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# Asian American Coping Attitudes, sources, and Practices: Implications for Indigenous Counseling Strategies

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## **Asian American coping attitudes, sources, and practices: Implications for indigenous counseling strategies**

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Coping attitudes, sources, and practices were assessed within and across a sample of Asian American college and graduate students from four ethnic groups: Chinese, Korean, Filipino, and Indian (N = 470). We found that Asian Americans tended to endorse coping sources and practices that emphasized talking with familial and social relations rather than professionals such as counselors and doctors. Korean Americans were significantly more likely to cope with problems by engaging in religious activities. Counseling implications are discussed.

Asian American underuse of mental health services has typically been attributed to client factors, such as cultural stigmas associated with emotional expression and mental illness (Atkinson, Whiteley, & Gim, 1990), a lack of familiarity or misconception of traditional counseling, and linguistic barriers (Loo, Tong, & True, 1989; Mau & Jepsen, 1988; Morrisey, 1997). However, low participation in mental health services may also stem from culturally based systemic issues such as negative experiences with inappropriate Western mental health services (Lin, 1994; Loo et al., 1989), a dearth of culturally sensitive counselors (Uba, 1994), and a lack of alternative resources to traditional counseling (Solberg, Choi, Ritsma, & Jolly, 1994).

To address culturally based justifications for mental health underuse, theories of Asian help-seeking preferences must include indigenous Asian patterns of coping. Moreover, Asian Americans are not a homogenous community: they represent a range of ethnic backgrounds, histories, traditions, beliefs, and cultural values (Kitano & Daniels, 1990) that will inevitably influence coping strategies. We investigated Asian American coping in terms of attitudes, sources, and practices. Coping attitudes are the beliefs, attitudes, and feelings associated with various strategies of managing mental health concerns. Coping sources are the specific people (counselors, family members, friends, etc.) an individual seeks help from when coping with mental health concerns. Finally, coping practices involve activities and practices an individual engages in to alleviate mental health problems.

Researchers have contended that interdependent cultural values influence Asian American coping patterns in that individuals of Asian ancestry may place more importance on relationships and familial commitments than do people from Western cultures (DeVos, 1985; Lebra, 1992; Markus & Kitayama, 1991; Triandis, 1989). For example, researchers have demonstrated that Chinese Americans deal with mental health problems by seeking help from nonprofessionals, such as parents and older relatives (Root, 1985; Suan & Tyler, 1990). Due to a strong cultural respect for elders, Asian Americans also seek advice from older members of the community (Atkinson, Ponterotto, & Sanchez, 1984) and friends (Atkinson et al., 1990; Mau & Jepsen, 1988). In addition to seeking help from friends and family members, Asian Americans use social groups and organizations. Solberg, Choi et al. (1994) reported that Asian Americans used nontraditional help sources such as religious leaders, student organizations, and church groups. The tendency for Asian Americans to use relationships and social groups rather than counseling professionals may point to a cultural emphasis on interdependence.

Many researchers have viewed Asian American coping in terms of professional help-seeking behavior, so related studies on mental health attitudes have focused on attitudes towards seeking professional help as one method of coping (Dadfar & Friedlander, 1982; Tata & Leong, 1994; Tedeschi & Willis, 1993). However, we were specifically interested in Asian American coping attitudes that involved using social support networks. Previous studies (i.e., Dadfar & Friedlander, 1982) have generally shown Asians to have negative attitudes towards seeking help from professionals, yet these researchers did not investigate whether Asian Americans have more positive coping attitudes towards using family and social networks. Due to the strong Asian emphasis on family ties and close relationships, we believed that Asian Americans may have more positive attitudes

towards coping practices if they involve seeking help from social support networks.

Numerous researchers have asserted the need for investigations across ethnic groups to test the applicability of cultural constructs, such as coping (Atkinson, 1983; Parham & Helms, 1981; Sue & Zane, 1987). In particular, researchers have placed an increased emphasis on studying differences across Asian ethnic groups (Chung & Lin, 1994; Gim, Atkinson, & Whiteley, 1990; Kuo, 1984; Solberg et al., 1994b; Sue & Sue, 1990; Tracey, Leong, & Glidden, 1986). Yet, many of these studies focused on professional help seeking and did not examine indigenous coping attitudes, practices and sources that may be unique to Asian Americans. Moreover, some studies found ethnic group differences (e.g., Tracey et al., 1986), whereas others did not (Solberg et al., 1994b). Therefore, our research can also contribute to the understanding of differences among the Asian ethnic groups in our study.

We generated several hypotheses and research questions based on previous research and gaps in the literature. In terms of coping attitudes, we hypothesized that participants would tend to have negative attitudes towards seeking help from a counselor and would prefer seeking help from family and friends. We also wanted to study how demographic variables might influence coping attitudes towards seeking professional counseling. Second, we hypothesized that due to the interdependent nature of Asian American cultural values, participants would be more likely to cope with mental health problems by using family and social relations, rather than seeking help from professionals, such as doctors or counselors. Third, we hypothesized that participants would primarily engage in coping practices that involve social activities with family members or friends. Finally, we sought to uncover any ethnic variation in coping sources and practices.

## METHOD

### Participants

Participants in the study included 470 Asian American (Chinese, Korean, Filipino, Indian) undergraduate and graduate students from 9 universities and colleges from the East and West Coasts. Respondents were 271 female and 199 male students, with a mean age of 19.7 years ( $SD = 1.47$ ). Two hundred forty (51.1%) of the participants were Chinese American, 62 (13.2%) were Indian American, 65 (13.8%) were Filipino American, 103 (21.9%) were Korean American. With respect to religious affiliations, 239 (50.9%) chose Protestantism, 38 (8.1%) Buddhism, 41 (8.7%) Hinduism, 12 (2.6%) Islam, 6 (1.3%) Catholicism, 8 (1.6%) other religions, and 126 (26.8%) did not have any religious affiliation. In terms of generation level, 182 (38.7%) were first generation, 267 (56.8%) were second generation, 11 (2.3%) were 2.5 generation (one parent was born in the U.S. and one immigrated from an Asian country), 3 (0.6%) were third generation, 4 (0.9%) were fourth generation, and 3 (0.6%) were other generation. Table 1 provides a detailed description of the demographic characteristics of the 4 ethnic groups.

### Instruments

**Demographic Questionnaire.** Respondents were asked to provide information about their age, gender, race, ethnic background, year in college, birthplace, generation, and religious affiliation and practices.

**Coping Attitudes, Sources, and Practices Questionnaire (Yeh, 1999).** The overall purpose of the Coping Attitudes, Sources, and Practices Questionnaire investigates coping attitudes, practices, and sources that may be associated with Asian cultural values emphasizing social and familial relationships. To our knowledge, this was the first survey designed to assess these three aspects of coping. The questionnaire was divided into three sections: Coping Attitudes, Coping Sources, and Coping Practices.

The questionnaire was developed by the first author in an attempt to capture coping from an indigenous cultural perspective. Items were created from several focus groups with Asian American college students at a large West Coast university. After a preliminary questionnaire was developed, a pilot test was conducted to assess the relevance of the items. Items were changed

and improved based on this test. Many items were also influenced by previous work in the area of coping and help seeking (Atkinson et al., 1990; Fischer & Turner, 1970; Solberg et al., 1994a; Tedeschi & Willis, 1993).

The Coping Attitudes section consisted of three parts (Professional, Self, and Relational) using a 10-item Likert-type scale ranging from 1 = strongly disagree to 5 = strongly agree. These questions differed from previous scales that emphasized attitudes associated only with professional help seeking (i.e., Fischer & Turner, 1970) in that we also included attitudes related to coping with mental health problems by using family and social support networks and coping alone. The Professional Coping subscale consisted of 3 items concerning attitudes towards seeking professional counseling. The Self-- Coping subscale consisted of 3 items relating to keeping problems to oneself. The reliability coefficients for the two subscales are .82 and .72. The last part of the Coping Attitudes section, Relational Coping, consisted of 4 separate items concerning attitudes about using parents, siblings, friends, and significant others.

The Coping Sources section investigated how participants coped with mental health problems by using social, professional, familial, and religious relationships. This section was similar in format to the Sources of Help Scale (Tedeschi & Willis, 1993), the Sources of Support Scale (Atkinson et al., 1990) and the Sources of Help Seeking Scale (Solberg et al., 1994a). Participants were asked to respond to a list of coping sources that included friends, family members, significant others, groups or clubs, religious leaders, and counselors. They were also asked if they coped with problems alone.

Coping Practices assessed if the participant coped with mental health problems by engaging in various recreational, social, religious, academic, and impulse (e.g., substance abuse) activities. These items included: substance abuse, exercise, hobbies, and social, family, religious, academic and artistic activities. Participants were asked to select as many items as described their typical coping practices for mental health problems.

#### Procedure

Surveys were distributed and completed in academic classes that had high percentages of Asian American students (e.g., Asian language classes). All students completed the survey regardless of racial background and only those of Chinese, Korean, Indian, and Filipino background were included in the analyses. Participants received no compensation for their participation.

#### RESULTS

We examined participants' coping attitudes towards seeking help from counselors, social networks, or self. Overall, participants reported negative attitudes towards professional counseling ( $M = 2.43$ ,  $SD = .96$ ). They tended not to share their problems with a counselor ( $M = 2.17$ ,  $SD = 1.07$ ); they felt uncomfortable seeing a counselor ( $M = 2.47$ ,  $SD = 1.21$ ), and they did not believe a counselor could help them ( $M = 2.53$ ;  $SD = 1.13$ ). Instead, participants preferred to keep problems within the boundaries of the family ( $M = 3.27$ ;  $SD = 1.09$ ). They were more willing to share problems with their parents ( $M = 3.09$ ,  $SD = 1.10$ ) and siblings ( $M = 3.40$ ,  $SD = 1.03$ ). Outside of family, they were also willing to share with their friends ( $M = 3.82$ ,  $SD = .92$ ) and their boyfriends or girlfriends ( $M = 3.66$ ,  $SD = .90$ ). Finally, students preferred keeping problems to themselves as well ( $M = 3.70$ ;  $SD = 1.06$ ).

General Linear Model univariate analyses of variance were used to examine whether attitudes towards seeking counseling would vary according to certain demographic factors such gender, age, religion, ethnic identity and generation levels. We found no interaction effects, and attitudes towards seeking counseling help could only be predicted by gender,  $F(1, 455) = 5.31$ ,  $p$

Table 2 shows participants' coping sources and practices for mental health concerns. In terms of coping sources, participants were most likely to seek help from friends, then family members, and significant others about their psychological problems.

Thirty-seven percent of the students also preferred to keep problems to themselves ( $n = 174$ ), whereas only 7.7% of the students considered talking to a counselor when dealing with concerns or problems ( $n = 36$ ). Also, Asian American students in general reported that increased social activities, exercise, and familial activities were the most helpful coping practices when they experienced psychological problems.

Table 2 also includes results from chi square analyses comparing Asian ethnic groups in terms of participants' coping practices and helping resources for mental health concerns. In terms of ethnic differences in help resources, Korean Americans were significantly more likely to talk with religious leaders, whereas East Indian Americans were less likely to talk with clergy than the other Asian ethnic groups ( $\chi^2 = 11.20, p$

Furthermore, Korean Americans were significantly more likely than the other 3 Asian groups to use substances (cigarettes, alcohol, recreational drugs) when they had emotional problems ( $\chi^2 = 21.42, p$

## DISCUSSION

Although previous research on Asian American underuse of mental health services may suggest that Asian American mental health concerns are not being addressed, our research indicates otherwise. Asian American undergraduate and graduate students in our sample reported coping with psychological problems by seeking help from familial and social sources of support. This tendency to use close social ties is consistent with previous research showing preferences for social, rather than professional sources of help (Atkinson et al., 1990; Webster & Fretz, 1978). Specifically, Asian Americans seek help for psychological problems from people in their social network such as family members (Atkinson et al., 1990), religious leaders, student organizations, church groups (Solberg et al., 1994a) and friends (Atkinson et al., 1984; Atkinson et al., 1990; Mau & Jepsen, 1988).

Gender differences related to coping attitudes as well; females were significantly more likely to have positive attitudes towards seeking professional counseling (Tedeschi & Willis, 1993; Tata & Leong, 1994). This finding is consistent with previous research indicating that females in general are more likely than males to seek professional help (Dubow, Lovko, & Kausch., 1990; Schonert-Reichl & Muller, 1996; Wills & De Paulo, 1991). Finally, we found no ethnic differences in terms of coping attitudes. This finding is consistent with previous research suggesting that ethnic background does not influence attitudes towards professional counseling (Atkinson & Gim, 1989).

In addition to using social networks, our participants tended to have positive attitudes towards coping with mental health problems alone. This tendency to keep problems to oneself may be associated with cultural stigma and shame associated with emotional expression, particularly negative emotions. For example, some Asian cultural groups emphasize hiding personal problems and putting the needs of the group before individual concerns (Henkin, 1985). Thus, emotional expression may be viewed by Asian Americans as a disruption of social and interpersonal harmony or as a sign of weakness (Zander, 1983).

Finally, Asian American undergraduate and graduate students in our sample engaged in coping practices that also involved social and familial relationships. In addition to engaging in exercise and hobbies to cope with mental health concerns, students in our sample participated in social and familial activities as a means of coping with psychological problems. These "relational coping" practices provide further evidence of the strong interdependent emphasis in Asian culture.

Our participants' tendency to prefer relational coping sources, attitudes, and practices, may be linked to the assumption that people from a collectivist or interdependent culture do not distinguish their own interests from those of the group and perceive the self as intertwined and bound to others (Erez & Earley, 1993). Interdependent selves, particularly from Asian cultures, tend to see themselves as inseparable from surrounding social relationships (Markus & Kitayama, 1991). Moreover, because interdependent selves' behaviors, feelings and thoughts are inextricably bound to important others, for many Asians, the

Western tradition of seeking help from a stranger is culturally inappropriate whereas coping with psychological problems with family, relatives, or friends is favorable.

A few noteworthy ethnic differences also emerged from this research. Korean American students were significantly more likely to report coping strategies for mental health problems that involve talking to a religious leader or engaging in religious activities (praying, going to church, attending a religious ceremony or activity). These findings could be explained by a variety of cultural factors. Due to the strong cultural emphasis on the family among Asian subgroups, keeping problems within the family is implicitly ingrained. The religious community, including religious leaders, pastors, or clergy, may be viewed as an extension of the family. Talking with pastors may be therefore a normalized and acceptable coping strategy as a pastor is respected within the Korean American community.

Previous research also asserts that Christian clients are found to have negative attitudes towards counseling with secular counselors (Keating & Fretz, 1990; Worthington & Scott, 1983) and prefer counselor disclosure regarding religious beliefs or values (Dauser, Hedstrom, & Croteau, 1995). Previous research indicates that religious commitment significantly decreases clients' willingness to seek help use traditional counseling services (Guinee & Tracey, 1997; Larsen et al., 1989; Worthington, 1988). Underuse of services may be due to the belief that most counselors minimize religious values in the counseling process (Keating & Fretz 1990; Worthington & Scott 1983). Consequently, many Asian Americans may seek the help of religious leaders to avoid having their religious and ethnic values misunderstood (King, 1978) or pathologized (Bergin, 1991).

Religious commitment also appears to significantly contribute to the client's willingness to seek help (Guinee & Tracey, 1997). Given the results from our research, religious commitment may be a critical factor in determining coping attitudes, sources, and practices among Asian Americans. Although much evidence maintains that religious values are indicative of emotional healthiness and resilience (Bergin, 1987, 1991; Larsen et al., 1989), traditional counseling has not incorporated religious values or spirituality into the counseling process (Bergin, 1991). Recent findings support counselors being more sensitive to the benefits of religion for the client (Bergin, 1987, 1991; Guinee & Tracey 1997; Johnson & Ridley, 1992; Worthington, 1986). Further, counselor training programs should aim to incorporate client religious values in treatment paradigms.

#### LIMITATIONS

The current study has several limitations. First the CASPQ is not a valid and reliable instrument. However, the CASPQ was developed to examine indigenous coping preferences and practices. To date, no other questionnaires assess coping across the three domains of attitudes, practices, and sources. Moreover, as stated, previous research on coping has typically focused specifically on attitudes and behaviors toward seeking professional help. Another limitation concerns the demographics of our sample. Our sample represented only four Asian ethnic groups. Attempts were made to include a larger number of Asian ethnic groups, however, sample sizes were not large enough for the appropriate statistical analysis. Due to these limitations in the sample the results may not be generalizable. Although the current investigation addresses cultural values and indigenous coping among Asian Americans, future research efforts should include comparisons across diverse racial and socioeconomic groups.

#### IMPLICATIONS

Across four Asian ethnic groups, Asian American students generally do not believe that traditional counseling will help them and tend to cope with problems using social and family relations. University and college counselors should thus consider alternative counseling strategies that integrate social support systems and interdependent cultural values used by Asians. In particular, mental health services for Asian Americans should involve collaborative efforts among university faculty, staff, students, administrators, and counselors (Cooper & Archer, 1999).

Solberg, Choi, et al. (1994) suggested targeting outreach programming with religious leaders and student organizations. Faculty, staff and advisors in Asian American studies, resource centers, research programs, and student services could be trained to offer mentoring to students to help them better use social support networks. In addition, these professionals could be better prepared to make appropriate referrals to university counseling centers and offer advice to students who have negative conceptions and attitudes towards mental health services.

Our findings also have implications for program development. We suggest that student organizations on college campuses could serve a larger role in helping Asian American students cope with mental health concerns. Many Asian American students, particularly first-generation students, experience difficulties with adjustment (Kim & Choi, 1994; Sadowsky & Lai, 1997). Thus, student organizations could work with university counseling centers to provide peer advisement and counseling programs in a social context. Such programs will strengthen student support networks that are consistent with indigenous Asian coping strategies.

Finally, our findings have implications for the types of services available to Asian American students who come to counseling centers. Because Asian Americans often find comfort in peer and social interactions, counseling services could include more options for peer and support groups. These group offerings may occur in collaboration with dormitories, academic departments, and student organizations. Moreover, our findings highlight the importance of family and social systems for Asian American students. College counselors could focus more attention on helping Asian American clients to use their social support networks more effectively when dealing with mental health concerns.

#### CONCLUSION

Despite these limitations, the data are significant in that they challenge existing conceptualizations of Asian American coping attitudes, sources, and practices. Research of this nature provides culturally relevant context for understanding previous reports of Asian American mental health underuse patterns. Specifically, traditional counseling services tend to focus on Western notions of individual psychotherapy, which is inconsistent with Asian interdependent values that emphasize important relationships (Lee, 1996; Leong, Wagner, & Tata, 1995).

Our findings provide valuable information about coping attitudes, practices and sources among Asian Americans. In particular, our research highlights interdependence in coping, with specific emphasis on social and familial relationships as sources of support. Many authors have suggested that Asian American cultural values are inconsistent with values associated with traditional psychotherapy (Bui & Takeuchi, 1992; Snowden & Cheung, 1990; Uomoto & Gorsuch, 1984). Moreover, self-disclosure is culturally dissonant from Asian values of selfrestraint and subjugation of emotions (Sue & Sue, 1993).

#### REFERENCES

- Atkinson, D. R. (1983). Ethnic similarity in counseling psychology: A review of research. *Counseling Psychologist*, 11, 79-92.
- Atkinson, D. R., & Gim, R. H. (1989). Asian-American cultural identity and attitudes toward mental health services. *Journal of Counseling Psychology*, 36, 209-212.
- Atkinson, D. R., Lowe, S., & Matthews, L. (1995). Asian American acculturation, gender, and willingness to seek counseling. *Journal of Multicultural Counseling and Development*, 23, 130-138.
- Atkinson, D. R., Ponterotto, J. G., & Sanchez, A. R. (1984). Attitudes of Vietnamese and Anglo-American students toward counseling. *Journal of College Student Personnel*, 25, 448-452.

- Atkinson, D. R., Whiteley, S., & Gim, R. H. (1990). Asian American acculturation and preferences for help providers. *Journal of College Student Development*, 31, 155-161.
- Bergin, A. E. (1991). Values and religious issues in psychotherapy and mental health. *American Psychologist*, 46(4), 394-403.
- Bui, H. T., & Takeuchi, D. T. (1992). Ethnic minority adolescents and the use of community mental health care services. *American Journal of Community Psychology*, 20, 403-417.
- Chung, R. C., & Lin, K. (1994). Help-seeking behavior among Southeast Asian refugees. *Journal of Community Psychology*, 22, 109-120.
- Cooper, S., & Archer, J. (1999). Brief therapy in college counseling and mental health. *Journal of American College Health*, 48(1), 21-28.
- Dauser, P. J., Hedstrom, S. M., & Croteau, J. M. (1995). Effects of disclosure of comprehensive pretherapy information on clients at a university counseling center. *Professional Psychology: Research and Practice*, 26, 190-195.
- Dadfar, S., & Friedlander, M. L. (1982). Differential attitudes of international students toward seeking professional psychological help. *Journal of Counseling Psychology*, 29(3), 335-338.
- DeVos, G. (1985). Dimensions of the self in Japanese culture. In A. Marsella, G. DeVos, & F. L. K. Hsu (Eds.), *Culture and self* (pp. 141-184). New York: Tavistock.
- Dubow, E. F., Lovko, K. R., Jr., & Kausch, D. F., (1990). Demographic differences in adolescents' health concerns and perceptions of helping agents. *Journal of Clinical Child Psychology*, 19, 44-54.
- Erez, M. & Earley, P. C. (1993). *Culture, self-identity and work*. New York: Oxford University Press.
- Fischer, E. H., & Turner, J. L. (1970). Orientations to seeking professional help: Development and research utility of an attitude scale. *Journal of Consulting and Clinical Psychology*, 35, 79-90.
- Gim, R. H., Atkinson, D. R., & Whiteley, S. (1990). Asian American acculturation, severity of concerns and willingness to see a counselor. *Journal of Counseling Psychology*, 37, 281-285.
- Guinee, J. P., & Tracy, T. J. (1997). Effects of religiosity and problem type on counselor description ratings. *Journal of Counseling and Development*, 76, 65-73.
- Henkin, W. A. (1985). Toward counseling the Japanese in America: A cross-cultural primer. *Journal of Counseling and Development*, 63, 500-503.
- Herrich, C. A., & Brown, H. N. (1998). Underutilization of mental health services by Asian-Americans residing in the United States. *Issues in Mental Health Nursing*, 19(3), 225-240.
- Johnson, W. B., & Ridley, C. R. (1992). Sources of gain in Christian counseling and psychotherapy. *The Counseling Psychologist*, 20(1), 159-175.
- Keating, A. M., & Fretz, B. R. (1990). Christians' anticipations about counselors in responses to counselor descriptions. *Journal*

of Counseling Psychology, 37(3), 293-296.

Kim, U. & Choi, S. (1994). Individualism, collectivism, and child development: A Korean perspective. In P. Greenfield M. and R. R. Cocking (Eds.), *Cross-cultural roots of minority child development* (pp. 227-258). Hillsdale, NY: Erlbaum.

King, R. R. (1978). Evangelical Christians and professional counseling: A conflict of values? *Journal of Psychology and Theology*, 6, 226-289.

Kitano, H. H. L., & Daniels, R. (1990). *Asian Americans: Emerging minorities*. Englewood Cliffs, NJ: PrenticeHall.

Kuo, W. H. (1984). Prevalence of depression among Asian Americans. *Journal of Nervous & Mental Disease*, 172, 449-457.

Larsen, D. B., Donahue, M. J., Lyons, J. S., Benson, P. L., Pattison, M., Worthington, E. L., & Blazer, D. G. (1989). Religious affiliations in mental health research samples as compared to national samples. *The Journal of Nervous & Mental Disease*, 177 (2), 109-111.

Lebra, T. S. (1992). Self in Japanese culture. In N. R. Rosenberger, (Ed.). *Japanese sense of self*. (pp. 105-120). Cambridge, UK: Cambridge University Press.

Lee, E. (1996). Chinese American families. In M. McGoldrick, J. Giordano, and J. K. Pearce (Eds.), *Ethnicity and family therapy* (pp. 249-267). New York: The Guilford Press.

Leong, F. T. L., Wagner, N. S., & Tata, S. P. (1995). Racial and ethnic variations in help-seeking attitudes. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling*, (pp. 415-438) Thousand Oaks, CA: Sage.

Leong, F. T. L. (1986). Counseling and psychotherapy with Asian-Americans: Review of the literature. *Journal of Counseling Psychology*, 33, 196-206.

Lin, J. C. H. (1994). How long do Chinese Americans stay in psychotherapy? *Journal of Counseling Psychology*, 41(3), 288-291.

Loo, C., Tong, B., & True, R. (1989). A bitter bean: Mental health status and attitudes in Chinatown. *Journal of Community Psychology*, 17, 283-296.

Markus, H. R., & Kitayama, S. (1991). Culture and self:

Implications for cognition, emotion and motivation. *Psychological Review*, 98(2), 224-253.

Matsuoka, J. K., Breau, C., & Ryujin, D. 14. (1997). National utilization of mental health services by Asian Americans/Pacific Islanders. *Journal of Community Psychology*, 25, 141-145.

Mau, W., & Jepsen, D. A. (1988). Attitudes toward counselors and counseling processes: A comparison of Chinese and American graduate students. *Journal of Counseling and Development*, 67, 189-192.

Morrissey, M. (1997). The invisible minority: Counseling Asian Americans. *Counseling Today*, 40(6), 1, 21-22. Parham, T. A., & Helms, J. E. (1981). The influence of

Black students' racial identity attitudes on preference for counselor's race. *Journal of Counseling Psychology*, 28, 295-305.

Root, M. P. P. (1985). Guidelines for facilitation therapy with Asian American clients. *Psychotherapy*, 22, 349-356.

Schonert-Reichl, K. A., & Muller, J. R. (1996). Correlates of help-seeking in adolescence. *Journal of Youth and Adolescence*, 25, 705-731.

Snowden, L. R., & Cheung, F. K. (1990). Use of inpatient mental health services by members of ethnic minority groups. *American Psychologist*, 45, 347-355.

Sodowsky, G. R. & Lai, E. W. M. (1997). Asian immigrant variables and structural models of cross-cultural distress. In A. Booth (Ed.). *International migration and family change: The experience of U. S. immigrants*. New Jersey: Erlbaum.

Solberg, V. S., Choi, K-H, Ritsma, S., & Jolly, A. (1994a). Asian-American college students: It is time to reach out. *Journal of College Student Development*, 35, 296-301.

Solberg, V. S., Ritsma, S., Davis, B. J., Tata, S. P., & Jolly, A. (1994b). Asian- American students' severity of problems and willingness to seek help from university counseling centers: Role of previous counseling experience, gender, and ethnicity. *Journal of Counseling Psychology*, 41(3), 275-279.

Suan, L. V., & Tyler, J. D. (1990). Mental health values and preferences for mental health resources of Japanese American and Caucasian-American students. *Professional Psychology: Research and Practice*, 21(4), 291-296.

Sue, D., & Sue, D. W. (1993). Ethnic identity: cultural factors in the psychological development of Asians in America. In D. R. Atkinson, G. Morten, & D. W. Sue (Eds.). *Counseling American minorities: A cross-cultural perspective* (5th ed., pp. 199-210). Madison, WI: Brown & Benchmark.

Sue, D. W., & Sue, S. (1990). *Counseling the culturally different: Theory and practice* (2nd ed.). New York: Wiley.

Sue, S., Fujino, D. C., Hu, L., Takeuchi, D. T., & Zane, N. (1991). Community mental health services for ethnic minority groups: A test of the cultural responsiveness hypothesis. *Journal of Consulting and Clinical Psychology*, 59, 533-540.

Sue, S., & Zane, N. (1987). The role of culture and cultural techniques in psychotherapy: A critique and reformulation. *American Psychologist*, 42, 37-45.

Tata, S. P., & Leong, F. T. L. (1994). Individualism/Collectivism, social network

orientation, and acculturation as predictors of attitudes toward seeking professional psychological help among Chinese Americans. *Journal of Counseling Psychology*, 41(3), 280-287.

Tedeschi, G. J., & Willis, F. N. (1993). Attitudes toward counseling among Asian international and native Caucasian students. *Journal of College Student Psychotherapy*, 7, 43-54.

Tracey, T. J., Leong, F. T., & Glidden, C. (1986). Help seeking and problem perception among Asian Americans. *Journal of Counseling Psychology*, 33(3), 331-336.

Triandis, H. C. (1989). The self and social behavior in differing contexts. *Psychological Review*, 96, 506-520. Uba, L. (1994).

Asian Americans: Personality patterns,

identity, and mental health. New York: Guilford Press. Uomoto, J. M., & Gorsuch, R. L. (1984). Japanese American response to psychological disorder: Referral patterns, attitudes, and subjective norms. *American Journal of Community Psychology*, 12(5), 537-550.

Webster, D. W., & Fretz, B. R. (1978). Asian American, Black, and White college students preferences for helpgiving sources. *Journal of Counseling Psychology*, 25, 124-130.

Wills, T. A., & DePaulo, B. M. (1991). Interpersonal analysis of the help-seeking process. In C. R. Snyder & D. R. Forsyth (Eds.), *Handbook of social and clinical psychology* (pp. 350-375). New York: Pergamon.

Worthington, E. L. (1988). Understanding the values of religious clients: A model and its application to counseling. *Journal of Counseling Psychology*, 35(2), 166-174.

Worthington, E. L. (1986). Religious counseling: A review of published empirical research. *Journal of Counseling and Development*, 64, 421-431.

Worthington, E. L., & Scott, G. G (1983). Goal selection for counseling and potential religious clients by professional and student counselors in explicitly Christian or secular settings. *Journal of Psychology and Theology*, 11, 318-319.

Yeh, C. J. (1999). Coping Attitudes, Sources, and Practices Questionnaire. Unpublished manuscript.

Zander, A. (1983). The value of belonging to a group in Japan. *Small Group Behavior*, 14, 3-14.

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