

Adult Korean Americans: Their Attitudes Toward Seeking Professional Counseling Services

Sung Hye Yi, Ph.D.
Romeria Tidwell, Ph.D.

ABSTRACT: This exploratory study examined the attitudes of 157 adult Korean Americans, who routinely gather at a community center, about obtaining professional counseling services. Data gathered from self-report instruments were used to determine gender, income, and educational differences and preferences for seeking sources of help. No significant gender or income level differences were found among the participants with respect to their attitudes in procuring professional counseling. However, study-participants with higher levels of education indicated more positive attitudes about securing professional assistance. Also significant differences were found between female and male respondents regarding their preferences for help-seeking. Implications for practice and future research are discussed.

Despite the growing literature on the attitudes of Asian Americans regarding the usage of professional mental health services, few studies have used adults as their study samples. The majority of these studies used respondents from college and university settings in their investigations (Kim, Yang, Atkinson, Wolfe, & Hong, 2001; Lee, Falbo, Doh, & Park, 2001; Rhoads, Lee, & Yamada, 2002; Yeh, 2003; Ying, Lee, Tsai, Hung, Lin, & Wan, 2001; Ying, Tsai, Yeh, & Huang, 2000; Zhang & Dixon, 2001). Therefore, most of the knowledge about Asian Americans' decisions to seek help and their help-seeking attitudes are based on a very narrow age group.

Sung Hye Yi and Romeria Tidwell are affiliated with University of California, Los Angeles.

Address correspondence to Romeria Tidwell, Ph.D., Graduate School of Education and Information Studies, Moore Hall, Box 951521, Los Angeles, CA 90095-1521; e-mail: tidwell@gseis.ucla.edu

The number of Asian Americans continues to increase in the United States, and they are considered the fastest growing ethnic group in this country. The Asian American population is expected to grow to more than 40 million by the year 2050, roughly estimated to be more than 10% of the country's total population. In addition, older Asian Americans now consist of 2% of the U.S. population with a projected increase of 67% by 2010 (U.S. Bureau of the Census, 2000). Because more than 60% of the Asian American population is foreign born, more research focusing on various age groups is needed to sort out the complex variables within the diverse Asian American population (Kawahara, 2000a; Kim, Rendon, & Valadez, 1998). Korean Americans, in particular, are one of the fastest growing immigrant groups. More than 1 million people of Korean descent live in the United States; 32% of those are California residents (U.S. Bureau of Census, 2000).

Many studies have documented that Asian American groups are often perceived as model minorities (Lee, 1996; Oyserman & Sakamoto, 1997) with few personal or emotional problems (Kawahara, 2000b; Lee, 1996). Some common beliefs are Asian Americans function well in society; they are somehow immune to cultural conflicts and discrimination; and they experience few adjustment difficulties (Atkinson, Morten, & Sue, 1993). By contrast, other researchers have found that Korean Americans, as well as other Asian Americans, experience a variety of educational, psychological, and social problems (Kim et al., 1998; Lee, 1996; Liu, 1998). Unfortunately, as a group, Asian Americans underutilize traditional mental health services and facilities (Matsuoka, Breaux, & Ryujin, 1997; Yeh, 2002).

Most researchers agree that Asian Americans' low rates of mental illness, divorce, juvenile delinquency, and underutilization of mental health involvement is related to their traditional cultural values. They may have also had negative experiences with Western-style psychotherapy, which emphasizes self-disclosure and emotional expression—a notion that contrasts sharply with Asian preferences for sources of help and their cultural training (Sue, 1994; Uba, 1994). Some research suggests that Asian Americans are inaccurately labeled as mentally healthy, with the corresponding rates of their psychopathology also being grossly underestimated (Leong, Wagner, & Tata, 1995). In addition, even Asian Americans who do use mental health services have significantly higher dropout rates than White clients (Atkinson, Lowe, & Matthews, 1995).

The stigma often associated with emotional difficulties and mental illness appears to be another important factor in Asian Americans'

unwillingness to obtain professional counseling assistance outside the family structure (Solberg, Ritsma, Davis, Tata, & Jolly, 1994; Yeh & Wang, 2000; Yi, 2000). They typically avoid using available mental health services because to seek outside professional help brings shame upon the family (Chang & Myers, 1997). Therefore, the Asian American family system pressures individuals to keep their mental health concerns hidden. This, too, contributes to the low usage of mental health professionals and their clinical services (Sue, 1994). Some studies suggest, however, that, when Asian Americans do seek assistance for mental health problems, their symptoms tend to be severe (Chen, Sullivan, & Lu, 2000). Asian Americans also may underutilize professional counseling services because they are socialized to internal stress and repress their feelings (Atkinson et al., 1995; Yi, 2000) and to believe that psychological problems result from bad thoughts and a lack of willpower (Murray, 2000; Sue, 1996). In addition, language and cultural barriers may oftentimes prevent many Asian Americans from getting the services they need (Morrisey, 1997).

Although gender differences among Asian Americans have received much attention from researchers, there are conflicting findings regarding the differences between female and male attitudes about obtaining professional counseling services. Some researchers indicate gender differences are related to a person's willingness to obtain assistance from professionals (Leong & Zachar, 1999; Tata & Leong, 1994). A number of studies reported finding gender differences, with Asian American females expressing a greater willingness to participate in professional counseling than Asian American males (Leong & Zachar, 1999; Tata & Leong, 1994; Yeh, 2002). In addition, Asian American females were also more willing to identify counseling-related problems and seek professional assistance than their male counterparts.

The nature of the presenting problem also appears to have some importance when examining Asian Americans' attitudes toward seeking professional assistance. Chang and Myers (1997) found, for example, that Asian American clients are more likely than White clients to cite educational or vocational concerns as their presenting issue or problem (Chang & Myers, 1997). Because many Asian Americans regard using mental health services as shameful (Yi, 2000), they tend to consult professionals only as a last resort when symptoms are extremely severe or disruptive (Singelis & Sharkey, 1995; Solberg et al., 1994).

As the number of adult Korean Americans grows in the United States, it becomes important to ascertain their attitudes toward

obtaining professional counseling services. As previously mentioned, most studies on Asian Americans' help-seeking attitudes have used young adults from academic settings (Kim et al., 2001; Lee et al., 2001; Rhoads et al., 2002; Yeh, 2003; Ying et al., 2001; Zhang & Dixon, 2001). This exploratory study is unique in that it was specifically designed to expand our knowledge regarding help-seeking behavior by using a noncollege, nonclinical sample of adult Korean Americans.

METHOD

Respondents

The respondents for this study were 157 adult Korean Americans (71 males, 86 females) who routinely socialized at a Korean neighborhood community center in Southern California. Their ages ranged from 18 to 59 years, the mean age being 32. The mean age of the respondents when they left Korea was 22 years, with a range of 0–50 years; the mean number of years the respondents had been away from Korea was 10 years, with a range from 1 to 28. Seven of the respondents were born in the United States; the rest were born in Korea. Among the respondents, 80 were married and 77 were single.

Procedure

At the community center, the adult respondents were asked to participate in the study. Those agreeing to participate were given a package containing a consent form; a set of questionnaires; a cover letter explaining in detail the goals, purposes and procedure of the study; and a stamped self-addressed envelope. Because Korean was the primary language of the majority of the study's volunteers, all materials were written in both Korean and English. Returned questionnaires were kept confidential, and all documents were identified only by number. The response rate was 93%.

Instruments

Three instruments were used in this investigation: The Attitude Toward Seeking Professional Psychological Help Scale (ATSPPH Scale; Fischer & Turner, 1970); the Help-Seeking Behavior Scale, designed for this study; and a demographic survey, which was also designed for this study.

The consent form, cover letter, and three instruments were translated independently into Korean by two bilingual Korean American graduate students.

The *Attitude Toward Seeking Professional Psychological Help Scale* or ATSPPH Scale (Fischer & Turner, 1970), consists of 29 items representing four subscales: recognition (awareness of need for professional psychological help), tolerance (tolerance of stigma associated with seeking psychological help), interpersonal (interpersonal openness), and confidence (confidence in the mental health profession). The ATSPPH scale distinguishes those who seek and use mental health services from those who do not.

Each item is a statement scored on a four-point, Likert-type scale ranging from strongly disagree (1) to strongly agree (4). A high total score on the scale indicates a positive attitude toward seeking professional help for psychological problems. Fischer and Turner (1970) report that the ATSPPH scale, which has a test–retest reliability of .83, and intercorrelations among the subscales from .25 to .35, with the exception of the Recognition and Confidence subscales, which was .58. The adapted version has previously been used with Vietnamese–American students (Atkinson, Ponterotto, & Sanchez, 1984), as well as Chinese–Americans, Japanese–Americans and Korean–American students (Atkinson & Gim, 1989).

Help Seeking Behavior Scale. This scale, consisting of five items, examines where and to whom the participant turns for help with problems. The items are a) “If I had problems with my children, I would seek help from ...”; b) “If I was having trouble with my spouse (mate), I would seek help from ...”; c) “If I had a personal problem, I would seek help from ...”; d) “If I had financial problems, I would seek help from ...”; and e) “If I had trouble at school/job, I would seek help from ...”.

The response format is a three-point, Likert-type scale: 1, “I would handle it myself”; 2, “I would talk to a family member”; and 3, “I would seek help from an outside professional person.” The total possible score ranges from 5 to 15, and responses were coded so that a higher score indicates the tendency to seek help from a professional person; whereas, a lower score reflects a tendency to handle the problems by oneself or within the family.

Demographic Survey. Respondents were asked to provide demographic information, including age, gender, age at time of immigration (if applicable), number of years in the United States since immigration (if applicable), educational level in Korea, education level in the United States, marital status, religion, years within the present religion, home ownership, occupation, approximate yearly income, fluency in Korean, and fluency in English.

RESULTS

The study’s findings focus on answering two primary questions: (a) Are the attitudes of adult Korean Americans toward seeking professional mental health assistance different according to gender, education, and income level?; and (b) Are there preferential differences between the female and male Korean American respondents regarding their source of help for problems that may require counseling (i.e., self, family, or professional)? Presented in Table 1 are the maximum, minimum, mean, and standard deviation for the two dependent variables—ATSPPH Scale scores and the HSBS scores—used to examine these two questions.

First, scores on the ATSPPH indicate gender was not a significant predictor of the attitudes of adult Korean–American respondents toward seeking professional mental health services. However, the respondents’ education level in the United States ($t = 2.3, p < .05$) and

TABLE 1

Descriptive Statistics for Dependent Variables

	<i>Minimum</i>	<i>Maximum</i>	<i>Mean</i>	<i>Standard Deviation</i>
ATSPPH	5	53	31.41	11.11
HSBS	5	15	8.77	2.18

N=157.

their education level in Korea ($t = 3.134, p < .01$) were both found to be significant predictors of scores on the ATSPPH. In other words, the adult Korean Americans with higher levels of education that were obtained either in Korea or in the United States indicated more positive attitudes about securing professional assistance. Income level was not a significant predictor of the respondents' scores on the ATSPPH Scale.

The second area of the study's inquiry suggests there are differences between female and male adult Korean Americans. Respondents' scores on the HSBS indicate a significant difference ($t = 2.669, p < 0.01$) between the genders in their preferences for sources of assistance for problems that may require counseling. That is, the Korean–American females' responses indicated a greater willingness to seek help from professionals more than the Korean–American males. Income and education level were not significant predictors of HSBS scores.

DISCUSSION

This study examined the attitudes about obtaining professional counseling services among adult Korean Americans. Based on the findings of previous studies, female Korean–American participants were expected to hold more positive attitudes toward securing professional mental health assistance than their male counterparts (Leong & Zachar, 1999; Yeh, 2002). However, our findings did not support this prediction. Instead, this study found that gender was not a significant predictor of Korean–American attitudes regarding obtaining mental health services.

Inconsistencies continue to be found related to gender differences among Asians in the attitudes they hold about obtaining mental health assistance. Although some studies have found differences in gender

regarding their subjects' willingness to get professional help (Derry, 1996; Leong & Zachar, 1999; McCaffrey, 1996), other researchers report finding no differences (Clancy, 1992; Lee, 1996). Nevertheless, the lack of differences in gender is surprising since females in the general population tend to have more positive attitudes toward mental health services than males (Tata & Leong, 1994; Tedeschi & Willis, 1993). Atkinson and Gim (1989), who found no gender differences in their work, provide a feasible explanation regarding this phenomenon. They believe the lack of differences with respect to using mental health services is a result of similar socialization patterns between the genders. In other words, these authors contend that, when mental health usage is low, gender differences are more difficult to detect.

Perhaps, as suggested by this study's findings, gender only predicts preference for source of assistance, with females showing a preference for professional assistance more than males (Yeh, 2002). This study did find gender differences in preference for the source in seeking professional help—with adult Korean–American females more willing to receive help from professionals than adult Korean–American males. This is of particular interest given that research on Korean–American immigrant women tends to suggest they experience high rates of culture-specific depression, known as *hwa-byung* (Lee et al., 2001). Additionally, this finding is consistent with the results of a number of studies suggesting that Asian American females are more willing to obtain professional mental health assistance than Asian males (Tata & Leong, 1994; Yeh & Wang, 2000). Korean–American females also endorse less traditional values than Korean–American males (Shin, Berkson, & Crittenden, 2002).

LIMITATIONS AND FUTURE RESEARCH

The results of this study are subject to the limitations of any self-report investigation. First, only attitudinal criterion variables were examined, with no behavioral indicators being included. Also, a sampling bias may have been operating, and no information was obtained on the nonrespondents. In addition, there was a limitation with respect to generalizations since this was a non-randomized sample and, hence, unrepresentative in some ways. Likewise, because these particular adult nonclinical Korean–American respondents came from a specific Southern California community center, the study makes generalizations toward Korean Americans residing in other locations

inappropriate. It is also not possible to generalize the results of this study to other age groups in other settings (Aldwin, Sutton, Chiara, & Spiro, 1996). There was a limitation with regard to one scale, the Help Seeking Behavior Scale, used in this study, as its cultural validity has not been examined directly (Okazaki & Sue, 2000).

CONCLUSIONS

This study takes an important step to integrate cultural variables of the adult Korean Americans from a neighborhood community setting. The expansion of age as well as environment in this study of Asian Americans is in keeping with the belief of Ho (1998), who calls for more indigenous investigations that inform Asian mental health practitioners. Because of the rapid growth and change in the Korean–American population, in particular, Nah (1993) and others consider it vital that researchers anticipate and investigate the continuing problems associated the issues of Asian Americans such as acculturation, socio-emotional stress, language skills, unemployment, education, and age (Liem, Lim, & Liem, 2000; Yeh, 2002). As eloquently stated in 1994 by Sue, research that is done on traditional or intrinsic healing systems of Asian cultures not only would provide balance to the conceptualization of mental health issues of Asian Americans but also might open up new and exciting theories and practices in multicultural treatment interventions and ethnic-specific programs in public mental health systems (Akutsu, Snowden, & Organista, 1996; Sue, 2000; Yeh, 2002).

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