HELP-SEEKING ATTITUDES IN CHINESE: THE ROLE OF PERSONAL SELF-ESTEEM, COLLECTIVE SELF-ESTEEM AND LOSS OF FACE

BY

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THESIS

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ABSTRACT

The study examine the role of agentic (personal self-esteem) and communal (collective self-esteem, loss of face) needs in predicting help-seeking attitudes in U.S.-born and mainland-born Chinese. One-hundred and sixty participants, of which 81 (60.6%) reported being born in the U.S. and 79 (49.4%) reported being born in mainland China filled out a set of questionnaires. Path analysis revealed the relationships between agentic and communal needs and help-seeking attitudes differ as a function of socializing context (i.e., birth place). However, agentic and communal needs were not expressed in a manner that was consistent with the socialization context in the hypothesized way. Specifically, collective self-esteem and face influenced the attitude of U.S.-born Chinese while personal self-esteem as well as collective self-esteem mattered to the mainland-born Chinese. Overall, there is not a straightforward single pattern that accounted for help-seeking attitudes for U.S.-born Chinese and Mainland-born Chinese. Implications of these findings on Chinese individual’s help-seeking attitudes are discussed.
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CHAPTER 1
INTRODUCTION

Asian Americans utilize mental health services at a rate lower than other racial and ethnic groups (Hall & Yee, 2012; Matsuoka, Breaux, & Ryujin, 1997; Zhang, Snowden, & Sue, 1998). Their underutilization of mental health services is of particular concern because unmet psychological needs may lead to debilitating and sometimes fatal outcomes (David, 2010). For example, it has been found that, among adolescents, Asian Americans experience the highest levels of reported psychological distress; among elderly women, Asian Americans have the highest suicide rates (Takeuchi, Chung, Lin, Shen, Kurasaki, Chun & Sue, 1998; Takeuchi, Zane, Hong, Chae, Gong, Gee & Alegria, 2007). Additionally, studies have consistently shown that Asian Americans who do seek help for mental health concerns do so only at the point of extreme distress (Lee, Lei, & Sue, 2001; U. S. Department of Health and Human Services, 2001). Thus, there appear to be segments of the Asian American population that are in need of mental health services and are not accessing these resources. As the Asian population increases at a rate faster than all other racial groups in the U.S. (U.S. Census Bureau, 2010), understanding the factors that contribute to the unmet psychological needs of this population is imperative (U. S. Department of Health and Human Services, 2001).

Help-seeking attitudes have been identified as an important component of mental health service usage (Tata & Leong, 1994). According to Mackenzie, Knox, Gekoski, & Macaulay (2004), help-seeking attitudes are “an evaluative reaction to seeking help for psychological problems” (p. 2414). This reaction is influenced by a number of factors including those that emerge from unique cultural worldviews. For example, the shame-based collectivistic cultures that characterize specific Asian societies can have a unique impact on the help-seeking attitudes
of these Asians in the U.S. Specifically, the need to commune (be integrated with and function as a part of a social entity) may lead to unfavorable attitudes toward seeking mental health services (Yeh, 2002; Chang, 2007) because seeking help is seen as putting the status of the group or one’s place in the group in jeopardy. Simultaneously, the need to be agentic (proactively having one’s personal needs met) might lead to favorable help-seeking attitudes (Tessler & Schwartz, 1972) when such behaviors are in line with an efficacious view of self.

Further complicating help-seeking attitudes is the prioritization of agentic and communal needs as a function of an individual’s socializing context, specifically, an individual’s country of birth. Considering such, the relationships between agentic and communal needs and help-seeking attitudes in Chinese individuals born in the U.S. might be different from those Chinese individuals born in China. The interpersonal paradigm is a useful framework for understanding how individuals, socialized in differing contexts, manage their communal and agentic needs and help-seeking attitudes. Specifically, the current study used the interpersonal paradigm to explore how agentic and communal needs, as evidenced by personal self-esteem, collective self-esteem, and loss of face, differentially predicted attitudes toward seeking mental health services in U.S.-born and mainland-born Chinese individuals.

**Attitudes towards Seeking Mental Help Services**

Attitudes towards seeking mental help services is a multifaceted phenomenon. Help-seeking attitudes are comprised of three facets (Mackenzie et al., 2004). The first facet, psychological openness, is the extent to which individuals are willing to identify their psychological issues and are open to the possibility of seeking professional assistance. The second facet is help-seeking propensity, the extent to which individuals are motivated and able to seek professional psychological help. The last facet, indifference to stigma, is the extent to
which individuals are concerned about important others' views should they seek psychological services (Mackenzie et al., 2004).

Research on the facets of help-seeking attitudes and actual service usage has been sparse (Kung, 2003). However, the literature on help-seeking attitudes suggests that it is advantageous to examine the facets, as no single facet of help-seeking attitudes predicts actual help-seeking behaviors for all cohorts (e.g. nationality, age, gender; Atkinson, 2007; Loo, Oei, & Raylu, 2011). For example, Atkinson (2007) found individuals in North America (including Asian immigrants/visitors and Asian Americans) and Chinese in Macau to differ on all three help-seeking attitudinal components. Specifically, the former group had more psychological openness and propensity to seek help, and were less concerned about others’ evaluation of their psychological problems than were Chinese in Macau group. However, since the study did not make comparisons between the ethnic groups within the North American sample (i.e. Chinese and Chinese American) and the Chinese from Macau sample, the impact of socialization context (i.e. birthplace) in predicting help-seeking attitudes for Chinese subgroups (e.g. Chinese born in U.S. and outside U.S.) was unclear.

One consequence of socialization context is the different prioritization of agentic and communal needs, which may have implications for the three facets of attitudes towards seeking mental health services. Cross-cultural studies consistently reveal that socialization context impacts various dimensions of attitudes and behaviors among Chinese subgroups, such as self-concept and academic help-seeking patterns (Cameras, Bakeman, Chen, Norris & Cain, 2006; Hwang, Ang, & Francesco, 2002). For example, studies using different self-concept measurements showed that Chinese in their native country (e.g. Hong Kong and mainland China) have less positive views of themselves than their counterparts in foreign countries (Leung, 2010).
When Chinese individuals in their native country are compared across demographic area, difference was found between students on academic help-seeking patterns. For example, Hong Kong students perceived their academic help-seeking to incur the most cost (e.g. “seeking help on problems that I don’t know how to solve makes others look down on me”) and engaged in help-seeking the least when compared to students in Taiwan and Macau. Given the role that socialization context seems to play in a variety of dimensions relevant to Chinese populations’ attitudes and behaviors, this study tests the ways endorsement of traditional cultural values (i.e., agentic and communal needs), as a function of the context in which individuals are socialized (U.S.-born versus mainland-born), impact help-seeking attitude facets.

**The Interpersonal Paradigm**

The interpersonal paradigm is a conceptual model that has been used to account for the ways in which cultural factors influence attitudes and behaviors (Wiggins, 2003). It posits that attitudes like those associated with help-seeking behaviors are motivated by two distinct human needs, namely the needs for agency and needs for communion. Agency and communion needs are higher-order motivational constructs that specify the purpose behind an act (i.e., the “why” of action). These broad constructs can be assessed through lower-level variables that are less abstract, ranging from distal orientations to concrete goals that satisfy these higher needs (DeShon & Gillespie, 2005). This hierarchically nested conceptualization of motives, orientations, and goals is common in contemporary psychology, and can be used to conceptualize the connection between lower-level operationalized variables and higher-order constructs (Chiaburu, Marinova, & Lim, 2007; Horowitz, Turan, Wilson, & Zolotsev, 2008), as shown in Figure 1.
Agency refers to the desire to exert control and mastery in order to be individuated and achieve personal goals. It has been found to be associated with self-oriented outcomes (e.g., personal achievement, locus of control, and self-esteem; Helgeson, 1994). Meanwhile, communion refers to the desire to be integrated with and function as part of a larger social entity (e.g. family and ethnic group; Wiggins, 2003). The focus on others has been found to be associated with relationship-oriented outcomes, such as putting others before self (Helgeson, 1994).

The extent to which people seek to fulfill agentic or communal needs depends on the context in which they have been socialized. Research in cross-cultural studies, for example, suggests that persons belonging to Western cultures view the self in an agentic manner (independent from others) and pursue agentic goals such as achievement and competence. Meanwhile, persons from Asian cultures view the self in a communal manner (interdependent with others; Markus & Kitayama, 1991) and pursue communal goals such as civic and filial duties. One limitation to traditional studies on human behavior is a tendency to focus on either agentic or communal factors when studying help-seeking patterns in a given population. Yet, the assumptions of the interpersonal paradigm challenge this practice and argue that both needs have consequences for the help-seeking attitudes of Chinese individuals.

While both agentic and communal needs influence help-seeking attitudes among Chinese individuals, this effect is likely to vary based on the socialization contexts of individuals. This is so because U.S. culture, compared to Chinese culture, is more likely to encourage the prioritization of agentic goals such as establishing individual uniqueness and viewing oneself in a positive light. Conversely, Chinese society places more emphasis than U.S. culture on attaining communal goals such as fulfilling social obligations and obeying authority. Thus, the
extent to which an individual prioritizes agentic or communal needs is largely influenced by their socialization context. As a result, Chinese individuals born in China and in the U.S., respectively, may place a different degree of emphasis on fulfilling agentic and communal needs. Further, this different prioritization of needs will likely result in important within group differences in help-seeking attitudes. The current study’s examination of mainland-born Chinese and U.S.-born Chinese investigates the implications of socializing contexts on help-seeking attitudes.

**Agentic needs and help-seeking attitudes.** Personal self-esteem (PSE), also commonly referred to simply as “self-esteem,” is an individual’s overall assessment of oneself in terms of identity, life products, assets, appearance and associations. It is closely associated with individuals’ need for agency (Hirokawa & Dohi, 2007) and has been found to positively predict help-seeking attitudes (Li & Cheung, 2001; Mizuno, Ishikuma, & Tamura, 2006). Research has shown that individuals from Western cultures tend to self-enhance on this dimension of self-esteem, which means that they engage in processes that maintain a positive view of themselves as individuals. This inclination to self-enhance as manifested in the maintenance of positive self-esteem reflects individuals’ need to be agentic (i.e., individuated). Findings show that individuals with high agentic needs display enhanced self-esteem (Helgeson, 1994; Hirokawa & Dohi, 2007; Whitley, 1983), which demonstrates that the need for agency and self-focused orientation are closely connected. Additionally, the finding that individuals from Western cultures tend to have higher self-esteem compared to individuals from Eastern cultures (Twenge & Crocker, 2000) may reflect Western individuals’ emphasis on pursuit of agentic goals. Thus, the differing prioritization of agentic needs across groups, as evidenced by the inclination to
preserve personal self-esteem, could have implications on individuals’ attitudes towards seeking mental health services.

Given that little research has examined the relationship between personal self-esteem and help-seeking attitudes (Vogel, Wester, & Larson, 2007) among Asian subgroups, how these relationships differ between Chinese individuals born in the U.S. and in China can only be speculated from the larger literature. The help-seeking literature has demonstrated that high self-esteem is positively related to help-seeking attitudes in ethnic minorities in the U.S. (Winograd & Tryo, 2009). Since the need to preserve PSE is emphasized in Western cultures and not a main focus in Eastern cultures (Miller, Fung & Mintz, 1996), it is expected that PSE will positively predict each facet of help-seeking attitudes for Chinese individuals born in the U.S.

Communal needs and help-seeking attitudes: collective self-esteem. Collective self-esteem (CSE) refers to the extent to which individuals identify with a social group and value their group membership (Luhtanen & Crocker, 1992). It is theorized to reflect an aspect of the relational self that is closely associated with individuals’ need for communion (Helgeson & Fritz, 2000). Influenced by the Confucian teachings of social hierarchy, relational harmony, and shame, individuals from Eastern cultures (including the Chinese) tend to self-enhance on the collective dimension of self-esteem. According to Confucian philosophical tradition, one’s worth is determined by how well he/she functions in relation to a larger group. Thus, individuals engage in processes meant to promote positive views of themselves as members of a group (Luhtanen & Crocker, 1992). For example, group members use strategies such as self-modification, self-censorship, and self-effacement to achieve group cohesion or harmony, and subsequently are considered a worthwhile member of the collective (Kitayama, 2006; Tsai, Ying & Lee, 2001). This tendency to view the self as part of a group and the desire to preserve one’s
membership is believed to reflect individuals’ need for communion (Wiggins, 2003). Although agentic and communal needs are universal, communal needs are prioritized in the heavily Confucian-influenced Chinese culture. As such, one would expect CSE to negatively predict each facet of help-seeking attitudes.

The Confucian teaching can be unsupportive of seeking mental health services (Mok et al., 2008) due to concerns over one’s status in the group. For example, Yeh’s (2002) study on Taiwanese who were group-identified, and endorsed high CSE, were less likely to hold positive attitudes towards professional help-seeking. That is, seeking mental health services from out-group members, the mental health professional, crosses group boundaries and betrays in-group member privacy. This implies that even when one does acknowledge psychological distress and the potential benefit of using mental health services, one may still be reluctant to seek these resources. This reluctance is due to a desire to avoid the breach of group privacy and social disruptions and is consistent with satisfying communal needs. In sum, socializing context impacts help-seeking attitudes through individual’s prioritization of agentic versus communal needs.

**Communal needs and help-seeking attitudes: face.** While the concept of collective self-esteem captures an individual’s internal experience of worth through their membership in a group, it does not fully capture the collectively owned and externally determined aspect of self-worth (i.e., the concept of face). Face is defined by King and Bond (1985) as a “collective property” (Chang, 2008) to include an individual’s worth and the achievements of his or her affiliates (Ho, 1995; Kim & Cohen, 2010; Zane & Mak, 2003). An individual’s face must align with the worth that is recognized in the individual by others (Kim & Cohen, 2010). Thus, face is communally created and collectively owned. According to Confucius’ relationalism (Hwang,
2012), it is important not only to preserve the prestige of oneself but also that of the group. Since the self-worth of an individual extends to one’s associates, such as parents and friends, when an individual falls short of meeting social expectations, it will result in face loss for the individual involved as well as his or her affiliates. For example, if a student performs poorly on an exam, the student loses face for being perceived as an incompetent student, which threatens the individual’s self-worth. Simultaneously, the student’s parents may lose face because their child’s performance could imply deficiency in parenting skills. However, the parents’ face may be restored if another child of theirs performed exceptionally well. Thus, while collective self-esteem is private, face is communally constructed and owned by members connected by relationship. To achieve group benefit, individuals are motivated to engage in processes that maintain or enhance face, and avoid processes that lead to face loss (Luhtanen & Crocker, 1992). For example, face preservation is achieved through strategies such as fulfilling social expectations and avoiding conflicts and risks. The tendency to define the self in relation to how he/she is perceived and the high emphasis on face is believed to reflect Chinese individuals’ need for communion.

In the relationship-focused Chinese culture, concerns about face loss may lead to unfavorable attitudes towards seeking mental health services. That is because mental illness is stigmatized, and by seeking mental health help, the stigma attached to help-seeking would threaten the worth of an individual in the eyes of others. Thus, Chinese individuals who are sensitive to face loss may view mental health services negatively due to the potential of disclosing face-losing information that may bring shame to him/her (Liao, Rounds, & Klein, 2005; Mok, 2009; Wong, Tran, Kim, Van Horn Kern & Calfa, 2010). Additionally, the shame can extend beyond the individual to the group (Zane & Mak, 2003), causing social disruption. The tangible cost
associated with face loss runs counter to the culturally promoted virtue of communal needs. Thus, individuals who are concerned about face loss may sacrifice the opportunity to enhance their personal well-being. This avoidance of seeking mental health services in order to preserve one’s own social status and the image of one’s associated groups reflects Chinese individuals’ need for communion.

**Current Study**

The current study examined how agentic and communal needs as evidenced by personal self-esteem, collective self-esteem, and face loss are related to the three facets of help seeking attitudes. Since Chinese individuals can differ in their endorsement of traditional cultural values, as a function of the context in which they are socialized, this analysis accounted for differences in birthplace (U.S. and China).

Since the tendency to pursue agentic needs is characteristic of the culture of the United States, it was hypothesized that personal self-esteem will positively predict all three facets of attitudes towards seeking mental health services for U.S.-born Chinese. Although collective self-esteem and face concerns may be present in U.S.-born Chinese, these communal needs may not be significant predictors of help-seeking facets in the presence of agentic needs.

Since the tendency to pursue communal needs is characteristic of the Chinese culture, it was hypothesized that collective self-esteem and face would negatively predict all three facets of attitudes towards seeking mental health services for mainland-born Chinese. Agentic needs, as reflected by personal self-esteem, was not expected to be significantly related to mainland-born Chinese’s help-seeking attitudes in the presence of communal needs.
CHAPTER 2

METHODOLOGY

Participants

The sample included 160 participants who self-identified as being of Chinese descent, of which 81 (60.6%) reported being first-generation U.S.-born Chinese (those who have one or both parents born in the U.S.) and 79 (49.4%) reported being mainland-born Chinese. For the U.S.-born sample, there were 48 female participants (59.3%) and 32 male participants (39.5%). These participants, who ranged in age from 18 to 23 ($M = 19.3, SD = 1.22$) reported average household income ranging from under $24,999 to more than $125,000. For the mainland-born sample, there were 54 female participants (68.4%) and 25 male participants (31.6%). These participants, who ranged in age from 18 to 36 ($M = 20.56, SD = 2.92$), reported living in the United States from 0 to 15 years ($M = 3.03, SD = 3.49$), with household income ranging from under $24,999 to more than $125,000.

Instruments

Demographic questionnaire. This form was developed to collect information on participants’ gender, age, place of birth, generation status, duration in the United States, language proficiency in English and native language (if other than English), reason for migration, grade point average, major, current address and addresses in the last two years, family income, marital status and coping resources.

Personal self-esteem. The Personal Self-Esteem Scale (RSES), developed by Rosenberg (1965), is a widely used 10-item self-report questionnaire for assessing perceptions and presentation of the personal self (Hagborg, 1993; Lay & Verkuyten, 1999). The 4-point Likert scale ranges from strongly agree (score of 1) to strongly disagree (score of 4). High summed
score indicate high personal self-esteem. Items on the measure include “On the whole, I am satisfied with myself” and “I am able to do things as well as most other people.” In Lay & Verkuyten’s (1999) study, Cronbach’s alpha of 0.84 and 0.85 was obtained for Canadian-born Chinese and foreign-born, respectively. Adequate Cronbach’s alpha were obtained for U.S.-born Chinese (α = .88) and mainland-born Chinese (α = .82) in the current study.

**Collective Self-Esteem.** The Collective Self-Esteem Scale (CSES) revised version developed by Luhtanen and Crocker (1992) assessed an individual’s evaluation of himself/herself as a member of a particular race/ethnic group. The 16-item measure contains four subscales with a 7-point Likert format (strongly disagree = 1, strongly agree = 7). The *Private Esteem* subscale assesses individuals’ evaluation of their racial/ethnic group, using items such as “I feel good about the race/ethnicity I belong to.” The second subscale *Membership-Esteem* measures the extent to which participants consider themselves a good member of their racial/ethnic group (e.g. “I am a worthy member of the race/ethnic group I belong to”). *Public Esteem*, the third subscale, measures participants’ belief about others’ evaluation of their racial/ethnic group. An example of an item from this subscale is: “In general, others respect my race/ethnicity.” The last subscale, *Identity-Esteem*, measures the extent one’s social group membership is important to one’s self-concept, such as “The racial/ethnic group I belong to is an important reflection of who I am.” The overall scale obtained Cronbach’s alpha of .70 for Chinese in Taiwan (Yeh, 2002). The current study demonstrated adequate total score for U.S.-born Chinese (α = .84) and mainland-born Chinese (α = .88).

**Face.** The Loss of Face Scale (Zane & Yeh, 2002) consist of 21 items that assesses the extent individuals are concerned about losing one’s social integrity. The 7-point Likert scale ranging from strongly disagree (score of 1) to strongly agree (score of 7). Items on the scale
include “I downplay my abilities and achievements so that others do not have unrealistically high expectations of me” and “I hesitate asking for help because I think my request will be an inconvenience to others.” Reliability of .83 was obtained in the developer’s initial validation of the scale (Zane & Yeh, 2002) and the current study demonstrated adequate Cronbach’s alpha for both U.S.-born Chinese (α = .83) and mainland-born Chinese (α = .77).

**Attitudes toward Seeking Mental Health Services.** The Inventory of Attitudes toward Seeking Mental Health Services (IASMHS; Mackenzie, Knox, Gekoski, & Macaulay, 2004) is a 24-item measure modified from the Attitudes Toward Seeking Professional Psychological Help Scale (Fischer & Turner, 1970). IASMHS contains three subscales, Psychological Openness, Help-Seeking Propensity, and Indifference to Stigma as mentioned in the introduction. Each subscale contained eight questions on a 5-point Likert scale, ranging from disagree (score of 0) to agree (score of 4). Higher scores indicate more favorable attitude towards help-seeking. A sample item from each subscale include “People with strong characters can get over psychological problems by themselves and would have little need for professional help” (Psychological Openness), “It would be relatively easy for me to find the time to see a professional for psychological problems” (Help-Seeking Propensity), and “I would feel uneasy going to a professional because of what some people would think” (Indifference to Stigma). The Cronbach’s alpha for the subscales (Mackenzie, et al., 2004) were .82 for psychological openness, .76 for help-seeking propensity, and .79 for indifference to stigma. In comparison, the current study obtained low reliability for the U.S.-born Chinese (α = .58) and adequate reliability for mainland-born Chinese (α = .83) groups on the psychological openness subscale, as displayed in Table 1. Low internal consistency of items in the psychological openness subscale for the U.S.-born Chinese could imply existence of latent constructs (mutidimensional) or high random...
error (Garson, 2008). Adding an additional measure to assess similar dimensions for convergence validity might be needed. For help-seeking propensity, an adequate Cronbach’s alpha was obtained for the U.S.-born Chinese ($\alpha = .74$) group and a moderate Cronbach’s alpha was obtained for the mainland-born Chinese ($\alpha = .66$) group. Meanwhile, an adequate Cronbach’s alpha was obtained for both the U.S.-born Chinese ($\alpha = .77$) and mainland-born Chinese ($\alpha = .79$) on the indifference to stigma subscale.

**Procedures**

Participants completed a survey packet that included the aforementioned measures. Participants were recruited from a Midwest University. Recruitment venues included various sites on campus, the University’s Psychology Subject Pool, clubs and organizations on the university campus, cultural events, and social network sites (e.g. Facebook). Survey packets were distributed in hard copy and in electronic form (online survey available through the university’s platform). All university Psychology subject pool participants signed up to complete the survey packet in the psychology building, while all others submitted the packet either on-site or at a later time. The packet of questionnaires took 30 to 50 minutes to complete.

All participants who expressed interest in the study were informed of the voluntary nature of participation, and the risk of withdrawal was clearly outlined in the informed consent document. Participants then provided informed consent to take part in the study. Participants who participated through the Psychology Subject Pool received course credit for their participation, whereas participants from all other venues were entered into a cash drawing of $75. Participants were supplied with a copy of informed consent document with university’s Institutional Review Board approval and the researcher’s contact information after being debriefed.
CHAPTER 3

RESULTS

Preliminary Analysis

The means and standard deviations of the variables being investigated for U.S.-born Chinese and mainland-born Chinese are shown in Table 1. There were significant mean differences between the two Chinese subgroups on all variables, except collective self-esteem (CSE) and psychological openness (POP), as presented in Table 1. U.S.-born Chinese scored significantly higher on loss of face (LOF) than mainland-born Chinese. Mainland-born Chinese scored significantly higher on personal self-esteem (PSE), help-seeking propensity (HSP), and indifference to stigma (INS) than U.S.-born Chinese. The preliminary analyses support the hypothesis that there are subgroup differences. However, the dominance of agentic needs as a function of birth place was counter to the proposed hypothesis.

Bivariate correlations between the measures are presented in Table 2. Attitudes towards help-seeking facets were not significantly correlated with each other for the U.S.-born Chinese. Meanwhile, the facets were all correlated with each other for the mainland-born Chinese, POP and HSP ($r = .29, p < .05$), POP and INS ($r = .47, p < .01$), HSP and INS ($r = .26, p < .05$), as displayed in Table 2. The nature and direction of the associations support the hypothesis of subgroup differences.

Structural Equation Modeling Analyses

Structural equation modeling analyses with Mplus 6.11 (Muthén and Muthén, 1998–2009) were performed to examine the effect of agentic and communal needs on the facets of help-seeking attitudes within the Chinese subgroups. Based on the theoretical framework that agentic and communal needs exist in all populations, all participants along with all of the
predictor factors (PSE, CSE, LOF) were entered into models predicting each facet of help-seeking attitudes. Listwise deletion was employed to eliminate missing data for the analyses. And the data were all missing at random. For psychological openness, four U.S.-born and three mainland-born Chinese participants were excluded from the analyses. For help-seeking propensity, six U.S.-born and three mainland-born Chinese participants were excluded from the analyses. For indifference to stigma, three U.S.-born and mainland-born Chinese participants in each group were excluded from the analyses.

Among U.S.-born Chinese, LOF was the only factor that significantly predicted psychological openness ($\beta = -0.24, p = .02$), as PSE ($\beta = -0.03, p = .83$) and CSE ($\beta = -0.03, p = .79$) were not significant predictors (see Figure 2).

In terms of help-seeking propensity in this population, neither PSE ($\beta = 0.03, p = .80$), CSE ($\beta = -0.04, p = .770$), or LOF ($\beta = -0.07, p = .57$) were significant predictors (see Figure 3). For indifference to stigma, CSE ($\beta = .29, p = .001$) and LOF ($\beta = -0.28, p = .01$) both predicted the criterion variable, while PSE ($\beta = 0.11, p = .33$) was not a significant predictor (see Figure 4).

Among mainland-born Chinese, CSE was the only factor that significantly predicted psychological openness ($\beta = -0.29, p < .003$), as PSE ($\beta = -0.04, p = .77$) and LOF ($\beta = -0.19, p = .17$) were not significant predictors (see Figure 2). For help-seeking propensity, PSE was the only significant predictor in the mainland-born group ($\beta = 0.38, p = .005$), as CSE ($\beta = 0.01, p = .95$) and LOF ($\beta = -0.03, p = .81$) were not significantly associated with the criterion variable (see Figure 3). For indifference to stigma, neither PSE ($\beta = 0.21, p = .20$), CSE ($\beta =-0.07, p = .59$), or LOF ($\beta = 0.11, p = .49$) was a significant predictor of the criterion variable (see Figure 4).
CHAPTER 4

DISCUSSION

As the Chinese is a growing population in the U.S., understanding the help-seeking attitudes of this group is imperative. In addition, heterogeneity within the population suggest that differences in socializing context will lead to agentic or communal needs predicting different facets of help-seeking. This study’s findings demonstrated that agentic and communal needs do predict different facets of help-seeking. However, socializing context was not associated with the prioritization of needs in the hypothesized ways. Specifically, communal needs among U.S.-born predicted psychological openness and indifference to stigma, while both agentic and communal needs in mainland-born Chinese predicted psychological openness and help-seeking propensity. First, the findings are discussed with respect to the interpersonal framework. Next, the relationship between agentic and communal needs and socializing context are discussed. Finally, limitations and implications are highlighted.

Interpersonal Framework and Socialization Context

The current study found subgroup differences in agentic needs, communal needs, and attitudes towards help-seeking. However, agentic and communal needs were not expressed in a manner that was consistent with the socialization context. On the one hand, for the U.S.-born Chinese, collective self-esteem and loss of face were the only significant predictors of help-seeking attitudes. Specifically, collective self-esteem positively predicted indifference to stigma while loss of face negatively predicted psychological openness and indifference to stigma. On the other hand, among mainland-born Chinese, collective self-esteem was a positive predictor of psychological openness, and personal self-esteem was a significant positive predictor of help-seeking propensity. These differences between the subgroups support the need of growing
practice of examining subgroup differences among Chinese (Chan, Ng & Hui, 2009; Lau, 1992; Zane & Chen, 2010) and suggest that contexts, beyond birthplace, may play a role in the prioritization of agentic and communal needs.

**Agentic needs and help-seeking attitudes.** The current finding shows that agentic needs did not significantly predict help-seeking attitudes in the U.S.-born Chinese as hypothesized. This may be due to weakened agentic needs as a result of living in a racialized society. Individuals born in the U.S. may have been more exposed to and aware of their marginalized status in the U.S. society than their foreign-born counterparts, such as being viewed as "different" by other Americans despite being a native born individual (Chen, 1994). Being perceived as a perpetual foreigner may have affected U.S.-born Chinese’s personal self-esteem level, which is supported by significant lower scores on the personal self-esteem scale when compared to mainland-born Chinese. Consistent with the idea of detrimental effect of being in a racialized society, Twenge and Crocker's (2000) meta-analysis showed that Asians showed an advantage in self-esteem compared to Whites in childhood, but self-esteem grew progressively more negative as they reached college age. As a result, racism and internalized stereotypes may account for lower personal self-esteem level in the U.S.-born compared to the mainland-born Chinese, which in turn, did not predict any facet of help-seeking attitudes in the presence of other variables.

On the other hand, mainland-born Chinese in the current study reported greater agentic needs, as reflected by higher scores on the personal self-esteem scale than U.S.-born Chinese. Furthermore, self-esteem positively predicted help-seeking attitudes, as consistent with the prioritization of agentic needs. This finding contrasts past literature that suggests higher self-esteem and individualistic orientation in individuals born in the United States. A number of
factors may have contributed to the current finding, including differences in value endorsement by Chinese subgroups (Cameras, Bakeman, Chen, Norris & Cain, 2006; Hwang, Ang, & Francesco, 2002; Lau, 1992), decrease in self-esteem among Asians in the U.S. with age (Twenge and Crocker, 2000), and acculturation (Kung, 2003). For example, Lau's (1992) study, which examined group variations on value choices, revealed that mainland-born Chinese participants exhibited the highest endorsement of individualistic orientations when compared to U.S.-born participants, and Chinese participants who were born in Hong Kong and Singapore. In particular, mainland-born participants had greater preferences for accomplishment, freedom, ambition and recognition than U.S.-born participants.

Additionally, research from several disciplines have pointed to the mainland Chinese's shift towards agentic orientations due to the economic, political and social changes in recent years in China (Fründt, 2007; Li, Zhan, Bhatt, Yum, 2006; Ralston, Egri, Stewart, Terpstra, & Yu, 1999). Li et al.'s study (2006) showed that in the past, mainland China was found to be more collectivistic than India, but it has now emerged as more individualistic in comparison, partly because the rising standards of living have induced greater interpersonal distance in mainland China. With greater financial capability, people can obtain help from other resources beyond personal relationships.

Furthermore, the One-Child Policy, a regulation in mainland China restricting procreation to only one child per family, may have heightened agentic needs of the mainland Chinese. Research investigating characteristics of the only child, in the United States and China, has suggested this group to be more self-centered compared to children with siblings (Rosenberg & Jing, 1996). Study on work place hierarchy (Fründt, 2007) also found that mainland Chinese individuals are becoming more individualistic under the One-Child Policy. Specifically, being
the only offspring to carry the family’s expectations has fueled competitiveness and individualism at work setting. Combined with the common practice of job changes in pursue of better career prospect has limited opportunity for co-worker relationship building, resulting in decrease in collectivism at workplace. Thus, studies from various disciplines suggest a revision to our understanding of mainland Chinese’s agentic needs at a time of socio-political and economic changes (Fründt, 2007).

The current finding that mainland Chinese’s agentic needs (i.e. personal self-esteem) positively predicted help-seeking propensity is consistent with the prioritization of agentic needs, which suggests that individuals with agentic needs would proactively meet their individual personal needs. As studying abroad in the U.S. is a complicated process that requires high level of financial resource and passage of stringent procedures, those who seek to study abroad may be more individualistic and resourceful than the general mainland population. Given the agentic need of the mainland-born Chinese student group in the study, the finding that these individuals are motivated and able to find mental health services (i.e. help-seeking propensity) may reflect the mainland-born international students' resourcefulness in meeting one’s personal needs. Thus, holding individualistic orientations, mainland-born Chinese's attitudes toward help-seeking seeking were positively impacted by their personal self-esteem.

**Communal needs and help-seeking attitudes.** Collective self-esteem, which reflects communal needs, positively predicted indifference to stigma in the U.S.-born Chinese students. That is, persons exhibiting higher collective self-esteem were less concerned about stigma. The finding runs contrary to the prioritization of communal needs, in which high communal needs will hinder help-seeking attitudes. A possible explanation for the current finding is that seeking services for psychological distress is normalized in a college environment. As participants in the
study were predominantly students, psychological distress such as feelings of anxiety and stress with respect to academic performance may be expected. Thus, seeking relief using available resources (i.e. mental health services) may be an acceptable reaction and therefore stigma may not be associated with such mental health needs. For example, Yeh (2002) suggested that individuals with high collective self-esteem will seek help from close associates but not outsiders. If seeking mental health resources is normalized in the college context, then mental health professionals may be viewed as allies. As a result, expansion of in-group membership and related increased collective self-esteem (as a communal need) positively predicted indifference to stigma in college students. However, future researchers may directly test this assertion by examining the boundaries of group membership (i.e. who is considered as a part of the in-group), and its implication for the relationship between collective self-esteem and help-seeking attitudes. Specifically, future studies can examine whether the relationship between collective self-esteem and indifference to stigma differ depending on the student versus non-student status of Chinese individuals.

In addition to the perception that mental health professionals are allies, seeking help from mental health professionals is consistent with the communal goal of a) not burdening one’s associates, and b) circumventing obligations to reciprocate. The Confucian-influenced Chinese culture places great emphasis on social harmony and reciprocity in social interactions (Heine, Lehman, Peng, & Greenholtz, 2002). Seeking help from mental health professionals is consistent with meeting communal needs as the individual would free the burden on associates and exempts one from reciprocity norms, so that feelings of indebtedness are not incurred from receiving help (Shen, Wan, & Myer, 2011). Thus, the advantages of seeking help from mental
health professionals may explain how the desire to meet communal goals positively predicted help-seeking in both U.S. and mainland-born Chinese.

Loss of face was found to be a significant predictor of help-seeking attitudes (i.e. psychological openness and indifference to stigma) in the U.S.-born subgroup only. The direction of the associations was negative. This negative relation is consistent with the prioritization of communal needs, in that the more persons are concerned about the status of their group, the less favorable help-seeking attitudes they would express. However, the finding that loss of face predicts less psychological openness and less indifference to stigma for the U.S.-born runs contrary to the assumption that U.S.-born Chinese adhere to more individualistic values than their foreign-born counterparts. Research findings have indicated that parental transmission of traditional values pertaining to relationships was not disrupted by migration to the U.S. (Choi, Kim, Pekelnicky, Kim, 2013; Koh, Shao & Wang, 2008; Wakil, Siddique, & Wakil, 1981). Many East Asian immigrant parents prefer ethnic values (e.g. respect elders, social obligations, importance of communal needs) to mainstream American values (e.g. youthful rebellion, sexual liberty, individualism). Given that the U.S.-born Chinese participants in the current study all have at least one parent who is born outside of the U.S., it may be that first generation Chinese are less Americanized than previously speculated. Koh, Shao and Wang (2008) found that East Asian parents upheld Confucius values in parenting and their children hold on to a relational sense of self (e.g. family connectedness). Thus, traditional relational values, like communalism, are preserved in children of immigrants.

Besides traditional relational values, the U.S. racial context may also play a role in how U.S.-born Chinese view group membership. Traditional Chinese values, such as loss of face, places heavy emphasis on social judgment of one’s action. For Chinese individuals born in the
U.S., stereotypes about Asians being model minorities and more successful than other minority group in the U.S. (Cheah, Leung, Zhou, 2013, Lowe, 2009) could have further heightened U.S.-born Chinese’s attention to the public's perception of their actions. As a result, U.S.-born Chinese in the current study may be conscious of the consequences of their actions for in-group members leading to heightened concern for loss of face. Being relation-oriented in a racialized U.S. society, U.S.-born Chinese's attitudes toward help-seeking were negatively impacted by their loss of face concerns.

While communal needs significantly predicted help-seeking attitudes in the U.S.-born Chinese, collective self-esteem and loss of face did not predict in the same direction. As alluded earlier, collective self-esteem is an individual’s internal process while face is a public owned property. Thus, U.S.-born Chinese may view mental health professionals as in-group members and be personally open to seeking services (i.e. collective self-esteem positively predicting psychological openness). At the same time, the public’s stigma toward mental health services still exists at the cultural level. Since the impact of seeking mental health services extends beyond the private self to others, even when mental health professionals are viewed as in-group members, there are tangible costs associated with loss of face for one’s associates (i.e., loss of face negatively predicting indifference to stigma). As a result, different dimensions of communal needs can simultaneously predict help-seeking attitudes in different directions because collective self-esteem is privately owned, but face is collectively owned (e.g. communal shame, Kim & Park 2009).

In mainland-born Chinese, collective self-esteem positively predicted psychological openness, which may be due to greater mental health awareness and decreased risk of shaming. With greater exposure to mental health information and services on campus than in
mainland China, mainland-born Chinese who live in the U.S. may have gained the knowledge to identify psychological disturbances and recognize the value of seeking professional services. Additionally, similar to the U.S.-born Chinese students regarding mental health professionals as allies instead of out-group members, mainland-born Chinese could rely on mental health professionals without burdening one’s close associates. As a result, being group identified (having collective self-esteem) does not have to conflict with mainland-born Chinese’s openness to psychological services.

Overall, collective self-esteem was prioritized in the U.S.-born group and was contrary to the expected findings. However, the prioritization of communal needs in U.S.-born and mainland-born Chinese suggest that contexts, in addition to birthplace, matter in the prioritization of communal needs. As an internal process, collective self-esteem positively predicted two different facets of help-seeking attitudes suggesting that in-group expansion may be one way through which collective self-esteem is associated with help-seeking attitudes. Furthermore, the U.S. context (i.e., immigrant parents, model minorities, increased awareness of psychological disturbance) may play a role in how collective self-esteem operates to differentially predict indifference to stigma and psychological openness for U.S.-born and mainland-born Chinese, respectively.

As the current study demonstrates, there is not a straightforward single pattern that accounted for help-seeking attitudes for U.S.-born Chinese and Mainland-born Chinese. Rather, the findings suggest that socialization context, although important, is not fixed and confined to a physical locality, such as birthplace. The traditional understanding of socializing context as related to birthplace may be overly simplistic. Specifically, socialization context is dynamic and
can be contoured by globalization forces. Additionally, as socialization can happen across time, the prioritization of needs can change across the lifespan and across generations.

**Limitations**

The study is limited by its use of a homogenous group of participants, predominantly college-age Chinese in the mid-west U.S. region. Thus, the findings may not generalize to individuals of other demographics, such as community members. This issue can be addressed through stratified randomize sampling of U.S.-born Chinese and mainland-born Chinese individuals. By replicating the current study with a more heterogeneous and representative sample, hypotheses that were not supported by the current findings can be tested and generalizability of the results can be enhanced.

The current study also has limitations that are typical of survey research. As the majority of surveys were administered in person, potential issue of social desirability may occur due to researchers’ gender and ethnicity. There is also the assumption that participants have the English literacy and language ability to answer the survey questions. However, response error may occur due to comprehension challenges or difference in cultural interpretation of the questions. This may explain why some of the coefficient alphas on the attitudes towards mental health services measure were not optimal. To address the question about validity of the instrument, future studies should examine the measures appropriateness for various ethnic and cultural groups.

The reference-group effect was not accounted for in the current study, which complicates inferences. Heine, Lehman, & Peng (2002) have found that Likert Scales are not sensitive enough to capture some cross-cultural effects because self-evaluation is made relative to similar others rather than “respondents’ absolute level of a construct” (Credé, Bashshur, & Niehorster, 2010). For example, it is unclear whether U.S.-born Chinese students’ endorsement of face
concern was based on evaluation of oneself in comparison to the dominant group in the United
State or their Chinese foreign-born counterpart. Heine, Lehman, & Peng (2002) offers several
strategies to counter reference-group effect, including assessing values endorsement of a
particular group at the culture-level (e.g. different laws within a culture) or be explicit about the
arithmetic standard that individuals are comparing themselves to.

Another possible limitation is the methodological assessment of help-seeking attitudes.
The current study tested individual’s general help-seeking attitudes, but help-seeking attitudes
may differ based on the domain of problem. For example, Chinese individuals may have more
favorable views of seeking help for academic related problems (e.g. test anxiety) than
relationship issues (e.g. intergenerational conflict). This may account for the less than optimal
predictive power of the predictors. Other ways to improve predictability of attitudes towards
mental health services is to operationalize agentic needs and communal needs in alternative ways.
Future research could examine agentic and communal needs at other levels of analysis, such as
personality traits.

**Theoretical and Practical Implications**

Given the findings, the examination of only agentic or communal needs alone in
predicting Chinese individuals’ attitudes toward help-seeking would be overly simplistic. As
none of these needs influenced all facets of attitudes towards mental health services in both
subgroups, a more complex model, such as the interpersonal paradigm, which allows
conceptually for the examination of both needs simultaneously, is needed to inform the
understanding of mental health underutilization among the Chinese. Relatedly, the subgroup
difference demonstrated by the current study supports the move towards culturally sensitive
research methods that takes into account of differences among subgroups within ethnic minority populations.

As increasing the personal self-esteem (i.e. agentic need) and collective self-esteem (i.e. communal needs) of Chinese individuals predicts positive attitudes towards seeking mental health services, U.S. school system and mental health system could consider interventions that protect or enhance Chinese students’ self-esteem. For example, for international students, creating newcomer programs that help improve their English language proficiency and academic skills can meet the students’ need for agency (e.g. academic autonomy and recognition). Also, helping students adjust in groups could be conductive to maintaining students’ social membership, and consequentially meeting their need for communion (e.g. social connectedness). These interventions are conductive to development of personal self-esteem and collective self-esteem, which are reflective of agentic and communal needs, have been demonstrated to predict favorable attitudes towards help-seeking in the current study.

Employment of culturally sensitive practices is also conductive to preserving the self-esteem of individuals interested in mental health services. Because stigma is associated with seeking mental health services, by integrating mental health services within other health care facilities or as part of the regular check-up procedures can reduce the threats to personal self-esteem. Additionally, when raising awareness about mental health services, usage of neutral terms, such as consultation, to describe the helping process (Goh et al., 2010) may be helpful in decreasing stigma. Furthermore, mental health professional could benefit from being aware of how their image is perceived by Chinese students in addressing issue of being potentially perceived as an out-group member. The awareness can help facilitate trust and may be conductive to being included as part of Chinese individuals’ in-group. These cultural sensitive
considerations and practices are important for maintaining individuals need to be recognized, which creates positive attitudes towards help-seeking in Chinese individuals.

While the aforementioned techniques may reduce the help-seeker’s negativity towards seeking mental health services, it is also essential to shift the public’s stigma against mental illness. Through culturally sensitive administered psychoeducation, Chinese people’s knowledge and comprehension of mental illness and the benefits of receiving mental health services could be increased. The normalization of psychological explanations for mental illness and the help-seeking process can prevent face loss for Chinese individuals seeking professional help.

Decreasing face loss concerns is important because the current study shows that it negatively affects attitudes towards help-seeking in U.S.-born Chinese.

**Conclusion**

The results of the current study demonstrated the importance of examining both agentic needs and communal needs in predicting attitudes towards help-seeking in the Chinese population. In particular, they highlight the importance of considering socialization context in affecting different facets of help-seeking attitudes. By understanding the full dimensions of the needs and challenges faced by different Chinese subgroups, effective means can be devised to address barriers to mental health services within the Chinese population.
REFERENCES


TABLES

Table 1 Mean, Standard Deviation, and T-Test of the Measures for U.S.-Born Chinese and Mainland-Born Chinese

<table>
<thead>
<tr>
<th>Variables</th>
<th>USC (n = 81)</th>
<th>M</th>
<th>SD</th>
<th>α</th>
<th>M</th>
<th>SD</th>
<th>α</th>
<th>T-Test</th>
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</thead>
<tbody>
<tr>
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<td></td>
</tr>
<tr>
<td>PSE</td>
<td>19.68</td>
<td>5.33</td>
<td>.88</td>
<td></td>
<td>21.62</td>
<td>4.37</td>
<td>.82</td>
<td>t(156) = -2.50, p = .01*</td>
</tr>
<tr>
<td>CSE</td>
<td>83.38</td>
<td>11.74</td>
<td>.84</td>
<td></td>
<td>86.90</td>
<td>11.58</td>
<td>.88</td>
<td>t(155) = -1.90, p = .06</td>
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<tr>
<td>LOF</td>
<td>4.51</td>
<td>.76</td>
<td>.83</td>
<td></td>
<td>4.24</td>
<td>.66</td>
<td>.77</td>
<td>t(155) = 2.36, p = .02*</td>
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<tr>
<td>Help-Seeking</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Attitudes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POP</td>
<td>1.81</td>
<td>.61</td>
<td>.58</td>
<td></td>
<td>1.87</td>
<td>.62</td>
<td>.83</td>
<td>t(155) = -.62, p = .54</td>
</tr>
<tr>
<td>HSP</td>
<td>2.20</td>
<td>.70</td>
<td>.74</td>
<td></td>
<td>2.52</td>
<td>.57</td>
<td>.66</td>
<td>t(153) = -3.28, p = .001*</td>
</tr>
<tr>
<td>INS</td>
<td>2.26</td>
<td>.76</td>
<td>.77</td>
<td></td>
<td>2.56</td>
<td>.72</td>
<td>.79</td>
<td>t(156) = -2.47, p = .02*</td>
</tr>
</tbody>
</table>

Note. USC = U.S.-born Chinese; MLC = mainland-born Chinese; PSE = Rosenberg Self-Esteem Scale; CSE = Collective Self-Esteem; LOF = Loss of Face Scale; POP = Psychological Openness; HSP = Help-Seeking Propensity; INS = Indifference to Stigma; * p < .05.
Table 2 *Correlation Matrix of the Measures for U.S.-born Chinese and mainland-born Chinese*

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PSE</td>
<td>-</td>
<td>.17</td>
<td>-.19</td>
<td>-.01</td>
<td>.05</td>
<td>.24*</td>
</tr>
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<td>2. CSE</td>
<td>.40**</td>
<td>-</td>
<td>.04</td>
<td>-.05</td>
<td>-.03</td>
<td>.30*</td>
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<tr>
<td>3. LOF</td>
<td>-.31**</td>
<td>-.09</td>
<td>-</td>
<td>-.24*</td>
<td>-.08</td>
<td>-.29*</td>
</tr>
<tr>
<td>IASMHS</td>
<td>4. POP</td>
<td>.13</td>
<td>.32**</td>
<td>-.18</td>
<td>-</td>
<td>.21</td>
</tr>
<tr>
<td></td>
<td>5. HSP</td>
<td>.38**</td>
<td>.13</td>
<td>-.04</td>
<td>.29*</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>6. INS</td>
<td>.20</td>
<td>.22</td>
<td>.02</td>
<td>.47**</td>
<td>.26*</td>
</tr>
</tbody>
</table>

**Note.** Correlations for U.S.-born Chinese (n = 81) and mainland-born Chinese (n = 79) are on the bottom and top halves of matrix divided diagonally, respectively (e.g. correlations are viewed horizontally for the U.S. born and vertically for the mainland-born above and below the diagonal). PSE = Rosenberg Self-Esteem Scale, score ranges from 0 to 30; CSE = Collective Self-Esteem; LOF = Loss of Face Scale; IASMHS = Inventory of Attitudes Toward Seeking Mental Health Services; POP = Psychological Openness; HSP = Help-Seeking Propensity; INS = Indifference to Stigma; * p < .05, ** p < .01.
Figure 1. Hierarchically nested conceptualization of motives, orientations and goals.
Figure 2. Path model of the effect of predictors on psychological openness in U.S.-born Chinese (on the top) and mainland-born Chinese (on the bottom); * $p < .05$. 
Figure 3. Path model of the effect of predictors on help-seeking propensity in U.S.-born Chinese (on the top) and mainland-born Chinese on the bottom; * $p < .05$. 

Help-Seeking Propensity

Personal Self-Esteem

Collective Self-Esteem

Loss of Face

Help-Seeking Propensity

Personal Self-Esteem

Collective Self-Esteem

Loss of Face

*.03

-.04

-.07

.38*

.01

-.03

* $p < .05$.
Figure 4. Path model of the effect of predictors on indifference to stigma in U.S.-born Chinese (on the top) and mainland-born Chinese (on the bottom); * $p < .05$. 

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