The Report committee for Matthew Delayne Halvorson Certifies that this is the approved version of the following report:

Impact of Culture on Stigma Related to Help-Seeking Behavior in College Students

APPROVED BY

SUPERVISING COMMITTEE:

Christopher McCarthy, Supervisor

Kevin Cokley

Impact of Culture on Stigma Related to Help-Seeking Behavior in College Students

by

Matthew Delayne Halvorson, B.A.

Report

Presented to the Faculty of the Graduate School

of the University of Texas at Austin

in Partial Fulfillment

of the Requirements

for the Degree

Master of Arts

The University of Texas at Austin

May 2015

Impact of Culture on Stigma Related to Help-Seeking Behavior in College Students

by

Matthew Delayne Halvorson, MA

The University of Texas at Austin, 2015

SUPERVISOR: Christopher McCarthy

Though many college students in the United States experience distress that could be ameliorated through counseling, not everyone is willing to seek help. Some estimates report that only 11% of those who have a diagnosable problem in a given year seek professional services (Vogel, Wade, & Hackler, 2007). This suggests that a barrier exists preventing individuals who could benefit from seeking help from doing so. Stigma is an umbrella term used to describe the negative social implications, such as those associated with mental illness, that serve as a barrier between student need and contact with services. The gravity of stigma was validated in the 1999 surgeon general's report on mental health that identified that the fear of stigma deterred individuals from being aware of their illness, seeking subsequent help, and remaining in treatment (http:// www.mentalhealthcommission.gov; Satcher, 1999). Stigma against help-seeking is a result of many different factors including, but not limited to, culture, societal influences, formal versus informal help-seeking, and gender norms. Understanding that it is not feasible to adequately address each of the

previous factors, this report reviews stigma related to help-seeking across cultures and aims to discuss how different cultural values can influence an individual's willingness to seek formal help. Strategies for intervention and stigma reduction are also discussed.

Table of Contents

Overview

One of the biggest obstacles in practicing effective counseling at a university is getting the individual in the room. The college campus setting is designed to provide students with a wide variety of support systems that ultimately lead to the student's success (Blanco, Okuda, Wright, Hasin, Grant, Liu, & Olfson, 2008). However, students who are not aware of or choose not to engage in these resources limit the possible positive impact of a campus-counseling center. Though many college students in the United States experience distress that could be ameliorated through counseling, there is a severe gap between student need for mental health services and actual contact with those professionals (Blanco et al., 2008). One commonly discussed reason why a student may not seek help from a mental health professional is perceived stigma from the public or from the self (Corrigan, 2004). Considering the fact that students underutilize mental health services and that current literature suggests that stigma is a contributing factor, a closer examination into the role stigma plays in whether or not a student seeks help from a mental health professional is needed. Eisenberg, Downs, Golberstein and Zivin (2009) conducted an empirical study using a random sample of 5,555 students from a diverse set of 13 universities and found that factors such as gender, age, racial and/or ethnic minority status, religious affiliation, and socioeconomic status play a role in the development of stigma related to help-seeking behavior. For the purposes of this report, the focus will

be on the impact of cultural differences on framing perceived stigma related to seeking formal help from a mental health professional.

This report aims to first discuss professional mental health service underutilization in a college setting through an in-depth understanding of stigma and the role it plays in whether or not students choose to seek help. Second, I will examine the role that culture plays in the understanding and impact of stigma on the individual, specifically focusing on the differences between students of Caucasian and Asian American backgrounds. Asian American students were chosen due to literature reporting underutilization when compared to Caucasian students (Eisenberg, Hunt, Speer, & Zivin, 2011). Third, this report will review intervention strategies aimed at reducing stigma on the college campus. Fourth and final, I make suggestions for the direction of future research.

Gap Between Need and Utilization

Some estimates report that only 11% of those who have a diagnosable problem in a given year seek professional services (Vogel, Wade, & Hackler, 2007). The National Epidemiologic Study on Alcohol and Related Conditions interviewed over 5,000 college aged individuals (18-24 years old) and found that approximately half of the college population met criteria for a mental health disorder, but less than 25% received any mental health services (34% among students with mood disorders, 16% among students with anxiety disorders, and 5% among students with alcohol or drug disorders) (Blanco et al., 2008). Though

these studies do not agree on the specific percentage of underutilization, the research is clear to suggest that there is a gap between need among college students and actual needs being met through intervention.

One annual study that consistently provides comprehensive information about college student mental health and help-seeking behavior is The Healthy Minds Study (HMS). Similar to the previous research, HMS surveyed over 13,000 individuals at 26 campuses between 2007 and 2009 and found that only 36% of students with a mental health issue actually sought treatment in the previous year (Eisenberg et al., 2011). HMS goes further by breaking down the data by gender to show that among women with a mental health issue, 39% received treatment, compared to 30% of men (Eisenberg et al., 2011). HMS also supported the idea that white students are more likely to seek treatment than Hispanic, black, and Asian students (40% compared to 28%, 26%, and 15% respectively) (Eisenberg et al., 2011). This data suggests that an individual's race and gender play a role in the likelihood that they will seek mental health services. One possible explanation could be that these underrepresented groups are seeking help from other sources. HMS reported that it was much more common for students struggling with mental health issues to seek help from a nonprofessional, such as a friend (67%) or family (52%) (Eisenberg et al., 2011). This suggests that the individual realizes a need to seek help but chooses to speak to family or friends rather than mental health professionals. The stigma related to seeking help from a professional overpowers the individual's

awareness of his or her own need. Considering that students are willing to discuss their mental health struggles with nonprofessionals, the stigma must be related to seeking help from a mental health professional.

The negative impact of stigma is also seen in the health care system as well as in the professional realm. Receiving the label of mentally ill impacts much more than a treatment plan. Once an individual is labeled as mentally ill, they are less likely to benefit from physical health care services, compared to those who have not received the same label (Corrigan, 2004). In approximately one third of the 50 states, people who have been given a mental illness diagnosis have political restrictions, such as the ability to vote, hold office, and participate on a jury (Burton, 1990). Even greater limitations are evident in the family domain, as about half of states in the U.S. limit the child custody rights of parents who struggle with mental health issues (Corrigan, 2004). It is clear that a label of being mentally ill means so much more than a description of symptoms, when this label limits basic human rights, such as the ability to care for your child and vote. Considering the negative social and professional implications of this label, it is understandable why an individual would want to avoid having this label be inferred or assigned to them.

It is clear by the previous discussion that there is a gap between need and services provided. Despite an abundance of evidence-based interventions and knowledge of their efficacy, Corrigan (2004) suggests that this gap can be simplified into two main themes: (a) Many individuals with mental illnesses

never seek help, and (b) those who do seek help stop prematurely or do not follow treatment recommendations. Previous conversation focuses on Corrigan's first point, however Cramer and Rosenbeck (1998) reviewed 34 studies of compliance with psychiatric medication and found that more than 40% of individuals did not fully comply with set procedures. It is estimated that failure to comply with prescribed treatment regimens resulted in increased re-hospitalization, which accounts for an $800 million increase in worldwide hospital costs (Weiden & Olfson, 1995). In a similar fashion to seeking mental health services, engaging in behaviors encouraged by a mental health professional somehow causes the individual to believe that there is something wrong with them.

Through this discussion, it is evident that there is a huge cost to the individual and to society if those who could benefit from mental health services do not receive treatment. If research supports theory and evidenced based therapeutic techniques, then it is crucial to learn more about why individuals do not seek help. Though professional mental health services are not the only means through which people seek help, for the purpose of this review, help-seeking behavior will primarily refer to seeking help from a mental health professional and persisting in that treatment. It is important to consider broader perspectives than just individual therapy when considering methods of reducing stigma.

Explaining the Gap

In order to explain the gap between need and help-seeking behavior, Corrigan (2004) suggests that the threat of social disapproval or diminished self-esteem that accompany receiving the label of mentally ill may deter people from seeking or fully participating in mental health services. Though there are many more possibilities, we will discuss three common concerns. The first consideration why many individuals may avoid mental health services is related to fear that confidential information could be leaked to the public (Corrigan, 2004). It is difficult for many people to imagine revealing personal information to a stranger or even just trusting a stranger to maintain confidentiality before a deep relationship exits. This hesitance could also be related to assumed impact on the student's professional future. Research examining medical students' perspectives on using mental health services reported that the most commonly cited barriers to using mental health services included the fear of negative effects on academic standing and future occupations (Eisenberg et al., 2011). It is understandable that an individual would avoid seeking help if they believe that seeking mental help could adversely impact their professional reputation and future job outlook.

A second consideration is associated with a lack of knowledge about the role of the mental health professional. This can be seen in the university setting as many students believe that anxiety concerning academic work could best be discussed with an academic member of staff and consider a mental health

professional as a less viable option (Quinn, Wilson, MacIntyre, & Tinklin, 2009). Students may also question the legitimacy of their problem or believe that their issue will resolve itself (Einsenberg et al., 2011). It may not necessarily be an incorrect decision to seek help from a professor or advisor, however the concern is that students do not readily consider a mental health professional to be an appropriate or legitimate source of support.

Third, research shows that personal contact with an individual who has a history of mental illness was correlated with a lower likelihood of seeking help for mental illness in the future (Lally, O'Conghaile, Quigley, Bainbridge, McDonald, 2013). Lally et al. (2013) suggest that either a negative experience with someone who had a mental illness or hearing about someone's negative experience with therapy may explain the decrease in help-seeking behavior based on personal contact. These experiences add to the stereotypes about individuals that seek help from a mental professional. The stereotypes are instantly elicited when an individual receives the label, either from a professional, such as a psychiatrist, or by association, such as being seen walking out of a psychiatrist's office (Corrigan, 2004). These are three of many examples that point to undesirable social associations of receiving a label of mentally ill. The umbrella term for this is stigma.

What Is Stigma?

The stigma associated with mental illness can be broadly defined as the belief that an individual who seeks mental health services is unfavorable or socially objectionable (Vogel, et al., 2007). More specifically, stigma can be separated into two main categories: public stigma (related to negative social influence on a community level) and self-stigma (related to personal negative feelings about one's own behavior) (Corrigan, 2004). It is important to understand these categories separately but also recognize their interconnectedness.

Stigma is referred to as public stigma on the societal level, which can be observed as pressure from society to act and think in a specific way. Public stigma can be seen in the way that the general public views and acts around those with mental illnesses. Previous research found that the public not only describes those with mental illness in negative terms but also goes further to avoid those who have been labeled as mentally ill or have been previously hospitalized (Vogel et al., 2007). This can present a problem as negative views of a group can lead to stereotyping, prejudice, and discrimination (Vogel et al., 2007). In this way, seemingly innocent beliefs can manifest in very serious manners. Especially in college students, the fear of gaining a negative label is perceived to have bad implications during college and beyond. This is observed as students reported fear of being perceived to have mental health difficulties,

because it would be a sign of weakness that could impact career opportunities in the future (Quinn et al., 2009).

Public stigma in its purest form can be observed in media depictions of mental illness and help-seeking behavior. In a study that focused on the quantity of exposure to television drama and comedy shows as a predictor of help-seeking attitudes, researchers found that TV exposure was linked to stigma and correlated with negative attitudes towards seeking help (Vogel, Gentile, & Kaplan, 2008). Maier, Gentile, Vogel & Kaplan (2014) build off these findings to suggest stigma towards help-seeking increases as the public continues to view psychologists and people seeking help negatively. Given this negative public view that is perpetuated by the media, it is understandable that individuals would hide their problems and avoid seeking counseling in order to limit damaging societal consequences (Corrigan & Matthews, 2003 as cited in Vogel et al., 2007, p. 40), such as the discrimination that occurs after receiving the label of being mentally ill.

Another level of stigma that is experienced on an internal and personal level is referred to as self-stigma (Corrigan, 2004). This type of stigma is described as the individual perceptions of one's thoughts or actions that are unacceptable to one's self. For example, one might believe that he or she is personally useless or undesirable if they intend to seek counseling. This level of stigma is especially powerful, because it is no longer that an outside source fuels these negative thoughts. Rather, the inner monologue of the individual fuels the

negative perceptions and strongly contributes to decreased help-seeking behavior.

Though the two levels of stigma are distinct, they are also intimately related. The link between public and self-stigma seen in personal counseling also exists in career counseling (Ludwikowski, Wyndolyn, Vogel, & Armstrong, 2009), mental health counseling (Ægisdottír, O'Heron, Hartong, Haynes, & Linville, 2011) and group counseling (Wade, Post, Cornish, Vogel, & Tucker, 2011). Stigma in each of these settings can be seen as the individual does not seek help in the first place or does not persist in treatment once started. Public stigma awareness and an affective dimension of endorsement of public stigma were found to predict self-stigma (Bathje & Pryor, 2011). This suggests that public stigma alone is not enough to elicit a personal response. The difference between passive awareness and active endorsement of public stigma is that endorsement predicts development of self-stigma. Without active endorsement, the public opinion does not have an impact on the individual's personal beliefs. In order for self-stigma to develop, the individual must actively accept the public belief. Previous research in which 680 college students responded to a questionnaire that measured the impact of public stigma and self-stigma on attitudes towards counseling and willingness to seek counseling found that self-stigma was the link between public stigma and attitudes toward seeking professional help (Vogel et al., 2007). Vogel et al. (2007) suggest that self-stigma is needed for public stigma to have an impact on help-seeking behavior. This

study supports the idea that public stigma in itself does not have a large impact on help-seeking behavior. Rather, it is the development of self-stigma that influences an individual's perspective toward mental health services. In a similar study, Vogel, Bitman, Hammer, and Wade (2013) examined 448 participants in a longitudinal study over three months and found higher initial public stigma predicted higher subsequent self-stigma. These findings are supported by several other studies that also concluded that self-stigma is the result of internalized public stigma (Corrigan, 2004; Vogel et al., 2013; Vogel et al., 2007). Though it seems obvious that public opinions would affect private thought, it is important to realize the direction of the connection from public to private, as awareness of this relationship is essential for understanding how stigma can influence attitudes and help-seeking behavior.

Bathje and Pryor (2011) conceptualized stigma in two main ways: the individual wishes to avoid the public label of "mental illness," and the individual does not want to personally accept that the they are in need of psychological counseling (Bathje & Pryor, 2011). It is interesting to consider that social pressure can be impactful on a group level but also on a personal level. This idea speaks to the power of both public and self-stigma in that the individual feels the pressure to think and act in a certain way from the outside society but also feels the same pressure from within oneself.

Considering that power of thought and attitude often predicts action, the connection between the perceptions of stigma and behavior must also be

examined. Vogel et al. (2007) suggest that attitudes towards counseling in general also play a role in whether or not the individual seeks help. More specifically, researchers found that attitudes were related to overall perceptions of counseling while self-stigma was related to public stigma internalized by the individual (Vogel et al., 2007). This suggests that larger societal views impact the perspective of individuals but actually seeking help may be more connected with the individual's opinion of counseling. The impact of public stigma on one's view of mental health services is multifaceted. In addition to discouraging help-seeking behavior, the stigma of mental illness may also impact an individual's capability to form a healthy sense of self (Vogel et al., 2013; Corrigan, 2004). The idea that public opinions can impact people's view of themselves illustrates the power that public stigma possesses over the formation of self-stigma.

As is clear from this discussion, whether an individual chooses to seek professional help is a complex process, as media depictions of mental illness and mental health professionals, internalization of societal perspective, and general attitudes towards counseling all play a role. Stigma is intricately woven into society and will not easily be altered. In efforts to decrease stigma, mental health professionals could focus on changing the views of those with a mental illness in order to increase help-seeking behavior. "[This view] places responsibility for the stigma on the person with mental illness rather than where it belongs—on the public" (Corrigan, 2004, p621). Intervention is called for on an ecological level to change societal views on counseling and those who seek help from

mental health professionals. Considering that societal adjustment would mean altering longstanding stereotypes and associations, changing public knowledge would prove to be a difficult task. With regard to the link between public stigma, self-stigma, and help-seeking behavior, "changing society's attitudes toward mental illness and psychological help-seeking remains an important step and may be the ultimate goal" (Vogel, et al., 2013, p314). However, before we can discuss tactics of intervention, it is essential to have a deeper understanding of cultural influences that impact the individual's perspective of what it means to seek help from a mental health professional.

Cultural Influences

Before I discuss potential intervention strategies, it is important to recognize that stigma influences help-seeking behavior of individuals from all cultures. This section will focus on cultural differences between Asian American and European American conceptualizations of stigma as they relate to help-seeking behavior. In order to fully understand these conceptualizations, it is necessary to appreciate the cultural differences from which the conceptualization originates.

Asian Americans currently make up approximately 5.6% of the total population in the United States (14.7 million), and are projected to increase to 10% of the U.S. population by 2050 (U.S. Census Bureau, 2010). As the Asian American population grows, it is crucial that clinicians are knowledgeable about the context within which these individuals understand themselves. Despite the growing percentage of Asian Americans in the U.S., Asian Americans are less likely to seek out formal treatment (Chang, Chen & Alegrìa, 2014) and show greater reluctance to seek out treatment in general (Loya, Reddy, & Hinshaw, 2010) relative to European American peers. Loya et al. (2010) also found that South Asian students reported higher levels of personal stigma than their Caucasian peers (Loya et al., 2010). Similarly, Masuda and Boone (2011) compared Asian American and European American students with no history of seeking mental health services and found that Asian American students had greater self-concealment, and experienced greater stigma than European American peers. In order to explain the difference in attitudes toward mental

health services and the process of seeking help from a professional, this report will focus on three main cultural factors: collective versus individual centered culture, view of mental health/loss of face, and acculturation.

Collectivist versus Individualistic culture

The first major differences between Asian American culture and European American culture is found in the way individual understands the functioning of the community. European American context typically sees each individual as independent and encourages each person to take care of himself or herself, as they seek to do what is best for each personally. On the other hand, Asian American context typically views each individual as one piece within the community structure and encourages each person to draw on the group for support, as they hope to find the best outcome for the group. The collectivist orientation espouses the ideas of family honor, emotional restraint, interdependence, obedience, and filial piety (Sue & Sue, 2003; Tata & Leong, 2004). These concepts are influenced by Eastern philosophy (i.e., Confucianism, Collectivism, Buddhism, Taoism) and may encourage Asian American students to restrain their emotions or endure problems in order to avoid public shame and preserve social harmony (Yeh, 2000; Shea & Yeh, 2008).

In short, collectivist cultures value the group over the individual while individualistic cultures value the individual over the group. Shea and Yeh (2008) describe this difference in terms of the method in which the individual defines himself or herself, either in relation to others or in competition to others. It is

clear that the distinctive cultures view the role of the individual very differently, yet individuals from both cultures experience stigma related to help-seeking (Eisenberg et al., 2009). However, the negative social implications related to help-seeking are based on the cultural context from which the individual is operating.

View of Mental Health

The second cultural consideration involves the view of mental health services. One might be quick to assume that a lack of recognition of needing help would explain why Asian American students are less likely to seek mental health services. However, Masuda and Boone (2011) surveyed approximately 1,400 students and observed that Asian Americans did not significantly differ from the European Americans in recognition of need or in confidence in mental health practitioners. This is an interesting finding considering that the same study found that the Asian Americans had greater stigma, were less interpersonally open, and less inclined to seek help (Masuda & Boone, 2011). Shea and Yeh (2008) suggest that Asian American students may avoid seeking psychological help due to the differences between Eastern and Western perspectives of self and conceptions of mental problems. This idea speaks to a potential gap between the goals of the therapist and goals of the student. Certain goals of counseling, such as personal growth, self-expression, and autonomy, are in direct opposition to Asian American concepts regarding the function of family in an individual's life (Das & Kemp, 2007; Sue & Sue, 2003; Chang et al., 2014). It

makes sense why someone would have a negative view of mental health services when the underlying expectation is that the therapist will not share the same personal or cultural values.

In order to learn more about minority students in relation to stigma, Cheng, Kwan, and Sevig (2013) examined a sample of 260 African American, 166 Asian American, and 183 Latino American students and found that Racial and Ethnic Minority (REM) students' stigma may be related their other-group orientation. Other group orientation is defined as attitudes, feelings, and orientations toward other racial/ethic groups (Phinney, 1992). Research suggests that a disinclination to establish relationships with people from other racial groups is correlated with lower interpersonal security and increased self-stigma related to help-seeking in REM students (Cheng et al., 2013). This suggests that individuals who are open with other racial/ethnic groups may be interpersonally secure and, as a result, more likely to seek help. Further, higher levels of psychological distress were associated with greater perceived stigmatization by others and self-stigma associated with seeking help from a mental health professional (Cheng et al., 2013). The more that REM students are worried about being viewed negatively by others for seeking help, the more likely they may stigmatize themselves for seeking psychological help. Stressors such as institutional and societal racism have been connected to REM students being seen as deficient, weak, problematic, and/or dangerous (Leong, Kim, & Gupta, 2011; Sue, Yan Cheng, Saad, & Chu, 2012). A counselor who does not

understand that the student may be experiencing stress related to seeking help in addition to the stress related to their minority status is missing crucial information about what the student is experiencing. Studies like this show the impact of others' opinions and how important it is to students that a counselor understands them on an intimate level. It also speaks to the vulnerability that may be required for some students to be open enough to allow that level of understanding. This may be difficult for Asian American students considering that Asian values discourage disclosure of personal issues outside the family (Cheng et al., 2013). This among other reasons could influence why Asian Americans were more likely to rely on informal help from friends and family rather than seeking help from a professional (Yeh & Wang, 2000; Chang et al., 2014). Considering that it is common for Asian Americans to rely upon friends and family for help, seeking help for a psychological issue is not necessarily the issue. Rather, it is seeking help from someone outside the family who may not share the same cultural values that poses particular trouble for an individual who endorses Eastern cultural values. Ultimately, culture shapes the way an individual views mental health services. In order to understand the stigma experienced, it is necessary to understand the cultural framing of the purpose and process of mental health services.

A key difference in the way the view of mental health is influenced by culture is the extent to which the stigma applies to the individual. From the individualistic culture perspective, seeking mental help forces the individual to

question his or her independence and ability to handle the stresses of their life. From the collective culture view, seeking mental health services may be seen as bringing dishonor to the family (Kim, 2007) and may result in "loss of face" for the person and the family or community (Zane & Yeh, 2002). Compared to the individualistic culture perspective that focuses on the impact of the undesirable label for the individual who is seeking help (Vogel, Wade, & Haake, 2006), the Asian American view ascribes negative label to the individual and also to his or her family. Choi and Miller (2014) suggest that stigma caused by a mental illness label could damage their family's reputation, which lends to the individual avoidance of seeking help. The family's honor is at stake due to the extra-familial nature of professional mental health services and the implication that the family is inadequate to help the individual with their psychological issue. In this way, seeking help outside the family would also be considered shameful and violate the family hierarchy.

Acculturation

The third factor that impacts stigma as experienced by the individual is acculturation. Atkinson and Gim (1989) and Tata and Leong (1994) found that a higher level of assimilation to Western culture among Asian American students predicted greater positive attitudes toward seeking help from a mental health professional (Shea & Yeh, 2008; Kim, 2007). Similarly, previous research found that Asian American students who were less assimilated to Western culture and remained adherent to Asian cultural values tended to harbor negative attitudes

toward help-seeking and reduced willingness to seek help themselves (Kim & Omizo, 2003; Shea & Yeh, 2008; Choi & Miller, 2014). In other words, the greater degree to which an individual endorses Asian cultural values, the greater the perceived stigma related to help-seeking.

Shea and Yeh (2008) surveyed 219 Asian American undergraduate and graduate students (76 males and 143 females) at a private institution in the Northeast and found the same relationship between adherence to Asian values and attitudes toward professional help-seeking and noted that the effect went beyond the effects of gender, age, and relational interdependent self-construal. Similarly, Chang et al. 2014) gathered data from 4,180 White, 2,554 Latino, and 2,095 Asian household respondents aged 18 years or older and found that more acculturated participants (2nd or 3nd generation) were more likely to seek help than those who were first generation. These studies suggest that the level of stigma that Asian American students perceive in the United States is related to the level to which they are acculturated. The more that Asian American students endorse individualistic cultural values, the more likely these students are to ascribe the stigma to themselves rather than to their family.

On a related note, it is worth considering the impact of the language barrier in terms of acculturation. It can be assumed that students who have a higher level of assimilation may have a better grasp of the English language. For students who have limited English proficiency, they may be more likely to avoid professional help and rely on informal sources of mental health resources

(Sentell, Shumway, & Snowden, 2007 as cited in Chang et al., 2014). This idea points to the fact that individuals will fall back on the foundation that is most comfortable to them in times of crisis. If an individual feels they may not be fully understood, due to a language barrier, logic would dictate that the individual would seek help from a close friend or family member.

As it has been discussed in this section, intention to seek formal mental health services is dependent on cultural context. Based on the person's understanding of the role of the individual, the implications seeking mental health treatment on the individual and his or her family, and the amount of acculturation, the development of the stigma can be very different. As was described earlier, public stigma, often learned through one's cultural group, is internalized as personal stigma over time and personal stigma is seen to have a greater impact on help-seeking behavior (Corrigan, 2004; Vogel et al., 2007; Loya et al., 2010). From the individualistic perspective, the personal stigma is conceptualized as negatively affecting only the individual seeking mental health services. From the collectivist perspective, the personal stigma is understood as negatively affecting the individual within the larger community. In this way, it is not only the individual who is dishonored, but the family unit as well. Both the individualistic and collectivist perspectives support the idea that the individual develops his or her own beliefs (personal stigma) by internalizing messages from the larger community (public stigma). However, the difference is observed when we look at who is impacted by the stigmatized label. From the

individualistic perspective, only the person seeking help is perceived to be mentally weak or unable to take care of him or herself (Corrigan, 2004). The family, from this view, is not specifically blamed or shamed. However, from the collectivist perspective, the individual and his or her family are dishonored (Zane & Yeh, 2002), because the family is not able to take care of the person or resolve the issue on its own. The same stigma related to formal help-seeking behaviors exists from both cultural perspectives, however the cultural background determines whether it is only the individual who receives the negative label or the family as well.

Though these conceptualizations are very similar, it is clear that the understanding of the stigma and its impact on the individual and his or her family varies depending on the cultural context. Recognition that stigma impacts the individual but also may impact his or her family can help us as mental health professionals empathize with our clients more fully. With a better awareness of the cultural implications for European American and Asian American students, we discuss several intervention strategies that are designed to decrease stigma related to help-seeking.

Intervention

As is clear from the discussion on culture, efforts toward decreasing stigma need to take cultural factors into account. Intervention strategies that treat all potential clients according to western cultural standards fail to recognize the cultural diversity of the student population. Though much of this paper has discussed stigma in relation to its negative effect on help-seeking behavior, literature also exists that provides strategies and techniques for conquering stigma in three specific ways: (1) overcome a lack of public knowledge related to types of issues that mental health counseling can address through education regarding the purpose and process of mental health services, (2) interrupt the internalization of public stigma through normalizing help-seeking behavior and (3) empower gatekeepers to decrease the physical and emotional boundaries caused by stigma. Ultimately, these three strategies can be understood as reframing the public understanding of mental health services, normalizing help-seeking, and empowering non-professionals to encourage others in need to seek help.

Overcoming a Lack of Knowledge

First, a broad approach to decreasing stigma in a university setting would involve combating students' lack of information or misguided expectations related to help-seeking. Research suggests that interventions should focus on educating people, especially college students, of the benefits of counseling in order to decrease stigma and dispel misconceptions (Ludwikowski et al., 2009).

More specifically, this education should include active public relations, because open dialogue is necessary to increase public understanding and increase familiarity with mental health concerns (Nam, Choi, Lee, Lee, Kim, & Lee, 2013). Communicating to the public that mental health issues do not need to be internalized as incompetence or family shame could allow counselors the ability to reach more individuals who are suffering (Vogel, et al., 2007).

Eisenberg, Hunt and Speer (2012) frame the barrier to help-seeking by comparing mental health to healthy eating and exercise. The issue can be understood as placing a disproportionate focus on the present instead of the future. There is an unpleasant sacrifice in the present that can result in a healthier future. For example, a person who hopes to lose weight may find it hard to cut down on unhealthy snacks and wake up early to get a workout in before work. However, by focusing on the future goal, the cost of changing dietary and exercise habits is set in a better perspective. Seeking mental health similarly involves a short-term cost to overcome stigma and spend time and money but also includes the expectation for a better future (Eisenberg et al., 2012). The benefits of focusing on the future benefits of the help-seeking process may help students understand that the future goal is worth the short term discomfort.

Ludwikowski et al. (2009) suggest that one method of educating students could occur via posters around campus or through a presentation during freshman orientation that would teach students and their parents more about the

advantages of counseling. This would allow mental health professionals to demystify the process of seeking mental health and bring the mental health discussion out in the open. In order to further reduce stigma related to unrealistic fears and show clients what they can expect from a counseling experience, Ægisdottír et al. (2011) recommend having printed materials available to clients that show mock sessions or video testimonials of counseling outcomes. This further serves to increase the public's understanding of what mental health counseling is and what they could expect if they choose to schedule an appointment. In addition to using printed materials, research also supports the use of repeated video interventions in changing attitudes and perceptions concerning counseling by showing that participants who watched an intervention video reported more positive attitudes toward counseling than participants in the control group (Kaplan, Vogel, Gentile, & Wade, 2012). The video intervention suggested by Kaplan et al. (2012) utilized a television reality show that depicted a woman's experience in and out of counseling in order to normalize help-seeking behavior and portray counseling in a positive light. This kind of intervention counteracts the negative influence of the media by using the same medium, but in a constructive way.

Lastly, Parcesepe & Cabassa (2013) found that positive personal contact with a person with a mental illness was correlated with lower levels of stigma and that multiple continuous contacts were more helpful to reduce stigma when compared to a single positive encounter. This suggests that it is very meaningful

for an individual's personal beliefs to gain experience that does not match the general perception of mental illness. This idea further supports that stigma can be reduced as awareness is increased. If individuals with mental health issues are stereotyped to be dangerous, first hand experience with someone who does not match that stereotype can begin to erode the previous thought pattern.

These examples further illustrate how clients benefit from a greater understanding of what counseling entails. By working with campus partners, it is possible to increase the public awareness of positive counseling and mental health services. Through learning more about the counseling experience, students will see that their negative beliefs or fears are not justified and that everyone can benefit from counseling (Wade et al., 2011). Of course, some aspects of counseling, such as self-disclosure and vulnerability, may still cause potential clients to wonder if seeking mental health services is worth the risk. As mental health professionals are able to better reframe the help-seeking process through public education and emphasis on the benefits of counseling, stigma toward help-seeking can be reduced.

Normalize Help-seeking

Second, in order to reduce stigma related to help-seeking, it is necessary to normalize the help-seeking process. As was discussed earlier, cultural context impacts the way in which an individual understands the impact of stigma and the process of seeking help. Interventions should be information based and focus on normalizing symptoms and framing the mental health issues as

resolvable. Students in a focus group format who were asked to discuss promoting well being at the university identified the need to normalize asking for help (Quinn et al., 2009). This idea suggests that the current understanding among students is that seeking help from a mental health professional is not normal. A change in university culture could go a long way in encouraging more students to be open about their mental health struggles. This shift in student understanding would require individual students to truly believe that other students were going through similar mental struggles and that it was safe to talk about their mental health openly. Students in the same focus group shared this idea of a 'culture of openness,' where mental health problems could be expressed freely, could reduce stigma and raise awareness about the support services available on campus (Quinn et al., 2009). This type of change at a university would likely occur slowly, and require committed effort from many stakeholders across campus to create one consistent message. Though difficult to imagine in the short term, it speaks to the great long term benefit to student well being if all students believed that openly discussing mental health was normal.

Part of normalizing the help-seeking process is facilitating trust through understanding. This trust can be conveyed through a one on one interaction in a session or vicariously through outreach materials. Mental health professionals need to be equipped with multicultural knowledge so that they are competent in identifying, appreciating, and acknowledging student coping strategies that may involve family and close friends (Yeh & Wang, 2000; Shea & Yeh, 2008). For

example, clinicians can be intentional to address psychological phenomena, such as expectation confirmation (people search for evidence in others that confirms their belief or stereotype and ignore evidence that claims otherwise), and stereotype threat (people act in a way that confirms a negative stereotype about their social group), in a session or through outreach materials, which can facilitate client awareness of the influence that community views (i.e. public stigma) can have on their own personal views (i.e. self-stigma). Counselors have the opportunity to bring these ideas into the room to not only show empathy for the student's experience but also avoid missing out on the cultural aspect of the student's concern. As services become more culturally sensitive, effectiveness and utilization tend to increase (Sue, Zane, Hall & Berger, 2009). By increasing awareness of the public stigma and cultural context, counselors can help students raise their awareness of those influences and view the pressures in a more objective light.

One suggestion for intervention would be for the counselor to normalize the help-seeking process and reframing the act of seeking help as courageous and proactive (Kaplan et al., 2012). Counselors may be able to reach more people who are experiencing distress if they emphasize the fact that having a mental health problem does not mean that one should be labeled as incompetent or shamed (Vogel et al., 2006). Research suggests that intervention intended to reduce stigma should specifically target the perception that people with mental health concerns are dangerous (Parcesepe & Cabassa, 2013) or focus on

explanations for symptoms with a possible course of treatment to reduce the shame related to a lack of knowledge (Shea & Yeh, 2008). Similar to increasing awareness, helping students understand that others have comparable experiences can reduce the ostracizing feeling of receiving a label as mentally ill.

Another technique to normalize help-seeking behavior is through the use of intentional language. Pederson and Vogel (2007) found that video interventions that deliberately portray counselors asking questions about thoughts rather than feelings might be able to break down barriers between men and help-seeking behavior. Recognizing that men do not typically endorse emotional expression and that counseling is often associated with emotions, a mere word change can serve to decrease initial negative attitudes toward counseling. This intervention is clearly targeted at men but may also be impactful for Asian Americans, considering that Asian culture discourages emotional expressiveness (Shea & Yeh, 2008). As was discussed in the previous section, Asian American culture encourages individuals to be stoic and emotionally restricted. By intentionally focusing thoughts instead of emotions when working with an Asian American student, stigma may be reduced in a similar manner, as it was for the men in the previous study. Whether changing a key word or raising awareness of the commonality of mental health struggles, normalizing the help-seeking process can encourage students to pursue in mental health services.

Empower Gatekeepers

Third, considering that many students feel more comfortable speaking about their troubles with non-professionals, such as friends or academic advisors, it is important to discuss how to empower those gate keepers, such as family, friends, professors, or advisors. The term gatekeeper is used to refer to the role of these non-professionals in connecting the student to appropriate resources. Since academic and career issues are more acceptable, Asian Americans seek out these services for deeper conversations regarding personal-emotional issues (Sue & Kirk, 1975). Clinical interventions should consider the role of friends in supporting informal treatment options for Asian Americans, especially first-generation individuals who are less likely than their more acculturated counterparts to seek treatment (Chang et al., 2014).

Another factor involved may be accessibility of psychological services. Though students may recognize a need for help and believe that help would be effective, actually initiating the process of scheduling an appointment and finding the location on campus can be barrier for students (Masuda & Boone, 2011). On some college and university campuses, the career and mental health services are located in the same building to encourage students to view both professionals as viable options for attaining help. The University of Texas at Austin recently implemented a Counselor At Residence (CARE) program that places a mental health professional in the academic advising office. In the instance that a student presents a mental health concern to his or her advisor, the student can be

referred to the CARE counselor, who is located in the same office instead of across campus. In this way, academic advisors (gatekeepers) can make strong referrals due to the close proximity of the counselor's office and to daily conversations with the counselor. I have worked in the Vick Center for Strategic Advising and Career Counseling at The University of Texas at Austin and have personally witnessed the ease of the referral process to the CARE counselor. It is also beneficial to have a counselor in the office that gives workshops periodically regarding stress and anxiety. Personally, I felt more comfortable with referrals considering that I knew the counselor and could speak to his competence and character instead of merely telling a student to meet with an unknown counselor. This is but one example of how equipping gatekeepers can help students become aware of mental health services but also decrease the physical barriers standing in between the student and seeking help.

Though brief, this overview of three intervention techniques (reframing the public understanding of mental health services, raising the awareness and understanding of the mental health professionals, and empowering non-professionals to encourage others in need to seek help) is supportive of the notion that the power of stigma in decreasing help-seeking behavior can be reversed if the right interventions are undertaken.

Conclusion and Future Directions

One of the biggest obstacles in practicing effective counseling at a university is getting the individual in the room. Considering that prior research suggests that many individuals in the college population who have a diagnosable problem do not seek mental health services and that mental health has been shown to influence academic performance of the college population, it is of utmost importance to understand what barriers exist so that students can benefit from mental health services. One important factor that comes up again and again is the presence of stigma. Previous literature has started the conversation to explain the multifaceted nature of stigma, including the impact of cultural values in shaping the individual's perspective of mental health services. As counselors, it is important to understand how stigma impacts college student help-seeking behavior, how different cultures experience stigma differently, and what the potential implications are for reducing stigma. By utilizing these techniques and increasing awareness of the influence that stigma has upon help-seeking behavior, it is possible for stigma related to pursuing counseling to be recognized and reduced.

Previous literature is consistent and thorough in describing the development of stigma from public to self-stigma (Bathje & Pryor, 2011; Corrigan, 2004; Vogel et al., 2007; Vogel et al., 2013). Corrigan (2004) specifically is often cited and for good reason because of the clarity in which the treatment seeking and ongoing participation in treatment are influenced by public stigma and self-stigma. However, the discussion of stigma is not without limitations,

specifically regarding the generalizability of research presented. Considering that universities are trending toward a higher percentage of females compared to males, the fact that several studies sampled significantly more females than males (Wade et al., 2011; Leong et al., 2011; Masuda & Boone, 2011; Shea & Yeh, 2008) is not in itself a limitation, however samples that are more representative of college populations in the United States can lead to more easily generalized results. Similarly, research samples with a disproportionate number of 1st year students (Vogel et al., 2007; Vogel et al., 2013), or studies that utilize the 18-24-age range to describe a "typical" college population (Blanco et al., 2008; Chang et al., 2014) do not fairly represent the non-traditional student population.

Future research should continue to investigate the efficacy of interventions in reducing stigma related to help-seeking behavior but samples should include students at four year institutions, community colleges, and who are non-traditional students. Research should focus specifically on the impact of social norming on help-seeking for low severity mental health issues. When a concern is pressing or has risen to a crisis level, most students understand that mental health services on campus can support them. However, low severity stress, anxiety and depression may not warrant a visit to the counseling center. As perceptions of mental health services change to make it socially acceptable for students to seek help for high severity issues, it is necessary to investigate how mental health professionals can reframe professional services to be a source of support for low and high severity concerns alike. Future research should also

consider using more open and exploratory questions (Shea & Yeh, 2008) to expand on our understanding of stigma. Previous research has answered many of the descriptive questions regarding stigma, but there is a great opportunity for increasing the knowledge base by asking more "how" and "why" questions that target the specific development of treatment seeking or treatment avoidance attitudes. There should also be a greater focus on subgroups (Sue et al., 2012) so that larger groups, such as Asian Americans, can be understood accurately as diverse instead of homogenous. Specifically, future research should take advantage of Self-Stigma of Seeking Help (SSOSH) Scale that has been cross culturally validated for use in England, Greece, Israel, Taiwan, Turkey, and the United States (Vogel, Armstrong, Tsai, Wade, Hammer, Efstathiou, Holtham, Kouvaraki, Liao, Shechtman, Topkaya, 2013). Given that SSOSH may contain some bias toward Western Culture, utilizing a scale to learn more about stigma from a cross-cultural perspective can add to the current literature regarding the influence of stigma on the help-seeking process.

References

Ægisdottír, S., O'Heron, M., Hartong, J. M., Haynes, S. A., & Linville, M. K. (2011). Enhancing attitudes and reducing fears about mental health counseling: An analogue study. *Journal of Mental Health Counseling*, *33*(4), 327–346.

Atkinson, D. R., & Gim, R. H. (1989). Asian-American cultural identity and attitudes toward mental health services. *Journal of Counseling Psychology, 36*, 209–212.

Bathje, G. J., & Pryor, J. B. (2011). The Relationships of Public and Self-Stigma to Seeking Mental Health Services. *Journal of Mental Health Counseling*, *33*(2), 161–176.

Blanco, C., Okuda, M., Wright, C., Hasin, D., Grant, B. F., Liu, S.-M., & Olfson, M. (2008). Mental health of college students and their non– college-attending peers: Results from the National Epidemiologic Study on Alcohol and Related Conditions. *Archives of General Psychiatry, 65*, 1429–1437.

Chang, J., Chen, C.-N., & Alegrìa, M. (2014). Contextualizing Social Support: Pathways to Help Seeking in Latinos, Asian Americans, and Whites. *Journal of Social and Clinical Psychology*, *33*(1), 1–24. doi:10.1521/jscp.2014.33.1.1

Burton, V. S. (1990). The consequences of official labels: A research note on rights lost by the mentally ill, mentally incompetent, and convicted felons. *Community Mental Health Journal, 26*, 267–276.

Chang, J., Chen, C.-N., & Alegrìa, M. (2014). Contextualizing Social Support: Pathways to Help Seeking in Latinos, Asian Americans, and Whites. *Journal of Social and Clinical Psychology*, *33*(1), 1–24. doi:10.1521/jscp.2014.33.1.1

Cheng, H.-L., Kwan, K.-L. K., & Sevig, T. (2013). Racial and ethnic minority college students' stigma associated with seeking psychological help: Examining psychocultural correlates. *Journal of Counseling Psychology*, *60*(1), 98–111. doi:10.1037/a0031169

Choi, N., & Miller, M. (2014). AAPI college students' willingness to seek counseling: The role of culture, stigma, and attitudes. *Journal of Counseling Psychology*, *61*(3), 340–351. Retrieved from http://psycnet.apa.org/journals/cou/61/3/340/

Corrigan, P. (2004). How stigma interferes with mental health care. *The American Psychologist*, *59*(7), 614–25. doi:10.1037/0003-066X.59.7.614

Cramer, J. A., & Rosenbeck, R. (1998). Compliance with medication regimens for psychiatric and medical disorders. *Psychiatric Services, 49*, 196–210.

Eisenberg, D., Downs, M. F., Golberstein, E., & Zivin, K. (2009). Stigma and help seeking for mental health among college students. *Medical Care Research and Review : MCRR*, *66*(5), 522–41. doi:10.1177/1077558709335173

Eisenberg, D., Hunt, J., & Speer, N. (2012). Help seeking for mental health on college campuses: review of evidence and next steps for research and practice. *Harvard Review of Psychiatry*, *20*(4), 222–32. doi:10.3109/10673229.2012.712839

Eisenberg D, Hunt J, Speer N, & Zivin K. (2011). Mental health service utilization among college students in the United States. *Harvard Review of Psychiatry, 20* (4) 222-232. DOI: 10.3109/10673229.2012.712839

Das, A., & Kemp, S. (1997). Between two worlds: Counseling South Asian Americans. *Journal of Multicultural Counseling and Development, 25*(January), 23–33.

Kaplan, S. a., Vogel, D. L., Gentile, D. a., & Wade, N. G. (2011). Increasing Positive Perceptions of Counseling: The Importance of Repeated Exposures. *The Counseling Psychologist*, *40*(3), 409–442. doi:10.1177/0011000011414211

Kim, B. S. (2007). Adherence to Asian and European American cultural values and attitudes toward seeking professional psychological help among Asian American college students. *Journal of Counseling Psychology*, *54*, 474–480. doi:10.1037/0022-0167.54.4.474

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*(3), 343–361. doi:10.1177/0011000003031003008

Lally, J., O'Conghaile, a., Quigley, S., Bainbridge, E., & McDonald, C. (2013). Stigma of mental illness and help-seeking intention in university students. *The Psychiatrist*, *37*(8), 253–260. doi:10.1192/pb.bp.112.041483

Leong, F. L., Kim, H. W., & Gupta, A. (2011). Attitudes toward professional counseling among Asian-American college students: Acculturation, conceptions of mental illness, and loss of face. *Asian American Journal of Psychology, 2*, 140-153. doi:10.1037/a0024172

Loya, F., Reddy, R., & Hinshaw, S. P. (2010). Mental illness stigma as a mediator of differences in Caucasian and South Asian college students' attitudes toward psychological counseling. *Journal of Counseling Psychology*, *57*(4), 484–490. doi:10.1037/a0021113

Ludwikowski, W. M. a., Vogel, D., & Armstrong, P. I. (2009). Attitudes toward career counseling: The role of public and self-stigma. *Journal of Counseling Psychology*, *56*(3), 408–416. doi:10.1037/a0016180

Maier, J. a., Gentile, D. a., Vogel, D. L., & Kaplan, S. a. (2014). Media influences on self-stigma of seeking psychological services: The importance of media portrayals and person perception. *Psychology of Popular Media Culture*, *3*(4), 239–256. doi:10.1037/a0034504

Masuda, A., & Boone, M. S. (2011). Mental Health Stigma, Self-Concealment, and Help-Seeking Attitudes among Asian American and European American College Students with No Help-Seeking Experience. *International Journal for the Advancement of Counselling*, *33*(4), 266–279. doi:10.1007/s10447-011-9129-1

Nam, S. K., Choi, S. I., Lee, J. H., Lee, M. K., Kim, a. R., & Lee, S. M. (2013). Psychological factors in college students' attitudes toward seeking professional psychological help: A meta-analysis. *Professional Psychology: Research and Practice*, *44*(1), 37–45. doi:10.1037/a0029562

Parcesepe, A. M., & Cabassa, L. J. (2013). Public stigma of mental illness in the United States: a systematic literature review. *Administration and Policy in Mental Health*, *40*(5), 384–99. doi:10.1007/s10488-012-0430-z

Pederson, E. L., & Vogel, D. L. (2007). Male gender role conflict and willingness to seek counseling: Testing a mediation model on college-aged men. *Journal of Counseling Psychology*, *54*(4), 373–384. doi:10.1037/0022-0167.54.4.373

Phinney, J. S. (1992). The multigroup ethnic identity measure: A new scale for use with diverse groups. *Journal of Adolescent Research, 7*, 156– 176. doi:10.1177/074355489272003

Quinn, N., Wilson, A., MacIntyre, G., & Tinklin, T. (2009). "People look at you differently": students' experience of mental health support within Higher Education. *British Journal of Guidance & Counseling*, *37*(4), 405–418. doi:10.1080/03069880903161385

Satcher, D. (1999). Mental health: A report of the surgeon general. Retrieved from http://www .surgeongeneral.gov/library/mentalhealth/home .html. Retrieved December 12, 2014.

Shea, M., & Yeh, C. (2008). Asian American students' cultural values, stigma, and relational self-construal: Correlates of attitudes toward professional help seeking. *Journal of Mental Health Counseling*, *30*(2), 157–172. Retrieved from http://amhca.metapress.com/index/g662g5l2r1352198.pdf

Sue, D. W., & Kirk, B. a. (1975). Asian-Americans: Use of counseling and psychiatric services on a college campus. *Journal of Counseling Psychology*, *22*(1), 84–86. doi:10.1037/h0076153

Sue, D. W., & Sue, D. (2003). Counseling the culturally diverse: Theory and practice (4th ed.). New York, NY: Wiley.

Sue, S., Yan Cheng, J. K., Saad, C. S., & Chu, J. P. (2012). Asian American mental health: A call to action. *American Psychologist*, *67*(7), 532–544. doi:10.1037/a0028900

Sue, S., Zane, N., Hall, G. C. N., & Berger, L. K. (2009). The case for cultural competency in psychotherapeutic interventions. *Annual Review of Psychology*, *60*, 525–548. doi:10.1146/annurev.psych.60.110707 .163651

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.

US Census Bureau. (2010). The Asian Population: 2010: 2010 Census Briefs. Retrieved from http://www.census.gov/prod/cen2010/briefs/c2010br-11.pdf

Vogel, D. L., Armstrong, P. I., Tsai, P.-C., Wade, N. G., Hammer, J. H., Efstathiou, G., Holtham, E., Kouvaraki, E., Liao, H.-Y., Shechtman Z., & Topkaya, N. (2013). Cross-cultural validity of the Self-Stigma of Seeking Help (SSOSH) scale: examination across six nations. *Journal of Counseling Psychology*, *60*(2), 303–10. doi:10.1037/a0032055

Vogel, D. L., Bitman, R. L., Hammer, J. H., & Wade, N. G. (2013). Is stigma internalized? The longitudinal impact of public stigma on self-stigma. *Journal of Counseling Psychology*, *60*(2), 311–6. doi:10.1037/a0031889

Vogel, D. L., Gentile, D. A., & Kaplan, S. A. (2008). The influence of television on willingness to seek therapy. *Journal of Clinical Psychology*, *64*, 276– 295. doi:10.1002/jclp.20446

Vogel, D. L., Wade, N. G., & Haake, S. (2006). Measuring the self-stigma associated with seeking psychological help. *Journal of Counseling Psychology*, *53*(3), 325–337. doi:10.1037/0022-0167.53.3.325

Vogel, D. L., Wade, N. G., & Hackler, A. H. (2007). Perceived public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes toward counseling. *Journal of Counseling Psychology*, *54*(1), 40–50. doi:10.1037/0022-0167.54.1.40

Wade, N. G., Post, B. C., Cornish, M. a, Vogel, D. L., & Tucker, J. R. (2011). Predictors of the change in self-stigma following a single session of group

counseling. *Journal of Counseling Psychology*, *58*(2), 170–82. doi:10.1037/a0022630

Weiden, P. J., & Olfson, M. (1995). Cost of relapse in schizophrenia. *Schizophrenia Bulletin*, *21*, 419–429.

Yeh, C. J. (2000). Depathologizing Asian-American perspectives of health and healing. *Asian American and Pacific Islander Journal of Health, 8*, 138–149.

Zane, N., & Yeh, M. (2002). The use of culturally- based variables in assessment: Studies on loss of face. In K. S. Kurasaki, S. Okazaki & S. Sue (Eds.), *Asian American mental health: Assessment theories and methods* (pp. 123–137). New York, NY: Kluwer.