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How Cultural Factors Affect Chinese Americans' Attitudes Towards Seeking Mental Health Services

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ABSTRACT

Chinese Americans are the largest ethnic group among Asian Americans. However, the treatment rate for mental illness among Chinese Americans is much lower compared to other ethnic groups. Studies have been conducted on cultural barriers that prevent Asian Americans from seeking mental health treatment, but there is a lack of research on specific ethnic groups, such as Chinese Americans or Korean Americans because they are frequently grouped into homogenous clusters. This study will identify the cultural factors that influence Chinese Americans' attitudes towards seeking mental health treatment and analyze how these factors affect their behaviors in seeking mental health treatment.

Keywords: *Chinese American, Mental Health, Culture, Cultural Barriers, Quantitative Research, Ethnicity, Multicultural Marketing*

INTRODUCTION

As a subgroup of the fastest growing population in the United States, Chinese Americans represent the largest ethnic group among Asian Americans (Ying, Lee, & Tsai, 2007). According to the U.S. Census Bureau, the population of Chinese Americans has reached 5 million in 2018, accounting for 22% of the total Asian American population. As a result, Chinese Americans have gained more attention compared to other Asian ethnic groups.

Culture plays an important role in our everyday lives, building the foundational principles of life by bringing people together in communities and shaping their identity. While society thrives on culture, it has influenced Asian Americans beliefs towards mental health, creating cultural barriers towards the diagnosis and treatment of mental disorders. When conducting research in the United States, culture plays a crucial role, which embodies multiculturalism traditions. Asian Americans experience value conflicts between their ethnic culture and that of mainstream Americans, which makes them caught between the two, along with racial prejudice and discrimination (Chu & Sue, 2011). Compared to the general population in the United States, Chinese Americans have lower rates of seeking professional mental-health related services (Tung, 2011). The Chinese American Psychiatric Epidemiological Study (CAPES) reveals that only 15% of respondents diagnosed with mental illness received treatment, which was lower than those of Caucasians, African Americans, and Latino Americans (Snowden & Yamada, 2005).

Due to the differences in Chinese American culture compared to other Americans, their perspective towards utilizing mental health services varies. Medical anthropologists have contended that an individual's cultural beliefs influence his or her view towards the etiology, symptoms, and treatment of mental illnesses (Cheng, 2001). Cultural factors that affect mental health include language barriers, acculturation, family-centered decision making, religious beliefs, spirituality, and traditional beliefs about mental health (Kramer, et al., 2002). One of the greatest cultural barriers that influences seeking help is the stigma surrounding mental illness; Asian cultures tend to have low social acceptability of mental disorders, thus becoming less likely to speak out and seek health services. Understanding the cultural factors that influence Chinese Americans will help further understand the Chinese American consumers' decision-making processes and how cultural values affect their willingness towards seeking mental health services.

Despite significant research conducted on the nature of Asian Americans seeking mental health services, there is a lack of research on specific ethnic groups, such as Chinese Americans or Korean Americans, because they are grouped into homogenous clusters. As a result, differences within these subgroups are not reflected on (Agbayani-Siewert, 2004). Further work is needed to examine the complex cultural values for specific Asian subgroups in the United States. This study aims to explore the impact of Chinese Americans' preferred language, family lineage, and emotional self-control ability on their attitudes toward mental health services.

LITERATURE REVIEW

Cultural Influence

Chinese Americans have inherited aspects of Asian cultures, along with incorporating their own values and beliefs. Cultural values have strongly influenced the motivation of Chinese Americans to seek professional psychological help (Zubin DeVitre, 2020). For example, the term, "familial" serves as one of the most important symbols in traditional Chinese culture, with "filial piety, parental authority, restrained emotional express, and lifelong obligation to family, and family harmony" having been addressed in their everyday lives of the Chinese population (Costigan & Dokis, 2006). This familial implication further leads to low motivation of seeking

help for mental illness among Chinese Americans, due to stigma and the concern of saving face, which encourages Asian Americans to seek mental health help within their families instead of professional mental health services (Wendy Liu, 2009).

Collectivism is the first influential cultural value. Compared to the value of independence and individualism which Americans largely share, Chinese Americans tend to lack values of interdependence and collectivism. Chinese culture encourages Chinese Americans to be in close relation to those around them, especially family (Wendy Liu, 2009). Collectivism in Chinese culture renders Chinese Americans considering their family and society's opinion more than their own. The common belief among Chinese Americans is that "mental health services are not sought out unless first brought on by a crisis or when family or friends insist upon it." Collectivism and interdependence thus further reduce the motivation for Chinese Americans to seek mental health services (Zubin DeVitre, 2020).

Stigma has been recognized as another cultural concern that diminishes the motivation of Chinese Americans in seeking mental health help (Jo-YunLi, 2020; Minsun Lee, 2016; Jennifer Kwok, 2013; Wendy Liu, 2009). A study conducted by Lin, Tardiff, Donetz, & Goresky pointed out that "stigma was the primary reason for deferring professional consultation" (Lin, Tardiff, Donetz, & Goresky, 1978). Asian Americans believe that mental health issues stem from the lack of willpower, which is a performance of inability. The extreme negative connotation is that social context results in stigma to both the individual and his or her family. Thus, Asian Americans who want to seek mental help not only face discrimination towards their mental status, but also have to take responsibility in the loss of familial fame. Furthermore, the outside pressure could embarrass the individual via self-stigma, which could lead to "diminished self-esteem, self-efficacy, and feelings of helplessness" (Wendy Liu, 2009).

Acculturation is defined as, "the process of cultural change that occurs when individuals from different cultural backgrounds come into prolonged, continuous, first-hand contact with each other" (Redfield, Linton, & Herskovits, 1936). It is the changes in an individual's cultural practices, values, and identities as a result of firsthand intercultural contact which affects one's psychological and social well-being (Ward & Geeraert, 2015). At a cultural group level, it includes shifts in social structures and cultural norms. From an individual psychological perspective, it consists of changes in an individual's behavior and his or her gradual adjustment to intercultural experiences (Berry, 2017). The effects of acculturation are prevalent via multiple degrees in both those that dedicate themselves to the prevailing culture, along with those that are assimilating into the dominant culture. It has been implied that those with high levels of acculturation are more willing or likely to adopt cultural practices of the dominant culture, while those that are less acculturated tend to retain practices and culture from their former country. However, research on acculturation has conceptual and methodological limitations, and lacks uniform conceptualization, operationalization, and methods of measuring acculturation (Escobar, 1998; Escobar & Vega, 2000; Hwang, Chun, Takeuchi, Myers, & Siddarth, 2005).

Cultural Barriers

In the past thirty years, Asian Americans, especially those that identify as first and second generation, were discovered to have the lowest utilization rates of mental health services (Abe-

Kim et al., 2007). According to Kessler (1994), Asian American college students had higher levels of depressive symptoms compared to Caucasian students, and Chinese Americans were revealed to have a lifetime prevalence of depression as high as 17 percent. While they share similar rates of mental illness as other ethnic groups, cultural influences have contributed to the reluctance of Chinese Americans seeking help. Key cultural factors that affect mental health include language barriers, acculturation, family centered decision making, religious beliefs, spirituality, and traditional beliefs about mental health (Kramer, et al., 2002). To address these cultural barriers, one must first identify the cultural differences between traditional Asian beliefs and American values. Asian values are focused on the notion of interdependence within a collective society. Due to this, Asian cultures place an emphasis on filial piety, emotional self-control, and family. In comparison, American beliefs idolize an individual, prompting self-sufficiency and independence. There is a sharp contrast between each culture's beliefs on emotional expression, pride, satisfying personal wants and needs, self-recognition, and mind-body dualism (Speller, 2005).

Emotional Self-Control

Displaying emotional distress is perceived as a sign of weakness, due to a lack of discipline and willpower. By failing to meet family expectations, one may risk bringing shame and loss of face to the family. In Chinese culture, “lian”, or face, plays a crucial role in how others perceive the person and their family. Many Chinese Americans are apprehensive towards speaking out or getting diagnosed for mental illnesses due to fears of negative social stigma that may bring shame upon the family. Asian cultures have low social acceptability of mental disorders and believe the stigma of mental illness reflects poorly on family lineage. The Asian American value of emotional self-control places an emphasis on restraining emotions, while Western beliefs encourage the expression of emotions, which sharply contrasts with Asian values (B. S. K. Kim, Li, & Ng, 2005). Asian Americans frequently associate emotional self-control with unfavorable help-seeking attitudes. According to studies, emotional self-control, external shame, and subtle racism were significant individual predictors of Asian Americans towards seeking professional help. Emotional self-control was associated with unfavorable help-seeking attitudes, while external shame was associated with favorable help-seeking attitudes (Kim, Kendall, & Chang, 2016).

Family Lineage

Family plays a crucial role in the lives of Asian Americans. They adopt a distinctive set of values regarding family and marriage. A majority of Asian Americans agree that marriage and parenthood are at the top of their priorities in life. Asians also tend to place a higher level of emphasis on the social position (Pew Research Center, 2018). However, there are key differences between Asian American ideologies towards these aspects regarding immigrants and those born in the US. First generation Asian Americans feel an added pressure regarding their family responsibilities, such as filial piety, and being cultural brokers, or the link between Asian and American culture (Wadley, 2018). The eldest within a family oftentimes faces multiple pressures, from taking care of siblings to bridging the gap between two cultures within the family. However, the increase in family obligations has an adverse effect on their mental health, influencing them seeking help for mental illnesses.

Language Consumption

Gopalkrishnan (2018) explained theories and practice on mental health while considering western cultures as a core value. Language consumption has become an issue, not only in proficiency, but also in understanding insights. It serves as an attitude barrier in seeking mental service, especially for those with limited levels of English. On one hand, limitation of English proficiency serves as an original cause of mental illness, resulting in heavy stress and social isolation, which leads to mental illness (Alegría et al., 2017). On the other hand, language consumption could continue to affect attitudes towards seeking mental health services. Konnert et al (2018) surveyed elderly Chinese immigrants, who were not proficient in speaking English to assess the impact of language barriers on their intentions to seek mental health services. Qualitative data were collected from questionnaires, and the results indicated that lack of language proficiency was predicted as a risk factor of attitudes for mental health treatment (Konnert et al., 2018). Consistent with these results, Gopalkrishnan (2018) also believed it was a risky issue. The limitations of language could affect the expression and understanding of mental health issues, as well as seeking professional treatment. Consequently, the motivation of patients is lower due to language barriers (Gopalkrishnan, 2018). In conclusion, language consumption could be a factor which affects attitudes of Chinese Americans towards seeking mental health services.

THEORETICAL FRAMEWORK AND HYPOTHESIS

Value Beliefs Norms Theory

According to the literature review, as Chinese Americans inherit Asian culture, cultural values have strongly influenced the motivation of Chinese Americans seeking professional psychological help (Zubin DeVitre, 2020). In this study, we used the Stern et al.'s (1999) Value Beliefs Norms Theory (VBN). This theory indicates that the co-values directly influence the communities' cultural norms and belief, thus influencing the consumers' subsequent actions (Sovacool & Hess, 2017; Stern et al., 1999). Values can be focused on any aspect such as environment or biosphere, such as harmony with other species (Sovacool & Hess, 2017). They can also be humanistic, such as a desire for social equality and justice. They can even be one's interests, such as respect for elders in the family (Sovacool & Hess, 2017). What's more, the VBN theory demonstrates how cognitive processes can influence goal-directed behavior. It also emphasizes the importance that habits such as language preference and routine can be restricting and provoking with relevant behavior (Henry and Dietz, 2012). Therefore, the VBN theory was used in this research to help analyze how Chinese Americans' cultural value influenced their attitudes towards mental health services.

HYPOTHESIS

Hypothesis 1: The more Chinese a Chinese American at home, the more negative their attitudes will be towards seeking mental health treatment

Hypothesis 2: Chinese Americans with a stronger sense of emotional self-control will negatively influence their perception and attitudes towards seeking mental health treatment

Hypothesis 3: Chinese Americans with a stronger sense of family lineage will negatively influence their perception and attitudes towards seeking mental health treatment

RESEARCH DESIGN

Methodology

The quantitative research was conducted using an online survey. This study examined the cultural barriers that influenced Chinese Americans in seeking mental-health related services. An online survey was conducted through Qualtrics, with researchers controlling for ethnic representation and level of acculturation. Chinese American respondents were contacted and asked to confirm their ethnic identity through screening questions, providing sample validation to the researchers.

The survey consisted mainly of multiple-choice questions, but also included Likert Scale questions, asking participants to rank their attitude towards mental health. By using a Likert-scale, the degree of opinions of the respondents was discovered (Likert, 1932). In the online survey, questions about the participant's attitudes and beliefs towards mental health services were asked. To test the relationship between cultural barriers and Chinese Americans seeking help for mental health, the questions in the online survey were used to measure the independent and dependent variable. The independent variables were cultural and practical barriers and the dependent variable was Chinese Americans' attitudes toward seeking mental-health related services. The sampling frame consisted of Chinese Americans 18 years or older in the United States.

Cultural awareness was applied when collecting data for the survey, primarily through quantitative questions, because qualitative questions may result in Chinese Americans feeling shame if they were asked to explain their answer choices. Qualitative questions were conducted within a culturally sensitive manner. This study involved participants derived from non-mental health resources to ensure an unbiased sample.

Data Collection Method

This research mainly used social media platforms to post online questionnaires and collect data. The link of the questionnaire was posted in the FSU AASU (Florida State University-Asian American Student Union) group chat and CASO FSU (Chinese American Student Organization at Florida State University) Instagram account to encourage Chinese Americans to participate.

INSTRUMENTS

Language Consumption

In this paper, researchers used the section of language skills of "AN INDEX TO MEASURE "HISPANICNESS" (Bearden and Netemeyer, 1999, P.92). Because Chinese Americans and Hispanic Americans are minorities in the US who have language issues, and as the scale was originally designed for Hispanic groups, it could be useful for Chinese Americans as well. This scale was used to measure the English level of participants to make sure whether the participants had language barriers when seeking help on mental health services.

Family Lineage and Emotional Self-Control

The 25-item Asian Values Scale - Revised was used to measure Asian values and beliefs (AVS-R; Kim, Atkinson, & Yang, 1999; Kim & Hong, 2004). This measure used a 4-point Likert-type scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). To analyze the independent variable Family Lineage, a sample item was “One need not follow the role expectations (gender, family hierarchy) of one’s family” (Item NO.32; Kim & Hong, 2004). In this study, we used some aspects of the scale and combined them with the participants’ attitude towards seeking mental health service. So, the sample item mentioned above was adapted to “When seeking mental health service, one need not follow the role expectations (gender, family hierarchy) of one’s family.” Another sample item was used for Emotional self-control is “One need not control one’s expression of emotions” (Item No.35; Kim & Hong, 2004)

Sampling

The population (N=36) in this study consisted of Chinese American immigrants or descendants who were 18+. To meet the qualification of the research, participants needed to self-identify as Chinese American. 86% of the participants were between 18 to 34 years old and 13.9% are 35+. Within the participants, 47.2% identified themselves as male, 50% as female, and 2.8% as a third gender. 83.3% of them had a bachelor’s degree or higher and 69.4% are single.

DATA ANALYSIS

Validation Process

This study used Cronbach's alpha to evaluate the unidimensionality of 3-scale items for each variable (variable “language consumption” only has one item): sense of family lineage, sense of emotional self-control, and attitude towards mental health treatment. Nunnally (1978) offered a rule of thumb of 0.7, which was the acceptable alpha. In the reliability test, the alpha for sense of family lineage and attitude towards mental health services are 0.847 and 0.790. The alpha of emotional self-control is 0.680 which does not meet the 0.7 reliability threshold suggested by Nunnally.

Statistical Methodology

After computing the 3-scale item into one variable, a regression test was conducted to analyze the linear relationship between the independent variable (language consumption, sense of family lineage, sense of emotional self-control) and dependent variable (Chinese Americans’ attitudes toward seeking mental-health related services). The results indicated that there was no significant relationship between family lineage ($B=-0.321$, $p=0.256$) and attitude towards seeking mental health services. What’s more, there was also no significant association between language consumption ($B=-0.213$, $p=0.136$) and attitudes towards seeking mental health service. However, the sense of emotional self-control ($B=0.606$, $p=0.010$) was significant and positively associated with the attitude.

RESULTS

The data analysis supported hypothesis 2 “Chinese American with a stronger sense of emotional self-control negatively influence their perception and attitudes toward seeking mental health treatment”. In other words, if a Chinese American had a strong sense of emotional self-control, he or she was less likely to seek help for mental health. However, we are unsure where this sort of emotional control stems from in this research. Thus, further research is needed. Although data analysis supported hypothesis 2, it did not support hypothesis 1 and hypothesis 3. Hypothesis 1 “the more Chinese a Chinese American speaks at home, the more negative their attitudes will be towards seeking mental health treatment” was not reflected in this study”. In other words, the frequency of using Chinese had little to do with negative attitudes towards seeking mental health services. Chinese Americans speak Chinese all the time at home with their family, while still have positive attitudes toward seeking mental health. Further research should consider measuring acculturation levels as an integration rather than solely measuring language.

Hypothesis 3 “Chinese Americans with a stronger sense of family lineage will negatively influence their perception and attitudes towards seeking mental health treatment” was not supported by the data analysis, either. In other words, the worry that use of mental health services attracted stigma and shame to their family was decreasing. Chinese Americans were more willing to seek professional help without worrying about the impact on their family lineage and honor. There are various reasons for this, such as changes towards the perception of family lineages along with societal trends. Further research needs to be conducted on this topic as well in the future.

MANAGERIAL IMPLICATIONS AND DISCUSSION

Based on the results of significance, it showed significant causal relationships between predictors (independent variables) and criterions (dependent variables). In this case, the results supported hypothesis 2 “Chinese Americans with a stronger sense of emotional self-control will negatively influence their perception and attitudes towards seeking mental health treatment”, but could not support hypothesis 1 “(The more Chinese language a Chinese American use at home, the more negative their attitudes will be towards seeking mental health treatment” and hypothesis 3 “Chinese Americans with a stronger sense of family lineage negatively influence their perception and attitudes towards seeking mental health treatment”.

There could be other alternative variables that also affect attitudes of Chinese Americans for seeking help for mental services. First, the advertising of mental health services is a potential factor. Mental health services also need promotion and publicity. If people realize that there is a service they could utilize, they are more willing to use it. Additionally, promotion and advertising could help build positive images in consumers’ minds. In this case, when people trust the service, they could have positive attitudes and perceptions towards mental health services. Another factor could be convenience for Chinese Americans to receive mental health services. Whether there are enough psychological counselors or how complex it is to make an appointment are issues that affect their attitudes. If Chinese Americans realize that they could conveniently receive help, their attitudes towards this could be more positive. Otherwise, they may lose the motivation to ask for help and maintain a negative attitude.

LIMITATIONS AND FUTURE IMPROVEMENTS

Due to the limitation on time and channels, the sample (N=36) of this research was not specific and adequate enough. Additionally, demographic factors such as gender, age group, and duration of residence were not included and analyzed in this survey, which could be variables affecting the results and conclusion. There should be more factors involved in order to make the research more valid. For future studies, more factors and citations should be added. If possible, this can be a long-term project.

CONCLUSION

The Chinese American community is the largest ethnic group amidst Asian Americans, and its distinctive culture and history have influenced their utilization of mental health services. The data gathered from the study reveal that Chinese Americans with a stronger sense of emotional self-control were less likely to seek mental health services. The stigmatization of mental illness still proves to be a problem for all cultural groups, but the findings imply that Chinese Americans are more willing to seek mental health services without worrying that their actions would impact their lineage or bring dishonor to their family name (Yang et al., 2007). This may be due to generational differences, level of acculturation, or other reasons. Future research on the topic needs to be conducted to further knowledge. In this study, we speculated methods in which emotional self-control, family lineage, and language consumption affected attitudes of Chinese Americans towards seeking mental health services and conducted the study examining how these culturally related factors influenced the behavior of Chinese Americans.

There have been studies conducted in the past to examine the impact of culture on Asian Americans' behaviors towards seeking mental health services, but very few specifically on Chinese Americans. More studies were conducted on the mental health of Korean Americans, as this ethnic group tended to exhibit strong symptoms of depression in response to the immigration processes (Chang & Myers, 1997). More research on Chinese Americans and mental health services is needed, as the Chinese American Psychiatric Epidemiological Study (CAPES) revealed that the rate of major depressive disorder among this group was 6.9% (Kalibatseva & Leon, 2011). Researchers may be hesitant to study culture due to the difficulty of data collection and characterization. Given the lack of research on the impact of Chinese American's cultural factors on mental health treatment, there is also a need to further understand the relationship between these factors and ethnic group, and how it shapes their willingness to seek help in order for society to develop ways to change these attitudes and beliefs. Future researchers should include professionals from the sociology, psychology, and anthropology fields for a more extensive analysis of the impact of culture. With more research, efforts to overcome barriers that prevent one from seeking mental help will be improved.

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