

## ABSTRACT

Title of Document: EFFECTS OF CULTURE AND STIGMA ON  
ATTITUDES TOWARD  
SEEKING PSYCHOLOGICAL HELP AND  
WILLINGNESS TO SEE A COUNSELOR IN  
ASIAN AMERICAN COLLEGE STUDENTS

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Asian Americans can face a number of challenges when seeking psychological help. This fact is particularly concerning when one considers the high rates of mental illness and the underutilization of mental health services amongst this population. This thesis presents an examination of how Asian Americans' willingness to see a counselor relates to their level of adherence to Asian and European-American cultural values. The path analysis conducted during this inquiry revealed that cultural values related directly to a student's willingness to see a counselor and demonstrated an indirect relation between a student's willingness to see a counselor and their stigma and attitudes. The indirect effects of stigma about receiving psychological treatment and attitudes toward seeking psychological help were revealed through data collected from a sample of 278

Asian-American college students from a Mid-Atlantic university. This thesis concludes with a discussion of the study's limitations and recommendations for future research and practice.

*Keywords:* Asian Americans, help-seeking attitudes, willingness, stigma, cultural values, counseling

EFFECTS OF CULTURE AND STIGMA ON ATTITUDES TOWARD  
SEEKING PSYCHOLOGICAL HELP AND WILLINGNESS TO SEE A  
COUNSELOR  
IN ASIAN AMERICAN COLLEGE STUDENTS

by

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## Chapter 1: Effects of Culture and Stigma

Several epidemiological studies have found that Asian Americans have higher rates of depression and anxiety (Okazaki, 1997; Okazaki, 2000), and are more likely to report feelings of loneliness and isolation (Sue & Frank, 1973; Sue & Kirk, 1973) when compared to non-Hispanic Whites. In addition to experiencing high rates of mental distress, Asian Americans also tend to underutilize mental health services. Abe-Kim et al. (2007) found that Asian Americans reported using various types of mental health-related services at significantly lower rates than the general population. In fact, Asian Americans are three times less likely to utilize available mental health services than European Americans (Matsuoka, Breaux, & Ryujin, 1997). In similar studies, Meyer, Zane, and Cho (2009) and Zhang, Snowden, and Sue (1998) also concluded that Asian Americans used mental health services far less frequently than did their European-American counterparts. Given the high rates of reported mental distress and the apparent underutilization of mental health services among Asian-American communities, scholars have examined cultural values and stigma associated with seeking psychological help, attitudes toward seeking professional psychological help, and willingness to see a counselor in an effort to increase understanding of this phenomenon among Asian-American populations.

In this study, the phrase “attitudes toward seeking professional psychological help” refers to individuals’ feelings about seeking assistance from mental health professionals (e.g., psychiatrists, counselors, and therapists) when facing emotional and relational challenges or crises (Fischer & Farina, 1995). Similarly, the phrase “willingness to see a counselor” refers to the degree to which individuals are inclined to engage the services of

a counselor for academic, vocational, assertiveness, social, general health, or racial and ethnic discrimination problems (Gim, Atkinson, & Whiteley, 1990; Kim & Omizo, 2003). A number of studies have examined the influence of an individual's attitudes toward seeking professional psychological help on his or her willingness to see a counselor and have found relations between the two factors (Kim & Park, 2009; Vogel, Wade, & Hackler, 2007).

Researchers consistently have linked cultural factors to Asian-American's use of mental health services. Kim (2004) found that Asian-American college students who adhered to the Asian values of self-control and restraint found the expression of feelings and emotions in the counseling setting to be shameful and embarrassing. Asian Americans may experience stigma about expressing intense negative emotions, like anger or competitiveness, while in counseling, and they, instead, may repress these feelings in response to the value that the Asian culture places on harmony and conformity. Although authors conceptually have linked Asian cultural values and the stigma associated with receiving psychological help, few researchers have examined this link empirically.

In the present study, the term "culture" refers to the integrated pattern of human information (Romney, Weller, & Batchelder, 1986) and the network of knowledge (Barth, 2002) that provides guidelines for people to actively think, feel, reflect, and interact (Swidler, 1986) with physical artifacts (e.g., externalized symbols, buildings) and psychological values (e.g., subjective mores, communication patterns; Triandis et al., 1980). Cultural values can consist of numerous elements. For example, Asian cultural values include collectivism, conformity to norms, deference to authority figures, emotional restraints, filial piety, hierarchical family structure and humility (Kim,

Atkinson, & Yang, 1999; Sue & Sue, 1999). On the other hand, Case and Mann (1996) posited that European-American values consist of competition, acquisition of property and goods, directness and openness, separateness, and survival of the fittest. Other key European-American cultural values include individualism, autonomy, future orientation, and mastery of the environment (Atkinson, Kim, & Caldwell, 1998; Sue & Sue, 2003). The value systems of many Asian Americans often incorporate the values of both Asian and European-American cultures (Kim & Omizo, 2005). The present study will explore how this juxtaposition of cultural values impacts the tendency of Asian Americans to seek mental health services.

Most literature, to date, has focused on stigma as the most common reason that people do not seek mental health services (Corrigan, 2004). In the current study, the phrase “stigma for receiving psychological treatment” refers to people’s perception of the devaluation, rejection, and discrimination in cultural, physical, emotional, relational, subjective, and social aspects that may occur if they seek professional counseling (Major & O’Brien, 2005; Yang, Kleinman, Link, Phelan, Lee, & Good, 2007).

Asian Americans associate significant stigma with using mental health services (Kandula, Kersey, & Lurie, 2004). Eisenberg, Downs, Golberstein, and Zivin (2009) found that Asian college students associated a higher stigma with seeking mental health services than non-Asian college students. As Komiya, Good, and Sherrod (2000) and Shea and Yeh (2008) discovered, such stigmas can predict negative help-seeking attitudes among Asian Americans. This stigma may prove a major factor in the decisions of many Asian Americans to forgo seeking and receiving quality mental health services. In fact, to date, no study has examined the impact of Asian and European-American cultural values

on stigma about receiving treatment from a mental health professional, which would influence Asian Americans' attitudes toward seeking psychological help and their willingness to see a counselor. Therefore, the present study will help shed light on Asian Americans' underutilization of--or unwillingness to seek--mental health services by exploring how stigma associated with using mental health services, cultural values, and attitudes toward seeking psychological help influence Asian Americans' willingness to seek mental health services.

## Chapter 2: Literature Review

### High Rate of Mental Distress and Underutilization of Services

Contrary to popular belief, Asian Americans are not mentally healthier than the general population, and they actually exhibit elevated levels of depressive symptoms when compared to European Americans (USDHHS, 2001). In fact, a number of studies have concluded that Asian Americans express higher rates of mental distress than other populations. For example, Sue and Frank (1973) and Sue and Kirk (1973) both found that Asian-American students were more likely to report feelings of loneliness, isolation, and anxiety than their non-Hispanic White student peers. More recent studies with college student samples also found that Asian Americans reported significantly higher levels of depression and anxiety than their European-American peers (Lam, Pepper, & Ryabchenko, 2004; Okazaki, 1997, 2000).

Research indicates that, despite their higher rates of mental distress, Asian Americans frequently underutilize mental health services. Even with the myriad choices for mental health service providers (e.g. psychiatrists, psychologists, primary care physicians, social workers, and religious or spiritual advisors), the National Latino and Asian American Study (NLAAS) found that Asian Americans utilized mental health services less frequently than did the general population (Abe-Kim et al., 2007). The NLAAS found that 368 Asian Americans who met the criteria for affective disorder, anxiety disorder, and substance abuse disorder reported lower rates of mental health-related service utilization than the general population (Meyer, Zane, Cho, & Takeuchi, 2009). Consistent with the NLAAS findings, a meta-analysis of 13 regional-level and national-level studies reported that Asian Americans made use of almost all types of mental health services to a significantly lesser degree (30% to 50%) than European

Americans (Yang & Wonpat-Borja, 2006). In a U.S. nationwide survey comparing proportional utilization, Asian Americans (.41%) were three times less likely than European Americans (1.24%) to use available mental health services (Matsuoka, Breaux, & Ryujin, 1997).

These studies indicate that Asian Americans may experience significant challenges when seeking psychological help, even when they experience considerable mental distress. Understanding the reasons for Asian Americans' underutilization of--or unwillingness to seek--mental health services is an important task for researchers and mental health service providers. To date, researchers have focused their exploration of this issue on attitudes toward seeking psychological help, stigma associated with using mental health services, and cultural values, and attitudes toward seeking psychological help. The following sections will explore the literature in each of these areas.

### Attitudes Toward Seeking Professional Psychological Help

As noted above, an individual's attitude toward seeking professional psychological help refers to their perception of the effectiveness and acceptability of seeking assistance from mental health professionals; such as psychologists, psychiatrists, counselors, and therapists, when they are in crisis or facing emotional and relational challenges (Fischer & Farina, 1995). Attitudes toward seeking professional psychological help constitute a broad construct of help-seeking attitudes and are not dependent upon particular kinds of distress (e.g., academic issues, anxiety issues, and depression) or types of professionals (e.g., counselors, psychiatrist; Kim, & Omizo, 2003). Thus, an individual's general attitude toward professional help is comprised of one's expectations

of therapy outcome (e.g., would therapy work for individuals?) and his or her inclination to go to counseling.

Many personal, interpersonal, and social factors can affect a person's attitudes toward seeking help (Fischer & Turner, 1970). Researchers have focused specifically on nationality differences in help-seeking attitudes, and have found that Asian college students in Asian countries have less positive attitudes toward seeking psychological professional help than students in the U.S. For example, in a cross-national study, Masuda, Suzumura, Beauchamp, Howells, and Clay (2005) compared the attitudes of college students in the United States and Japan toward seeking psychological help. The researchers administered Fischer and Turner's (1970) Attitudes Toward Seeking Professional Psychological Help scale (ATSPPH) to 300 Japanese undergraduate students and 300 American undergraduate students. Results indicated that Japanese students held less favorable attitudes toward seeking professional help than did the American students; however, this study failed to assess directly cultural factors other than nationality (a categorical variable), such as espousal of collectivistic or individualistic values, that might explain the observed differences in attitudes in a more precise and meaningful way. Moreover, the researchers examined the attitude of college students in the U.S. as a whole and ignored racial or ethnic difference within the sample.

In addition to examining nationality, a number of other inquiries have tested racial and ethnic factors as predictors of attitudes toward seeking psychological help. For example, Sheikh and Furnham (2000) used hierarchical multiple regression to investigate whether racial and ethnic categories predicted attitudes toward seeking professional help for mental distress. Sheikh and Furnham defined culture as a categorical variable and

conducted their study with 115 self-identified British Asians, 85 White Westerners, and 77 Pakistanis. They found that culture, which they operationalized as racial or ethnic identification, was not a significant predictor for attitudes toward seeking professional help for mental distress.

Although Masuda et al. (2005) provided evidence that attitudes about mental health services differ based on the nationality (Japanese and American) of the college students, researchers have yet to determine whether culture (or which aspects of culture) actually accounts for differences in perceptions about seeking professional psychological help. The contradictory findings between the Masuda et al. (2005) and Sheikh and Furnham (2000) studies may reflect the limitations of operationalizing culture as a categorical variable (e.g., nationality, race, and ethnicity). In other words, attitudes toward seeking psychological help may be affected by a group's salient cultural values and/or the stigma the group places on seeking help from mental health professionals.

Categorical cultural variables are not sufficient for assessing or understanding cultural influences because they assume cultural differences are based on national, racial, and/or ethnic categories and obscure the degree to which aspects of culture impact individuals' attitudes toward seeking professional psychological help. Thus, instead of making assumptions about Asian Americans on the basis of their nationality, race, and ethnicity, researchers should directly assess client values. Doing so could help counseling psychologists better understand their clients, and it also may point them to culturally sensitive interventions that improve clients' attitudes toward seeking professional psychological help (Kim, Atkinson, & Yang, 1999). Since prior work primarily has

involved national, racial, and ethnic comparisons, the present study will add to the field by measuring cultural values directly, rather than indirectly, using categorical variables.

### Willingness to See a Counselor

An individual's willingness to see a counselor refers to the degree to which an individual would be disposed to seeking counseling for salient mental health issues, such as academic, vocational, assertiveness, and social problems (Kim, & Omizo, 2003). An individual's willingness to see a counselor differs from the broader construct of help-seeking attitudes toward seeking professional psychological help, because an individual's willingness to see a counselor can be dependent on the specific kinds of distress he or she is experiencing and the types of professionals he or she engages (Kim, & Omizo, 2003). Furthermore, willingness to see a counselor refers to individual's readiness and eagerness to see a counselor. On the other hand, attitudes toward seeking professional psychological help include an individual's general views (negatives vs. positive) of seeking mental health services and the anticipated effectiveness of seeing a counselor.

Existing explorations of individuals' willingness to see a counselor considered the type of problem the college counseling center clients experienced that led them to consider counseling. These problem categories primarily included issues relevant to college student populations, such as general anxiety or nervousness, alcoholism, shyness, sexual dysfunction, depression, parental conflicts, anxiety speaking in front of a group, dating challenges, difficulty choosing a career, sleeping problems, drug addiction, feelings of inferiority, test anxiety, difficulty making friends, and trouble studying (Cash, Begley, McCrown, & Weise, 1975). Blier, Atkinson, and Greer (1987) added academic, vocational, assertiveness, and social issues to the list.

Ponce and Atkinson (1989) utilized the categories established by Cash et al. (1975) and Blier et al. (1987), but added five additional problems that Hispanic college students typically face because of their economic, social, and ethnic backgrounds. The five additional items included adjustment to college, academic performance, financial concerns, feelings of loneliness and isolation, and feelings of alienation or not belonging.

A number of studies have also extended the literature on individuals' willingness to see a counselor to include challenges that Asian Americans may face. For example, Gim, Atkinson, and Whiteley (1990) further expanded upon Ponce and Atkinson's (1989) 20 categories by including four additional groupings identified during a pilot study as significant issues faced by Asian-American college students. These additional items included ethnic or racial discrimination, roommate problems, ethnic identity confusion, and general health problems. Gim et al. utilized these 24 categories to examine Asian Americans' willingness to see a counselor.

A number of studies focusing on Asian-American populations have employed Gim et al.'s (1990) approach to measuring an individual's willingness to see a counselor. For example, Liao, Rounds, and Klein (2005) found that Asian-American students were more willing to seek counseling help than White students, although they had less favorable attitudes toward seeking professional psychological help. Moreover, in a study of 596 Asian-American college students, Solberg, Ritsma, Davis, Tata, and Jolly (1994) found that previous counseling experience related to a greater willingness to see a counselor for academic, interpersonal, and substance abuse concerns; but they found no correlation between gender and ethnicity and an individual's willingness to see a counselor.

Liao et al. (2005) identified the limitations of operationalizing culture as a categorical variable with ethnicity and gender. As discussed in the prior section on attitudes toward seeking professional psychological help, this research will contribute to existing literature on individuals' willingness to see a counselor by directly measuring cultural values rather than relying on categorical variables.

For the purposes of the present study, the term “willingness to see a counselor” refers to the degree to which individuals are inclined to employ a mental health professional to help them address one of the aforementioned 24 issues commonly experienced by Asian-American college students. Gim, Atkinson, and Whiteley’s (1990) four additional Asian-American-specific classifications will add to the literature on individuals' willingness to see a counselor by exploring Asian Americans’ help-seeking experiences.

**Relationship between attitudes and willingness.** Given the apparent similarities between individuals' attitudes toward seeking professional psychological help and their willingness to see a counselor, a number of researchers have attempted to differentiate these constructs theoretically and empirically. Fischer, Winder, and Abramowitz (1983) posited that, theoretically, attitudes are only one component in a help-seeking scenario. Even if an individual has positive attitudes toward seeking the help of a professional psychologist, one cannot assume that this person will actually see a psychologist for their concerns (Fischer & Farina, 1995).

Before drawing such conclusions, one must consider the individual's willingness to see a counselor in addition to his or her attitudes toward seeking professional psychological help (Kim & Omizo, 2003). If a student exhibits a willingness to see a

counselor for roommate problems, for example, this willingness may depend upon that student's general attitudes toward seeking any type of psychological help. Therefore, assessing both attitudes toward seeking psychological help and willingness to see a counselor likely will provide clearer insight into Asian Americans' help-seeking behaviors.

Researchers in a number of disciplines have examined the influence of attitudes on a subject's willingness to engage in a target behavior. For example, in a study of 160 high school students in Japan and 60 students in a study abroad program, Yashima, Zenuk-Nishide, and Shumizu (2004) explored how participants' attitudes toward second language and interest in foreign affairs lead to a willingness to communicate in a second language. Newton, McDermid, Tekpetey, and Tummon (2003) explored whether attitudes toward embryo donation procedures predicted an actual willingness to donate embryos. Psychiatric researchers, Croghan et al. (2003) studied 1,387 subjects in the U.S. to examine the influence of attitudes regarding psychiatric medications on subjects' willingness to use them. Each of these examples highlights how attitudes can predict a subject's willingness to adopt a target behavior.

In the field of counseling, researchers have examined the link between attitudes toward seeking psychological help and willingness to see a counselor among Asian-American college students (Kim & Omizo, 2003; Kim & Park, 2009) and college students in general (Vogel, Wade, & Hackler, 2007). Each of these studies suggested that attitudes toward seeking psychological help and willingness to see a counselor are related, but different, constructs. Correlations between the constructs ranged from .45 (Kim & Park, 2009) to .59 (Vogel et al., 2007). In addition, Vogel et al. used confirmatory factor

analysis to provide further evidence that differentiated between attitudes toward seeking psychological help and willingness to see a counselor. Specifically, a measurement model, which fixed attitudes toward seeking psychological help and willingness to see a counselor items to only load on their theory-based factors, provided an adequate fit to the data. This finding provides further evidence that attitudes toward seeking psychological professional help and willingness to see a counselor are distinct constructs.

In summary, previous research studied willingness to see a counselor and attitudes toward seeking professional psychological help to investigate the phenomena of the underutilization of mental health services in a number of cultural groups, including Asian Americans. Previous research suggests that considering only attitudes toward seeking psychological help may provide an incomplete understanding of Asian Americans' use of mental health services. Assessing Asian Americans' attitudes toward seeking psychological help and willingness to see counselor may provide a more accurate understanding of mental health service utilization.

### Cultural Values

To aid in this understanding, a number of researchers have sought to examine how cultural values may influence individuals' attitudes toward seeking professional psychological help and their willingness to see a counselor.

**Defining culture.** Researchers and academics in a number of disciplines have studied and defined the construct of culture. Sociologist Victor Barnouw (1979), for example, defined culture as "the way of life of a group of people, the complex of shared concepts and patterns of learned behavior that are handed down from one generation to the next through the means of language and imitation" (p. 5). Anthropologists Romney,

Weller, and Batchelder (1986) referred to culture as the integrated pattern of human information stored in the minds of its members. The amount of received, created, stored, retrieved, transmitted, utilized, and even lost cultural information dictates what knowledge individuals will distribute and share (Romney et al., 1986).

Barth (2002) defined culture as networks of knowledge that provide people with materials for reflection and premises for action. People's actions become knowledge to others, which is then distributed throughout the population. According to Barth, knowledge consists of learned routines of thinking, feeling, and interacting with other people; shared collection of externalized symbols, artifacts, social constructions, and social institutions; and distributed ideas about aspects of the world.

Using a sociological perspective, Swidler (1986) viewed culture as an action-oriented construct, which people may use to solve different life problems by using a toolkit of symbols, stories, rituals, arts, ceremonies, language, and worldviews. In this sense, culture refers to strategies of action or the manner in which culture shapes and causes people's actions.

Betancourt and Lopez (1993), who built upon Herkovits' (1948) earlier definition, suggested that culture is the human-made part of the environment. Triandis et al. (1980) also expanded upon Herkovits' (1948) categorization of culture, identifying it as either physical artifacts; such as roads, buildings, and tools; or subjective mores, including psychological aspects like familial roles, communication patterns, affective styles, and values regarding personal control, individualism, collectivism, spirituality, and religiosity. Triandis et al.'s (1980) classification enables this researcher to utilize the psychologically-relevant elements of culture, which include a people's subjective values

and roles, to understand the impact of cultural values on Asian Americans' willingness to see a counselor.

According to Barnouw (1979), culture is a passive state of mind "handed down from one generation to the next" (p. 5); however, Barnouw's beliefs failed to acknowledge culture as an active processing tool (Swidler, 1986) that consistently receives, creates, stores, retrieves, and transmits knowledge (Romney, Weller, & Batchelder, 1986). Moreover, studies that define culture as the practices of a group of people often failed to distinguish culture from race, ethnicity, and nationality (Betancourt & Lopez, 1993; Chiu & Hong, 2009). Psychologists Betancourt and Lopez (1993) stated that, in America, culture is closely related to a group's race, ethnicity, and social class; but they admitted that the term's meaning may vary when considering ethnic minorities in other parts of the world.

Barth's (2002) definition of culture as networks of shared knowledge helps to differentiate culture from the practices of a group of people and prevents the conflation of culture with racial, ethnic, or national groups (Chiu & Hong, 2009). Therefore, in this study, culture refers to the integrated pattern of human information (Romney, Weller, & Batchelder, 1986) and network of knowledge (Barth, 2002) that enables people to actively think, feel, reflect, and interact (Swidler, 1986) and is symbolized by physical artifacts (e.g., externalized symbols, buildings) and psychological values (e.g., subjective mores, communication patterns; Triandis et al., 1980).

**Asian cultural values.** Smith and Bond (1994) defined cultural values as "universalistic statements about what we think are desirable or attractive" (p. 52). Other researchers have asserted that cultural values can consist of numerous elements. For

example, Asian cultural values can include collectivism, conformity to norms, deference to authority figures, emotional restraint, filial piety, hierarchical family structure, and humility (Kim, Atkinson, & Yang, 1999; Sue & Sue, 1999). This section provides an in-depth examination of the literature on Asian-American cultural values, particularly those norms and mores that may influence an Asian Americans' willingness to see a counselor.

***Respecting authority.*** Traditional Asian cultures place a high value on filial piety, or loyalty to one's parents (Sue & Sue, 2003; Uba, 1994). Other elders and authority figures also receive considerable respect and honor (Sue, 1981). Asian Americans often turn to authority figures for help with problem resolution and decision-making. As a result, individual expression of opinions is discouraged in favor of humble and modest behavior exhibited by respecting and listening to elders' opinions (Leong, 1992). Asian Americans also strongly value obedience to authority figures, such as teachers (Sue & Okazaki, 1990). This cultural norm can influence Asian Americans' relationships with counselors, whom they may view as an authority figures.

***Achievement and shame.*** In many Asian cultures, an individuals' achievement is tied to his or her family's achievement, just as failure will reflect embarrassment and loss on his or her entire family (Sue, 1981). Asian Americans' self-worth and self-identity strongly relate to their family's achievement and failure (Tomita, 1994). The fear of "losing face," or experiencing shame and loss of dignity can be a strong motivator for Asian Americans to achieve and conform to their family's expectation (Ho, 1987). This desire to conform subsequently may have a significant impact on the choices that Asian American students make about whether or not to see a counselor or seek mental health services.

For example, Gilbert et al. (2007) found that Asian-American students reported greater concerns than their non-Asian counterparts about bringing shame to their family because of their mental health problems. Asian-American students' feelings of shame can influence their willingness to see a counselor or seek mental health services; as these students might view receiving such services as means to bring shame to their entire family.

*Relatedness/Interdependence.* Many Asian cultures have distinct notions of the fundamental relatedness among unique individuals. Asian culture places a strong emphasis on attending to others, fitting in, and fostering a harmonious interdependence amongst members of the cultural group. European-American culture, alternatively, neither assumes nor values such an overt connectedness among individuals (Markus & Kitayama, 1991). In Asian culture, the roles of family members, in particular, can be highly interdependent, rigidly defined, and require family solidarity, respect, and commitment (Sue, 1981; Uba, 1994). Asian families in the United States often place a greater importance on familial duty and obligation than families with European backgrounds (Fuligni, 2001). Asian teenagers also are more likely to believe that they should make sacrifices for family, and to take into account the wishes of the family, when making important decisions about their own lives (Fuligni, 2001). This expectation holds true for many Asian Americans as well, who might take a communal approach to decision making and prioritize the wishes of their family over their own needs and desires. If family or community members hold negative views of mental health services, potential clients of Asian-American descent may not utilize such services, even when needed.

*Emotional restriction.* Members of various cultures vary in their beliefs about a person's responsibility to control his or her emotional expressions. In Asian culture, the inability to control one's emotions is a sign of weakness; therefore, individuals are encouraged to repress their emotions to exhibit reserved behavior and a passive communication style (Uba, 1994). As a result, when Asian Americans need help dealing with problems, they may not seek professional psychological assistance because such services encourage expression of their thoughts and emotions.

Varying outlooks about the value placed upon emotional expression may depend, in part, upon whether a culture adheres to a collectivistic or individualistic system. Mesquita (2001) discussed that people who identified themselves with collectivistic culture experience shame and pride as a reflection of others. Conversely, individualistic cultures place great value upon independent thought and emotional expression.

Leong, Wagner, and Tata (1995) found that Asian Americans traditionally held collectivist values, and are constantly aware of the manner in which their actions reflect either shame or pride upon their family members, community, and, in some cases, their country of origin. Because of the expectation of emotional repression in the Asian culture, an Asian-American student considering psychological help may fail to seek assistance because of the potential shame it may reflect on his or her family.

**Asian cultural values and attitudes toward seeking psychological help.** A number of researchers have explored Asian cultural values in connection with attitudes toward seeking professional help (Kim & Hong, 2004). Such studies have found that Asian cultural values are inversely associated with attitudes toward seeking professional psychological help (Kim & Omizo, 2003; Wong, Tran, Kim, Kerne, & Calfa, 2010). Kim

and Omzio (2003) also found that Asian Americans who endorsed Asian-American cultural values were less willing to see a counselor for specific problems. However, exploring only Asian-American cultural values may not provide an adequate context for understanding Asian Americans' help-seeking attitudes and their willingness to see a counselor.

Asian Americans exist as bicultural beings in multiple cultural contexts.

Biculturalism refers the process of becoming proficient in the culture of the dominant group, while retaining proficiency in one's indigenous culture (Berry & Kim, 1988; Berry, Kim, Power, Young, & Bajaki, 1989). For example, individuals may develop Asian cultural values through interactions in their homes and communities, while they learn European-American cultural values in the school environment. Therefore, to understand the impact of Asian Americans' bicultural experiences on their willingness to seek counseling, researchers must explore both Asian-American and European-American cultural values.

**European-American cultural values.** According to Case and Mann (1996), European-American cultural values include competition, acquisition of property and goods, directness and openness, separateness, and survival of the fittest. Other key characteristics of European-American values include individualism, autonomy, future orientation, and mastery of the environment (Atkinson, Kim, & Caldwell, 1998; Sue & Sue, 2003). European-American cultural values serve as a prototype for defining individualism, and Americans celebrate European-American cultural values and characteristics (Oyserman, et al. 2002). Triandis, McCusker, and Hui (1990) identified individualism as a highly prevalent European-American cultural value in the United

States. Individualism refers to the perception that each person is the basic unit of their own individual worldview and places a strong emphasis on self-reliance and independence.

*Independence and self-reliance/nonconformity.* Triandis et al. (1990) identified independence as one of the hallmark European-American values. Independence refers to the autonomy from others one gains by attending to one's own interests and by discovering and expressing unique inner attributes (Markus & Kitayama, 1991). To be independent, an individual must have self-knowledge and a strong identity (Oyserman, et al. 2002). European-American culture also places significant value on individuality and promotes the belief that people must be self-reliant, nonconformist, and autonomous. Self-reliance can have different meanings in the varying contexts of collectivistic and individualistic cultures. In the individualistic European-American culture, self-reliance means that individuals can "do their own thing" or take care of themselves without needing assistance from anyone else. Conversely, for the collectivistic Asian culture, self-reliance means that an individual is not a burden to the group because Asian culture emphasizes the welfare of the group over the welfare of the individual (Triandis, McCusker, & Hui, 1990).

Asian and European-American cultural values. A number of studies have examined how both Asian and European-American cultural values impact Asian American's cognitive, affective, and behavioral experiences (Cokley & Patel, 2007; Kim, Ng, & Ahn, 2005; Kim & Omizo, 2005; Park & Kim, 2008). Kim and Omizo (2005) and Park and Kim (2008) positively related Asian cultural values to interpersonally sensitive communication style and a reliance on collective self-esteem. Conversely, European-

American cultural values esteemed precise communication and general self-efficacy (Kim & Omizo, 2005; Park & Kim, 2008). In the counseling literature, Kim, Ng, and Ahn (2005) found a positive relationship between adherence to Asian cultural values and client-counselor working alliance. Adherence to European-American cultural values positively related to client-counselor working alliance and session depth (Kim et al., 2005).

To date, only a few studies of attitudes toward seeking help and willingness to see a counselor have examined both Asian and European-American cultural values. Kim (2007), for example, found a significant inverse relationship between Asian values and attitudes toward seeking professional help among 146 Asian-American college students. These findings are consistent with results from previous and recent research (Kim & Omizo, 2003; Wong, Tran, Kim, Kerne, & Calfa, 2010). Interestingly, research did not find a significant relationship between European-American cultural values and attitudes toward seeking psychological help, and the interaction between adherence to Asian and European-American cultural values did not predict help-seeking attitudes.

Omizo, Kim, and Abel (2008) also explored the degree to which both Asian and European-American cultural values could predict attitudes toward seeking psychological help among 112 Asian-American high school students in Hawaii. The study did not find a significant relationship between Asian values and help-seeking attitudes, but found a negative relationship between European-American cultural values and help-seeking attitudes ( $r = -.32, p < .01$ ). In other words, Asian-American adolescents who adopted European-American cultural values proved less likely to have positive attitudes toward seeking professional help. These findings contradict recent studies in counseling

literature. For example, Miller, Yang, Hui, Choi, and Lim (2011) found that stronger adherence to European-American values and lower adherence to Asian cultural values related to more positive attitudes toward seeking professional psychological help among 296 self-identified Asian-American college students. Although Omizo et al. (2008) provided possible explanations for the influence of Asian and European-American cultural values on attitudes toward seeking professional psychological help, their sample was recruited from Hawaii, where Asian cultural values are prevalent. Asian Americans from Hawaii may differ from Asian-American college students in their adoption of Asian American and European-American cultural values.

In summary, culture refers to the integrated pattern of human information (Romney, Weller, & Batchelder, 1986) and the network of knowledge (Barth, 2002) that helps differentiate culture from racial, ethnic, or national groups (Chiu & Hong, 2009). This present study will add to existing research on attitudes toward seeking professional psychological help and willingness to see a counselor by directly measuring cultural values, rather than indirectly measuring culture by racial, ethnic, or national groups. Cultural values refer to universal statements of what is desirable and attractive (Smith & Bond, 1994). The present study explores both Asian cultural values and European-American cultural values because Asian-Americans exist in multiple cultural contexts as bicultural beings. Of the few studies that examined the relationship between Asian and European-American cultural values, attitudes toward seeking professional psychological help, and willingness to see a counselor, few yielded consistent results.

## Stigma

*Stigma* refers to a person's experience of devaluation, exclusion, rejection, discrimination and labeling within interpersonal, social, cultural, and political contexts. The definition of stigma in sociology includes elements of labeling, stereotyping, separation, status loss, and discrimination, which occur due to differences in power among various groups (Link & Phelan, 2001). Social psychologists have provided a similar definition, and noted that a stigma marks people as different and leads to devaluation, which is dependent on socially-constructed contexts and relationships (Major & O'Brien, 2005). Yang, Kleinman, Link, Phelan, Lee, and Good (2007) delineated stigma as a cultural, physical, emotional, subjective, interpersonal, relational, and social construct dependent upon emotional and somatic moral norms.

As with cultural values, research has linked the construct of stigma to attitudes toward seeking professional psychological help and willingness to see a counselor. Specifically, studies consistently have linked Asian Americans' underutilization of mental health services with stigma toward seeking psychological treatment. For Asian-American populations, stigma has been associated with Asian cultural values and attitudes toward seeking psychological professional help. The extant literature cites stigma as the most common reason that the general population does not seek counseling and other mental health services (Corrigan, 2004). For the purposes of the current study, stigma will refer to an individual's experience of devaluation, rejection, and discrimination caused by said individual's divergence from cultural, physical, emotional, relational, subjective, and societal norms, when this divergence results in differential access to power and privilege in the society (Link & Phelan, 2001; Major & O'Brien,

2005; Yang, Kleinman, Link, Phelan, Lee, & Good, 2007). This definition presents the concept of stigma as a cultural, physical, emotional, relational, subjective, and social construct employed to understand better the cultural and emotional aspects of Asian Americans' experience of devaluation in relation to mental health help-seeking behaviors.

**Stigma regarding receiving psychological treatment.** Several researchers have argued that the process of associating stigma with mental illness includes the employment of stereotypes, prejudice, and discrimination (Corrigan, 2004; Corrigan & Matthews, 2003; Corrigan & Watson, 2002). Corrigan and Matthews (2003) suggested that such stigma could impede treatment participation for people with mental health problems. Corrigan (2004) differentiated between public or externally-assigned and self-designated stigma toward mental illness. According to Corrigan, public stigma about mental illness refers to the prejudices placed upon the stigmatized group by their community. Self-designated stigma about mental illness refers to a process where members of a stigmatized group internalize the public stigma. According to Corrigan's definition of stigma, persons who suffer from mental illness (e.g., psychotic disorder, schizophrenia) may avoid treatment options in an effort to preclude experiences of both self-designated and public stigma, which can affect their self-esteem and social opportunities. Stigma associated with mental illness may act as a barrier to an individual's decision to obtain services and may result in negative attitudes about mental health professionals (Overton & Medina, 2008).

Research suggests that the stigma associated with having a mental illness may differ from the stigma associated with being a counseling client. Vogel, Wade, and Haake (2006) defined the stigma associated with receiving psychological treatment as "the

perception that a person who seeks psychological treatment is undesirable or socially unacceptable” (Vogel, Wade, & Haake, 2006, p. 325). Help-seeking behavior is a threat to self-esteem because some may view this desire for assistance as a sign of inferiority, inadequacy, weakness, and failure (Fisher, Nadler, & Whitcher-Alagna 1982; Fisher, Nadler, & Whitcher-Alagna, 1983; Nadler & Fisher, 1986). The stigma about receiving psychological treatment seems more relevant than the stigma toward severe mental illness in efforts to understand Asian Americans’ unwillingness to see a counselor.

**Stigma among Asian-American populations.** Studies show that Asian Americans tend to report experiencing higher levels of stigma when receiving psychological treatment than other cultural groups (Kandula, Kersey, & Lurie, 2004). A study by Eisenberg, Downs, Golberstein, and Zivin (2009) found that stigma about receiving psychological treatment was rated the highest among students with any of the following characteristics: male, young (between the ages of 18 and 22), Asian, international (international student status), religious, or from a low-income household. Among individuals with these characteristics, Eisenberg et al. found significant and negative associations between stigma and the perceived need and use of mental health treatment among Asian Americans (Eisenberg et al., 2009). Higher levels of stigma among Asian Americans may prove a key reason for their underutilization of mental health services and could be the major obstacle to accessing quality mental health care services.

**Stigma and Asian cultural values.** The considerable stigma associated with receiving psychological treatment in the Asian-American community may result, in part, from Asian cultural values. The required expression of feelings in the counseling process

may be in conflict with the Asian cultural value of emotional restriction (Uba, 1994). For example, Asian-American college students who adhere to the Asian value of self-control may feel that the expression of emotions in the counseling setting is shameful and embarrassing (Kim, 2004).

Asian Americans that hold to Asian values also may consider counseling a shameful experience for their entire family, because counseling requires that they reveal their personal problems to individuals outside of their family or cultural of origin. However, Kim, Li, and Liang (2002) found that clients with strong adherence to Asian cultural values perceived increased empathic understanding and stronger client-counselor working alliance during the counseling experiences than did clients with low adherence to Asian values. These findings suggest that Asian cultural values, such as respecting elders and authority, may play a significant role in influencing the formation of a positive therapeutic relationship between the client and the therapist, who could be perceived by the Asian-American client as a person with more respect and power.

Although numerous authors have provided theoretical discussions of the affect of Asian values on stigma about receiving psychological treatment and attitudes toward seeking psychological professional help (e.g., Iwasaki, 2005), relatively little empirical research exists that examines this issue. Several researchers have explored how the cultural values and stigma associated having mental and physical illness impact Asian Americans' attitudes toward seeking professional psychological help and their willingness to see a counselor (Barney, Griffiths, Jorm, & Christensen, 2005; Fogel & Ford, 2005; Griffiths, Nakane, Christensen, Yoshioka, Jorm, & Nakane, 2006; Hsu, Wan, Chang, Summergrad, Tsang, & Chen, 2008). However, relatively little research has investigated

the influence of cultural values on stigma associated with receiving psychological treatments.

Existing research on stigma about receiving psychological treatment and help-seeking behaviors among Asian Americans has yielded inconsistent results. Shea and Yeah (2008) hypothesized that a high level of adherence to Asian cultural values would lead to high levels of stigma, and that these high levels of stigma about receiving psychological treatment would result in negative attitudes toward seeking professional psychological help. The authors tested this mediation hypothesis with 219 Asian-American undergraduate and graduate students using Baron and Kenny's (1986) method and found no mediated effect of stigma in the relationship between Asian cultural values and attitudes toward seeking professional psychological help.

Conversely, in a study of involving 201 Asian-American college women, Miville and Constantine (2007) found that perceived stigma about receiving psychological treatment partially mediated the relationship between Asian values and an individual's willingness to see a counselor. The results indicated that Asian-American women's high level of adherence to Asian cultural values related to high levels of perceived stigma about receiving psychological treatment, which ultimately related to lower levels of willingness to seek counseling (Miville & Constantine, 2007).

Miville and Constantine (2007) also found the mediation effect of stigma about receiving psychological treatment when they tested only Asian-American female participants; however, their sample choice may have influenced their significant finding. Also, the authors' choice to select help-seeking behavior as their dependent variable, while using two different constructs-- attitudes toward seeking psychological help (e.g.,

Shea & Yeah, 2008) and willingness to see a counselor (e.g., Miville & Constantine, 2007)--may also have contributed to inconsistent findings. Both studies also overlooked the importance of the bicultural experiences of Asian Americans when they explored only Asian cultural values. In addition, Miville and Constantine (2007) failed to utilize the 24 group-specific classifications commonly observed in Asian-American college students, and instead explored students' general willingness to see a counselor about issues that were observed generally in all college students (Cash et al., 1975).

In sum, stigma is one of the most commonly-identified barriers to seeking psychological treatment. Several authors noted that stigma about having mental illness may be different from stigma about receiving psychological treatment. For the purposes of better understanding Asian Americans' underutilization of mental health services, this study will focus on the stigma about receiving psychological treatment, because it seems more relevant than the stigma toward severe mental illness. Relatively little research exists regarding cultural values on stigma about receiving psychological treatments and existing research exploring stigma about receiving psychological treatment and cultural values among Asian Americans has yielded inconsistent results.

### Chapter 3: Problem Statement

To extend the body of literature on Asian Americans' underutilization of mental health services, this study will investigate the relationships between Asian Americans' adherence to Asian and European-American cultural values, perceptions of stigma associated with seeking mental health services, attitudes toward seeking professional psychological help, and willingness to see a counselor. Although previous research has examined subsets of these variables, few, if any, studies have examined all of the variables simultaneously. Including all of these constructs in one model may provide a more accurate view of this phenomenon. Therefore, the overall goal of this study is to test the hypothesis that Asian Americans' willingness to see a counselor relates to their attitudes toward seeking professional psychological help, which are influenced by stigma associated with seeking psychological help and their level of adherence to Asian and European-American cultural values (see Figure 1).

**Hypothesis 1:** Cultural values indirectly – not directly – relate to one's willingness to seek counseling through stigma and attitudes (see Model 1 in Figure 1). Therefore, including direct effect pathways (Path c, d, e, f in Model 2) will not result in a statistically significant improvement in model fit (compared to the author's hypothesized Model 1).

**Hypothesis 2:** Asian cultural values and European-American cultural values will be related to one's stigma about receiving psychological treatment, attitudes toward seeking psychological help, and willingness to see a counselor.

**Hypothesis 2(a):** Higher levels of adherence to Asian cultural values will be associated with less positive attitudes toward seeking professional psychological help

(Path d in Figure 1) and willingness to see a counselor among Asian Americans (Path f in Figure 1).

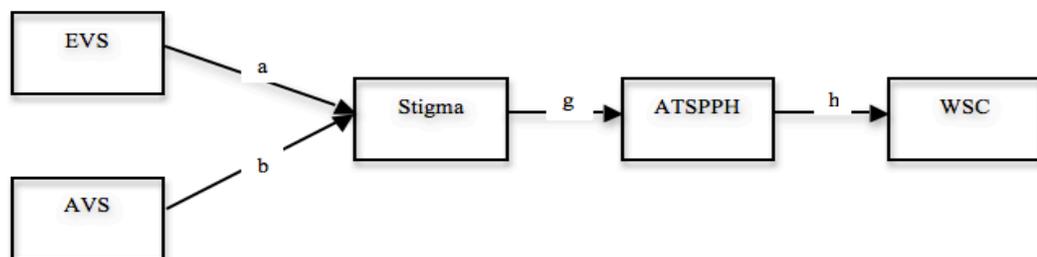
Hypothesis 2(b): Higher levels of adherence to European-American cultural values will be associated with more positive attitudes toward seeking professional psychological help (Path c in Figure 1) and with a greater willingness to see a counselor among Asian Americans (Path e in Figure 1).

Hypothesis 2(c): Higher levels of adherence to Asian cultural values will be associated with higher stigma regarding receiving psychological treatment (Path b in Figure 1), and higher levels of adherence to European-American cultural values will be associated with lower stigma regarding receiving psychological help (Path a in Figure 1).

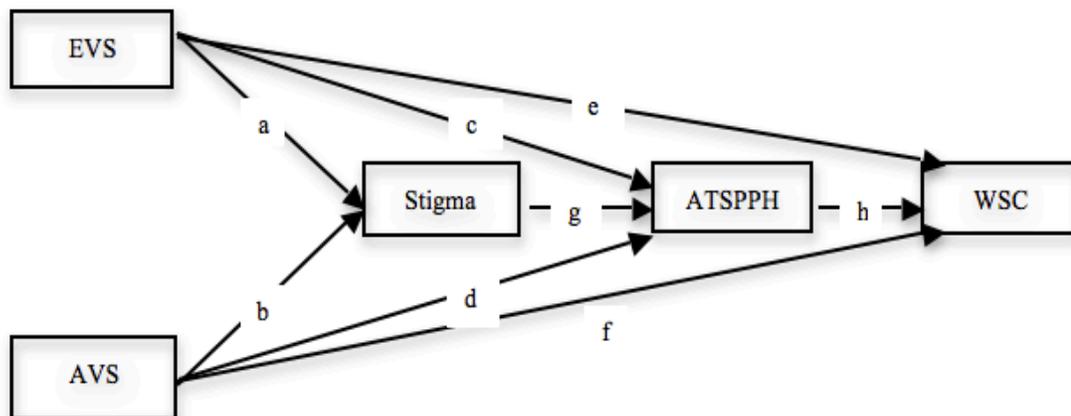
Hypothesis 3: Higher levels of stigma regarding receiving psychological treatment will be associated with less positive attitudes toward seeking professional psychological help (Path g in Figure 1).

Hypothesis 4: Attitudes toward seeking professional psychological help and willingness to see a counselor will be positively associated (Path h in Figure 1).

1.1 The hypothesized indirect effects model (Model 1)



## 1.2 The direct and indirect effects model (Model 2)



*Figure 1.* Two theoretically derived competing models (1.1& 1.2)

## Chapter 4: Method

### Procedures

The target participation population for this study was Asian-American college students who were at least 18 years of age. The researcher recruited participants from a Mid-Atlantic university. After obtaining approval from the campus Institutional Review Board, the registrar's office generated a list of 2,000 randomly selected, self-identified Asian-American undergraduate and graduate students. The researcher used an email listserv to invite students to participate in the study. A recruitment letter (see Appendix H) sent via the listserv introduced students to the study and indicated that participation in this study was voluntary. The letter explained that such participation involved completing questionnaires about Asian Americans' cultural values and their willingness to see a counselor. The letter included a link that directed participants to the on-line questionnaire website, [surveymonkey.com](http://surveymonkey.com).

Due to challenges in gathering the necessary number of Asian-American subjects, the researcher also recruited participants from Asian-American student organizations and the Asian American Studies office. The researcher sought the help of the leaders of the student organizations, as well as Asian-American studies officers in distributing a recruitment letter to their listservs. In addition, a snowball sampling method was used by asking colleagues and peers to forward recruitment letters to appropriate individuals. The researcher collected data using an on-line survey. The data collection started in February 2012, in the beginning of the spring semester. The recruitment letters were sent once a week for four weeks. The data collection process lasted approximately four weeks.

Overall, 337 students participated in the study to some degree. Of the 337 students, 285 participated through the listserv and 52 students participated as a result of

the snowball sampling method and contact with Asian-American student organizations. The response rate from the listserv was 14.25%; however this might be an underestimate as it was not possible to determine how many individuals actually received and/or read the actual recruitment letter. The response rate of the snowball sampling efforts cannot be determined due to nature of the process. Participants completed 278 surveys with less than 10% missing data, each of which was retained for analysis (Little's MCAR test:  $\chi^2 = 5609.302$ ,  $df = 5290$ ,  $Sig. = .001$ ). To impute missing values, the research employed the expectation maximization method (Schlomer, Bauman, & Card, 2010).

### Participants

The participant sample for this study consisted of 278 university students, including 190 women and 85 men (3 participants did not report this information). Thirty-five students (12.6%) reported as freshmen, 56 (20.1%) as sophomores, 64 (23%) as juniors, 60 (21.6%) as seniors, and 58 (20.9%) as graduate students. The age of the participants ranged from 18 to 45 years old ( $M = 21.74$ ,  $SD = 3.77$ ). According to participants' ethnic self-identification, the sample was 32.4% Chinese (90), 19.4% Korean (54), 10.1% Asian Indian (28), 7.9% Taiwanese (22), 6.1% Filipino (17), 5.0% Vietnamese (14), 3.6% Japanese (10), 2.9% Pakistani (8), 1.1% Thai (3), 1.1% Nepali (3), .7% Burmese (2), .4% Bangladeshi (1), .4% Cambodian (1), .4% Malaysian (1), and .4% Singaporean (1).

When asked about generational status, 52 (18.7%) participants self-identified as 1<sup>st</sup> generation, 66 (23.7%) as 1.5 generation, 145 (52.2%) as 2<sup>nd</sup> generation, 2 (.7%) as 3<sup>rd</sup> generation, 3 (1.1%) as 4<sup>th</sup> generation, and 2 (.7%) as 5<sup>th</sup> generation. The 1<sup>st</sup> generation means the participant was born in Asia or other country and came to the U.S. as an adult,

and the 1.5 generation means the participant also was born in Asia or other country but came to the U.S. as a child or adolescent. The 2<sup>nd</sup> generation means the participant was born in the U.S. and either parent was born in Asia or other country. Mean years lived in the United States equaled 15.98 ( $SD = 7.29$ ). When asked about previous counseling experience, 192 (69.8%) participants reported no previous counseling experience and 83 (30%) participants reported yes.

Students identified their pursuit of a wide range of majors, including accounting, business, aerospace engineering, American studies, animal science, anthropology, architecture, art studio, biochemistry, bioengineering, biology, business, cell biology, genetics, chemistry, Chinese, civil engineering, classics, college student personnel, communication, community health, computer engineering, counseling, criminal justice, dietetics, early childhood education, economics, elementary education, engineering, English, environmental science, family science, finance, food science, government and politics, health, hearing and speech science, history, kinesiology, linguistics, mathematics, music performance, neurobiology, plant science, psychology, and undecided.

## Measures

All participating students completed an online questionnaire. Students accessed the questionnaire from the email recruitment letter, and first completed an online consent form. After participants provided informed consent, they responded to five self-reported measures (see Appendices B, C, D, E, and F) and demographic questions (see Appendix A).

The questionnaires included the following five self-reported measures: Kim and Hong's (2004) Asian Values Scale–Revised (AVS-R); Hong, Kim, and Wolfe's (2005)

European American Values Scale for Asian Americans - Revised (EAVS-AA-R); Komiya, Good, and Sherrod's (2000) Stigma Scale for Receiving Psychological Help (SSRPH); Fisher and Farina's (1995) Attitudes Toward Seeking Professional Help Scale: Short Form (ATSPPHS-SF); and Gim, Atkinson, and Whitely's (1990) Willingness to See a Counselor measure (WSC).

**Demographics questionnaire.** Participants completed a demographic questionnaire, which requested information about their gender, age, years in college, academic major, racial/ethnic group, generation status, and years lived in the United States. The questionnaire also asked whether participants had previous counseling experience (0 = no; 1 = yes; Wong, Beutler, & Zane, 2008).

**Self-reported adherence to Asian cultural values.** The Asian Values Scale – Revised (AVS-R), developed by Kim and Hong (2004), measured levels of adherence to Asian cultural values. The Asian Values Scale (AVS), developed by Kim, Atkinson, and Yang (1999), is a revision of Rasch's (1960) model modified into the current AVS-R. The AVS-R includes items that exhibit adequate representations of Asian cultural values. In the AVS-R, Kim and Hong (2004) deleted seven items from the original AVS, due to a decrease in the measure's construct homogeneity. They also deleted another four items because of redundancy. The authors also questioned the appropriateness of the 7-point categories. The AVS-R contains 25 items, which represent a full range of item difficulty levels, and includes a 4-point scaling system. The AVS-R retained a reliability of .80 (Kim & Hong, 2005).

As mentioned above, AVS-R items are anchored on a 4-point scale (1 strongly disagree; 4 strongly disagree). Example items include, "One should not deviate from

familial and social norms,” and “One should be discouraged from talking about one’s accomplishments” (Kim & Hong, 2005). After reversing 12 items, the researcher can obtain total scores by adding the 25 items together. The researcher finds the scaled total score by dividing the total score by the total number of items. The scaled total score was used for data analysis in this study. The higher scaled score indicates an individual’s greater adherence to Asian values, with a range from the least adherence (1) to the greatest adherence (4).

In previous researchers who used the AVS-R, reported coefficient alphas with 115 Korean-American college students as .70 for respondents’ scores, .77 for perceived father’s scores, and .80 for perceived mother’s scores (Ahn, Kim, & Park, 2009). In Korean-American parent-child dyad study, coefficient alphas were at .72 for 146 college students, and .81 for 146 Korean parents in west coast universities and Korean churches (Kim, Ahn, & Lam, 2009). Current AVS-R scaled score internal consistency was .79.

**Self-reported adherence of European-American cultural values.** The European American Values Scale for Asian Americans-Revised (EAVS-AA-R), developed by Hong, Kim, and Wolfe (2005), measured Asian American’s adherence to European-American cultural values. EAVS-AA-R, a 25-item self-report measure, was established by revising the 18-item European American Values Scale for Asian Americans (EAVS-AA; Wolfe, Yang, Wong, & Atkinson, 2001). Hong et al. (2005) revised the EAVS-AA by applying the Rasch Model of Analysis (Rasch, 1960). The Rasch model is a dichotomous response model that represents the conditional probability that a binary outcome, as a function of a person’s trait level and item difficulty level, will occur. Hong et al. reduced the 180 items to 25 items, which represented a homogenous

construct that had no redundancy and a full range of difficulty level of items. Finally, the authors established the 25-item EAVS-AA-R with a 4-point scale.

The EAVS-AA-R contains a 4-point Likert-type scale ranging from 1 (strongly disagree) to 4 (strongly agree). Higher scores represent higher adherence to European-American values. Examples of EAVS-AA-R items include “I think it is fine for an unmarried woman to have a child” and “You can do anything you put your mind to” (Hong, Kim, & Wolfe, 2005). The EAVS-AA-R contains a unidimensional factor structure and a reliability of .78 in a study with 257 Asian-American students in California (Hong, Kim, & Wolfe, 2005). The previous studies reported the internal consistency of the coefficient alphas of the EAVS-AA as .72 in a study with 88 Asian-American college students (Kim, Ng, & Ahn, 2005), and .64 in a study with 210 Asian-American university students (Park & Kim, 2008). In the present study, the reliability coefficient for EAVS-AA-R was .65.

**Stigma associated with seeking psychological help.** The Stigma Scale for Receiving Psychological Help (SSRPH), developed by Komiya, Good, and Sherrod (2000), measured individuals’ perception of the stigma associated with receiving psychological treatment. Respondents answered the five items using a 4-point Likert rating scale (0 = *strongly disagree*; 3 = *strongly agree*). Higher scores indicate a greater perception of stigma associated with receiving psychological treatment. Examples of SSRPH items include “seeing a psychologist for emotional or interpersonal problems carries social stigma” and “people will see a person in a less favorable way if they come to know that he/she has seen a psychologist” (Komiya, Good, & Sherrod, 2000).

Komiya, Good, and Sherrod (2000) assessed the psychometric properties of SSRPH. First, two doctoral level licensed counseling psychologists examined whether the five items adequately represented the stigma associated with receiving psychological treatment. The maximum-likelihood factor analysis conducted on these items indicated the existence of one factor structure.

For construct validity, the SSRPH correlated negatively with Attitudes Toward Seeking Psychological Help: Short Form (ATSPPH-SF)  $r = -.40, p < .0001$ , which indicated that people perceiving less stigma for seeking psychological help felt more positively about seeking psychological help. Moreover, women scored lower than men on the SSRPH, a conclusion that is consistent with the finding that women were more willing to receive professional help than men (Rule & Gandy, 1994)

The SSRPH has produced an internal consistency of .72 (Komiya, Good, & Sherrod, 2000). Previous research provided alpha coefficients of .67 in a study of Asian-American college students (Shea & Yeah, 2008); .71 in a study with Asian-American college women (Miville & Constantine, 2007); and .80 in a study with Asian-American undergraduate and graduate students (Chang & Chang, 2004). This investigation produced an internal consistency estimate of .84.

Attitudes toward seeking professional psychological help. The Attitudes toward Seeking Professional Help Scale: Short Form (ATSPPHS-SF; Fisher & Farina, 1995) aided in operationalizing attitudes toward seeking professional psychological help. This measure assesses people's attitudes toward seeking professional psychological help from mental health professionals when warranted by one's personal-emotional state. The ATSPPHS-SF is a revised form of the original 29-items ATSPPHS developed by Fisher

and Turner (1970). The ATSPPHS-SF is multidimensional, with four components that assess recognition of need for psychological help, stigma tolerance, interpersonal openness, and confidence in mental health professionals. Because some of the dimensions lacked internal consistency, Fisher and Turner recommended using total scale scores rather than subscale scores. In 1995, Fisher and Farina developed a single unitary measure of attitudes toward seeking professional psychological help by identifying factors that contained 10 items with loadings above .50. The researchers concluded that they could substitute the shorter form for the original version scale, and reported that the correlation between the two scales, ATSPPHS and ATSPPHS-SF, was  $r = .87$ , when accounting for 76% of variance (Fisher & Farina, 1995).

The ATSPPHS-SF (Fisher & Farina, 1995) contains 10 items rated on a 4-point Likert scale (1 = *disagree*; 4 = *agree*), with five items reverse scored. Higher scores indicate a more positive attitude toward professional psychological help. Sample items from the ATSPPHS-SF are “I would want to get psychological help if I were worried or upset for a long period of time” and “A person should work out his or her own problems; getting psychological counseling would be a last resort” (Fisher & Farina, 1995).

Fisher and Farina (1995) provided adequate test-retest reliability of .80 over a 1-month interval and internal consistency reliability of .84. A fair number of researchers have used the ATSPPHS-SF to assess attitudes toward seeking professional psychological help with Asian-American samples. Previous research has yielded coefficient alpha .85 in a study with 242 Asian-American college students (Kim & Omizo, 2003); .81 in a study with 146 Asian-American college students from an east coast university (Kim, 2007); .77 in a study with 112 Asian-American high school students in

Hawaii (Omizo, Kim, & Abel, 2008); and, .83 in a study with 228 Korean-American college students (Gloria, Castellanos, Park, & Kim, 2008). The reliability estimate for ATSPPHS-SF scores was .78.

**Willingness to see a counselor.** Gim, Atkinson, and Whiteley's (1990)

Willingness to See a Counselor measure (WSC) assessed respondents' willingness to see a counselor for identified problems. The WSC is based on Cash, Begley, McCown, and Weise's (1975) Personal Problems Inventory (ISCI), which includes a list of 15 problems pertinent to a general college student population; such as relational difficulties, anxiety, depression, personal worries, drug problems, and career choice. In 1989, Ponce and Atkinson added five additional problems that ethnic minority college students often encounter to the initial 15 identified problems in the ISCI. The five added items include adjustment to college, academic performance, feelings of loneliness and isolation, and feelings of alienation or not belonging (Ponce, & Atkinson, 1989). Gim, Atkinson, and Whiteley (1990) further incorporated four problems of particular concern to Asian-American students, which included ethnic or racial discrimination, roommate problems, ethnic identity confusion, and general health problems.

The WSC includes 24 items that respondents rate from 1 (not willing) to 4 (willing) to indicate how likely they would be to see a counselor for specific problems. Scale responses are summed, and higher scores indicate a greater likelihood of a respondent's willingness to see a counselor. Prior studies involving the WSC yielded an internal consistency of .92 in a study with 242 Asian-American college students (Kim & Omizo, 2003) and .93 in a study with 110 Asian-American college students (Kim & Park, 2009). In the present study, WSC scores produced an internal consistency estimate of .94.

## Statistical Procedures

The researcher employed correlational and path analysis to test the hypothesized explanatory relationship models between observed variables, and analyzed covariance and asymptotic covariance matrices via LISREL 8.54. Normal theory weighted least square chi-square, the standardized root-mean-square error of approximation (RMSEA), standardized root-mean-square residual (SRMR), and the comparative fit index (CFI) aided in the assessment of model fit. RMSEA values less than .10, SRMR values less than or equal to .09, and CFI values greater than or equal to .90 indicated an adequate model fit (Hu & Bentler, 1999).

The researcher tested hypothesized indirect effects model by freeing only the parameters consistent with the theoretically derived indirect effects, and then compared the competing model, direct and indirect effects model (Model 2), with the hypothesized indirect effects model (Model 1) via chi-square likelihood ratio tests. Path analysis proved an appropriate method because it provided a meaningful organizational scheme for interpreting Asian Americans' helping seeking behaviors (Tinsley & Tinsley, 1987). Path analysis is an approach to modeling explanatory relationships between observed variables (Raykov & Marcoulides, 2000); therefore, the researcher used observed total scores for analysis. To examine the predictive power of several variables on people's willingness to see a counselor, the researcher employed path analysis to regress simultaneously the endogenous variables on the exogenous variable.

## Chapter 5: Results

### Descriptives and Correlational Analyses

Table 1 includes descriptive statistics such as the mean, standard deviation, range, minimum and maximum scores for each observed variables, and bivariate correlations among variables. The table also includes internal consistency estimates for scale scores. According to Carmines and Zeller (1979), willingness to see a counselor (Cronbach's  $\alpha = .94$ ) and stigma regarding receiving psychological treatment (Cronbach's  $\alpha = .84$ ) exhibited satisfactory reliability coefficients. Ponterotto (1996) noted that the Asian cultural value scale (Cronbach's  $\alpha = .79$ ) and attitudes toward seeking professional psychological help (Cronbach's  $\alpha = .78$ ) demonstrated acceptable reliability, since reliability coefficients were at least .70 (Ponterotto, 1996). However, the European-American cultural value scale (Cronbach's  $\alpha = .65$ ) exhibited less than .70.

Table 1

*Descriptive Statistics and Bivariate Correlations for Observed Scores*

	EVS	AVS	SSRPH	ATSPPH	WSC
M	2.868	2.485	11.388	2.509	2.357
SD	.248	.305	3.058	.519	.615
Range	1.480	2	15	3	3
Minimum	2.200	1.600	5	1	1
Maximum	3.680	3.600	20	4	4
Cronbach's $\alpha$	.654	.789	.844	.778	.937

	1	2	3	4	5
1. EVS	--				
2. AVS	-.205**	--			
3. SSRPH	-.262**	.416**	--		
4. ATSPPH	.154*	-.360**	-.459**	--	
5. WSC	.024	-.253**	-.160**	.504**	--

*Note.* EVS = European-American cultural values; AVS = Asian cultural values; SSRPH = stigma regarding receiving psychological treatment; ATSPPH = attitudes toward seeking professional psychological help; WSC = willingness to see a counselor. \* $p < .05$ ; \*\* $p < .01$ .

Table 2

*Comparisons of ATSPPH and WSC scores from other Asian American college student samples*

	ATSPPH M (SD)	WSC M (SD)
Kim & Omizo (2003)	2.51 (.63)	2.33 (.62)
She & Yeh (2008)	1.69 (.53)	
Miller et al. (2011)	2.35 (.47)	
Choi (2012)	2.51 (.52)	2.36(.62)

*Note.* ATSPPH = attitudes toward seeking professional psychological help; WSC = willingness to see a counselor

## Path Analysis

*Hypothesis 1: Cultural values indirectly relate to one's willingness to seek counseling through stigma and attitudes (see Model 1 in Figure 1). Including the direct effect pathways (Path c, d, e, f in Model 2) will not result in a statistically significant improvement in model fit (compared to Model 1). Therefore, the more parsimonious Model 1 will be retained.*

The hypothesized indirect effects model (Model 1) exhibited a mixed fit to the data (Table 2), normal theory weighted least square  $\chi^2(7, N = 278) = 20.123, p = .005$ . The standardized root mean square residual and comparative fit index suggested an adequate to good fit to the data, SRMR = .064, CFI = .951. However, the root mean square error of approximation exhibited a mixed fit to the data as the upper bound confidence interval suggested model misspecification, RMSEA = .083 (90% CI = .042; .126). The variance accounted for in endogenous variables was approximately 20% for stigma regarding receiving psychological treatment, 21% for attitudes toward seeking professional psychological help, and 25% for willingness to see a counselor.

The direct and indirect effects model (Model 2) exhibited adequate model fit (Table 2), normal theory weighted least square  $\chi^2(3, N = 278) = 3.601, p = 0.308$ . The standardized root mean square residual and comparative fit index exhibited an adequate to good fit to the data, SRMR = .021, CFI = .998. The root mean square error of approximation suggested an adequate fit to the data, RMSEA = .027; however, the upper bound confidence interval suggested model misspecification (90% CI = .000; .109). The variance accounted for in endogenous variables was approximately 20% for stigma

regarding receiving psychological treatment, 25% for attitudes toward seeking professional psychological help, and 26% for willingness to see a counselor.

Likelihood ratio testing using the scaled chi-square difference test showed that the direct and indirect effects model (Model 2) exhibited a statistically significant improvement in model fit when compared to the hypothesized indirect effects model (Model 1),  $Td(8, N = 278) = 16.52, p < .001$ . Contrary to hypotheses 1, Model 2 was retained. Out of eight estimated structural parameters, five parameters in Model 2 were significant (Table 3).

*Hypothesis 2: Asian cultural values and European-American cultural values will be related to one's stigma about receiving psychological treatment, attitudes toward seeking psychological help, and willingness to see a counselor.*

*Hypothesis 2(a): Higher levels of adherence to Asian cultural values will be associated with less positive attitudes toward seeking professional psychological help (Path d in Figure 1) and willingness to see a counselor among Asian Americans (Path f in Figure 1).*

Consistent with the hypotheses, the direct effect of Asian cultural values on attitudes toward seeking professional psychological help was statistically significant ( $\gamma = -3.466, t = -3.508, p < .05$ ; Table 3: Path d). Higher levels of adherence to Asian cultural values were negatively associated with positive attitudes toward seeking professional psychological help. Contrary to hypotheses 2(a), the direct effect of Asian cultural values was not significantly predictive of willingness to see a counselor ( $\gamma = -4.578, t = -1.681, p > .05$ ; Table 3: Path f), but the direction of the coefficient was consistent with the

hypotheses - higher levels of adherence to Asian cultural values were related to less positive willingness to see a counselor.

*Hypothesis 2(b): Higher levels of adherence to European-American cultural values will be associated with more positive attitudes toward seeking professional psychological help (Path c in Figure 1) and with a greater willingness to see a counselor among Asian Americans (Path e in Figure 1).*

Inconsistent to hypothesis 2(b), paths (c, e) were not statistically significant. The direct effect of European-American cultural values was not significantly predictive of attitudes toward seeking professional psychological help ( $\gamma = 0.311, t = 0.271, p > .05$ ; Table 3: Path c) or of willingness to see a counselor ( $\gamma = -4.116, t = -1.301, p > .05$ ; Table 3: Path e). The direction of the coefficient between European-American cultural values and willingness to see a counselor was as expected. Higher levels of adherence to European-American cultural values were negatively related to their willingness to see a counselor.

*Hypothesis 2(c): Higher levels of adherence to Asian cultural values will be associated with higher stigma regarding receiving psychological treatment (Path b in Figure 1) and higher levels of adherence to European-American cultural values will be associated with lower stigma regarding receiving psychological help (Path a in Figure 1).*

As hypothesized, the Asian cultural values ( $\gamma = 3.795, t = 6.887, p < .05$ ; Figure 1: Path b) and European-American cultural values ( $\gamma = -2.272, t = -3.352, p < .05$ ; Figure 1: Path a) were predictive of stigma regarding receiving psychological treatment. This means that a 1-point increase on the Asian cultural values predicted a 3.795-point increase on the stigma, when control for European-American cultural values. Likewise, a

1-point increase on the European-American cultural values predicted a 2.272-point decrease on stigma, when controlled for Asian cultural values. Therefore, higher levels of adherence to Asian cultural values were associated with higher stigma regarding receiving psychological treatment, and higher levels of adherence to European-American cultural values were related to lower stigma regarding receiving psychological help.

*Hypothesis 3: Higher levels of stigma regarding receiving psychological treatment will be associated with less positive attitudes toward seeking professional psychological help (Path g in Figure 1).*

Stigma regarding receiving psychological treatment was predictive of attitudes toward seeking professional psychological help ( $\beta=-0.629$ ,  $t = -6.303$ ,  $p < .05$ ) (Figure 1: Path g). In other words, a 1-point increase on the stigma regarding receiving psychological treatment predicted a .629-point decrease on the attitudes toward seeking professional psychological help, when controlled for Asian and European-American cultural values. Consistent with hypothesis 3, higher levels of stigma regarding receiving psychological treatment were associated with less positive attitudes toward seeking professional psychological help.

*Hypothesis 4: Attitudes toward seeking professional psychological help and willingness to see a counselor will be positively associated (Path h in Figure 1).*

The standardized estimate of the direct effect of attitudes toward seeking professional psychological help was predictive of willingness to see a counselor ( $\beta = 1.365$ ,  $t = 8.629$ ,  $p < .05$ ) (Figure 1: Path h). A 1-point increase on the attitudes toward seeking professional psychological help predicted a 1.365-point increase on the willingness, when controlled for Asian and European-American cultural values.

Consistent with hypothesis 4, attitudes toward seeking professional psychological help was positively associated with willingness to see a counselor.

Table 3

*Fit Statistics for Models*

Model	<i>SB</i> $\chi^2$	<i>p</i>	<i>df</i>	SRMR	RMSEA	CFI
Model 1	20.123	< .05	7	.064	.083 (.042; .126)	.951
Model 2	3.601	>.05	3	.021	.027 (.000; .109)	.998

*Note.* Model 1 = hypothesized indirect effects model; Model 2 = direct and indirect effects model; *SB*  $\chi^2$  = Normal theory weighted least square chi square; *df* = degrees of freedom; SRMR = Standardized Root Mean Square Residual; RMSEA = Root Mean Square Error of Approximation; CFI = Comparative Fit Index. RMSEA values in parentheses represent 90% confidence intervals.

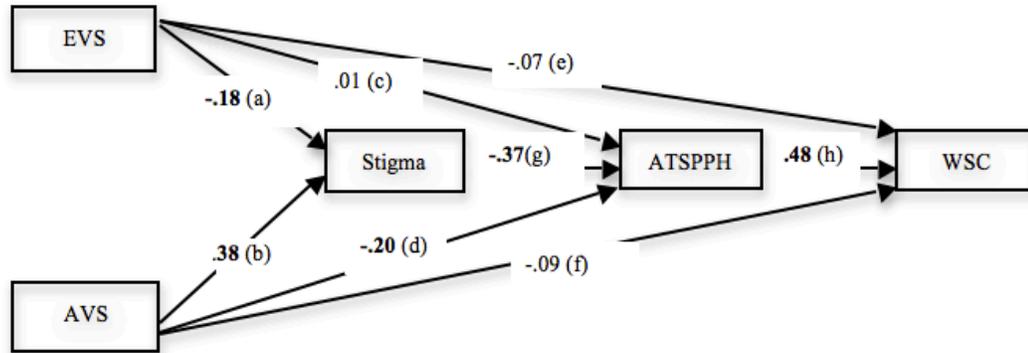
Table 4

*Standardized and Unstandardized Structural Coefficient for Model 2*

	SSRPH	ATSPPH	WSC
EVS	<b>-0.184; -2.272</b> (a)	0.015; 0.311 <sub>ns</sub> (c)	-0.069; -4.116 <sub>ns</sub> (e)
AVS	<b>0.378; 3.795</b> (b)	<b>-0.203; -3.466</b> (d)	-0.094; -4.578 <sub>ns</sub> (f)
SSRPH		<b>-0.370; -0.629</b> (g)	
ATSPPH			<b>0.480; 1.365</b> (h)

*Note.* Model 2 = *direct and indirect effects model*. Bold text indicates a statistically significant structural coefficient ( $p < .05$ ); *ns* = non-significant. EVS = European-American cultural values; AVS = Asian cultural values; SSRPH = stigma regarding receiving psychological treatment; ATSPPH = attitudes toward seeking professional

psychological help; WSC = willingness to see a counselor. Letters in parentheses indicate model path in Figure 1.



**Figure 2.** The direct and indirect effects model of willingness to see a counselor. The hypothesized indirect effects model did not include Paths c, e, d, and f. Statistically significant ( $p < .05$ ) standardized structural coefficients are presented in bold text.

## Chapter 6: Discussion

The present study explored how cultural factors, such as Asian and European-American cultural values, relate to stigma regarding receiving psychological treatments, attitudes toward seeking professional psychological treatment, and willingness to see a counselor among Asian Americans. The primary purpose of the current study was to test the hypothesis that the effects of adherence to Asian and European-American cultural values would indirectly relate to willingness to see a counselor through stigma regarding receiving psychological treatment and attitudes toward seeking professional psychological help.

Findings of the current study provided partial support for the proposed indirect effects model hypothesis. Contrary to hypothesis 1, the direct and indirect effects model (Model 2) exhibited a better fit to the data than the hypothesized indirect effects model (Model 1); therefore, the direct and indirect effects model was retained. This finding indicates that including direct effects in the model resulted in the best approximation of the phenomena – willingness to seek counseling. This result also highlights the importance of attending to Asian Americans' willingness to see a counselor in their consideration of cultural values, stigma toward seeking psychological help and attitudes toward seeking psychological help. This finding is significant in that no known studies have yet examined the connections between cultural values and willingness to see a counselor through stigma regarding receiving psychological treatment and attitudes toward seeking professional psychological help among Asian Americans.

The second primary goal was to test theoretically driven direct pathways among variables, which included cultural values, stigma regarding receiving psychological help, attitudes toward seeking professional psychological help, and willingness to see a

counselor. Findings highlighted the fact that direct pathways, such as cultural values to stigma, stigma to attitudes toward seeking psychological help, and attitudes to willingness to see a counselor, play an important role in understanding Asian American's help-seeking behaviors and attitudes.

As expected in hypothesis 2(a), effects of Asian cultural values were significantly related to attitudes toward seeking psychological help. This finding indicated that adherence to Asian cultural values directly and inversely related to attitudes toward seeking professional psychological help. This inverse relationship is consistent with previous research findings (Kim & Omizo, 2003; Miller, Yang, Hui, Choi, & Lim, 2011; Wong, Tran, Kim, Kerne, & Calfa, 2010). This inverse relationship might be explained by Asian Americans who reported strong adherence to Asian American cultural values might have negative attitudes due to emphasis on controlling his or her emotional expressions. Thus, Asian Americans who hold Asian American cultural values had negative attitudes toward counseling because counseling processes encourage expression of their feelings. Also, Asian Americans' beliefs that their achievement are tied to their family's achievement, just as failure, might impact on Asian Americans' negative attitudes toward seeking professional psychological help because seeking counseling might reflect on their family's achievement and failure.

However, Asian cultural values was not significantly related to willingness to see a counselor. Also, European-American cultural values did not have significant direct relationships on attitudes nor willingness (Hypothesis 2(b)). Three out of four hypothesized direct effects in hypothesis 2(a) and 2(b), with the exception of Asian cultural values on attitudes, were not significant. These findings provide support for the

indirect model of Asian and European-American cultural values to willingness to see a counselor. These non-significant and direct effects might imply importance of indirect effects of cultural values through stigma regarding receiving psychological treatment. This non-significant direct pathway between European-American cultural values and Asian-Americans' attitudes toward seeking psychological help is contradictory to findings in the recent study by Miller, Yang, Hui, Choi, and Lim (2011), which found a significant direct pathway between those two variables.

As expected in hypothesis 2(c), Asian cultural values and European-American cultural values directly related to stigma regarding receiving psychological treatment. This finding indicates that cultural values shape how Asian Americans perceive receiving psychological treatment as a shameful experience or not. Although numerous authors have provided theoretical links between cultural values and stigma about receiving psychological treatment, this finding provided empirical support for the research that finds a significant relationship between cultural values and stigma about receiving psychological treatment.

Specifically, the higher levels of adherence to Asian cultural values were linked to higher stigma regarding receiving psychological treatments. First, this finding is similar to previous theoretical discussions about how higher levels of adherence to Asian cultural values can increase stigma regarding receiving psychological treatments (see Iwasaki, 2005; Kim, 2004, Uba, 1994). Also, consistent with expectations, data indicated a relation between higher levels of adherence to European-American cultural values and decreased levels of stigma regarding receiving psychological treatment. As scholars defined self-reliance as not burdening to the group in Asian American cultural contexts

(Triandis, McCusker, & Hui, 1990), participants who reported higher adherence to European-American cultural values might have had lower stigma toward seeking psychological treatment because they might not want to burden their family members by being self-reliant. Also, Asian Americans' higher level of independence might be related to their independence from their family reflection of success and failure, which in turn decreased their stigma against seeking psychological treatment.

The researcher incorporated both Asian and European-American culture values into this study because, as bicultural beings, many Asian Americans are influenced by cultural values from both cultures (Kim & Omizo, 2005). However, relatively little research examined both cultural values in relation to their effect on the level of stigma Asian Americans attach to receiving psychological treatment. Therefore, these findings can contribute to existing research on Asian Americans' experiences with mental health services.

One explanation of these findings may be that Asian American values might influence individuals to avoid bringing shame to the family by keeping problems within familial circles, which, in turn, can increase stigma regarding receiving psychological treatment. On the other hand, European-American cultural values might work to decrease stigma by encouraging individuals to solve their problems independently of their family members.

As expected in hypothesis 3, a relation existed between increased stigma among Asian Americans' regarding psychological treatments and negative attitudes toward seeking psychological help. This finding was consistent with the prior research conducted by Komiya, Good, and Sherrod (2000) and Shea and Yeh (2008), as well as with the

theoretical explanation that stigma is the most common factor that hinders people's decision to seek counseling and other mental health services (Corrigan, 2004). This study supported the conclusion that Asian Americans demonstrate less positive attitudes about mental health services when they feel stigmatized about seeking help through psychological treatments.

Moreover, positive attitudes toward seeking psychological were related to an increase in respondents' willingness to see a counselor for specific presenting concerns (Hypothesis 4). Consistent with research in a number of disciplines that examined the influence of attitudes on individuals' willingness to engage in targeted behaviors (e.g. Croghan et al., 2003; Yashima, Zenuk-Nishide, & Shumizu, 2004), this finding provided evidence that general attitudes toward seeking professional psychological help impacted Asian Americans' willingness to engage in counseling. This study enhanced understanding of how theoretical mechanisms (cultural values and stigma regarding receiving psychological treatment) might relate to the influence of attitudes on willingness to see a counselor. This study provides the explanation of what might contribute to Asian Americans' underutilization of mental health services and willingness to see a counselor.

## Chapter 7: Limitations and Recommendations for Future Research and Practice

Although this inquiry serves as one of the first empirical studies to focus on the impact of cultural values on willingness to see a counselor through the indirect effects of stigma and attitudes, it is important to understand the study's limitations. Based on the current review, it appears that a need exists for greater specificity in the constructs explored in this area of research. Although theoretical difference between attitudes toward seeking psychological help and willingness to see a counselor were relatively well-defined; measurement level, measuring these constructs adequately, was questionable. Therefore, developing measures that reflect on these constructs might be the next step to further this research on Asian Americans' underutilization of mental health services. Theoretically, one's willingness to see a counselor is a close proxy to actual utilization of services. However, such willingness is only one aspect of help-seeking behaviors and does not directly determine whether Asian Americans actually will go to counseling. Developing measures and theories that will directly measure Asian Americans' help-seeking behaviors will improve this area of research and provide greater understanding of their underutilization of mental health services.

A further limitation of this study was the use of mono-method by including only self-reported measures, which is one of the threats to construct validity. Hence, using only a single version of measure, it is difficult to justify you are measuring all aspects of constructs and not measuring parts of it. Future research can use a mixed methods approach to shed light on additional factors that may account for Asian Americans' willingness to see a counselor. Qualitative approaches to this phenomenon would offer the opportunity to understand the inner experiences of Asian Americans when they seek psychological professional help (Hill, Knox, Thompson, Williams, & Hess, 2005). Also,

the findings from this descriptive cross-sectional study can provide information about relationships but not causality between variables and has limited internal validity. In addition to qualitative approaches, experimental studies can present causal relationships in future research.

The sample consisted of Asian-American graduate and undergraduate students at a Mid-Atlantic university. Generalizing the findings of the investigation beyond this region may be problematic. Hence, the findings of this study need to be applied with caution, and replication of this study in the Asian-American community is recommended. The response rate of the sample was about 14% and the confounding results due to self-selection bias need to be considered. Asian American students who may hold strong opinions about their culture and help seeking might have been participated in this study. Therefore, the results of this study might hold stronger either negative or positive values and opinion about cultures and help seeking behaviors compared to the Asian-American graduate and undergraduate population. In addition to students who were particularly interested in the study topic, those who motivated to participate and complete a study may have participated in this study rather than different types of people with a variety of intentions. Hence, this significantly limits the ability to generalize this study's findings to the general Asian American student population.

Considering that over 50 different Asian and Asian-American ethnic groups exist (American Psychological Association, 2003), conceptualizing "Asian" cultural values is problematic because there may be variances among different ethnic groups. Mono-operation bias might have occurred because only a single version of Asian cultural values was captured rather than considering the full breadth of the 50 different Asian-American

ethnic group values. Future research should include examinations of this ethnic heterogeneity with a particular focus on the myriad Asian and Asian-American ethnic populations. As such, further investigation should focus on the ongoing validation of the present model.

Understanding research on potentially relevant moderating variables also may prove helpful in the understanding of this phenomenon. As such, researchers should consider potential moderating variables for future study (e.g., years in the U.S., generational status, levels of acculturation and enculturation, past counseling experience, and symptoms of mental health issues). For example, categorizing Asian Americans as a whole group without considering levels of acculturation and enculturation may prove problematic. Furthermore, the sample used in this study was not chosen based on presenting symptoms of mental health issues. Asian Americans might experience stigma differently based on their related symptoms and diagnoses of mental illness (Corrigan, 2004). Asian Americans who experience severe mental health issues might experience stronger stigma, which may, in turn, impact their attitudes and willingness to see a counselor. Asian Americans also may experience cultural values and stigma differently depending on their generational status. Additionally, previous counseling experience may impact Asian American's willingness to see a counselor as previous researchers found the previous counseling experiences were related to positive willingness to see a counselor among Asian Americans (Solberg, Ritsma, Davis, Tata, & Jolly, 1994).

Although this study design allowed for the examination of Asian Americans' willingness to see a counselor simultaneously, inevitable statistical and instrumental limitations came into play. For example, path analysis did not allow the researcher to

account for (i.e., model) measurement error. This is especially salient in this study given lower internal consistency estimates for the EAVS-AA. Considering the problem of the compounding of measurement error (Holmbeck, 1997), conducting structural equation modeling may be helpful for future study, to help parcel out measurement errors by using latent variables. Moreover, using bootstrapping analysis to test the significance of each indirect effect will be necessary.

### Implications

In sum, the findings of this study support the notion that a direct and indirect effect exists between cultural values and Asian Americans' willingness to see a counselor through stigma and attitudes toward seeking psychological help. This section will explore the implications of these findings for clinical practice.

Clinicians should be cognizant of how the stigma that Asian Americans' experience regarding seeking help can shape both their attitudes about and their decision to utilize mental health services. Therefore, addressing the issue of stigma early in the counseling and therapeutic relationship, and even during the intake process, may increase Asian Americans' positive attitudes and willingness to see a counselor, which in turn will impact on their use of mental health services. Rather than "treating" cultural values (e.g. change Asian-American clients to become more independent), focusing on indirect factors such as stigma about seeking help (e.g. discussing cultural values that foster such stigma and how it might play out in their decision to see a counselor) may encourage Asian Americans to utilize mental health services. Rather than categorizing Asian Americans by their racial status and automatically developing assumptions that they will have a higher level of stigma due to their cultural values, it will be important for

clinicians to consider the meaning of stigma to each Asian American client. This theoretical model will provide the guidance necessary to think about variability among Asian Americans to consider all the direct and indirect pathways to their willingness to see a counselor.

In addition, exploring the meaning of Asian-American cultural values with Asian American clients will be important in the process of considering how such meaning can be dependent on context. Considering the significant direct effect on Asian American attitudes toward seeking psychological help and the indirect effect on stigma toward seeking psychological help, Asian Americans' cultural values play a significant role in their decision to see a counselor.

This empirical approach to understanding a comprehensive theoretical model of Asian Americans' willingness to see a counselor may lead to new information on how to develop evidenced-based interventions to maximize Asian Americans' utilization of mental health services. Further advancements in intervention programs designed to decrease individuals' experience of stigma about seeking help will be the next step to increase Asian Americans' utilization of the services. Also, developing interventions could help counseling psychologists to have a better understanding of their Asian-American clients, which would aid these professionals in the provision of more culturally-based interventions.

## Appendix A

## Demographics Questionnaire

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

1. Female
2. Male
3. Other (specify)

Please indicate your racial group (Choose all that apply):

1. European American/Caucasian/White
2. African-American/Black
3. Asian American, Asian, Pacific Islander
4. Latina/o, Mexican, Hispanic
5. Middle Eastern
6. Native American/American Indian
7. Biracial
8. Multiracial
9. Other (specify) : \_\_\_\_\_

Please indicate your Asian ethnic group (Choose all that apply):

1. Asian Indian
2. Bangladeshi
3. Bhutanese
4. Burmese
5. Cambodian
6. Chinese
7. Filipino
8. Hmong
9. Japanese
10. Korean
11. Laotian
12. Malaysian
13. Nepali
14. Pacific Islander
15. Pakistani
16. Singaporean
17. Sri Lankan

18. Taiwanese
19. Thai
20. Vietnamese
21. Other (Please specify)

Year in school: \_\_\_\_\_

1. Freshman
2. Sophomore
3. Junior
4. Senior
5. Graduate student

Academic major: \_\_\_\_\_

Generation status: \_\_\_\_\_

1. 1<sup>st</sup> generation = you were born in Asia or other country and came to the U.S. as an adult
2. 1.5 generation = you were born in Asia or other country and came to the U.S. as a child or adolescent
3. 2<sup>nd</sup> generation = you were born in the U.S., either parent born in Asia or other country
4. 3<sup>rd</sup> generation = you were born in the U.S., both parents born in the U.S. and all grandparents born in Asia or other country
5. 4<sup>th</sup> generation = you and your parents born in the U.S. and at least one grandparent born in Asia or other country with remainder born in the U.S.
6. 5<sup>th</sup> generation = you and your parents born in the U.S. and all grandparents born in the U.S.
7. Don't know which generation fits the best for me since I lack some information

Years lived in the United States: \_\_\_\_\_

Do you have pervious counseling experience?

1. No
2. Yes
3. Other (Please specify)

## Appendix B

## Asian Values Scale – Revised

INSTRUCTIONS: Use the scale below to indicate the extent to which you agree with the value expressed in each statement.

**Rating Scale**

1 = Strongly Disagree;      2 = Disagree;      3 = Agree;      4 = Strongly Agree

- \_\_\_ 1. One should not deviate from familial and social norms.
- \_\_\_ 2. Children should not place their parents in retirement homes.
- \_\_\_ 3. One need not focus all energies on one's studies.
- \_\_\_ 4. One should be discouraged from talking about one's accomplishments.
- \_\_\_ 5. Younger persons should be able to confront their elders.
- \_\_\_ 6. When one receives a gift, one should reciprocate with a gift of equal or greater value.
- \_\_\_ 7. One need not achieve academically in order to make one's parents proud.
- \_\_\_ 8. One need not minimize or depreciate one's own achievements.
- \_\_\_ 9. One should consider the needs of others before considering one's own needs.
- \_\_\_ 10. Educational and career achievements need not be one's top priority.
- \_\_\_ 11. One should think about one's group before oneself.
- \_\_\_ 12. One should be able to question a person in an authority position.
- \_\_\_ 13. Modesty is an important quality for a person.
- \_\_\_ 14. One's achievements should be viewed as family's achievements.
- \_\_\_ 15. One should avoid bringing displeasure to one's ancestors.
- \_\_\_ 16. One should have sufficient inner resources to resolve emotional problems.
- \_\_\_ 17. The worst thing one can do is to bring disgrace to one's family reputation.

- \_\_\_\_ 18. One need not remain reserved and tranquil.
- \_\_\_\_ 19. One should be humble and modest.
- \_\_\_\_ 20. Family's reputation is not the primary social concern.
- \_\_\_\_ 21. One need not be able to resolve psychological problems on one's own.
- \_\_\_\_ 22. Occupational failure does not bring shame to the family.
- \_\_\_\_ 23. One need not follow the role expectations (gender, family hierarchy) of one's family.
- \_\_\_\_ 24. One should not make waves.
- \_\_\_\_ 25. One need not control one's expression of emotions.

## Appendix C

## European American Values Scale for Asian Americans-Revised

INSTRUCTIONS: Use the scale below to indicate the extent to which you agree with the value expressed in each statement.

**Rating Scale**

1 = Strongly Disagree;      2 = Disagree;      3 = Agree;      4 = Strongly Agree

- \_\_\_\_ 1. I think it is fine for an unmarried woman to have a child.
- \_\_\_\_ 2. Sometimes, it is necessary for the government to stifle individual development.
- \_\_\_\_ 3. You can do anything you put your mind to.
- \_\_\_\_ 4. Single women should not have children and raise them alone.
- \_\_\_\_ 5. I prefer not to take on responsibility unless I must.
- \_\_\_\_ 6. I do not like to serve as a model for others.
- \_\_\_\_ 7. It is okay if work interferes with the rest of my life.
- \_\_\_\_ 8. It is okay to allow others to restrict one's sexual freedom.
- \_\_\_\_ 9. No one is entitled to complete sexual freedom without restriction.
- \_\_\_\_ 10. A woman should not have a child unless she is in a long-term relationship.
- \_\_\_\_ 11. I follow my supervisor's instructions even when I do not agree with them.
- \_\_\_\_ 12. The world would be a better place if each individual could maximize his or her development.
- \_\_\_\_ 13. Partners do not need to have similar values in order to have a successful marriage.
- \_\_\_\_ 14. I cannot approve of abortion just because the mother's health is at risk.

- \_\_\_\_\_ 15. It is okay for a woman to have a child without being in a permanent relationship.
- \_\_\_\_\_ 16. Friends are very important.
- \_\_\_\_\_ 17. Faithfulness is very important for a successful marriage.
- \_\_\_\_\_ 18. Monetary compensation is not very important for a job.
- \_\_\_\_\_ 19. A student does not always need to follow the teacher's instructions.
- \_\_\_\_\_ 20. Luck determines the course of one's life.
- \_\_\_\_\_ 21. Cheating on one's partner doesn't make a marriage unsuccessful.
- \_\_\_\_\_ 22. Greater emphasis on individual development is not a good thing.
- \_\_\_\_\_ 23. I have always enjoyed serving as a model for others.
- \_\_\_\_\_ 24. Being humble is better than expressing feelings of pride.
- \_\_\_\_\_ 25. Faithfulness is not important for a successful marriage.

## Appendix D

## Stigma Scale for Receiving Psychological Help

INSTRUCTIONS: Use the scale below to respond to the following items.

**Rating Scale**

1 = Strongly Disagree;      2 = Disagree;      3 = Agree;      4 = Strongly Agree

- \_\_\_\_\_ 1.      Seeing a psychologist for emotional or interpersonal problems carries social stigma.
- \_\_\_\_\_ 2.      It is a sign of personal weakness or inadequacy to see a psychologist for emotional or interpersonal problems.
- \_\_\_\_\_ 3.      People will see a person in a less favorable way if they come to know he/she has seen a psychologist.
- \_\_\_\_\_ 4.      It is advisable for a person to hide from people that he/she has seen a psychologist.
- \_\_\_\_\_ 5.      People tend to like less those who are receiving professional psychological help.

## Appendix E

## Attitudes Toward Seeking Professional Help Scale: Short Form

INSTRUCTIONS: Use the scale below to respond to the following items.

**Rating Scale**

0 = Disagree;      1 = Partly Disagree;      2 = Partly Agree;      3 = Agree

- \_\_\_\_\_ 1.      If I believed I was having a mental breakdown, my first inclination would be to get professional attention.
- \_\_\_\_\_ 2.      The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.
- \_\_\_\_\_ 3.      If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.
- \_\_\_\_\_ 4.      There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.
- \_\_\_\_\_ 5.      I would want to get psychological help if I were worried or upset for a long period time.
- \_\_\_\_\_ 6.      I might want to have psychological counseling in the future.
- \_\_\_\_\_ 7.      A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.
- \_\_\_\_\_ 8.      Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.
- \_\_\_\_\_ 9.      A person should work out his or her own problems; getting psychological counseling would be a last resort.
- \_\_\_\_\_ 10.      Personal and emotional troubles, like many things, tend to work out by themselves.

## Appendix F

## Willingness to See a Counselor

INSTRUCTIONS: The following items present problems that some college students may have. Please assume that you have these issues and rate your willingness to seek counseling for each of the problems listed below. **We are not asking whether you have these issues; rather, we are interested in your willingness to see a counselor IF YOU HAD these issues.** Please use the rating scale given below to indicate your willingness for each item.

**Rating Scale**

1 = Not Willing to See a Counselor;  
Counselor

3 = Probably Willing to See a

2 = Probably Not Willing to See a Counselor;

4 = Willing to see a Counselor

- \_\_\_\_ 1. General Anxiety
- \_\_\_\_ 2. Alcohol Problems
- \_\_\_\_ 3. Shyness
- \_\_\_\_ 4. College Adjustment  
Problems
- \_\_\_\_ 5. Sexual Functioning  
Problems
- \_\_\_\_ 6. Depression
- \_\_\_\_ 7. Conflicts with Parents
- \_\_\_\_ 8. Academic Performance  
Problems
- \_\_\_\_ 9. Speech Anxiety
- \_\_\_\_ 10. Dating or Relationship  
Problems
- \_\_\_\_ 11. Financial Concerns
- \_\_\_\_ 12. Career Choice Problems

- \_\_\_\_ 13. Insomnia
- \_\_\_\_ 14. Drug Addiction
- \_\_\_\_ 15. Loneliness or Isolation
- \_\_\_\_ 16. Inferiority Feelings
- \_\_\_\_ 17. Test Anxiety
- \_\_\_\_ 18. Alienation
- \_\_\_\_ 19. Problems Making  
Friends
- \_\_\_\_ 20. Trouble Studying
- \_\_\_\_ 21. Ethnic or Racial  
Discrimination
- \_\_\_\_ 22. Roommate Problems
- \_\_\_\_ 23. Ethnic Identify  
Confusion
- \_\_\_\_ 24. General Health  
Problems

Appendix G  
Consent Form

<b>Project Title</b>	<i>Asian Americans' Culture and Attitudes</i>
<b>Purpose of the Study</b>	<i>This research is being conducted by <b>Na-Yeun Choi</b> under the supervision of Matthew J. Miller, Ph.D., at the University of Maryland, College Park. We are inviting you to participate in this research project because you are an Asian American that is at least 18 years old. An approximate number of 400 people will be recruited to participate in this study. The purpose of this research project is to better understand and gain knowledge about Asian Americans' culture and attitudes.</i>
<b>Procedures</b>	<i>The procedures involve filling out an online survey, which contains several surveys that look at Asian Americans culture, stigma and attitudes that will take approximately 20 minutes. Participants will be entered into a raffle to win one of fifty \$5 gift Starbucks e-gift cards.</i>
<b>Potential Risks and Discomforts</b>	<p><i>There are no known risks from participating in this research study. However, If you become psychologically distressed during the study such as experiencing emotional discomfort (e.g. remembering having difficulties in specific area such as academics, emotional, etc) , we will provide referral information for professional psychological services below. There are no known physical or medical risks for participating in this study.</i></p> <p><i>*For participants recruited from University of Maryland:</i></p> <ul style="list-style-type: none"> <li><i>• University of Maryland Counseling Center: <a href="http://www.counseling.umd.edu">http://www.counseling.umd.edu</a></i></li> </ul> <p><i>*For participants recruited outside of University of Maryland:</i></p> <ul style="list-style-type: none"> <li><i>• Maryland Psychotherapy Clinic and Research Lab: <a href="http://www.mpcrl.umd.edu">http://www.mpcrl.umd.edu</a></i></li> <li><i>• American Psychological Association's "Psychologist Locator": <a href="http://locator.apa.org/">http://locator.apa.org/</a></i></li> <li><i>• Psychology Today's "Find a Therapist": <a href="http://therapists.psychologytoday.com/rms/">http://therapists.psychologytoday.com/rms/</a></i></li> <li><i>• American Board of Professional Psychology "Find a Board Certified Psychologist": <a href="http://www.abpp.org/i4a/member_directory/feSearchForm.cfm?directory_id=3&amp;pageid=3292&amp;showTitle=1">http://www.abpp.org/i4a/member_directory/feSearchForm.cfm?directory_id=3&amp;pageid=3292&amp;showTitle=1</a></i></li> <li><i>• American Psychological Association's "Psychology Help Center": <a href="http://www.apa.org/helpcenter/index.aspx">http://www.apa.org/helpcenter/index.aspx</a></i></li> </ul>

	<p><i>Although there is no explicit personal benefit from filling out the questionnaire, the results of the study may help the investigators understand more about the personal and social factors that affect Asian Americans' attitudes and willingness to seek professional psychological help. The knowledge gained from this study may ultimately be used to design practical methods and interventions to promote Asian American students' help seeking attitudes.</i></p>
<b>Confidentiality</b>	<p><i>Any potential loss of confidentiality will be minimized by storing data in a secure location such as a locked office in a password protected computer. If we write a report or article about this research project, your identity will be protected to the maximum extent possible. Your information may be shared with representatives of the University of Maryland, College Park or governmental authorities if you or someone else is in danger or if we are required to do so by law.</i></p>
<b>Right to Withdraw and Questions</b>	<p><i>Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.</i></p> <p><i>If you decide to stop taking part in the study, if you have questions, concerns, or complaints, or if you need to report an injury related to the research, please contact the investigator, <b>Na-Yeun Choi</b> at: <b>3214 Benjamin Building, CAPS Department, University of Maryland, College Park, MD 20742, choina@umd.edu.</b></i></p>
<b>Participant Rights</b>	<p><i>If you have questions about your rights as a research participant or wish to report a research-related injury, please contact:</i></p> <p style="text-align: center;"><b>University of Maryland College Park Institutional Review Board Office 1204 Marie Mount College Park, Maryland, 20742 E-mail: irb@umd.edu Telephone: 301-405-0678</b></p> <p><i>This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.</i></p>
<b>Statement of Consent (ONLINE)</b>	<p><i>Clicking on the "CONTINUE" button below indicates that you are at least 18 years of age; you have read this consent form or have had it read to you; your questions have been answered to your satisfaction and you voluntarily agree to participate in this research study. You may print a</i></p>

	<p><i>copy of this signed consent form.</i></p>
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*If you agree to participate, please click the button below.*

## Appendix H

### Recruitment Email

Dear Asian and Asian American College Students,

Would you like to share your experiences as an Asian American by completing a brief online survey (only 20 minutes of your time)? Considering underrepresentation of Asian Americans' experiences in the scholarly literature, your voice will be valued.

The purpose of this research project is to better understand and gain knowledge about the effects of cultural values on Asian Americans' willingness to see a counselor. To thank you for your participation in the study you will be entered into a raffle to win fifty of \$ 5 STARBUCKS E-GIFT CARDS.

If you are interested in participating in this study, please click on the link below.

<https://www.surveymonkey.com/s/FAACA>

This project has been approved by the University of Maryland, College Park Institutional Review Board (IRB Approval #11-0783). This research is being conducted by Na-Yeun Choi, M.A., student investigator in the Department of Counseling, Higher Education, and Special Education, under the supervision of Dr. Matthew J. Miller, at the University of Maryland, College Park.

Thank you for your time and consideration. Please feel free to contact me with any questions.

Sincerely,

Na-Yeun Choi, M.A.  
Doctoral Student  
Counseling Psychology  
Department of Counseling, Higher Education, and Special Education  
3214 Benjamin Building  
College Park, MD 20742  
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