



Cultural and mental-health issues and their relevance to Korea: Adjustment of politically separated families, transcultural immigrants, foreign workers, intermarried couples and mixed-ethnic children

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INTRODUCTION: The impact of culture on mental health

Associated with the increase of knowledge and experience, cultural psychiatrists have become aware that culture significantly influences the mental health of people in many ways (Tseng, 2003). Namely:

- *Culture induces stress and other problems* Based on culture-related beliefs or expectations, culture may induce certain kinds of psychological stress, such as the pressure to perform well academically, produce male children to carry on the family name, be filial toward parents, and deal with transcultural immigration or intercultural marriages.
- *Culture shapes the reaction to stress and manifestation of psychopathology* Beyond biological and psychological factors, culture contributes to the manifestation of psychopathology. Extreme cases are “culture-related specific syndromes.” Based on the yin and yang concept, frigophobia (excessive fear of catching cold) may be observed among Chinese, the daht syndrome (fear of excessive leakage of semen) among Indians, and huabyung (fire sickness due to unexpressed, excessive feelings of hate; Min & Suh, 2010) among some Koreans.
- *Culture influences clinical assessments* The definitions of normal and abnormal are affected by culture in many ways, including: professional definitions, measurements, performed functions, and social-cultural definitions. Thus, clinical assessments are often influenced by the clinician’s professional background, personality factors, and cultural views, all of which need careful evaluation.
- *Culture prefers a relevant treatment approach* Based on cultural customs and habits, patients will undertake different help-seeking behaviors and turn to various forms of healing practices, including folk therapy (Hsu, 1976), unique therapy (Young *et al*, 2005; Zhu, 2008), or mainstream therapy (Tseng, 1999).

MENTAL-HEALTH CONCERNS in the contemporary, multicultural society of Korea

Globally, most societies are becoming multiethnic and multicultural to some extent. Even societies that used to claim they were monocultural and composed of a single ethnic group are becoming multiethnic and multicultural, with many subcultural or ethnic groups, due to an increase in internal migration, foreign immigration, and intercultural marriage.

After World War II, external forces divided Germany into two countries, East and West Germany, until 1990, when the Berlin Wall separating them was brought down and they were reunited into one

country again. Similarly, after World War II, Korea was divided by the external forces into North and South Korea, and has remained completely separated even after the Korean War. Many families were separated for more than six decades without any opportunity to get together. Significant differences developed between them in terms of political systems, subcultures, and economic conditions. Many defectors came to South Korea to escape the hardships in North Korea.

In the meantime, there has been remarkable progress in the economy and social conditions in South Korea, which has brought about many benefits. At the same time, there have been unexpected complications as well. The importing of massive numbers of cheap laborers from developing countries, mainly South Asia, to deal with the labor shortage, has resulted in problems relating to transcultural immigration.

Also, associated with an increase in education, many young women have abandoned their homes in the countryside to seek careers in the large cities. This has resulted in a shortage of potential brides for the farmers who remain in the country. In order to cope with this social phenomenon, young women from South Asia have been systematically brought to Korea to intermarry with Korean men, resulting in an increase in the difficulties of interethnic marriages and the adjustment problems of their ethnically mixed children.

There is a great and urgent need to understand the nature of these unique social phenomena and culture-related problems in order to deal with the new mental-health issues arising in South Korea. In this article, several mental-health issues, some that have actually occurred in East Asia, will be briefly reviewed, in an effort to explain the special nature of the sociocultural phenomena, and to offer insight for mental-health workers in Korea that may help them cope with the current culture-related, mental-health problems.

FAMILIES SEPARATED long term for political reasons In societies or countries divided by external forces or internal politics, families may be separated tragically for long periods, even many decades. As a result, family members lose communication and live in different sociopolitical settings. They encounter psychological stress and trauma, and often suffer chronic depression in facing and dealing with the long separations. When there is an opportunity for a reunion with their family members, they may encounter problems when the reunion takes place.

Example from Taiwan: Family reunion after four decades of separation Due to civil war in 1949, many people migrated to Taiwan from mainland China. Taiwan was separated from mainland China for four decades, with no chance for family members to communicate with each other. However, after some improvement in the political situation, people who had taken refuge in Taiwan had an unexpected opportunity to briefly visit the families they had left in mainland China. A study was conducted to examine the psychiatric complications associated with these family reunions following the long-term separation (Tseng *et al*, 1993). 80 subjects who made the journey to mainland China to visit their families were given semi-structured interviews to investigate their psychological experiences related to the family reunions. The variables investigated were socio-demographic characteristics, the subjects' pre-visit mental-health conditions, factors related to the family reunions, and stress encountered during the reunion visits. The survey found that more than one-fifth of the subjects (22.5%) developed psychiatric complications, mainly depression, immediately following the visits. Determinants found to contribute significantly to the occurrence of emotional disorders were previous ways of expressing homesickness (keeping homesickness internal without revealing it to others), family members seen during the reunion, family misfortunes discovered by the subjects (learning that their families had been persecuted by the communist government), family conflicts encountered during the reunion (arguments over financial compensation, for instance), and tactics for coping with these stressors. The study suggests that family reunions after long-term separation can be trauma-repairing experiences for some, but, for others, can lead to trauma re-experiences and psychiatric complications requiring mental-health intervention.

Mental-health implications Family reunions after long-term separation result in re-experienced trauma and psychiatric complications requiring mental-health attention. There is a need for pre-visit

orientations so that family members can be psychologically well prepared to face and deal with possible psychological stress and other problems that may be encountered. Families may also need post-visit mental-health follow-up to work on the emotional impact of the reunions and to minimize any mental-health complications associated with the reunions.

TRANSCULTURAL IMMIGRATION Transcultural immigration refers to migration to a culturally different host society, where the new immigrants need to make significant transcultural adjustments, including: learning a new language, dealing with work and economic matters, adjusting to a new style of living, and being accepted by the host society.

Example of transcultural immigration from China to Japan In 1945, at the end of the Pacific War, the Russian army approached the northeast region of China (Manchuria), and the Japanese army retreated without protecting its own civilians, who had immigrated and were living there. As a result, many of the Japanese were killed or found it difficult to retreat during the severe winter weather with their young children. Nearly 3,000 “war orphans” were left behind, and were adopted and raised by the local Chinese. After the war ended, diplomatic relations between China and Japan were interrupted for nearly four decades, and there was no way for Japanese parents or other family members to contact the war orphans who had been left in China. The Japanese war orphans received Chinese educations, spoke Chinese, and married Chinese spouses when they grew up. In other words, they became Chinese from a cultural perspective.

In 1980, shortly after diplomatic relations resumed between China and Japan, the Japanese people and government became anxious to search for the orphans left in China. The now grown, middle-age war orphans were welcomed to visit Japan and search for their Japanese parents, siblings, or other relatives. They were encouraged to move back to Japan and live as Japanese citizens. Nearly half, about 1,500 orphans, chose to move to Japan with their Chinese spouses and unmarried teenage children.

Anticipating that they would need help adjusting to Japan, the Ministry of Social Affairs established a short-term training center in Tokyo, the Orphans Settlement Promotion Center. All returning orphans and their families were required to receive three months’ training in Japanese language and behavior in the live-in training center.

In order to understand how they were adjusting to their home country, the Psychiatric Research Center of Tokyo carried out follow-up studies of these individuals and their families. The research team designed a three-year, longitudinal follow-up study. A questionnaire was selected and designed to study the mental health of the individuals and the functioning of the families. The survey was carried out in several stages: at the initial stage of arrival, after the family had lived in the community for three months, then one year, two years, and three years later, to trace the process of adjustment systematically and longitudinally (Ebata *et al*, 1996).

The Japanese war orphans and their Chinese families who chose to remain in China were studied as well, for comparisons with the migrated and remaining groups. Two-year follow-up studies were carried out of the group that remained in China, so the data could be compared with that from the migrated group.

The transcultural adjustment was investigated both prospectively and systematically through this research project. The overall results indicated that, among the Japanese war orphans, their Chinese spouses, and their teenage children, the war orphans had the most difficulty recovering their mental health, while their teenage children had less of a problem. Several reasons were considered for the relatively less desirable mental-health condition of the middle-age Japanese war orphans, including their traumatic separation from their parents in childhood, and the psychological expectation and burden of wanting to be accepted as Japanese citizens after returning to Japan. Family relationships as a whole deteriorated immediately after their migration and had not recovered three years later. The issue of whether to be naturalized as Japanese citizens was considered a major cause for disagreement and conflict among family members; that is, the Japanese orphans were anxious to become Japanese citizens, while their Chinese spouses and children were not, causing unresolved tension among them.

Mental-health implications Transcultural migration requires a long-term process of adjustment. Even within the same family, there are obvious individual differences due to age, gender, motive for migration, educational and occupational background, and ability to learn the language of the host society. Aside from individual adjustments, the family as a whole undergoes family dynamics and group processes to adjust to the new host environment. Longitudinal mental-health care of individuals and their families is necessary.

Foreign workers imported as cheap labor Due to economic factors and greater job opportunities, many workers from economically developing foreign countries are recruited as cheap labor in domestic or industrial settings of more affluent host societies, where there is usually a shortage of workers. The foreign workers are often not fluent in the language used in the host society, causing communication problems. They are also unfamiliar with the culture of the host society.

Observations from Hong Kong and Taiwan In Hong Kong, as well as in Taiwan, many South Asian women have immigrated to serve as housemaids. They do not speak the language used in the host society. Even if they do, their language is limited. They are low paid and tend to be overworked and socially isolated, confined to the households in which they are working, with only one day off on the weekend. In Hong Kong, there is a unique scene observed every Sunday, when nearly 20,000 overseas housemaids crowd together in the city park for a picnic. It is their only break from their daily work, and they get together with their countrymen to share home-country food and socialize in their native language. In Taiwan, there was a group demonstration in the street by foreign workers demanding the right to certain holiday periods enjoyed by the local workers.

Mental-health implications These foreign workers are usually vulnerable to discrimination and even abuse by the people in the host society. Their adjustments are significantly determined by their individual backgrounds as well as their intentions in migrating – namely, for short-term, transitional stays or long-term, permanent stays. Foreign workers accustomed to different lifestyles and customs in their original culture may have problems adjusting to the culture of the host society. As less privileged people, they tend to be abused by the society through overwork, lower pay, and inadequate vacation time. The imported foreign housemaids are all female, and they are deprived of the opportunity to socialize with their fellow countrymen. However, some of them may eventually intermarry with spouses from the host society due to a shortage of female marital partners, particularly in the rural areas.

INTERMARRIED COUPLES Intermarriage occurs when a person marries a spouse with a widely different background. The differences may be due to educational level, economic or social status, ethnic or racial background. From an anthropological point of view, it is called *exogamy*, that is, marriage with a partner from outside of the group, in contrast to a marriage between two people with similar backgrounds, which is called an *endogamy*.

The terms interethnic marriage and interracial marriage need to be distinguished from the term intercultural marriage. The former indicate that the spouses belong to different ethnic or racial backgrounds (while they may or may not have similar cultural backgrounds); while the latter refers to a marriage in which the husband and wife have widely different cultural backgrounds (although they may or may not belong to different ethnic or racial groups). Thus, culture needs to be distinguished from ethnicity or race (Tseng *et al.*, 1977).

The historical trend of interracial and interethnic marriage in America Associated with changes in attitudes toward people of different ethnic backgrounds, and increasing contact between people of different ethnic/racial backgrounds, the rate of interethnic or interracial marriage is increasing around the world. For instance, in the United States, the rate of intermarriage in 2008 was 14.6 percent, namely, one out of seven marriages were interethnic, a twofold increase over intermarriage rates in 1980. Among the different ethnic groups in the United States, the intermarriage rate for Caucasians is 9 percent, Afro-Americans 16 percent, Hispanics 26 percent, and Asian-Americans 31 percent, showing large differences in intermarriage rates among different ethnic groups. The attitude toward intermarriage differs among different generations. Among Americans who are older (over 65 years old), only 30 percent accept intermarriage, while 80 percent of younger Americans

(less than 30 years old) favor intermarriage, indicating that the younger generation is much more accepting of intermarriage (from the newspaper *World Journal*, 2010, June 5).

In Hawaii, not only is the society multiethnic, but nearly one-third of couples are intermarried, the highest rate in the United States. Thus, intermarriage is becoming almost a norm. However, living in the same society for a long time, different ethnic groups more or less share a common local culture; therefore, a caution is needed that interethnic or interracial marriage does not necessarily imply intercultural marriage, which refers to a husband and wife with broad cultural differences.

The reasons and motivations for intermarriage There are various reasons that may contribute to intermarriage (Tseng *et al.*, 1977). They are:

Chance and availability – Just as for marriages between couples of the same ethnic or racial background, opportunities to meet, be together and be available for socialization are significant for intermarriage to take place. Couples that have the opportunity to get to know and date each other for a relatively long time may turn out to have higher compatibility, more reasons to marry for love, and usually produce more sound marriages.

Practical reasons – In situations where there are shortages of marriage partners, imported foreign immigrants are chosen as marital partners. The couples may not necessarily know each other well and compatibility may be low.

Fantasies and beliefs about people in other cultures – Based on partial knowledge and/or rumor, people may develop fantasies or stereotyped beliefs about other ethnic groups, and, on that basis, be attracted to interethnic or interracial marriage. After the marriage, if they find that the reality is different from their fantasies, the marriage may become vulnerable.

The need to be different – For psychological reasons, some people may have the desire to marry someone different from their own culture or ethnic groups. This may be related to an unresolved Oedipus complex that leads a person to marry someone very different from his/her parent of the opposite sex, in order to avoid the unconscious incest wish relating to the early-childhood emotional complex.

Factors that usually affect intermarriage There are several factors that obviously influence the adjustments needed for intermarriage. Some are the same as for marriage in general, while others are specific to intermarriage.

The nature and motives for intermarriage – Whether the marriage is based on healthy motivations, and whether the couple goes through adequate courtship and dating before marriage are important factors.

The matching of the ethnic-cultural backgrounds of husband and wife – The matching or pairing of husband and wife in terms of their personalities always contributes to the adjustment of marriage. For instance, an obsessive husband and a histrionic wife have different adjustment patterns than a histrionic husband and an obsessive wife. This applies to intercultural marriages as well. For instance, adjustment to a marriage between a Korean wife and a Caucasian husband is different than it is for a South Asian wife married to a Korean husband, due to their culture-related personalities and the role performances expected of the husband and wife.

The personalities of the couple – Whether the husband and wife have rigid, obsessive personalities or dynamic, flexible personalities significantly influences their marital adjustment. This is particularly true when the marriage is intercultural.

Familiarity with the culture of the spouse – It is not as important that a husband and wife share the same cultural background and a common culture, as it is that, if they are from different cultures, they be familiar with and understand the culture of their spouse. It will certainly help them to adjust to each other culturally.

The attitudes and reactions of surrounding family and the society toward intermarriage – If the interethnically or interracially married couple lives in a society where intermarriage is not welcome, associated with certain prejudices against intermarriage, and is discriminated against, the spouses will have a difficult time adjusting to each other and to the community, as well.

Common problems encountered in intermarriage In contrast to a marriage between two people who share the same cultural background, the interculturally married couple tends to face certain types of problems that require a special effort to work through. For instance:

The concept of marriage – The concept of marriage differs among cultures. In some cultures, marriage is a life-long contract; once you are married, you are bound for life, and there is no such thing as divorce; in other cultures, husband-wife relations are affection oriented, and, if affection is lost, divorce is the ultimate choice. If the concept of marriage is not clarified from the beginning and shared by interculturally married couples, it may become a potential problem.

Problems in communication for mutual understanding and expression of affection – If the married partners do not speak the same language well, this poses a serious problem, inviting misunderstandings and limiting the growth of affection.

Differences in customs and values – It is a core problem if the married partners do not share the same value systems and observe the same daily life customs, and a special effort will be required to negotiate and compromise on their differences.

Different expectations regarding the roles and performances of husband and wife – Every culture has its own definition of the proper roles for a husband and a wife. However, for interculturally married couples, these roles may not be clear, causing confusion and requiring the couple to modify their behavior to perform their expected roles. The partners must go through the process of defining and adjusting their mutual roles in an intercultural marriage.

Problems with surrounding family – Marriage is not only between a husband and wife; it also affects how they relate to their parents, siblings, and other relatives. Intercultural marriage may present quite an adjustment challenge for the larger family and relatives, and can be a potential source of conflicts and other problems.

Problems in raising mixed-race children – If the marriage is both intercultural and interracial, the couple will have to deal with how to raise their mixed-race children, including how to protect them from the discrimination of others, and issues of racial identification.

Process of adjustment for intermarriage In an intercultural marriage, the couple needs to go through a process of adjustment, which may include:

From affection and curiosity to the reality of life – Even couples in loving marriages will need to face and adjust to life in reality.

From projected fantasies to realistic discovery and awareness of a partner's culture – If one partner possesses certain projected fantasies about the other, then he or she needs to go through the process of discovering the reality of the partner and also learning more about the culture of the partner.

Preparation for mutual cultural adjustment between husband and wife – Couples in intercultural marriages need to adjust to each other in terms of their behaviors, roles, lifestyles, and basic value systems. It is a long-term process of mutual adjustment.

Opportunities for "cultural timeouts" (cultural vacations) – It can be challenging to try to adjust to another culture, and couples may need to take occasional breaks (called cultural vacations), to return to their original cultures and regain their strength. Cultural vacations may refer to the daily food that is consumed, music, entertainment, socialization, or other life customs or habits.

Patterns of intercultural adjustment When two people have different cultural systems, there are various ways to adjust to each other. Namely:

One-way adjustment – This means that one partner is required to assimilate into the other partner's (dominant) culture. This is not a desirable way to deal with differences in the cultures of two partners.

Alternative adjustment – This refers to the way partners may create alternative customs instead of following their own cultures.

A midpoint compromise – This suggests that the couple negotiates a compromise at the midpoint of their differences to satisfy both partners.

Simultaneous adjustment – This means that both partners are trying to adjust to each other’s cultures so that there is mutual adjustment. This is the relatively preferred way to reach a healthy cultural adjustment.

Basic guides for counseling intermarried couples When a therapist is providing marital counseling, in addition to following the basic principles and techniques for marital therapy, the therapist needs to follow certain guidelines for performing counseling for intermarried couples (Hsu, 1977). These guidelines include:

Therapist needs to maintain a neutral, objective, and “third-party” position – This is a general rule that needs to be observed by the therapist for any marital counseling, but it is particularly important when the therapist is counseling intermarried couples who have different cultural backgrounds.

Carefully avoid forming an ethnic alliance with one partner and becoming prejudiced against the other partner – It is a general rule that the therapist should avoid forming an alliance with one partner in therapy, but it is particularly important when the therapist is dealing with a couple of different ethnic or racial backgrounds, since the therapist (due to his/her own ethnic or racial background) may take a special interest in one of the partners.

Constantly check the therapist’s own cultural biases – In contrast to ordinary marital counseling, the therapist needs to constantly examine any cultural biases he or she may have due to his or her own cultural background.

Help to communicate, explore, and understand – This is especially useful when the intermarried couple does not share a common language, and communication is limited in certain ways. To assist the partners in making explanations and understanding each other is crucial in therapy. It will certainly help them to resolve potential cultural gaps that exist between them.

Promote negotiation and compromise regarding their differences – The therapist needs to serve as a culture broker, helping the partners to understand each other’s culture and assist them in actively negotiating and making useful compromises to deal with their culture-related problems.

MIXED-RACIAL/ETHNIC CHILDREN

Factors that impact adjustment Mixed-racial/ethnic children are the products of racially or ethnically intermarried couples. There are many factors that impact the development and adjustment of mixed-racial/ethnic children, including:

The potential reaction of the parents themselves and their surrounding families – Because the children are ethnic or racially mixed, they may receive excessive favors and protection or disfavor and rejection from their own parents, either one or both.

The potential reactions from society – If the children are different in their racial or ethnic backgrounds, they may be subject to discrimination and even abuse from their peers or other people in the community or society.

The issue of self-identity and ethnic-racial identity development – This becomes a special issue for mixed-racial or ethnic children during their development, requiring special attention and care.

Process of development of ethnic identity In the same way as self-identity, a person’s ethnic or racial identity goes through different stages of development from childhood to adulthood, namely:

Identification by physical appearance (early childhood: 3 to 5 years old) – The young child starts to recognize the differences among their friends who have different physical appearances, such as different color of eyes, hair, or skin.

Identification by socialization (childhood: 6 to 12 years old) – The children, without conscious awareness, start to group together and socialize more intimately with friends of the same ethnic or racial group.

Identification by ethnic concept and actual experiences (puberty: after 13 years old) – The adolescent begins to cognitively recognize different groups of friends based on the concepts of ethnicity or race and to react and experience the differences accordingly.

Thus, attention is needed from the earliest stage to deal with the different nature of the ethnic-identity issue associated with age development.

Factors that affect ethnic-identity development There are many variables affecting the process of ethnic/racial identity that need attention, such as:

Relationship and identification with parents and the surrounding family – This is perhaps the most significant factor. If the parents have a solid marital relationship and maintain a warm and caring parent-child relationship, it will certainly help a child establish a healthy self-image and an image of his or her ethnic/racial background.

Social relationships and reactions from peers – If the children are welcomed by their peers, classmates, and teachers, they will feel they are loved and respected, and will likely develop positive self-images about their own ethnicities or races.

Social attitudes and reactions in the living environment – Needless to say, this is an important factor, as well. If children are living in an environment that welcomes children of mixed ethnicity or race, they will feel they are members of the society and develop self-confidence and a positive self-identity, despite differences in ethnicity or racial background.

COMMENTS

Globally, most societies are becoming multicultural Associated with the increase in transportation and communication, and under the pressure of political and/or economic factors, many people are migrating across cultures. Therefore, societies need to give up ethnic- or racial-centric attitudes and embrace the multiple backgrounds of its members. Furthermore, mental-health workers need to be culturally competent to provide proper care for clients of diverse cultural backgrounds. Mental-health service needs to be focused and performed at the multiple levels of individuals, agencies, and social-governmental elements.

The need for culture-competent mental-health care at different levels It has become common knowledge among psychiatrists, clinical psychologists, and mental-health-related workers that mental-health services need to be culturally sensitive, relevant, and competent for any society. Furthermore, it has been recognized that a comprehensive mental-health approach needs cultural attention at different levels (Tseng, 2009), including: *The level of individual workers* Cultural training of staff and interpreters is needed to assure the qualities needed for the culturally competent, individual provider, that is: cultural sensitivity, cultural knowledge, cultural empathy, culturally relevant interaction with clients and families, culturally suitable modes of care and therapy, and culturally effective guidance (Tseng, 2001).

The level of the mental-health-service agency – The nature of the organization and its style of service need to be sensitive to and orientated toward the cultural aspects of mental-health care. It will preferably have a multiethnic, multicultural staff that knows the importance of the involvement of the family, beyond the individual; is able to provide care and support beyond therapy; and is flexible enough to offer an innovative yet clinically competent approach, in order to comprehensively meet its clients' cultural and clinical needs.

The level of community and government involvement – This refers to the active concern in the community and the society as a whole with the mental health of less privileged, special groups; provision of adequate government support and funding for mental-health services; and promotion of positive, supportive attitudes toward foreign immigrants, foreign workers, and intermarried couples and their mixed-race children.

Culturally suitable mental-health services for everyone In order to promote culturally relevant mental-health services, there is a basic need to broaden the psychiatric orientation from descriptive to psychological. Furthermore, it is necessary to promote culturally relevant psychological care beyond biological or pharmacological treatment (Tseng, 1999). Culturally suitable mental-health care is needed not only for minorities and migrants, but for every person in a society. After all, every individual has his or her own cultural and value systems, which need proper attention in mental-health service. There needs to be a concern with the sociocultural issues of the whole society, regardless of whether people are members of a minority or of the majority.

The benefit of participating in a global cultural psychiatry organization In order to keep up with the trend of rapidly improving cultural psychiatry around the world, professionals are encouraged to establish national professional organizations of cultural psychiatry, including various disciplines and, at the same time, to develop connections with an international organization of cultural psychiatry, network with colleagues around the world, and exchange knowledge and experiences.

NOTE

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