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ASIAN AMERICANS' HELP-SEEKING ATTITUDES: THE ROLE OF CULTURAL VALUES, ETHNIC IDENTITY, AND NEIGHBORHOOD ETHNIC DENSITY

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Abstract

The purpose of this study was to gain a better understanding of the factors that influence Asian American college students' attitudes towards seeking help from mental health professionals. The current study examined the effects of adherence to Asian American values, ethnic identity, and ethnic density of neighborhood of origin on help-seeking attitudes among 155 Asian American college students. Results indicated that adherence to Asian American values, particularly the value of Emotional Self-Control, negatively predicted attitudes towards seeking help. However, ethnic identity and ethnic density of neighborhood of origin were not found to be related to attitudes towards seeking professional psychological help. Limitations and directions for future research are discussed.

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Table of Contents

List of Tables

CHAPTER 1

Introduction

Studies have found that while Asian Americans have a sizable burden of mental illness, they are less likely than Whites to seek help for mental health problems.(It should be noted that Whites are used as a reference point in this study because they are the dominant group in the U.S. and as such, have been used as a reference point for almost all previous health and mental health research examining racial group differences.) Data from the National Latino and Asian American Study (NLAAS) show that while Asian Americans have a 17.3% overall lifetime rate of any psychiatric disorder and a 9.19% 12-month rate, they are three times less likely to seek mental health services than Whites (Spencer et al., 2010). Abe-Kim et al. (2007) found that only 8.6% of Asian Americans sought any mental health services, in comparison to 17.9% of the general population. Additionally, a study focusing specifically on the mental health needs of Asian American youth found that they used outpatient services, informal services (self-help, peer counseling, or religious counseling), and any mental health services less than other racial ethnic groups (Garland et al., 2005).

Similar results were found in a study conducted by Lee and colleagues at the University of Maryland School of Public Health in 2009. This study examined mental health problems which among 1.5 and 2nd generation Asian American youth. (1.5 generation status refers to individuals who immigrated to the United States before age 13). In this study, researchers conducted focus groups with youth from eight Asian American communities (Asian Indian, Cambodian, Chinese, Indonesian, Korean, Taiwanese, Thai, and Vietnamese) in Montgomery County, Maryland. They collected

information about the sources of stress that affected the mental health of these young adults and asked if and how they sought help for mental health problems. Participants reported several common sources of stress that affected their overall mental health. These included family obligations based on strong family values, pressure to meet parental expectations of high academic achievement and live up to the "model minority" stereotype, the difficulty of balancing two different cultural identities and communicating with parents, and discrimination or isolation due to racial or cultural background. Moreover, the results revealed that Asian American young adults tended not to seek professional help for mental health issues, and instead were likely to rely on social support networks including friends, significant others, and religious communities (Lee et al., 2009).

Numerous researchers have sought to identify the various causes of Asian Americans' underutilization of mental health services (e.g., Han & Pong, 2015; Kim-Goh, Choi, & Yoon, 2015; Kim & Zane, 2016; Zhang, Snowden, & Sue, 1998). The utilization of mental health services has been found to be associated with attitudes towards seeking professional help (Mackenzie, Gekoski, & Knox, 2006). Thus, researchers have attempted to understand Asian Americans' underutilization of services by examining their attitudes towards seeking professional help for mental health issues (Kim & Lee, 2014; Loya, Reddy, & Hinshaw, 2010; Luu, Leung, & Nash, 2009; Ting & Hwang, 2009). The present study aims to understand how these attitudes might be influenced by adherence to Asian American cultural values, ethnic identity, and ethnic density of neighborhood of origin.

Asian Americans' Attitudes Towards Seeking Help for Mental Health Issues

Researchers have studied Asian American's attitudes towards seeking help for mental health difficulties in relation to a variety of factors, including stigma (Masuda & Boone, 2011), stigma tolerance (Ting & Hwang, 2009), acculturation and enculturation (Kim & Omizo, 2010; Miller, Yang, Hui, Choi, & Lim, 2011; Ruzek, Nguyen, & Herzog, 2011), the internalized model minority myth (Kim & Lee, 2014), and beliefs about the etiology of mental illness (Kim & Kendall, 2015). In addition, several have examined how Asian Americans' attitudes towards seeking help might be influenced by adherence to important cultural values (Gloria, Castellanos, Park, & Kim, 2008; Kim, 2007; Kim, Kendall, & Chang, 2016; Omizo, Kim, & Abel, 2008; Shea & Yeh, 2008).

Asian American Values

Researchers have identified five core values that are salient aspects of Asian American culture. These are Collectivism, Emotional Self-Control, Humility, Family Recognition through Achievement, and Conformity to Norms (Kim, Li, & Ng., 2005). These values have been observed across various Asian American ethnic groups (Kim, Yang, Atkinson, Wolfe, & Hong, 2001). *Collectivism* refers to the importance of placing the needs of one's group over the needs of one's self. *Emotional Self-Control* has been defined as "the importance of having the ability to control one's emotions, having sufficient inner resources to resolve emotional problems, and implicitly understanding and not openly expressing parental love" (Kim et al., 2005). *Humility* refers to the importance of being humble and modest. *Family Recognition Through Achievement* has been defined as "the importance of not bringing shame to the family by avoiding occupational or educational failures and by achieving academically" (Kim et al., 2005). Lastly, *Conformity to Norms* has been described as "the importance of conforming to

familial and social expectations, following the role expectations (gender, family hierarchy) of one's family, not deviating from familial and social norms, being concerned about bringing disgrace to one's family reputation, and reciprocating others' gifts" (Kim et al., 2005).

These values can be measured using the Asian American Value Scale Multidimensional (Kim et al., 2005). Several studies have found an inverse relation between adherence to Asian American values and positive attitudes towards seeking help from mental health professionals (Gloria et al., 2008; Kim, 2007; Shea & Yeh, 2008). For example, Gloria et al. (2008) found that adherence to Asian values negatively predicted help-seeking attitudes for Korean American women and second generation Korean American students. Additionally, working with a sample of 146 Asian American students, Kim (2007) found that enculturation to Asian cultural values was inversely related to positive attitudes toward seeking professional psychological help. Moreover, Shea and Yeh (2008) investigated the attitudes of 219 Asian American graduate and undergraduate students and found that lower adherence to Asian values predicted more positive attitudes towards seeking professional help for mental health problems. These studies all suggest that individuals who adhere strongly to Asian American values may be less likely to seek help for mental health difficulties.

Ethnic Identity

Ethnic identify refers to an individual's perceived sense of belonging to a particular ethnic or racial group. In 1990, Jean Phinney, a leading scholar in the area of identity, developed a three-stage model of ethnic identity development. This model was based on Erikson's (1968) theory of identity formation, Marcia's (1980)

operationalization of Erikson's theory, and Tajfel's (1981) social identity theory. Phinney's model consists of three stages, which are Unexamined Ethnic Identity, Ethnic Identity Search/Moratorium, and Ethnic Identity Achievement. The first stage is characterized by a lack of exploration of one's ethnic identity. An individual in this stage may not have had many interactions with people from other ethnic groups, or may view their own group as characterized by the dominant culture. The second stage, Ethnic Identity Search, is marked by an individual's exploration of his or her own ethnic identity. Lastly, individuals in the Ethnic Identity Achievement phase have accepted and internalized their identities.

In order to assess her theoretical model, Phinney developed the Multigroup Ethnic Identity Measure (MEIM) in 1992. This measure examines three different domain of identity development. The first is an individuals' achievement, or degree of exploration of and commitment to one's group. The second domain of ethnic identity development explored by this measure is ethnic behaviors, or the degree of one's participation in cultural activities. The last domain examined by this measure is affirmation and belonging, or one's positive feelings toward his or her own ethnic group (Umaña-Taylor, Yazedjian, & Bámaca-Gómez, 2004).

In 2004, Umaña-Taylor, Yazedjian and Bámaca-Gómez developed The Ethnic Identity Scale as an alternative to Phinney's (1992) scale. The authors chose to do so for two main reasons. First, they have noted that when the MEIM is used, only individuals who have a positive commitment to their ethnic identity are considered to have achieved identity. The researchers believe that this is not consistent with Phinney's original theory, which acknowledges that individuals may be committed to their ethnic backgrounds in

either a positive or negative way. Second, the authors of the Ethnic Identity Scale (EIS-B; Douglass & Umana-Taylor, 2015) have noted that while the MEIM examines exploration, commitment, and affirmation together, it may be important to examine the distinct components of ethnic identity independently. Thus, they proposed a scale which examines independently each of the three following components: "the degree to which individuals have explored their ethnicity, the degree to which they have resolved what their ethnic identity means to them, and the affect (positive or negative) that they associate with that resolution" (Umaña-Taylor, Yazedjian & Bámaca-Gómez, 2004). Ultimately, their scale examines behaviors (exploration), thoughts (resolution), and feelings (affirmation) in relation to ethnic identity.

Ethnic identity in Asian Americans has been studied in relation to a host of psychological variables, such as discrimination (Cheref, Talavera, & Walker, 2018; Kiang, Supple & Stein, 2018), violence (Irwin et al., 2017), depressive symptoms (Ai, Nicado, Appel, & Lee, 2015; Choi, Lewis, Harwood, Mendenhall, & Huntt, 2017), social competence (Tran & Lee, 2010), and emotional well-being (Yasuda & Duan, 2002). However, only one study, conducted by Tummala-Narra, Li, and Chang (2018), has examined the relationship between ethnic identity and help-seeking attitudes. These researchers found that participants with a stronger sense of ethnic identity were less likely to have positive attitudes toward seeking help from mental health professionals (Tummala-Narra et al., 2018). They noted that this finding was consistent with previous investigations that had found an inverse relationship between adherence to Asian American cultural values and help-seeking, implying that values adherence and ethnic identity were similar constructs.

In the present study, the researcher hypothesized that ethnic identity would be related to help-seeking attitudes. This hypothesis was built upon the underlying assumption that values adherence and ethnic identity were similar constructs, and that Asian Americans who closely identified with members of their own ethnic or racial group would be more likely to adhere to Asian American values. This in turn would lead these individuals to hold less positive help-seeking attitudes. In addition, it was predicted that ethnic identity would negatively predict help-seeking attitudes because Asian Americans who are in the exploration stage of ethnic identity development may reject White cultural standards and values. Inthe U.S., it is highly likely that the mental health professional that these students seek out will be White, as Whites account for more than 80% of all American professional psychologists (American Psychological Association, 2015). As such, the potential racial and ethnic mismatch between the therapist and client may impact Asian Americans' willingness to seek help.

Ethnic Density

Neighborhood ethnic density has been defined as the proportion of ethnic minority residents in an area (Bécares et al., 2009). Many researchers have examined the relationship between ethnic density and mental health outcomes (Caan, 2016; Schofield et al., 2017; Veling et al., 2007). Some researchers have argued for what is known as the "ethnic density effect," which is the "phenomenon that minority groups often have better adjustment outcomes if they live in areas with a greater proportion of people of the same ethnicity" (Jurick, Yakobov, Solopieieva-Jurickova, & Ahmed, 2015, p. 2). However, findings on the existence of such an effect have been mixed. Ethnic density has been measured both objectively (Juang & Alvarez, 2011) and subjectively (Jurick, 2013; Kwag

et al., 2005; Stafford 2009). Objective measurement involves examining census data or public records to determine what percentage of a particular ethnic group resides in an area. Subjective measurement entails asking participants to rate or report the amount of diversity in their neighborhoods. This may be done by asking participants to rate neighborhood diversity on a Likert scale (e.g., "From 1 to 5, how diverse is the neighborhood you grew up in?"), or report on their perception of whether they fall in the minority or majority (e.g., "Rate the degree to which you agree with the following statement: Most people in my neighborhood look like me/are the same race/ethnicity/religion/speak the same language as me").

Although ethnic density has been studied in relation to the occurrence of mental health outcomes, it has yet to be studied in relation to help-seeking attitudes. It is possible that ethnic density impacts help-seeking attitudes. Asian Americans who reside in neighborhoods mostly comprised of members of their own ethnic group may be more likely to adhere to Asian American values. This in turn may cause them to be less likely to hold positive attitudes towards seeking professional psychological help. In addition, Asian Americans living in predominantly Asian American neighborhoods may have less positive attitudes towards seeking help because they fear the stigma associated with mental health concerns that is often present in Asian communities.

Purpose of the Present Study

A review of the literature revealed that while many studies have investigated the influence of adherence to Asian American values on help-seeking attitudes, few studies have explored the role of ethnic identity on these attitudes. Moreover, no studies have considered the relationship between neighborhood ethnic density and help-seeking

attitudes. The present study aimed to examine how these three factors – adherence to Asian American values, ethnic identity, and ethnic density - influenced Asian American students' attitudes towards seeking help for mental health difficulties. The aim of the study was to provide greater insight into the factors that influence Asian American students' attitudes towards seeking professional psychological help.

Research Hypotheses

There were three independent variables in this study. They were a) the extent to which participants adhered to each of the Asian American values: Collectivism, Emotional Self-Control, Humility, Family Recognition through Achievement, and Conformity to Norms; b) participants' ethnic identity; and c) the ethnic density of the neighborhood in which participants grew up. The dependent variable was attitude towards seeking help as measured by the Attitudes Toward Seeking Professional Psychological Help - Shortened Form (ATSPPH-SF; Fischer & Farina, 1995). To test the hypotheses listed below, a hierarchical multiple regression was conducted. In Step 1, Asian American values was added to the model. In Step 2, ethnic identity was added to the model. In Step 3, ethnic density was added to the model.

Hypothesis 1: Participants with greater adherence to Asian American values will be less likely to have positive attitudes towards seeking help. The independent variable is adherence to Asian American values, as measured by the Asian American Values Scale Multidimensional (AAVS-M; B.S.K. Kim et al., 2005), and the dependent variable is positive attitude towards seeking help as measured by the ATSPPH-SF (Fischer & Farina, 1995). To test this hypothesis, a hierarchical multiple regression analysis will be conducted.

Hypothesis 2: Ethnic identity will predict less positive attitudes towards seeking help, and will explain the variance in help-seeking attitude scores above and beyond adherence to Asian American values. The independent variable is ethnic identity on each of the three subscales of the Ethnic Identity Scale (EIS-B; Douglass & Umana-Taylor, 2015) identity will be added to the model built for Hypothesis 1 to determine whether it explains any additional variance.

Hypothesis 3: Participants who grew up in more ethnically dense neighborhoods will hold less positive attitudes towards seeking help. The independent variable will be scores on a scale of ethnic density, and the dependent variable will be positive attitude towards seeking help, as measured by the ATSPPH-SF (Fischer & Farina, 1995). To test this hypothesis, ethnic density scores will be added to the model to examine whether this variable explains variance in the help-seeking attitudes above and beyond the other predictor variables.

Chapter 2

Methods

Participants

Participants were recruited via Amazon Mechanical Turk (MTurk), an online marketplace that compensates workers for tasks (described below). A preliminary power analysis conducted in G*power 3.1 for multiple regression, omnibus revealed that a sample size between 115 and 150 students would be sufficient for a small to medium effect size of f^2= .10, power of 0.8, and α = .05. The present study consisted of a total sample of 155 Asian American undergraduate and graduate students above the age of 18.

Of the participants, 67.1% were males (N = 104) and 32.9% were females (*N* = 51). Participants ranged in age from 18 to 40 years, and the mean age of participants was 25.23 years (*SD* = 4.435). In regard to their student status, 52.9% were graduate students (*N* = 82) and 46.5% were undergraduate students (*N* = 72), while one student did not indicate whether he or she was a graduate or undergraduate student. In regard to their involvement in any student cultural organization (such as Chinese American Student Organization), 63.2% of participants reported that they were involved (*N* = 98), 34.8 % reported that they were not involved (*N* = 54), and 1.9% did not complete this item (*N* = 3). Lastly, 23.9% of the participants were first generation Asian American (*N* = 37), 7.7% were 1.5 generation (*N* = 12), 38.1% were second generation (*N* = 59), 14.8% were third generation (*N* = 23), and 15.5% were fourth generation or beyond (*N* = 24). Table 1 provides demographic information about all participants.

Table 1

Ethnicity

	N	%
Bangladeshi	2	1.3
Burmese	1	.6
Cambodian	5	3.2
Chinese	35	22.6
Filipino	12	7.7
Hmong	2	1.3
Indian	29	18.7
Indonesian	3	1.9
Japanese	20	12.9
Korean	20	12.9
Laotian	2	1.3
Malaysian	3	1.9
Nepali	2	1.3
Okinawan	1	.6
Pakistani	1	.6
Sri Lankan	1	.6
Taiwanese	2	1.3
Thai	2	1.3
Vietnamese	1	.6
Other ethnic group:	11	7.1

Sex

	N	%
Male	104	67.1
Female	51	32.9
Transgender/ Non-Binary	0	0
Type of Student		
Graduate	82	52.9
Undergraduate	72	46.5
Involvement in Student Cultural Organization		
Yes	98	63.2
No	54	34.8
Missing Data	3	1.9
Generational Status		
1st	37	23.9
1.5	7.7	7.7
2nd	59	38.1
3rd	23	14.8
4^{th} and beyond	24	15.5

Measures

Participants completed four demographic questions and four measures.

Demographic questions. Participants completed a brief demographic questionnaire regarding their age, sex, ethnicity, generational status, and whether they belonged to a student cultural organization (see Appendix A).

Asian American Values Scale Multidimensional. The extent to which participants adhere to each of the five Asian American values was measured using the Asian American Values Scale Multidimensional (AAVS-M; Kim et al., 2005). This is a 42- item measure of adherence to Asian cultural values. It contains five subscales: Emotional Self-Control (8 items, 3 reverse scored), Humility (6 items, 4 reverse scored), Collectivism (7 items, 3 reverse scored), Conformity to Norms (7 items, 1 reverse scored), and Family Recognition through Achievement (14 items, 2 reverse scored). Items are scored on a 7-point Likert scale (1= *strongly disagree*, 7 = *strongly agree*; AAVS-M; Kim et al., 2005). Higher scores on each subscale indicate greater adherence to each of the values. The scale is contained in Appendix B.

The AAVS-M was normed on a sample of 163 Asian American college students from a variety of ethnic backgrounds. The sample consisted of 36 (22.1%) Koreans, 31 (19.0%) Asian Indians, 25 (15.3%) Chinese, 21 (12.9%) Filipinos, 17 (10.4%) multiracial, 9 (5.5%) Taiwanese, 6 (3.7%) Vietnamese, 3 (1.8%) Japanese, 2 (1.2%) Cambodian, 1 (0.6%) Indonesian, 1 (0.6%) Laotian, 1 (0.6%) Pakistani, and 10 (6.1%) other (Kim et al., 2005). The developers of the AAVS-M reported good internal consistency for the subscales of the AAVS-M: 80 to .89 for Emotional Self-Control, .75 to .86 for Humility, .80 to .86 for Collectivism, .79 to .90 for Conformity to Norms, and .90 to .95 for Family Recognition through Achievement (Kim et al., 2005). Additionally,

Kim et al. (2005) provided evidence for concurrent and discriminant validity of the AAVS-M.

Perceived ethnic density. Perceived ethnic density was measured using three items that asked participants to think about the ethnic and racial concentration of the neighborhood in which they grew up (see Appendix C). These items were developed by the study author following a review of the literature and discussion with individuals with expertise in this area. Participants were asked to estimate how many people from their ethnic group lived in their neighborhood on a 5-point scale, ranging from 1 (none or hardly any) to 5 (almost all or all of the neighborhood). Participants were also asked how many people of their same race resided in their neighborhood. Lastly, participants were asked how many people in their neighborhood were People of Color on a 5-point scale, ranging from 1 (none or hardly any) to 5 (almost all or all of the neighborhood). Because the participants were college students (who were likely to be living away from home), they were asked to think about the neighborhood in which they grew up, rather than the neighborhood in which they currently reside. Additionally, in answering, participants were asked to think about the neighborhood in which they resided for the longest period of time. These three items were totaled to become a measure of ethnic density.

Ethnic Identity Scale –Brief. The extent to which participants identify with their own ethnic backgrounds was measured using a brief version of the Ethnic Identity Scale (EIS-B; Douglass & Umana-Taylor, 2015). The EIS-B is a 9-item scale that assesses the multidimensional construct of ethnic-racial identity. The 3 domains of ethnic identity measured by the scale include exploration, resolution, and affirmation. Items are rated on the following 4 point scale: Does not describe me at all (1), Describes me a little (2),

Describes me well (3), and Describes me very well (4). After negatively worded items are reverse scored, total scores for each subscale are obtained. Higher scores on each respective subscale indicate greater levels of exploration, resolution, or affirmation. Syed and colleagues (2013) reported that the EIS-B yielded a Cronbach's alpha of .89 with a sample of 3,637 ethnic minority college students (39% Latino, 26% East Asian, 23% Black, 8% South Asian, and 4% Middle Eastern).

Attitudes Toward Seeking Professional Psychological Help - Shortened Form. The extent to which participants held positive attitudes towards seeking professional help for psychological difficulties was measured using the Attitudes Towards Seeking Professional Psychological Help - Shortened Form (ATSPPH-SF) (Fischer & Farina, 1995). This is a 10-item unidimensional measure of help-seeking attitude. This scale is located in Appendix D. Participants rate each item on a 4-point scale, ranging from 1 (disagree) to 4 (agree), and after four items are reverse scored, a total scale score is obtained. Higher scores indicate a more positive attitude toward seeking professional help (Miller et al., 2011). Fischer and Farina (1995) reported that the ATSPPH-SF score yielded a coefficient alpha of .84 and a 1-month test–retest reliability coefficient of .80 with a largely European American sample. Kim and Omizo (2003) reported a coefficient alpha of .85 for the ATSPPH-SF total score with an Asian American sample (N = 242).

Procedure

After Institutional Review Board approval was obtained, participants were recruited via Amazon Mechanical Turk (MTurk). MTurk is a reliable crowdsourcing marketplace for work that requires human intelligence. MTurk has become a popular

data-collection method for individuals completing survey-based research (Krupnikov & Levine, 2014). MTurk participants, who are referred to as "workers," fill out surveys and complete tasks at their own convenience in order to receive financial compensation. Each task or survey is referred to as a "HIT," or Human Intelligence Task, and MTurk allows "requesters" (researchers) to accept or deny a HIT based on whether the task was completed correctly. Furthermore, MTurk allows requesters to specify qualifications workers must meet to be eligible for the survey. In the present study, workers were only eligible if they were located in the United States, had a HIT Acceptance Ratio (HAR) of at least 97%, and had completed more than 1000 HITs.

Participants were asked to complete a survey that took approximately five to ten minutes, and they were compensated $2.50 for their time. Participants completed three screening questions at the beginning of the survey about their race, age, and status as a student. Participants who did not identify as Asian American, were not students, or were below the age of 18 received a message stating that they were not eligible for the survey. All participants who did meet these criteria (were Asian American college students over the age of 18) were directed to complete a survey via Qualtrics. Upon completion of the survey, participants were provided a randomly generated MTurk code and returned to MTurk, where they entered this code to receive financial compensation.

After data collection was complete, participants who had completed 10% or less of the survey were removed from the sample. Additionally, individuals who completed the survey in less than 180 seconds (three minutes) were removed from the sample. After data cleaning was complete, the final sample consisted of 155 participants.

CHAPTER 3

Results

Preliminary Analyses

Data were analyzed using SPSS 25.0. Preliminary analyses were conducted for all variables to ensure that assumptions of normality, linearity, and homoscedasticity were met. All variables were normally distributed, with skewness values falling between -1 and 1, kurtosis values falling between -1 and 1.5, and all scores falling within 3 standard distributions of the mean. Furthermore, an examination of scatter plots revealed that the assumptions of linearity between variables and homoscedasticity were met.

Table 2

Variable	Mean	Standard Deviation
Collectivism	30.31	6.49
Conformity	32.77	6.70
Family Recognition	69.23	14.68
Humility	22.93	5.91
Emotional Self-Control	31.78	6.83
Ethnic Identity	26.86	4.30
Ethnic Density	8.82	3.09
Help-Seeking Attitudes	15.58	5.77

Additionally, multicollinearity between variables was assessed by examining correlations, the tolerance score, and the VIF (variance inflation factor) score. Correlations of 0.70 or higher typically indicate some level of multicollinearity (Tabachnick and Fidell, 2013), as do tolerance scores of less than .20 and VIF scores greater than 10 (Chen, Cohen, West, & Aiken, 2003). As all correlations were less than 0.70, tolerance was greater than .20, and the VIF was less than 10, it was determined that

multicollinearity did not exist between predictor variables. Correlations between variables are presented in Table 3.

Table 3

Variable	1	2	3	4	5	6	7	8
1. Help-Seeking	1.00							
2. Collectivism	-.060	1.00						
3. Conformity	-.055	.354	1.00					
4. Family Recognition	.109	.557	.515	1.00				
5. Humility	-.127	-.016	-.182	-.237	1.00			
6. Emotional Self-Control	-.461	.144	.382	.162	.068	1.00		
7. Ethnic Identity	.234	.277	.126	.419	-.041	-.119	1.00	
8. Ethnic Density	-.116	-.099	.249	.014	-.256	.291	-.250	1.00

Hypotheses and Hierarchical Regression

A hierarchical multiple regression analysis was conducted to address all hypotheses. The first hypothesis was that participants with greater adherence to Asian American values would be less likely to have positive attitudes towards seeking help. Accordingly, the Asian American values variable was entered in the first step. The second hypothesis was that ethnic identity would predict less positive attitudes towards seeking help. Therefore, the ethnic identity variable was entered in the second step. Lastly, the third hypothesis was that participants who grew up in more ethnically dense neighborhoods will hold less positive attitudes towards seeking help. To test this hypothesis, ethnic density was entered in the last step.

In the first step, Emotional Self-Control was the only significant predictor of help-seeking attitudes ($\beta = -.500$, $p < .001$). Then, when ethnic identity was added in the second step, Emotional Self-Control continued to be the only significant predictor of help-seeking ($\beta = -.473$, $p < .001$). Lastly, in the third step, when ethnic density was added, Emotional Self-Control again remained the only significant predictor of help-seeking ($\beta = -.500$, $p < .001$). These results indicate that of all the variables in the study, only the Asian American value of Emotional Self-Control predicted attitudes towards seeking help for mental health problems. No interactions for ethnic identity or ethnic density were detected.

Post Hoc Analyses

For exploratory research purposes several analyses were conducted to examine potential differences between several groups of interest. A first consideration was exploring gender or differences in help-seeking attitudes, as previous research has found that males are less likely than females to have positive help-seeking attitudes (Addis & Mahalik, 2003). Therefore, an independent samples t-test was conducted to examine whether males and females differed significantly in their help-seeking attitudes. The results indicated that women ($M = 17.00$, $SD = 5.14$) had significantly more positive attitudes towards seeking help for mental health concerns than did men ($M = 14.92$, $SD = 5.38$); $t(150) = -2.26$, $p = .03$. In addition, an ANOVA was conducted to compare men and women on their levels of Emotional Self-Control. The results indicated no significant differences in their endorsement of Emotional Self-Control as a cultural value.

Furthermore, four additional ANOVAs were conducted to examine possible differences in four areas: differences between ethnic groups, differences between

generational statuses, differences in graduate and undergraduate students, and differences between students involved in cultural organizations and those who were not. The results showed no differences between any of these respective groups on help-seeking attitudes.

Furthermore, an additional consideration entailed examining potential differences between 1st generation and 1.5 generation immigrants, who were all immigrants to the United States. This analysis was based on striving to understand the extent to which individuals with different life experiences have differed in their experiences of values adherence, ethnic identity, and ethnic density. Therefore, for exploratory purposes, the hierarchical regression analysis was performed with a sample that excluded 1st and 1.5 generation participants to compare this model with the entire sample. Once again, the only variable that predicted help-seeking was Emotional Self-Control. In the first step, Emotional Self-Control was the only significant predictor of help-seeking attitudes ($\beta = -.479$, $p < .001$). Then, when ethnic identity was added in the second step, Emotional Self-Control continued to be the only significant predictor of help-seeking ($\beta = -.469$, $p < .001$). Lastly, in the third step, when ethnic density was added, Emotional Self-Control again remained the only significant predictor of help-seeking ($\beta = -.476$, $p < .001$).

Chapter 4

Discussion

The purpose of this study was to examine how three factors – adherence to Asian American values, ethnic identity, and ethnic density - influenced Asian American students' attitudes towards seeking help for mental health difficulties. The findings indicated that of these three variables, only adherence to Asian American values predicted help-seeking attitudes. Specifically, the Asian American value of Emotional Self-Control was the only variable that predicted help-seeking attitudes. Interestingly, ethnic identity and ethnic density of neighborhood of origin were not found to influence help-seeking attitudes.

The finding that adherence to Asian American values is negatively associated with professional help-seeking attitudes is consistent with previous research (Gloria et al., 2008; Kim & Omizo, 2003; Kim, 2007; Shea & Yeh, 2008). It is important to note that these previous studies have examined adherence to Asian values as a unidimensional construct. However, several authors have written about the importance of examining the various domains of Asian values. For example, Kim and Omizo (2003) stated that while they had found a relationship between Asian values and help-seeking attitudes, future research needed to examine the specific types of cultural values, such as emotional self-control, conformity to norms, and deference to authority figures.

Similarly, Kim (2007) found that enculturation to Asian cultural values as a whole was inversely related to attitudes toward seeking professional psychological help, and he noted that the relationship between specific Asian values and help-seeking attitudes was worthy of further investigation. When examining the scores for each Asian value

independently, Kim (2007) found that none of the value dimension scores were significantly associated with help-seeking attitude scores. Rather, he found that an examination of bivariate correlations showed significant associations between the scores on three values - emotional self-control, collectivism, and humility – and the scores on help-seeking attitudes. Kim (2007) noted that while these results needed to be interpreted with caution due to the lack of control for the inflated type 1 error rate, the bivariate correlations between these specific values and help-seeking attitudes should be explored in future research. The present study is unique in that it examined Asian American values as a multidimensional construct and explored the independent role of each of the values – Humility, Conformity to Norms, Family Recognition through Achievement, Collectivism, and Emotional Self-Control - in relation to help-seeking attitudes.

Currently, only two investigations (Kim & Kendall, 2015; Kim, Kendall, & Chang 2016) have focused exclusively on Emotional Self-Control when exploring the relationship between help-seeking attitudes and Asian American values. These studies both viewed Asian Values as a single variable, but operationalized this variable as Emotional Self-Control. Kim and Kendall (2015) found that help-seeking attitudes mediated the relation between Emotional Self-Control and willingness to see a counselor. Furthermore, Kim and colleagues (2016) found that Emotional Self-Control was inversely related to help-seeking attitudes. The present study adds to the literature by demonstrating that it is adherence to one specific value, Emotional Self-Control, above all others, that predicts attitudes towards seeking professional psychological help. This is not surprising given that Emotional Self-Control is the Asian value most closely related to managing one's thoughts and feelings.

Furthermore, contrary to the second hypothesis, ethnic identity was not significantly associated with help-seeking attitudes. This finding stands in contrast to findings by Tummala-Narra and colleagues (2018), who found that having a stronger ethnic identity was inversely related to positive help-seeking attitudes. It is unclear why a significant association between ethnic identity and help-seeking attitudes was not also found in the present study. One possible explanation for these differing results is that the present study and the aforementioned study used different measures of ethnic identity.

Tummala-Narra and colleagues (2018) used the Multigroup Ethnic Identity Measure (MIEM; Phinney, 1992), while the present study utilized the Ethnic Identity Scale (EIS-B; Douglass & Umana-Taylor, 2015). The MIEM (Phinney, 1992) differs from the EIS-B (Douglass & Umana-Taylor, 2015) in that it only considers individuals who have a positive commitment to their ethnic identity as having achieved identity. In contrast, the EIS-B (Douglass & Umana-Taylor, 2015) considers individuals who are committed to their ethnic backgrounds in either a positive or negative way as having achieved identity. This difference in the way that ethnic identity is defined and measured may help to explain the difference in findings of the present study and those of Tummala-Nara and colleagues (2018). As these two studies appear to be the only two investigations of the relationship between ethnic identity and help-seeking, this may be an important area for future research. In particular, the ways in which ethnic identity is defined and measured warrants further investigation.

Moreover, it is important to note that there was low multicollinearity between ethnic identity scores and each of the Asian American value scores, and that ethnic identity did not account for additional variance in help-seeking attitude scores above and

beyond adherence to cultural values. This finding emphasizes that ethnic identity and adherence to cultural values appear to be two unrelated constructs. In this view, ethnic identity is an individual's perceived sense of belonging to a racial or ethnic group, while values adherence is how strongly one believes in and lives according to certain principles. Ethnic identity is related to one's connection to a group, while values adherence is related to one's individual beliefs. Thus, an Asian American individual may not strongly endorse certain Asian values, but may still feel very connected to her Asian heritage. This study demonstrates that contrary to what may seem intuitive, one's cultural beliefs and values may not be fully explained by one's ethnic identity.

Interestingly, contrary to the third hypothesis, ethnic density of neighborhood of origin, which was defined as the proportion of ethnic minority residents in the area in which one was raised, was not associated with help-seeking attitudes. This finding suggests that the racial and ethnic composition of one's neighborhood does not influence one's attitudes towards seeking professional psychological help. There are many potential implications of this finding. For example, this finding might suggest that help-seeking attitudes are determined more by individual issues and values and less influenced by neighborhood variables. Conversely, this finding might also suggest that there are neighborhood characteristics other than ethnic density, such as socioeconomic composition, social capital, or availability of mental health resources, that influence an individual's attitudes towards seeking help. Therefore, future studies might further explore the interactions between individual level factors and neighborhood factors or investigate the extent to which neighborhood factors other than ethnic density influence individual attitudes and decision-making.

Furthermore, the present study found that Asian American women were more likely than Asian American men to hold positive help-seeking attitudes. This is consistent with research that has found that in the United States, men are often socialized to be self-sufficient and independent problem-solvers, and that this socialization yields adult men who are less willing to seek mental health treatment (Addis & Mahalik, 2003; Wong, Ho, Wang, & Miller, 2017). The more men adhere to traditional norms of masculinity, the less likely they are to have positive help-seeking attitudes (Yousaf, Popat, & Hunter, 2105). However, further research is needed on how this gender socialization impacts Asian American men in particular.

For example, it is possible that ideas about masculinity and "being a man" are influenced by culture. To this point, Wong, Horn, and Chen (2013) found that participants viewed Asian American men as less traditionally masculine than White or Black men. Findings regarding gender differences in help-seeking attitudes among Asian Americans in particular have been mixed. Many studies have found that Asian American women are more likely to hold positive help-seeking attitudes (Chang & Chang, 2004; Gloria, Hird, & Navarro, 2001; Han & Pong, 2015; Shea & Yeh, 2008; Yeh, 2002; Yoo, Goh, & Yoon, 2005), while others have found no gender differences (Atkinson & Gim, 1989; Ting and Hwang, 2009; Ying & Miller, 1992). Thus, further research is needed on how race and ethnicity moderate the relationship between masculinity and help-seeking, particularly in Asian American populations. Moreover, future research might explore at what age these potential gender differences in the help-seeking attitudes of Asian Americans emerge.

Lastly, the finding that help-seeking attitudes did not differ significantly between generational groups is consistent with previous research (Gloria et al.,2008; Iwamoto & Liu, 2010), as is the finding that help-seeking attitudes did not differ significantly between ethnic groups (Iwamoto & Liu, 2010).

Implications for Intervention

The finding that the value Emotional Self-Control predicted help-seeking attitudes suggests that this personal value should be considered a key component of any interventions designed to increase Asian Americans' rates of mental health service utilization. For example, it may be useful for such interventions to include an explicit discussion of Emotional Self-Control and to emphasize that while having strong emotional regulation is an important skill, it should not preclude seeking help from a mental health professional when appropriate. Moreover, viewing health care from an Asian-American perspective may serve to improve help seeking rates. For example, it may be useful to reframe mental illness specifically as a medical concern that needs to be treated by a doctor, rather than as a personal weakness reflective of one's character. Such a characterization may be a better "fit" for many Asian-Americans as regards help seeking behavior.

Limitations and Directions for Future Research

Some limitations are notable in the current research. First, there are potential limitations in the methodology of this study. While the survey utilized in this study provided useful information, the present study lacked a qualitative follow-up component. It is possible that interviews with participants may have offered additional insight into these students' attitudes and beliefs. Future studies employing a mixed methods approach

may yield more precise information about the factors that influence attitudes towards seeking professional psychological help.

Furthermore, while this study brings to light important information about the attitudes of Asian American college students, these findings may not generalize to the Asian American population at large, as college students may be unique in regard to their education level, knowledge about mental health, and access to mental health resources. Likewise, the participants in this study ranged from 18 to 40 years in age, and these findings may not generalize to Asian Americans of all ages. Therefore, future studies might examine Asian Americans of different ages and occupational statuses.

An additional limitation of the present study was that the Asian American participants were viewed primarily as a homogenous group. This limitation occurred for two main reasons. The first was a lack of measurement tools that were sensitive to subgroup differences. For example, the Asian American Values Scale (Kim et al., 2005) was developed under the assumption that the five core values measured by the scale exist across all Asian American subgroups. However, while this scale was normed on participants from a variety of Asian subgroups, the sample size of participants from each subgroup was low. For example, the sample included 2 Cambodian participants, 1 Indonesian participant, and 0 Pakistani participants (Kim et al., 2005). Thus, this scale may lack sensitivity to subgroup differences. Second, the present study itself lacked sensitivity to these differences for precisely the same reason - the number of participants from each ethnic background was too low for differences, if existent, to be detected. Presently, there is a need for measurement tools that include norms for the various Asian

American subgroups, and this may be an area that researchers wish to examine in the future.

Despite its limitations, the present study provides information about the factors that do and do not influence Asian American college students' attitudes towards seeking professional psychological help. Ultimately, this investigation may help inform future research and the development of interventions designed to change attitudes about mental health service utilization in Asian American college students.

Appendix A
Demographic Questionnaire

Please answer the following:

1. **What is your age?**
   _____

2. **What is your sex? Please select one:**

   - ☐ Male
   - ☐ Female
   - ☐ Transgender/Non-Binary
   - ☐ Not listed. Please describe:
     _____

3. What is your race? Select all that apply:

   - ☐ American Indian or Alaska Native
   - ☐ Asian
   - ☐ Black or African American
   - ☐ Native Hawaiian or Other Pacific Islander
   - ☐ White
   - ☐ Other. Please describe _____

4. Are you a graduate student or undergraduate student?

   - ☐ Undergraduate student
   - ☐ Graduate student

5. Do you belong to a cultural student organization (such as an Asian American Student Association)?

   - ☐ Yes
   - ☐ No

6. **What is your generational status? Please select one.**

   - ☐ 1st generation – I immigrated to the United States.
   - ☐ 1.5 generation – I identify as a member of the "1.5 generation," or as someone who immigrated to the United States before age 13.
   - ☐ 2nd generation – My parents were not born in the United States, but I was.

- ☐ 3rd generation- My grandparents were not born in the United States, but my parents and I were.
- ☐ 4th and beyond – My great grandparents, or any generations before them, were not born in the United States, but my grandparents, my parents, and I were.
- ☐ If your parents hold different generational statuses (for example, one parent is an immigrant and was not), please explain:

7. What is your ethnicity? Select all that apply.

- ☐ Bangladeshi
- ☐ Bhutanese
- ☐ Burmese
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Indian
- ☐ Indonesian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Malaysian
- ☐ Maldivian
- ☐ Mongolian
- ☐ Nepali
- ☐ Okinawan
- ☐ Pakistani
- ☐ Singaporean
- ☐ Sri Lankan
- ☐ Taiwanese
- ☐ Thai
- ☐ Vietnamese
- ☐ Other
  Please indicate: _____

Appendix B

Asian American Values Scale

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

1 = Strongly Disagree
2 = Moderately Disagree
3 = Mildly Disagree
4 = Neither Agree or Disagree
5 = Mildly Agree
6 = Moderately Agree
7 = Strongly Agree

_____1. One should recognize and adhere to the social expectations, norms and practices.

_____2. The welfare of the group should be put before that of the individual.

_____3. It is better to show emotions than to suffer quietly.

_____4. One should go as far as one can academically and professionally on behalf of one's family.

_____5. One should be able to boast about one's achievement.

_____6. One's personal needs should be second to the needs of the group.

_____7. One should not express strong emotions.

_____8. One's academic and occupational reputation reflects the family's reputation.

_____9. One should be able to draw attention to one's accomplishments.

_____10. The needs of the community should supersede those of the individual.

_____11. One should adhere to the values, beliefs and behaviors that one's society considers normal and acceptable.

_____12. Succeeding occupationally is an important way of making one's family proud.

_____13. Academic achievement should be highly valued among family members.

_____14. The group should be less important than the individual.

_____15. One's emotional needs are less important than fulfilling one's responsibilities.

_____16. Receiving awards for excellence need not reflect well on one's family.

_____17. One should achieve academically since it reflects on one's family.

_____18. One's educational success is a sign of personal and familial character.

_____19. One should not sing one's own praises.

_____20. One should not act based on emotions.

_____21. One should work hard so that one won't be a disappointment to one's family.

_____22. Making achievements is an important way to show one's appreciation for one's family.

_____23. One's efforts should be directed toward maintaining the well-being of the group first and the individual second.

_____24. It is better to hold one's emotions inside than to burden others by expressing them.

_____25. One need not blend in with society.

_____26. Being boastful should not be a sign of one's weakness and insecurity.

_____27. Conforming to norms provides order in the community.

_____28. Conforming to norms provides one with identity.

_____29. It is more important to behave appropriately than to act on what one is feeling.

_____30. One should not openly talk about one's accomplishments.

_____31. Failing academically brings shame to one's family.

_____32. One should be expressive with one's feelings.

_____33. Children's achievements need not bring honor to their parents.

_____34. One need not sacrifice oneself for the benefit of the group.

_____35. Openly expressing one's emotions is a sign of strength.

_____36. One's achievement and status reflect on the whole family.

_____37. One need not always consider the needs of the group first.

_____38. It is one's duty to bring praise through achievement to one's family.

_____39. One should not do something that is outside of the norm.

_____40. Getting into a good school reflects well on one's family.

_____41. One should be able to brag about one's achievements.

_____42. Conforming to norms is the safest path to travel.

Appendix C

Ethnic Density Measure

1. Think about the neighborhood in which you grew up and the people who lived there. How many of those people were members of your own *ethnic* group? An ethnic group refers to a group of people with common descent and shared history, who share certain cultural traits such as food, literature, art, dress, and language (Branch, 1999). Examples of ethnic groups include the Chinese, Indian, or Korean people. Please select a number on a scale from 1 to 5, with 1 being none or hardly any, and 5 being almost all or all of the neighborhood.

- 1 None or hardly any
- 2 Less than half of the neighborhood
- 3 About half of the neighborhood
- 4 More than half of the neighborhood
- 5 Almost all or all of the neighborhood

2. Think about the neighborhood in which you grew up and the people who lived there. How many of those people were members of your own *racial* group? Examples of racial groups include Asian, White, Black, Latino/a, and American Indian. Please select a number on a scale from 1 to 5, with 1 being none or hardly any, and 5 being almost all or all of the neighborhood.

- 1 None or hardly any
- 2 Less than half of the neighborhood
- 3 About half of the neighborhood
- 4 More than half of the neighborhood
- 5 Almost all or all the neighborhood

3. Think about the neighborhood in which you grew up and the people who lived there. How many of those people were People of Color (not White)? Please select a number on a scale from 1 to 5, with 1 being none or hardly any, and 5 being almost all or all the neighborhood.

- 1 None or hardly any
- 2 Less than half of the neighborhood
- 3 About half of the neighborhood
- 4 More than half of the neighborhood
- 5 Almost all or all the neighborhood

Appendix D

Ethnic Identity Scale – Brief

Instructions: The next questions focus on your experiences related to your ethnicity in the past 30 days. As you answer these questions, think about the ethnic group that you feel most a part of. There are no right or wrong answers to any of these questions, we just want to know more about your opinions and experiences. Please fill in one response for each item.

	Does not describe me at all	**Describes me a little**	**Describes me well**	**Describes me very well**
1. I am clear about what my ethnicity means to me.	**1**	**2**	**3**	**4**
2. I have attended events that have helped me learn more about my ethnicity.	**1**	**2**	**3**	**4**
3. I have read books/magazines/newspapers or other materials that have taught me about my ethnicity.	**1**	**2**	**3**	**4**
4. I feel negatively about my ethnicity.	**1**	**2**	**3**	**4**
5. I wish I were of a different ethnicity.	**1**	**2**	**3**	**4**
6. I know what my ethnicity means to me.	**1**	**2**	**3**	**4**
7. I have participated in activities that have taught me about my ethnicity.	**1**	**2**	**3**	**4**
8. I dislike my ethnicity.	**1**	**2**	**3**	**4**
9. I have a clear sense of what my ethnicity means to me.	**1**	**2**	**3**	**4**

Appendix E

Attitudes Toward Seeking Professional Psychological Help – Shortened Form

Please respond to the statements below using the following 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 any 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 willing to cope with his 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 of 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

University of Rhode Island Institutional Review Board

Consent form for Research

Before agreeing to participate in this research study, it is important that you read and understand the following explanation of the purpose, benefits and risks of the study and how it will be conducted.

Title of Study: Help-Seeking Attitudes

Investigator: Dr. Gary Stoner, University of Rhode Island, Department of Psychology

Purpose of the Study: In this study, we aim to examine attitudes towards seeking professional psychological help for mental health problems.

Study Procedures: You will be asked to complete several questionnaires about your experiences and attitudes towards seeking help for mental health problems. They should take 20 minutes to complete.

Foreseeable Risks: There are minimal risks to study participation. The only foreseeable risk might be boredom. You may stop at any time.

Benefits to the Subjects or Others: This study is not expected to be of any direct benefit to you. However, we hope to add valuable information to research about people's attitudes towards utilization of mental health services. **Furthermore, as an expression of our gratitude for your participation, you will be compensated $2.50.**

Compensation for Participants: You will receive **$2.50 (US dollars)** in compensation only on completion of the survey. payment will be received within 3-5 days following the study completion.

Procedures for Maintaining Confidentiality of Research Records: No identifying information will be collected. The automated generated MTurk ID numbers will have no link to any personal information. Confidentiality will be maintained to the degree possible given the technology and practices used by the online survey company. Your participation in this online survey involves risks to confidentiality similar to a person's everyday use of the internet.

Questions about the Study: If you have any questions about the study, you may contact Dr. Gary Stoner at gstoner_uri.edu or Mehwish Shahid at mehwish_shahid@uri.edu.

Review for the Protection of Participants: This research study has been reviewed and approved by the URI Institutional Review Board (IRB). The URI IRB can be contacted at 401-874-4328 with any questions regarding the rights of research subjects. **You may also contact the Vice President for Research and Economic Development by phone at (401) 874-4576.**

Research Participants' Rights:

Your participation in the survey confirms that you have read all of the above and that you agree to all of the following:

- *Dr. Gary Stoner and Mehwish Shahid* have explained the study to you and you have had an opportunity to contact them with any questions about the study. You have been informed of the possible benefits and the potential risks of the study.
- You understand that you do not have to take part in this study, and your refusal to participate or your decision to withdraw will involve no penalty or loss of rights or benefits. The study personnel may choose to stop your participation at any time.
- You understand why the study is being conducted and how it will be performed.
- You understand your rights as a research participant and you voluntarily consent to participate in this study.
- You understand you may print a copy of this form for your records.

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