

Journal of
Multicultural, Gender and Minority Studies

Volume 1, Issue 1, 2007

Asian Values Adherence and Psychological Help-Seeking Attitudes of Filipino Americans

Jon Baello, M.A., California State University, Fullerton

Lisa Mori, Ph.D., Associate Professor, California State University, Fullerton, lmori@fullerton.edu

Abstract

Filipino Americans underutilize psychotherapeutic services compared to the general population of the United States. This study investigated the relationship of Asian values on psychological help-seeking attitudes in an online sample of Filipino Americans. Based on data from 162 Filipino participants (104 women, 58 men), results indicated that individuals who endorsed greater affiliation with Asian values (e.g., higher enculturation) were more likely to endorse negative attitudes toward psychotherapy. Given the findings, how Filipino Americans may view the psychotherapy process and potential outreach programs that could be devised to facilitate psychological help-seeking within this specific Asian American population are discussed.

Introduction

Among Asian American ethnic groups, Filipinos have the second largest representation (behind their peers of Chinese ancestry) within the total Asian American/Pacific Islander population of approximately 10 million people (U. S. Census Bureau, 2002). However, only a few studies have investigated psychological help-seeking specifically within the Filipino American community (Gong, Gage, & Tacata, 2003; Abe-Kim, Gong, & Takeuchi, 2004). The current study will attempt to add to the existing research on help-seeking in Filipino Americans by exploring the role of Asian values adherence on psychological help-seeking attitudes.

Mental Health Needs of Filipino Americans

Although Filipino Americans are generally categorized within the aggregated "Asian American" group, Asian Americans are not a homogenous group with respect to mental health status (Kuo, 1984). For example, within-group differences (between Asian ethnic groups) and between-group differences (Asian-specifically Filipino-Americans v. White Americans) have been found in the prevalence rates of depression (Kuo, 1984; Tompar-Tiu & Sustento-Seneriches, 1995). Kuo found that Filipino Americans had one of the highest level of depressive symptoms of all Asian ethnic groups in the United States, second only to Korean Americans. (It is important to note that both the Kuo and Tompar-Tiu & Sustento-Seneriches' studies used community and/or clinical samples, rather than nationwide participant groups obtained by employing probability sampling methods, and their findings may not accurately represent national prevalence rates.) Tompar-Tiu and Sustento-Seneriches reported that a greater prevalence of depression emerged for their Filipino American sample in comparison to that of their White American sample. Although the need for psychiatric treatment exists, Filipino Americans were found to underutilize public outpatient mental health services when compared with other Asian American populations (Ying & Hu, 1994).

Barriers to Utilization of Mental Health Treatment

Previous research on the barriers to utilization of mental health treatment within the larger Asian American community is considered here because of the dearth of available research on Filipino Americans specifically. Leong and Lau (2001) posit four classes of barriers that prevent Asian Americans from seeking psychological help: (1) cognitive, (2) affective, (3) value orientation, (4) and physical barriers. The cognitive barrier involves culturally informed conceptions of mental illness shared by Asian American groups (Leong & Lau, 2001). Asian Americans are more likely than White Americans to believe

that psychiatric disturbance is brought on by organic factors (Sue, Wagner, Davis, Marguillis, & Lew, 1976). However, Edman and Johnson (1999) found that Filipino American respondents attributed more importance to spiritual and supernatural causes of mental illness than a White comparison group. This lack of consensus as to the etiology of mental disorder could be the result of the different populations under study. Edman and Johnson used a Filipino American population, while Sue et al. conducted their research with a mixed (i.e., Chinese, Japanese, Filipino) Asian American sample. It is reasonable to conclude that it is difficult to generalize research done with a broad Asian American population to a specific within-group ethnic sample (e.g., Filipino American; Kuo, 1984).

The affective barrier is particularly important because it has to do with culturally based affective responses of Asian Americans to treatment (Leong & Lau, 2001). Stigma and shame can affect the willingness of Asian Americans to report psychological problems and express them publicly (Root, 1985). Since mental illness is seen as reflecting negatively on the family and not just the individual, Asian Americans show more extended and intense family involvement in help-seeking and also show the longest delays in seeking professional mental health care when compared to other American ethnic groups (Lin, Inui, Kleinman, & Womack, 1982). Gong et al. (2003) found that a high concern for “saving face” (e.g., avoiding social embarrassment and disgrace) was adversely associated with utilization of mental health services among Filipino Americans.

Value orientation barriers are related to individualistic-collectivistic orientations of thinking (Leong & Lau, 2001). Asian Americans typically hold collectivistic values (i.e., defining oneself in relationship to important others and considering the needs and preferences of one’s reference group in guiding one’s actions; Triandis, 1989) and these values run counter to traditional Western psychotherapeutic approaches that emphasize the individual (Leong, Wagner, & Kim, 1995). For example, Asian Americans might be hesitant to discuss personal topics with strangers, such as psychologists, outside of their accepted social support network of family, friends, and community advisers. Such individuals may experience adverse reactions to traditional Western psychotherapy orientations that place a high value on open communication. In collectivistic communities, there are less interaction with out-group members and more difficulty in being open with out-group others, such as therapists (Leong et al., 1995). However, the relationship between individualism-collectivism and help-seeking is complex. Tata and Leong (1994) found that holding more individualistic values was related to negative attitudes toward help-seeking among Asian Americans and this research outcome was contrary to later findings (Leong et al., 1995). Regardless of these mixed results, it appears that individualism-collectivism is a multifaceted, complex construct that may affect help-seeking attitudes.

Physical barriers incorporate factors that relate to the social class of an individual (Leong & Lau, 2001). For example, a lack of awareness about available services and economic constraints are typical physical barriers to seeking psychological help. Although physical barriers may prevent Filipino Americans from receiving adequate psychological help, Edman and Johnson (1999) suggested that modern treatments should be highly acceptable to both Filipino and White Americans. Filipino Americans in their study regarded modern Western psychotherapeutic treatments as an effective approach to alleviating psychological symptoms. However, these data were gathered from a college student population and acculturation may have influenced these findings.

Acculturation, Enculturation and Help-Seeking

Acculturation has been used to refer to both an experiential learning process (i.e., becoming aware of the traditions, beliefs, norms, etc., of an unfamiliar culture through exposure; Buki, Ma, Strom & Strom, 2003) as well as a changed state of being as the result of going through this novel cultural exposure and integrating aspects of the new culture into one’s culture-of-origin patterns (e.g., the outcome of acculturation; Casas & Pytluk, 1995; Cuéllar, 2000). Similarly, enculturation can represent a process of learning about one’s ancestral culture, but can also be defined as the outcome of retaining the cultural norms of one’s indigenous culture (Kim, Atkinson, & Umemoto, 2001). For purposes of the present study, acculturation and enculturation will be used to refer to their respective outcome states. Current acculturation/enculturation theory espouses a bilinear model composed of two continua, one representing enculturation in one’s native culture and another representing a person’s acculturation into the host

culture (Berry, 1990, 1994). Specifically within this duo-continua structure are different dimensions of enculturation/acculturation.

Acculturation instruments for Asian Americans (and other ethnic groups) have predominantly focused on the behavioral dimension of acculturation/enculturation (Kim & Abreu, 2001). Kim, Atkinson, and Yang (1999) provided evidence that the value dimension of acculturation/enculturation (i.e., adherence to host cultural values/the values of one's ancestral culture) and the behavioral aspects of acculturation/enculturation (i.e., food preferences, friendship patterns, and language usage) are distinct processes. In their research using the Asian Values Scale (AVS) to measure enculturation, Kim et al. found that cultural value change occurred slower than cultural behavior change in three generations of Asian Americans under investigation. Specifically, a significant difference was found between the scores of the three generations of Asian Americans on the Suinn-Lew Asian Self-Identity Acculturation Scale behavioral measure (SL-ASIA; Suinn, Rickard-Figueroa, Lew, & Vigil, 1987), but not on the values measure (AVS; Kim et al., 1999). Kim and colleagues suggested that it is also important to investigate the cultural value dimension of acculturation/enculturation separately from the behavioral dimension.

The role of acculturation/enculturation as a predictor of mental health services utilization patterns among Asian Americans has encouraged research investigating the relationship between cultural factors and help-seeking attitudes. Behavioral acculturation, as measured by the SL-ASIA and its effects on help-seeking attitudes in Asian Americans, has been the focus of several studies (Atkinson & Gim, 1989; Tata & Leong, 1994; Zhang & Dixon, 2003). In these studies, results have indicated that less acculturated Asian Americans tend to have less favorable attitudes toward seeking professional psychological services than more acculturated Asian Americans. Kim and Omizo (2003), while studying enculturation and its effects on attitudes toward seeking professional psychological help, have found that Asian Americans who were more enculturated (held more Asian Values) were more likely to hold negative attitudes toward seeking psychological help.

Less acculturated Asian Americans may not have command of the English language which, in turn, may affect seeking out psychological treatment. According to Leong (1986), language barriers may contribute to the underutilization of mental health services by Asian Americans. In support of this notion, Gong et al. (2003) found that Filipino non-English speakers' higher concern with "saving face" affected their utilization of mental health care treatments. When confronted with mental health problems, these mono-Filipino speakers tended to rely on close friends and family who were readily accessible. However, bilingual (Pilipino: Tagalog/Ilocano and English) Filipino Americans were more likely to seek help from professional sectors (mental health and general health systems) than from the lay sector (family and friends). This research seems to imply that bilingual Filipino Americans, due to exposure to both cultures, are more likely to utilize treatments that are common in American society.

Online vs. Paper-and-Pencil Data Collection

Past studies have used paper-and-pencil survey responses from aggregated Asian American samples when conducting research on acculturation/enculturation and its effects on help-seeking attitudes (Atkinson & Gim, 1989; Kim & Omizo, 2003). The present study attempted to fill gaps in this line of research by employing an online survey methodology to assess the effects of enculturation on help-seeking attitudes in a Filipino American sample.

Granello and Wheaton (2004) list several advantages when using online data collection methodology. First, this type of methodology reduces response time. Second, the cost of launching a web-based survey is lower than the expense of printing out a traditional paper-and-pencil survey. Third, an online survey provides more flexibility of and control over format. For example, paper-and-pencil respondents would be able to flip back and forth through a survey protocol. In an online survey, researchers can control this potential problem with certain formatting tools. Fourth, data entry in an online survey is relatively easy and inexpensive because configurations within this methodology allow data to be automatically sent to a spreadsheet or database. Traditional paper-and-pencil surveys can be expensive and time-consuming. Granello and Wheaton also stated that an additional advantage to online research that is clinically oriented is the ability to access individuals who have an identified problem or are at risk and have not sought assistance. Furthermore, they report that this advantage would eliminate the

research limitation of poor generalizability to non-clinical populations. Sixth, large samples are fairly easy to accomplish in online research (Birnbaum, 2001). Finally, online surveys allow for the inclusion of respondents from different regions of the United States and the world versus just participants from a restricted geographic area, at least in theory. For these reasons, online surveying was used in this study.

Hypotheses of the Present Study

Based on the individualist-collectivist values orientation model, the present study explored the relationship of Asian values adherence (e.g., enculturation) and attitudes toward seeking professional psychological help among Filipino Americans. It was anticipated that Filipino Americans who report greater adherence to Asian cultural values (e.g., greater collectivist emphasis) would demonstrate less positive attitudes toward seeking professional psychological help. Also of interest was to investigate whether specific Asian values were particularly related to certain beliefs about psychotherapy and mental health professionals. For example, it was expected that endorsement of collectivist views such as, "One need not be able to resolve psychological problems on one's own", would predict greater negativity towards seeking help from mental health professionals (e.g., strangers or those outside of one's social support network). Finally, it was useful to explore the relationships of other known influences of attitudes towards psychotherapy, such as prior therapy experience, with this specific ethnic group, and contrast the strength of these indices to that of enculturation. It was anticipated that enculturation would independently predict help-seeking attitudes beyond that accounted for by prior therapy experience.

Method

Power Analysis

An a priori power analysis was conducted for the total R^2 value for a multiple regression analysis with 7 predictor variables (e.g., prior therapy experience, gender, age, generational status, primary language, educational status, and enculturation level), power equal to .80, and an alpha level of .05. GPOWER (Erdfelder, Faul, & Buchner, 1996), a software tool for a general power analysis, yielded a sample size of 49 for a large effect size ($f^2 = .35$; Cohen, 1988) and a sample of 103 for a medium effect size ($f^2 = .15$; Cohen, 1988). A sample size was selected based on these guidelines and the results of the power analysis.

Participants

Participants were one hundred sixty-two individuals of at least some Filipino descent (104 women, 58 men) ranging in age from 18 to 66 years (Median age = 26, $M = 28.85$, $SD = 10.55$). These respondents either heard about the survey through word of mouth ($n = 125$) or attended a large state university in Southern California ($n = 34$). The remaining respondents ($n = 3$) did not indicate how they were recruited for the study. Nine (5.6%) participants had either a high school education or were high school graduates, 24 (14.8%) were college freshmen, 8 (4.9%) were sophomores, 13 (8.0%) were juniors, 14 (8.6%) were seniors, 70 (43.2%) were college graduates/post-baccalaureate students, and 24 (14.8%) were currently attending graduate school or had attained either a master's or doctoral degree. Sixty-five (40.1%) participants were first-generation Americans, 91 (56.2%) participants were second-generation, 3 (1.9%) were fifth-generation, 2 (1.2%) were third-generation, and 1 (0.6%) was fourth-generation. One hundred forty-five (89.5%) participants were of full Filipino descent while the remaining 17 respondents (10.5%) were mixed (i.e., Filipino/Spanish, Filipino/Chinese, Filipino/Irish, Filipino/African/Irish, etc.).

Measures

To promote successful recruitment of participants, who were largely volunteering their time, it was essential to keep the survey brief. Consequently, the abbreviated form of each measure of interest was selected. The subsequent loss of data specificity was a conscious, albeit reluctant choice on the part of the researchers.

Attitudes Toward Seeking Professional Psychological Help Scale-Short Form. Participants completed the Attitudes Toward Seeking Professional Psychological Help Scale–Short Form (ATP-SF; Fischer & Farina, 1995). The ATP-SF is a 10-item unidimensional version of Fischer and Turner’s 29-item scale (Fischer & Turner, 1970) for measuring attitudes toward seeking psychological help. An example item is, “If I believed I was having a mental breakdown, my first inclination would be to get professional attention.” Scores were added for each of the 10 items and averaged across the total number of items for each participant. The ATP-SF total score (higher total score indicates a generally more positive attitude toward professional psychological help) was used in the analysis. Responses were assessed on a 4-point scale (0 = disagree, 1 = partly disagree, 2 = partly agree, 3 = agree). Fischer and Turner reported a .83 reliability coefficient for scores of the original 29-item scale, while Fischer and Farina reported a .80 reliability coefficient for the scores of the shortened 10-item form. The correlation between scores from the new and the old versions of the scale was .87 ($N = 62$). Construct validity was supported by the finding that the ATP-SF displayed significant point biserial correlations between respondents who did and did not seek help: .39 ($p < .0001$) overall, .24 ($p < .03$) for women and .49 ($p < .0001$) for men (Fischer & Farina, 1995). The data from the present study yielded a coefficient alpha of .78.

Asian Values Scale-Revised. The Asian Values Scale - Revised (AVS-R; Kim & Hong, 2004) contains 25 statements (12 of which are reverse worded) reflecting Asian cultural values and utilizes a 4-point Likert-type scale (1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree) to measure a respondent’s endorsement of each item. An example item is, “One should be humble and modest.” This scale is a shorter version of the original Asian Values Scale (AVS; Kim, Atkinson, & Yang, 1999). The original scale, composed of 36 items, reported coefficient alphas of .81 and .82 based on two separate samples and a 2-week test-retest reliability coefficient of .83. Kim and Hong observed a Pearson correlation coefficient of .93 ($p \leq .000$) between the AVS and the AVS-R scores and a .80 reliability coefficient for the scores of the 25-item revised scale. In the present study, only the AVS-R total score was used, as recommended by Kim et al. (1999). Scores were added for each of the 25 items and averaged across the total number of items for each participant. Higher scores on this scale indicated that an individual was more enculturated (e.g., strong adoption of one’s native Asian cultural values). Kim et al. (1999) found a correlation coefficient of .15 between Asian values acculturation (as indicated by scores on the AVS) and Asian behavioral acculturation as measured by the Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA; Suinn et al., 1987) and they suggested that the low correlation between Asian values acculturation and Asian behavioral acculturation provided evidence of discriminant validity for the AVS. The data from the present study yielded a coefficient alpha of .81.

Demographics. Participants then completed a 9-item demographic information questionnaire, which asked about their gender, age, education, income, etc.

Procedure

Filipino American participants were recruited through snowball sampling and from introductory psychology classes at a large public university in Orange County, California, and the Filipino cultural club on this campus (Pilipino American Student Association or PASA). Respondents from the cultural club and snowball sampling were recruited through either an e-mail memorandum or through postings/giveaways of a hard copy version of the e-mail memorandum and introductory psychology students were recruited through the psychology experiment pool. All participants accessed an informed consent form online at their own convenience and read a brief description of the study, were notified of their rights as a participant and, if they decided to participate, were then able to connect via clicking on a hyperlink to the survey web pages and directed to complete the survey. Participants completed the questionnaires in the following order: (1) ATP-SF, (2) AVS-R, and (3) demographic items. Introductory psychology students were given class credit while cultural club participants and snowball sample respondents were offered the chance to win a cash prize.

Results

Means, standard deviations, and intercorrelations among the variables are presented in Table 1. Based on the recommendation of the American Psychological Association (APA) Task Force on Statistical

Inference, effect sizes are reported for all analyses when reporting a *p* value (Wilkinson & APA Task Force on Statistical Inference, 1999). For correlational analyses in this study, effect sizes were interpreted as per Davis' recommendations (1971). Effect sizes for any multiple regression analyses were calculated with Cohen's *f*² statistic and interpretation was conducted with his guidelines in mind (Cohen, 1988).

Table 1. Means, Standard Deviations, and Intercorrelations Among the Variables

Variable	Standard		1	2	3	4	5	6	7	8	9
	Mean	Deviation									
1. ATP-SF	1.54	0.58	—								
2. AVS-R	2.46	0.36	-.41***	—							
3. Age	28.92	10.64	.17*	-.24**	—						
4. Gender			.16*	-.15	-.21**	—					
5. Previous Counseling Experience			-.42***	.24**	-.07	-.14	—				
6. Generational Status			-.08	-.10	.37***	-.24**	.19*	—			
7. Primary Language			.02	-.03	-.35***	.08	-.13	-.43***	—		
8. Religious Affiliation			-.14	.07	-.06	.04	.27**	.07	-.10	—	
9. Educational Status			.19*	-.27**	.50***	.00	-.16*	.13	-.06	-.02	—

Note. ATP-SF = Attitudes Toward Seeking Professional Psychological Help-Short Form: 0 = Disagree, 3 = Agree; AVS-R = Asian Values Scale-Revised: 1 = Strongly Disagree, 4 = Strongly Agree; Age Range = 18 to 66; Gender = Dummy coded as *Female* (female was the referent group coded as 1, male was coded as 0); Previous Counseling Experience = Dummy coded as *None* (no previous counseling experience was the referent group coded as 1, previous counseling experience was coded as 0); Generational Status = Dummy coded as *1st Generation* (1st generation status, the referent group, was coded as 1 while 2nd generation status was coded as 0); Primary Language = Dummy coded as *English* (English, the referent group was coded as 1, while other languages spoken were coded as 0); Religious Affiliation = Dummy coded as *Catholic* (Catholic, the referent group, was coded as 1, while other religions were coded as 0); Educational Status: 1 = Elementary School (through 6th grade), 12 = Doctorate Degree (entered into the analysis as a continuous variable).

Correlational analysis was first conducted to assess relationships between all possible demographic variables (gender, age, generational status, enculturation, primary language, religious affiliation, educational status, and previous counseling experience) and the dependent variable (ATP-SF scores). The intercorrelations showed that enculturation (greater adherence to Asian values) [$r(154) = -.41, p < .001$], gender (being female) [$r(154) = .16, p < .05$], previous counseling experience [$r(154) = -.42, p < .001$], educational status [$r(154) = .19, p < .05$], and age [$r(154) = .17, p < .05$] were correlated with ATP-SF scores. Specifically, adherence to Asian values (enculturation) and no prior counseling experience were inversely related to ATP-SF scores, while being female, educational status, and age were all positively correlated to ATP-SF scores. As per Davis' recommendations (1971), previous counseling experience (none) and enculturation were shown to have moderate associations with ATP-SF scores. However, gender (being female), educational status, and age displayed low associations with the dependent variable.

To test the hypothesis of the study, a hierarchical multiple regression analysis was conducted. For this hypothesis (see Table 2), all correlated demographic variables were entered as predictor variables in Step 1, while AVS-R scores were entered as a predictor variable in Step 2, with ATP-SF scores entered as the dependent variable. The results indicated that the overall model was significant, $R^2 = .29, F(5, 151)$

= 12.07, $p < .001$. In terms of individual predictors, AVS-R scores were a significant predictor of ATP-SF scores above and beyond the effects of the other demographic variables, $\beta = -.29$, $t = -3.93$, $p < .001$. The only other significant predictor of ATP-SF scores within this regression was no previous counseling experience, $\beta = -.32$, $t = -4.52$, $p < .001$. AVS-R scores contributed 8% of the total variance accounted for (29%) by the model. The effect size for the total model (with all correlated predictors in the model) was .41, and this was judged to be a large effect size, according to Cohen's guidelines (Cohen, 1988).

Table 2. Results of Hierarchical Multiple Regression Analyses (Hypothesis 1)

	β	t	R^2	F	ΔR^2	ΔF
Dependent Variable: Attitudes Toward Seeking Professional Psychological Help-Short Form						
Step 1						
Gender	.14	1.84				
Previous Counseling Experience	-.37	-5.08 ***				
Educational Status	.07	.79				
Age	.14	1.58				
			.21	10.25 ***		
Step 2						
Gender	.09	1.23				
Previous Counseling Experience	-.32	-4.52 ***				
Educational Status	.02	.29				
Age	.08	.96				
AVS-R	-.29	-3.93 ***				
			.29	12.07 ***	.08	15.44

Note. Gender = Dummy coded as Female; Previous Counseling Experience = Dummy coded as None; Educational Status: 1 = Elementary School (through 6th grade), 12 = Doctorate Degree; Age Range = 18 to 66; AVS-R = Asian Values Scale-Revised: 1 = Strongly Disagree, 4 = Strongly Agree.
 * $p < .05$. ** $p < .01$. *** $p < .001$.

To provide a more detailed picture of the relationship between Asian values and help-seeking attitudes, correlations between each specific item on the AVS-R and the ATP-SF total mean score were tabulated. Ultimately, this type of analysis would identify specific items on the enculturation scale that had stronger relationships with attitudinal scores for the particular sample under study. To compensate for the number of item-level correlations conducted, we report only significant relationships at $p < .001$. The correlational analyses showed that items 16 (“One should have sufficient inner resources to resolve emotional problems”) and 21 (“One need not be able to resolve psychological problems on one’s own”) had the only significant relationships with the ATP-SF total mean score with both items 16 [$r(145) = -.42$, $p < .001$] and 21 [$r(145) = -.35$, $p < .001$] being inversely related to this mean score.

Hierarchical multiple regression analysis was then conducted to assess the contribution of each specific significant AVS item to the help-seeking attitudinal total mean score. Item 16 was entered in the first step of the analysis as variable 1, while item 21 was entered in the second step, with the ATP-SF total mean score functioning as the dependent variable. The results indicated that the overall model was significant, $R^2 = .25$, $F(2, 157) = 26.03$, $p < .001$. In terms of individual predictors, item 16 was a significant predictor of the ATP-SF total mean score above and beyond the effects of item 21, $\beta = -.35$, $t = -4.89$, $p < .001$. Item 21 was also a significant predictor of ATP-SF scores within this regression, $\beta = -.29$, $t = -4.07$, $p < .001$. Item 16 contributed 17% of the total variance accounted for (25%) by the model, while Item 21 contributed the remaining 8%. The effect size for the total model (with all correlated predictors in the

model) was .33, and this was judged to be a large effect size, according to Cohen’s guidelines (Cohen, 1988).

Table 3. Results of Hierarchical Multiple Regression Analyses (Item Level)

	β	t	R^2	F	ΔR^2	ΔF
Dependent Variable: ATP-SF Total Mean Score						
Step 1						
Item 16	-.41	-5.69 ***				
			.17	32.36 ***		
Step 2						
Item 16	-.35	-4.89 ***				
Item 21	-.29	-4.07 ***				
			.25	26.03 ***	.08	16.52

Note. Item 16 (Straight Scaled Item) = “One should have sufficient inner resources to resolve emotional problems.” Item 21 (Reverse Scaled Item) = “One need not be able to resolve psychological problems on one’s own.” DV: Attitudes Toward Seeking Professional Psychological Help Scale-Short Form (ATP-SF) Total Mean Score; higher scores indicate more positive attitudes toward help-seeking. AVS-R = Asian Values Scale-Revised: 1 = Strongly Disagree, 4 = Strongly Agree.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Discussion

Asian Value Dimensions

The inverse relationship found between Asian values adherence and support of seeking professional mental health assistance may have been due to specific value dimensions such as conformity to norms and emotional self-control. On the long form of the AVS, a multidimensional measure of enculturation is possible, with item 21 loading on the factor labeled “conformity to norms” and item 16 loading on the “emotional self-control” factor. The negative relationships found between help-seeking attitudinal scores and the two AVS-R items (items 21 and 16, respectively) indicate that the dimensions of conformity to norms and emotional self-control probably drove the overall inverse relationship found between Asian values adherence and views of obtaining mental health assistance. Kim and Omizo (2003) speculated that these two dimensions were particularly salient in the relationship between Asian values adherence and psychological help-seeking attitudes. According to Kim, Yang, Atkinson, Wolfe, and Hong (2001), conformity to norms involves adherence to familial and social expectations and concern about bringing to disgrace to one’s family reputation. Emotional self-control involves the ability to control emotions and have sufficient inner resources to resolve emotional problems.

Although Kim et al. (2001) found that Filipinos endorsed lower levels of emotional self-control than other Asian American ethnic groups, participants in the current study with higher AVS-R scores were more likely to hold negative attitudes toward psychological help-seeking. Speculation of a potential relationship between these two Asian values and help-seeking attitudes is warranted, given the results of the item analyses. For example, stigma against seeking professional help for psychological problems has been documented in Asian Americans (Sue, 1994). Thus, individuals who closely adhere to this cultural norm (attach stigma to seeking mental health assistance) would be less likely to seek professional help for fear of bringing shame to themselves and, by extension, their families. Furthermore, the expression of emotions may be considered a sign of instability or weakness in this population (Atkinson, Morten, & Sue, 1998) and it is speculated that close adherence to this value dimension would deter an emotionally distressed individual from utilizing psychological services.

The Filipino value of *hiya* (pronounced [hee-yah']) is an ethnic-specific construct that may have influenced the inverse relationship between Asian value scores and help-seeking scores. According to Salvador, Omizo, and Kim (1997), this cultural value is similar to the concept of shame and involves a sense of social propriety. The concept of *hiya* can determine behavior in social situations and may affect the decision to access therapy in the first place, as well as influence the counseling process itself with Filipino American clients. Furthermore, the presence of a mental illness could cause *hiya* to occur and ultimately prevent an individual from seeking mental health treatment because of the potential embarrassment that might be inflicted upon the self and the family. Although this value was not directly assessed in the AVS-R, it was inferred that the shame felt from not adhering to the Asian value dimension of conformity to norms was most similar to the Filipino value dimension of *hiya*.

The negative relationship found between AVS-R and ATP-SF scores, along with the inverse relationship between the two conformity to norms and emotional self-control items, supports this inference. It can be argued that *hiya* is more likely to be experienced by Filipino American participants who express greater adherence to general Asian values. In turn, it is possible, if not probable, that participants with higher AVS-R scores were more likely to be influenced by *hiya* when answering items on the ATP-SF than their less enculturated peers and subsequently, endorsed less willingness to seek out psychotherapy. Due to its similarity to the Asian value of shame, *hiya* could potentially be measured with any loss of face scale, such as the one created by Zane and Yeh (2002). Selected items from their scale reflect concerns about violating social norms or expectations, in addition to concerns about not causing any loss of face for others.

Consistent findings of a predictive relationship between Asian value adherence and professional, psychological help-seeking attitudes indicate that there are more similarities than differences between Filipino Americans and other Asian American ethnic groups. In particular, findings from the current study replicated results found in Kim and Omizo's (2003) research on enculturation and its effects on help-seeking attitudes. Due to the influence of Confucian philosophy in Asian countries such as the Philippines, Japan, Korea, and China, and their geographical proximity to each other, it is reasonable to speculate that immigrants from each of these respective countries would have more value similarities than differences. For example, Kim et al. (2001) found that Chinese, Japanese, Filipino, and Korean college students attached similar meanings to the cultural values measured by the AVS. Root (1998) also posited that the one overarching similarity between Asian American groups is their collectivistic family orientation.

Asian cultures are more likely to place the family at the center of life and as the reference point for most behaviors (Root, 1998). Individuals socialized in this type of culture are very loyal to family/kin, interdependent, and defer to authority figures. Family needs take precedence over the individual's needs. Those who have been socialized in a more individualistic orientation (i.e., Anglo American culture) as opposed to a collectivistic orientation (i.e., Filipino culture) are more likely to think about their individual needs and goals before family/collective needs and goals (Forman, 1990). These different types of worldviews can potentially influence mental health symptom expression and utilization of mental health treatment (Crittenden, Fugita, Bae, Lamug, & Lin, 1992; Flakerud & Soldevilla, 1986). For example, it is likely that a Filipino American who is more enculturated would be less likely to present psychological symptoms ("I feel depressed") as opposed to physical symptoms ("I can't sleep, I can't eat, and I feel tired all of the time") for fear of bringing shame onto his or her family. Moreover, it is also plausible that this same individual would be less likely to utilize professional psychological help because of family reputation concerns than someone with an individualistic orientation. Instead of seeking mental health services, it is speculated that a highly enculturated individual would utilize an alternative source of support such as a parent, friend, priest, or medical doctor. Thus, it is not surprising that the current study found that the more enculturated Filipino American respondents, perhaps due to their collectivistic family orientation and the potential shame that mental illness and any related treatment might bring to the family, were more likely to express negative attitudes toward seeking professional psychological intervention.

Although similarities do exist between Asian American ethnic groups, mental health professionals should not discount the different immigration, adaptation, and adjustment issues for each Asian American ethnic group. For example, the most recent Filipino immigrants (1965-present) typically are highly skilled and

have voluntarily moved to the United States (Tompar-Tiu & Sustento-Seneriches, 1995), while the most recent Indochinese immigrants (e.g., Vietnamese, Cambodian), generally speaking, have been less educated or occupationally skilled and have been forced to come to the United States because of the life-threatening conditions in their respective countries (Nishio & Bilmes, 1987). These differences should guide how outreach programs are designed to address the specific needs of different Asian American ethnic groups. Specifically for Filipino Americans, it is speculated that outreach services that challenge preconceived misconceptions about the counseling process might work best within the confines of community centers and churches (especially the Roman Catholic Church). Initiation of these types of programs could positively affect this particular population's attitudes toward obtaining professional help for psychological problems.

Limitations of the Present Study

The present study has a number of limitations. First, the sample was not representative of the Filipino population in the United States. There was an abundance of young adults (ages 18-39, $n = 139$, 87% of the sample) among the respondents. Furthermore, the ratio of females to males in the study was almost 2:1. Additionally, sample representativeness may have been restricted by the use of an online survey methodology, in that participants were required to have an understanding of and access to computers and the Internet. Second, the use of abbreviated, unidimensional measures, such as the AVS-R and the 10-item ATP-SF, did not allow for detailed interpretation of the findings. For example, dimensions of enculturation, such as conformity to norms, are better assessed using a multidimensional Asian values scale. Specific value dimensions may also account for the remaining variance of participant attitudes toward psychotherapy that was not accounted for by the predictor variables in the current study. Third, the findings of the study are primarily relevant for Filipino Americans. The relationship between help-seeking and Asian cultural value adherence in other Asian American ethnic groups may be different. However, it is evident that this negative relationship between help-seeking and enculturation has been found in previous research when using aggregated Asian American samples (Atkinson & Gim, 1989; Kim & Omizo, 2003). Due to the shared influence of similar Asian values, it is somewhat safe to speculate that Filipino American attitudes toward help-seeking are similar to those of another Asian American subgroup than another ethnic group, such as White Americans. Sue et al. (1995) concluded that research concerning mental health issues should continue to be based on both the aggregate group (all Asian Americans) and particular Asian ethnicities.

Future Research Directions

Implications for future research include data collection from a more representative sample of Filipino Americans by means of probability sampling. Second, longitudinal studies should be done to study acculturation and enculturation and their effects on help-seeking attitudes, help-seeking behavior, psychopathology, and other pertinent clinical/counseling constructs in different Asian American subgroups across an extended period of time instead of the traditional, cross-sectional manner. Third, future studies should incorporate the use of multidimensional measures such as the long form of the ATP (Fischer & Turner, 1970) and the Asian Values (multidimensional) Scale (Kim, Li & Ng, 2005) in order to facilitate explanation of the relationship between Asian cultural values and utilization of psychotherapy. Fourth, it is suggested that future research on this topic incorporate two types of data collection (online vs. in-person methodology); it would be interesting to investigate if any response differences exist across these two communication modalities and to explore the possibilities of non-traditional therapy approaches, such as virtual therapy or online support group therapy, with Asian Americans. Given the possible barriers to treatment for Asians such as loss of face, bringing shame to the family, and conformity concerns (Leong & Lau, 2001), amenability to online psychotherapy might be an interesting option to investigate within this population. Finally, assessment of different indigenous sources of assistance, such as consulting friends, family, and religious leaders and community resources accessed when emotionally distressed, should be made. These types of resources might be more practical methods of psychological intervention for distressed Filipino Americans who are highly enculturated.

Implications of the Present Findings

Results from the current study also have implications for psychological professionals working with Filipino Americans. Psychologists and other mental health professionals should try to conduct more outreach services with collaboration from different indigenous support systems such as the Catholic Church, cultural community groups, and the family. Collaboration with these coping resources could potentially alleviate some of the stigma that is attached to the psychological help-seeking process. The use of the Asian Values Scale and other culturally appropriate measurements could help therapists modify their treatment plans with this specific population. Specifically, Filipino American individuals who score high on the AVS could possibly benefit from family therapy versus individual treatment. Agbayani-Siewert (1994) concluded that family-centered therapy is more effective than traditional, individual-treatment approaches for Filipinos. The use of this type of therapy could possibly prevent enculturated Filipino Americans from terminating treatment prematurely. Ethnic-specific services have been found to reduce service inequities for Asian Americans at an ethnic-specific community clinic in Los Angeles (Zane, Hatanaka, Park, & Akutsu, 1994). Additionally, this study found that Filipino Americans received more family therapy than other Asian American outpatients. Thus, it appears that culturally specific types of treatment may be more effective for Asian American clients in general and preferable specifically for Filipino American clients. Future investigation of the effectiveness of different types of therapy for specific issues, such as depression, among Filipino Americans is warranted.

References

- Abe-Kim, J., Gong, F., & Takeuchi, D. (2004). Religiosity, spirituality, and help-seeking among Filipino Americans: Religious clergy or mental health professionals? *Journal of Community Psychology, 32*, 675-689.
- Agbayani-Siewert, P. (1994). Filipino American culture and family: Guidelines for practitioners. *Families in Society: The Journal of Contemporary Human Services, 75*, 429-438.
- Atkinson, D. R., & Gim, R. H. (1989). Asian American cultural identity and attitudes toward mental health services. *Journal of Counseling Psychology, 36*, 209-212.
- Atkinson, D. R., Morten, G., & Sue, D. W. (1998). *Counseling American minorities: A cross-cultural perspective* (5th ed.). Boston: McGraw-Hill.
- Berry, J. W. (1990). Psychology of acculturation: Understanding individuals moving between cultures. In R. W. Brislin (Ed.), *Applied cross-cultural psychology* (pp. 232-253). Newbury Park, CA: Sage.
- Berry, J. W. (1994). Acculturation and psychological adaptation: An overview. In A. Bouvy, F. J. R. van de Vijver, P. Boski, & P. Schmitz (Eds.), *Journeys into cross-cultural psychology* (pp. 129-141). Amsterdam, Holland: Swets & Zeitlinger.
- Birnbaum, M. H. (2001). *Introduction to behavioral research on the Internet*. Upper Saddle River, NJ: Prentice Hall.
- Buki, L. P., Ma, T.-C., Strom, R. D., & Strom, S. K. (2003). Chinese immigrant mothers of adolescents: Self-perceptions of acculturation effects on parenting. *Cultural Diversity and Ethnic Minority Psychology, 9*, 127-140.
- Casas, J. M., & Pytluk, S. D. (1995). Hispanic identity development: Implications for research and practice. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 155-180). Thousand Oaks, CA: Sage.
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Erlbaum.
- Crittenden, K., Fugita, S. S., Bae, H., Lamug, C., & Lin, C. (1992). A cross-cultural study of self-report depressive symptoms among college students. *Journal of Cross-Cultural Psychology, 23*, 163-178.
- Cuellar, I. (2000). Acculturation and mental health: Ecological transactional relations of adjustment. In I. Cuellar & F. A. Paniagua (Eds.), *Handbook of multicultural mental health: Assessment and treatment of diverse populations* (pp. 45-62). New York: Academic Press.
- Davis, J. A. (1971). *Elementary survey analysis*. Englewood Cliffs, NJ: Prentice-Hall.
- Edman, J. L., & Johnson, R. C. (1999). Filipino American and Caucasian American beliefs about the causes and treatment of mental problems. *Cultural Diversity and Ethnic Minority Psychology, 5*, 380-386.
- Erdfelder, E., Faul, F., & Buchner, A. (1996). GPOWER: A general power analysis program. *Behavior Research Methods, Instruments, & Computers, 28*, 1-11.
- Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of College Student Development, 36*, 368-373.

- Fischer, E. H., & Turner, J. L. (1970). Orientations to seeking help: Development and research utility of an attitude scale. *Journal of Consulting and Clinical Psychology, 35*, 79-90.
- Flaskerud, J. H., & Soldevilla, E. Q. (1986). Pilipino and Vietnamese clients: Utilizing an Asian mental health center. *Journal of Psychosocial Nursing, 24*, 32-36.
- Forman, S. (1990). Hawaii's immigrants from the Philippines. In J. McDermott, T. Tseng, & T. Marezki (Eds.), *People and culture of Hawaii* (pp. 155-183). Honolulu, HI: University of Hawaii Press.
- Gong, F., Gage, S. L., & Tacata, L. A. (2003). Helpseeking behavior among Filipino-Americans: A cultural analysis of face and language. *Journal of Community Psychology, 31*, 469-488.
- Granello, D. H., & Wheaton, J. E. (2004). Online data collection: Strategies for research. *Journal of Counseling and Development, 82*, 387-393.
- Kim, B. S. K., & Abreu, J. M. (2001). Acculturation measurement: Theory, current instruments, and future directions. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (2nd ed.). Thousand Oaks, CA: Sage.
- Kim, B. S. K., Atkinson, D. R., & Umemoto, D. (2001). Asian cultural values and the counseling process: Current knowledge and directions for future research. *The Counseling Psychologist, 29*, 570-603.
- Kim, B. S. K., Atkinson, D. R., & Yang, P. H. (1999). The Asian Values scale: Development, factor analysis, validation, and reliability. *Journal of Counseling Psychology, 46*, 342-352.
- Kim, B. S. K., & Hong, S. (2004). A psychometric revision of the Asian Values Scale using the Rasch model. *Measurement and Evaluation in Counseling and Development, 37*, 15-27.
- Kim, B. S. K., Li, L. C., & Ng, G. F. (2005). The Asian American Values Scale-Multidimensional: Development, reliability, and validity. *Cultural Diversity and Ethnic Minority Psychology, 11*, 187-201.
- Kim, B. S. K., & Omizo, M. M. (2003). Asian cultural values, attitudes toward seeking professional psychological help, and willingness to see a counselor. *The Counseling Psychologist, 31*, 343-361.
- Kuo, W. H. (1984). Prevalence of depression among Asian-Americans. *Journal of Nervous and Mental Disease, 172*, 449-457.
- Leong, F. T. L. (1986). Counseling and psychotherapy with Asian Americans: Review of the literature. *Journal of Counseling Psychology, 33*, 196-206.
- Leong, F. T. L., & Lau, A. S. L. (2001). Barriers to providing effective mental health services to Asian Americans. *Mental Health Services Research, 3*, 201-214.
- Leong, F. T. L., Wagner, N. S., & Kim, H. H. (1995). Group counseling expectations among Asian American students: The role of culture-specific factors. *Journal of Counseling Psychology, 42*, 217-222.
- Lin, K. M., Inui, T. S., Kleinman, A. M., & Womack, W. M. (1982). Sociocultural determinants of help-seeking behavior of patients with mental illness. *Journal of Nervous and Mental Disease, 170*, 78-85.
- Nishio, K., & Bilmes, M. (1987). Psychotherapy with Southeast Asian American clients. *Professional Psychology: Research and Practice, 18*, 342-346.
- Root, M. P. P. (1985). Guidelines for facilitating therapy with Asian American clients. *Psychotherapy, 22*, 349-356.

- Root, M. P. P. (1998). Facilitating psychotherapy with Asian American clients. In D. R. Atkinson, G. Morten, D. W. Sue (Eds.), *Counseling American minorities*. Boston: McGraw-Hill.
- Salvador, D. S., Omizo, M. M., & Kim, B. S. K. (1997). Bayanihan: Providing effective counseling strategies with children of Filipino ancestry. *Journal of Multicultural Counseling and Development, 25*, 201-209.
- Sue, D. W. (1994). Asian-American mental health and help-seeking behavior: Comment on Solberg et al. (1994), Tata and Leong (1994), and Lin (1994). *Journal of Counseling Psychology, 41*, 292-295.
- Sue, S., & McKinney, H. (1975). Asian Americans in the community mental health care system. *American Journal of Orthopsychiatry, 45*, 111-118.
- Sue, S., Wagner, N., Davis, J. A., Margullis, C., & Lew, L. (1976). Conceptions of mental illness among Asian and Caucasian-American students. *Psychological Reports, 38*, 703-708.
- Suinn, R. M., Rickard-Figueroa, K., Lew, S., & Vigil, P. (1987). The Suinn-Lew Asian self-identity acculturation scale: An initial report. *Educational and Psychological Measurement, 47*, 401-407.
- Tata, S. P., & Leong, F. T. L. (1994). Individualism-collectivism, social-network orientation, and acculturation as predictors of attitudes toward seeking professional psychological help among Chinese-Americans. *Journal of Counseling Psychology, 41*, 280-287.
- Tompar-Tiu, A., & Sustento-Seneriches, J. (1995). *Depression and other mental health issues: The Filipino American experience*. San Francisco: Jossey-Bass.
- Triandis, H. C. (1989). The self and social behavior in differing cultural contexts. *Psychological Review, 96*, 506-520.
- United States Census Bureau. (2002). The Asian Population: 2000. Retrieved October 8, 2004, from <http://www.census.gov/prod/2002pubs/c2kbr01-16.pdf>.
- Wilkinson, L., & APA Task Force on Statistical Inference. (1999). Statistical methods in psychology journals. Guidelines and explanations. *American Psychologist, 54*, 594-604.
- Ying, Y. W., & Hu, L. T. (1994). Public outpatient mental health services: Use and outcome among Asian Americans. *American Journal of Orthopsychiatry, 64*, 448-455.
- Zane, N., Hatanaka, H., Park, S. S., & Akutsu, P. (1994). Ethnic-specific mental health services: Evaluation of the parallel approach for Asian American clients. *Journal of Community Psychology, 22*, 68-81.
- Zane, N., & Yeh, M. (2002). Use of culturally-based variables in assessment: Studies on loss of face. In K. Kurasaki, S. Okazaki, & S. Sue (Eds.), *Asian American mental health: Assessment theories and methods* (pp. 123-138). Dordrecht, Netherlands: Kluwer Academic.
- Zhang, N., & Dixon, D. N. (2003). Acculturation and attitudes of Asian international students toward seeking psychological help. *Journal of Multicultural Counseling and Development, 31*, 205-222.