

# Asian-American Cultural Identity and Attitudes Toward Mental Health Services

Donald R. Atkinson and Ruth H. Gim  
Counseling Psychology Program, Graduate School of Education  
University of California, Santa Barbara

A total of 557 Asian-American students (263 Chinese Americans, 185 Japanese Americans, and 109 Korean Americans) completed a survey consisting of a demographic questionnaire, a modified version of the Suinn-Lew Asian Self-Identity Acculturation Scale, and the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPHS). A  $3 \times 2 \times 2$  multivariate analysis with main effects of ethnicity, gender, and level of acculturation and the four subscales of the ATSPHS as the dependent variables resulted in a significant *F* value for acculturation effect and nonsignificant *F* values for all other main and interaction effects. Regardless of ethnicity and gender, the most acculturated students were: (a) most likely to recognize personal need for professional psychological help, (b) most tolerant of the stigma associated with psychological help, and (c) most open to discussing their problems with a psychologist.

Considerable evidence exists that Asian Americans underutilize mental health services (President's Commission, 1978; Sue & McKinney, 1975), despite the fact that they are subjected to all the stresses experienced by any ethnic minority group (e.g., cultural conflict, racism, and generational conflict) in addition to those experienced by nonminorities. Furthermore, like other ethnic minority groups, Asian Americans who do make use of mental health services have a significantly higher drop-out rate than do White clients (Sue, 1977; Yamamoto, James, & Palley, 1968).

A number of explanations, some having to do with the conflict between Asian-American values and the psychotherapy process and some having to do with the inadequacies of traditional mental health services, have been offered for this pattern of underutilization and early termination. With respect to the conflict between cultural values and psychotherapy process, Root (1985) suggested that talking to a mental health worker about psychological problems may be viewed by Asian Americans as bringing disgrace on the family. Instead, Asian Americans may try to resolve their problems on their own, believing that mental health can be maintained by avoiding bad thoughts and exercising will power (Root, 1985). Asian Americans also may internalize stress and express symptoms through somatization and may therefore seek help from medical professionals (Sue & Morishima, 1982; Tseng, 1975). They simply may not view psychological services as a credible source of help. In a study of one Asian-American group, Atkinson, Ponterotto, and Sanchez (1984) found that

Vietnamese Americans had less positive attitudes toward psychological services than did their Anglo-American peers.

In terms of the inadequacies of mental health services, Sue and Zane (1987) cited the lack of bilingual therapists, discrimination against Asian Americans, and inability of therapists to provide culturally relevant forms of treatment as examples. Similarly, Shon and Ja (1982) cited communication problems, conflict over the direction of psychotherapy, and service provider failure to understand Asian-American behavior within an Asian-American context as shortcomings of traditional mental health services.

On the surface at least, underutilization of mental health services appears to be best explained by the conflict between Asian-American values and the psychotherapy process, whereas early termination is best explained by the inadequacies of the services provided. The current study was designed to shed light on the relation between Asian-American acculturation and use of mental health services. If one assumes that Asian Americans do not utilize mental health services because their cultural values conflict with the counseling process, then Asian Americans who are acculturated ought to have more favorable views of mental health services than do those who maintain traditional Asian values. It was hypothesized that Chinese-, Japanese-, and Korean-American university students who strongly identify with their ethnic culture would have relatively negative attitudes toward mental health services, whereas those who are more acculturated would have relatively positive attitudes toward mental health services.

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Correspondence concerning this article should be addressed to Donald R. Atkinson, Graduate School of Education, University of California, Santa Barbara, California 93106.

## Method

### *Participants*

Participants in the study were 263 Chinese Americans (136 men and 127 women), 185 Japanese Americans (77 men and 108 women), and 109 Korean Americans (61 men and 48 women) enrolled as undergraduates at a major west coast university. Subjects ranged in age by ethnicity as follows: Chinese Americans, 16-27, ( $M = 19.7$ );

Japanese Americans, 17–29 ( $M = 20.1$ ); Korean Americans, 17–29 ( $M = 20.1$ ). Their distribution by year in college was as follows: 154 freshmen; 142 sophomores; 122 juniors; and 138 seniors. (One respondent did not indicate year in college). All participants were citizens or permanent residents of the United States.

### Instrument

The survey questionnaire consisted of three parts. Part 1 asked for demographic data (i.e., sex, age, ethnicity, birthplace, parent's birthplace, and class standing). Part 2 was a modification of the Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA; Suinn, Rickard-Figueroa, Lew, & Vigil, 1987). The SL-ASIA is a 21-item, multiple-choice questionnaire that covers language (4 questions), identity (4 questions), friendship choice (4 questions), behaviors (5 questions), generation/geographic history (3 questions), and attitudes (1 question). Low, medium, and high scores on the SL-ASIA reflect, respectively, low, medium, and high levels of acculturation. (Suinn et al. also refer to these categories as Asian identified, bicultural, and assimilated.) Suinn et al. report an alpha coefficient of .88 for the 21 items. Using the generation/geographic history and attitude items for validation criteria and the remaining items to score the instrument, Suinn et al. found direct relations between scores on the SL-ASIA and (a) generation since immigration of respondent, (b) length of residence in the United States of respondent, and (c) self-ratings of cultural identity (5-point scale, *very Asian* to *very anglicized*).

Because Suinn et al. (1987) used the generation/geographic history and attitude items to validate the remainder of the questionnaire, we eliminated the 3 generation/geographic history items, the 1 attitude item, and 1 of the 5 behavior items in an effort to reduce the overall length of the combined survey questionnaire in the present study. This resulted in a modified SL-ASIA consisting of 16 items (4 each covering language, identity, friendship choice, and behaviors). For the purposes of this study, we also developed three versions of the SL-ASIA, substituting Chinese, Japanese, and Korean for Asian American on the forms to be distributed, respectively, to the three ethnic groups surveyed. Coefficient alpha reliability estimates were computed for the three ethnic versions of the SL-ASIA by using data from this study. For the combined groups the alpha was found to be .89; for the Chinese, Japanese, and Korean versions, it was computed to be, respectively, .90, .83, and .89.

Part 3 of the survey questionnaire consisted of an adaption of the Attitudes Toward Seeking Professional Help Scale (ATSPHS; Fischer & Turner, 1970). The ATSPHS consists of 29 items representing four subscales: Need (recognition of personal need for professional help), Stigma (tolerance of stigma associated with psychological help), Openness (interpersonal openness regarding one's problems), and Confidence (confidence in the ability of the mental health professional to be of assistance). Each item is a statement that is scored on a 4-point scale ranging from *strongly disagree* (1) to *strongly agree* (4). Fischer and Turner (1970) report that the ATSPHS distinguishes mental health facilities users from nonusers and has a retest reliability of .83. The ATSPHS was adapted for the present study by substituting the words *psychologist-counselor* and *counseling center* for *psychiatrist* and *mental health center*, respectively, throughout the instrument because the current usage was with college students. This adapted version has been used previously with Vietnamese-American college students (Atkinson et al., 1984).

### Procedure

An initial mailing of survey questionnaires was sent to all undergraduate Chinese Americans (357), Japanese Americans (294), and Korean Americans (209) enrolled at a major west coast university.

Table 1  
*Acculturation Level of Respondents by Sex and Ethnicity*

Ethnicity	Acculturation level					
	Low		Medium		High	
	Men	Women	Men	Women	Men	Women
Chinese	10	15	70	63	56	49
Korean	6	4	35	28	20	16
Japanese	0	0	21	38	56	70

Of these 860 questionnaires, 44 were returned for having insufficient addresses, leaving a population of 816 possible respondents. A total of 576 questionnaires were returned as a result of the initial and one follow-up mailing, of which 557 were fully completed. The overall usable response rate was 68.2% with the highest rate recorded for Chinese Americans (78%) followed by Japanese Americans (65.6%) and Korean Americans (54.5%).

### Results

Following the Suinn et al. (1987) recommendation, respondents initially were divided into low, medium, and high acculturation levels according to their scores on the SL-ASIA. However, as evidenced in Table 1, this resulted in a  $3 \times 2 \times 3$  (Ethnicity  $\times$  Gender  $\times$  Acculturation) design that included two empty cells (low-acculturated, male and female Japanese Americans). As a result, acculturation scores were divided at the midscore to create two categories (low and high acculturation) and a  $3 \times 2 \times 2$  multivariate analysis of variance (MANOVA) was computed with the Stigma, Need, Openness, and Confidence subscores of the ATSPHS serving as the dependent variables. As can be seen in Table 2, this resulted in a significant multivariate effect for acculturation and nonsignificant Wilks's lambda  $F$  statistics for all other main and interaction effects.

Because the ethnicity and gender effects were found to be nonsignificant, the data were collapsed across these variables, and the respondents' scores on the acculturation scale were again grouped as recommended by Suinn et al. (1987) into low, medium, and high scores. A one-way MANOVA was then computed for subscores of the ATSPHS. This analysis resulted in a highly significant Wilks's lambda value:  $F(8, 1084) = 3.476, p < .001$ . Subsequent univariate analyses resulted in significant  $F$  values for three of the four dependent variables: Stigma,  $F(2, 545) = 3.978, p = .019$ ; Need,  $F(2, 545) = 4.371, p = .013$ ; Openness,  $F(2, 545) = 10.992, p < .001$ . Means for

Table 2  
*Ethnic  $\times$  Gender  $\times$  Acculturation Multivariate Analysis of Variance for Four Subscales of Attitudes Toward Seeking Professional Psychological Help Scale*

Source	$\lambda$	$F$	$dfs$	$p$
Ethnicity (A)	.985	1.020	8, 1066	.419
Gender (B)	.990	1.410	4, 533	.229
Acculturation level (C)	.967	4.539	4, 533	.001
A $\times$ B	.977	1.579	8, 1066	.127
A $\times$ C	.979	1.410	8, 1066	.188
B $\times$ C	.992	1.080	4, 533	.366
A $\times$ B $\times$ C	.982	1.192	8, 1066	.300

Table 3  
*Mean Scores on Subscales of the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPHS) by Acculturation Level*

Acculturation level	ATSPHS subscale														
	Stigma			Need			Openness			Confidence			Total		
	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>
Low	13.2	2.4	35	20.0	3.8	35	17.4	2.6	35	23.3	3.4	35	73.9	8.8	35
Medium	14.6	3.0	250	21.3	4.4	250	18.8	3.3	250	24.0	4.3	250	78.7	11.6	250
High	14.7	2.8	264	22.0	4.0	263	19.8	3.4	265	24.5	3.8	264	81.0	10.8	263

all four subscales and the total for the ATSPHS are presented in Table 3. The means for all five scores follow the same pattern across acculturation levels with the lowest means recorded for the low-acculturation respondents and the highest means recorded for the high-acculturation respondents.

### Discussion

The results of this study provide strong evidence that Chinese-, Japanese-, and Korean-American attitudes toward professional psychological help are directly related to their level of acculturation. Although the differences in scores on the ATSPHS were not large and the statistical power to detect a difference was elevated due to a large sample size, the effect of acculturation on scores was consistent with our hypothesis. The more acculturated Asian-American students in this study were more likely than the less acculturated Asian-American students to recognize personal need for professional psychological help, to be tolerant of the stigma associated with psychological help, and to be open to discussing their problems with a psychologist. This finding supports the view that a conflict exists between traditional cultural values for these three Asian-American groups and the way in which psychological services are provided in the United States. It also suggests that psychological services must be modified if they are to be viewed as credible and effective by Chinese-, Japanese-, and Korean-Americans who tend to maintain ancestral cultural values. Provision of bilingual, culturally sensitive therapists and culturally relevant forms of treatment as suggested by Sue and Zane (1987) and Shon and Ja (1982) clearly seems appropriate for members of these groups who have maintained traditional values and practices. On the other hand, acculturated Chinese-, Japanese-, and Korean-Americans may view mainstream psychological services as appropriate to their needs.

The fact that Chinese-, Japanese-, and Korean-Americans did not differ in their attitudes toward professional psychological help suggests that none of the cultures involved is more biased with respect to psychotherapy than the others. Note, however, that there were no low-acculturated Japanese Americans in our study. Thus, although ethnicity per se was not found to be related to attitudes toward professional psychological help, Japanese Americans may demonstrate more positive attitudes than Chinese and Korean Americans as a result of their higher level of acculturation. It may be that some of the values common across these ethnicities (e.g., fear of bringing shame to the family, submergence of individuality,

somatization of symptoms, self control to resolve problems, restraint of strong feelings, and respect for authority) account for the similar pattern across ethnicities of attitudes toward professional psychological help. An equally plausible hypothesis, however, is that cultural values unique to each traditional culture account for the less positive attitudes toward seeking professional psychological services.

The lack of differences due to gender was somewhat surprising given the finding that women in the general student population have more positive attitudes toward mental health services than do their male counterparts (Fischer & Turner, 1970). Combined with the results of an earlier study in which the attitudes of Vietnamese-American men and women did not differ significantly on the ATSPHS (Atkinson et al., 1984), the current results suggest that the socialization of Asian-American men and women with respect to using psychological services may be similar.

This study suffers from the usual limitations of survey research (e.g., instrumentation weaknesses, sampling non-clients, and self-report method). In addition, note that the conclusions are based on group means for college students and may not reflect the attitudes of any given Asian-American client who seeks (or does not seek) counseling. The limitations notwithstanding, however, the current results suggest that Asian-American attitudes toward psychological services vary directly with acculturation and agencies serving Asian Americans need to develop their credibility and expand their services for clients who are not acculturated.

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