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Diverse Paths

A Life of Contrasts

JEAN LAU CHIN

The terms *multitask* and *diversity* characterize the personal and professional experiences that shaped my career development. As a Chinese American woman, I always have lived in a bicultural world. I was a clinician, administrator, scholar, community leader, and academic throughout my professional career. These diverse and even contrasting roles took me on an atypical journey in psychology that shapes my contribution to this handbook on counseling women. In its nascent stages, counseling and psychotherapy often emphasized women's adjustment to a male dominated, culturally restrictive, and rigid Victorian society. Today in the 21st century, we look at women's roles in a new light with options for career and family and freedoms in psychosocial arenas that did not exist before. These new roles require new competencies in counseling women that emphasize choice, flexibility, negotiating change, and a

willingness to take leadership. My personal perspectives on my professional journey can shed some light on this process for counseling women.

Growing up as the daughter of Chinese American immigrants who were laundry owners, psychology was not an occupation of choice for economic, social, and political reasons. In my book *Learning from my Mother's Voice* (Chin, 2005), I describe my mother as my moral compass who helped me face the challenges of leadership despite our differences in educational accomplishments. She supported my education and my independence despite her having attained only a sixth-grade education and remaining subordinate to my father in the male dominant culture of her times. Her ethics, her nurturing, and her curiosity for life influenced my style and values in advancing through my career, while recognizing the limitations of

culture, economics, and context that bound her to the life she had.

Chinese cultural values were consistently emphasized by my parents, that is, speaking Chinese, respecting elders even if they are wrong, responsibility to the family to the point of personal sacrifice, hard work, maintaining harmony, and modesty; they served to make me proud of my heritage and to anchor me in my professional journey. The challenges of surviving in the United States faced with discrimination, limited resources, the ongoing perception of not belonging, enforced both inside my community and in the mainstream, made the choice of psychology as a profession atypical in my times.

While education and achievement are highly valued in the Chinese culture, my parents' grade-school education made them feel a high school diploma was the accomplishment and endpoint of education, especially for women. Differences in social class and educational attainment between myself and my parents and community had them in awe of what I was doing, but mostly they could not fathom the meaning of doctoral education, much less psychology. My peers were mostly the first in their families to attend college. Living outside Chinatown in New York City, my siblings and I were typically the lone Asians in our schools and community. If not for the advisor of my high school honors program, I probably would not have gone on to college.

A LIFE OF CONTRASTS

Many contrasts characterized my life and posed challenges regarding how to integrate the opposite cultures of the East and West. Differences between Confucian and Socratic methods of learning in Asian and Western education were subtle but striking in my experience. My parents urged an observant, listening, and absorbent approach to learning; the

student was a recipient of knowledge whose role was to gain wisdom from the masters, that is, one's teachers. This contrasted with my teachers' Western emphasis on Socratic methods and vocal classroom participation, challenging the status quo, and asking questions. These differences were confusing because there were no mentors to make the translation. My behavior was often mistaken for passivity or ignorance. While I always did well academically, I was often told that I was too quiet and that I should speak up; this was in stark contrast to parental and community mandates of "don't be so brazen." While Asian methods of learning emphasized drill, rote memory, and unquestioning obedience to the master teacher in my Chinese school classes, and American methods of learning emphasized raising your hand, class participation, and challenging ideas in my American school classes, they were intended as different means to the same outcomes of critical thinking and intellectual wisdom.

Language posed another challenge given the different structure of English and Chinese. In Chinese, emphasis is on brevity, while in English, emphasis is on loquaciousness as the mark of a scholar. Sometimes confusing, sometimes misunderstood, these polarities led to my mental agility in shifting contexts and my conscious vigilance to contextual cues to communicate successfully. These are only two of the many contrasts between Asian and American cultures that I learned to resolve by not seeking integration but rather by acknowledging their divergence.

In my professional career, there were other contrasts that were characterized by grappling with juxtaposing roles, or of being on the outside. When in clinical practice within the community, I was always more scholarly than my colleagues in my publication activity; now in academia, I am more community oriented in my clinical approach

to psychotherapy and counseling. I was simultaneously clinical supervisor and executive director of the community health center that I ran. I simultaneously maintained a small private practice while also being an administrator. Trained as a school psychologist, my work in primarily clinical settings enabled me to bring cognitive and developmental perspectives to an area dominated by affective and psychopathological perspectives.

These contrasts of culture and profession led to many interesting challenges and dynamics. When doing clinical supervision of junior staff and trainees while I was executive director, I found them sometimes steering the dialogue to administrative issues; I had to compartmentalize my dual roles as an administrator and clinician to ensure that my supervisees were not avoiding important clinical issues. When seeing patients who were aware of my leadership role in the community, I had to consider important transference issues since I was not a neutral object. The differences in language and culture of Chinese versus English and of health versus mental health, meant a need for me to be cognitively flexible to ensure accurate and relevant communication. In drawing from multiple psychological theories, I had to both integrate and select which were most appropriate for the situation, client, and population with whom I was dealing—for example, dynamic insight was not helpful when dealing with a hyperactive child crawling under the table in a session. I needed to consider cultural meaning of practices that might be taboo within the culture of psychotherapy but valued within the client's culture—for example, the taboo against receiving gifts from patients needed to be weighed against the perceived insult of not accepting tokens of gratitude or communicating cultural ignorance of a “standard practice” within Chinese culture.

Transcendence and Transformation

Transcendence and transformation, both professionally and personally, characterize my career path. In one sense, I was always a “misfit.” I was a nonphysician running a health center with a primary identity as a psychologist; I was often the only Asian American in the room, the only psychologist in my family, the only school psychologist in the mental health clinic, and the only woman to hold some of the many roles I held; this diversity and contrast in my experiences enabled me to be transformational. I brought my ability to look at things from the outside, or from both sides, to all my professional roles. In doing so, I contributed to innovation and change.

At the same time, others often viewed me in rather rigid and stereotypical ways and often questioned my competencies. My small size, distinct Asian culture, being a woman, and my bringing in different perspectives often evoked stereotypical expectations of incompetence, passivity, and powerlessness, which sometimes silenced my voice. I had to learn not only that I often thought differently, but also that I had to advocate for what I valued, that is, serving underserved communities, promoting social equity for ethnic minorities, and advancing cultural competence and inclusivity in service, training, and research. I was propelled toward advocacy and empowerment.

My advocacy for community empowerment and community-based services for ethnic minorities was deeply influenced by the 1960s movements following the anti-Chinese McCarthyism of the 1950s. It expanded to include social justice and women's issues later, not because gender was unimportant, rather because race and ethnicity trump gender for women of color. The irony of growing up in *cosmopolitan* New York City was that my racial/ethnic identity was regularly questioned (e.g., almost always being asked,

“Are you Chinese or Japanese?”). These experiences led to my internalizing *that I am a foreigner* though I was American born. These questions by the White community communicated to me “you don’t belong” or “you are inferior.”

Barrett et al.’s (2005) article, titled “Multicultural Feminist Therapy: Theory in Context,” honored my work as well as that of other feminist psychologists with the message that psychological theory needs to be representative of the full range of human experience by being based in the experience of all groups of people (p. 27). She noted that we all anchor ourselves in our group identity to ground us and to draw on our “lived experience” and minority group status to theorize and provide a framework for a vision. She suggested that our professional contributions and personal narratives intersect to provide a “powerful understanding about the nature of the intersection of race, culture, class, and gender . . . and the importance of diversity through the lens of contextual identity.” She described how I had been “anchored in my multiple group identities and minority status . . . and had woven them into my analysis of ‘assumptive frameworks,’ empowerment, and cultural competence needed to conceptualize the problems inherent in Western psychology” as reflected in my book, *Diversity in psychotherapy: The politics of race, ethnicity, and gender* (Chin, De La Cancela, & Jenkins, 1993).

Barrett et al. (2005) said it well in that *the personal is professional*. I was able to allow her to celebrate my work in ways that my culture considered taboo, that is, not to brag but to let others do it for me. This experience was transforming for me as I had learned early in my career to strive for objectivity and not to write with the subjective “I” pronoun. Feminist and multicultural issues were often viewed as personal and subjective, and hence, as a lesser form of scholarly research.

However, this gold standard of objectivity, especially in counseling, is a myth as most people enter psychology and conduct research in areas that often have personal meaning.

A DIVERSE CAREER

Not only have my scholarly interests been in diversity, but also my professional career has been diverse. I have held clinical, management, and academic roles; I have engaged in practice, scholarship, research, and administration. I have worked in mental health, health care, academic, and consulting sectors. I maintained a clinical practice for more than 35 years and am a professor of psychology. I held management positions as a mental health clinic director, a community health center executive director, a regional director of a managed care company, and an academic dean at two universities.

The diversity in my career and the contrasts in my life, while perplexing at first, transformed me; it enabled me to question, to advocate, and to change. The irony of my first professional presentation reflects this evolution and transformation. Right out of internship, I was asked to give a talk about Asian Americans at the renowned Boston Psychoanalytic Society—simply because there was no one else; my qualifications were simply that I was an Asian American. I later went on to challenge these assumptions used in research and practice in my book *Diversity in Psychotherapy* (Chin et al., 1993); my culture did not define my competence; “standard practice” and universal norms were often culturally encapsulated; and role models and ideals were often rooted in a majority group culture marginalizing those who do not fit the image. I began to use narratives as learning tools in counseling and psychotherapy and qualitative studies as research tools to study human phenomena that simply could not be captured via superficial surveys and objective

quantitative data. I identified the creation of family legends and narratives and immigration as a traumatic process in the lives of immigrant families.

I challenged these assumptions in my career journey as well. While stereotypical perceptions about the “smart Chinese” led to expectations of high achievement and good grades, I was often made invisible by opinions and expectations, and actions constrained my persona to that of a “quiet, modest, nice little Chinese girl” and therefore, *not aggressive enough* to take on leadership roles. I was described as a woman leader in the American Psychological Association Monitor (Cynkar, 2007): “At 4 feet 10 inches tall, Jean Lau Chin, EdD, doesn’t let her height get in the way of taking charge. . . . Many did not expect a petite, Asian woman to be their boss.”

Being the First

I went on to be first in many of my professional roles—simply because those in my generation as a woman or as Chinese American had yet to enter these roles. I was the first Asian American psychologist to be licensed in Massachusetts—Chinese Americans did not go into psychology because it was not viewed as readily leading to jobs and was a “talking” profession. I was the first psychologist and first Asian American to become codirector of a mental health clinic that had always been run by psychiatrists. I had been the first psychologist to become executive director of a community health center because psychologists simply did not enter primary health care professions. I was the first female Asian dean at two universities. Even then, my entry into such roles was met with ambivalence; I have been told by several assistants upon taking office that they had never worked for a woman before, and their dissonance led them later to resign.

Over the years, comments about my leadership style and my image have ranged from surprise to amazement since I did not fit stereotypical images of the quiet and passive Asian female. Some comments were compliments. Others were meant to be compliments but belied ambivalence or what could be considered microaggressions about my gender and ethnicity. I have been told, “You’ve accomplished so much as a woman. Can you imagine what you could have done as a man?” “You’re not the typical woman leader. (Why?) You don’t micromanage. You don’t overfocus on feelings or emotions the way most women do.” “Don’t you know that you are not like us (being Asian)? You’re just too autocratic (which is not characteristic of my leadership style).” “You don’t act like most women. You think like a man (referring to my being logical and decisive).” These were all “over the top” challenges about my leadership.

Women of color often have to break many barriers to accomplish the things we do. We have had to counter stereotypes about our abilities and expectations that constrained our roles and behaviors. When we are the first to be there, hoping to pave the way for those behind us, it is often a dubious accomplishment as societal barriers and social expectations about gender and ethnicity continue to shape who has access and to exclude those who are different.

WHERE DOES THIS LEAVE US?

Where does this leave us? In sharing my personal perspective on my professional journey, my hope is to convey that the *personal is professional*. I hope that my journey of contrasts, transformation, diversity, and firsts can provide insight for counselors and therapists on women’s lives. In counseling women, we need to unlearn stereotypes that result in superficial assumptions about women and a

one-size-fits-all mentality. Women in the 21st century face new and different challenges (e.g., work-family balance, career and family choices that were not part of earlier dialogues). We need to revitalize the emphasis on cultural competencies and cognitive flexibility that enable counselors and therapists to reframe problems and solutions relevant to contemporary society. Women bring all of themselves to counseling, which includes their cultures, lived experiences, world views, and social identities that shape their richness and complexity.

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