told me, until my other therapist told me and helped me through it. Even basic things like that, even identifying your problem and talking about it, it’s not something that our cultures do the way that this culture does.”

#### *Willingness to Participate in Group or Individual Counseling*

Now that Deepa is aware of what counseling is, she stated that she would hypothetically pursue individual counseling on campus, if the campus site was not her practicum site. However, she stressed that she would want to know information about

her counselor before seeing him or her. She would want to know if the counselor knows of India and its culture, and also whether or not the treatment would be very short or long-term. Deepa stated “if they are going to terminate after one semester because they are going to be overloaded, I don’t want to be treated like that, then, you know, I would really take offense that, you know, you are not taking good care of me.” Also, Deepa stated that she would be interested in group counseling, but only if the other members of the group were also graduate students, since she believes that the experience of undergraduate students versus graduate students is quite different.

## CONCLUSIONS AND RECOMMENDATIONS

In light of the relevant literature as well as the case study, it is clear that providing adequate counseling services to international students in the United States is in the early stages of development. When working with international students, it is important to be aware of one's degree of multicultural awareness. This could seem like a daunting task as mental health professionals begin to define what it means to be multiculturally competent, or multiculturally aware, in the counseling field. According to Arredondo et al. (1996) multicultural competencies in counseling entail the counselor's awareness of his or her own cultural values and beliefs, awareness of the client's worldview, and utilization of culturally appropriate intervention strategies. Therefore, the first step can be addressed by being aware of and honestly examining one's own values and beliefs. Cadieux & Wehrly stated that "counselors need cultural self-awareness and sensitivity, an awareness of assumptions or values, openness to and respect for differing value systems, tolerance for ambiguity, willingness to learn with and from clients, and a genuine concern for people with differing values" (as cited in Pedersen, 1991, p. 15). It would be quite helpful for counselors to consider and truly think about what it would be like to have a client from a completely different background, one that may have vastly different experiences, morals, views and values.

As Yuen and Tinsley (1981) report, international clients may have certain expectations for counseling. For instance, Chinese, Iranian, and African students may expect the counselor to take more of an authoritative stance and prescribe direct solutions to problems (as cited in Wehrly, 1986, p. 16). Exum & Lau stated that international students in general prefer direct versus indirect counseling methods (as cited in Pedersen,

1991, p. 27). International students prefer directive counseling that gives practical information and highlights a shared client-counselor responsibility (Pedersen, 1991). The counselor should keep in mind that using directive versus non-directive counseling techniques may be more effective with international students. Also, it is crucial for the counselor to empathize with the fact that the international student may not be familiar with counseling and may feel anxious and uncomfortable in the counseling setting. Therefore, it is of significant importance to educate international students about what counseling actually is and is not. This could entail the counselor disclosing his or her theory or approach to counseling in addition to pertinent details such as the length of time for counseling appointments or counseling in general. This way, the client can become more familiar with what to expect or speak to what he or she wants to get out of the counseling experience. International clients may not be accustomed to speaking about themselves extensively or even know how to speak about feelings or emotions, as highlighted by Deepa, who did not know how else to describe her experience other than saying that, she “felt bad and not good.” Therefore, in such a scenario, it would be effective for the counselor to validate the client’s experience by using feeling and emotion words.

Deepa’s narrative stressed the frustration she encountered with a counselor who was completely unfamiliar with her country and culture and used Deepa as a resource on her own culture far too much. Although the counselor’s intentions were most likely good in that she wanted to find out more about Deepa’s culture in order to feel more competent, she seemed to have carried this out during the session so much so that it overshadowed the counseling process for Deepa. Thus, the challenge for counselors is to

balance the counseling process with having an appropriate amount of cultural background knowledge. Perhaps this dilemma can be remedied by having a unique intake form specifically for international students. This intake can contain general demographic questions as well as more detailed questions regarding the background of the international student. For instance, the form can ask questions about the country of origin, length of time in the United States, important cultural and/or family values that are relevant to the client, and the client's view of counseling. The latter question is important as it brings the issue of client and counselor relationship into immediacy: this way, the counselor and client can create a discussion about the counseling process. Acculturative stress such as homesickness, depression, discrimination, or anxiety, could also be measured and noted on the intake. All of the information obtained from the intake could be incorporated into a treatment plan for the client. After the conclusion of the intake, the counselor can take some time to review the intake and do his or her own research about any further cultural-specific questions or information such as important holidays in the country's culture. As Deepa mentioned, when her second counselor wished her a happy New Year during the Indian New Year, Deepa felt appreciated and understood. Another way that the counselor could balance the counseling process with having cultural background information is by checking in with the client about how the process is going, and whether or not the client's needs are being met versus the counselor's needs to feel culturally competent.

Another issue that is pertinent for college counselors of international clients is the issue of accessibility to counseling services. If counseling services are not clearly and readily accessible to international students, it may be hard or rare for them to seek it out

on their own. Since many international students may be accustomed to seeking counsel or advice from friends and family, they may be wary of going to university counselors or seeking out a professional to speak to about private issues. Making counseling services more readily accessible to international students can be done by implementing campus-wide advertisement campaigns or speaking to groups of international students during their orientation to the university. This may help to dispel any preconceived notions or stereotypes that some students may have about counseling, and educate those who may not have an idea of what counseling could entail. According to Kilinc & Granello (2003), orientation programs could be designed by international student offices on campus and include visits to the campus counseling. During the visits to the counseling center, international students could meet and have contact with counseling staff. Kilinc & Granello (2003) also stated that since international students refer to peers and family for help more so than mental health professionals, counseling centers could develop a peer mentoring program in which more acculturated international students could mentor those less acculturated. Another suggestion to increase accessibility of counseling services would be to place counselors in locations that are frequented by international students, such as international education offices or English as a Second Language (ESL) program offices.

As Poyrazli, Kavanaugh, Baker, & Al-Timimi (2004) suggested, interacting with American students could help to decrease acculturative stress for international students. Therefore, a workshop led by a counselor or graduate student on living in the United States could be helpful for international students. The content of the workshop could revolve around practical issues that arise when one moves to the US to study, such as the



location of banks and financial advising, the location of grocery stores, awareness of the transportation systems in the town or city, awareness of the academic system and expectations of professors, awareness of legal systems, and awareness of some American cultural values in relation to friendships and social relationships. The workshop could be advertised by speaking to the international students during their orientation process to explain the function of the workshops. Therefore, the counseling center could work and collaborate with the international student office in order to help facilitate the proliferation of information about counseling services, and decrease the stigma around counseling.

According to Mitchell, Greenwood, and Guglielmi (2007), problems for international students centered more around academic concerns than they did for U.S. students, and international students were more likely to be diagnosed with an academic problem than were U.S. students. Therefore, counselors could be attentive to these concerns with clients and suggest academic tutoring or assistance services on campus such as writing centers or ESL services on campus or in the community. Further, counseling centers or international offices could develop special programs that assist international students with academic tutoring and learning about academic systems in the United States.

The enrollment of international students in higher education institutions in the United States has been increasing every year, as mentioned previously. This increase of international students in American colleges and universities suggests the need for college student personnel and counseling center staff to familiarize themselves with the potential presenting concerns of international students. Counselors need training in order to be ready to accommodate these students in their offices. Important international student

concerns to consider include: acculturative stress, lack of social support, academic stressors, language barriers, depression, anxiety, physical health concerns, and financial concerns. As discussed previously, studies show that only a small percentage of international students seek counseling on campus, despite the myriad of issues and concerns that they may be experiencing. Counseling centers on campus could do their part to help dispel the stigma that international students may feel about seeking counseling by educating international students about what counseling entails and helping to spread the word about counseling services. Counseling centers as well as international program offices on campuses need to tailor and adjust their services in order to ensure that they have proper training and awareness of international students' needs.

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