Who Seeks Help? A Global Perspective on Attitudes Toward Seeking Professional Psychological Help: Vietnam, Hong Kong, and the United States

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ABSTRACT

The act of seeking professional psychological help varies widely across cultures. Past cross-cultural studies examining help seeking are relatively few; yet often conclude with findings suggesting Western cultures are more apt to seek help than Eastern cultures. The current study is a cross-cultural comparison of university students in Vietnam, Hong Kong, and the United States. Survey instruments used include both the Fischer & Turner Scale and a case study depicting a women suffering from depression with open-ended questions following. Therefore, both qualitative and quantitative data was contrived. Findings suggest Vietnamese and American university students to hold similar help-seeking behaviors, while Hong Kong university students reported significantly lower help-seeking attitudes. A wide range of cultural trends presented themselves in the short response section. Reasons behind these factors vary due to cultural differences, changing perspectives, and stigmatization related to help seeking.

INTRODUCTION

According to the National Institute of Mental Health, 15% of mental health illnesses account for the world's burden of disease, an occurrence rate greater than all cancers combined (2008). Mental illness is a pandemic problem and should be recognized by cultures worldwide. The acts of seeking help and the knowledge and acceptance of mental illnesses across all societies are two primary avenues required to decrease human loss due to psychological disorders. The following study helps to broaden the knowledge base on differences between cultures perceptions toward psychological practices and highlights specific viewpoints as to why help seeking is or is not pursued. It also addresses how rapidly foreigners acquire new ideologies or reshape past ones, when immersed within a different culture.

Help Seeking

Development of help seeking behaviors. The act of help seeking is influenced by a range of factors including age, ethno racial group, gender, nationality, religion and socio-economic status (Lin et al., 1982). Help seeking is a multi-faceted topic, yet cultural differences in relation to help seeking will be the key focus of this study. Acceptance of help-seeking processes is a crucial bridge between the onset of mental health problems and the services provided by professional health care workers (Al-Krenawi, Graham, Dean, & Eltaiba, 2004). Higher rates of help-seeking acceptance are believed to come with psycho-education, a program aimed specifically at increasing individuals' knowledge of psychology. Internationally the process of psycho-education has been shown to reduce the stigma associated with acknowledging mental illnesses (Chang, 2007).

Evidence supporting help seeking differences across cultures. Knowledge on various medical approaches has gained substantial recognition worldwide through the process of globalization. This dissemination of information is demonstrated through medical pluralism, the co-existence of opposing medical beliefs and behaviors within the same culture (Edman & Koon, 2000). Building off of this point, studies have indicated a vast array of perceptions toward illness and mental illness existence across cultures (Edman & Kameoka, 1997; Kleinman, 1980; Narikiyo & Kameoka, 1992).

Past research examining Southeast Asian residents' help-seeking behaviors has clearly indicated culture-related reactions. In China, psychological disorders have been frequently seen as personality deficits and moral hindrances leading to a stigmatization of help seeking (Sue & Morihima, 1982). One study on Chinese college students found participants to not actively increase help-seeking behaviors despite an elevated need for professional health services (Chang, 2007). Help-seeking behavior was correlated with students who held more positive attitudes towards

counseling and psychology. A study in Malaysia found both university students and their mothers to favor traditional approaches to medicine despite the cheaper western services available to them. Researchers attributed the lack of perception difference between generations to Malaysia's rapid modernization and boom of Western medical services in the past two decades (Edman & Koon, 2000). Malaysia's fast-paced modernization in relation to the Western world reflects the development of numerous Southeast Asian countries.

Current Research

In order to decipher cultural differences in relation to help-seeking behaviors, this study examined three separate cultures: Vietnam, Hong Kong, and the United States. These three nations tie together in unique ways. The United States and Vietnam sit as the two extremes, while Hong Kong resides as an ideological common ground. A fourth group of participants, Vietnamese-Americans were also included in the study. Vietnamese-American subjects were meant to provide data allowing inferences to be made on how quickly Vietnamese citizens, living immersed in Western cultures, begin to adopt new cultural perceptions. Further evaluation of student's knowledge, accessibility, and recognition of mental illness was addressed in a short response section where participants answer questions related to a woman suffering from depression. Therefore the study consists of both quantitative and qualitative aspects.

Hong Kong acted as a mediator between Vietnam and the United States for multiple reasons. Developmentally Hong Kong is similar to the United States. According to the World Bank Group, the United States and Hong Kong are both classified as 'high-income' developed countries. Vietnam is classified on the opposite end of the spectrum, as a 'low income' developing nation (2008). Geographically Hong Kong is similar to Vietnam, each have adopted similar regional practices and share a relatively comparable history. However, a noteworthy difference exists between the countries uptake of outside influence. Westernized mental health services in Hong Kong have been implemented and widely accessible to citizens for a longer period of time than in Vietnam (Fung & Wong, 2007). As a result, Hong Kong residents have an increased general knowledge of Western mental health services than do Vietnamese residents.

Vietnam is a nation coming out of recent turmoil while the United States and Hong Kong have remained relatively stable. The Vietnam War, ending in 1975, crippled the country and delayed the impacts of globalization. In 2001 a researcher noted "demand for clinical psychology services is very high, with virtually no services available for the population" (Prior). Research assessing help-seeking behaviors in a rapidly changing country acts to expand information on the subject cross-culturally and also uncovers certain extenuating circumstances that should not be ignored.

The research survey was divided into two distinct segments; one consisted of quantitative data while the other consisted of qualitative data. I hypothesized university students residing in traditionally westernized societies, such as the United States, will be more open to help-seeking than university students residing in traditionally eastern societies, such as Hong Kong and Vietnam. Expanding off of this, I also hypothesized students raised in traditionally eastern societies that are temporarily studying abroad within a traditionally westernized society will become more open to help seeking. My third hypothesis stated the open-ended response section would display culturally different ideological trends between Eastern and Western societies.

METHOD

Participants

Participants consisted of 151 college students—23 American students from the University of Wisconsin-La Crosse, 42 Hong Kong students from City University, 72 Vietnamese students from either Hanoi National University or Ho Chi Minh City University of Economics, and 13 Vietnamese students studying at the University of Wisconsin-La Crosse for at least one semester. The sample's age ranged from 17 to 27 (M= 20.4, SD= 1.63) including 29 men and 119 women. Of the 151, there were 46 freshmen, 59 sophomores, 19 juniors, 13 seniors, and 11 graduate students.

Rates of traveling abroad varied greatly, of them 10% of Vietnamese, 57% of Hong Kong-Chinese and 70% of Americans had previously traveled abroad. Participants also indicated if they had taken a psychology course. This response highlighted that 23% of Vietnamese, 36% of Hong Kong-Chinese, 91% of American, and 49% of Vietnamese studying in the U.S. had all taken a psychology course previously.

Instrumentation

After obtaining informed consent, participants responded to an approximately twenty minute bilingual (Vietnamese and English) questionnaire consisting of Fisher & Turner's Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPH) (1970). The questionnaire was followed by a case study depicting a wife with

depression, Mrs. Le, with corresponding open-ended questions following the passage. Both scales had been translated and back-translated. The survey consisted of a total of forty questions. Twenty-nine were related to the ATSPPH scale, four to Mrs. Le's case study, and seven to demographic information. Respondents were debriefed upon completion of the survey.

Vietnamese and Hong Kong-Chinese university students filled out the questionnaire in January 2009. American and Vietnamese students studying in the U.S. received the questionnaire in February 2009. Vietnamese students studying in the U.S. were mailed questionnaires; the remaining three groups answered them in a classroom setting.

RESULTS

The relationship between nationality and help-seeking behavior was tested using a factorial ANOVA. It was predicted that university students living or studying abroad in Western countries would be more prone to help seeking than students living in Eastern societies. Neither of the hypothesis's relating to the Fischer & Turner Scale was supported. However, a main effect in help-seeking behavior was found between Hong Kong-Chinese and both Vietnamese and American university students. Therefore, Vietnamese university students were found to be significantly more help seeking than Hong Kong-Chinese university students [$F(3,146) = 9.97$, $p = .00$]. American university students were also found to be significantly more help seeking than Hong Kong-Chinese university students [$F(3,146) = 8.52$, $p = .01$]. There was no significant difference found between Vietnamese students studying in Vietnam and Vietnamese students studying in the United States. Through post-hoc analysis we found no overall difference to exist depending on whether or not participants had taken a psychology class previously.

Open-ended responses to 'The Case of Mrs. Le' identified specific trends between Eastern and Western societies, and therefore supported the hypothesis. Significantly more Americans (83%) labeled Mrs. Le's psychological condition as 'depression' than compared to Vietnamese (44%), Hong Kong-Chinese (42%), and Vietnamese studying in the U.S. (62%). Eastern society participants tended to link the symptoms more to Mrs. Le experiencing a Psychological Illness or Emotional Problems (see Figure 1). American students viewed Mrs. Le's problem as less perpetuated by herself (0%) than when compared to Vietnamese (16%), Hong Kong-Chinese (22%), and Vietnamese studying in the U.S. (31%). Eastern society participants tended to link the cause to internal problems in Mrs. Le's control while American participants linked the cause more to external problems out of Mrs. Le's control (see Figure 2). When asked how Mrs. Le should alleviate the situation compared to how the participant would if in her situation, all Eastern societal cultures tended to suggest Mrs. Le to confer with a psychologist ($M = 61\%$) more than they themselves would consult a psychologist ($M = 41\%$). Hong Kong-Chinese students sought psychologists the least if placed in Mrs. Le's situation (33%), a finding congruent with that sample's help-seeking behavior (see Figure 3).
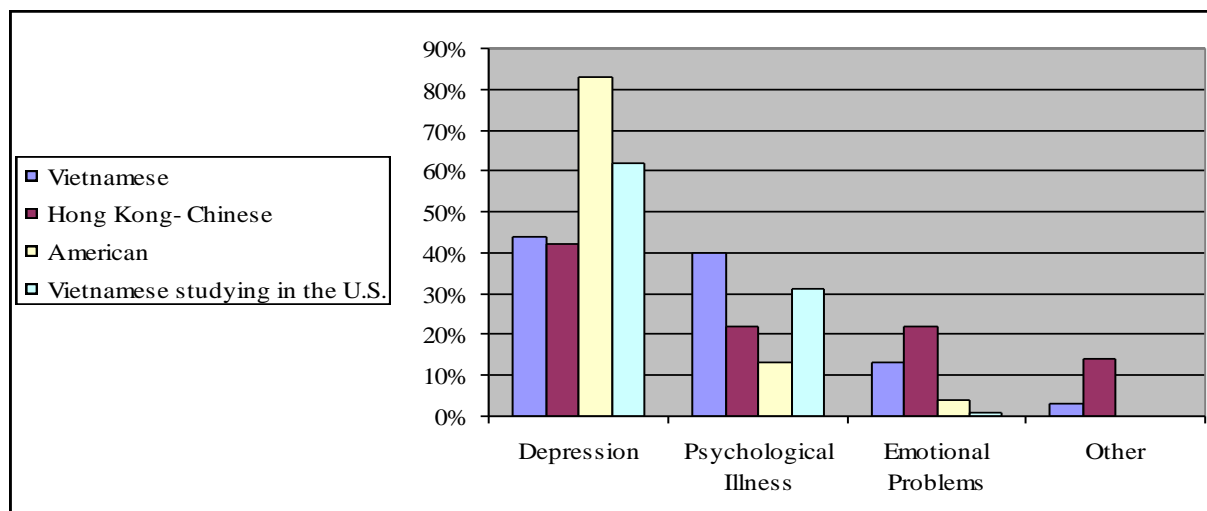

Figure 1. Responses to 'The Case Study of Mrs. Le' regarding the term thought to best describe her problem
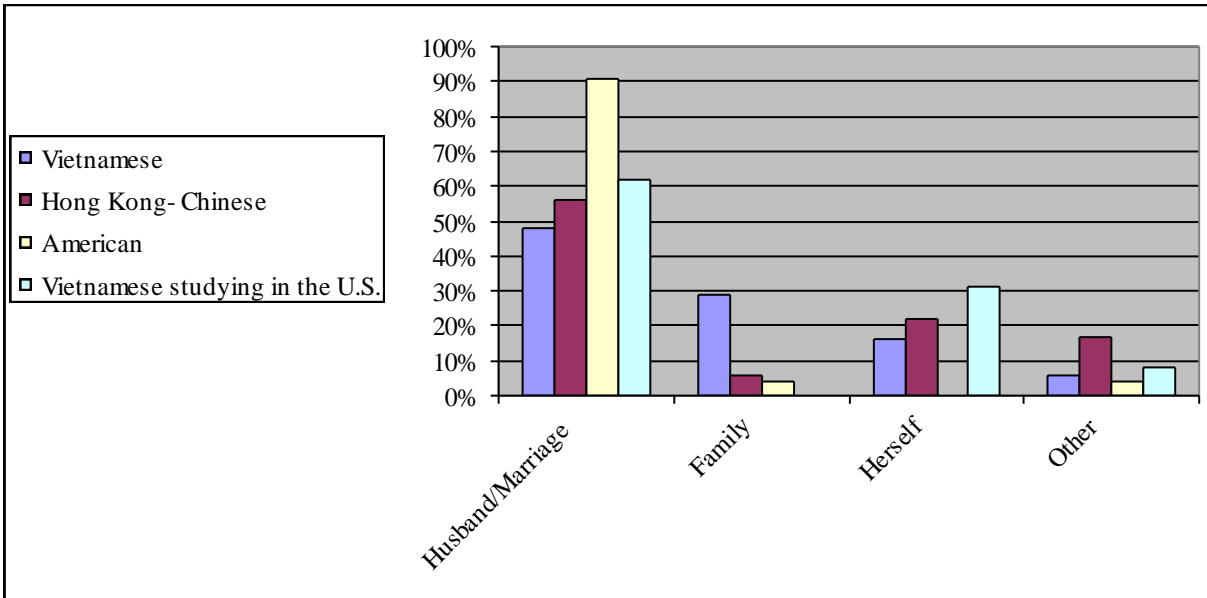
Figure 2. Responses to 'The Case Study of Mrs. Le' regarding what was believed to be the cause of her situation
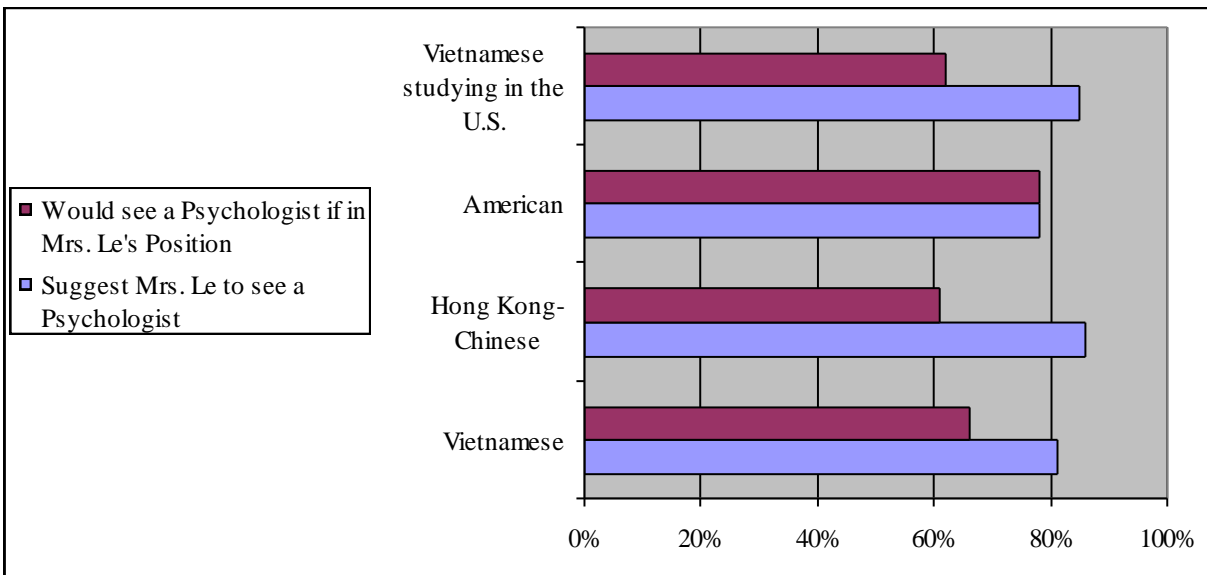

Figure 3. Responses to 'The Case Study of Mrs. Le' regarding whom participant's believed Mrs. Le should seek help from and who the participant's would seek help from if they were in Mrs. Le's situation

DISCUSSION

Past research has displayed results reinforcing a divide between Eastern and Western cultures approach to and view of help seeking. Eastern cultures generally link more stigmatization to help seeking (Sue & Morihima, 1982), while individuals from Western cultures generally are more prone to seek help due to its integrated nature within these specific societies. The research project, however, did not go along with such past observations and instead highlighted some possible societal changes.

Hong Kong-Chinese participants were the sample which was found to seek help least, and displayed significantly less help-seeking behavior than when compared to both American and Vietnamese university students. Since Hong Kong-Chinese participants in the study were largely from Mainland China rather than actually Hong

Kong residents, the finding is consistent with past research. Chinese citizens have been found to view psychological disorders as personality deficits and moral hindrances; thus leading to a cultural stigmatization of help seeking (Sue & Morihima, 1982). This finding was also replicated in 'The Case of Mrs. Le,' for Hong Kong-Chinese participants were the least likely to seek a professional for help if in Mrs. Le's situation, yet were the most likely to suggest Mrs. Le to seek a professional psychologist for help.

When comparing Vietnamese and American cultures, however, the results point to an ideological convergence. Each culture held similar help-seeking behaviors, therefore suggesting that the Vietnamese culture has become substantially more accepting of seeking professional help for psychological problems within the recent past. This finding could be linked to a variety of reasons. One such reason could include the population being sampled. Since all of the Vietnamese participants were attending school at a university level and with many of the students primarily studying the English language and culture, this could have led to a significant response bias given the unique sample of the population. On the other side, education has vastly improved in the culture along with access to healthcare, possibly promoting an ideological shift.

Vietnamese students studying within the U.S. did not show any significant changes in help-seeking behavior when compared to Vietnamese students studying in Vietnam. This occurrence is likely due to the fact that Vietnamese and American university students hold similar help-seeking behaviors. Vietnamese studying in the U.S. were also only immersed within the culture for a minimum of 6 months, a relatively short duration, and may not have changed due to lack of exposure.

In response to the case study, Americans likely labeled Mrs. Le's symptoms more precisely as depression due to substantially higher rates of reporting in the United States than in all Asian nations (Chang et al., 2008). Hong Kong-Chinese and Vietnamese participants suggested Mrs. Le's situation was more perpetuated by herself than from her surrounding environment. This finding is consistent with Asian cultures emphasizing secondary control: the process of changing themselves to fit the world rather than striving to change the world to fit themselves (Weisz et al., 1984). Therefore, by rooting the problems specifically to Mrs. Le this provides the participants an avenue accepted by their culture to alleviate the situation. The trend of participant's suggesting Mrs. Le to seek a professional psychologist to alleviate her problem, yet not seeking a professional psychologist if placed in Mrs. Le's situation themselves could be linked to stigmatization attached to the act of help-seeking. Therefore, when participants internalize the problem to themselves they are more likely to recognize the stigmatization associated, however, when externalizing the problem to another person the stigmatization is lost, causing them to respond in a less personalized manner.

ACKNOWLEDGEMENTS

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