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## ABSTRACT

This study looked at attitudes toward counseling in a group of Asian American and Pacific Islander college students. It hypothesized that these students believed their families would not approve of them seeking therapy and that therapy would be an embarrassment to them. It also hypothesized that these students felt therapy was ineffective for their group; that a lower percentage of them sought counseling in comparison to Caucasian American students; and that there would be differences between a Hawaiian and a mainland sample of Asian Americans concerning their perceptions of counseling. Over a 2-year period, 663 students at California State University and 142 students at the University of Hawaii were surveyed. Findings suggest that there may be a cultural barrier to seeking counseling services based on the fact that it may be an embarrassment to the family. Asian American and Pacific Islander college students disagree that therapy is effective for their racial group but said that a therapist of the same race would be more credible in understanding the problems of their racial group. One important implication of the findings is that culturally sensitive counselors may be able to work through some of the problems prevalent with these clients. (Contains 27 references.) (JDM)

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Asian American College Students' Beliefs and Perceptions of  
Therapy

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## Asian American College Students' Beliefs and Perceptions of Therapy

As we move in to the 21st century, the United States is becoming more culturally diverse. Aponte, Rivers and Wohl (1995) predict an equal proportion of non-Whites to Whites by the year 2050. Sue, Arredondo and McDavis (1992) predict that this will occur as early as 2010. This rapid increase in the diversity of our population presages an increase in minority clientele for mental health services. In order to provide relevant services for these populations, research on their utilization rates, perceptions and specific counseling needs must be available.

This seems especially true for Asian Americans. With minor exceptions, large scale national (NIMH) and regional surveys have consistently found that Asian Americans are the least likely ethnic/racial group to utilize mental health services (Breux & Ryujin, 1999; Bui & Takeuchi, 1992; Cheung & Snowden, 1990; Hu, Snowden, Jerrel & Nguyen, 1991; Leong, 1994; Matsuoka, Breux & Ryujin, 1997; O'Sullivan, Peterson, Cox & Kirkeby, 1989; Scheffler & Miller, 1989; Snowden & Cheung, 1990; Sue, 1977; Sue, Fujino, Hu & Takeuchi, 1991). The proportion of Asian Americans in the client population is much lower than their proportion in the general population (Matsuoka et al, 1997). And, Asian Americans are three times less likely than their Euro/Caucasian American counterparts to utilize mental health services (Matsuoka et al., 1997).

Given such low utilization rates, some effort has been made to understand why Asian Americans are less likely to seek therapy. These efforts have focused on both client-based, cultural factors and therapy-based incongruities which inhibit help-seeking behavior. Some explanations have been based upon research, while others have been of a more theoretical nature. These explanations are reviewed here to set the context for the current study.

## Theoretical Factors Associated with Lower Utilization Rates

### Cultural Factors

Certain aspects of Asian American culture may affect the utilization of mental health services. While an understanding of such factors may enhance the utilization and delivery of services, there are limits to the degree to which therapists can compensate for some of these factors. Moreover, some discretion must be exercised since it is nearly impossible to attribute all of these factors to the 20 different ethnic groups covered by the Asian American label (Takeuchi, Mokuau & Chun, 1992). Still, such information can be helpful.

Within the theoretical literature, a common and prominent factor associated with lower utilization is shame. Many Asian Americans believe that seeking mental health treatment will bring shame to the self and to the family (Chin, Liem, Ham, & Hong, 1993; Sato, 1979). Specifically, sharing personal information with a stranger or outsider is considered embarrassing (Sato, 1979). Further, pursuing therapy may suggest that the client has a mental disorder and, since "insanity" is considered to be heritable by many Asians (Tsai, Teng & Sue, 1989), help-seeking may stigmatize the entire family.

For those Asian Americans who actually seek help, differing communication styles may lead to the premature termination of therapy (Chin et al., 1993; Leong 1986). Asian American have more indirect and nonverbal styles of expression, using body language and metaphors to reveal inner turmoil (Chin et al., 1993). Such patterns of communication may not be detected by the therapist. In addition, Asian Americans typically value reserve, restraint and subtleness, resulting in less verbal and emotional expressiveness (Leong, 1986; Wu, 1994)). This constraint, coupled with the taboo status of discussing certain topics with strangers (e.g., family, money, sex), may render the degree

of personal disclosure required in therapy too uncomfortable for Asian Americans (Leong, 1986).

Different perceptions of locus of control have also been theorized to affect the likelihood that "minorities" will use mental health services (Atkinson, Thompson & Grant, 1993). Due to their life experiences with racism and discrimination, many minorities have more externalized loci of control. A client with a highly externalized locus of control may not feel that there is any point to therapy as she or he is unable to change the external world. A therapist accustomed to Western philosophy may believe that the majority of control lies within the individual and that the individual can overcome her or his problems. This may lead to major incongruities in therapeutic perceptions.

In addition to cultural factors, individual development in terms of racial identity has been hypothesized to affect therapy utilization (Sue, 1989). Conceptualized as an evolving process (Cross, 1977), the formation of one's racial identity theoretically begins with a lack of awareness or a denial of prejudice. It grows into an immersion into one's own culture, and culminates with tolerance and proactiveness (Ponterotto & Peterson, 1993). A minority individual in the middle stages of development may view therapy as part of the dominant culture and oppressive. As a result, he or she may not initiate the use of services (Sue, 1989).

Thus far, several cultural factors have been theoretically associated with lower therapy utilization among Asian Americans. These include possible shame and embarrassment to the self and family, differing communication styles, differing perceptions about one's locus of control, and the stage of development of one's racial identity. While these theories are helpful, caveats need to be kept in mind. First, as already noted, it is nearly impossible to apply all of these theories across the 20 different ethnic groups covered by the Asian

American label (Takeuchi et al., 1992). Second, theories may apply differentially, depending on how long the individual has been in the United States (i.e., first, second or third generation), and on her or his level of acculturation or assimilation into the majority culture. Keeping these caveats in mind, therapy factors which theoretically affect utilization are now discussed.

### Therapy Factors

Within this set of theories, it is hypothesized that even the very first step in initiating therapy may be problematic for Asian Americans (Brinson & Kottler, 1995; Root, 1995). For example, those providing services may assume that Asian Americans understand how therapy works when, in fact, they may not (Brinson & Kottler, 1995). According to Root (1995), Asian Americans are more familiar with medical care than with mental health care. Thus, they may erroneously equate the two systems, creating incorrect expectations. As with an acute illness, Asian Americans may wait for a crisis before seeking therapy, walk into a clinic without an appointment and feel frustrated when no immediate services are available (Brinson & Kottler, 1995).

Even if the step of obtaining treatment is taken, the procedures inherent to the therapeutic process may themselves pose problems for Asian Americans. Within the therapeutic process, the making of diagnoses, establishing goals, and determining the length and type of treatment have all been theorized to have an effect on utilization. For example, in making a diagnosis a therapist may label an Asian American client as a "dependent personality" because the client "still" lives with his or her parents. This label may be grossly inappropriate when applied to a culture in which extended family structures are the norm (Cheung & Snowden, 1990).

In terms of goals, Root (1985) asserts that many therapists do not understand the important influence of inculcated family values in determining

the client's therapeutic goals. Given our more individualistic culture, such a misunderstanding is comprehensible, but it may alienate Asian Americans from therapy. Also, due to the more reticent, deferring communication style of Asian American clients, the therapist may be tempted to take the lead in establishing therapeutic goals. These aims may differ from what the client may actually want (Atkinson et al., 1993).

In terms of the length and type of treatment, Leong (1986) suggests that because Asian Americans have a lower tolerance for ambiguity and prefer structure, they prefer therapy goals that are short-term and solution focused. Therapists more aligned with long-term, less structured, client-focused treatment may be ill-equipped or disinclined to provide this type of treatment.

Contrasting worldviews between client and therapist may also become apparent during the course of treatment. Minority clients may become discouraged with a therapist who has a much different experience with the world in terms of discrimination, racism, and cultural upbringing (Brinson & Kottler, 1995). Indeed, the discomfort with this difference may be reflected in a study which found that when Asian Americans were paired with an ethnically similar therapist, they were five times more likely to remain for the duration of treatment (Takeuchi et al., 1992).

It seems that many of these process problems could be solved by educating therapists. Ironically, one impediment to this is that those who make decisions about providing services may be swayed by cultural stereotypes of Asian Americans (Cheung & Snowden, 1990; Johnson & Nadirshaw, 1993). Specifically, the belief that "Asians look after their own" might discourage fiscal efforts to create more culturally relevant services based on the assumption that Asian Americans will go to their families instead of a therapist.

### Research Based Factors Associated with Lower Utilization Rates

Unfortunately, very little research exists on the reasons Asian Americans are so unlikely to utilize therapy. Of the research that exists, some have been conducted on either Asian Nationals or Asian International students (e.g., Cheung, 1987; Kenny, 1994; Lippencott & Mierzwa, 1995; Tedeschi & Willis, 1993). These studies are valuable in their own right, but the application of their findings to Asian Americans is extremely problematic. While cultural ties exist, the texture of life which surrounds each day of an Asian American is very distinct from that which touches the life of an Asian raised and living in his or her own land. We would not study Italian Nationals to learn about the mental health behavior of Italian Americans; we need to study Italian Americans. And, the same is true for Asian Americans.

Among the few studies focusing on Asian Americans in the United States is one examining the influence of acculturation on the willingness of Asian Americans' to seek therapy. Atkinson and Gim (1989) surveyed 263 Chinese American, 109 Korean American, and 185 Japanese American college students. They found that students who were more acculturated were more likely to recognize a need for professional help, had an increased tolerance for the stigma associated with therapy, and were more open to discussing their problems with a therapist (Atkinson & Gim, 1989). Interestingly, there were no significant intragroup differences in attitudes towards seeking professional help between the Chinese, Korean, and Japanese American students.

Unfortunately, a continuation of the above study obtained some conflicting data. Presenting subjects with 11 options, Atkinson, Whiteley and Gim (1990) asked 816 Asian American college students about who they would choose to talk to if they had a personal problem. The results indicated that Asian-identified (less acculturated) subjects rated counselors and therapists



higher as a source of help than more westernized (more acculturated) subjects (Atkinson, Whiteley, & Gim, 1990). In fact, a counselor was the third most common choice for a help provider among less acculturated subjects, whereas more acculturated subjects chose counselors sixth (Atkinson, Whiteley, & Gim, 1990). While the results of this study appear to be in conflict with the authors' prior work there are some mediating factors. The two studies used different measures of acculturation, the Self Identification Acculturation Scale in the first study, and the Suinn-Lew Self-Identity Acculturation Scale in the second. The two measures may assess different facets of acculturation. Moreover, the ranking of mental health professionals does not, by itself, indicate how willing the individual is to seek therapy; it just indicates who they are willing to see when forced to make a choice.

A large scale study by Tracey, Leong, and Glidden (1986) also examined presenting complaints of 1300 white and 1837 Asian American clients at a college student center between 1980 and 1983. These subjects filled out a questionnaire asking them to choose concerns they had from a list of eight and indicated their greatest concern. The findings of this study suggested that Asian American students have more complaints than the white students. The complaints ranked highest by Asian American/Pacific Islanders were occupationally and academically oriented, whereas the white subjects ranked inter- and intrapersonal complaints higher.

The results of the above two studies appear to conflict, one stating that more acculturated Asian American subjects were more likely to seek services, the other study stating that less acculturated Asian American subjects chose a counselor over other professionals as a source of help more often than Westernized subjects. Another study found that Asian American college students were more likely to seek counseling services and present with physical

complaints. These confusing findings may be partially due to the subjects used. Findings on college students may not generalize to the population as a whole, or to the actual client population. Thus, it is important to also examine the client population in understanding underutilization.

### Research Examining Client Populations

A study undertaken in Canada examined the patterns of help seeking among 31 Chinese, 31 Anglo-Saxon, 26 Middle European, and 12 Native American patients from a community mental health clinic (Lin, Tardiff, Donetz, & Goresky, 1978). The Chinese clients were more likely to wait for a longer duration before seeking professional help. The Chinese clients were also isolated from the public by the family, even those with advanced psychotic symptoms. When assistance was sought, the family usually turned to a physician first. The information for this study was gathered by self report (client, family, friends) and medical records regarding the client's history. However, information obtained after the fact may be unreliable and inaccurate. Also, the subjects, Chinese Canadians, may not be representative of the Asian American population.

A study by Zane, Enomoto, and Chun (1994) examined treatment outcomes of 20 Asian American and 69 White American clients in a community mental health clinic. This study focused on short term therapy by assessing outcome after the fourth session. The questionnaires used were the Therapist Evaluation Questionnaire, to assess therapists' attitudes toward clients, the Symptom Check List, to assess client's current levels of distress, the Client Satisfaction Questionnaire, to understand how clients felt about the services received, and the Brief Rating Scale, for the therapist's rating of the client's level of symptomology. In terms of all three measures, the results of the study indicated that Asian American clients had poorer outcomes than white clients.

After four sessions they had a higher incidence of distress, less satisfaction, and lower therapist ratings of functioning than white clients (Zane, et al., 1994). According to this study, even when Asian American/Pacific Islanders seek mental health services the results may be unfavorable. Unfortunately, the low number of subjects and the lack of a random sample may decrease the reliability of this data.

Although there are very few studies of Asian American client populations, some information is clarified by these studies. Furthermore, Asian Canadian clients with psychological complaints wait longer than any other racial group to seek mental health services and often see their physician first. Finally, Asian American clients have poorer outcomes in counseling than European American clients. These studies outline some of the factors that may influence Asian American utilization of mental health services. However, these studies contain biased samples and may not represent the general Asian American population. Also, much of the available research on Asian client populations is from other countries and may not generalize to Asian American/Pacific Islanders.

### Hypotheses

Given the literature outlined above, the following study will examine Asian American/Pacific Islander college students' perceptions of counseling. The two factors commonly cited as affecting utilization are cultural factors and therapeutic variables. The hypotheses for this study are:

1. Asian American/Pacific Islander college students are more likely to believe that their family would not approve of them seeking therapy in comparison to their Caucasian/Euro American peers.
2. Asian American college students are more likely to believe that therapy is an embarrassment to their families in comparison to their Caucasian/Euro American peers.

3. Asian American college students more firmly believe that therapy is ineffective for their racial group in comparison to Caucasian/Euro American students.
4. There will be differences in the perception of therapy between the Hawaiian and mainland sample of Asian American.
5. A lower percentage of Asian American/Pacific Islander college students utilize counseling services as compared to Caucasian/Euro American students.

## Method

### Subjects

Over a two-year period, experimenters surveyed 663 students from several Introductory Psychology classes at a California State University. During the second year, 142 Introductory Social Work students from the University of Hawaii were also surveyed. This brought the total sample to 805 students. In the Hawaii sample, Social Work students were surveyed due to the unavailability of comparable Introductory Psychology students.

Of the 663 Cal State students surveyed, 63 were Asian Americans (24 males, 39 females) and 250 were Caucasian/Euro Americans (110 males, 140 females). Of the 142 University of Hawaii students surveyed, 107 were Asian Americans (70 males, 37 females) and 21 were Caucasian/Euro Americans (14 males, 7 females). Since data analyses pertained only to comparisons between Asian Americans and Caucasian/Euro Americans, students from other ethnic/racial backgrounds (e.g., Mexican Americans, African Americans, Native Americans, etc.) were not included in the analyzed sample. The final sample for analysis consisted of 441 students (170 Asian Americans, 271 Caucasian/Euro Americans).

## Apparatus

A new, 30-item survey was used to assess students' perceptions of psychological therapy (see Appendix A). This survey was developed based on a reading of literature pertaining to variables affecting therapy for Asian Americans. The survey consists of five subsections, four of which examine the subject's perceptions, preferences and perspectives as they relate to counseling/therapy. These subsections are listed below.

- Demographic Information (5 items)
- Applicability of Counseling/Therapy for One's Racial Group (4 items).
- Personal Perceptions of the Counseling/Therapy Process (5 items).
- Personal Preferences for Counseling/Therapy (8 items).
- Personal Beliefs and Values (7 items).

The five subsections total 29 items. A 30th item was added later in the study and not completed by all subjects. As a result, it was not included for analysis here. In all cases, a seven-point Likert scale was used to determine whether subjects agreed or disagreed with a particular statement (1 = strongly agree, 4 = neutral, 7 = strongly disagree).

At the Cal State campus, the survey was administered over two consecutive academic years. As such, it was possible to get a gross estimate of the reliability of the measure. Mean responses to each of the 29 survey items were compared across the two academic years. That is, the mean responses of Asian American students in the first year were compared with the mean responses of a different group of Asian American students in the second year. Similarly, the mean responses of Caucasian/Euro American students in the first year were compared with the mean responses of another group of Caucasian/Euro American students from the second year. Based on this analysis, the survey does appear to be reliable. For the Asian American

students, the inter-year correlation between means equaled .97; for the Caucasian/Euro American students, the correlation equaled .99.

### Procedure

At the Cal State campus, permission was obtained from Introductory Psychology instructors prior to conducting a brief survey in their classes. In each class, the experimenter told student s/he was conducting a study on personal perceptions of counseling/therapy and that participation in the study was strictly voluntary. The experimenter distributed a consent form and a survey to each student. The students were asked to read over the survey to familiarize themselves with its content. They were then asked to sign the consent form if they agreed to participate.

At that point, students were asked to read the instructions to the survey silently to themselves while the experimenter read the instructions aloud. The students were then asked to proceed with the survey and complete the items. Students were also asked to raise their hand after they had completed the survey so that the forms could be collected. After all forms had been collected, the experimenter fully explained the study to the subjects and thanked everyone for their participation and left.

At the University of Hawaii campus, this procedure was replicated, but the survey was conducted in Introductory Sociology classes. We were unable to go to Introductory Psychology classes at the time, but felt that it might be interesting to see if students in a different discipline might respond differently to the survey. Data from the Hawaii campus was collected to enhance the sample of Asian American subjects. This data was also collected to compare the perceptions toward counseling/therapy of Asian American students from different environments; one predominantly Caucasian/Euro American, the other predominantly Asian American.

## Results

The data for the 434 subjects for this study were not markedly skewed, showing an approximately normal distribution. In order to determine the significance for each subsection of items in the questionnaire, multifactorial MANOVA's were run to compare each ethnic group, Asian Americans from Hawaii and the mainland with European Americans from Hawaii and the mainland, on each question. The questions were run in blocks according to the subgroupings within the survey: applicability of counseling/therapy to one's racial group, personal perception of the counseling process, personal preferences for counseling, and personal beliefs and values. Post hoc tests were run to determine which of the individual questions were significant within each block.

Multifactorial MANOVA's were run for each block of questions to determine if ethnicity and/or sex were significant factors influencing perceptions of counseling. European American college students from both the mainland and Hawaii were combined as there were too few European American college students from Hawaii ( $n = 21$ ) as compared to European American college students from the mainland ( $n = 245$ ). For the combined group of European Americans there were 124 females and 142 males. The Asian American students were separated into Asian Americans from Hawaii ( $n = 107$ , females = 70, males = 37) and Asian Americans from the mainland ( $n = 61$ , females = 25, males = 36). Further separation of different Asian American groups, such as Chinese American and Japanese American, wasn't done due to the small resulting samples. The following analyses are divided into the four subsections of the survey.

### Applicability of Therapy for One's Racial Group

The first subsection of the questionnaire (see Appendix A) was designed to discern a difference in the perceptions of the applicability of counseling for one's racial group. This subsection included questions 6-9. These questions showed a main effect for race ( $p < .001$ ). No main effect for sex and no interaction between sex and ethnicity/race were found. A post hoc test of each individual question indicated that each question in this subsection showed significantly different responses based upon race.

Question 6, stating "In general, psychological counseling/therapy, as practiced in the United States, is effective for my racial group," showed a significant difference [ $F(2,423) = 46.22, p < .001$ ]; Asian American/Pacific Islander college students from Hawaii (AH) ( $M = 4.04$ ) and Asian American/Pacific Islander college students from the mainland (AM) ( $M = 4.09$ ) had significantly higher means, indicating greater disagreement with this statement, than European American college students (EA) ( $M = 2.90$ ).

Question 7, stating "In general, counselors/therapists can understand the problems of my racial group," also showed significant differences [ $F(2,423) = 62.98, p < .001$ ]. It was found that Asian American/Pacific Islander college students from Hawaii and Asian American/Pacific Islander college students from the mainland had significantly higher means ( $M_{AH} = 3.86, M_{AM} = 4.12$ ), indicating greater disagreement with this statement than European American college students ( $M = 2.65$ ).

Question 8, stating "In general, a counselor/therapist of the same race would be more credible in understanding the problems of my racial group," was also significantly different across racial/ethnic groups [ $F(2,423) = 13.10, p < .001$ ]. AH ( $M = 2.47$ ) and AM ( $M = 2.47$ ) college students had significantly lower means than European American college students ( $M = 3.23$ ), indicating



greater agreement with this statement

Question 9, stating “In general, counselors/therapists have values and beliefs consistent with those of my racial group,” showed significant racial/ethnic differences [ $F(2,423)=17.59$ ,  $p < .001$ ]. AH college students ( $M = 4.19$ ) and AM college students ( $M = 3.95$ ), had significantly higher means for this question than European American college students ( $M = 3.46$ ), indicating greater disagreement with this statement

#### Personal Perception of the Therapy Process

The second subsection of the questionnaire (see Appendix A, questions 10-14) covered personal perceptions of the counseling process. No main effects for race/ethnicity and no interactions between sex and race/ethnicity were found on this subsection of the questionnaire. However a main effect for sex was found [ $F(5,421) = 3.30$ ,  $p < .006$ ]. A post hoc analysis of the individual questions indicated that two questions showed significant sex differences.

Question 12, stating “Counselors/therapists spend a great deal of time dealing with the client’s feelings,” was significant [ $F(1,425) = 10.76$ ,  $p < .001$ ]. Female college students scored lower on this question ( $M = 2.51$ ) than male college students ( $M = 2.86$ ), indicating greater agreement with this statement.

Question 14, stating “In general, counseling/therapy, as practiced in the United States is effective (not just for your racial group, but for people in general),” was significant [ $F(1,425) = 7.78$ ,  $p < .006$ ]. Female college students scored lower on this statement ( $M = 2.88$ ), indicating greater agreement than male college students ( $M = 3.24$ ).

#### Personal Preferences for Counseling

The third subsection of the questionnaire surveyed personal preferences for counseling (see Appendix A, questions 15-22). A main effect for race/ethnicity was found on this subsection [ $F(16,822) = 2.59$ ,  $p < .001$ ]. A post hoc

analysis of the individual questions found two items to be significant.

Question 15, stating “It would feel more comfortable participating in psychological counseling/therapy with a counselor/therapist of my own racial background,” was significant [ $E(2,417) = 12.22, p < .001$ ]. It was found that Asian American/Pacific Islander college students from Hawaii ( $M = 2.95$ ) and Asian American/Pacific Islander college students from the mainland ( $M = 2.88$ ) have significantly lower means than European American college students ( $M = 3.67$ ), indicating greater agreement with this statement

Question 21, stating “I feel counseling/therapy would be more helpful if it included my family in the counseling/therapy process, either separately or along with me (the choice being up to me),” also showed significant racial/ethnic differences [ $F(2,417)=3.70, p<.03$ ]. It was found that Asian American/Pacific Islander college students from Hawaii had significantly lower means ( $M = 2.81$ ), indicating greater agreement with this statement than both Asian American/Pacific Islander college students from the mainland ( $M =3.38$ ) and European American college students, ( $M=3.38$ ). This was the only significant difference between the Hawaiian sample and the mainland sample of Asian American/Pacific Islander college students [ $F(1,162) = 7.45, p <.007$ ].

A main effect for sex was also found for this subsection [ $F(5,421) = 3.30, p <. 001$ ], although no interactions between sex and race/ethnicity were found. A post hoc analysis of the individual questions found questions 16, 19, 21, and 22 to be significant. Females ( $M = 2.77$ ) agree more than males ( $M = 4.03$ ) with the statement: “It would feel more comfortable participating in psychological counseling/therapy with a counselor/therapist of my own racial background.” Females ( $M = 2.12$ ) also agree more than males ( $M = 2.49$ ) with the statement that “It would be preferable to have a counselor/therapist who helps me view my problems from a different perspective.” Furthermore, females ( $M = 2.97$ )

agree more than males ( $M = 3.51$ ) with the statement: “I feel counseling/therapy would be more helpful, if it included my family in the counseling/therapy process, either separately or along with me (the choice being up to me).” Finally, females ( $M = 2.86$ ) agree more than males ( $M = 3.46$ ) with the statement: “I would feel comfortable talking about my feelings with a counselor/therapist.”

### Personal Beliefs and Values

The fourth section of the questionnaire (see Appendix A, questions 23-29) outlined the personal beliefs and values of the subject. A main effect was found for race/ethnicity on this subsection [ $F(14,842) = 2.94, p < .001$ ]. A post hoc analysis of the individual questions indicated that three items, questions 25, 27, and 29, showed significant racial/ethnic differences. Question 25, stating “The ability to deal with one’s own problems is a reflection of one’s character,” showed significant racial/ethnic differences [ $F(2,426) = 4.62, p < .01$ ]. Analyses indicated that Asian American/Pacific Islander college students from the mainland ( $M = 3.20$ ) agree more with this statement than European American college students ( $M = 3.84$ ).

Question 27, stating “My family would approve if I sought counseling/therapy for a psychological problem,” showed a significant racial/ethnic difference [ $F(2,426) = 6.72, p < .001$ ]. Analyses indicated that the Asian American/Pacific Islander college students from Hawaii ( $M = 3.15$ ) and Asian American/Pacific Islander college students from the mainland ( $M = 3.10$ ) scored significantly higher than the European American college students ( $M = 2.67$ ). That is, Asian Americans from both the mainland and Hawaii are in greater disagreement with this statement than European Americans.

Question 29, stating “Going to psychological counseling/therapy would bring embarrassment to my family,” also showed significant racial/ethnic

differences [ $F(2,426) = 11.61, p < .001$ ]. AH ( $M = 4.83$ ) and AM ( $M = 5.15$ ) college students are more likely to agree with this statement than European American college students ( $M = 5.52$ ).

A main effect was also found for sex on this section of the survey [ $F(7,420) = 10.04, p < .001$ ], although no interaction between sex and race/ethnicity was found. A post hoc analysis showed that questions 23-28 showed significant sex differences. Female college students ( $M = 5.08$ ) are in greater disagreement than males ( $M = 4.02$ ) with the statement "People should be able to resolve their own problems without the help of others." Also, female college students ( $M = 4.90$ ) disagree more than male college students ( $M = 3.79$ ) with the statement "A strong person can deal with his/her own problems." Finally, female college students ( $M = 4.23$ ) disagree more than male college students ( $M = 3.17$ ) with the statement "The ability to deal with one's own problems is a reflection of one's character."

Female college students ( $M = 3.65$ ) agree more than male college students ( $M = 4.14$ ) with the statement that "A professional counselor/therapist can be more helpful with problems than a family member." Also, female college students ( $M = 2.59$ ) agree more than male college students ( $M = 3.11$ ) with the statement that "My family would approve if I sought counseling/therapy for a psychological problem." Finally, female college students ( $M = 2.56$ ) agree more than male college students ( $M = 3.44$ ) with the statement that "My friends would approve if I sought counseling/therapy for a psychological problem."

### Previous Counseling

In order to examine whether subjects had any previous counseling experience, a chi square was run comparing race/ethnicity, sex, and previous counseling experience. The chi square indicated that there was a significant one-tailed difference between Asian American/Pacific Islander college students

from Hawaii, Asian American/Pacific Islander college students from the mainland, and European American college students in terms of previous counseling experience ( $X(2) = 8.78, p < .02$ ). A post hoc analysis revealed that the Asian American groups did not differ significantly from each other in terms of previous counseling experience ( $X(2) = 1.68, p < .19$ ). However, these two groups were significantly different from European American college students in terms of previous counseling experience ( $X(2) = 7.47, p < .01$ ). Further analysis indicated that 14% of Asian American/Pacific Islander college students from the mainland and 22% of the Asian American/Pacific Islander college students from Hawaii had previous counseling experience, whereas 31% of European American college students had previous counseling experience.

## Discussion

### Hypothesis 1

The first hypothesis, that Asian American/Pacific Islander college students believe their families would not approve of them seeking therapy in comparison to European American college students, was tested by question 27: "My family would approve if I sought counseling/therapy for a psychological problem." Asian American/Pacific Islander college students from both Hawaii and the mainland disagreed significantly more with this statement than European American college students. This finding suggests that there may be a cultural barrier to Asian American/Pacific Islanders seeking therapy. If the potential client believes her/his family would not approve, s/he is less likely to seek services. Asian American/Pacific Islander families, in fact, may not approve of seeking psychological services. Research by Lin, Tardiff, Donetz, and Goresky (1978) suggests that Chinese families tend to isolate their mentally ill members from the public and seek help from a medical physician only after prolonged sickness.

### Hypothesis 2

The second hypothesis, that in comparison to European American college students, Asian American/Pacific Islander college students believe therapy is an embarrassment to their families, was tested by question 29: "Going to psychological counseling/therapy would bring embarrassment to my family." Asian American/Pacific Islander college students from both Hawaii and the mainland agreed with this statement more than European American college students. This finding also suggests a cultural barrier to utilizing mental health services. As outlined in the theoretical research by Chin, Liem, Ham, and Hong (1993), as well as the theoretical research by Sato (1979), shame and embarrassment to the family may be one of the largest contributing factors to the underutilization of mental health services by Asian American/Pacific Islanders. This finding also lends support to the first hypothesis, that the Asian American/Pacific Islander college student's family would not approve of the subject seeking therapy. Hypothesis two suggests that going to therapy is considered an embarrassment to these families, which may be why the families do not approve.

### Hypothesis 3

The third hypothesis, that in comparison to European American college students, Asian American/Pacific Islander college students believe therapy is ineffective for their racial group was tested by the subgrouping of questions six through nine: "Applicability of Counseling/Therapy for One's Racial Group." Each question in this section showed significant differences between Asian American/Pacific Islander college students from both Hawaii and the mainland and European American college students. Asian American/Pacific Islander college students from Hawaii and the mainland disagreed more than European American college students with the statements that therapy is effective for their

racial group, therapists can understand the problems of their racial group, and therapists have values and beliefs similar to their racial group. Asian American/Pacific Islander college students agreed more than European American college students with the statement that therapists of the same race would be more credible in understanding the problems of their racial group.

The findings within this section of questions may be related to situational therapeutic factors affecting utilization. It appears that therapy, as practiced in the United States, is not believed to be very effective for Asian American/Pacific Islanders. Research by Brinson and Kottler (1995), Root (1985), Atkinson, et al. (1993), Leong (1986), Johnson and Nadirshaw (1993), Takeuchi, et al. (1992), and Cheung and Snowden (1990) all suggest myriad therapeutic factors affecting utilization of mental health services including cost, stereotypes, misinformation, lack of structure, and therapeutic goals. An important aspect of these findings is their implication for change. A culturally sensitive counselor can use this information to increase the utilization rate and decrease the premature termination rate of Asian American/Pacific Islander clients.

#### Hypothesis 4

The fourth hypothesis expected to find that differences would occur between the Hawaiian sample and the mainland sample of Asian American/Pacific Islander college students to items on the survey. This hypothesis was not highly substantiated. Only one question on the survey showed a significant difference. Asian American/Pacific Islanders from Hawaii were more likely than Asian American/Pacific Islanders from the mainland to agree with the statement "I feel counseling/therapy would be more helpful if it included my family in the counseling/therapy process, either separately or along with me (the choice being up to me)."

Although no solid implication can be made from this finding, it appears that Asian American/Pacific Islander college students from Hawaii are more willing to involve their families in the counseling process. It is not clear why this difference exists between the two geographical areas, but this is the only difference that was found between the two groups.

#### Hypothesis 5

The fifth hypothesis, that a lower percentage of Asian American/Pacific Islander college students utilize counseling services as compared to European American college students, was confirmed. Post hoc analyses found that Asian American/Pacific Islander college students from both Hawaii and the mainland had significantly fewer counseling experiences than the European American sample. Asian American/Pacific Islander college students from Hawaii had a 22% rate of previous therapy, those from the mainland had a 14% rate of previous therapy. This compares to a 31% rate of previous therapy for European American college students.

This finding supports the research of Matsuoka, et al. (1997) and Cheung and Snowden (1990). This finding also supports Leong's (1994) research which found that Asian American/Pacific Islanders in Hawaii went to therapy less than European Americans. Although the sample of Asian American/Pacific Islander college students from Hawaii and the mainland did not differ significantly, the rates of previous counseling experience were slightly different. The finding that 22% of Asian American/Pacific Islander college students from Hawaii have had previous counseling experience as compared to 14% of Asian American/Pacific Islander college students from the mainland may be related to the higher concentration of ethnically similar therapists in Hawaii. Further research may indicate a significant difference in utilization rates between Asian American/Pacific islanders in ethnic majority and ethnic minority communities.



## Summary

It is necessary to separate cultural factors from therapeutic factors to understand Asian American/Pacific Islander underutilization of mental health services. The therapeutic factors detected by this survey are factors over which the therapist has control. The group of questions assessing the applicability of counseling for one's racial group (see Appendix A, questions 6-9) relate more to situational therapeutic factors. Asian American/Pacific Islander college students indicated that they don't agree that therapists can understand the problems of Asian American/Pacific Islanders, they don't agree that therapists have similar values as Asian American/Pacific Islanders, and they agree that an ethnically similar counselor would be more credible with Asian American/Pacific Islander clients. By becoming more culturally aware of Asian American/Pacific Islander's problems and values, therapists may be able to create a more conducive environment for Asian American/Pacific Islanders.

The group of questions on the survey assessing personal preferences for counseling (see Appendix A, questions 15-22) found that Asian American/Pacific Islander college students from both the mainland and Hawaii tend to want an ethnically similar therapist. Asian American/Pacific Islander college students from Hawaii felt it would be more helpful to have family involved in the therapeutic process, whereas Asian American/Pacific Islander college students from the mainland and European American college students did not feel as strongly that involving the family would be helpful. The counseling community and educational system could help increase the number of culturally diverse counselors. Also, more culturally sensitive counselors may be able to work through some of the problems prevalent with Asian American/Pacific Islander clients. Culturally sensitive counselors also should be open to the needs of Asian American/Pacific Islander clients, such as family therapy.

The last group of questions in the survey dealt with personal beliefs and values (see Appendix A, questions 23-29). These are more culturally specific factors influencing therapy utilization and tend to be out of the therapist's control. Asian American/Pacific Islander college students from both the mainland and Hawaii tend to agree that the ability to deal with one's own problems is a reflection of one's character. This may indicate that going to therapy is seen as a weakness in character by Asian American/Pacific Islanders. Asian American/Pacific Islander college students from both the mainland and Hawaii also feel that their families would not approve of them seeking therapy. Finally, Asian American/Pacific Islander college students from both the mainland and Hawaii agree that seeking therapy would be an embarrassment to the family. These cultural beliefs are not directly modifiable by the therapist, however, knowledge of these issues is essential to the therapeutic process. These issues will undoubtedly come up during therapy and will need to be addressed for further work to take place.

Overall, several factors were addressed by the survey that can help increase the utilization and decrease the premature termination of mental health services by Asian American/Pacific Islanders. The situational therapeutic factors can be directly changed by a culturally sensitive therapist, whereas the cultural factors are out of the therapist's control. Both together, however, may help explain the low utilization rates of mental health services by Asian American/Pacific Islanders.

#### Future Research

Due to the large amount of significant data gathered by this study, continued research is a necessity. Many different areas were assessed by this survey and individual items need to be separately pursued. Also, due to the experimental nature of this study, several problems arose in collecting and

verifying the data. The questionnaire was newly created and has no established validity data. The length of the survey, four pages, may have been an issue as well, especially with the demographic data. Future research needs to be done with this questionnaire to determine validity.

All subjects in this survey were college students, which may not be representative of the population as a whole. Further research needs to be done on a more representative sample. The demographics were also somewhat uneven. Although the sample of Asian American/Pacific Islanders ( $n = 168$ ) was adequate to accurately compare to European Americans ( $n = 266$ ), the label "Asian American" refers to over twenty different ethnic groups. Individual samples of these ethnic groups were too small, however, to separate them. Future research delineating the differences within the Asian American groups themselves would be useful, as suggested by Leong (1994).

Another area that needs further research is the effects of sex on counseling preferences. This study found no interaction between sex and race/ethnicity, but there were main effects on sex as a separate factor. It is apparent that there are differences between males and females in several aspects of their perceptions of counseling. A more in depth look at sex may elicit interesting differences in counseling preferences beyond the preliminary data found in this study.

This study provides some insight into Asian American/Pacific Islanders perceptions of counseling; no other studies looking at the multifactorial "big picture" have been completed to date on understanding why Asian American/Pacific Islanders do not utilize mental health services. More extensive research needs to be done to make any conclusive statements as to why there is such an extensive underutilization of mental health services by the Asian American/Pacific Islander population. Although several studies exist examining individual

variables affecting utilization, this study is a beginning in understanding this multifaceted issue.

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## Appendix A

**PERCEPTIONS OF PSYCHOLOGICAL COUNSELING**

Please answer the questions on the following pages as honestly as possible. This information will be kept strictly confidential. This questionnaire is being administered for research purpose only, and no individual responses will be reported, reproduced or quoted. Participation in this survey is strictly voluntary. You are under no obligation to participate. However, your assistance would be greatly appreciated. If you have any questions please call Dr. Don Ryujin at 756-2023.

Please answer the following demographic questions as honestly as possible. All responses will be kept strictly confidential and no names are required.

1. Your gender (circle one): Female Male
2. Have you ever participated in psychological counseling?  
(circle one): Yes No
3. How many generations has your mother been in the United States?  
Counting the first person on your mother's side born in the United States as the first generation, mark one of the following:
  - \_\_\_\_\_ my mother was born in another country.
  - \_\_\_\_\_ my mother is the **first** generation born in the United States.
  - \_\_\_\_\_ my mother is the **second** generation born in the United States.
  - \_\_\_\_\_ my mother is the **third** generation born in the United States.
  - \_\_\_\_\_ my mother is the **fourth** generation born in the United States.
  - \_\_\_\_\_ my mother's family has been here for **five or more** generations.
4. How many generations has your father been in the United States?  
Counting the first person on your father's side born in the United States as the first generation, mark one of the following.
  - \_\_\_\_\_ my father was born in another country.
  - \_\_\_\_\_ my father is the **first** generation born in the United States.
  - \_\_\_\_\_ my father is the **second** generation born in the United States.
  - \_\_\_\_\_ my father is the **third** generation born in the United States.
  - \_\_\_\_\_ my father is the **fourth** generation born in the United States.
  - \_\_\_\_\_ my father's family has been here for **five or more** generations.



## 5. Ethnicity (mark one)

- African-American  
 African-American Mix  
 Asian-American (please specify, e.g., Chinese, Vietnamese etc.)  
 -----  
 Asian-American Mix  
 Central American (please specify, e.g., Guatamalan, Nicaraguan)  
 -----  
 Euro-American  
 Filipino-American  
 Filipino-American Mix  
 Mexican-American  
 Mexican-American Mix  
 Native-American  
 Native-American Mix  
 Pacific Islander  
 Pacific Islander Mix  
 South American (Please specify, e.g., Chilean, Argentinian, etc.)  
 -----  
 South American Mix  
 Other (please specify) -----

**The following statements refer to aspects of individual, psychological counseling/therapy. Please indicate your feelings and beliefs about the statements using the following scale:**

- |                    |             |                       |
|--------------------|-------------|-----------------------|
| 1 = strongly agree | 4 = neutral | 5 = somewhat disagree |
| 2 = agree          |             | 6 = disagree          |
| 3 = somewhat agree |             | 7 = strongly disagree |

Applicability of Counseling/Therapy for One's Racial Group

6. In general, psychological counseling/therapy, as practiced in the United States, is effective for my racial group.  
 7. In general, counselors/therapists can understand the problems of my racial group.  
 8. In general, a counselor/therapist of the same race would be more credible in understanding the problems of my racial group  
 9. In general, counselors/therapists have values and beliefs consistent with those of my racial group.

The following statements refer to aspects of individual, psychological counseling/therapy. Please indicate your feelings and beliefs about the statements using the following scale:

- |                    |             |                       |
|--------------------|-------------|-----------------------|
| 1 = strongly agree | 4 = neutral | 5 = somewhat disagree |
| 2 = agree          |             | 6 = disagree          |
| 3 = somewhat agree |             | 7 = strongly disagree |

Personal Perceptions of the Counseling/Therapy Process

- \_\_\_\_\_ 10. Counselors/therapists put too much emphasis on talking.
- \_\_\_\_\_ 11. Counselors/therapists try to help the client find specific solutions to his/her problems.
- \_\_\_\_\_ 12. Counselors/therapists try to help the client view his/her problem from a different perspective.
- \_\_\_\_\_ 13. Counselors/therapists spend a great deal of time dealing with the client's feelings.
- \_\_\_\_\_ 14. In general, counselors/therapists see the client as the cause of his/her own problems
- \_\_\_\_\_ 15. In general, the counseling/therapy process takes too long.

Personal Preferences for Counseling

- \_\_\_\_\_ 16. It would feel more comfortable participating in psychological counseling/therapy with a counselor/therapist one's own racial background.
- \_\_\_\_\_ 17. It would feel more comfortable participating in psychological counseling/therapy with a counselor/therapist of one's own sex.
- \_\_\_\_\_ 18. It would be preferable to have a counselor/therapist who helps the client define specific solutions to his/her problems.
- \_\_\_\_\_ 19. It would be preferable to have a counselor/therapist who examines the feelings surrounding client's problems.
- \_\_\_\_\_ 20. It would be preferable to have a counselor/therapist who helps the client view his/her problems from a different perspective.

**The following statements refer to aspects of individual, psychological counseling/therapy. Please indicate your feelings and beliefs about the statements using the following scale:**

1 = strongly agree

4 = neutral

5 = somewhat disagree

2 = agree

6 = disagree

3 = somewhat agree

7 = strongly disagree

- \_\_\_\_\_ 21. It would be preferable to have a counselor/therapist who looks at possible underlying causes for the client's problems
- \_\_\_\_\_ 22. Counseling/therapy would be more helpful, if it included the family in the counseling/therapy process, either separately or along with the client.
- \_\_\_\_\_ 23. I would feel comfortable talking about my feelings with a counselor/therapist.

#### Personal Beliefs and Values

- \_\_\_\_\_ 24. People should be able to resolve their own problems without the help of others.
- \_\_\_\_\_ 25. A strong person can deal with his/her own problems.
- \_\_\_\_\_ 26. The ability to deal with one's own problems is a reflection of one's character.
- \_\_\_\_\_ 27. A professional counselor/therapist can be more helpful with problems than a family member.
- \_\_\_\_\_ 28. My family would approve if I sought counseling/therapy for a psychological problem.
- \_\_\_\_\_ 29. My friends would approve if I sought counseling/therapy for a psychological problem.
- \_\_\_\_\_ 30. Going to psychological counseling/therapy would bring embarrassment to my family.

**THANK YOU FOR YOUR PARTICIPATION!**



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