

## THE EFFECT OF NORMATIVE AND BEHAVIORAL PERSUASION ON HELP-SEEKING IN THAI AND AMERICAN COLLEGE STUDENTS

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### Abstract

Based on previous research on self-construals, the theory of reasoned action, and persuasive communication, we hypothesized that individual, behavioral-focused information would be more effective in increasing help-seeking intention among college students in the United States, whereas relational, normative-focused information would be more effective among college students in Thailand. Results partially supported these predictions suggesting that differing information can enhance help-seeking intention across cultures.

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## INTRODUCTION

Widespread underutilization of mental health resources on college campuses in Thailand and the United States (US) is of concern given the various developmental, academic, and social stressors inherent to university culture (Nanakorn, Osaka, & Chuslip, 1999; Oliver, Reed, Katz, & Haugh, 1999). Page, Taffel, Ruammake, and Reed (1994), for example, discovered that a majority of Thai students enrolled in a counseling program expressed minimal belief in the potency of psychotherapy, and were reluctant to utilize services themselves. Similarly, Furr, Westefeld, McConnell, and Jenkins (2001) found that 17% of American students who reported experiencing depression, and only 20% of students who endorsed suicidal ideation had ever sought mental health services. The disparity between reported mental health problem rates and help-seeking behavior has induced a multitude of empirical studies investigating the most influential factors underlying the decision to seek professional psychological help. Converging evidence suggests that professional psychological help-seeking is related to a host of psychosocial and cultural issues (Cauce et al., 2002).

### *Theory of Reasoned Action (TRA)*

A model of the determinants of volitional behavior, TRA maintains that behavior is directly influenced by intention to act, and in turn, intention to act is determined by one's attitude toward the act and felt subjective norm that one should act (Ajzen & Fishbein, 1980).

One's attitude toward the act is her/his favorable or unfavorable evaluation of performing the act, whereas subjective norm refers to one's perceptions of social pressures put on her/him by important others. Attitude is determined by specific beliefs (behavioral beliefs) regarding the consequences of performing the act and evaluations of those consequences. Subjective norm is a function of beliefs (normative beliefs) that specific in-

dividuals or groups think s/he should or should not perform the act and how motivated the individual is to comply with these beliefs.

## RELATED LITERATURE

Given the relevance of individual evaluation and social pressures to health-related behavioral decisions, the constituent variables of TRA appear to be a good fit for analyses of health-related behaviors (see Finlay, Trafimow, & Jones, 1997) and in particular, help-seeking (Bayer & Peay, 1997; Halgin, Weaver, Edell, & Spencer, 1987). Overall, the existing TRA literature is replete with studies involving American and European participants; however, research investigating Eastern cultures, and specifically Thai participants is scarce. Of note are studies by Gorsuch and Wakeman (1991) who utilized a modified version of TRA to predict religious behavior in a Thai sample, and Vanlandingham, Suprasert, Grandjean, and Sittitrai's (1995) analysis of unsafe sexual practices among men living in a high HIV-prevalence area in Thailand. Results from both studies supported the theoretical assumptions of the TRA model among Thai participants.

### *Attitude, Subjective Norm, Intention, and Culture*

Attitude toward seeking professional psychological help has long been hypothesized to relate to help-seeking behavior among American students (Cepeda-Benito & Short, 1998; Cramer, 1999). Similarly, several studies note that attitude toward seeking help for a personal emotional problem is a salient predictor of help-seeking intention among American students (Deane & Todd, 1996; Kelly & Achter, 1995). Though less studied, it appears as though perhaps societal pressures rather than individual attitude may be a more relevant factor regarding the professional psychological help-seeking decision in Thailand. For example, Pinyuchon, Gray, and House (2003) opine

that familial and cultural values, religious beliefs, and societal restrictions dictate Thai help-seeking behavior. Trained professional Thai psychotherapists did not exist in Thai society until recently, and the majority of Thais are reluctant to utilize their services (Weisz, McCarty, Eastman, Cahiyasit, & Suanlert, 1997). Nonetheless, House and Pinyuchon (1998) advocate the use of specific culturally-oriented techniques for therapists working with Thai clients. Perhaps the most salient of these techniques is allowing the client to bring a family member or a friend to the initial therapy sessions to allay the client's possible fears about working with a therapist, and to gain acceptance among the client's family and friends.

### ***Culture and Persuasive Communication***

The specific effects of persuasive communication on diverse cultural groups often vary as a function of the beliefs held to be important by any particular culture (e.g., Wosinska & Cialdini, 2001). Accordingly, the most relevant context for analyzing these differences in cultural beliefs across diverse cultures may be in terms of individualism and collectivism (Triandis, 1995). Analogous to ecological level individualism is the person-specific independent self-construal, the essential aspect of which involves a conception of the individual as an autonomous, independent person, separate and detached from collectives (Markus & Kitayama, 1991). Alternatively, the interdependent self, akin to collectivism, is defined in terms of relationships wherein individuals tend to focus on their connectedness with the in-group and strive to meet or create duties, obligations, and social responsibilities (Markus & Kitayama, 1991). Several large-scale multicultural and multinational assessments of individualism and collectivism (e.g., Hofstede, 1980; Schwartz, 1994) indicate that that the US is a highly individualistic society, whereas collectivist ideals govern Thai culture. As a result of the significant difference in individualism and collectivism between the US and Thailand, it would follow that at the

individual level (on average) Americans construe a more independent view of the self, and Thais maintain a more interdependent self-construal (Triandis, 1995).

In accordance with the TRA, Ajzen and Fishbein (1980) theorize that any persuasive attempt to change beliefs, attitudes, subjective norms, intention or behavior must be specifically directed at one or more of the individual's beliefs. Therefore, to change a person's attitude, it is necessary to know the primary salient beliefs upon which the attitude is based and then to construct a message that provides information that either changes the person's perception that the attitude object has certain attributes or influences the evaluation of those attributes. The subjective norm can be changed by refuting or supporting either the specific normative beliefs relative to each specific referent or the motivation to comply with a given referent. Ultimately, changing the beliefs underlying attitudes and subjective norms can induce changes in behavior and behavioral intention, thus it is assumed that acceptance of the arguments will lead to behavioral change. Related research (Trafimow, Triandis, & Goto, 1991; Ybarra & Trafimow, 1998) has extended the self-construal/TRA link to include private or collective primes to successfully enhance the power of attitudes or norms respectively in predicting intention. Moreover, Gelfand, Spurlock, Sniezek, and Shao (2000) discovered that individuating information (e.g., personal accomplishments) was more successful in enhancing social prediction in an individualistic society (US) whereas relational information (e.g., social groups) was more successful in enhancing social prediction in a collectivist society (China). Consequently, a persuasive message that emphasizes advice from specific people or groups as opposed to beneficial individual outcomes may be more effective in enhancing help-seeking intention in collectivist cultures, whereas persuasion advocating beneficial individual outcomes instead of advice from specific people or groups may be more effective in en-

hancing help-seeking intention in individualistic cultures.

## **HYPOTHESES**

*Hypothesis 1.* In a collectivist culture (i.e., Thailand) normative persuasion (i.e., community support for seeking professional psychological help) would enhance normative beliefs, subjective norm, and intention to seek professional psychological help more than behavioral persuasion or no persuasion.

*Hypothesis 2.* In an individualistic culture (i.e., US) behavioral persuasion (i.e., individual benefits of seeking professional psychological help) would enhance behavioral beliefs, attitude, and intention to seek professional psychological help more than normative persuasion or no persuasion.

## **METHODOLOGY**

### *Phase One*

Following the TRA format (Ajzen & Fishbein, 1980), this phase of the study was conducted to assess college students' beliefs about the advantages and disadvantages of seeking professional psychological help, as well as beliefs about important others' who would support or disapprove of the individual's decision to seek help. As the emic, qualitative phase of the study, a list of advantages/disadvantages and important others were collected in both Thailand and the US, and were used to formulate the quantitative items of the behavioral belief index and normative belief index, respectively (which were administered in phase two).

*Participants.* Thai phase one participants were 120 (80 female, 40 male) undergraduate students reporting an ethnic Thai heritage recruited from a large private university in Bangkok, Thailand. The mean age for Thai participants was 19.6

years ( $SD = 3.16$ ). US phase one participants were 82 (49 female, 33 male) undergraduate students recruited from a small, mid-Atlantic, private college. The mean age for US participants was 19.4 years ( $SD = 1.46$ ). The racial makeup of the US sample was 76% European American, 8% African American, 6% Latino American, 4% Asian American, 3% Bi or Multiracial, and 3% other. There were no significant age ( $t = .96, p = .35$ ) or gender ( $\chi^2 = 1.01, p = .29$ ) differences between the Thai and US groups. Professional psychological help services offered at both institutions via university mental health centers are similar (e.g., individual and group psychotherapy).

*Measure. Phase One Questionnaire.* Participants first read a professional psychological help description (Kelly & Achter, 1995) and were asked to list advantages and disadvantages of seeking such help for an emotional problem at their university mental health center within the current school year. Participants were also asked to list any people or groups who would approve or disapprove of their seeking professional psychological help. The phase one questionnaire was first written in English, then two Thai bilingual graduate students completed several back translations with decentering to translate the questionnaire into Thai. This process involves changing the original language so there is a natural sounding in the second language, thus the questionnaire is not centered around any one language (Brislin, 1980). Discrepancies were resolved through consensus.

*Procedure.* Following the format outlined by Ajzen and Fishbein (1980), all American and Thai questionnaire responses were originally grouped into categories by the first and fourth authors, respectively. Then, working independently, three American and three Thai raters categorized the behavioral beliefs (i.e., advantages/disadvantages) and normative beliefs (i.e., important others who approve or disapprove) using the established categories and tabulated the frequency of responses for each category. Cohen's kappa was used to determine inter-rater agreement: US .86 (behav-

ioral) and .97 (normative), and Thai .85 (behavioral) and .98 (normative). Discrepancies were resolved through consensus, and a discussion among the raters in each cultural group resulted in agreement regarding the most concise label for each category. The top 75% of behavioral and normative categories for the both cultures are listed in Tables 1 and 2 respectively. As instructed, most participants generated more than one advantage and/or disadvantage of help-seeking, as well as more than one important other related to the help-seeking decision. Consequently, the frequency counts in Tables 1 and 2 represent the raw total number of responses endorsed in that particular category.

Thai participants were recruited directly in undergraduate psychology courses and US participants were recruited through an undergraduate research participant pool. All participants completed the measures in a classroom setting and received course credit for their participation. At both institutions, the voluntary and confidential nature of the study was emphasized.

### **Phase Two**

**Participants.** Any Thai or US participants who partook in phase one were excluded from participating in phase two, and participants were recruited from the same institutions as phase one. Thai phase two participants were 109 (69 female, 40 male) undergraduate students reporting an ethnic Thai heritage and a mean age of 21.1 years ( $SD = 4.13$ ). US phase two participants were 85 (57 female, 28 male) undergraduate students with mean of 19.2 years ( $SD = 1.15$ ). The racial makeup of the US sample was 70% European American, 13% African American, 7% Latino American, 5% Bi or Multiracial, 2% Asian American, 1% Native American, and 2% other. The Thai sample was significantly older than the US sample ( $t = 4.02, p < .001$ ), however, there was no gender difference between the groups ( $\chi^2 = .30, p = .59$ ).

**Measures.** Participants first read the professional psychological help description (Kelly & Achter, 1995) followed by a persuasive message (except for the no persuasion group - described below). The TRA variables were then assessed using items elicited in phase one (behavioral and normative beliefs) and established questionnaires (intention, attitude, subjective norm - Ajzen & Fishbein, 1980). All items were answered on a 7-point, Likert-type scale, ranging from -3 to +3, with higher scores indicating more positive responses. The TRA questionnaire format has been used in US and Australian studies to assess professional psychological help-seeking (Bayer & Peay, 1997; Halgin et al., 1987) and among Thais to assess religious and sexual behaviors (Gorsuch & Wakeman, 1991; Vanlandingham et al., 1995).

**Intention** to seek professional psychological help was measured with a single item, "I intend to seek professional psychological help for an emotional problem at the university mental health center during the current school year." Item endpoints are highly unlikely (-3) and highly likely (+3).

**Attitude** scores were determined by a composite of four bipolar scales, each worded as follows: "My seeking professional psychological help for an emotional problem at the university mental health center during the current school year is..." The opposite adjective pairs were (a) good to bad (with +3 representing extremely good and -3 representing extremely bad), (b) beneficial to harmful, (c) rewarding to punishing, and (d) pleasant to unpleasant. Halgin et al. (1987) reported a Chronbach's alpha of .78 using a similar scale.

**Subjective Norm** was assessed using a single item, "Most people who are important to me think I should seek professional psychological help for an emotional problem at the university mental health center during the current school year." Item endpoints are *extremely disagree* (-3) and *extremely agree* (+3).

**Behavioral Beliefs** about seeking professional psychological help were generated in each culture during phase one (see Table 1). Ten dis-



tinct beliefs in each cultural group were used to form a pair of related items, a belief strength item, and an outcome evaluation item. Each belief strength item measured the strength of belief that performing the behavior (seeking professional psychological help) would lead to a particular consequence. For example, “My seeking professional psychological help for an emotional problem at the university mental health center during the current school year would alleviate symptoms of psychological distress” (scored from *extremely likely*, +3, to *extremely unlikely*, -3). Each corresponding outcome evaluation item assessed the evaluation of the same consequence, for example, “Alleviating symptoms of psychological distress is...” (scored from *extremely good*, +3, to *extremely bad*, -3). Corresponding belief strength item scores and outcome evaluation scores are multiplied, thus yielding a product (ranging from -9 to +9) for each behavioral belief. These products were then summed across all 10 items to form a single index of beliefs (ranging from -90 to +90) called the *behavioral belief index*.

*Normative Beliefs* about seeking professional psychological help were also generated in each culture during phase one (see Table 2). Each of the four normative belief items indicated the belief that a specific person or group thinks the individual should (or should not) seek help; for example, “My parents think I should seek professional psychological help for an emotional problem at the university mental health center during the current school year” (scored from *extremely agree*, +3, to *extremely disagree*, -3). Each corresponding motivation to comply with the specific person or group was also assessed, for example, “Generally speaking, I want to do what my parents think I should do” (scored from *very much*, +3, to *not at all*, -3). Analogous to behavioral beliefs, normative beliefs were determined by multiplying corresponding (person/group beliefs and motivations to comply) items (ranging from -9 to +9), then summing the products of the four items to form a single index of beliefs (rang-

ing from -36 to +36) called the *normative belief index*.

*Persuasive Messages.* Four written persuasive messages were constructed to target behavioral and normative beliefs. The *Thai-normative* and *American-normative* persuasion messages argued that specific people or groups elicited from phase one (i.e., parents, friends, other family members, and professors) think the participants should seek professional psychological help for an emotional problem. We supported this assertion by stating that in a previous research study conducted at their university, students, students' family members, and professors overwhelmingly supported the decision to seek professional psychological help for an emotional problem. The *Thai-behavioral* and *American-behavioral* messages reinforced the positive behavioral help-seeking beliefs (i.e., advantages) and argued against the negative behavioral help-seeking beliefs (i.e., disadvantages) elicited in each specific cultural group during phase one (see Table 1).

All materials (i.e., intention, subjective norm, and attitude questions) in the phase two questionnaire were translated in the same fashion as the materials in the phase one questionnaire, using back translations with decentering.

*Design and Procedure.* Participants were randomized into one of the three persuasive conditions (behavioral, normative, and none) within their cultural group (e.g., *Thai-behavioral*). The same recruitment and incentive procedures used in phase one were used in phase two. As depicted in Tables 1 and 2, the qualitative data collected in phase one were used to create the behavioral and normative belief indexes, as well as the persuasive messages within each culture. Findings revealed several differences in behavioral beliefs between the two groups. Because these differences necessarily resulted in divergent actual behavioral belief indexes and behavioral persuasion, direct cross-cultural analysis of the data was not feasible. To test both hypotheses data

**Table 1 Categories of Advantages and Disadvantages of Seeking Professional Psychological Help by Culture**

Seeking professional psychological help would...	Frequency
<b>Thais</b>	
1. Give me someone to discuss my emotional problem and true feelings with.	58
2. Help me to feel better and relaxed.	55
3. Solve my emotional problem.	39
4. Allow me to get professional advice for a problem that I cannot solve by myself	33
5. Be too embarrassing to do.	31
6. Result in others thinking that I am mentally ill.	30
7. Prevent me from solving my emotional problem in a negative way.	20
8. Result in me receiving wrong advice.	18
9. Not solve my emotional problem.	13
10. Result in the professional psychological helper telling others about my problem.	12
<b>Americans</b>	
1. Cause concern about what others think about me and be embarrassing.	37
2. Alleviate symptoms of psychological distress.	28
3. Help me to learn to cope with my feelings.	19
4. Be inexpensive.	18
5. Give me an objective opinion about my concerns.	17
6. Give me a safe place to communicate my feelings.	16
7. Be convenient because of the ease of access and location of the center.	15
8. Result in my seeing a professional who is sensitive to college student concerns.	12
9. Be difficult and require a significant commitment (i.e., be time-consuming).	9
10. Result in the professional psychological helper telling others about my problem.	8

**Table 2 Categories of People or Groups who would Approve or Disapprove of the Participant Seeking Professional Psychological Help by Culture**

Significant person or group	Frequency	
	Thais	Americans
1. Friends	70	40
2. Parents	65	56
3. Other family members	29	44
4. Teachers	25	18

were instead analyzed within each culture using persuasion type (behavioral, normative, none) as a between subjects factor for the dependent variables intention, attitude, subjective norm, behavioral beliefs, and normative beliefs. Additionally, because some gender differences have been identified in help-seeking research among college students (e.g., Tedeschi & Willis, 1993), gender was included as a covariate in the analysis.

### **Results for Thais**

Results of a one-way multivariate analysis of variance (MANOVA) for a linear combination of the dependent variables intention, attitude, subjective norm, behavioral beliefs, and normative beliefs revealed no significant effect for the independent variable persuasion type (behavioral, normative, and none), Wilks's lambda = .87,  $F(10, 202) = 1.51, p = .14, \eta^2 = .07$ , and no significant effect for gender, Wilks's lambda = .96,  $F(5, 101) = .85, p = .52, \eta^2 = .04$ . Box's M test for homogeneity of variance was passed,  $F(30, 35409) = 1.20, p = .21$ . Although the MANOVA overall  $F$  revealed no significant differences, given the a priori nature of our hypotheses we chose to proceed with an examination of group differences for each dependent variable using follow-up univariate ANOVA's (Howell, 1997), however, gender was not included in the subsequent analysis. Scale means and standard deviations are reported in Table 3, and correlations and Cronbach alpha's in Table 4.

ANOVA results for attitude toward seeking professional psychological help revealed a significant effect for persuasion type,  $F(2, 107) = 3.49, p = .03, \eta^2 = .06$ . A post hoc Tukey HSD test ( $\alpha = .05$ ) indicated that Thai participants exposed to normative persuasion ( $M = 1.34, SD = .94$ ) exhibited a significantly more positive attitude toward seeking professional psychological help than Thai participants exposed to no persuasion ( $M = .75, SD = 1.16; p = .03$ ).

ANOVA results for the remaining four dependent variables were non-significant. More specifically, intention,  $F(2, 107) = 1.79, p = .17, \eta^2 = .03$ , subjective norm,  $F(2, 107) = .06, p = .81, \eta^2 = .00$ , behavioral belief index,  $F(2, 107) = .83, p = .44, \eta^2 = .01$ , and normative belief index  $F(2, 106) = 2.10, p = .13, \eta^2 = .04$  results were all non-significant. However, in partial support of hypothesis 1, a priori, pairwise comparisons determined that Thai participants exposed to normative persuasion exhibited significantly greater intention to seek professional psychological help ( $M = 1.16, SD = 1.48$ ) than Thai participants exposed to behavioral persuasion ( $M = .57, SD = 1.41; t(107) = 1.72, p = .04$ ) or no persuasion ( $M = .63, SD = 1.54; t(107) = 1.54, p = .06$ ), although the difference between the normative and no persuasion group was not statistically significant at  $p < .05$ . Similarly, in support of hypothesis 1, a priori, pairwise comparisons determined that Thai participants exposed to normative-type persuasion had greater normative belief index scores ( $M = 5.84, SD = 25.70$ ) than Thai participants exposed to behavioral persuasion ( $M = -6.78, SD = 31.76; t(106) = 1.88, p = .03$ ) or no persuasion ( $M = -5.89, SD = 27.20; t(106) = 1.78, p = .04$ ).

### **Results for Americans**

Results of a parallel one-way MANOVA among Americans revealed a significant effect for the independent variable persuasion type, Wilks's lambda = .68,  $F(10, 154) = 3.30, p < .001, \eta^2 = .18$ , but no significant effect for gender, Wilks's lambda = .88,  $F(5, 77) = 2.03, p = .08, \eta^2 = .12$ . Box's M test for homogeneity of variance was passed,  $F(30, 21110) = .99, p = .48$ . Below, one-way ANOVA results (without gender as a covariate) for each of the five dependent variables are described. Scale means and standard deviations are reported in Table 3, and correlations and Cronbach alpha's in Table 4.



**Table 3 Mean Scores for Theory of Reasoned Action Variables by Culture and Persuasion Condition**

Scale	Thais						Americans					
	Behavioral		Normative		None		Behavioral		Normative		None	
	<i>M</i> ( <i>n</i> = 37)	<i>SD</i>	<i>M</i> ( <i>n</i> = 37)	<i>SD</i>	<i>M</i> ( <i>n</i> = 35)	<i>SD</i>	<i>M</i> ( <i>n</i> = 29)	<i>SD</i>	<i>M</i> ( <i>n</i> = 29)	<i>SD</i>	<i>M</i> ( <i>n</i> = 27)	<i>SD</i>
INT	.57	1.14	1.16	1.48	.63	1.54	.51	2.10	-.80	1.86	-.67	1.52
ATT	1.18	.89	1.34	.94	.75	1.16	1.54	1.12	.85	.99	.30	.99
SN	-.04	1.66	.09	1.60	-.11	1.75	.17	1.89	-.24	1.86	-.15	1.68
BBI	19.54	16.89	24.59	21.93	19.49	20.16	45.79	14.40	28.59	19.80	26.95	21.03
NBI	-6.78	31.76	5.84	25.70	-5.89	27.20	5.07	31.92	-2.03	31.44	4.26	30.68

**Note.** INT = Intention, ATT = Attitude, SN = Subjective Norm, BBI = Behavioral Belief Index, NBI = Normative Belief Index.

**Table 4 Correlations Between the Theory of Reasoned Action Variables and Gender by Culture**

	1.	2.	3.	4.	5.	6.
1. Intention	--	.71	.34	.51	.42	-.02
2. Attitude	.53	.92/.91	.33	.66	.33	-.07
3. Subjective norm	.26	.23	--	.15	.83	.20
4. Behavioral belief index	.33	.46	.14	.70/.74	.23	-.20
5. Normative belief index	.23	.19	.57	.10	.89/.91	.19
6. Gender	-.10	-.14	.10	-.04	.07	--

**Note.** Thai sample is below the diagonal,  $r \geq |.19|$ ,  $p < .05$ ;  $r \geq |.23|$ ,  $p < .01$ . American sample is above the diagonal,  $r \geq |.23|$ ,  $p < .05$ ;  $r \geq |.29|$ ,  $p < .01$ . Cronbach alpha is on the diagonal (Thai/American) for measures with more than one item. Gender is coded 0 = Women, 1 = Men.

Intention. ANOVA results for intention to seek professional psychological help revealed a significant effect for persuasion type,  $F(2, 82) = 4.36$ ,  $p = .02$ ,  $\eta^2 = .10$ . In support of hypothesis 2, a priori, pairwise comparisons determined that US participants exposed to behavioral persuasion exhibited significantly greater intention to seek professional psychological help ( $M = .51$ ,  $SD = 2.10$ ) than US participants exposed to normative persuasion ( $M = -.79$ ,  $SD = 1.86$ ;  $t(82) = 2.51$ ,  $p < .001$ ) or no persuasion ( $M = -.67$ ,  $SD = 1.52$ ;  $t(82) = 2.42$ ,  $p < .001$ ).

*Attitude.* ANOVA results for attitude toward seeking professional psychological help revealed a significant effect for persuasion type,  $F(2, 82) = 10.16$ ,  $p < .001$ ,  $\eta^2 = .20$ . In support of hypothesis 2, a priori, pairwise comparisons determined that US participants exposed to behavioral persuasion exhibited a significantly more positive attitude toward seeking professional psychological help ( $M = 1.54$ ,  $SD = 1.12$ ) than US participants exposed to normative persuasion ( $M = .85$ ,  $SD = .99$ ;  $t(82) = 2.56$ ,  $p < .001$ ) or no persuasion ( $M = .30$ ,  $SD = .99$ ;  $t(82) = 4.49$ ,  $p < .001$ ).

*Behavioral Beliefs.* ANOVA results for the behavioral belief index revealed a significant effect for persuasion type,  $F(2, 82) = 9.03$ ,  $p < .001$ ,  $\eta^2 = .18$ . In support of hypothesis 2, a priori, pairwise comparisons determined that US participants exposed to behavioral persuasion had significantly greater behavioral belief index scores ( $M = 45.79$ ,  $SD = 14.40$ ) than US participants exposed to normative persuasion ( $M = 28.59$ ,  $SD = 19.79$ ;  $t(82) = 3.53$ ,  $p < .001$ ) or no persuasion ( $M = 26.95$ ,  $SD = 21.03$ ;  $t(82) = 3.80$ ,  $p < .001$ ).

ANOVA results for subjective norm,  $F(2, 106) = .41$ ,  $p = .66$ ,  $\eta^2 = .01$  and normative belief index,  $F(2, 82) = .44$ ,  $p = .64$ ,  $\eta^2 = .01$  were both non-significant.

Mean differences between persuasion groups for the TRA variables suggest that normative-based persuasion may be more powerful in

increasing help-seeking behavior in Thailand, whereas behavioral-based persuasion may be more effective in the US.

## DISCUSSION

The main purpose of this study was to examine the role of persuasive information in increasing intention to seek professional psychological help in Thai and US college students. Our findings suggest differing information does appear to enhance help-seeking intention across cultures. Specifically, in the US, an individualistic culture, the experimental group was composed of participants exposed to persuasive information designed to reinforce the positive personal behavioral beliefs (i.e., advantages) and argue against the negative personal behavioral beliefs (i.e., disadvantages) associated with seeking professional psychological help (*American-behavioral*). These participants reported significantly greater intention to seek professional psychological help relative to US participants exposed to persuasive information designed to argue that important people (i.e., parents, other family members, friends, and professors) think the participant should seek professional psychological help (*American-normative*) or US participants exposed to no persuasive information. Similarly, US participants exposed to behavioral persuasion also reported more positive attitudes toward seeking professional psychological help and stronger behavioral beliefs related to seeking professional psychological help in comparison to US participants exposed to normative persuasion or to no persuasive information.

By contrast, in Thailand, a collectivist culture, the experimental group was composed of participants exposed to persuasive information designed to argue that important others (i.e., friends, parents, other family members, and professors) think the participant should seek professional psychological help (*Thai-normative*). These partici-

pants reported significantly greater intention to seek professional psychological help than Thai participants exposed to persuasive information designed to reinforce the positive personal behavioral beliefs (i.e., advantages) and argue against the negative personal behavioral beliefs (i.e., disadvantages) associated with seeking professional psychological help (*Thai-behavioral*). Although Thai participants exposed to normative persuasion reported stronger normative beliefs related to seeking professional psychological help than Thai participants exposed to behavioral persuasion or no persuasion, there were no significant differences in subjective norm between the three groups of Thai participants.

Given the finding that the Thai-normative persuasive message produced significantly stronger normative beliefs than the Thai-behavioral persuasive message or no persuasive message, it is rather surprising that there was no significant difference between the three groups with respect to subjective norm. This may in part be related to the nature of the single item used to assess subjective norm in the TRA model. The use of a single item may not achieve requisite specificity, reliability, and validity (Cronbach, 1990) whereas the normative belief index uses multiple items to assess the normative influence of each specific person/group, and as such may more accurately reflect the overall subjective norm. More generally, the results of this study support the theory that there is a link between persuasion and culture and that this relationship may be moderated by self-construal. These results are consistent with previous research which determined that relational information is more effective in collectivist societies and individuating information more effective in individualistic societies (Gelfand, Spurlock, Sniezek, & Shao, 2000; Han & Shavitt, 1994).

## LIMITATIONS

The results of this study must be interpreted with caution due to several limitations. First, although previous research (e.g., Hofstede, 1980; Schwartz, 1994) indicates that Thailand is a collectivist society and America an individualistic society, because individualism and collectivism (or independent and interdependent self-construals) were not actually assessed in this study, it cannot be conclusively stated that a cultural difference in self-orientation was directly related to the differential effectiveness of the persuasive messages. Second, the *American-behavioral* group's mean of .51 falls between "neither likely or unlikely" (0) and "slightly likely" (1) to seek on the *Intention* scale. This suggests that irrespective of persuasion type, American participants are generally ambivalent (at best) about seeking professional psychological help. Third, although cross-cultural applications of TRA have generally been successful (e.g., Bagozzi, Wong, Abe, & Bergami, 2000) this model was developed in the US and normed primarily on European American college students. Consequently, subsequent cross-cultural research using the TRA model should consider revisions to the original model to accommodate processes underlying differences between independent- and interdependent-based cultures.

Despite these caveats, the results presented here suggest that increasing mental health center utilization across college campuses may be facilitated by disseminating literature that focuses on salient, culture-specific help-seeking beliefs identified by college students. However, mental health centers must accommodate diverse student needs by providing a wide array of traditional and non-traditional services to the culturally pluralistic college student population.

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