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# Asian Cultural Values, Attitudes Toward Seeking Professional Psychological Help, and Willingness To See a Counselor

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The purpose of this study was to examine the relationships among Asian American adherence to Asian cultural values, attitudes toward seeking professional psychological help, and willingness to see a counselor. Based on the data from 242 Asian American college students, the results revealed that adherence to Asian cultural values inversely predicted both attitudes toward seeking professional psychological help and general willingness to see a counselor, above and beyond the effects of related demographic variables. The results also indicated that attitudes toward seeking professional psychological help were a perfect mediator on the relationship between adherence to Asian cultural values and willingness to see a counselor in general and between adherence to Asian values and willingness to see a counselor for personal and health problems in particular.

Asian Americans are the second fastest growing ethnic minority group (after Hispanic Americans) in the United States (U.S. Bureau of the Census, 2002). As of 2000, there were more than 10.2 million Asian Americans in the United States, representing an increase of 46% since 1990 (U.S. Census Bureau, 2002). This rise in number has brought greater attention to the psychological needs of Asian Americans. For example, Leong, Wagner, and Tata (1995), after a review of relevant literature, stated,

Studies have shown a great need for [psychological] services among Asian Americans to deal with a variety of problems including academic, interpersonal, health/substance, abuse, dating, bicultural and biracial issues, family difficulties due to emerging cultural differences, marginality, difficulties relating within various subgroups, and the experience of racism. (p. 428)

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These findings, in turn, have led to examinations of Asian Americans' utilization of psychological services to investigate whether the level of need has been matched by the rate of utility. In general, results have shown that utility has been less than expected. For example, Snowden and Cheung (1990) found that in both inpatient and outpatient settings across the United States, Asian Americans tended to be underrepresented among individuals receiving psychological services. A similar result indicating underutilization also was observed in studies of Asian Americans living in California (S. Sue, Fujino, Hu, Takeuchi, & Zane, 1991) and Hawaii (Leong, 1994). In an attempt to explain these findings, scholars on Asian American mental health (e.g., D. W. Sue & Sue, 1999) have pointed out both out-group causes (e.g., culturally inappropriate mode of service delivery) and within-group causes (e.g., a built-in therapeutic system within Asian American communities). Among the within-group causes, one potentially important factor is cultural values held by Asian Americans. Hence, the current study examined the relationship between Asian American adherence to Asian values and help-seeking attitudes.

To better understand Asian Americans' underutilization of psychological services, multicultural counseling researchers (Atkinson & Gim, 1989; Atkinson, Lowe, & Matthews, 1995; Gim, Atkinson, & Whiteley, 1990; Tata & Leong, 1994) have examined two attitudinal constructs that may be related to Asian American help seeking. These constructs are attitudes toward seeking professional psychological help (Atkinson & Gim, 1989; Tata & Leong, 1994) and willingness to see a counselor for specific types of problems (Atkinson et al., 1995; Gim et al., 1990). In assessing the construct of attitudes toward seeking professional psychological help, a frequently used instrument (e.g., Atkinson & Gim, 1989; Tata & Leong, 1994) has been Fischer and Turner's (1970) Attitudes Toward Seeking Professional Psychological Help (ATSPPH). Using a Likert-type scale, this instrument assesses the following dimensions related to help-seeking attitudes: (a) recognition of need for psychological help, (b) stigma tolerance, (c) interpersonal openness, and (d) confidence in mental health professionals. In assessing Asian Americans' willingness to see a counselor for specific types of problems, a frequently used measure (e.g., Atkinson et al., 1995; Gim et al., 1990) instructs respondents to give an endorsement on the extent to which they are willing to see a counselor for a list of problems commonly observed among Asian Americans; for ease of presentation, we will refer to this measure as the Willingness To See a Counselor (WSC).

In comparing the constructs assessed by ATSPPH and WSC, willingness to see a counselor could be considered more closely associated with helpseeking behavior than do attitudes toward seeking professional psychological help, given the wording of the two constructs. In terms of the context for psychological problems, attitudes toward seeking help could be considered a global construct of help-seeking attitudes (i.e., attitudes about seeking help for psychological problems in general), whereas willingness to see a counselor can be considered a specific construct of help-seeking attitudes (i.e., attitudes about seeing a counselor for specific types of psychological problems). Furthermore, in assessing the construct of willingness to see a counselor, the source of help is specified as a counselor, whereas the source of assistance for the construct of attitudes toward seeking professional help is less specific. For example, the measure of attitudes toward seeking professional help used in the present study contained only 1 item, out of 10 items, that mentioned the source of help (i.e., psychologist); the rest of the items used descriptors such as "professional attention," "psychotherapy," and "psychological counseling." Consistent with these distinctions, multicultural theorists have noted that Asian Americans, when compared to European Americans, tend to have a less positive general attitude toward seeking professional psychological help, although they may be more willing to see a counselor for certain specific problems such as academic failure (see Atkinson, Morten, & Sue, 1998).

In studying these two constructs of help-seeking attitudes, multicultural counseling researchers also examined their relationships to a within-group variable that is salient for Asian Americans, namely acculturation. Originally theorized by Berry (1980) as an index of within-group heterogeneity, acculturation refers to the process of adaptation to the cultural values, behavior, knowledge, and identity of the dominant society (Kim & Abreu, 2001). In studies examining the relationship between Asian American acculturation and attitudes toward seeking professional psychological help (Atkinson & Gim, 1989; Tata & Leong, 1994), the results have indicated that less acculturated Asian Americans tend to have less favorable attitudes toward seeking professional psychological services than more acculturated Asian Americans. However, studies examining the relationship between Asian American acculturation and willingness to see a counselor for specific types of problems (e.g., Gim et al., 1990) have shown that less acculturated Asian Americans tend to have greater willingness to see a counselor than their more acculturated counterparts. In response to this seemingly conflicting finding, Gim et al. (1990) and Atkinson, Whiteley, and Gim (1990) speculated that although they may have few positive attitudes toward seeking psychological help, less acculturated Asian Americans are willing to see a counselor because Asian cultural values (e.g., deference to authority figures, humility, hierarchical relationships) dictate that they ascribe credibility to trained professionals. However, although this hypothesis is an interesting one, it is tentative at best because it must be based on the assumption that low acculturation is synonymous with high adherence to Asian cultural values and that changes

in cultural behaviors are equivalent to changes in cultural values; to assess acculturation, these studies on help-seeking attitudes employed the Suinn-Lew Asian Self-Identity Scale (Suinn, Rickard-Figueroa, Lew, & Vigil, 1987), a unilinear acculturation measure containing predominantly behavior-focused items.

Recognizing the possibility that high adherence to Asian cultural values may not be equivalent to low acculturation, it has been pointed out recently that enculturation is an important index of within-group heterogeneity among Asian Americans (Kim & Abreu, 2001; Kim, Atkinson, & Umemoto, 2001). First defined and used by Herskovits (1948), enculturation refers to the process of socialization to the norms of one's culture, including the values, ideas, and concepts that are salient for the culture (Berry, Poortinga, Segall, & Dasen, 1992; Segall, Dasen, Berry, & Poortinga, 1990). Hence, enculturation is different from acculturation in that the context for the former process is the indigenous culture, whereas the context for the latter process is the host or dominant culture (Berry et al., 1992; Segall et al., 1990). Recently, enculturation was defined as the process of retaining indigenous cultural values, behaviors, knowledge, and identity (Kim & Abreu, 2001; Kim et al., 2001). In particular, for cultural values among Asian Americans, the following are some salient dimensions: avoidance of family shame, collectivism, conformity to norms, deference to authority, emotional self-control, family recognition through achievement, filial piety, hierarchical relationships, and humility (Kim et al., 2001; Kim, Atkinson, & Yang, 1999; D. W. Sue & Sue, 1999).

The relationship between Asian Americans' adherence to Asian cultural values and their help-seeking attitudes often has been discussed in the multicultural counseling literature (Atkinson et al., 1998; Kim et al., 2001; Leong et al., 1995; Root, 1993; D. W. Sue, 1994; D. W. Sue & Sue, 1999). For example, D. W. Sue (1994) noted that Asian Americans who adhere to traditional Asian cultural values consider it shameful or embarrassing if anyone other than family members has information about their personal problems, and hence, they have negative attitudes toward seeking professional psychological help. Root (1993) suggested that seeking help outside the family to resolve problems might be perceived by traditional Asian Americans as causing disgrace to the family. Similarly, Kim et al. (2001) noted that traditional Asian Americans value emotional self-control and the ability to resolve psychological problems by themselves.

However, as suggested earlier, some Asian Americans who adhere to traditional values, particularly humility, deference to authority figures, and hierarchical relationships may be willing to see professional counselors even if they do not have positive attitudes toward seeking professional psychological help. Consistent with this idea, a recent counseling process study employing real sessions with volunteer Asian American clients and trained European American counselors found that clients with high adherence to Asian values perceived greater counselor empathic understanding and stronger client-counselor working alliance than did clients with low adherence to Asian values (Kim, Li, & Liang, 2002). Another process study using a similar method found that clients with high adherence to Asian values evaluated Asian American counselors as more empathic and credible than clients with low adherence to Asian values (Kim & Atkinson, 2002).

Despite the advances in the conceptual understanding of Asian cultural values enculturation and its possible relationship to help-seeking attitudes, no research to date has empirically examined the relationship between adherence to Asian values and attitudes about help-seeking among Asian American college students. Therefore, the purpose of this study was to extend the body of literature on help-seeking attitudes by investigating the relationships among Asian American college students' adherence to Asian cultural values, attitudes toward seeking professional psychological services, and willingness to see a counselor for specific types of problems. The current study attempted to control for the effects of related demographic variables such as age, gender, and previous counseling experience that may be associated with help-seeking attitudes.

Based on past research on attitudes toward professional psychological help and acculturation, we first hypothesized that Asian American college students' adherence to Asian cultural values would be inversely associated with positive attitudes toward seeking professional psychological help, above and beyond the effects of related demographic variables. Second, we hypothesized that Asian American college students' adherence to Asian cultural values would be positively related to their willingness to see a counselor, above and beyond the effects of related demographic variables. This hypothesis was based on the notion that some Asian values (e.g., deference to authority figures, humility, hierarchical relationships) would be associated with an increased likelihood to seek help.

#### **METHOD**

#### **Participants**

Two hundred forty-two Asian American college students (140 women, 102 men) ranging in age from 18 to 57 years (M=21.89, SD=6.75) at a large mid-Atlantic university (n = 194) and a large university in Hawaii (n = 48) participated in the study. Ninety-one (37.6%) participants were 1st-year students, 48 (19.8%) were sophomores, 48 (19.8%) were graduate students, 29

(12.0%) were juniors, and 26 (10.7%) were seniors. There were 68 (28.1%) Chinese, 62 (25.6%) Koreans, 32 (13.2%) Filipinos, 28 (11.6%) Japanese, 27 (11.2%) Asian Indians, 10 (4.1%) others, 9 (3.7%) Vietnamese, and 6 (2.5%) multiethnic Asian Americans. One hundred ten (45.5%) participants were second-generation, 80 (33.1%) were first-generation, 26 (10.7%) were third-generation, 19 (7.9%) were fourth-generation, and 6 (2.5%) were fifth-generation Asian Americans, and 1 (0.4%) participant was a sixth-generation Asian American. Among the first-generation group, the number of years since immigration ranged from 0 to 22 (M = 10.47, SD = 5.32). Fifty-nine (24.3%) participants indicated that they had had previous counseling experience, with the experience ranging between 1 and 30 sessions (M = 4.44, SD = 5.02).

#### Measures

Adherence to Asian cultural values was assessed using the Asian Values Scale (AVS) (Kim et al., 1999). The AVS contains 36 statements (18 of which are reverse worded) reflecting Asian cultural values and utilizes a 7-point Likert-type scale (1 = strongly disagree, 7 = strongly agree) to assess the respondent's endorsement of each item. Kim et al. (1999) reported coefficient alphas of .81 and .82 based on two separate samples and a 2-week testretest reliability coefficient of .83 for the 36-item scale; the data from the present study yielded a coefficient alpha of .86. Support for AVS's construct validity was obtained by identifying via a nationwide survey items that reflected cultural values commonly observed across various Asian American ethnic groups; items that were more highly endorsed by first-generation Asian Americans than by European Americans were retained. In addition, an exploratory factor analysis showed six factors representing related aspects of Asian cultural values: collectivism, conformity to norms, emotional selfcontrol, family recognition through achievement, filial piety, and humility; although these findings served as evidence of AVS's construct validity, Kim et al. (1999) recommended against using these factors as subscales because they yielded low coefficient alphas. As additional evidence of AVS's construct validity, a follow-up study by Kim, Yang, Atkinson, Wolfe, and Hong (2001) showed that these six factors were closely interrelated and commonly observed among and similarly defined by Asian Americans of various ethnic origins. AVS's convergent validity was obtained through a confirmatory factor analysis in which a factor structure representing the relationship between behavioral acculturation and values enculturation yielded a good fit to the data (Kim et al., 1999). In this model, AVS and two subscales of the Individualism-Collectivism Scale (Triandis, 1995) served as indicators of values enculturation and three 7-item parcels of the Suinn-Lew Asian SelfIdentity Scale (Suinn et al., 1987) served as indicators of behavioral acculturation. Divergent validity was evidenced in the low correlation between AVS scores and Suinn-Lew Asian Self-Identity Scale scores (Kim et al., 1999). In the present study, only the AVS's total score was used, as recommended by Kim et al. (1999). In support of using the total score, Kim et al. (2001) found, via confirmatory factor analyses, that AVS was better represented by a hierarchical factor structure, consisting of a second-order Asian values construct and six first-order factors, in comparison to single-order factor structures. For the current data analyses, AVS's average scores ranging from 1 (*strongly disagree*) to 7 (*strongly agree*) were used.

The 10-item Attitudes Toward Seeking Professional Psychological Help– Short Form (ATSPPH-SF) (Fischer & Farina, 1995) was used to assess participants' attitudes toward seeking help. The ATSPPH-SF was developed from Fischer and Turner's (1970) original 29-item measure. Using factor analysis, 10 items representing essentially the same constructs as the original instrument were retained. The authors reported evidence of criterion-related validity (correlations with previous help-seeking experience and respondent gender) and convergent validity (correlation of .87 with the original measure). In terms of reliability, the ATSPPH-SF has a coefficient alpha equal to .84 and a 1-month test-retest reliability coefficient of .80; the current data yielded a coefficient alpha of .85. The items in the ATSPPH-SF are rated using scores between 1 (*disagree*) and 4 (*agree*); for data analysis in the current study, average scores ranging from 1 to 4 were used.

WSC (Gim et al., 1990) was used in this study and is a 24-item attitudinal measure of one's willingness to see a counselor for a specified list of problems. It is based on the Personal Problems Inventory (Cash, Begley, McCown, & Weise, 1975), a 15-item list of types of problems that college students might experience such as general anxiety, shyness, depression, and career choice. The Personal Problems Inventory was first revised by Ponce and Atkinson (1989), who added five additional problems that minority clients often encounter, including adjustment to college, financial concerns, and loneliness or isolation. To use it with Asian American participants, Gim et al. (1990) further revised the inventory by adding four problems that they deemed particularly relevant for Asian Americans (e.g., ethnic or racial discrimination, ethnic identity confusion). Using this inventory, Gim et al. assessed the construct of willingness to see a counselor by instructing Asian American respondents to rate the degree to which they would be willing to see a counselor for each problem. In sum, WSC is a measure of one's willingness to see a counselor for 24 different problems, with the scores ranging from 1 (not willing) to 4 (willing); for the present study, average scores ranging from 1 to 4 were used.

#### Procedure

After obtaining approval from the institutional review boards at the host institutions, participants were recruited from introductory psychology classes at a large, mid-Atlantic university and education classes at a university in Hawaii. At the mid-Atlantic university, the first author administered a questionnaire containing AVS, ATSPPH-SF, WSC, and demographic information to the participants either individually or groups of between 2 and 10 individuals, depending on the number of people who signed up for the administration timeslot. As for the participants at the university in Hawaii, the second author administered the questionnaire in class. In each case, the authors obtained informed consent before administering the questionnaire and debriefed the participants on the purpose of the study after the participants completed the questionnaire. The participants at the university in Hawaii did not receive any remuneration.

#### RESULTS

Means, standard deviations, and intercorrelations among the variables are presented in Table 1.

#### **Preliminary Analyses**

Due to limited psychometric information on WSC, additional analyses to study WSC's reliability and validity were conducted using data from the present study. To further examine WSC's construct validity and to identify any subscales that might provide additional insights about specific types of concerns vis-à-vis willingness to see a counselor, the WSC items were subjected to both exploratory and confirmatory factor analyses; Gim et al. (1990) did not conduct any factor analysis on the WSC scores. For the two analyses, the overall sample was randomly divided into two subsamples, each comprising 121 participants (50 men and 71 women in the exploratory factor analysis subsample and 52 men and 69 women in the confirmatory factor analysis subsample). Thus, the data used for the exploratory and confirmatory factor analyses were independent of each other. The recommended sample size for conducting factor analysis is five subjects per variable (Schumacker & Lomax, 1996); thus, there was adequate power for both factor analyses.

For the exploratory analysis, the 24 items were first submitted to a principal components factor analysis without specifying a factor solution. Inspection of a scree plot indicated that the magnitude of eigenvalues visibly

TABLE 1:	Means, Standard Deviation	s, and Intercorrelations	Among the Variables

Variable	Mean	Standard Deviation	1	2	3	4	5	6	7	8	9	10	11
1. Asian Values Scale	4.15	.70	_										
2. Attitudes Toward Seeking Professional													
Psychological Services-Short Form	2.51	.63	39***										
3. Willingness To See a Counselor-Total Score	e 2.33	.62	18**	.53***									
4. WSC-Personal Problems	2.09	.75	17**	.54***	.92***	_							
5. WSC-Academic/Career Problems	2.23	.79	10	.31***	.79***	.60***	_						
6. WSC-Health Problems	2.80	.84	23***	.41***	.60***	.46***	.22**						
7. Age	21.89	6.75	30***	.44**	.15*	.16**	.03	.28***					
8. Gender			14*	.15*	.07	.06	.05	.08	.15**				
9. Academic level			34***	.39***	.15*	.19**	06	.27***	.73***	.01	_		
10. Generation since immigration			33***	.36***	.19**	.19**	.03	.31***	.50***	.18**	.49***	_	
11. Previous counseling experience			03	.17**	.13*	.16*	.08	.12*	.17**	.11*	.20**	.18**	

NOTE: WSC = Willingness To See a Counselor; Asian Values Scale: 1 = strongly disagree, 7 = strongly agree; Attitudes Toward Seeking Professional Psychological Services-Short Form: 1 = disagree, 4 = agree; WSC-Total Score: 1 = not willing, 4 = willing; WSC-Personal Problems: 1 = not willing, 4 = willing; WSC-Academic/Career Problems: 1 = not willing; 4 = willing; WSC-Health Problems: 1 = not willing; 4 = willing; age range = 18 to 57; gender: 1 = male, 2 = female; previous counseling experience: 1 = no, 2 = yes.\*p < .05. \*\*p < .01. \*\*\*p < .001.

tapered off after the fourth factor. We then studied the results of factor solutions ranging from three to five factors, and settled on a three-factor solution as being most interpretable. Then, a three-factor solution was specified for the second principal factor analysis with varimax rotation. The results indicated that the three-factor solution accounted for 58.2% of the variance, with each factor accounting for 39.2%, 11.5%, and 7.5% of the variance. Because the purpose of this analysis was to identify meaningful factors underlying the items, we used the following criteria to establish the subscales: (a) retain items with a factor loading greater than .50, a number considered to be a "good" score (Comrey & Lee, 1992) (less than .50 is considered "fair" or "poor"); (b) retain items that clearly loaded on one factor (i.e., adequate loading on the factor and relatively low loadings on the other two factors); and (c) retain items that were conceptually consistent with each other. As a result, 19 items were retained in the factor solution. We labeled the resulting factors (a) WSC-Personal Problems (9 items), (b) WSC-Academic/Career Problems (6 items), and (c) WSC-Health Problems (4 items); see Table 2.

Confirmatory factor analysis was conducted to examine the validity of the three-factor structure derived from the exploratory factor analysis. The hypothesized structure comprised three latent variables representing WSC-Personal Problems, WSC-Academic/Career Problems, and WSC-Health Problems, with each variable having nine, six, and four indicators, respectively. The three latent variables were set to be correlated with each other because, theoretically, they all are types of problems for which one might see a counselor. The results yielded a chi-square of 345.57 and degrees of freedom of 149. The results yielded the following fit indices (see Schumacker & Lomax, 1996): Goodness-of-Fit Index = .965, Comparative Fit Index = .963, Bentler-Bonett Normed Fit Index = .937, Bentler-Bonett Non-Normed Fit Index (also known as Tucker-Lewis Index) = .953, Incremental Fit Index = .963, and Relative Fit Index = .920. Hence, these results suggested that the correlated three-factor model represented a very good fit to the data and provided further support for the construct validity of the WSC total and its three subscales.

Based on the results of the exploratory and confirmatory factor analyses, internal reliability of the WSC total and its subscales was examined. The results indicated coefficient alpha of .92 for the 24-item WSC total, .91 for the nine-item WSC–Personal Problems, .86 for the six-item WSC–Academic/Career Problems, and .73 for the four-item WSC–Health Problems. These results suggested that WSC total and its three subscales have adequate reliability.

Subscale/Item	Factor 1	Factor 2	Factor 3	М	SD	
WSC-Personal Problems						
Problems making friends	.79	.24	.20	1.89	.96	
Alienation	.79	.28	.23	2.05	.93	
Inferiority feelings	.77	.13	.34	2.03	.98	
Shyness	.75	.20	19	1.88	.95	
Loneliness or isolation	.69	02	.43	2.29	1.04	
General anxiety	.65	.24	.11	2.02	1.04	
Conflicts with parents	.62	.25	.19	2.18	.97	
Ethnic identity confusion	.62	.30	.40	1.88	.97	
Dating or relationship problems	.60	.31	.23	1.95	1.00	
WSC–Academic/Career Problems						
Career choice problems	.05	.75	.08	2.74	1.05	
Academic performance problems	.30	.74	05	2.45	1.06	
Roommate problems	.17	.71	.15	2.01	1.07	
Test anxiety	.28	.69	.13	2.01	1.01	
Financial concerns	.09	.68	.10	2.07	1.03	
Trouble studying	.31	.68	.06	2.10	1.01	
WSC–Health Problems						
Drug addiction	.11	.01	.90	3.14	1.16	
Alcohol problems	.19	03	.78	2.96	1.16	
Insomnia	.21	.21	.71	2.63	1.13	
Sexual functioning problems	.26	.24	.54	2.10	1.12	
Items dropped from the factor solut	ion					
College adjustment problems	.58	.50	05	2.12	1.03	
Speech anxiety	.48	.56	.13	2.23	1.01	
Ethnic or racial discrimination	.37	.54	.16	2.14	1.00	
Depression	.53	02	.59	3.03	1.04	
General health problems	01	.33	.39	2.64	1.11	

 
 TABLE 2:
 Factor Loadings From Exploratory Factor Analysis and Means and Standard Deviations on the Items for Willingness To See a Counselor (WSC)

# Relationship Between Adherence to Asian Cultural Values and Attitudes Toward Seeking Professional Psychological Help

To test the first hypothesis, a hierarchical multiple regression analysis was conducted. An examination of the intercorrelations showed that age, gender, generation since immigration, and previous counseling experience were correlated with ATSPPH-SF. Thus, these demographic variables were entered as predictor variables in Step 1, and AVS scores were entered as a predictor variable in Step 2, with ATSPPH-SF scores entered as the dependent variable. Note that although both age and grade level were correlated with ATSPPH-SF scores, only age was used in the equations because age and grade level were highly correlated with each other (r = .73), possibly causing

	β	t	$R^2$	F	$\Delta R2$	$\Delta F$
Dependent variable: Attitudes Toward						
Seeking Professional Psychological						
Help–Short Form						
Step 1						
Age	.33	4.93***				
Gender	.06	1.05				
Generation since immigration	.18	2.62**				
Previous counseling experience	.08	1.32				
			.23	17.49***		
Step 2						
Age	.28	4.33***				
Gender	.04	.69				
Generation since immigration	.11	1.72				
Previous counseling experience	.09	1.62				
Asian Values Scale scores	25	-4.24***				
			.28	18.60***	.05	17.98***
Dependent variable: Willingness To						
See a Counselor total						
Step 1						
Age	.06	.85				
Generation since immigration	.14	1.93				
Previous counseling experience	.10	1.51				
			.05	4.08**		
Step 2						
Age	.04	.50				
Generation since immigration	.11	1.46				
Previous counseling experience	.10	1.61				
Asian Values Scale scores	13	-1.97*				
			.06	4.07**	.01	3.87*

TABLE 3: Results of Hierarchical Multiple Regression Analyses

\*p < .05. \*\*p < .01. \*\*\*p < .001.

multicollinearity instability. The results, which are presented in Table 3, indicated that AVS scores were inversely predictive of ATSPPH-SF scores, above and beyond the effects of related demographic variables. Hence, the first hypothesis was supported.

# Relationship Between Adherence to Asian Cultural Values and Willingness To See a Counselor

The simple correlation between AVS scores and WSC scores was –.18; hence, the second hypothesis was not supported. Nonetheless, we conducted

a hierarchical multiple regression analysis to further examine the significant correlation in the context of related variables. Age, generation status, and previous counseling experience were entered as predictor variables in Step 1, AVS scores were entered as predictor variables in Step 2, and WSC total scores were entered as the dependent variable. Again, although both age and grade levels were correlated with WSC total scores, only age was used in the equations. The results indicated that the AVS scores were a significant inverse predictor of the WSC total scores, after controlling for the effects of related demographic variables (see Table 3).

Given the significant relationship between the scores on AVS and WSC total and the significant correlations between the scores on AVS and WSC–Personal Problems and between the scores on AVS and WSC–Health Problems, two additional hierarchical multiple regression analyses were conducted. One analysis examined the relationship between the scores on AVS and WSC–Personal Problems, and the other examined the relationship between the scores on AVS and WSC–Health Problems. The results indicated that AVS was not predictive of either WSC–Personal Problems or WSC–Health Problems when the effects of related demographic variables were controlled.

# Test of Mediator Models Involving Adherence to Asian Cultural Values, Attitudes Toward Seeking Professional Psychological Help, and Willingness To See a Counselor

Based on the results showing inverse relationships between adherence to Asian cultural values and attitudes toward seeking professional psychological help and between adherence to Asian values and willingness to see a counselor, we examined whether the latter relationship might be mediated by attitudes toward seeking professional psychological help. This examination was based on the notion that when Asian American college students experience a problem, their cultural values will shape their attitudes toward seeking psychological help, which in turn will influence their willingness to see a counselor for that problem. To test the mediator model, we used three regression analyses as recommended by Baron and Kenny (1986). They specified that support for a mediator model exists when the following conditions are upheld: (a) the independent variable predicts the mediator variable in one regression equation, (b) the independent variable predicts the dependent variable in another equation, and (c) in a third equation, the mediator predicts the dependent variable to a greater extent than does the independent variable; a perfect mediation holds if the independent variable has no effect when the mediator is controlled.

The results indicated that AVS scores (independent variable) were a significant predictor of ATSPPH-SF scores (proposed mediator),  $\beta = -.39$ , t = -6.45, p = .000, thus satisfying the first condition of a mediator model. Satisfying the second condition, AVS scores were found to be a significant predictor of WSC total scores (dependent variable),  $\beta = -.18$ , t = -2.88, p = .004. As for the third condition, the results indicated a significant equation, F(2, 237) =46.45, p = .000,  $R^2 = .28$ , with ATSPPH-SF scores as a significant predictor,  $\beta = .54$ , t = 9.04, p = .000, and AVS scores as a nonsignificant predictor,  $\beta =$ .03, t = .42, p = .678, of WSC total scores. Thus, the results indicated support for our third hypothesis of a perfect mediation model.

Similar support for a perfect mediation model was evidenced when the dependent variable was replaced with WSC–Personal Problems and WSC– Health Problems subscales. Satisfying the second condition of the mediation model, AVS scores were found to be a significant predictor of WSC–Personal Problems (dependent variable),  $\beta = -.17$ , t = -2.59, p = .010. As for the third condition, the results indicated a significant equation, F(2, 237) = 48.46, p = .000,  $R^2 = .29$ , with ATSPPH-SF scores as a significant predictor,  $\beta = .05$ , t = 9.37, p = .000, and AVS scores as a nonsignificant predictor,  $\beta = .05$ , t = .82, p = .412, of WSC–Personal Problems scores. As for the dependent variable of WSC–Health Problems, the second condition of a mediation model was supported in a significant prediction by AVS scores,  $\beta = -.23$ , t = -3.64, p = .000. As for the third condition, the results indicated a significant equation, F(2, 237) = 25.59, p = .000,  $R^2 = .18$ , with ATSPPH-SF scores as a significant predictor,  $\beta = .38$ , t = 5.97, p = .000, and AVS scores as a nonsignificant predictor,  $\beta = .000$ . As for the third condition, the results indicated a significant equation, F(2, 237) = 25.59, p = .000,  $R^2 = .18$ , with ATSPPH-SF scores as a significant predictor,  $\beta = .000$ , t = -1.34, p = .182, of WSC–Health Problems scores.

# DISCUSSION

Contrary to past research showing inconsistent results for Asian Americans' attitudes toward seeking professional psychological services (Atkinson & Gim, 1989; Tata & Leong, 1994) and their willingness to see a counselor (Atkinson et al., 1995; Gim et al., 1990), the current results yielded a consistent trend. The results showed an inverse relationship between adherence to Asian cultural values and attitudes toward seeking professional psychological help, above and beyond the effects of age, gender, generation status, and previous counseling experience. Similarly, the results showed an inverse relationship between adherence to Asian values and willingness to see a counselor, above and beyond the effects of age, generation status, and previous counseling experience. As noted previously, past studies used a behavioral measure of acculturation to study variations on help-seeking attitudes among Asian Americans, whereas the present study used a measure of adherence to Asian values as an index of enculturation.

The present results as a whole are consistent with the observations made by writers in multicultural counseling that Asian Americans who have high adherence to Asian cultural values (traditional Asian Americans) tend to have negative attitudes toward help seeking (Atkinson et al., 1998; Leong et al., 1995; Root, 1993; D. W. Sue, 1994; D. W. Sue & Sue, 1999). Specific Asian value dimensions assessed by AVS that may be related to negative attitudes toward psychological help and decreased willingness to see a counselor are emotional self-control and conformity to norms. These cultural values stress that individuals should exercise restraint when experiencing strong emotions, especially negative ones. The values encourage Asian Americans to withhold their pain, suffering, and anger rather than to express them. Also, traditional values encourage individuals to conform to family and social norms. Deviating from the norms by admitting psychological problems can be easily perceived as a violation of Asian cultural values, resulting in shame to the family.

The results on the mediator models suggested that the Asian cultural values held by highly enculturated Asian American college students are associated with less positive attitudes toward seeking psychological help, which in turn are related to being less willing to see a counselor in general and for personal and health problems in particular. These findings suggest an interesting explanation of the process by which enculturated Asian American students might make a decision about whether to seek services. In addition, these findings may provide a clearer picture as to how help-seeking decisions might be reached by Asian American students based on their attitudes toward seeing, and willingness to see, a counselor.

The lack of significant relationship between adherence to Asian cultural values and willingness to see a counselor for academic/career problems was an interesting finding given past suggestions that Asian American students are willing to see a counselor for these problems (see Atkinson et al., 1998). Although it is difficult to explain a null finding, perhaps this result is an artifact of the sample used in this study. Given that the participants were all college students, there may have been insufficient variation on their willingness to see a counselor for academic/career problems vis-à-vis adherence to Asian values. That is, everyone could have responded very similarly toward help seeking for academic/career problems given that their main life task as students is to achieve academically and make career-related decisions. Kim et al. (2001) pointed out that educational and career achievements are important cultural values among Asian Americans. However, to the extent that the nonsignificant result reflects the true state of affairs, perhaps there are other

variables such as the desire to make internal changes (rather than seeking outside help) that are related to willingness to see a counselor for academic/ career problems. This reasoning is speculative at best, and additional studies should be conducted on these variables. In any event, counselors might keep in mind that when highly enculturated Asian American college students seek help for academic/career concerns, it may open the door for exploration of issues related to personal or health problems.

The present study has a number of limitations. First, the findings from this study have the limitations inherent in conducting research with college students. Although a significant proportion of Asian Americans with whom counseling psychologists are likely to work will be college students, the use of these individuals in the current study limits the generalizability of findings to this population alone. Second, although generalizability of the results may be increased due to participant recruitment in two geographically distant areas of the mid-Atlantic region and Hawaii, the results may not apply to Asian American students in other locales. Third, although the beta weight was significantly greater than 0, the amount of explained variance accounted for by the AVS scores on the WSC scores was only 1%, which indicates that a vast majority of the variance remains unaccounted for. Hence, the reader is cautioned about the clinical significance of this relationship. Fourth, the WSC is a relatively new instrument that lacks full psychometric support. Similarly, the use of the 10-item ATSPPH, rather than the full 29-item measure, may limit the validity of the current results. Fifth, the findings may be valid only for the Asian American ethnic groups represented in the sample; ethnic groups who were not represented in the sample may differ in their help-seeking attitudes vis-à-vis adherence to Asian cultural values. Finally, the data were obtained from Asian Americans in general, and they may be different in some characteristics than Asian Americans in the counseling client population.

Notwithstanding these limitations, the results of the current research have implications for future research. First, future studies should investigate the possible moderating relationships of other variables (e.g., need for help, availability of culturally responsive service within and outside of the community) on the relationship between adherence to various Asian cultural value and help-seeking attitudes and behaviors. Second, the potentially differential effects of various Asian cultural value dimensions (e.g., emotional selfcontrol, conformity to norms, deference to authority figures) on help-seeking attitudes should be investigated. To conduct such studies, reliable and valid instruments that assess individual dimensions of Asian cultural values need to be developed. Third, future studies might employ the 29-item ATSPPH, which provides subscale scores on recognition of need for psychological help, stigma tolerance, interpersonal openness, and confidence in mental health professionals. Doing so may shed light on potentially differential relationships between Asian values and various dimensions of help-seeking attitudes. Fourth, more research should be conducted to study the validity of the WSC total and subscales. Based on the present data, correlations ranging from .31 to .54 were observed between the ATSPPH and the WSC total and subscale scores, which may suggest evidence of WSC's concurrent validity. Additional validity studies on the WSC could provide further psychometric support for its utility in future research. Fifth, future studies might attempt to identify other variables that account for variance on help-seeking attitudes, particularly on the WSC scores. Variables such as severity of the problem and beliefs about problem etiology may account for some of the unexplained variance in WSC scores. Finally, future research in general should continue to examine the construct and correlates of enculturation and their relationships to acculturation and help-seeking attitudes. For example, a study might simultaneously examine the potentially differential effects of enculturation and acculturation on help-seeking attitudes (see Ruelas, Atkinson, & Ramos-Sanchez, 1998, for this type of research with Mexican Americans).

The results of the current study also have implications for counseling work. The results clearly showed that Asian American college students with high adherence to Asian cultural values would be less likely to have positive attitudes toward, and seek help from, counselors. Therefore, counselors may need to conduct more outreach services to meet the psychological needs of enculturated Asian American college students. In so doing, counselors can collaborate with existing indigenous support systems in Asian American communities (e.g., churches, temples, civic organizations) to learn about and deliver more culturally relevant and sensitive therapeutic interventions. When a counselor is in a session with an Asian American client, he or she could assess the client's adherence to Asian cultural values to gauge and explore the client's attitudes toward counseling services and willingness to see the counselor. Since client age also was a significant predictor of attitudes toward professional psychological help, the developmental level of the client also might be considered in this exploration. Attending to these factors could increase the likelihood that the client will remain in treatment rather than terminating prematurely.

As noted in the introduction, the causes for Asian American underutilization of psychological services could be many. They include external factors such as inappropriate modes of service delivery among those who offer psychological services (e.g., lack of cultural sensitivity by counselors). The causes also may include within-group factors such as a built-in therapeutic system (e.g., elders in the community as sources of help). The results of the current study suggest an additional within-group factor: adherence to Asian cultural values. We hope that the present study provided additional insights to the dynamics underlying whether, and for what types of problems, Asian Americans seek services.

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