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Asian international students’ ethnic identity, spirituality, acculturation, and experience of racism: Relationship with attitude toward seeking professional therapeutic help

by

Anthony D. Santiago

A dissertation submitted to the graduate faculty in partial fulfillment of the requirements for the degree of DOCTOR OF PHILOSOPHY

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For the Major Program
DEDICATION

I dedicate this dissertation to my father Santiago Arokiam who taught me humility and contentment from an early age and allowed me to make my own decisions and pursue my own dreams.
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ABSTRACT

The number of international students continues to grow in the United States, especially students from the Asian continent. However, research continues to show that Asian international students tend to under-use therapeutic services, even though they experience many of the common problems that all students face entering college. Before mental health practitioners and therapists can effectively work with these students, they need to understand international students in terms of their attitudes toward seeking professional therapeutic help and various proximal variables that may influence their attitudes.

The present study examined the relationship between ethnic identity, spirituality, acculturation, and racism with attitudes toward seeking professional psychological help. In addition, demographic variables such as age, gender, length of stay, and origins were also examined.

A total of 207 Asian international students from a large Midwestern university participated in this study. Participants completed a demographic information sheet and five measurement instruments: (a) Multigroup Ethnic Identity Measure (MEIM); (b) Spiritual Transcendence Scale (STS); (c) Suinn-Lew Asian Sel-Identity Acculturation Scale-International (SL-ASIA-I); (d) Asian American Racism Related Stress Inventory; (e) the Attitude Toward Seeking Professional Psychological Help Scale (ATSPPHS). The demographic information sheet included information about age, gender, student classification, ethnicity, religion, country of origin, and length of stay in the United States. Four hypotheses were tested: (1) There was significant relationship between spirituality and attitudes towards seeking professional therapeutic help; (2) There was significant relationship
between ethnic identity and attitudes towards seeking professional therapeutic help; (3) There was significant relationship between acculturation and attitudes towards seeking professional therapeutic help; and (4) There was significant relationship between experience of racism and attitudes toward seeking professional therapeutic help. In order to predict attitude toward seeking professional therapeutic help, multiple regression analysis was conducted.

As hypothesized, significant relationship were found between three independent variables, namely ethnic identity, racism related stress, and origin with attitude towards seeking therapeutic help, and between racism related stress and attitude towards seeking therapeutic help. The results of this study were discussed in terms of the limitations and implications, and recommendations for future research were also presented.
CHAPTER 1. INTRODUCTION TO THE STUDY

The United States of America is a leading center for higher education of international students. International students are defined as individuals who live in a country other than their country of citizenship for a limited period of time for the purposes of participating in an educational program (Paige, 1990). According to an annual report published by the Institute of International Education (IIE) the number of international students attending colleges and universities in the United States have been steadily increasing for the past five years with the exception of the 2003/2004 school year. According to the report the drop in the 2003/2004 was the first significant drop since the 1971/1972 school year. The report further suggests that the drop is temporary in nature primarily due to the tighter immigration procedures for potential students after the September 11, 2001 terrorist attacks in the United States. According to the Assistant Secretary of State for Educational and Cultural Affairs (Open Doors, 2004) student–visa issuance has already seen an increase of up to 11 percent from January to June of 2004 compared to the same period in the year 2003 (Open Doors, 2004, http://opendoors.iienetwork.org/?p=50137).

As the number of international students continues to increase in the U.S., so does the need to understand and address their cultural and psychological adjustment to this country (Aubrey, 1991; De Verthelyi, 1995; Fouad, 1991; Lin & Yi, 1997; Wehrly, 1986). Alexander, Klein, Workneh, and Miller (1981) studied how international students from Third World countries adapted to life on U.S. college campuses. Their study revealed that the students experienced stress and anxiety throughout their entire period of time studying in the U.S. They found that these students appeared to create their own social support network similar to
what they had at home. They also appeared to come from an extended family support system and often were very apprehensive about making friends with American students. In addition, Alexander et al. (1981) found that these students appeared to be more concerned about their academic well-being than their social well-being. Aubrey (1991) highlighted three sources of stress for international students: academic, non-academic, and somatic.

In light of recent global events such as the infamous September 11 terrorist attack, international students have received a tremendous amount of scrutiny (Greenberg, 2002). Many international students have felt and continue to feel the impact of the stricter immigration standards and closer scrutiny. Many students have reported increased anxiety and stress relating to their ongoing stay and study in the U.S. Clearly, there is a need to provide appropriate and adequate support for these students. However, before counselors and therapists can effectively work with international students, they need to understand their behaviors and attitudes in relation to seeking professional therapeutic help (Dadfar & Friedlander, 1982; Kagan & Cohen, 1990; Klineberg, 1983; Mau & Jepsen, 1990; Sue & Sue, 1977; Surdam & Collins, 1984; Tan, 1967; Yuen & Tinsley, 1981).

According to the Open Doors 2004 (http://opendoors.iienetwork.org/? p=50137), among all the international students, “Asian students comprise over half (57%) of all international enrollments, followed by students from Europe (13%), Latin America (12%), Africa (7%), the Middle East (6%), and North America and Oceania (6%).”

A review of literature in the last several years shows that there is an increase in the number of studies involving Asian international students relating to their attitude towards seeking therapeutic help. This increase has been a timely response to the growing presence of Asian international students on U.S. college campuses. However, most of these studies have
focused on East Asian students such as those from Japan, China, and Korea. This appears to be somewhat reasonable given the fact that China, Japan, and Korea have been among the countries sending the largest number of international students to the United States. However, it is somewhat surprising that very few studies have been conducted involving South Asian and Southeast Asian international students even though their numbers have significantly increased in American universities (Ramisetty-Mikler, 1993; Sodowsky & Carey, 1987).

As seen in the latest 2004 Open Door report (http://opendoors.iienetwork.org/p=50137), India continued to surpass China as the largest sending country of international students in the United States. Historically researchers have largely focused on other Asians such as Chinese, Japanese, and Koreans partly due to their long standing presence in the United States which goes back to the late 19th century. For example, the Asian Indian category was only added as part of the U.S. census in the year 1980 (Kitana & Nakaoka, 2001). However, researchers can no longer ignore the presence of South and Southeast Asian international students and or generalize their attitudes towards seeking professional therapeutic help.

Statement of the Problem

As more Asian international students come to the United States it is increasingly important to understand their behaviors and attitudes of Asian international students in relation to seeking professional therapeutic help. While they continue to lead the list of international students in the United States, it has been widely documented that they are not immune to the common problems that all students face entering college. In addition, they also face adjustment problems resulting from living in a foreign country such as adjusting to
a foreign culture, discrimination, linguistic problems, housing difficulties, food restrictions, financial stress, and frustrations arising out of misunderstandings and loneliness.

Consequently, these students are a high-risk group in terms of experiencing psychological problems compared to American students in general (Cheng, Leong, Geist, 1993; Leong & Chou, 2002; Lin & Yi, 1997; Miller & Harwell, 1983; Sandhu & Asrabadi, 1991). Living in a foreign environment along with trying to adjust to a college environment can create severe emotional and mental distress (i.e., anxiety, insomnia, depression, medical problems) for these students (Charles & Stewart, 1991; Chiu, 1995; Lin Yi, 1997; Leong & Chou, 2002; McKinlay, Pattison, & Gross, 1996; Miller & Harwell, 1983; Oliver, Reed, Katz, & Haugh, 1999; Parker & McEvoy, 1993; Pruitt, 1978; Robbins & Reiger, 1991).

Robbins and Reiger (1991) documented that 20% of international students are likely to experience psychological and mental health problems. Some studies have shown that Asian international students also appear to experience greater difficulties and problems compared to their European and Latin American counterparts (Barrat & Huba, 1994; Surdham & Collins, 1984). Given the increasing trend in their enrollment in U.S. colleges and universities and the severity of mental, emotional, and physical problems that they experience during their stay in the United States, it is concerning that they underutilize professional therapeutic help (Lin & Yu, 1985; Zhang, Snowden, & Sue, 1998). Their underutilization of help may be due to their experiences, values, and assumptions. It is suggested that culture plays a role in attitudes toward seeking professional psychological help (Zhang & Dixon, 2003).

Asian international students as a group, have been largely misunderstood, stereotyped, and grossly over-generalized (Lin & Yu, 1985). When researchers use the term
Asia or Asian to describe their participants, they create and perpetuate the impression that Asians are a homogenous group and inadvertently perpetuate damaging stereotypes (Sue & Frank, 1973). For example, Uba (2002) points out that people from Far East Asia have traditionally been given more attention in research studies in the United States, while people from Thailand, Indonesia, and Malaysia have rarely been studied. In the United States if an average resident of the U.S. is asked to identify who are Asian Americans, he or she is most likely to answer Chinese Americans, Japanese Americans, or Korean Americans (Uba, 2002). These “privileging” situations perpetuate stereotypes and overgeneralization of Asian people. Historically studies have lacked holistic measurement of Asian people’s ethnicity and have failed to include diverse proximal variables which may show significant differences between the various groups of Asian people. However, researchers are beginning to call for caution when making generalizations about Asians from the results from one Asian group (Kagawa-Singer & Chung, 2002; Lin & Yu, 1985; Sue & Frank, 1973; Sue & Kirk, 1975).

However, it is important to note that studies have shown that there are many similarities between various Asian groups and cultures within certain geographical regions (Fong, 2002; Kim, Atkinson, & Umemoto, 2001; Lin & Yu, 1985).

This research attempted to study differences in Asian international students’ attitudes toward seeking therapeutic help not only in terms of regional affiliations but also on the basis of a core ethnic identity. Previous studies have looked at ethnicity based on self-report identifications such as, “I am a Korean,” or, “I am Japanese.” However, in this study, ethnicity will be studied based on ethnic identity and various proximal variables (i.e., spirituality, acculturation, experience of racism, age, gender, and length of stay in the United States) that relate to ethnic identity which may influence these students’ attitudes toward
seeking therapeutic help. Many researchers have failed to integrate these variables when examining the ethnicity of various groups of people (Tanaka, Ebreo, Linn, & Morera, 1998).

Although researchers may be aware of cultural diversities among groups of people, many do not understand how to measure these variables (i.e., ethnic identity, acculturation) and also how to interpret the differences if the differences are found (Alvidrez, Azocar, & Miranda, 1996; Nelson, Brendel, Mize, Lad, Hancock, & Pinjala, 2001; Phinney, 1996; Tanaka, Ebreo, Linn, & Morera, 1998). This view is shared by Beutler, Brown, Crothers, Booker, and Seabrook (1996) and Phinney (1990), who highlighted the complexities in defining the term ethnicity and the lack of a coherent definition of ethnicity in research. Phinney (1996) stated that it is impossible to have a precise definition of ethnicity because there is great heterogeneity within ethnic groups, (e.g., acculturation levels, generational status, social class, and regional influences). Phinney (1996) suggested that researchers should study ethnicity by emphasizing how individuals understand and interpret their own ethnicity.

According to Alvidrez et al. (1996), using broad categories such as Asian American, Latino, and African American may be an appropriate way of initially identifying one’s ethnicity. However, they suggested that these terms may be misleading due to their inaccurate definitions and heterogeneity within groups. They proposed that researchers use multiple dimensions of ethnicity such as questions measuring self-identification of ethnicity, country of origin of participants, and geographic residence. They also suggested that the more dimensions researchers use to study differences in ethnicity, the less likely they are to overlook the diversity and variety within each ethnic group. Referring to Asian Americans, Uba (2002) suggested that when people are characterized in terms of a few variables, it
seems to highlight ways in which they are objects to be acted upon rather than subjects who can choose to behave. Borrowing Lopez’s (1997) words, ethnicity can be conceptualized as a “distal” variable that affects outcomes through influence of a variety of “proximal” variables. Some of the examples of proximal variables as included in this study are ethnic identity, spirituality, acculturation, and racism.

**Theoretical Framework**

It has been recognized that seeking professional help is a complicated process, and is influenced by social class and culture (Leong, Wagner, & Tata, 1995, McGoldrick, 1982). Sue and Consolacion (2003) have noted that there are cultural differences between the Asian American population and their European American counterparts. Some of the differences include areas of interdependence versus dependence, loss of face concerns, involvement of family members, communication styles, hierarchy versus egalitarian preferences, and relationship between the mind and the body. These differences significantly influence behavior and attitudes toward health and illness (McGoldrick, 1982).

According to Leong et al. (1995), there are several common themes that characterize ethnic minority members’ attitudes toward help seeking. First minorities exhibit the need for mental health services. In many cases minorities exhibit greater need for mental health services due to stressors associated with being a minority group member. There are inter-ethnic differences among subgroups as well as among individuals relating to attitudes toward seeking help. Second it is important to understand the dynamic interaction between the self and the cultural characteristics of an individual. Third, mental health services need to be culturally responsive in terms of making the services not only accessible, but also that
services incorporate many of ethnic minorities’ own values and experiences that shape their understanding of concerns.

According to McGoldrick (1982), historically the business of treating illnesses and even diagnosing illnesses has been conducted using the medical model. The medical model focused on professionals’ perspective of what was wrong as opposed to the family’s perspective of the illnesses. In many cases the medical model failed to address the cultural contexts that defined the patients’ experiences of illnesses. The medical model also was seen as lacking in providing understanding of how illnesses are conceptualized and attitudes towards using therapeutic help (McGoldrick, 1982). However, slowly there has been movement towards adoption of a more comprehensive view of people’s illnesses and their cultural context. McGoldrick (1982) saw this movement as meaning “shifting our thinking up a level to the considerations of the cultural system of families who share common history and traditions” (p. 4). The cultural systems framework proposed by Kagawa-Singer and Chung (2002) may be seen as an attempt in the direction suggested by McGoldrick (1982).

**Cultural systems framework**

Kagawa-Singer and Chung (2002) stated that culture has a fundamental influence on the expression and understanding of mental wellness and illness. They presented the Cultural Systems Approach as an alternative perspective for assessing the mental well-being of Asian Americans clients. The Cultural Systems Framework is rooted in an ecological theoretical framework. Through this framework they sought to broaden the traditional European American paradigm, which appeared to be highly monocultural, as well as to encourage a

A human ecological theoretical framework is basically concerned with how humans and their environment mutually influence and depend on each other (Bubolz & Sontag, 1993). According to Bubolz and Sontag (1993), a key process with human ecological theory is the:

process of adaptation by humans of and to their environment. Survival, quality of life, and the conservation of the environment, including the sustained yield of natural resources, depend on the ways and means by which humans achieve adaptation. Attention is given to the importance of selective perceptions, values, decision making, and the selection and use of resources as means toward attainment of goals, satisfaction of needs, and quality of the environment. (pp. 421-422)

Bubolz and Sontag (1993) also outlined some basic premises for the ecological framework. The first premise is that individuals and families interact with their environment and this is what makes up the ecosystem. Secondly, human beings fulfill their basic needs such as physical, economic, and psycho-social needs in a collective manner. Thirdly, people rely upon one another and the overall well-being of the human ecology is not only dependent upon larger systems, but also on individuals and families.

Kagawa-Singer and Chung (2002) outlined four propositions for the Cultural Systems Framework:

**Proposition 1:** The goal of human behavior is to fulfill the three universal human needs of safety and security, integrity, and a sense of belonging.

**Proposition 2:** The construct of personhood or self and the means to fulfill these three universal needs for individuals are provided within a culturally informed social structure.

**Proposition 3:** Psychological distress, both biologically and/or socially induced, is experienced in a socio-cultural context that can both potentiate and/or ameliorate the distress.
Proposition 4: Psychological distress, as experienced in various cultures, may or may not have similar biological causes, but the expression of the distress or the psychopathology will primarily be communicated through the symbols provided within a particular cultural environment, and thus be culturally variant in construct and label, as well as meaning. (p. 48)

The Cultural Systems Approach demonstrates that the state of psychological well-being among all people including Asian International students is a product of complex interactions involving numerous variables that interact “synergistically”. The Cultural Systems Framework offers a dynamic picture of a culture that influences the well-being of its members (Kagawa-Singer & Chung, 2002). According to Kagawa-Singer and Kassim-Lakha (2003), “Cultures are dynamic, responsive, coherent systems of beliefs, values, and lifestyles that have developed within particular geographic locations, using available technology and economic resources; they evolve as needed to adapt to changing environmental conditions.” (p. 578) (see Figure 1).

According to Kagawa-Singer and Chung (2002):

Culture provides the lens through which its members view reality and, for mental well-being, shapes the expectations of cure and the management of emotional distress. The structural content of beliefs, values, and practices form the cognitive map that creates the refraction through which its members see the world. (p. 55)

Based on the above theoretical framework, this study attempts to incorporate the salient cultural variables that may influence people’s attitudes toward seeking professional psychological help. The variables include ethnic identity, spirituality, acculturation, and experience of racism. Although, the cultural systems framework appears to suggest that there is a dynamic “synergistic” relationship between the salient cultural variables identified previously one might also postulate that there is some form of progression between the
variables. The respondents in this study were divided based on geographic locations fitting Kagawa-Singer and Kassim-Lakha’s (2003) suggestion that culture and its proximal variables are developed within particular geographic locations.

Furthermore, ethnic identity may be seen as an internal psychological process happening at the individual level. According to Tsajiw (1990), while one may see him or herself in relation to a community it is through the internal states of mind and feelings that the external behaviors are expressed which comes to be shared by others. Identity formation and development has been recognized as an important part of human development and well-being. Identity development, including ethnic identity development, is a product of multiple factors such as class, nationality, and culture (Phinney & Alipuria, 1990; Sue, 2001). Phinney
(1996) also suggested the more minority group members solidify their group ethnic identity, the more they become secure, positive, and realistic in their view of their own group. Furthermore, minority group members who have a strong group ethnic identity have a more positive view of the majority and are more open to other groups. The idea of becoming more aware of one’s own group and solidifying that awareness through the creation of a sense of group ethnic identity is seen as a process within a continuum (Phinney, 1996).

Another important variable, spirituality, has also been linked to culture, cultural identity, and personal well-being (Brawer, Handal, Fabricatore, Roberts, & Wajda-Johnston, 2002; Fukuyama & Sevig, 2002; Schulte, Skinner, & Claiborn, 2002). The variable spirituality may be seen as belief processes that may serve as a foundation that influences one’s reality of what is right, wrong, good and bad (Anderson & Worthen, 1997). Singer (1997) also suggested that spirituality is a part of one’s own identity and it serves as a fundamental framework by which judgments about the world are made. As depicted in the cultural systems framework, belief processes may be seen as part of one’s identity and yet outside of one’s ethnic identity. Anderson & Worthen (1997) described spirituality as “inner awareness” as well as “mindfulness or mindful living” (p. 5). In view of the significance of spirituality and potential implications for one's well being the variable spirituality is added and examined in this study. According to Singer (1997), “Religious beliefs are an aspect of culture that counselors and psychologists must consider if we are to serve diverse populations” (p. 4).

The cultural systems framework points to two other variables, acculturation and discrimination that have been linked to mental health status and wellbeing. These variables are depicted as happening outside of ethnic identity and belief processes and yet influence
one’s identity. More specifically, acculturation has been linked to individuals’ attitudes, psychological stresses, and participation in counseling (Cuellar, Harris, & Jasso, 1980; Sanchez & Atkinson, 1983; Sodowsky, Lai, & Plake, 1991). Acculturation is defined as a process of “culture change” which is initiated by the “conjunction of two or more autonomous cultural systems” Acculturation is a result of “direct cultural transmission” or of “ecological or demographic modifications” which are influenced by the majority culture (Social Research Council, 1954, as cited in Sodowsky et al., 1991, p. 195). According to Lin and Yi (1997), Asian international students struggle with the acculturation process. Differences between their own culture and the host culture can cause significant intrapersonal and interpersonal problems.

Another cultural variable that has received little attention with regards to Asian international students is their experiences of stress stemming from racism. Even among Asian Americans, this topic has received little attention compared to discrimination issues with African Americans and Latino Americans (Liang, Li, & Kim, 2004). It is important to note that discrimination and racism do affect mental health status (Brown, 2001). According to Phinney (1996), as members of minority groups and, in this case, international students develop a greater sense of awareness about their own group and place in the larger society, the more they become aware of racism and discrimination. The cultural systems framework addresses the significance of this variable. Kagawa-Singer and Chung (2002) say that discrimination and racism happen when a certain group is identified by its external characteristics such as color of skin, language, or religion, and that these external characteristics are used to make judgments about self worth of individuals. Furthermore,
allocation of various resources to these individuals are based on those judgments in a discriminate manner. Kagawa-Singer and Chung (2002) stated:

In the U.S., discrimination based upon skin color appears to be a major influence on mental health status rather than the purported biologic construct of race per se. The effects of society’s racial attitudes on one’s self-concept are apparent for Asian Americans as a visible minority. Consideration of their ethnic minority status is essential to understand their concept of self. The effects of racialized, color-conscious societies, like the U.S., engender self-hate and reduce self-esteem. These effects must be measured and included in any evaluation of normative levels of psychological distress. (p. 58)

Accordingly, in this study the effects of racism and discrimination are taken into consideration because they may not only affect the mental health status, but also attitudes toward seeking professional psychological help (Brown, 2001; Kagawa-Singer & Chung, 2002). According to Ruggiero, Taylor, and Lambert (1996), the debate concerning whether a newcomer to a society assimilates or maintains his or her cultural heritage has focused more on the individual’s choice whether or not to assimilate. The subject of the potential role of discrimination by the host group has not been adequately addressed. Although, there are many articles written concerning stereotypes, prejudice, and racism, little has been written regarding racism from the viewpoint and experience of Asian international students. Furthermore, there is a lack of published instruments designed to assess racism and experiences related to racism (Harrell, 1999; Liang et al., 2004).

Based on the above theoretical propositions it appears Asian international students’ ethnic identity, spirituality, acculturation and experience of racism are all important cultural variables that may influence their attitude toward seeking professional therapeutic help. Accordingly, these variables are examined collectively in this study.
Purpose of the Study

The current study is designed to determine relationships between multiple cultural variables and attitudes toward seeking professional therapeutic help among Asian international students. The study is being designed in response to the increasing number of Asian international students in the U.S. and the lack of research and accurate information to better understand their attitudes toward seeking therapeutic help. The lack of research and understanding appear to be particularly prominent within the field of marriage and family therapy. For example, Bailey, Pryce, and Walsh (2002) conducted an analysis and comparison of published articles in the *Journal of Marital and Family Therapy* (JMFT). The JMFT is considered as the premier journal in the field of marriage and family therapy. Between 1990 and 2000 no studies were conducted on international students even though they noted significant increase of articles on cultural/family diversity issues during the same time period. Bailey et al. (2002) stated:

> For the field of family therapy to continue its development toward more inclusive and responsive practice, we must invite a broader spectrum of voices to our journal pages and work to address issues of concern to clients with diverse values, experiences, and challenges, considering ethnic/racial influences, religious beliefs and practices, social class, gender, sexual orientation, and varied family forms. (p. 485)

An examination of subsequent issues of the *Journal of Marital and Family Therapy* (JMFT) from 2001 to 2003, failed to show any articles on international students. However, in one JMFT article, limited references were made with regards to recruiting international students into Marriage and Family Therapy programs and how they can offer valuable alternative ideas on culture (McDowell, Fang, Brownlee, Young, & Khanna, 2002).
This study is partly a response to this research void and hopes to add a voice pertaining to the growing body of Asian international students at U.S. universities and colleges. Many of these international students will seek employment in the U.S. and will eventually reside permanently in the U.S. with their spouses and families. However, at present, many of the Asian international students are single; therefore, it seems appropriate that the focus of the present study is on the individual students rather than families (Verthelyi, 1995). This study will focus on the saliency of multiple cultural variables in relation to Asian international students’ attitude toward seeking therapeutic help. By understanding their attitude and potential variables influencing their attitude toward seeking therapeutic help, counselors and therapists can develop appropriate and effective counseling approaches and strategies when working with them (Siegel, 1991). Leong (1986) stated, “Our knowledge concerning counseling and psychotherapy with Asian-Americans will not be significantly enhanced until we are able to identify those elements that contribute to effective counseling interventions with Asian Americans” (p. 202). The same holds true for Asian international students whose experiences have been described as being similar to Asian Americans.

It is expected that the data collected in this study will provide a significant foundation for future studies to be conducted involving couples and the families of Asian international students. Verthelyi (1995) has noted that while there are growing efforts to conduct studies dealing with international students’ experience and mental health concerns, there are virtually no equivalent studies focusing on international spouses’ and families’ acculturation processes, nor their utilization of mental health/therapeutic programs and services. Clearly, there is a need to expand research studies to international couples and families. Baron stated

The present study can provide a significant foundation for future studies involving international students and families given the holistic nature of this study which involves many sub-ethnic groups in the Asian international student category, as well as multiple cultural variables, many of which have not been studied with this population before. Past studies have focused on ethnic variables without considering proximal variables such as spirituality, acculturation, and racism. Failure to recognize or take into consideration the intersection of ethnic identity with a variety of proximal variables can lead to inconclusive results and misinterpretation of outcome variables (Constantine, 2002; Uba, 2002).

The current study sought to extend the research on Asian international students and their attitudes toward seeking professional therapeutic help. This study examined the influence of several cultural variables on attitudes toward seeking professional therapeutic help. By attempting to capture the dynamic construct of culture with its proximal variables, it is hoped that this study will add to the existing body of knowledge in relation to Asian international students and their attitudes towards seeking professional therapeutic help.

In summary, the purpose of the study is fourfold: (1) to increase the body of knowledge involving Asian international students with regards to attitudes toward seeking professional therapeutic help; (2) to increase the body of knowledge involving Asian international students who have traditionally been overlooked in past studies with regards to attitudes toward seeking professional therapeutic help; (3) to provide empirical data to psychologists, therapists, and school administrators to increase their understanding of Asian
international students in terms of their similarity and diversity pertaining to their attitudes toward seeking professional therapeutic help, and (4) to increase the body of knowledge involving culture and proximal variables of Asian international students with regards to attitudes toward seeking professional therapeutic help.

**Research Questions**

This study was guided by the following research questions pertaining to Asian international students.

1. Is there a significant difference between age, gender, length of stay in the U.S., religion, or geographic location, and attitudes toward seeking professional therapeutic help?

2. Is there a significant difference between ethnic identity, and attitudes towards seeking professional therapeutic help?

3. Is there a significant difference between degree of spirituality, and attitudes toward seeking professional therapeutic help?

4. Is there a significant difference between degree of acculturation and attitudes toward seeking professional therapeutic help?

5. Is there a significant difference between experience of racism, and attitudes toward seeking professional therapeutic help?

**Assumptions of the Study**

This study was based on the assumptions that the participants would participate voluntarily and honestly, and accurately to the research study questionnaire. The study also
presumed that respondents will have an accurate understanding of the directions and contents of the instruments.

Summary

According to Open Doors 2004 (http://opendoors.iienetwork.org/?p=50137), an annual report published by the Institute of International Education (IIE) with support from the State Department's Bureau of Educational and Cultural Affairs International, the number of international students studying in the United States continued to increase even after September 11, 2001 with the exception of the temporary decline as indicated by the 2003/2004 school year report. In view of this growing presence of international students from Asia, it is even more important to continue conducting new studies to examine their attitudes toward seeking therapeutic help.

Research reveals that international students tend to underutilize therapeutic services even though they go through many of the common problems that all students face entering college. They also have their own unique problems of living in a foreign country such as adjusting to a foreign culture, discrimination, linguistic problems, housing difficulties, food restrictions, financial stress, and frustrations arising out of misunderstandings and loneliness. Before mental health practitioners and therapists can effectively work with these students, they need to understand international students in terms of their attitudes toward seeking professional therapeutic help and various proximal variables that may influence these attitudes.

This study surveyed international students from South Asia, Far East Asia, and Southeast Asia in order to capture the diversity within the Asian student population. Previous
research studies have focused primarily on the East Asian population. Today, there appears to be confusion as well as overgeneralization of what the term “Asian” constitutes. For example, when the word Asian is used, many associate the word with Orientals or those from Far East Asia. However, Asia also includes people from South Asia and Southeast Asia (Uba, 2002).

The study included multiple cultural variables such as gender, age, length of stay, and geographic location, ethnic identity, spirituality, acculturation levels, and racism. These variables account for the dynamic nature of Asian international student’s culture and thereby help in facilitating a greater understanding of their attitude towards seeking therapeutic help.
CHAPTER 2. REVIEW OF LITERATURE

Introduction

The literature review is divided into three segments. The first segment gives an overview of the subject of ethnicity, the Asian population, and studies that have been done pertaining to the Asian population and mental health. In addition, specific studies involving Asian Americans and international students and attitudes toward seeking professional therapeutic help are included. The studies are included to compensate for the lack of studies done involving Asian international students in general. The second segment includes an overview of the four proximal variables, i.e., ethnic identity, spirituality, acculturation, racism included in the study, as well as studies related to spirituality and acculturation. No studies pertaining to ethnic identity and experience of racism were included because there is a lack of studies examining these variables in relation to attitude towards seeking therapeutic help. The third segment presents an overview of the current study.

Ethnicity

Research on attitudes towards seeking therapeutic or related professional mental help has consistently shown that people seeking such help do have socio-cultural characteristics that can be differentiated from those who do not seek help (Broman, 1987; Constantine, 2002; Hall & Tucker, 1985; Kaniasty & Norris, 2000; Sue & Kirk, 1975; Tanaka-Matsumi & Marsella, 1976). However, seeking and receiving therapeutic help are also influenced by multiple proximal variables associated with ethnicity such as cultural values, social network orientation, and context, which are not adequately addressed in research (Kaniasty & Norris, 2000; Tomlinson-Clark & Cheatham, 1993). Studies have documented that income is
inversely related to seeking professional help. Other variables such as age, length of stay, acculturation, and education have shown a positive relationship with seeking professional help. In other words, the older, the more acculturated, and the more educated a person is, the more the person is open and willing to seek counseling. Studies involving socio-cultural variables such as race and ethnicity have yielded mixed findings because these constructs in and of themselves are too simplistic and limited to account for differences in groups (Broman, 1987; Hess & Street, 1991; Lopez, Lopez, & Fong, 1991). This limitation may be partly due to a lack of a coherent theoretical framework regarding ethnicity and race (Alvidrez et al., 1996; Phinney, 1996; Tanaka, Ebreo, Linn, & Morera, 1998). Many researchers have used race and ethnicity interchangeably, thereby failing to address the uniqueness of the two constructs (Alvidrez et al., 1996).

An ethnic group is defined as, “Those who conceive of themselves as alike by virtue of their common ancestry, real or fictitious, and who are so regarded by others” (Schibutani & Kwan, 1965, p. 23, as cited in McGoldrick, 1982, p. 4). According to McGoldrick (1982), ethnicity is a phenomenon that describes a common reality which is passed on from generation to generation by the family. This notion of ethnicity appears to transcend the notions of race, religion, or national and geographic origin. According to Uba (1994), ethnic identity is a schema that (a) facilitates a general knowledge, beliefs, and expectations of an individual concerning his or her ethnic group; (b) operates as a cognitive, reality creating and interpretive mechanism; and (c) provides a foundation for one’s behavior. Ethnicity also influences consciously and unconsciously the way one thinks and behaves. For example, “it influences how one may eat, work, relax, celebrate holidays, and deal with life, death, and illness” (McGoldrick, 1982, p. 4).
Previous studies on international students’ attitudes toward seeking therapeutic services have studied Asian students as though they were a homogenous group (Dadfar & Friedlander, 1982). In addition, many studies have combined disparate ethnic groups within the Asian American group as a single category. Combining disparate groups as a single ethnic group can lead to erroneous conclusions. Lee, Lei, and Sue (2001) called for studies examining subgroups within the broad grouping called Asians in order to understand how their attitudes and behaviors vary from subgroup to subgroup. Uba (1994) pointed out gaps in research studies when considering ethnic subgroups such as Asian Indians, Indonesians, and Thais. Uhera, Takeuchi, and Smukler (1994) examined the implications of treating Asian Americans as a single ethnic category versus ethnic groups. They found that when Asian Americans are treated as a single ethnic category in a multivariate linear regression model, they appeared to have a lower level of functioning difficulty compared to Anglo-Americans. However, when they are treated as separate ethnic groups (e.g., Chinese and Japanese), there was only one ethnic group that had a significantly lower level of functioning difficulty. The current study involved South Asian, Far East Asian, and Southeast Asian students as separate ethnic groups because of the tremendous diversity within this group.

South Asians, Far East Asians, and Southeast Asians

The term Asian refers to people who reside in countries within the Asian Continent and they can be broadly grouped into three geographical locations such as South Asia, Far East Asia, and Southeast Asia. South Asian is a terminology used to describe a group of people who live in the subcontinent of India. The countries that make up this area include India, Pakistan, Bangladesh, Sri Lanka, and Nepal. The Far East Asian population primarily
includes those of Cambodian, Chinese, Hmong, Japanese, Korean, Lao, and Vietnamese ancestry (Uba, 2002). Finally, Southeast Asians are those from Thailand, Myanmar, Malaysia, Singapore, Indonesia, Brunei, and the Philippines.

As noted earlier, people from the Far East such as Chinese, Japanese, and Filipinos, have a longer history in the United States. The Chinese began to come in large numbers to the U.S. as early as 1852, the Japanese in the 1890s, and Filipinos in the early part of the 20th century. As for South Asians, only since the passing of the U.S. Immigration Act of 1965 have there been a large number of South Asians who have been immigrating to the United States. Most of these immigrants are largely urban and are highly educated and professional people. Most of these immigrants come to the United States as international students, and once they have completed their education, they change their status to permanent residents (Das & Kemp, 1997).

According to U.S. Census Bureau (2002), just over one million South Asians live in the United States. They are the third largest Asian population following the Chinese Americans and Filipino Americans. A majority of South Asian immigrants in the U.S. are professionals such as doctors, scientists, engineers, professors, and students seeking professional degrees (Mikler, 1993; Sodowsky & Carey, 1987). In spite of being the fastest growing minority in the United States, there has been little focus in the professional therapeutic and psychiatric literature of their mental health needs and their willingness to use therapeutic services (Steiner & Bansil, 1989). Unfortunately, this trend has carried over into studies focusing on international students from Asia as well. According to the Open Doors report (2004), Asian Indian internationals students had a 7% increase in U.S. enrollments over the previous year. This means India continued to send the most students to the United
India’s 79,736 students now represent 14% of the total number of international students in the United States.

Sodowsky and Carey (1987) addressed important pre-transitional and post-transitional issues relating to social and psychological adjustment among Asian immigrants. According to them, important pre-transitional factors include religion, spirituality and family. Religion is seen as an important part of one’s happiness. Inman, Ladany, Constantine, and Morano (2001) pointed out that South Asians appear to hold on to values related to family relationships, marriage, dating, roles, and religion. Although many of the South Asians are highly educated, they may hold fast to religious beliefs that strict religious piety is essential to family happiness and prosperity (Mikler, 1993; Srinivasan, 2001). For example, according to Sodowsky and Carey (1987):

Westernized Asian Indians may voice religio-philosophical assumptions about human existence and existential concepts about the human self. Among the Indians from their Hindu scriptures they have learned that the self or “atman,” the tangible self, is part of the cosmic absolute or “Brahman” and that a person is not a separate individual. They believe that the ideal person, through the study of scriptures, meditation, and asceticism, can grasp the truth that reality is “maya”; that is, physical satisfaction and knowledge are an illusion and life consists of impermanence, suffering, and the absence of ego. This understanding leads the ideal person to sever the desire for life, which is followed by “Nirvana” or salvation from the cycle of reincarnation and the becoming of one with “Brahman.” “Karma” reminds Hindus that future destiny is the result of present deeds. (p. 131)

However, in terms of religious affiliations, there are considerable differences between South Asians from India, Pakistan, Sri Lanka, Bangladesh, and Nepal. The majority of people in India identify themselves as Hindus, while in Bangladesh and Pakistan, the majority are Muslims. In Sri Lanka and Nepal, the majority are Buddhists. The East Asian
students will primarily consist of students practicing Buddhism, Taoism, Ancestral Worship, Christianity, and those having no religious affiliation.

The South Asian, East Asian, and Southeast Asian personality is very much defined by the family identity (Fernandez, 1988; Kim et al., 2001). The family interest usually is elevated above that of the individual. Clear boundaries are apparent for family members’ roles and functions. The head of the household is usually the father, and he is usually the sole breadwinner. The mother usually takes on the nurturing parental figure who maintains household chores and care. Children usually live with their parents until they get married. When children get older and start to work, they are expected to contribute financially (Fernandez, 1988; Mikler, 1993). According to Sodowsky and Carey (1987), Erikson’s idea of adulthood in his stages of human development, which assumes complete independence and freedom, might not be realized in an Asian family. This is because a son who is married and who is also the eldest son may continue to live with his parents and may only have limited say in the upbringing of his own children.

**Studies involving ethnicity**

Furnham and Andrew (1996) examined the relationship between ethnicity and attitudes toward seeking therapeutic help among Asian and Caucasian British subjects. The study involved the shortened version of the Attitude Toward Seeking Psychological Help Scale designed by Fisher and Farina (1995). Furnham and Andrew (1996) predicted that the Asian subjects would have less positive attitudes towards seeking psychotherapy than the Caucasian subjects based on the cultural differences in the expression and experience of mental illness among the Asian subjects. They found that ethnic origin, sex, age, occupation,
religion, and self-reported physical health did not relate to attitudes towards seeking therapeutic help. They did find significant relationships for three other variables, namely the number of years a person had lived in Britain, previous contact with a psychologist, and the severity of concerns as rated by a physician. They concluded that this finding suggests that the underutilization of psychotherapy by Asians is not due to the difference of attitudes towards therapeutic help between Asian and Caucasians. Based on their study, it appears the Asians do not seem to have a less favorable attitude about psychotherapy nor discount it as being invalid. However, the physician’s rating of patients’ severity of somatizing concerns appears to significantly influence their attitude. In support of somatizing concerns, researchers have described the prevalence of somatizing stress and other psychological concerns (Aubrey, 1991; Harju, Long, & Alldred, 1998; Knipscheer & Kleber, 2001; Steiner & Bansil, 1989).

Yeh and Wang’s (2000) study to explore Asian American’s coping attitudes that involved family and social support networks yielded findings that ethnicity played a significant part in Asian American’s coping strategies involving talking to a religious leader or being involved in religious activities such as praying, attending church services, or activities. Their study involved Asian American students of Chinese, Korean, Indian, and Filipino backgrounds. They found that Asian students generally appeared to have less confidence in traditional counseling methods. They found Korean American students more open to seeking help from religious sources. It appears Korean students and their families may view their religious community as an extension of their family system.

Ninggal (1998) examined the role of ethnicity among international students in their adjustment to acculturative stress. The study focused on three ethnic groups from Malaysia,
the Malays, Chinese, and Indians, who were studying at Western Michigan University. The study primarily sought to find out if students’ demographic variables such as gender, academic major, age, family socioeconomic status, type of residential setting, and Test of English as a Foreign Language (TOEFL) scores affected the students’ acculturative stress according to the Acculturative Stress Scale for International Students (ASSIS). The ASSIS contains six acculturative stress themes: 1) perceived discrimination, 2) homesickness, 3) perceived hate, 4) fear, 5) culture shock, and 6) guilt. The researcher used two-way Analyses of Variance (ANOVA) and post hoc analyses using the Scheffé method to determine differences among the six acculturative stress themes. After testing 24 hypotheses, the major findings in this research showed that the Malay students experienced higher levels of stress on most of the six acculturative stress themes than did the Chinese and the Indian students. Although all three ethnic groups of students came from the same country, one group’s level of acculturative stress was significantly different than the others. The finding of this study points to the need to better understand the role of ethnicity in international students’ level of acculturative stress. The finding also suggests that ethnicity may influence one’s attitudes toward seeking therapeutic help.

In another study examining the effects of ethnicity on students’ use of therapeutic services, Meunier (1998) found significant differences between South Asian, other Asian students, and Caucasian students in their use of university counseling services. The researcher used descriptive and comparative analyses of counseling data through a random sampling methodology of archived clinical records. Of the sixty-five variables which were measured, 11 were demographic variables, 45 diagnostic variables, and 9 treatment variables. Two dependent variables were analyzed: ethnicity and immigrant generation. The hypotheses
were that South Asian students would differ in their clinical profile compared to other Asian and Caucasian students. Additionally, it was also hypothesized that the first generation Asian students would be different from the second generation students. Utilizing chi-square tests, analyses of variance, and discriminant function analyses, the researcher found that there were significant differences along ethnicity across the demographic variables.

Littrell, Hashim, and Scheiding (1989) conducted a study in Malaysia involving three distinct ethnic groups. The purpose of their study was to examine the relationship between ethnicity, gender, and preferences for discussing specific types of problems with counselors. They developed photographic slides of six counselors representing male and female counselors of three ethnic groups, namely the Malay, Chinese, and Indian. The five types of problems served as the dependent variable: personal, academic, career plans, social, and drug. The Sharing Problem Scale (SPS), which contained five questions relating to willingness to talk about the five problems respectively, was used to measure students’ willingness to share problems. The questions were measured using a five-point Likert-type scale. Based on multivariate analyses of variance (MANOVAS), they found significant relationship for the sex of the counselor and ethnicity of students in relation to willingness to discuss problems. It was found that the variable of ethnicity of students influenced students’ willingness to discuss all of the five types of problems as stated above, with the notable exception of Chinese students. The study highlights ethnicity as an important and influential variable in one’s willingness to share problems.
Studies involving Asian Americans and attitude toward seeking therapeutic help

There are a number of research studies on Asian American students who are either citizens or permanent residents. These studies can greatly help in understanding Asian international students, since relatively speaking, there are only a few studies involving international students and their attitudes toward seeking therapeutic help. Recent studies with Asian Americans have examined mediating variables such as ethnicity, citizenship/international student status, socioeconomic status, age, major, acculturation, severity of problems, previous experience with counseling, gender, and social network orientation with willingness to seek help (Atkinson & Gim, 1989; Oliver, Reed, Katz, & Haugh, 1999; Solberg, Ritsma, Davis, Tata, & Jolly, 1994; Tata, & Leong, 1994). Research studies show that Asian Americans underutilize mental health services and appear to have fewer psychological problems compared to European Americans (Lee, Lei, & Sue, 2001; Leong 1986; Sue, 1977; Sue & McKinley, 1974). Even if Asian Americans do seek therapeutic help, they tend to end counseling prematurely (Brinson & Kottler, 1995; Sue, 1977). The reason for ‘low’ psychological problems, divorce, adolescent problems, and less use of therapeutic services may be attributable to reasons other than psychological well-being among Asian Americans.

According to a number of personality studies, Asian Americans have been found to experience a number of emotional and psychological problems such as loneliness, anxiety, and low self-esteem (Kuo, 1984; Lee, Lei, & Sue, 2001; Leong, 1986; Sue & McKinley, 1974). One reason for their underutilization of mental health services has been said to be because of lack of ethnically or racially similar counselors (Gim, Atkinson, & Kim, 1991).
Another reason may have to do more with Asian cultural values or negative encounters with Western mental health services (Loo, Tong, & Ture, 1989; Sue, 1994; Sue & Sue, 1990). Some have hypothesized that Asian Americans avoid mental health services because of the shame that it would bring upon their families. Another hypothesis is that Asian Americans tend to internalize stress and repress feelings (Henkin, 1985). According to Sue et al. (1976), Asian Americans tended to view mental illness as being caused by organic factors and could be controlled by avoiding morbid thoughts. In view of the apparent conflict of belief and values between the East and the West, it has been hypothesized that highly acculturated Asian Americans will view mental health services more favorably than will less acculturated Asian Americans (Atkinson & Gim, 1989; Gim, Atkinson, & Kim, 1991; Gim, Atkinson, & Whiteley, 1990).

Yeh and Wang (2000) conducted a study to explore Asian American’s coping attitude that involved family and social support networks. Their study involved Asian American students of Chinese, Korean, Indian, and Filipino backgrounds. Their inclusion of Asian Indian Americans and Filipino Americans was an important step in recognizing the growing population of these two groups. Their study focused on indigenous coping attitudes, practices, and sources that may be culture specific to Asian Americans. They found that Asian Americans may underuse professional therapeutic help, but they seek help from their family members and from their social support system. Some of the members of the social support system have been identified as family members, student organizations, church groups, and friends. The coping style preferences involving social support systems appear to support past findings that Asian Americans are more interdependent with each other and help each other cope with psychological problems.
According to Tata and Leong (1994), cultural variables such as acculturation, social network orientation, and individualism influence the attitudes of Chinese-American students toward mental health services. They hypothesized that people with individualism orientations would have a favorable attitude towards seeking therapeutic help. In their study, they found that more acculturated Chinese-American students were more willing to make use of mental health services. With regard to gender, they found that women were more open to using mental health services. Even though their study showed that individualism was negatively related to willingness to use mental health services, a positive correlation was found between high scores on social-network orientation and willingness to use mental health services. Apparently, the finding with regard to the effect of individualism and social-network on willingness to use mental health services was contrary to what was expected with regard to Chinese students. The opposite was expected, where the stronger individualistic person would be more likely to use mental health services. The same was true with regard to social-network orientation where a Chinese reliance on extended families was expected to negatively correlate with attitudes toward mental health services. Both of these variables showed clearly opposite effects. It seems that those who were more individualistic may have felt they could solve their own problems, and those with a good social network orientation may have been predisposed to the idea of seeking help from others.

Gim et al. (1990) surveyed 816 Asian American students to examine the relationship between ethnicity, gender, and acculturation and the severity of problems they experienced and willingness to see a counselor. According to their hypothesis, the less acculturated students would report more severe problems, but would be less open to seeing a counselor for these problems than students who were more acculturated. They did not expect to find any
ethnic differences; however, they hypothesized that women would be more willing to share their problems and see a counselor than men. Their study showed that less acculturated students experienced more severe problems; however, an inverse relationship was found between acculturation and willingness to see a counselor. Less acculturated students appeared to be more willing to see a counselor. According to Gim et al. (1990), this may be due to the fact that the students were first asked to rate the severity of a number of concerns for them. It was suggested that when less acculturated students first acknowledge their concerns, they are more open to seeing a counselor than more acculturated students. Women were indeed found to be more open to therapeutic help than men as was hypothesized. However, with regard to ethnic group differences, contrary to what was hypothesized, ethnicity was found to be related to severity of psychological problems. For example, Asian Americans from a Southeast Asian background expressed greatest concerns for seven of the eight problem areas while Japanese Americans expressed the least concern for those same areas (Gim et al.).

Atkinson and Gim (1989) surveyed a total of 557 Asian-American students (comprised of Chinese, Japanese, and Korean students) to examine Asian-American acculturation and use of mental health services. Their study supported the hypothesis that more acculturated Asian American students were more likely to seek therapeutic help than their less acculturated counterparts. Atkinson and Gim also found that there was no difference between the three ethnic groups with regard to their values such as shame, individuality, somatization symptoms, self control to resolve problems, and self control which accounted for similar patterns with regard to attitudes toward therapeutic help. This
finding was contradicted by Gim et al. (1991), where there were ethnic group differences with regard to how they perceived their problems.

These studies remind us that there are complex ethnic and cultural variables that need to be looked at when examining Asian American mental health and their attitudes toward seeking therapeutic help (Alvidrez et al., 1996; Sue, 1994). Sue (1994) advocated for a culture-centered approach to research, one that would begin with help seeking and help giving notions intrinsic to one's native culture. This is particularly useful when working with international students who may be more inclined toward their native culture than those born in the United States.

**Studies involving international students and attitudes toward seeking help**

As suggested earlier, the literature review shows that not many studies have been conducted relating to attitudes among Asian international students towards seeking professional therapeutic help. Several studies were focused on assessing counseling expectancies. Tan (1967) conducted an intercultural study of counseling expectancies with 200 students and 62 graduate counselors. The students were from the United States, England, and five Asian countries. According to Tan, it is important to study the counseling expectancies from a cultural perspective because mainstream American values such as individual rights and responsibilities may be incompatible for someone from a different culture. As such, international students may very well have different expectancies regarding counseling. The purpose of the study was to answer this question, "Are the counseling expectancies of the subjects from certain Asian cultures which are assumedly authoritarian in orientation different from the expectancies of the subjects from the American culture in the
direction of authority orientation, directiveness, submission, and nurturance?” (p. 123). The participants from the Asian cultures were found to be similar in their counseling expectancies. As a group, they tended to differ from the United States group. The Asian group of students tended to perceive counseling as primarily an “advice and information giving process by an experienced person” (p. 125). Their findings support their preliminary hypothesis that those from an authoritarian background will have different counseling expectancies than the American students in the areas of “authority orientation, directiveness, submission, and nurturance” (p. 123). Although Tan alluded to the possible differences within groups, the intra-group differences were not studied.

Yuen and Tinsley (1981) surveyed 150 students and investigated whether students from different backgrounds have different expectancies about counseling on a university campus. The subjects included 40 American students, 39 international students from a Chinese ethnic background, 35 international students from an African background, and 36 international students from Iran. Yuen and Tinsley (1981) sampled only freshman and seniors as a way to partially control for the acculturation process that may occur as a function of length of stay. Yuen and Tinsley (1981) also hypothesized that “since expectancies are learned and modified through an individual’s interactions with his or her environment, it seems likely that the individual’s social and cultural background will affect his or her expectancies to an enormous extent” (p. 66). Their study showed that there were significant differences among the four nationality groups. The American students were found to expect less from the counselor in terms of direction and protection. They expected themselves to be responsible for their improvement. On the other hand, the Chinese, Iranian, and African
students expected more direction and nurturing from the counselors. They perceived counselors as an authority figure who could prescribe concrete solutions for their problems.

While the above two studies focused on the expectancies of international students, Dadfar and Friedlander (1982) conducted a study on attitudes toward seeking professional therapeutic help among international students. They surveyed a sample of international students from 75 countries. The sample completed Fisher and Turner's scale of Attitudes Toward Seeking Professional Help and a set of demographic and experiential variables such as age, sex, continent, educational level, time in U.S., and prior contact with mental health. Their study showed that demographic and experiential variables were significantly related to attitudes toward seeking professional therapeutic help among international students. Based on the study, it was found that Western students (European and Latin) had more positive attitudes than non-Western (Asian and African). The study, however, showed that gender and acculturation did not significantly predict students' basic attitudes. Dadfar and Friedlander (1982) contributed overwhelmingly to the study of attitudes of international students toward seeking professional therapeutic help; however, by grouping them in large categories such as Asian, European, Latin, and Western, much of the intra-group differences were unaccounted for. Furthermore, they did not take into consideration acculturation levels. A person's educational level and length of stay in the U.S. may affect the acculturation process, but does not indicate whether one person is more acculturated than the other or not.

Tedeschi and Willis (1993) examined the differences of attitudes between Asian international students and Anglo American students. The researchers surveyed 114 subjects based on their gender and age. Subjects were asked to rate the importance of counselor characteristics in terms of ethnicity, university degree, age, and gender. In addition, the
subjects also completed Fisher and Turner's (1970) Attitude Toward Seeking Professional Psychological Help Scale (ATSPPHS). The dependent variables in this study were the four subscales of the ATSPPHS, namely Tolerance for Stigma, Need, Interpersonal Openness, and Confidence. Their study showed that gender is significantly related to attitudes toward seeking professional therapeutic help in that Caucasian females had a more positive attitude than Asian females. The study did not find any significant relationship between ethnicity. More specifically, there were no differences between the Asian and Caucasian males in the four subscales. The women in both groups appeared to have more favorable attitudes toward seeking therapeutic help than their male counterparts.

Flum (1998) conducted a study examining the attitudes of Chinese, Japanese, and Korean international students towards seeking professional therapeutic help. However, a low response rate among the Korean students resulted in the study examining only Japanese and Chinese students. The study utilized the Attitude Toward Seeking Professional Psychological Help Scale and the Mental Health Values Questionnaire. Along with the questionnaires, two open-ended questions were also asked of the subjects. The open-ended questions were: 1) “How would your parents have felt if they learned you were seeking therapeutic help for a personal/emotional concern?” and 2) “How do you think mental health counseling in your country differs from counseling in the United States?” According to the findings of their study, there were no differences between the two groups in their attitudes towards seeking therapeutic help. However, there were differences between the two groups on two of the eight mental health values subscales. The differences were in the areas of self acceptance and affective control, with the Chinese students showing a higher degree of mental health well-being. Response to the open-ended questions revealed that most students
felt their parents would react in a negative manner to the news that the students had received therapeutic help. A number of the students from both Japan and China also indicated that counseling is not as popular in their country compared to the United States, and that the field of counseling is still in its infancy there. The generalizability of this study appears to be limited given the fact that the researcher utilized a nonrandom convenience sample.

In his study, Zhang (1998) investigated the relationship between levels of acculturation and attitudes toward seeking professional therapeutic help among Asian international students. His study also involved the variables of recognition of the need for therapeutic help, their stigma tolerance, their interpersonal openness, their confidence in mental health practitioners, and their relationship with levels of acculturation. Based on a multiple regression analysis, a significant positive relationship was found between levels of acculturation and attitude toward seeking professional therapeutic help. This finding supported the hypothesis that higher acculturation levels lead to greater positive attitude toward seeking professional therapeutic help. In addition, the study also showed that there was a significant relationship between levels of acculturation and stigma tolerance and confidence in mental health practitioners among the Asian international students. This study appears to support previous findings involving Asian Americans and their attitudes towards seeking therapeutic help. One such study by Atkinson and Gim (1989) found support for the hypothesis that acculturation levels influence attitude towards seeking therapeutic help. In their study, Ying and Miller (1992) also found that acculturation was significantly related to attitude toward seeking therapeutic help.
Proximal Variables

As mentioned earlier, studies examining attitudes towards seeking professional therapeutic help among diverse groups such as Asian American and Asian international students have primarily looked at the construct of ethnicity as if it were directly linked to outcome variables. Alvidrez et al. (1996) suggested that ethnicity as a variable is better conceptualized as a distal variable which affects outcome variables through a variety of proximal variables. Some examples of proximal variables included in this study are ethnic identity, spirituality, acculturation, and racism.

Ethnic identity

Identity formation and development has been recognized as an important part of human development. Identity development including ethnic identity development is a product of multiple factors, such as class, nationality, and culture (Phinney & Alipuria, 1990; Sue, 2001). According to Sue (2001), there needs to be a holistic understanding of personal identity which involves the recognition of individual uniqueness, local shared communal values, and universal characteristics of being human. Ethnic identity is defined as a social-psychological phenomenon in this study, which is different than being born into a particular ethnic group. According to Tsajiw (1990):

Locating oneself in relation to a community and society is...a social phenomenon in the sense that the internal psychological states express themselves objectively in external behavior patterns that come to be shared by others. Thus, individuals locate themselves in one or another community internally by states of mind and feelings...and externally by behavior appropriate to these states of mind and feelings. (pp. 35-36)

Internal ethnic identity is seen as involving the dimensions of cognition, moral, and affective such as self-image, knowledge of ethnic heritage and values. External ethnic
identity is seen as involving observable social and cultural behaviors such as language usage, friendship network, and involvement in functions and traditions (Isajiw, 1990; Kwan & Sodowsky, 1997). Arredondo (1999) conceptualized personal identity formation as involving cultural, familial, and social contexts across three domains. The first domain involves race, ethnicity, culture, gender, language, physical disability, sexual orientation, and social class. The second domain includes educational background, geographic location, income, marital status, religion, work experience, citizenship status, military experience, and hobbies. The third domain includes historical moments.

In addition to conceptualizing ethnic identity as a socio-psychological phenomenon, it is also important to recognize that ethnic identity is a dynamic process that undergoes ongoing transformations along with changes in social and national systems. By adopting a dynamic understanding of ethnicity, researchers may be able to minimize the oversimplifications and overgeneralizations of what it means (Constantine, 2002). For example, Sodowsky and Carey (1988) highlighted developmental models that propose hierarchical stages framework of ethnic, racial, and cultural identity. According to this framework, it is possible that members from the same collective national identity may have varying degrees of identification with their original culture or attitudes. They propose that an individual can be at different stages at different points in time. They referred to four stages: “pre-encounter” stage, a stage where one devalues his or her own nationality group and cultural attitudes and mimics the attitude of the Americans; “encounter” where one begins to value his or her original culture based on experiencing prejudice and stereotypes and out of group status; “immersion-emersion” where one isolates him or herself from the host culture and immerses in his or her own cultural heritage; and “internalization” where one finds the
ability to be flexible by valuing his or her own culture as well as appreciating values of the host culture. Some researchers have also addressed the role of religion and spirituality in people’s identity of themselves (Anderson & Worthen, 1997; Pedersen, Williams, & Kristensen, 2000).

**Spirituality**

The increase of multicultural focus in counseling has been accompanied by an increase in religion and spirituality. Religion and spirituality are seen as important parts of culture, cultural identity, and personal well-being (Brawer, Handal, Fabricatore, Roberts, & Wajda-Johnston, 2002; Fukuyama & Sevig, 2002; Schulte, Skinner, & Claiborn, 2002). Although the meanings of the terms religion and spirituality may overlap, they are still distinct from each other (Canda, 1994).

According to Walsh (1999), “Religion can be defined as an organized belief system that includes shared and usually institutionalized, moral values, beliefs about God or a Higher Power, and involvement in a faith community” (pg. 5). According to Anderson and Worthen (1997), religion involves a tangible expression of spirituality. Among other things, religion appears to involve concrete forms of expression such as rituals, doctrines, worship, and other practices (Anderson & Worthen, 1997; Walsh, 1999).

Spirituality, on the other hand, involves one’s orientation of life based on their “inner awareness” (Anderson & Worthen, 1997, p. 5). Spirituality appears to include deliberate behaviors of connecting with life experiences such as “mindfulness or mindful living” as they are referred to in the Eastern spiritual traditions or as “contemplation or inner attentiveness” as they referred to in the Western spiritual traditions (Anderson & Worthen,
1997, p. 5). Hill and Hood (1999) conceptualized spirituality as searching for something that is sacred and religion as involving this search, but that the search is done by means of a group or community that legitimizes it. According to Hart (1985) (as cited in Anderson & Worthen, 1997):

We are spiritual whether or not we belong to a religious denomination. That orientation to something beyond, that questioning or questing, that irrepressible transcendence of the human spirit...are simply part of the constitution of our existence, whether we are fully aware of it or not, and whether we cultivate it within the context of organized religion or not. (p. 5)

This view appears to be supported by Walsh (1999) who suggested that spirituality exists on some form of a continuum where one’s expression of spirituality can range from congregational affiliations to personal meditations.

Within the context of this research, the definition of spirituality is operationalized as dynamic processes of a human being’s ability to reflect on their own assumptions about transcendent dimensions or what is called spiritual realities (Zinnbauer, Pargament, & Scott, 1999). This understanding of spirituality may be closely related to Piedmont’s (1999) and Anderson and Worthen’s (1997) conceptualizations that humans innately desire relational connection with something that is divine or transcendent. However, the desire for a relationship with something transcendent or divine may be constructed and voiced differently with different people. What one chooses to call transcendent or God may be something else for another. For example, the Jewish yearn for connection with Yahweh, Christians with God and/or Christ, Muslims with Allah, Hindus with gods, Buddhist with Nirvana, and many Chinese with their ancestors (Anderson & Worthen, 1997). For some, spirituality may be best described as their conscience, and for others moral goodness. The meaning for others may be found in their own spirituality through relational processes and faith processes. These
processes may inform their reality of what is good and bad, what is right and wrong. The selection of Piedmont’s (1995) Spiritual Transcendence Scale for this study is based on the need to be sensitive to multiple spiritual realities and expression of spiritual realities in diverse groups of people and communities. Piedmont (1999) said:

Conceptually, this measure was based on a broad-band, inclusive conceptualization of spirituality that is pertinent for a diverse range of faith traditions, both Eastern and Western. These constructs therefore have a high degree of relevance and appeal for those interested in learning more about the role of spirituality and faith development in a wide variety of contexts. (p. 1007)

**Spiritual transcendence**

Piedmont (1999) used the word spiritual transcendence to refer to human beings’ capacity to objectively view life from outside the context of real time and place. According to him:

This transcendence perspective is one in which a person sees a fundamental unity underlying the diverse strivings of nature and finds a bonding with others that cannot be severed, not even by death. On this broader, more holistic and interconnected perspective, individuals recognize a synchronicity to life and develop a sense of commitment to others. Transcendence is a fundamental capacity of the individual, a source of intrinsic motivation that drives, directs, and selects behaviors. (p. 988)

Piedmont (1999) also distinguished spiritual transcendence from religiousness. According to him, spiritual transcendence focuses on a personal quest for something that is superior in terms of sacredness and divinity, and religiousness serves as a social context for connectedness with the divine. Transcendence is seen as something larger than religiousness although spirituality is one component of religiousness. Piedmont (1999) suggested that transcendence is a unique construct in that it represents the domain of motivations that underlie strivings not only in secular contexts but also religious contexts. Based on his own
understandings of spirituality and readings of psychological literature in this area, as well as a focus group discussion involving religious scholars from diverse traditions such as Christianity, Judaism, Buddhism, and Hinduism, Piedmont (1999) was able to come up with several facets of transcendence and what they mean. It appears there are three primary components of transcendence. First, he says transcendence involves a sense of connectedness. This sense of connectedness is based on the belief that humans live as part of a larger system where they mutually influence one another in creating a balanced and homeostatic system. Second, transcendence involves universality which refers to the belief in the unifying nature of life. Finally, transcendence also comprises prayer fulfillment. Prayer fulfillment refers to this sense of happiness and satisfaction that comes from personal connectedness with a transcendent being or reality.

In addition, Piedmont (1999) noted that there are other facets that require exploration such as tolerance of paradoxes, nonjudgmentality, existentiality, and gratefulness. Tolerance of paradoxes as Piedmont (1999) suggested has to do with negotiating life's consistencies and inconconsistencies at the same time. Nonjudgmentality is an ability to accept life and others just as they are; it involves avoidance of making value judgments and being sensitive to their needs and sufferings. Existentiality refers to the desire to enjoy and cherish life in the here and now. Here there is less concern about what happened in the past or what might happen in the future, but live one day or moment at a time. Gratefulness is described as a natural and built in capacity to be thankful and to be amazed for life and its myriads of shared and unique features. Piedmont (1999) further suggested that there is a sense of hierarchy in the way the spiritual transcendence relates to psychological functioning:
At a global level it provides an overall index of an individual’s level of commitment to intangible realities and the degree of emotional support experienced in return. An analysis of the underlying facets allows for a more precise evaluation of how an individual is negotiating his or her search for meaning. (p. 989)

Piedmont (1999) also suggested that there may be similarities between the construct of transcendence and the personality domains of extraversion, openness, and agreeableness. However, there also appear to be uniqueness in transcendence in that it includes characteristics opposite to the domains mentioned above such as solitude, simplicity and structure, and detachment and dispassion. In addition, transcendence as a distinct personality dimension appears to provide some understanding with regards to individuals who seem to gravitate in unique ways to seek their transcendent goals such as at a desert or a ghetto. Transcendence also is something that evolves over the life span unlike a personality trait that appears to be fixed. For this reason Piedmont argues that transcendence must be considered a unique psychological dimension as it transcends all the other FFM domains. Piedmont said:

As a separate domain of personality, Transcendence can bring a different orientation to how the other aspects of our personality operate. Transcendence can create more passion and depth to our aspirations; it can moderate how we interact with ourselves and others; it can help to reinterpret our perceptions of our environment and redefine the goals we pursue. (p. 990)

**Studies examining religion and spirituality**

As it has been stated earlier, there are only a few studies that have incorporated religion and religious variables in studying attitudes towards seeking therapeutic help, although the awareness and sensitivity to religion and its role has dramatically increased in the past decade (McCullough, 1999; Mitchell & Baker, 2000; Slater, Hall, & Edwards, 2001). The lack of inclusion of religion and spirituality means a significant part of human
ontology and personality is missed (Emmons, 1999). This researcher was interested in finding out if spirituality significantly predicts one’s attitude about seeking therapeutic help.

In Yeh and Wang’s (2000) study of Asian American coping attitudes, sources, and practices, they found religious variables significantly impacting coping attitudes and strategies. In their study of four Asian American ethnic groups, i.e., Chinese, Korean, Indian, and Filipino American students, they found Korean students used religious sources and strategies significantly more than other groups used secular counseling help. Their study appears to support previous assertions that Christian clients appear to have negative attitude towards secular therapy. Previous research studies also show that there is an inverse relationship between religious commitment and the client’s willingness to seek help using traditional counseling services (Worthington, 1988; Yeh & Wang, 2000). Walley (1984) found religious orientation, as distinct from religious affiliation, to be related to attitudes toward seeking help with students. It is possible that Asian Americans may underutilize traditional therapeutic help due to a perception that traditional therapeutic helpers may minimize religious values in the counseling process (Mitchell & Baker, 2000). Yeh and Wang (2000) also pointed out that religious commitment may significantly influence client willingness to seek help given the important roles religious values may play in emotional and psychological well-being. Their recommendation was that counseling practitioners actively be sensitive to clients’ religious values or spirituality.

For example, Singer’s (1997) study examined the variable of religion, degree of religiosity, attitude towards seeking psychological help, and preference for salient counselor characteristics. The subjects of the study were first year undergraduate female students who were attending an exclusively female division of an eastern public university. Religion was
determined based on a demographic questionnaire. In Singer's (1997) study, the types of religion assessed involved those who identified themselves as Protestants, Catholics, and Jews. This study found that religion and degree of religiosity were not related to attitudes toward seeking therapeutic help. However, the study did find religion and degree of religiosity related to preferences for counselor characteristics. The finding appears to support the consensus that identifying with a particular religion may not necessarily mean one is religious. It appeared this study showed that degree of religiosity or spirituality did not significantly influence one's attitude towards seeking help. The current study extends the quest to examine the relation between spirituality and attitude toward seeking therapeutic help within a global perspective.

In another study, Shukla (1990) examined the degree of religiosity among three religious groups in India, namely Muslims, Christians, and Hindus. Shukla primarily examined degree of religiosity as related to participants' dependency and self-esteem. According to this study, it appears Muslims have a higher degree of religiosity compared to Christians and Hindus. The author suggests that this may be due to greater feelings of insecurity and the rigid and dogmatic nature of the Islamic religion. The findings also reveal that in both the high and low religious groups, Christians and Hindus tend to exhibit dependency characteristics. The study also shows that the Hindus appeared to have poorer self-esteem among the highly religious group, while Christians and Muslims in the low religious groups have poorer self-esteem. The author suggests that the reason for the tendency toward higher dependency among the Christians and the Indians may be due to their minority status and associated feelings of insecurity. The author also suggests that the Hindus exhibiting a tendency toward dependency may result from the very nature of the
Hindu religion. The low self esteem among the Christians and Muslims is attributed to the
guilt arising from the inability to keep the stringent religious rituals and commands that are
expected to be followed.

Acculturation

The other factor that may influence students’ attitudes toward therapeutic services is
their level of acculturation. The process of acculturation is important in understanding
individuals’ attitudes, psychological stresses, and participation in counseling (Cuellar, Harris,
was defined by anthropologists and sociologists who saw acculturation as a process occurring
primarily at a communal or group level. In addition, it appears early researchers saw
acculturation as a different process than culture change. However, the Social Science
Research Council adopted a systemic approach by defining acculturation as “culture change”
which is initiated by the “conjunction of two or more autonomous cultural systems” and is a
result of “direct cultural transmission” or of “ecological or demographic modifications”
which are influenced by the majority culture (Social Science Research Council, 1954, as
cited in Sodowsky et al., 1991, p. 195). In view of this prevalent conceptualization of
acculturation, many researchers have not adequately addressed the acculturation process at
the individual level within groups.

However, recently there have been studies conducted on acculturation focusing more
on within group individual differences and the implication of these differences on attitudes
toward seeking help and overall psychological well-being. This development appears to have
come about as a result of major works by Berry, Kim, Power, Young, & Bujaki (1989), who
shifted the study of acculturation from the group level to the individual level. Specifically, they started focusing on psychological and behavioral changes that an individual goes through as a result of intermingling with individuals from other cultural groups. The surge in research on acculturation from a micro level perspective has involved diverse samples of immigrants, sojourners and native populations (Hess & Street, 1991; Johnson, Wall, Guanipa, Terry-Guyer, & Velasquez, 2002; Kagan & Cohen, 1990; Nguyen, 1995; Piontkowski, Florack, Hoelker, Obdrzalek, 2000; Sodowsky et. al., 1991; Suinn, Khoo, & Ahuna, 1995; Tata & Leong, 1994; Ward & Kennedy, 1994; Zhang, 1998).

However, the construct of acculturation has been defined in many ways and remains actively discussed. Some have used adjustment, acculturation, and assimilation interchangeably (Hannigan, 1990; Parker & McEvoy, 1993). This appears to be the case when researchers address behavior, values, and attitude changes relating to mental health and social interaction (Kagan & Cohen, 1990). According to Suinn (1994), acculturation can be defined as a “Process that can occur when two or more cultures interact together. There are several possible outcomes of this process, including assimilation, whereby a host culture absorbs the immigrant culture, or multiculturalism, whereby both cultures exist side-by-side.” (p. 3). It is possible that some become more acculturated than others do. The complexity of the acculturation process also appears to be supported by Kagan and Cohen (1990) who suggested that there are multiple interacting factors such as one’s behavior, cognition, demographic and affective attributes. Based on their study of 300 international students, they found that the process of cultural adjustment which includes acculturation, is affected by multiple factors such as one’s employment level, native language, friendship
network involving American and native friends, internal decision making skills, and work ethic.

The complexity of the acculturation process appears to be supported by the diversity in the findings relating to relationship between acculturation and adjustment problems and client attitude towards counseling. According to some researchers such as Ward and Kennedy (1994), the research on acculturation “lacks theoretical coherence, definitional problems with key constructs, and single sample studies that limit the external validity of empirical cross-cultural research.” (p. 329). One notable exception to this appears to be the work by Berry et al. (1989) that suggested that there are two primary dimensions of acculturation: one is maintenance of the original cultural identity and the other maintenance of relations with other groups. If responses to these two dimensions are polarized, four categories of acculturation may be derived: integration, separation, assimilation, and marginalization. According to the Berry et al. (1989) theoretical framework regarding acculturation, those who are integrationists are those who value both the maintenance of original culture and maintenance of relations with other groups. Those who do value cultural maintenance and not intergroup relations are said to be separatists. Those who are concerned about intergroup relations and not so much concerned with cultural maintenance experience assimilation. Finally, those who value neither cultural maintenance nor intergroup relations are marginalized (Berry et al., 1989; Ward & Kennedy, 1994).

Acculturation is found to influence students’ attitudes and even mental health well-being. Several studies have been identified as showing a positive relationship between acculturation and mental well-being (Gim et al., 1990; Sodowsky et al., 1991; Tata & Leong, 1994). International students may not stay in the United States for a very long time; however,
it may be fair to say that the longer one stays in a host country, the more acculturated one becomes to that country (Suinn, Ahuna, & Khoo, 1992; Yuen & Tinsley, 1981). As such, it appears reasonable to hypothesize that seniors and juniors might be more acculturated than freshman and sophomores. However, it is also important to take note that acculturation may have different starting points for different individuals. For example, a Japanese student who comes from an industrialized background, grew up speaking English, and has lived lifestyle similar to the Western lifestyle in his or her home country may be more acculturated as a freshman than someone who is a junior. How quickly a foreign student acculturates is influenced by his or her own cultural and ethnic heritage, lifestyle, personality, beliefs, and values (Suinn, Ahuna, & Khoo, 1992).

**Studies examining acculturation**

Suinn et al. (1995) conducted a study involving previous data collected based on the Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA) with two sample groups: an Asian-American sample and an Asian sample from Singapore. The researchers conducted the study for two reasons: 1) They believed that by factor analyzing the SL-ASIA data from the two groups, they could shed light on factors that may influence levels of acculturation, and 2) they that a comparison of the two SL-ASIA mean scores would provide an opportunity to test the validation of the SL-ASIA using a cross-cultural methodology. The researchers sent letters to the Asian Americans requesting their participation, and solicited the help of the Singapore Asians before a workshop presentation on psychology. The demographic questionnaire included age, years of residency in the U.S., years of living in a non-Asian neighborhood, years of attending school, age when started school in the U.S., and age upon
arrival in the U.S. However, only two of the questions were used for the purpose of this study: age and years of residency in the U.S.

Zhang and Dixon (2003) conducted a study examining relationships between acculturation and attitudes toward seeking professional psychological help among 170 Asian international students. They used a modified version of the SI-ASIA to measure the acculturation level which was their primary independent variable. They also used Fisher and Turner’s (1970) Attitude Toward Seeking Professional Psychological Help Scale to measure attitude toward seeking help. Their results showed that there is a significant relationship between levels of acculturation and attitudes toward seeking help. However, they reported an insignificant relationship between a number of independent variables such as age, country of origin, children, educational level, major, gender, marital status, length of stay, religious belief, and the dependent variable, attitude toward seeking help.

Racism

Social scientists have attempted to study the nature and effects of racism and discrimination for decades. However, the focus has been primarily on the underlying attitudes and forms of racism and less on the experience of racism from the perspective of the victims (Harrell, 2000). Racism is operationalized here as:

A system of dominance, power, and privilege based on racial group designations; rooted in the historical oppression of a group defined or perceived by the dominant-group members as inferior, deviant, or undesirable; and occurring in circumstances where members of the dominant group create or accept their societal privilege by maintaining structures, ideology, values, and behavior that have the intent or effect of leaving nondominant-group members relatively excluded from power, esteem, status, and/or equal access to societal resources. (p. 43)
According to Liang et al. (2004) Asian Americans have been the target of racism and discrimination for a long time. Some of the forms of discrimination were documented and were evident from the lynching, mass murders, and various forms of legislative measures to decrease, if not prevent, Asian migration into the United States (Delucchi & Do, 1995; Liang et al., 2004). The discrimination of Asian Americans continues today and according to some reports has seen a surge in the last few years. For example, between 1998 and 1999 there has been an increase of threats and intimidation against Asian Americans. According to the National Asian Pacific American Legal Consortium (2002), there were about 250 intimidation and threats against Asian Americans, particularly those of South Asian descent, in the 3 months following the September 11, 2001 terrorist attacks.

Although there is a clear indication of the growing phenomenon of racism towards Asian American, there has been a lack of attention to it. Liang et al. (2004) offered two suggestions for the apparent lack of attention: 1) the traditional dichotomization of racial discrimination issues between Whites and Blacks, and 2) the model minority myth offered to Asian Americans. The former suggestion relating to Black and White dichotomization seems to make sense given that Asian Americans have been considered as fitting neither of the racial terminologies as well as either of the racial terminologies. Asian American discrimination issues are often overshadowed by the experiences of Blacks and Whites. The model minority myth seems to make sense because of the perception that it creates, that Asian Americans are able to excel and function well in a society, thereby masking the real discrimination and prejudice experienced by them (Delucchi & Do, 1995; Liang et al., 2004).

According to Liang et al. (2004), it is important to consider the psychological stress that results from the experiences of racism. According to them, “Psychological stress occurs
when the relationship between a person and an environment is perceived and appraised by
that individual to be harmful and that demands a response that is more than he or she is
capable of providing” (Liang et al. 2004, p. 104). They also make a distinction between
psychological stress in general and stress resulting from racism. Racism-related stress is
“Psychological response specifically resulting from direct or indirect exposure to racism”
(Liang et al. 2004,p. 104). In view of the similarities between the Asian American population
and Asian international students, Asian international students’ experiences with racism and
the associated stress must be taken into consideration as well. Although there have been
virtually no studies conducted specifically assessing the relationship between racism and
mental health among Asian Americans and Asian international students, a few studies on
scale development are worth mentioning.

Harrell (1997) developed the Racism and Life Experience Scale (RaLES) as a way to
address the lack of empirical investigations concerning the experiences and affects of racism
as experienced by the victims of it. RaLES is a comprehensive set of 5 scales of racism-
related stress and 6 subscales related to experience, attitudes, and behaviors. The scale is
aimed at capturing the multi-dimensional nature of racism which not only includes,
“Individually and directly, but also collectively, vicariously, and transgenerationally”
(Harrell, 1997, p. 4). One of the findings from this study suggests that people of color appear
to experience a greater degree of racism, have greater awareness of racism, and also react
actively and intensely to racism more than whites. This also suggests that the RaLES appear
to measure what it was designed to measure (Harrell, 1997).

Liang et al. (2004) developed a 29 item Asian American Racism-Related Stress
Inventory (AARRSI). They also developed the AARRSI in response to the absence of
instruments specifically designed to assess racism and related stresses among the general Asian American public. More information will be presented in the methodology section since this instrument will be used in the current study.

**Current Study**

The current study is designed to determine if there are any significant predictive relationships between ethnic identity, spirituality, acculturation, experience of racism, and attitudes toward seeking professional therapeutic help among Asian international students. The study was designed in response to the increasing number of Asian international students in the U.S., particularly from South Asia, and the lack of research to better understand their attitude toward therapeutic help. Past studies have focused on ethnicity as merely a demographic variable in isolation from related variables such as personal ethnic identity, religion, and acculturation. Failure to recognize or take into consideration the intersection of ethnicity with a variety of proximal variables can lead to inconclusive results and misinterpretation of outcome variables (Constantine, 2002).

Studies have also shown that international students who come to colleges in America not only go through the common problems associated with college life but problems that are unique. Such problems include relating to language and communication, loss of a social support network, immigration, “cultural shock, and culture fatigue” (Cheng et al., 1993; McKinlay, Pattison, & Gross, 1996; Sandhu, 1994; Surdam & Collins, 1984). According to Leong and Sedlacek (1986, 1989), international students also report greater concern about academic and career matters than U.S. students. In this study, attitude is measured on the basis of the score on the Attitudes Toward Seeking Professional Psychological Help Scale
(ATSPPHS). This version is multidimensional in that it measures whether participants are for or against using professional therapeutic services. In this version, there will not be subscales as found in the original version. A higher score would reflect a more positive attitude towards therapeutic services and greater willingness to use therapeutic services and vice versa. The shorter version will be used in this study in order to make the measurement easier to use and less obtrusive. This is particularly important given the population sample in this study, which will be predominantly non-English speaking as far as their native language is concerned.

The foundational assumption here is that one’s attitude directly influences one’s behavior. In this situation, one’s attitude about therapeutic services will determine whether or not the individual will use therapeutic services. It has been shown that international students in general do not have problems receiving medical help; however, they do appear to have problems receiving therapeutic help (Alexander, Workneh, Klien, & Miller, 1976). This study attempts to shed some light on this phenomenon. Overall, international students appear to have different perceptions and preferences regarding therapeutic help. The literature review shows that not much research has been done involving South Asian and Southeast Asian international students and their attitudes toward seeking help. In view of the limited number of studies conducted on Asian international students with regards to their attitude towards seeking professional therapeutic help, several studies on Asian Americans have been included.

The literature review reveals that there are inconclusive and conflicting results pertaining to the affects of ethnicity and various proximal variables in relation to Asian international student’s attitude toward seeking professional therapeutic help. The conflicting results may be due to a number of factors such as lack of coherent understanding of ethnic
identity and lack of adequate measures of proximal variables. The current study attempts to examine ethnic identity and relationship to attitude toward seeking professional therapeutic help. This was done by accounting for the diversity among ethnic groups from Asia as well as by accounting for multiple proximal variables, such as acculturation, spirituality, and racism which may be related to ethnic identity.
CHAPTER 3. METHODOLOGY

Population and Sample

The population in this study included international students from Asia who were studying at a Midwestern University during the spring of 2004. Iowa State University is a land grant university with an enrollment of approximately 27,000 students. The subjects were a random sample of six hundred Asian international students. Asian international students represented about 75% of the total international student population at Iowa State University (See Appendix B). The sample was composed of both male and female graduate and undergraduate students. The students represented the three geographical locations in Asia. Of the 208 students who responded 45% (n=92) came from Far East Asia, and 30% (n=61) from Southeast Asia, and 25% (n=45) came from South Asia.

Procedure

The procedure for this research was based on a four-contact strategy, which included a pre-notice e-mail, web site questionnaire, a follow-up reminder, and a replacement web address for the questionnaire. Dillman’s (2000) design principles for e-mail and web survey served as a guide for this data collection procedure. Dillman’s (2000) design principles are as follows:

1. Personalize all e-mail contacts so that none are part of a mass mailing that reveals either multiple recipient addresses or a listserv origin.
2. Introduce the Web questionnaire with a welcome screen that encourages respondents to complete the questionnaire, emphasizes the ease of responding, and instructs respondents about how to proceed to the next page.
3. Provide a PIN number that limits access to people in the sample.
4. Select an introduction question that is interesting to most respondents, easily answered, and fully visible on the welcome screen of the questionnaire.
5. Present each question in a conventional format similar to that normally used on written self-administered questionnaires.
6. Restrain the use of color so that figure/ground consistency and readability are maintained, navigational flow is unimpeded, and measurement properties of questions are maintained.
7. Avoid differences in the visual appearance of questions that result from different screen configurations, operating systems, browsers, partial screen displays, and wrap-around text.
8. Provide specific instruction on how to take each necessary computer action for responding to the questionnaire, and give other necessary instructions at the point where they are needed.
9. Use drop-down boxes sparingly, consider the mode implications, and identify each with a “click here” instruction.
10. Do not require respondents to provide an answer to each question before being allowed to answer any subsequent ones.
11. Provide skip directions in a way that encourages marking of answers and being able to click to the next applicable question.
12. Construct Web questionnaires so they scroll from question to question unless order effects are a major concern, or when telephone and Web survey results are being combined.
13. When the number of answer choices exceeds the number that can be displayed in a single column on one screen, consider double-banking with an appropriate grouping device to link them together.
14. Use graphical symbols or words that convey a sense of where the respondent is in the completion process, but avoid those that require significant increases in computer resources.
15. Exercise restraint in the use of question structures that have known measurement problems on paper questionnaires, such as check-all-that-apply and open-ended questions. (pp. 367-398)

The procedures for this study were first subjected to approval for use with human subjects by the Human Subject Review Committee at Iowa State University. A copy of the Human Subjects Consent form is included in Appendix D. Following the approval, a request was made of names and e-mail addresses of Asian students from the Vice President for Student Affairs office at Iowa State University. Approximately 600 students were randomly selected from the name list using a stratified random sampling method according to the
strata-geographical origin. Before conducting the stratified random sampling the students were divided according to their sub-groupings i.e., Far East, South East Asia, and South Asia. Then a simple random sampling was conducted in each sub-grouping. The countries that made the Far East category were China, Taiwan, Japan, and Korea. The category South East Asia included Indonesia, Malaysia, Thailand, and the Philippines. The South Asia category was made up of India, Pakistan, Bangladesh, and Nepal. Secondly, a pre-notice e-mail was sent out informing students that they would be receiving a web survey from the researcher. The pre-notice contained a brief description of the research and the relevance of their participation in this project. According to Dillman (2000), pre-notices minimize incidents of discarding messages. He further suggested that the e-mail messages be prepared as individual messages as a way to personalize them and personalization has been shown to increase response rate. Two to three days after the pre-notice, an e-mail was sent containing the web address link that would take respondents to the Web site where they would complete the web-based survey. The web-based survey included the Multigroup Ethnic Identity Measure (MEIM), the Suinn-Lew Self-Identity Acculturation Scale (SL-Asia-international version), Spiritual Transcendence Scale (STS), Asian American Racism-Related Stress Inventory (AARRSI), the Attitude Towards Seeking Professional Psychological Help Scale (ATSPPHS), and a demographic questionnaire.

The web address link (http://www.iastate.edu/classweb/Surveys/Santiago DONE/survey/htm) was preceded with a cover letter. The cover letter contained information regarding the need and importance of the study, the due date for the questionnaires, and information regarding the opportunity to win one of ten $30 cash prizes for completing the questionnaires. Zhang (1998) included a $30 cash incentive in his study that had a response
rate of 43% (questionnaires were sent to 400 subjects and 170 questionnaires were returned). The idea of using honorariums or incentives has been validated by researchers without adversely affecting the rate of returns (Weathers, Furlong, & Solorzano, 1993; Zhang, 1998). In this research study, respondents who were interested in being included in the opportunity to win a cash prize were required to type in their e-mail address at the end of the survey and click submit.

After the cover letter and web survey link were emailed, five reminders to complete the survey were sent. The follow-up emails were one to two weeks apart in order to secure a reasonable response rate (Dillman, 2000). The first reminder was sent after two weeks via e-mail for those who had not logged on to the Web site within two weeks. Subsequently, four more reminders were sent two weeks apart. This is supported by the recommendation made by Tashakkori and Teddlie (1998) and Mangione (1995), who recommended two to four follow-ups two weeks apart as a way to increase the response rate. According to Mangione (1995), the response rate declines significantly after two weeks, at which time the first reminder should be sent. Research has shown that each reminder can yield half the amount of replies from the previous round of responses. Mangione (1995) stated it is possible to get a 75% response rate with this type of technique. It appears however, in an e-mail or web-based survey the reminders are sent more frequently after the first two week reminder. According to Dillman (2000), in one web-based survey a reminder was repeated up to five times and four of the reminders were via e-mail over a one month period. Seventy-six percent of those who received these reminders logged on to the Web site and completed the questionnaire.
Participant Characteristics

Of the 208 students who returned the questionnaire, 51% (n=106) were female and 49% (n=102) were male. Their ages ranged between 17 and 48 years. Twenty percent of the respondents’ ages were between 16 to 20, 41% were between 21 to 25, 29% were between 26 to 30, 5% were between 31 to 35, 3% were between 36 to 40, and 1% were over 40, and two percent had missing values.

Instrument

For the purposes of this study, the questionnaire consisted of six parts: (1) the Multigroup Ethnic Identity Measure (MEIM) (Phinney, 1992a); (2) Suinn-Lew Asian Self-Identity Acculturation Scale-International (SL-Asia-I) (Suinn, Rikard-Figueroa, Lew, & Vigil, 1987); (3) Spiritual Transcendence Scale (STS)(Piedmont, 1999); (4) Asian American Racism-Related Stress Inventory (AARRSI) (Liang et al., 2004); (5) Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS) (Fisher & Farina, 1995); and (6) a demographic section (gender, age, classification as student, ethnicity, religion, nationality, and length of stay in the U.S.).

Multigroup Ethnic Identity Measure (MEIM)

The (MEIM) (see Appendix E) was designed by Phinney (1992). The original measure consisted of 14 items to assess three aspects of ethnic identity: 1) affirmation and belonging (e.g., "I am happy that I am a member of the group I belong to"), 2) ethnic identity achievement (e.g., "I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs"), 3) ethnic behaviors and practices (e.g., "I am active in organizations and social groups"). Students were asked to respond to each statement using a
4-point scale (1 = strongly disagree; 2 = disagree; 3 = agree; 4 = strongly agree). However, based on recent research work it appears that the measure involves two factors: ethnic identity search (a developmental and cognitive component) and affirmation, belonging, and commitment (an affective component) (Roberts, Phinney, Masse, Chen, Roberts, & Romero, 1999). A modified version of the scale was created based on the recent research work, which resulted in dropping two earlier items and a few minor modifications. In terms of reliability, MEIM has consistently recorded above .80 across diverse ethnic groups and ages. It was recommended that the scoring be done on the basis of the mean of the item scores; that is, the mean of the 12 items for an overall score (Phinney, 1992).

**Spiritual Transcendence Scale (STS)**

Piedmont (1999) developed the Spiritual Transcendence Scale (see Appendix E) as a way to test for spirituality, a domain of human personality that may not be measurable according to existing measurements. Piedmont (1999) outlined three criteria to be met in order to demonstrate that spiritual variables do account for a distinctive dimension of human personality: (a) the dimension would have to be independent of other dimensions as measured by the Five Factor Model (FFM); (b) the dimension would have to be comparable to other dimensions in terms of generality, in that it would have to encompass sub-dimensions; and (c) “it would have to be recoverable over multiple sources of information” (p. 987).

Piedmont (1999) developed 65 items based on review and discussions with clergy from diverse faith groups. Based on a series of factor analyses involving STS and several other measurements, he was able to reduce the items to 24 which were distinct from the FFM
domain scales. His findings suggested that by factor analyzing the remaining 24 items, three distinct factors emerged namely Connectedness, Universality, and Prayer Fulfillment. Reliabilities for these scales were reported at .65, .85, and .85, respectively. As a final test of the overall model, Piedmont (1999) utilized a confirmatory factor analysis (CFA) for the validation sample self-report data. All analysis suggested the model fit the data well, i.e., acceptable ratio of chi squares to degrees of freedom, the Goodness of Fit and Comparative Fit Indices were above .97, and Standardized Root Mean Square Residual and Non-Normed Fit index yielded .07 and .97 respectively. Based on the significant standardized parameter estimates, it appeared all items did load on their intended dimensions, i.e., Prayer Fulfillment, Universality, and Connectedness. Prayer Fulfillment refers to the experience of joyful feeling and contentment through prayer. Universality refers to the belief in the common bond and unified purpose of living, where all life is interconnected and living things are mutually responsible to one another. Connectedness refers to personal responsibility to others, both within family and outside family. These three dimensions form the second-order factor that Piedmont (1996) called Global Transcendence. The Cronbach Alpha of Prayer Fulfillment, Universality, and Connectedness were computed at .672, .518, and .336, respectively (Piedmont, 1999).

**Suinn-Lew Asian Self-Identity Acculturation Scale-International (SL-ASIA-I)**

The original SL-ASIA is a 21-item, multiple choice questionnaire that includes four questions pertaining to language, four questions pertaining to identity, four questions pertaining to friendship, five questions pertaining to behaviors, three questions pertaining to generation/geographic history, and one question pertaining to attitudes (see Appendix D).
The low, medium, and high levels of acculturation are reflected by the low, medium, and high scores on the SL-ASIA. Numerically, a low score of 1.00 indicates low acculturation (or high Asian identity), and a high score of 5.00 indicates high acculturation (or high Western identity). A score of 3.00 indicates biculturalism. A person who identifies with a strong Asian identity is one whose attitudes, behaviors, values, and preferences match with someone of an Asian background. For example, this person is expected to value family, respectfulness toward elders, communicate in an Asian language, attend Asian cultural and social events, and emphasize the importance of group or team solidarity rather than individuality. On the other hand, a person identifying with a strong Western identity is expected to have similar values, behaviors, preferences, and attitudes with those of a Western background. In this situation the person may be more self-directed and independent from family or parental guidance, disinterested in Asian cultural events or belief systems, prefer to communicate in English, and appear more comfortable socializing with European American friends and company (Suinn et al., 1992, 1995) than with those who identify themselves as more Asian.

In addition to the Asian and Western identity, the SL-ASIA also allows a person to identify him or herself as bicultural. A bicultural person is expected to have a mixture of Asian and Western values, behaviors, attitudes, and preferences. In this situation, a bicultural person may feel equally comfortable communicating in English or the native language depending on the situation. The choice of language is not due to personal preference or comfort level, but more in relation to the context, which might dictate which language is more appropriate. In terms of values, a bicultural person may be inclined to follow Asian child rearing practices while at the same time adopting an equal sharing of household chores (Suinn, Rikard-Figueroa, Lew, & Vigil, 1987).
The SL-Asia was initially experimented with a total of 82 college students. Suinn et al. (1987) reported a .88 internal consistency reliability coefficient for the 21 items. In addition, Suinn et al. (1987) also tested the SL-Asia with groups from each of five generations. Based on an ANOVA, the level of acculturation was found to be significantly different comparing all five groups (F = 7.20, p < .0001). Based on the mean values of each generation, it appears acculturation was taking place. The mean score for the first generation (n = 14) was 2.96, for the second generation (n = 15) it was 3.75, the third (n = 18) was 3.78, the fourth (n = 8) was 3.78, and the fifth (n = 4) was 3.85. In addition, ANOVA was also used to compare the groups in terms of length of stay in the U.S. Length of stay was found to be significantly related to level of acculturation (F = 14.26, p < .0001). Thus, the longer the respondents had lived in the U.S., the higher the acculturation score.

Since the original SL-Asia was designed for use with the Asian American population, its use with Asian international students for this study needed some modifications based on the differences between the experiences of Asian American and Asian international students. Zhang (1998) modified the SL-Asia for use with Asian international students he surveyed (see Appendix E) by deleting eight questions from the original survey. He omitted question 3 “How do you identify yourself?” because he viewed it as irrelevant to Asian international students who had come to the United States recently. He also omitted questions 4 and 5 that pertained to the parents’ identification because all Asian international students’ parents were Asians. Further, questions 6 and 7 were omitted because Asian international students grew up in Asia. These questions were related to ethnic origin of friends and peers up to age 6 and from ages 6 to age 18. Finally, questions 12, 13, and 14 were omitted because they were related to the birthplace of Asian Americans and their parents and the place they were raised.
In view of these changes, a test of reliability of the modified scale was deemed necessary. The SL-ASIA-I was administered to 32 Asian American students attending Ball State University and Burris Laboratory School. Burris Laboratory School is affiliated with Ball State University and has a student population of 517, comprising pre-school to high school. After a list of Asian American students was obtained through the Asian American Student Organization at Ball State University and Burris Laboratory School, phone calls were randomly made based on student’s name on the list requesting for their participation in a study about acculturation and attitude toward seeking professional therapeutic help. At the Burris Laboratory School, only middle and high school students were contacted. A total of 45 respondents were surveyed using the SL-Asia (original version) of which 32 responded. The criteria of having at least 30 subjects for correlation studies were met with this return rate. The internal reliability score of .89 was computed for this sample for the SL-Asia (original). The reliability for the SL-Asia (international) was computed at .91 for the same sample. In addition, a positive Pearson correlation was computed at $r = .90$ as well as a positive Spearman correlation was computed at $r = .87$ between the original and the modified version of the SL-Asia. Finally, in Zhang’s (1998) study involving the international students, a Cronbach alpha of ($n = 170$) .74 was found. The Cronbach alpha for the SL-Asia-International with the current sample ($n = 207$) was .75.

**Asian American Racism-Related Stress Inventory (AARRSI)**

Liang et al. (2004) developed the AARRSI by reviewing the literature, and gathering data via a focus group interview and an exploratory factor analysis from a sample of Asian American students. First, they generated 62 items based on information from various sources
(e.g., scholarly writings, research, and literature regarding racism-related stressors) and data from a focus group interview with eight Asian American university students who were enrolled in a large Mid-Atlantic public university. The original 62 item AARRSI was sent out to 161 participants along with four other instruments: the Minority Status Stressors (MSS), global measure of Perceived Stress (PSS), Rosenberg Self-Esteem Scale (RSES), and Hopkins Symptoms Checklist (HSCL). Using an exploratory factor analysis a 29-items instrument (AARRSI) was developed with three emerging factors: 1) Socio-Historical racism (14 items), 2) General Racism (8 items), and (3) Perpetual Foreigner Racism (7 items). Liang et al. further conducted a confirmatory factor analysis to test the stability of the three factor solution. The results indicated that their model represented an acceptable fit to the data. The internal reliabilities of the three subscales indicated coefficient alphas of .90 for the complete scale. In this study the Cronbach alpha for the entire scale was recorded at .93.

**Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS) (Shorter Form)**

Researchers have been interested in measuring attitudinal factors relating to willingness or reluctance to seek professional therapeutic help for over thirty years (Fischer & Turner, 1970; Fisher & Cohen, 1972). Fischer and Turner (1970) were involved in some of the most prominent research studies in the area of measuring help seeking behavior. They conducted a research study involving 492 female and 468 male college students in their quest to develop a measurement of attitudes toward seeking professional help for therapeutic problems. The researchers used a number of scales with a biographical survey and the proposed attitude scale. They originally included a 31-item scale to measure attitudes;
however, they found that the 31-items scale correlated somewhat poorly with the Marlow-Crowne Social Desirability Scale which was also administered to the subjects. The researchers administered a 29-item version of the attitude scale to another group of subjects. Based on these studies, the decision was made to keep the 29-item scale as opposed to the original 31-item scale as these items correlated better with each other. These items were subsequently used to create the presently known Attitudes Towards Seeking Professional Psychological Help Scale. The scale since has been standardized by mainly using samples of college students, and it has been consistently shown to possess good psychometric properties. The scale has also been used with diverse populations other than college graduates both in the United States, as well as in other countries (Fisher & Turner, 1970) (see Appendix C).

Fisher and Turner’s (1970) scale has yielded consistent findings that women appear to be more open than men in regards to seeking therapeutic help. Fisher and Turner (1970) did advise that researchers use total scale scores rather than subscale scores in order to measure help-seeking attitudes in an unidimensional way. The advice was given in view of the structure of the scale which seemed to be multidimensional and lack internal consistency among the subscales used to measure the dimensions. Based on subsequent studies, different factorial dimensions were found which lead to the possibility that the underlying structure of the scale could be unpredictable and lack consistency (Fisher & Farina, 1995). Fisher and Farina (1995) believed most researchers would find a single unitary measure of attitude toward seeking professional therapeutic help more helpful and meaningful. The authors developed a 10-item unidimensional version based on the original Fisher and Turner’s 29-item scale.
The ATSPPHS (Shortened Version) is a questionnaire consisting of ten items designed to produce a single score indicating the respondent’s core attitude toward seeking therapeutic help which will be used in this study (see Appendix H). As mentioned earlier, the original version of the Attitude Toward Seeking Professional Psychological Help Scale (ATSPPHS) consists of 29 items representing four sub-scales: (1) need, recognition of a personal need for professional help, (2) stigma, tolerance of the stigma associated with seeking professional therapeutic help, (3) openness, interpersonal openness with regards to one’s problems, (4) confidence, confidence in the mental health professionals. The items are in the form of statements to be scored based on a Likert-type scale (1 = strongly disagree; 2 = disagree; 3 = agree; 4 = strongly agree). The original scale was found to be reliable at Cronbach’s alpha = .83. The ATSPPHS Pro-Con (shortened version) developed by Fisher and Farina (1995) is reported to have an internal consistency of .84 (Cronbach’s alpha) which is comparable to the original Fischer and Turner scale. The ATSPPHS Pro-Con (shortened version) also distinguishes those who use mental health services and those who do not use mental health services. Since a previously used adapted version was more applicable and relevant to college students at the present time, it was decided that the same adapted version should be used for this study. The adapted version differs from the original version in that words were substituted and simplified (e.g., mental problems was replaced with emotional/personal problems or difficulties, mental health clinic was replaced with counseling center, and mental hospital was replaced with psychiatric inpatient unit) (Fischer & Turner, 1970; Tata & Leong, 1994). In this study the ATSPPHS yielded a Cronbach alpha of .70.
**Demographic questionnaire**

The demographic questionnaire in this study included information regarding the participants’ gender, age, classification as a student, ethnicity, religion, nationality, and length of stay in the U.S (see Appendix E).

**Variable List**

Nine variables were used to gather data. The variables are listed in the order of entry for statistical analysis.

*Ethnic identity:* Ethnic identity was represented by scores on the Multigroup Ethnic Identity Measure (MEIM). A high score indicated high ethnic identity and a low score indicated low ethnic identity.

*Spirituality:* Spirituality was measured using Piedmont’s (1995) Spiritual Transcendence Scale (STS). A low score indicated low spirituality and a high score indicated high spirituality.

*Acculturation levels:* Acculturation levels were determined on the basis of a numerical score on the SL-ASIA-I. A low score indicated low acculturation (or strong Asian identity). A high score indicated high acculturation.

*Racism Related Stress:* Racism was measured using the Asian American Racism-Related Stress Inventory (AARRSI) by Liang et al. (2004). A low score indicated low racism-related stress and a high score indicated high racism-related stress.

*Attitude Toward Seeking Professional Psychological Help:* This variable was determined using the mean score of the ATSPPHS. A high score indicated positive attitude towards
seeking therapeutic help and a low score indicated less favorable attitude towards seeking professional therapeutic help.

*Gender:* Gender was determined on the basis of self report in the demographic questionnaire. The variable was dummy coded with male = 1 and Female = 0.

*Age:* Age was determined on the basis of current chronological age in years as reported in the demographic questionnaire.

*Length of stay:* Length of stay in the U.S. was determined on the basis of self report according to the demographic questionnaire.

*Geographic origin:* Geographic origin was measured based on self report according to the demographic questionnaire.

**Hypotheses**

Four hypotheses were applied in the data analysis:

1. There is a significant positive relationship between ethnic identity and attitudes towards seeking professional therapeutic help.
2. There is a significant positive relationship between spirituality and attitudes towards seeking professional therapeutic help.
3. There is a significant negative relationship between experiences of racism and attitudes toward seeking professional therapeutic help.
4. There is a significant positive relationship between acculturation and attitudes towards seeking professional therapeutic help.

It was hypothesized that spirituality, ethnic identity, and acculturation will all have a significant positive relationship while racism will have significantly negative relationship
with attitudes toward seeking therapeutic help as measured by the total score on the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS).

**Categorical Variables**

In addition to the examination of the four primary independent variables as mentioned above, other variables such as age, gender, length of stay, and geographic region were also included. One of the pre-requisites of using multiple regression techniques is that the data must be metric in nature. Therefore, categorical variables such as gender and geographical location were dummy coded (Hair, Anderson, Tatham, & Black, 1995; Neter, Kutner, Nachtsheim, & Wasserman, 1996).

**Research Design and Analysis**

The primary purpose of this study was to examine attitudes toward seeking professional therapeutic help among Asian international students on the basis ethnic identity, spirituality, acculturation, and racism. As such, this was a correlational study involving a single continuous dependent variable, i.e., Asian international students’ attitudes toward seeking professional therapeutic help (ATSPPHS) and multiple continuous independent variables. Therefore, multiple regression analysis appeared to be an appropriate method of analysis for this study (Kinnear & Gray, 2000). The primary goals of multiple regression analysis can be to assess predictive abilities of the independent variables as represented in the regression variate or it can be used to assess the relative predictive power of two or more independent variables according to each variate (Hair et al., 1995; Pedhazur, 1997).
Multiple regression

Multiple regression is a common statistical procedure used by researchers who are interested in predicting one variable on the basis of another or several other variables. It is important to understand the relationship between multiple regression with correlation and analysis variance (ANOVA). In a bivariate correlation analysis a researcher is primarily looking at two variables and how strongly the two variables may be correlated. The idea here is that if a score on one independent variable can be identified than the score on the dependent variable can be identified as well. In multiple regression a researcher is interested in examining how a score on a dependent variable can be identified on the basis of scores on two or more independent variables. This appear to make sense given that human behavior is often complex and it involves simultaneous interaction of multiple variables such as feelings, behaviors, and cognition (www.palgrave.com/pdfs/0333734718.pdf). The relationship between analysis of variance and multiple regression is best seen in their common use to account for the variance in the dependent variable. More specifically in ANOVA one is trying to establish the degree to which a variance in the dependent variable is explained by a set of independent variables. In multiple regression one is trying to establish which independent variable most significantly accounts for the variance in the dependent variable. (www.palgrave.com/pdfs/0333734718.pdf).

There are several values that are generated by a regression analysis output that are important to consider. The first value is designated with a capital R. This is really in reference to the bivariate correlation (r). Another way of saying this is “R is a measure of the correlation between the observed value and the predicted value of the criterion variable” (www.palgrave.com/pdfs/0333734718.pdf, p. 5).
In addition to R, in SPSS the regression output also generates a probability value (p) in relation to R as a way to show how significant the relationship is between the dependent and independent variables. As a common rule a p < .05 is seen as statistically significant relationship. Conversely, a p > .05 indicates that the relationship between the dependent and independent variable is weak or statistically insignificant. Another value,

$R^2$ is also a significant value which is essentially a square of R. However, the real significance of $R^2$ is that it shows the proportion of variance accounted for in the dependent variable by the independent variables. Some researchers prefer to use the adjusted $R^2$ value which takes into consideration the number of variables and participants in a model (George & Mallery, 2000). According to Hair et al. (1995), $R^2$ is susceptible to the number of independent variables and sample size. They suggested that with more independent variables $R^2$ will inflate and potentially "overfit" the data. The adjusted $R^2$ on the other hand tend to become smaller as the number of participants per independent variable becomes smaller. The adjusted $R^2$ value is seen as most useful when comparing across regression equations models that involves different number of independent variables or different number of participants (George & Mallery, 2000; Hair et al., 1995).

This study sought to find out if the primary independent variables of ethnic identity, acculturation, racism, and spirituality significantly predict the dependent variable attitudes toward seeking psychological help.
Research Questions

Five research questions pertaining to Asian international students focused the study:

1. Is there a significant difference between age, gender, length of stay in the U.S., religion, or geographic location, and attitudes toward seeking professional therapeutic help?

2. Is there a significant difference between ethnic identity, and attitudes towards seeking professional therapeutic help?

3. Is there a significant difference between degree of spirituality, and attitudes toward seeking professional therapeutic help?

4. Is there a significant difference between degree of acculturation and attitudes toward seeking professional therapeutic help?

5. Is there a significant difference between experience of racism, and attitudes toward seeking professional therapeutic help?
CHAPTER 4. RESULTS

Introduction

This study was designed to examine the relationship between Asian international student's level of ethnic identity, spirituality, acculturation, and racism related stress with their attitude towards seeking professional therapeutic help. The primary independent variables were ethnic identity, spirituality, acculturation levels, and racism related stress, and the dependent variable was attitude towards seeking professional psychological help. Additional independent variables included age, gender, length of stay in the United States, and geographic origins.

Descriptive Statistics

Descriptive results for the dependent variable ATSPPHS-S (Fisher & Farina, 1992), and the four major independent variables MEIM, STS, AARRSI, and SI-Asia-I are presented in Table 1. The mean scores for the independent and dependent variables are shown with standard deviation, and the maximum and minimum scores.

Table 1. Descriptive statistics for the dependent variable ATSPPHS and independent variables: MEIM, STS, SL-ASIA-I, and AARRSI

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Min</th>
<th>Max</th>
<th>Mean</th>
<th>Std. Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATSPPHS</td>
<td>203</td>
<td>3</td>
<td>28</td>
<td>14.91</td>
<td>3.5317</td>
</tr>
<tr>
<td>MEIM</td>
<td>203</td>
<td>1</td>
<td>4</td>
<td>2.95</td>
<td>.48820</td>
</tr>
<tr>
<td>STS</td>
<td>201</td>
<td>45</td>
<td>101</td>
<td>74.48</td>
<td>8.2093</td>
</tr>
<tr>
<td>SL-ASIA-I</td>
<td>206</td>
<td>19</td>
<td>57</td>
<td>32.72</td>
<td>5.0267</td>
</tr>
<tr>
<td>AARRSI</td>
<td>202</td>
<td>58</td>
<td>145</td>
<td>105.07</td>
<td>18.7658</td>
</tr>
<tr>
<td>VALID N (listwise)</td>
<td>183</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: ATSPPHS = Attitude Toward Seeking Professional Psychological Help Scale; MEIM= Multigroup Ethnic Identity Measure; STS: Spiritual Transcendence Scale; SL-ASIA-I=Suinn-Lew Self-identity Acculturation Scale-International; AARRSI= Asian American Racism Related Stress Inventory.
Collinearity occurs when there is a relationship between two independent variables and multicollinearity refers to correlation among three or more independent variables. It is important to examine the inter-relationships between the independent variables because multicollinearity between variables may mean that some independent variables may be redundant in their predictive abilities. The more collinearity or multicollinearity increases the more the predictive power is shared by two or more independent variables. In view of this, partial regression coefficients can be unreliable and can reduce any individual independent variable’s predictive ability by the same ratio of its association with other independent variables (Furlong, Lovelace, & Lovelace, 2000; Hair et al., 1995).

To check for possible multicollinearity problems a diagnostic analysis was conducted. Table 2 illustrates the correlation matrix of all the independent variables. The maximum correlation value was .574 and the minimum was .006. A correlation threshold of >.90 has been suggested to indicate multicollinearity problems. Accordingly, the correlations between the variables were quite small. However, a correlation matrix only indicates bivariate multicollinearity and therefore what may appear to be low correlation may not mean there is a lack of collinearity. In order to assess multivariate multicollinearity (combined effect of multiple independent variables) it was recommended that tolerance value and variance inflation factor (VIF) values be used (Hair et al., 1995). These measures indicate the extent to which each independent variable is accounted by other independent variables. It has also been suggested that a tolerance value of less than .20 may indicate a multicollinearity problem. The VIF score is inverse to the tolerance score in that high VIF value may indicates high collinearity. A common rule of thumb is a VIF value of greater than 4 may suggest a
Table 2. Correlation matrix of independent variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Correlation</th>
<th>Attitude</th>
<th>Gender</th>
<th>Age</th>
<th>Length of stay</th>
<th>Far East</th>
<th>South Asia</th>
<th>Southeast Asia</th>
<th>MEIM</th>
<th>Spirituality</th>
<th>Acculturation</th>
<th>Racism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude</td>
<td>Pearson</td>
<td>1</td>
<td>.163*</td>
<td>-0.11</td>
<td>.094</td>
<td>-.142*</td>
<td>.186**</td>
<td>-.106</td>
<td>.029</td>
<td>.180*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>.020</td>
<td>.880</td>
<td>.184</td>
<td>.043</td>
<td>.008</td>
<td>.599</td>
<td>.009</td>
<td>.140</td>
<td>.681</td>
<td>.012</td>
<td></td>
</tr>
<tr>
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<td>196</td>
<td>197</td>
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<tr>
<td>Gender</td>
<td>Pearson</td>
<td>.163*</td>
<td>1</td>
<td>.006</td>
<td>-.024</td>
<td>-.099</td>
<td>.198**</td>
<td>-.062</td>
<td>.011</td>
<td>.148*</td>
<td>.091</td>
<td></td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
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<td>.020</td>
<td>.931</td>
<td>.726</td>
<td>.155</td>
<td>.004</td>
<td>.377</td>
<td>.252</td>
<td>.880</td>
<td>.034</td>
<td>.199</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Age</td>
<td>Pearson</td>
<td>-.011</td>
<td>.006</td>
<td>1</td>
<td>.152*</td>
<td>.109</td>
<td>-.025</td>
<td>-.193**</td>
<td>.076</td>
<td>.103</td>
<td>-.084</td>
<td>.094</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
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<td>.880</td>
<td>.931</td>
<td>.028</td>
<td>.118</td>
<td>.725</td>
<td>.005</td>
<td>.283</td>
<td>.144</td>
<td>.231</td>
<td>.184</td>
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<tr>
<td>Length of stay</td>
<td>Pearson</td>
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<td>-.024</td>
<td>.152**</td>
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<td>-.052</td>
<td>-.171*</td>
<td>.164**</td>
<td>-.029</td>
<td>-.013</td>
<td>.241**</td>
<td>-.104</td>
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<td>Sig. (2-tailed)</td>
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<td>.456</td>
<td>.013</td>
<td>.018</td>
<td>.685</td>
<td>.852</td>
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<tr>
<td>Far East</td>
<td>Pearson</td>
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<td>-.099</td>
<td>.109</td>
<td>-.052</td>
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<td>-.574**</td>
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<tr>
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<td>Pearson</td>
<td>.186**</td>
<td>.198**</td>
<td>-.025</td>
<td>-.171*</td>
<td>-.461**</td>
<td>1</td>
<td>-.334**</td>
<td>-.239**</td>
<td>.112</td>
<td>.186**</td>
<td>.101</td>
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<td>.090</td>
<td>-.239**</td>
<td>.114</td>
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<td>.178*</td>
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<td>.013</td>
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Table 2. (Continued)

<table>
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<tr>
<th>Variable</th>
<th>Correlation</th>
<th>Attitude</th>
<th>Gender</th>
<th>Age</th>
<th>Length of stay</th>
<th>Far East</th>
<th>South Asia</th>
<th>Southeast Asia</th>
<th>MEIM</th>
<th>Spirituality</th>
<th>Acculturation</th>
<th>Racism</th>
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<td>.144</td>
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<td>-.275**</td>
<td>.186**</td>
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<td>.681</td>
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<td>.008</td>
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<td>.091</td>
<td>.094</td>
<td>-.104</td>
<td>.027</td>
<td>.101</td>
<td>-.139(*)</td>
<td>-.069</td>
<td>-.024</td>
<td>.000</td>
<td>1</td>
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<td>Sig. (2-tailed)</td>
<td>.012</td>
<td>.199</td>
<td>.184</td>
<td>.142</td>
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<td>.336</td>
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<td>202</td>
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</tbody>
</table>

Note. Length=Length of Stay; S.Asia= South Asia; S.E.Asia= South East Asia
STS= Spiritual Transcendence; MEIM: Multigroup Ethnic Identity Measure
SL-ASIA-I= Suinn-Lew Asian Self Identity Acculturation-International; AARRSI= Asian American Racism Related Stress Inventory
** Correlation significant at the 0.01 level (2-tailed).
* Correlation significant at the 0.05 level (2-tailed).
multicollinearity problem. (Hair et al., 1995). The maximum tolerance value was .941 and the minimum tolerance value was .732. As for the VIF values the maximum value was 1.366 and the minimum was 1.063. Based on the correlation matrix as well as the tolerance and VIF values, it was determined that multicollinearity was not a problem.

**Missing Data**

Of the 208 survey responses, there were 25 responses that had some missing values. Missing values have been known to create difficulties in data analyses. Therefore, a number of procedures have been recommended to deal with these issues. George and Mallery (2000) suggested that, for continuous data, the most frequent procedure is to replace missing values with mean score of valid responses for that variable. As a rule of thumb, it has been suggested that replacing up to 15% of the data by mean score substitution is acceptable. Although the missing values in this study only constituted about 12% and could have been replaced with substitution of mean scores, they were deleted instead by using the default mechanism in SPSS. The delete method ensures “a “true” correlation matrix, where all correlations are derived from the same set of data” (http://www.statsoft.com/textbook/stbasic.html#Correlationsk). The delete method also appears to illustrate the final regression model is better in predicting the dependent variable. The mean substitution model yielded a regression model with $R^2 = .124$, while the deleted model yielded $R^2 = .159$ (Table 3 & 6).

**Results**

Based on the correlation matrix it appears only five variables were significantly correlated with attitude towards seeking professional psychological help ($p < .01$). The five variables were international students from South Asia and Far East (as compared to students
Table 3. Model summary with missing data

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R²</th>
<th>R² adjusted</th>
<th>Std. Error of the Estimate</th>
<th>Change Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>R² chg</td>
</tr>
<tr>
<td>1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.256(a)</td>
<td>.066</td>
<td>.042</td>
<td>3.4848</td>
<td>.066</td>
</tr>
<tr>
<td>2&lt;sup&gt;b&lt;/sup&gt;</td>
<td>.301(b)</td>
<td>.091</td>
<td>.063</td>
<td>3.4464</td>
<td>.025</td>
</tr>
<tr>
<td>3&lt;sup&gt;c&lt;/sup&gt;</td>
<td>.307(c)</td>
<td>.094</td>
<td>.063</td>
<td>3.4477</td>
<td>.004</td>
</tr>
<tr>
<td>4&lt;sup&gt;d&lt;/sup&gt;</td>
<td>.326(d)</td>
<td>.106</td>
<td>.070</td>
<td>3.4333</td>
<td>.012</td>
</tr>
<tr>
<td>5&lt;sup&gt;d&lt;/sup&gt;</td>
<td>.352(e)</td>
<td>.124</td>
<td>.084</td>
<td>3.4086</td>
<td>.017</td>
</tr>
</tbody>
</table>

<sup>a</sup> Predictors: (Constant), SouthEastAsia, Gender, Lengthofstay, Age, SouthAsia
<sup>b</sup> Predictors: (Constant), SouthEastAsia, Gender, Lengthofstay, Age, SouthAsia, MEIM
<sup>c</sup> Predictors: (Constant), SouthEastAsia, Gender, Lengthofstay, Age, SouthAsia, MEIM, Spirituality
<sup>d</sup> Predictors: (Constant), SouthEastAsia, Gender, Lengthofstay, Age, SouthAsia, MEIM, Spirituality, Acculturation, Racism

from South East Asia), multigroup ethnic identity, and racism related stress. In addition to the bivariate correlation matrix, three regression analyses were conducted using three methods. The first method involved all variables to be entered simultaneously (Table 4). The second method involved four sub-grouping where length of stay, gender, and age were entered at the first block, South East Asia and South Asia were entered at the second block, spirituality and ethnic identity at the third block, and acculturation and racism at the final block (Table 5). The third method involved 5 sub-groupings where length of stay, gender, age, and geographic origins were entered at the first block, followed by ethnic identity, spirituality, acculturation, and racism in consecutively (Table 6).

The latter method was selected based on the theory presented in this study. The cultural systems framework appeared to suggest that culture and its proximal variables are created within boundaries of geographic locations (Kagawa-Singer and Kassim-Lakha, 2003) (see Figure 1). Therefore, geographic locations were entered in the first block along with other demographic variables. In addition, ethnic identity was presented as an internal psychological processes happening at the individual level (Tsajiv, 1990). It appears ethnic
Table 4. Model summary without missing data, applying the simultaneous method

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R²</th>
<th>R² adjusted</th>
<th>Std. Error of the Estimate</th>
<th>F chg</th>
<th>df¹</th>
<th>df²</th>
<th>Sig. F chg</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.399</td>
<td>.159</td>
<td>.115</td>
<td>3.398</td>
<td>.159</td>
<td>3.63</td>
<td></td>
<td>.000</td>
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</tbody>
</table>

Predictors: (Constant), Racism, Spirituality, Acculturation, Age, Gender, SouthEastAsia, MEIM, Lengthofstay, SouthAsia

Table 5. Model summary without missing data, applying the subgroup method (4 groups)

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R²</th>
<th>R² adjusted</th>
<th>Std. Error of the Estimate</th>
<th>F chg</th>
<th>df¹</th>
<th>df²</th>
<th>Sig. F chg</th>
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<tr>
<td>1</td>
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<td>.035</td>
<td>.019</td>
<td>3.577</td>
<td>.035</td>
<td>2.174</td>
<td>3</td>
<td>.093</td>
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<tr>
<td>2</td>
<td>.277</td>
<td>.077</td>
<td>.050</td>
<td>3.519</td>
<td>.041</td>
<td>3.966</td>
<td>2</td>
<td>.021</td>
</tr>
<tr>
<td>3</td>
<td>.344</td>
<td>.118</td>
<td>.083</td>
<td>3.458</td>
<td>.042</td>
<td>4.160</td>
<td>2</td>
<td>.017</td>
</tr>
<tr>
<td>4</td>
<td>.399</td>
<td>.159</td>
<td>.115</td>
<td>3.397</td>
<td>.040</td>
<td>4.152</td>
<td>2</td>
<td>.017</td>
</tr>
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</table>

Predictors:
- 1: (Constant), Lengthofstay, Gender, Age
- 2: (Constant), Lengthofstay, Gender, Age, SouthEastAsia, SouthAsia
- 3: (Constant), Lengthofstay, Gender, Age, SouthEastAsia, SouthAsia, Spirituality, MEIM
- 4: (Constant), Lengthofstay, Gender, Age, SouthEastAsia, SouthAsia, Spirituality, MEIM, Racism, Acculturation

Table 6. Model summary without missing data, applying the sub-grouping method (5 groups)

<table>
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<th>R² adjusted</th>
<th>Std. Error of the Estimate</th>
<th>F chg</th>
<th>df¹</th>
<th>df²</th>
<th>Sig. F chg</th>
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</thead>
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<td>.050</td>
<td>3.5195</td>
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<td>.014</td>
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<td>.110</td>
<td>.079</td>
<td>3.4654</td>
<td>.033</td>
<td>6.567</td>
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<td>.011</td>
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<td>1</td>
<td>.191</td>
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<td>.092</td>
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Predictors:
- 1: (Constant), SouthEastAsia, Gender, Lengthofstay, Age, SouthAsia
- 2: (Constant), SouthEastAsia, Gender, Lengthofstay, Age, SouthAsia, MEIM
- 3: (Constant), SouthEastAsia, Gender, Lengthofstay, Age, SouthAsia, MEIM, Spirituality
- 4: (Constant), SouthEastAsia, Gender, Lengthofstay, Age, SouthAsia, MEIM, Spirituality, Acculturation
- 5: (Constant), SouthEastAsia, Gender, Lengthofstay, Age, SouthAsia, MEIM, Spirituality, Acculturation, Racism

identity precedes external experiences such as acculturation and racism. Tsajiv (1990) implied that, while a community and/or social experiences can shape how one sees him or herself, it is through the internal mindset and emotions that the individuals behaviors are commonly shared and expressed. Hence, ethnic identity was entered at the second block. As indicated previously, spirituality is a significant part of one’s identity (Singer, 1997).
cultural systems framework appeared to suggest that belief processes are part of one’s identity and, yet, external to one’s identity. This idea is best captured by Anderson and Worthen (1997) who described spirituality as “inner awareness” as well as “mindfulness or mindful living” (p. 5). In keeping with this idea, spirituality was entered next in the regression analysis. The cultural systems framework pointed to two other variables, acculturation and discrimination, which were indicated as happening at the outer level (see Figure 1). Accordingly, acculturation was entered next, prior to racism (Table 6).

In addition, the regression model was constructed to be hierarchical in nature, which is also known as hierarchical multiple regressions. Hierarchical multiple regression enables each independent variable to be added to the regression model in stages while computing the corresponding changes in \( R^2 \). F test was used to examine if the changes in \( R^2 \) was statistically significantly. In this way, the researcher was able to estimate the predictive influence an independent variable brought when it was added to the regression model relative to a model without the added variable (see Tables 3, 5, 6).

It is important to note that, while an independent variable may not be significant in terms of \( R^2 \) increments as tested by F-test, the independent variable may show significance in terms of its relative beta weights, Zhang (2002). Therefore, partial regression coefficient analysis was used to test the strength of relationship each independent variable had with the dependent variable when all other independent variables were held constant? In order to examine if each independent variable’s relationship with the dependent variable was statistically significant, significant t effect was used (see Table 7) (Furlong et al., 2000; Pedhazur, 1997). The corresponding analysis of variance (ANOVA) is shown in Table 8.
Table 8. Corresponding ANOVA for regression of the dependent variable attitude, ATSPPHS, on the independent variables: gender, age, length of stay, South Asia, South East Asia, MEIM, STS, SL-ASIA-I, and AARRSI

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
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<tr>
<td>1(^a) Regression</td>
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<td>5</td>
<td>36.339</td>
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<td>.014(a)</td>
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<td>12.387</td>
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<td></td>
</tr>
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<td>Total</td>
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<td>182</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2(^b) Regression</td>
<td>260.562</td>
<td>6</td>
<td>43.427</td>
<td>3.616</td>
<td>.002(b)</td>
</tr>
<tr>
<td>Residual</td>
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<td>176</td>
<td>12.009</td>
<td></td>
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</tr>
<tr>
<td>Total</td>
<td>2374.178</td>
<td>182</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3(^c) Regression</td>
<td>281.205</td>
<td>7</td>
<td>40.172</td>
<td>3.359</td>
<td>.002(c)</td>
</tr>
<tr>
<td>Residual</td>
<td>2092.973</td>
<td>175</td>
<td>11.960</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2374.178</td>
<td>182</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4(^d) Regression</td>
<td>314.252</td>
<td>8</td>
<td>39.281</td>
<td>3.318</td>
<td>.001(d)</td>
</tr>
<tr>
<td>Residual</td>
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<td>174</td>
<td>11.839</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
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<td>182</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5(^e) Regression</td>
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<td>41.897</td>
<td>3.629</td>
<td>.000(e)</td>
</tr>
<tr>
<td>Residual</td>
<td>1997.107</td>
<td>173</td>
<td>11.544</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2374.178</td>
<td>182</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1\(^a\) Predictors: (Constant), SouthEastAsia, Gender, Lengthofstay, Age, SouthAsia
2\(^b\) Predictors: (Constant), SouthEastAsia, Gender, Lengthofstay, Age, SouthAsia, MEIM
3\(^c\) Predictors: (Constant), SouthEastAsia, Gender, Lengthofstay, Age, SouthAsia, MEIM, Spirituality
4\(^d\) Predictors: (Constant), SouthEastAsia, Gender, Lengthofstay, Age, SouthAsia, MEIM, Spirituality, Acculturation
5\(^e\) Predictors: (Constant), SouthEastAsia, Gender, Lengthofstay, Age, SouthAsia, MEIM, Spirituality, Acculturation, Racism (acronym AARRSI)

The hierarchical regression model summary (see Table 3, 5, 6) indicated the changes in the variables as new variables are entered into the regression equation. As shown multiple R, R\(^2\), and the adjusted R\(^2\) increase in value as new variables are entered with the exception of block three where the addition of the variable spirituality did not result in increase of adjusted R\(^2\) value. The R\(^2\) value indicates that collectively the variables gender, age, length of stay, geographic location, ethnic identity, spirituality, acculturation, and experience of racism explain about 15.9% of the variance in attitude toward seeking professional psychological help (see Table 6).
For purposes of comparison several regression models were employed. As mentioned earlier the regression model with the deletion of missing values yielded an overall $R^2 = .159$. The regression model that used mean substitution for missing values yielded an overall $R^2 = .124$.

Each regression models involving the dependent variable and all independent variables indicated that the model was significant at each stage indicated by (Sig. $F < .05$, at each step; see Table 8). As independent variables were added at various stages, collectively, they were significantly associated with the dependent variable.

**Predictive ability of demographic variables**

In order to answer Research question 1: *On the basis of age, gender, length of stay in the U.S., and geographic origin is there a significant relationship among Asian international students in their attitudes toward seeking professional therapeutic help?* the demographic variables age, gender, length of stay, and area of origin were entered at block one. Examination of the results indicated that the regression model at this step was significant ($F = 2.93; \text{df} = (5, 177), p < .05$) (see Table 6). The independent variables at the first entry accounted for approximately 8% of the variance of the dependent variable ATSPPHS ($R^2 = .077$). Of these independent variables (i.e., age, gender, length of stay, South Asia, South East Asia), a t-test showed that the variables South Asia and South East Asia were the only significant variables at $t = 2.61; p < .01$ and $t = 2.18; p < .01$ respectively. This was supported by the results of the correlation matrix. In addition, the partial regression coefficient of 1.8 and 1.4 for the dummy variables South Asia and South East Asia respectively means that international students from South Asia and South East Asia are more likely to have a
favorable attitude towards seeking professional therapeutic help compared to their Far Eastern counterparts.

**Predictive ability of ethnic identity**

Question 2 asked: *Based upon the Asian international students’ multigroup ethnic identity, is there a significant relationship to attitudes towards seeking professional therapeutic help?* At this step, the independent variable MEIM accounted for approximately 3% of the variance of the dependent variable ATSPPHS ($R^2_{Ch} = .033$). The overall regression model continued to be significant ($F = 3.616; df = (6, 176), p < .01$). The $R^2$ increment was also shown to be statistically significant ($F_{Ch} = 6.567; (1, 176), p < .05$). This indicated that Asian international students’ level of ethnic identity significantly affected their attitude towards seeking professional therapeutic help. This result was also supported by the partial regression coefficient results which indicated that independent variable MEIM significantly predicted the dependent variable ATSPPHS when all other variables were held constant ($F_{Ch} = 6.567; t = 2.320, p < .05$) (see Table 7). Furthermore, analysis of the partial regression coefficient indicated an inverse relationship between ethnic identity and attitude towards seeking professional therapeutic help (see Table 7). Such an inverse correlation between Asian international students’ attitude towards seeking professional therapeutic help and their sense of ethnic identity indicated that the lesser the Asian international students feel a sense of ethnic identity the more positive attitudes they would hold towards seeking professional therapeutic help.
Predictive ability of spirituality

Research question 3 asked: Based upon Asian international students’ degree of spirituality, is there a significant relationship to attitudes toward seeking professional therapeutic help? To answer this question, the independent variable STS was entered at the third block. The overall model was significant (F=3.359; df = (7, 175), p<.05). However, examination of the R² increments showed the increment was not statistically significant (FCh =1.726; df = (1, 175), p>.05), indicating that Asian international students’ degree of spirituality did not significantly affect their attitude towards seeking professional therapeutic help. This finding was further supported by the results of the coefficients which indicated that the independent variable STS did not significantly predict the dependent variable ATSPPHS when all other variables were held constant (FCh =1.726; t=1.347, p>.05, see Table 7). At this step, the independent variable, spiritual transcendence, accounted for approximately 1% of the variance of the dependent variable, ATSPPHS (R² = .009). At this step, contrary to the initial hypotheses, no significant relationship was found between spirituality and attitude towards seeking professional therapeutic help.

Predictive ability of acculturation

To answer question number four (Based upon the Asian international students’ degree of acculturation, is there a significant relationship to attitudes toward seeking professional therapeutic help?) the independent variable SL-ASIA-I was entered next. The overall regression model continued to be significant (F = 3.318; df = (8, 174), p < .01). However, the R² increment appeared not to be significant (FCh = 2.791, df = (1, 174), p>.05) indicating that the independent variable, levels of acculturation, did not significantly affect Asian
international students’ attitude towards seeking professional therapeutic help. The coefficient results appeared to support this finding indicating that Asian international students’ acculturation level did not significantly predict their attitudes towards seeking professional therapeutic help when all other variables were held constant (FCh=2.791; t=1.552, p>.05; see Table 7). At this step the independent variable SL-ASIA-I accounted for approximately 1.5% of the variance of the dependent variable ATSPPHS (R² = .014). It is interesting to note, however, the SL-ASIA-I and ATSPPHS are inversely related.

**Predictive ability of experience of racism**

Research question 5 asked: Based on Asian international students’ experience of racism, is there a significant relationship to their attitudes toward seeking professional therapeutic help? In order to answer this question the independent variable AARRSI was entered last. The full regression model was significant (F = 3.629; df = (9, 173), p< .01). R² increment was found to be significant, (FCh = 5.442; df = (1, 173), p<.05; see Table 7), indicating that the Asian international students’ experiences with racism-related stress did significantly affect their attitudes towards seeking professional therapeutic help. Also, the examination of the coefficient results indicated that international students’ experiences with racism-related stress did significantly affect their attitudes toward seeking professional psychological help when all other variables were held constant, (FCh=5.442; t=2.333, p< .05). At this stage the independent variable AARRSI accounted for about 2.5% of the variance of the dependent variable ATSPPHS (R² = .026). Further, regression coefficient results indicated a positive relationship between racism-related stress and attitude towards seeking professional therapeutic help. This would indicate that the more Asian international
students experience racism-related stress the more favorable their attitude would be towards seeking professional therapeutic help.

Summary

Multiple regression analysis was used to address five research questions and four hypotheses. The research questions sought to find out if any of the independent variables were significantly related with attitudes toward seeking therapeutic help. It was hypothesized that the independent variables spirituality, ethnic identity, acculturation, and experience of racism would have significant relationships with attitudes toward seeking professional therapeutic help.

Based on multiple regression analysis, this study found that ethnic identity ($F_{\text{Ch}} = 6.567; t=2.32, p<.05$), and Experience with racism-related stress ($F_{\text{Ch}}=5.442; t=2.33, p<.05$) were found to be significantly related to attitudes toward seeking therapeutic help. However, the hypotheses relating to spirituality and acculturation were not supported by the results ($F_{\text{Ch}} = 1.726; t=1.347, p>.05$ and $F_{\text{Ch}}=2.791; t=1.552, p>.05$ respectively). The question of whether the demographic variables age, gender, length of stay, and geographic origin significantly affected attitudes toward seeking professional therapeutic help was answered in the negative except for origin. It was found that Asian international students from South Asia and South East Asia appeared to have a more positive attitude toward seeking therapeutic help compared to their Far Eastern counterparts.

This study was designed to examine the relationships between Asian international students’ levels of ethnic identity, spirituality, acculturation, and racism-related stress with their attitudes towards seeking professional therapeutic help. The primary independent
variables were spirituality, ethnic identity, acculturation levels, and racism-related stress, and the dependent variable was attitudes towards seeking professional psychological help. Additional independent variables included age, gender, length of stay in the United States, and geographic origins.
CHAPTER 5. DISCUSSION

Introduction

This study investigated the relationship between Asian international students’ levels of spirituality, ethnic identity, acculturation, experience of racism, and their attitudes toward seeking professional therapeutic help. This chapter is divided into five different segments according to the research questions and hypotheses presented in the methodology section. Accordingly, the first segment focuses on the discussion of results pertaining to the relationship between the demographic variables and attitudes toward seeking professional therapeutic help. The second segment addresses the results and implications for ethnic identity and attitudes toward seeking professional therapeutic help. The third segment will discuss results pertaining to spirituality and attitudes towards seeking professional therapeutic help. The fourth section includes a discussion about the relationship between acculturation and attitudes towards seeking professional psychological help. In the final section, a discussion of racism-related stress and attitudes toward seeking professional therapeutic help is presented. Following the above segments, the study’s limitations, implications, future research recommendations, and concluding remarks are discussed.

Discussion of Results

The first question asked “Based on Asian international students’ age, gender, length of stay in the U.S., and geographic origin is there a significant relationship to attitudes toward seeking professional therapeutic help.” It was hypothesized that there would be a significant relationship between geographic origin and attitudes toward seeking professional therapeutic help. Interestingly, geographic origin was the only demographic variables employed in the
study that showed a significant relationship with attitudes toward seeking professional therapeutic help. As indicated earlier, geographic origin was divided into three groups (i.e., Far East, South Asia, and Southeast Asia). The groups South Asia and Southeast Asia were dummy coded with Far East being the reference category.

The results indicated that Asian international students from South Asia were more likely than those from the Far East to have favorable attitudes toward seeking professional therapeutic help. The results for attitude toward seeking professional psychological help among Asian international students appears to counter previous thinking and findings that Asian Americans and Asian international students generally underutilize mental health services because of incompatible values between Asians and therapeutic processes (Zhang & Dixon, 2003). It is worth noting that Zhang (1998) compared four groups of students based on country of origin (i.e., China, Japan, Korea, and others) and the majority of the respondents came from the Far East region. Zhang’s (1998) study followed the footsteps of preceding studies that looked at the Asian population from a limited geographical region. In the past many researchers have over generalized the people from the Asian continent (Uba, 2000). In this study, the groups appeared to be more diverse representing not only students from the Far East region but also students from South Asia and Southeast Asia. The results indicated that there are significant differences between these groups in their attitudes toward seeking professional therapeutic help. The results further implied that one cannot make generalizations about Asian international students. The results between Zhang’s (1998) study and this study were similar in relation to other demographic variables and attitudes toward seeking professional therapeutic help. Zhang’s (1998) study did not find a significant relationship between age, gender, length of stay, country of origin, educational levels,
religious beliefs, and intentions to stay in the United States. The current study followed the trend of insignificant findings in relation to gender, age, and length of stay.

The second question asked (Based on Asian international student’s ethnic identity is there a significant relationship to attitudes towards seeking professional therapeutic help.) The corresponding hypothesis was that ethnic identity would significantly predict attitudes towards seeking professional therapeutic help. In this study, ethnic identity was shown to be significantly related to attitudes towards seeking professional therapeutic help. However, this study found a significant negative relationship between ethnic identity and attitudes towards seeking therapeutic help. Thus, the more Asian international students feel a sense of ethnic identity, the less favorable their attitudes are towards seeking professional therapeutic help. At first glance, this may appear to contradict Phinney’s (1996) suggestion that the more minority group members solidify their group ethnic identity, the more they become secure, positive, and realistic in their view of their own group. Phinney (1996) also suggested that the more minority group members have strong ethnic identity, the more positive view they have of the majority and are more open to other groups. One might conclude that this openness to the majority culture may well include openness to seeking professional therapeutic help, which in the past has been seen as a domain of the majority culture. For example, it has been suggested that Asian communal values may be incompatible with Western individualistic values inherent in the professional therapeutic arena (Kim et al, 2001). However, the findings in this study may lend support to Phinney’s (1996) ideas that solidification of ethnic identity may indeed lead to positive well-being to the point of needing less professional therapeutic help. This idea of needing less professional therapeutic help
may be the underlying reason for not seeking help as opposed to the explanation of having negative attitudes toward seeking therapeutic help.

The third question asked (Based on Asian international students’ degree of spirituality is there a significant relationship to attitudes toward seeking professional therapeutic help?) The corresponding hypothesis to this question was that the Asian international students’ degree of spirituality would significantly be related to their attitudes towards seeking professional therapeutic help. The hypotheses about the effect of spirituality on attitudes was made on the basis of the theory that suggested beliefs, values, and behaviors help shape one’s cognitive reality which in turn shapes his or her worldviews (Kagawa-Singer, & Chung, 2002). The Spiritual Transcendence Scale appeared to capture a person’s “cognitive map” at the foundational level, and thus appeared as a good measure to be included in the study (Piedmont, 1999).

The results of the multiple regression analysis indicated that there was no significant relationship between Asian international students’ spirituality and their attitudes towards seeking professional psychological help. The findings regarding spirituality and attitude towards seeking professional therapeutic help in this study appeared to contradict, as well as support findings in other studies. For example, in Yeh and Wang’s (2000) study of Asian Americans’ coping attitudes, sources, and practices, religious variables were found to significantly impact coping attitudes and strategies. In their summary, they pointed out that religious commitment has a great influence on whether or not clients would seek professional therapeutic help. Given the pivotal roles religious values may play in emotional and psychological well-being, they made the recommendation that counselors and therapists actively incorporate their clients’ religious values or spirituality. On the other hand, in
Singer's (1997) study of religion and degree of spirituality and attitude toward seeking professional psychological help among undergraduate female students, the independent variables of religion and degree of religiosity were not found to be significantly related to attitudes towards seeking therapeutic help.

One possible explanation for the lack of a significant relationship between Asian international students' degree of spirituality and their attitudes towards seeking professional therapeutic help in this study may be due to the use of the Spiritual Transcendence Scale as a single indicator of one's spirituality. This indicator may have been overly broad to detect any specific nuances in spirituality. Piedmont (1999) stated the measure was inclusive in nature of the various conceptualization of spiritual meaning and diverse range of faith traditions, both Eastern and Western. Piedmont (1999) also suggested that there is a sense of hierarchy in the way the spiritual transcendence relates to psychological functioning (i.e., from a global level to individual level). He stated:

> At a global level it provides an overall index of an individual’s level of commitment to intangible realities and the degree of emotional support experienced in return. An analysis of the underlying facets allows for a more precise evaluation of how an individual is negotiating his or her search for meaning. (p. 989)

The Spiritual Transcendence Scale can be used according to the subcategories such as connectedness (the belief that humans live as part of a larger system where they mutually influence one another in creating a balanced and homeostatic system), universality (the belief in the unifying nature of life), and prayer fulfillment (a sense of happiness and satisfaction that comes from personal connectedness with a transcendent being or reality) that may have yielded findings of a precise nature. It may be worthwhile for future research to examine the Spiritual Transcendence Scale according to its subcategories.
Another possible explanation for these findings may be due to the similarity of spiritual expressions among the Asian international students. It is important to note that Spiritual Transcendence was distinguished from religiousness. According to Piedmont (1999), spiritual transcendence is about a personal quest for something that is sacred and divine, while religiousness is a means to achieve connectedness with the divine. Transcendence is seen as something bigger than religiousness. In this sense, Asian international students may have had a similar quest. This may partly explain the findings in other studies such as Yeh and Wang (2000) where the focus was more on religious orientation. They found the differences were more pronounced such as between Christianity and Buddhism.

The fourth question asked (Based on Asian international students’ degree of acculturation is there a significant relationship to attitudes toward seeking professional therapeutic help.) The corresponding hypothesis was Asian international students’ level of acculturation would significantly predict their attitudes towards seeking professional therapeutic help. In this study acculturation was not found to be significantly related to attitude toward seeking therapeutic help. This finding both corroborated and at the same time contradicted earlier findings. This finding contradicted Gim et al. (1990), who surveyed 816 Asian American students to examine the relationships between ethnicity, gender, and acculturation and the severity of problems they experienced and willingness to see a counselor. Gim et al. showed acculturation was significantly related to willingness to see a counselor. Their findings also showed that less acculturated students appeared to be more willing to see a counselor, thereby having a more positive attitude toward seeking professional therapeutic help. However, the findings relating to the direction of the
relationship between acculturation and attitudes in this study appeared to match those of Gim et al.

This finding also contradicted another study by Atkinson and Gim (1989) who surveyed a total of 557 Asian American students (comprised of Chinese, Japanese, and Korean students) to examine Asian-American acculturation and use of mental health services. They found acculturation was not only significantly related to willingness to use mental health services, but also that the relationship was positive. This meant that the more Asian Americans students were acculturated, the more willing they were to use mental health services. The finding in this study was contrary both in significance level and directional level compared to the Atkinson and Gim (1989) study.

It is worthwhile to note that the two acculturation studies above involved Asian American samples and not Asian international students as used in the current study. However, the findings in this study both supported and contradicted two other acculturation studies that involved international students. One of them was by Dadfar and Friedlander (1982) who conducted a study on attitudes toward seeking professional therapeutic help among international students. The other was by Zhang (1998) who investigated the relationship between levels of acculturation and attitudes toward seeking professional therapeutic help among Asian international students. Dadfar and Friedlander’s (1982) study showed that acculturation did not significantly predict students’ basic attitudes while Zhang’s study showed acculturation was significant and positively related to attitudes towards seeking professional therapeutic help.

This study’s findings relating to acculturation showed that acculturation was not significantly related to attitudes towards seeking professional therapeutic help. While this
study and Zhang’s (1998) study both involved Asian international students in a similar context (students who were studying in a large Midwestern university), both yielded different results regarding the effects of acculturation on attitudes toward seeking therapeutic help. One possible explanation for these conflicting results may be due to the complex nature of the acculturation process itself (Kagan & Cohen, 1990). Furthermore, some researchers such as Ward and Kennedy (1994) have stated that the research on acculturation “lacks theoretical coherence, definitional problems with key constructs, and single sample studies that limit the external validity of empirical cross-cultural research.” (p. 329).

The fifth question asked (Based on Asian international students’ experiences of racism is there a significant relationship to attitudes toward seeking professional therapeutic help?). This study found there was a significant relationship between racism related stress and attitude toward seeking therapeutic help. There were no comparable studies done in the past that examined the experiences of racism with regards to attitudes toward seeking professional psychological help. According to Harrell (1997), there were no commonly used, published instruments that assessed the experiences of racism until quite recently. This may explain the lack of studies carried out that investigated the impact of racism-related stress and attitudes towards seeking professional therapeutic help. It may be possible that this study may be a first of its kind in terms of investigating racism-related stress and relationship to attitudes towards seeking professional therapeutic help among Asian international students.

The finding in this study indicated that racism-related stress significantly affected attitudes toward seeking professional therapeutic help. The findings also showed that the relationship between racism-related stress and attitudes toward seeking professional therapeutic help was positive in nature. This indicated that the more Asian international
students experience racism-related stress, the more favorable their attitudes were toward seeking professional therapeutic help. The findings appear to lend support to the idea that racism negatively impacts one’s emotional and psychological well-being (Harrell, 1997; Liang et al., 2004). The decrease in emotional and psychological well-being can be seen as heightening the awareness of the need for help and thereby increasing the considerations of seeking professional therapeutic help.

**Limitations of the Study**

This study appeared to show evidence for significant relationships between geographic origin, ethnic identity, and racism-related stress and attitudes towards seeking professional therapeutic help. However, the findings in this study are subjected to several limitations. These limitations include the following: (1) the post 9/11 era; (2) a non-clinical sample; (3) a grouping of sample, potential language barriers; (4) self-report methods; (5) weaknesses in the measurements’ compatibility with the population samples; and (6) application of quantitative methods.

First, the study was undertaken following September 11, 2001 (where terrorist had attacked the world trade center in New York City), at a time when international students were subjected to intense scrutiny and tight immigration procedures. Many international students experienced not only the expected adjustments processes of going to a foreign country, but also the unique adjustments issues that resulted from 9/11. For example, international students at Iowa State University were exposed to more resources and professional therapeutic help than international students at an earlier time would have experienced. This
may have heightened not only awareness of racial discrimination among international students, but also positive attitudes toward seeking professional therapeutic help.

Another limitation is that this study was confined to Asian international students at Iowa State University during the 2003-2004 academic year. It may be reasonable to assume that most of the respondents in this study had not received any professional therapeutic help on a voluntary basis. Individuals who have never sought professional therapeutic help may have different views about seeking professional therapeutic help compared to those who have sought professional therapeutic help, or who have had psychological and relationship problems.

Furthermore, the Asian international students were grouped according to three different geographic locations. While the groupings have the positive side of addressing the diversity of the Asian international student population, each group involved students from different countries as well. For example, the Southeast Asian category consisted of students from Malaysia, Indonesia, Philippines, and Thailand. It is possible that significant intra-group differences may have been overlooked. Even though the students came from the same geographic locations there were differences among them in terms of language, culture, and ethnic identities.

The measurements used in this study were in English. The native languages of all the participants in this study were expected to be non-English languages, have impacted the respondents’ ability to accurately understand and answer the questions. Previous studies have documented that one of the significant adjustments issues for Asian international students was their ability to speak and read English well (Fouad, 1991; Harju, Long, & Allred, 1998).
The language difficulty may have affected the respondents' ability to understand and respond to the questions accurately.

Another limitation had to do with the quantitative procedures used in this study. Most of the questions were based on close-ended and multiple-choice responses. This procedure may have had a tendency to oversimplify participants' experiences and treat them as objects as opposed to capturing their ability to generate meaning and have meaningful experiences (Uba, 2002). For example, in the racism related stress scale, the first item stated (You hear about a racially motivated murder of an Asian American man. This was followed by the following responses (1) Event happened I was extremely upset; (2) Event happened I was upset; (3) Event happened I was slightly bothered; (4) Event happened Did not bother me; (5) Never happened to me or anyone I know. The above responses may be somewhat limiting in terms of what really happened and how the respondent may have really reacted. For example, how might one have reacted when they were really upset? Could there be differences in terms of how one is really upset in terms of what one does and how one behaves to show that distress?

Finally, the study used a number of measures that may be somewhat weak in terms of their compatibility with the student population that was sampled in this study. For example the original version of the ATSPPHS was developed based on a diverse group of students, and no indication was made as to how many of the students were of Asian ethnic origins (Fisher & Turner, 1970). In addition, the SL-ASIA-I scale was a modified version from the original version which was designed for use with Asian Americans. Even though the modified version SL-ASIA-I for international students was tested for reliability and matched the reliability for the original version, some of the questions may not be applicable to
international students. In addition, both the MEIM and the AARSSI scales were also not tested with international students and therefore may prove to be inadequate to measure the experiences of international students even though in this study both measures registered moderately high to high reliabilities, respectively.

**Implications of the Study**

Within the scope of the limitations as described above, this study offers several implications. First, in this study, ethnic identity was shown to be significantly related to attitudes toward seeking professional psychological help. This finding appeared to fall in line with the theoretical perspectives on ethnic identity and human development and well-being. For example, the cultural systems perspective suggested that identity formation and development was an important part of human development and well-being (Phinney, 1996). In addition, the theoretical proposition suggested that the goal of human behavior is to fulfill the three universal human needs of safety and security, integrity, and a sense of belonging (Kagawa-Singer and Chung, 2002). Ethnic identity therefore must be seen as influencing one’s overall physical, emotional, and psychological well-being (Phinney, 1996; Phinney & Alipuria, 1990).

This finding also suggests that professionals (e.g., counselors, therapists, teachers) who work with minority students in general, and more specifically with international students, would more effectively serve minorities by acknowledging students’ ethnic identities and actively promoting, enhancing, and encouraging the solidification of their ethnic identities. Many studies have documented that Asian international students in general have tended to underutilize mental health services. For example, Zhang & Dixon (2003)
suggested that the underutilization of mental health services among Asian international students may be due to their unique experiences, values, and basic assumptions that may be incompatible with Western values inherent in psychotherapeutic work. However, the findings in this study appear to suggest that the underutilization may be a result of the solidification of ethnic identity which leads to greater and positive well-being, and not necessarily because of uniqueness of ethnic identity which is perceived as incompatible with western values.

Brinson and Kottler (1995) have called for greater congruence between counseling values and minority cultural values. While this may help, ethnic identity development may be more about allowing incongruent values to exist and validating those values.

The significant finding relating to the experience of racism-related stress offers several implications for professionals. The first implication is that the experience of racism is a significant factor that impacts one’s well-being emotionally, physically, and psychologically. According to Kagawa-Singer and Chung (2002), discrimination based upon skin color has a great influence on mental health status, one that touches one’s self-concept and self esteem. They argue that these effects must be measured and examined in any type of evaluation of normative levels of psychological distress. Therefore, it may not come as a surprise to find that racism-related stress significantly affects one’s attitude toward seeking professional therapeutic help. However, an unexpected finding in this study was the direction of the relationship between racism-related stress and attitudes toward seeking professional therapeutic help. In this study, the relationship between racism-related stress and attitudes was positive in nature, indicating that the more Asian international students were subjected to racism, the more favorable their attitudes were toward seeking professional therapeutic help.
As mentioned earlier, the aftermath reactions and events of 9/11 must be considered when reviewing these findings. As stated earlier, the National Asian Pacific American Legal Consortium (2002) reported that there were increased intimidation and threats against Asian Americans, particularly those of South Asian descent, in the three months following the September 11, 2001 terrorist attacks. Pertaining to this study, even though Asian international students may have been subjected to greater racism-related stress since 9/11, there was also a conscious attempt on the part of Iowa State University to address the international students’ needs at that time. For example, special emergency funds were allocated to help students with tuition fees, professors and teachers were encouraged to actively promote dialogue in the classroom pertaining to events of 9/11, and counseling was offered to those who were distressed and needed it. The university’s response activities were based on personal recollection of experiences, as well as recollections of stories told by other Asian international students. Therefore, therapists and counselors who work with Asian international students who report racism-related stress may examine the students’ stress within the context of 9/11 and not over generalize their experiences in terms of majority versus minority-type discrimination experiences. Furthermore, Asian international students’ positive attitudes toward seeking help should not be construed as a general acceptance of professional therapeutic help. Their positive attitudes should be examined within the appropriate context, and that context is post 9/11. It would be interesting to see how long positive attitudes among Asian international students toward seeking professional therapeutic help will continue.
Recommendations

Based on the findings of the study, the following recommendations are made for future research as well as for practice.

Recommendations for future research

This study has attempted to answer several questions regarding the impact of Asian international students’ ethnic identity, spirituality, acculturation, and racism-related stress on their attitudes toward seeking professional therapeutic help. The significant findings relating to the impact of ethnic identity, racism-related stress, and geographic origin warrant further study. Future research may study ethnic identity involving multiple dimensions. For example, the ethnic identity measure used in this study could be further examined according to its two sub-factors: ethnic identity search (a developmental and cognitive component) and affirmation, belonging, and commitment (an affective component) (Roberts, Phinney, Masse, Chen, Roberts, & Romero, 1999). This may shed more light on the multiple dimensions of ethnic identity and their affects on attitudes toward seeking professional therapeutic help.

In addition, future research may also study spirituality by involving multiple dimensions. It may be worthwhile for future research to examine the Spiritual Transcendence Scale according to its subcategories. Piedmont’s (1999) Spiritual Transcendence Scale appears to be a promising scale to address the multiple dimensions of spirituality such as connectedness, universality, and prayer fulfillment. Historically, spiritual realities have been largely excluded from the studies of mental health and physical well-being (Singer, 1997). The insignificant finding in this study between spirituality and attitudes towards seeking therapeutic help must not be construed as meaning that spirituality is not an important factor
in seeking professional therapeutic help. This goes back to the idea that spirituality is a part of one’s own identity and inherently serves as a foundational basis for specific attitudes and general worldviews of people in general (Singer, 1997).

There also appears to be a need to increase research studies assessing the impacts of racism among Asian Americans and more specifically among Asian international students. Previous research on racism and discrimination has largely been addressed within the framework of Blacks versus Whites. This has tended to sideline the real discrimination and prejudice experienced by Asians (Delucchi & Do, 1995; Liang et al., 2004). This sidelining is apparent in various views of Asian Americans. Asian Americans have been misconstrued as a model minority, a view that says that Asians can become successful regardless of their surroundings. The implication of this view is that racism and discriminations are negligent factors (Sue, 1994; 2001). This study has shown that racism does impact attitudes towards seeking help and more studies needed to be conducted to explore further the types of racism experiences that may impact one’s attitude toward seeking professional therapeutic help. For example, the Asian American Racism Related Stress Inventory (Liang et al., 2004) can be further analyzed according to its sub-scales such as Socio-Historical Racism, General Racism, and Perpetual Foreigner Racism.

**Recommendations for practice**

The findings in this study offer several recommendations for future practice by counselors and therapists working with international students. The first recommendation is that counselors and therapists must actively incorporate multicultural perspectives when working with Asian international students. It has been suggested that professionals working
with international students or, for that matter, Asian Americans have tended to over

generalize Asians students’ experiences and attitudes. The current study offers support to the

idea that there are significant differences between Asians from South Asia versus Asians

from Far East in terms of how they view seeking professional therapeutic help (Aubrey,

1991; Kagawa-Singer & Chung, 2002; Lin & Yu, 1985; Sue & Frank, 1973; Sue & Kirk,

1975). Sue (2001) noted:

   people are all products of cultural conditioning, their values and beliefs
   (worldview) represent an “invisible veil” that operates outside the level of
   conscious awareness. As a result, people assume universality; everyone,
   regardless of race, culture, ethnicity, and gender, shares the nature of reality
   and truth. This assumption is erroneous but seldom questioned because it is
   firmly ingrained in our worldview. (p. 809)

   Thus, counselors and therapists must question their own assumptions about Asian

   international students as well as their own worldviews. They must also learn about other

cultures by actively engaging and even allowing international students to teach them. Aubrey

(1991) stated the following about international students: “we help them overcome their

passive deference to us, the perceived experts on life in America; we enlist them as equal

partners in the helping process, and we restore to them some of the self-esteem so often hurt

in the painful process of adjustment” (p. 31).

   Furthermore, counselors and therapist must see their role extending beyond the walls

of the therapy rooms. There is a need to focus not only at the intervention level but also at the

preventive level. Intervention should be seen as more than primarily focusing on treating the

individual and prevention. It could also be seen as treating a “failed systemic process” that

often brings the individual to therapy (Sue, 2001). In the past professional mental health

practitioners have played only limited role in the issues pertaining to public policy, politics,
and social issues. The implication here is that what goes on in the therapy room cannot be isolated from what goes on in the society at large. Therapists are called to use their skills to improve not just individual lives but the conditions of all people. Without the active and deliberate involvement of therapists and counselors outside of their clinical practice groups, people who have traditionally been marginalized will continue to fall through the cracks in societies governed by unfair and unjust public policies (Sue, 2001). International students continue to come to the United States in large numbers, and many of them seek permanent residency and eventually do reside in this country. By meeting their social and psychological needs at this time, perhaps they can be prevented from experiencing serious adjustment issues later as members of a minority group in the United States (Aubrey, 1991; De Verthelyi, 1995; Fouad, 1991).

**Conclusions**

In conclusion, this study examined the relationship between Asian international students’ level of ethnic identity, spirituality, acculturation, experiences of racism, origins, and their attitudes toward seeking professional therapeutic help. This study found three variables to be significantly correlated with attitudes toward seeking professional therapeutic help (i.e., ethnic identity, experience of racism, origin). The findings showed that ethnic identity was significantly and negatively related to attitudes toward seeking therapeutic help, indicating the more Asian international students felt a sense of ethnic identity the less favorable their attitudes were toward seeking professional therapeutic help. This study also found that experiences of racism-related stress were significantly and positively related to attitudes towards seeking professional therapeutic help. This meant that the more Asian
international students felt racism-related stress the more positive their attitudes were towards seeking professional therapeutic help. The origins of Asian international students were also found to be significantly related to attitudes toward seeking therapeutic help. The findings indicated on the average Asian international students from South Asia appeared to have more positive attitudes toward seeking therapeutic help compared to their counterparts from the Far East. This study found no significant relationships between spirituality, acculturation, age, gender, length of stay in the United States and attitudes toward seeking professional therapeutic help.
APPENDIX A. ASIAN FOREIGN STUDENTS RESIDING IN THE U.S.

<table>
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<tr>
<th>Place of Origin</th>
<th>2000/01</th>
<th>2001/02</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
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<tr>
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*Open doors 2002 Fact Sheet*
## APPENDIX B. U.S. UNDERGRADUATE, 1st PROFESSIONAL AND GRADUATE INTERNATIONAL STUDENT ENROLLMENT BY COUNTRY OF ORIGIN

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<td>Niger</td>
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<td>The Bahamas</td>
<td>1</td>
<td>Costa Rica</td>
<td>5</td>
</tr>
</tbody>
</table>

Iowa State University 2002 Factbook.
Dear Student:

My name is Anthony Santiago. I am a Ph.D. candidate at Iowa State University (ISU). As part of my dissertation project I would like to invite you to participate in an online survey regarding Asian International students' attitudes towards psychological help.

Having obtained permission from the ISU registrar's office, your name was randomly selected from a group of over 1800 students who are registered as International students on our campus. The survey should take about 20-25 minutes. I know your time is valuable. As a token of my appreciation for your participation I will be conducting 10 drawings of $30.00 each for those who would like to be included for the drawings. Please follow the link below to learn more about the survey, consent to participate, and the drawings. Thank you for your participation.

http://www.fcs.iastate.edu/classweb/Surveys/santiago/

Sincerely,

Anthony Santiago
APPENDIX D. INFORMED CONSENT DOCUMENT

TITLE: Asian International Students’ Ethnic Identity, Spirituality, Acculturation, and Racism: Relationship with Attitude Toward Seeking Professional Therapeutic Help

INVESTIGATOR: Anthony Santiago

INTRODUCTION
The purpose of this study is to learn more about international students’ attitudes towards seeking professional psychological help. You are being invited to participate in this study because you are registered as an international student at Iowa State University.

DESCRIPTION OF PROCEDURES
If you agree to participate in this study, your participation will last for about 20-25 minutes and will involve completing an online survey. If you agree to participate you will complete a survey concerning ethnicity, acculturation, spirituality, racism, and attitude towards seeking professional psychological help. By clicking on the agree button below you will be directed to the website where you will complete the survey and submit it. You may skip any question that you do not wish to answer or that makes you feel uncomfortable.

RISKS
There are no foreseeable risks at this time from participating in this study.

BENEFITS
If you decide to participate in this study there may be no direct benefit to you. It is hoped that the information gained in this study will benefit society by providing valuable information about the factors that may influence international students’ attitude towards seeking professional psychological help. We do know that international students as a whole tend to underutilize psychological services even though they experience multiple psychological and emotional stressors. By understanding the factors that influence international students’ attitudes, mental health professional can learn to provide services that might be more helpful and user friendly.

COSTS AND COMPENSATION
You will not have any costs from participating in this. You will not be compensated for participating in this study. However, you will have an opportunity to win one of ten $30 cash prizes when you complete the questionnaires. Respondents interested in being included in the opportunity to win one of ten $30 cash prize will be required to provide their e-mail address after completing the survey. The drawing will be held sometime during the fall of 2004. Winners will be notified via e-mail and the checks will be mail to the selected winners.
PARTICIPANT RIGHTS
Your participation in this study is completely voluntary and you may refuse to participate or leave the study at any time. If you decide to not participate in the study or leave the study early, it will not result in any penalty or loss of benefits to which you are otherwise entitled.

CONFIDENTIALITY
Records identifying participants will be kept confidential to the extent permitted by applicable laws and regulations and will not be made publicly available. However, federal government regulatory agencies and the Institutional Review Board (a committee that reviews and approves human subject research studies) may inspect and/or copy your records for quality assurance and data analysis. These records may contain private information. To ensure confidentiality no identifiers will be kept with the data. The people who will have access to the study records are this researcher, his major professor, and a statistician who may help out in the analysis of the data. The records will be kept confidential. Research will be placed in locked filing cabinet and materials on computer and disks will be protected using passwords. The data will be retained for a maximum of 2 years before erasure or destruction. If the results are published, your identity will remain confidential.

QUESTIONS OR PROBLEMS
You are encouraged to ask questions at any time during this study. For further information about the study contact Dr. John Littrell.

Department: Educational Leadership and Policy Studies
Title: Professor
Office Address: N221 Lagomarcino, Iowa State University
Tel: 515-294-5746.
E-mail: jlittrel@iastate.edu

If you have any questions about the rights of research subjects or research-related injury, please contact the Human Subjects Research Office, 2810 Beardshear Hall, (515) 294-4566; austingr@iastate.edu or the Research Compliance Officer, Office of Research Compliance, 2810 Beardshear Hall, (515) 294-3115; dament@iastate.edu

SUBJECT SIGNATURE
By typing your name in the entry boxes below then pressing the SUBMIT button, you indicate that you voluntarily agree to participate in this study, that the study has been explained to you, that you have been given the time to read the document and that your questions have been satisfactorily answered.

Your First Name: 
Your Last Name: 

Submit  Reset
APPENDIX E. ONLINE SURVEY INSTRUMENT

Ethnic Identity

In this country, people come from many different countries and cultures, and there are many different words to describe the different backgrounds or ethnic groups that people come from. Some examples of the names of ethnic groups are Hispanic or Latino, Black or African American, Asian American, Chinese, Filipino, American Indian, Mexican American, Caucasian or White, Italian American, and many others. These questions are about your ethnicity or your ethnic group and how you feel about it or react to it.

Instructions: Please select a response for each question.

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<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
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<td>3.</td>
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<td>12.</td>
<td>![ ]</td>
<td>![ ]</td>
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</tbody>
</table>
Acculturation

Instructions: The questions which follow are for the purpose of collecting information about your historical background as well as more recent behaviors which may be related to your cultural identity. Choose the one answer which best describes you.

1. What language can you speak?
   - 1. Asian only (for example, Chinese, Japanese, Korean, Vietnamese, etc.)
   - 2. Mostly Asian, some English
   - 3. Asian and English about equally well (bilingual)
   - 4. Mostly English, some Asian
   - 5. Only English

2. What language do you prefer?
   - 1. Asian only (for example, Chinese, Japanese, Korean, Vietnamese, etc.)
   - 2. Mostly Asian, some English
   - 3. Asian and English about equally well (bilingual)
   - 4. Mostly English, some Asian
   - 5. Only English

3. Whom do you now associate with in the community?
   - 1. Almost exclusively Asians, Asian-Americans, Orientals
   - 2. Mostly Asians, Asian-Americans, Orientals
   - 3. About equally Asian groups and Anglo groups
   - 4. Mostly Anglos, Blacks, Hispanics, or other non-Asian ethnic groups
   - 5. Almost exclusively Anglos, Blacks, Hispanics, or other non-Asian ethnic groups
4. If you could pick, whom would you prefer to associate with in the community?

☐ 1. Almost exclusively Asians, Asian-Americans, Orientals
☐ 2. Mostly Asians, Asian-Americans, Orientals
☐ 3. About equally Asian groups and Anglo groups
☐ 4. Mostly Anglos, Blacks, Hispanics, or other non-Asian ethnic groups
☐ 5. Almost exclusively Anglos, Blacks, Hispanics, or other non-Asian ethnic groups

5. What is your music preference?

☐ 1. Only Asian music (for example, Chinese, Japanese, Korean, Vietnamese, etc.)
☐ 2. Mostly Asian
☐ 3. Equally Asian and English
☐ 4. Mostly English
☐ 5. English only

6. What is your movie preference?

☐ 1. Asian-language movies only
☐ 2. Asian-language movies mostly
☐ 3. Equally Asian/English English-language movies
☐ 4. Mostly English-language movies only
☐ 5. English-language movies only

7. What is your food preference at home?

☐ 1. Exclusively Asian food
☐ 2. Mostly Asian food, some American
☐ 3. About equally Asian and American
☐ 4. Mostly American food
☐ 5. Exclusively American food
8. What is your food preference in restaurants?

- [ ] 1. Exclusively Asian food
- [ ] 2. Mostly Asian food, some American
- [ ] 3. About equally Asian and American
- [ ] 4. Mostly American food
- [ ] 5. Exclusively American food

9. Do you

- [ ] 1. read only an Asian language
- [ ] 2. read an Asian language better than English
- [ ] 3. read both Asian and English equally well
- [ ] 4. read English better than an Asian language
- [ ] 5. read only English

10. Do you

- [ ] 1. write only an Asian language
- [ ] 2. write an Asian language better than English
- [ ] 3. write both Asian and English equally well
- [ ] 4. write English better than an Asian language
- [ ] 5. write only English

11. If you consider yourself a member of the Asian group (Oriental, Asian, Asian-American, Chinese-American, etc., whatever term you prefer), how much pride do you have in this group?

- [ ] 1. Extremely proud
- [ ] 2. Moderately proud
- [ ] 3. Little pride
- [ ] 4. No pride but do not feel negative toward group
- [ ] 5. No pride but do feel negative toward group
12. How would you rate yourself?

☐ 1. Very Asian  
☐ 2. Mostly Asian  
☐ 3. Bicultural  
☐ 4. Mostly Westernized  
☐ 5. Very Westernized

13. Do you participate in Asian occasions, holidays, traditions, etc.?

☐ 1. Nearly all  
☐ 2. Most of them  
☐ 3. Some of them  
☐ 4. A few of them  
☐ 5. None at all
Glossary of Terms

**Bliss:** extreme happiness, joy, or elation.

**Consciousness:** refers to one’s state of being; a level of awareness.

**Oblivious:** not aware of, not paying attention to.

**Peak experience:** refers to a temporary, personal experience characterized by feelings of wonder and awe. Individuals having a peak experience find it hard to describe, although it usually results in a person feeling emotionally and/or spiritually transformed and strengthened. During such an experience there is no sense of the passage of time.

**Prayers and meditations:** this term refers to any activities that one does in an effort to make a connection with the God of one’s understanding, or with some larger cosmic reality.

**Transcends:** goes above and beyond, higher than.

**Instructions:** Please indicate your agreement with each of the following statements by checking in the box that most closely reflects your feelings.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Although dead, images of some of my relatives continue to influence my current life</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>2. I meditate and/or pray so that I can reach a higher spiritual plane of consciousness</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>3. I have had at least one &quot;peak&quot; experience</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</tr>
<tr>
<td>4. I feel that on a higher level all of us share a common bond</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>5. All life is interconnected</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</tr>
<tr>
<td>6. There is a higher plane of consciousness or spirituality that binds all people</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<td>□</td>
</tr>
<tr>
<td>7. It is not important for me to give something back to my community</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>8. I am a link in the chain of my family’s heritage, a bridge between past and future</td>
<td>□</td>
<td>□</td>
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<tr>
<td>9.</td>
<td>I am not concerned about those who will come after me in life</td>
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<tr>
<td>10.</td>
<td>I have been able to step outside of my ambitions and failures, pain and joy, to experience a larger sense of fulfillment</td>
<td></td>
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<tr>
<td>11.</td>
<td>Although individual people may be difficult, I feel an emotional bond with all of humanity</td>
<td></td>
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<tr>
<td>12.</td>
<td>I still have strong emotional ties to someone who has died</td>
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<tr>
<td>13.</td>
<td>I do not believe that there is a larger meaning to life</td>
<td></td>
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<tr>
<td>14.</td>
<td>I find inner strength and/or peace from my prayers or meditations</td>
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<tr>
<td>15.</td>
<td>I do not believe that death is a doorway to another plane of existence</td>
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<tr>
<td>16.</td>
<td>I do not believe there is a larger plan to life</td>
<td></td>
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<tr>
<td>17.</td>
<td>Sometimes I find the details of my life to be a distraction from my prayers and/or meditations</td>
<td></td>
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<tr>
<td>18.</td>
<td>When in prayer or meditation, I have become oblivious to the events of this world</td>
<td></td>
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<tr>
<td>19.</td>
<td>I have not experienced deep fulfillment and bliss through my prayers and/or meditations</td>
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<tr>
<td>20.</td>
<td>I have had a spiritual experience where I lost track of where I was or the passage of time</td>
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<tr>
<td>21.</td>
<td>The desires of my body do not keep me from my prayers or meditations</td>
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<tr>
<td>22.</td>
<td>Although there are good and bad in people, I believe that humanity as a whole is basically good</td>
<td></td>
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<tr>
<td>23.</td>
<td>There is an order to the universe that transcends human thinking</td>
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<td>24.</td>
<td>I believe that on some level my life is intimately tied to all of human kind</td>
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</tbody>
</table>
Experience With Racism

Instructions: Please read each item and choose a response that best represents your reaction.

<table>
<thead>
<tr>
<th>Event</th>
<th>Event happened. I was extremely upset</th>
<th>Event happened. I was upset</th>
<th>Event happened. I was slightly bothered</th>
<th>Event happened. Did not bother me</th>
<th>Never happened to me or anyone I know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. You hear about a racially motivated murder of an Asian American man.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>2. You hear that Asian Americans are not significantly represented in management positions.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>3. You are told that Asians have assertiveness problems.</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>4. You notice that Asian characters in American TV shows either speak bad or heavily accented English.</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>5. You notice that in American movies, male Asian leading characters never engage in physical contact (kissing, etc.) with leading female characters even when the plot would seem to call for it.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>6. Someone tells you that the kitchens of Asian families smell and are dirty.</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>7. You notice that U.S. history books offer no information of the contributions of Asian Americans.</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>8. You see a TV commercial in which an Asian character speaks bad English and acts subservient to non-Asian characters.</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>9. You hear about an Asian</td>
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<td>☐</td>
<td>☐</td>
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<td></td>
<td>American government scientist held in solitary confinement for mishandling government documents when his non-Asian coworkers were not punished for the same offence.</td>
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<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>10.</td>
<td>You learn that Asian Americans historically were targets of racist actions.</td>
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<tr>
<td>11.</td>
<td>You learn that most non-Asian Americans are ignorant of the oppression and racial prejudice Asian Americans have endured in the U.S.</td>
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<td>12.</td>
<td>At a restaurant you notice that a White couple who came in after you is served before you.</td>
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<tr>
<td>13.</td>
<td>You learn that, while immigration quotas on Asian peoples were severely restricted until the latter half of the 1900s, quotas for European immigrants were not.</td>
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<td>14.</td>
<td>Someone tells you that it’s the Blacks that are the problem, not the Asians.</td>
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<tr>
<td>15.</td>
<td>A student you do not know asks you for help in math.</td>
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<td>16.</td>
<td>Someone tells you that they heard that there is a gene that makes Asians smart.</td>
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<tr>
<td>17.</td>
<td>Someone asks you if you know his or her Asian friend/coworker/classmate.</td>
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<tr>
<td>18.</td>
<td>Someone assumes that they serve dog meat in Asian restaurants.</td>
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<td>19.</td>
<td>Someone tells you that your Asian American female friend looks just like Connie Chung.</td>
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<tr>
<td>20.</td>
<td>Someone you do not know speaks slow and loud at you.</td>
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<tr>
<td>21.</td>
<td>Someone asks you if all your friends are Asian Americans.</td>
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<tr>
<td>22.</td>
<td>Someone asks you if you can teach him/her karate.</td>
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<tr>
<td>23.</td>
<td>Someone tells you that &quot;you people are all the same.&quot;</td>
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<tr>
<td>24.</td>
<td>Someone tells you that all Asian people look alike.</td>
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<tr>
<td>25.</td>
<td>Someone tells you that Asian Americans are not targets of racism.</td>
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<tr>
<td>26.</td>
<td>Someone you do not know asks you to help him/her fix his/her computer.</td>
<td></td>
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<tr>
<td>27.</td>
<td>You are told that &quot;you speak English so well.&quot;</td>
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<tr>
<td>28.</td>
<td>Someone asks you what your real name is.</td>
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<tr>
<td>29.</td>
<td>You are asked where you are really from</td>
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</tr>
</tbody>
</table>
# Attitude Toward Seeking Help

**Instructions**: Please select a response for each question:

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. If I believed I was having a mental breakdown, my first thought would be to get professional attention.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. The idea of talking about problems with a psychologist or therapist strikes me as a poor way to get rid of emotional conflicts.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in counseling.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. There is something admirable in the attitude of a person who is willing to cope with his/her conflicts and fears without resorting to professional help.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. I would want to get therapeutic attention if I was worried or upset for a long period of time.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. I might want to have therapeutic counseling in the future.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. A person with an emotional problem is not likely to solve it alone; he /she is likely to solve it with professional help.</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
</tr>
<tr>
<td>8. Considering the time and expense involved in counseling and therapy, I doubt it has value for a person like me.</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
</tr>
<tr>
<td>9. A person should work out his/her own problems; getting therapeutic counseling would be a last resort.</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>10. Personal and emotional troubles, like many things, tend to work out by themselves.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Demographics

1. What is your gender?
   - Female  
   - Male

2. What is your age? __________ years

3. What is your classification?
   - 1. Freshman  
   - 5. Graduate
   - 2. Sophomore  
   - 6. Other
   - 3. Junior  
   - 7. None
   - 4. Senior

4. What is your religion?
   - 1. Buddhism  
   - 5. Ancestral Worship
   - 2. Christian  
   - 6. Hindu
   - 3. Islam  
   - 7. Other
   - 4. Taoism  
   - 8. None

5. What is your ethnicity?
   - 1. Chinese (whether from China, Taiwan, or Hong Kong, Malaysia, Indonesia, Thailand, etc.)
   - 7. Burmese
   - 2. Japanese
   - 8. Filipino
   - 3. Korean
   - 9. Thai
   - 4. Indian (whether from India, Malaysia, Singapore, Sri Lanka, etc.)
   - 10. Nepalese
   - 5. Pakistani
   - 11. Other
   - 6. Bangladeshi
   - 12. None
6. What is your nationality?

- 1. Chinese
- 2. Taiwanese
- 3. Malaysian
- 4. Indonesian
- 5. Japanese
- 6. Korean
- 7. Indian
- 8. Pakistani
- 9. Bangladeshi
- 10. Brunei
- 11. Burmese
- 12. Filipino
- 13. Thai
- 14. Nepalese
- 15. Other
- 16. None

7. How long have you lived in the United States? __________ years
REFERENCES


Kagawa-Singer, M, & Kassim-Lakha, (2003). A strategy to reduce cross-cultural miscommunication and increase the likelihood of improving health outcomes. Academic Medicine, 78, 577-587


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Thanks especially to the Asian international students who made this research possible by their voluntary participation in the online survey. I am particularly grateful to Karla Embleton, computer support specialist in the College of Human Sciences, for assisting in the design of the online survey, and to Manu for her assistance with the statistical analysis, and Dr. Mack Shelley, who reviewed my research instrument and methods.
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I am especially appreciative of my church family whose prayers, thoughtfulness, and fellowship have been a foundation for me, my wife and two children. The memories will endure for a lifetime.

Finally, and most importantly, I am grateful to my wife, Shaeley, whose love, patience, prayers, and support have followed me through all the hills and valleys in this journey. She bolstered my confidence throughout this journey. To my mother, Santhanamary, and my dad, Santiago, you nurtured my growth to seek education from my youth, and your prayers and love have always sustained me. And dad, although you are not here to see me complete, I feel the warmth of your presence from above.

To my children, Malkan and Kaysia, my success is your success. One day you will follow your dreams to be the best you can be. Education will open doors and enrich your lives in ways that will delight you.