This study explored the relationships between cultural values, appraisal of child behavior problems, and associated help-seeking intentions among Chinese-American parents. Questionnaires were administered to 120 Chinese-American parents of elementary-school-aged children. Parents were asked how they might respond if their child displayed the behavioral problems depicted in a hypothetical vignette. Influences of Chinese value orientation, severity appraisal, and affective reactions on help-seeking intentions were examined using regression analyses and structural equation modeling. The study examined three hypotheses regarding the nature of the influence of cultural value orientation on help-seeking intentions: (a) a direct effect model, (b) an indirect effect through cultural differences in severity appraisal, and (c) an indirect effect through cultural differences in affective responding. Results supported the hypothesis that cultural value orientation exerted an indirect effect on help-seeking intentions.

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help-seeking intentions through its influence on affective responding. Those parents who had more traditional Chinese values responded with more feelings of shame to child behavior problems and, in turn, reported lower intentions to seek help. Findings are discussed with reference to the literature on help-seeking among Asian Americans. © 2001 John Wiley & Sons, Inc.

INTRODUCTION

In the past, at least three general explanations have been advanced to elucidate when and if Asian Americans seek professional care for their mental health problems. One hypothesis suggests that lower rates of help-seeking may be best explained by the conflict between Asian-American values and the Western psychotherapy process (e.g., Atkinson & Gim, 1989). Thus, one’s cultural value system is thought to have a direct effect on one’s inclination to seek mental health services. A second explanation argues that Asian Americans may have culturally distinct views of mental health and illness (e.g., Weisz et al., 1988). Here, holding more traditional Asian cultural values leads to variations in cognitive appraisal of psychological problems, which, in turn, affect the likelihood of seeking help. A third possibility is that Asian Americans tend to avoid using professional mental health services because of shame and stigma associated with mental illness (e.g., Lin & Lin, 1978). Asian-American parents with a more traditional cultural value orientation may respond with a more intense emotional response to child behavior problems and be less inclined to seek help. The latter two hypotheses represent integrative explanations that involve the indirect effects of cultural value orientation on help-seeking.

While scholars have advocated for more investigations about the specific cultural variables that influence help-seeking, few studies have actually examined these hypotheses in a systematic way. Moreover, most studies on help-seeking have focused on adult populations and little is actually known about the sociocultural influences on parental behavior to seek help for their children. In this paper we specifically examine the three hypotheses to determine how cultural values, severity appraisals of behavior, and affective responses influence the likelihood that parents will choose to refer their children for professional mental health care for certain types of problems.

Asian Americans and Help-Seeking

Research on the issue of interethnic differences in help-seeking patterns has yielded multiple reports describing Asian Americans as less likely to present for mental health services. Studies have consistently demonstrated that Asian-American adults are under-represented in mainstream mental health services. That is, they do not use services as much as would be expected based on the size of the Asian-American population (e.g., Sue, Fujino, Hu, Takeuchi, & Zane, 1991). However, this pattern of utilization should not be solely attributed to lower base rates of psychopathology in this population. The few available surveys reveal that Asian Americans have high mental health needs (for a review, see Vega & Rumbaut, 1991), and once in treatment, Asian Americans tend to exhibit high levels of disturbance (e.g. Sue & McKinney, 1975). There is empirical support for the notion that one’s level of acculturation is associated with willingness to
seek mental health services. Studies suggest that Asian Americans who are more acculturated to American values and norms hold more positive attitudes toward seeking professional psychological help (Leong, Wagner, & Tata, 1995; Tata & Leong, 1994; Ying & Miller, 1992) and actually use more mental health services (Tabora & Flakerud, 1997). From the evidence that Asian-American adults are reluctant to present themselves for mental health services, a justifiable concern arises regarding their possible reticence to refer their children for services. Indeed, investigators in Western nations have found that Asian child referrals were underrepresented with respect to the local Asian population (Stern, Cottrell, & Holmes, 1990).

Parents are typically the agents who determine whether their child’s behavior represents a problem that warrants concern. These decisions about child behavior are embedded within the cultural context in which the parent and the child live. Cultural values, beliefs, and norms can shape parents’ interpretations of child behavior, parents’ affective response to behavior problems, and views about the appropriateness of professional mental health. Next, we examine the literature pertinent to each of these cultural variables in turn.

**Cultural Values and Mental Health Services**

There are significant cultural differences in conceptions of how to best manage psychological problems. Western psychotherapy with its emphasis on talking openly about problems is thought to be inconsistent with many traditional Asian cultural values. One value that is inconsistent with tenets of mental health treatment is the idea that discussing one’s problems or one’s family problems is indiscreet and inappropriate, especially with a stranger (Huang, 1991; Tung, 1985). Scholars also suggest that Asian Americans often cope by accepting and enduring problems and display a high tolerance for suffering because they value stoicism (e.g., Ho, 1984). If Asian-American adults hold these cultural values, it stands to reason that they may be discreet and stoic when it comes to their children’s problems. Asian-American parents may also expect these behaviors from their children.

Furthermore, cultural values about child-rearing may also deter parents from seeking child mental health treatment. Lieh-Mak, Lee, and Suk (1984) posit that in a traditional Chinese family, a child with behavior problems might be marginalized by virtue of his or her failure to fulfill the important duty of filial piety demanded by Confucian ethics. These authors argue that this process of marginalization may run counter to the child-centered orientation required to follow-through with child psychotherapy, especially modalities involving a high parental investment in behavioral training. These authors go on to argue that many tenets of behavioral therapy for children are inconsistent with Chinese values regarding child-rearing. For example, the technique of ignoring aversive behaviors and open praise of desirable behaviors are incompatible with the cultural values requiring parental responsibility for always enforcing moral standards and an emphasis on humility about one’s own accomplishments.

Finally, cultural beliefs regarding the etiology of child behavioral problems might also influence Asian-American parents views about Western-oriented therapy. For example, traditional Chinese beliefs often attribute behavior problems to supernatural causes such as predetermined destiny stemming from wrongdoing in past lives (Sue, Wagner, Ja, Margullis, & Lew, 1976), or to predominantly physical causes (Tseng & Hsu, 1970). To the extent that causal attributions influence favored approaches to
solutions, these beliefs might make child psychotherapy seem unproductive to some traditional Chinese parents.

**Cultural Differences in Severity Appraisal of Child Behavior Problems**

One barrier to Asian-American parents referring their children for treatment may lie in cultural differences in perceptions of child behavior problems. Often in defining mental disturbance, Asian Americans use different criteria from those used by non-Asian Americans (Moon & Tashima, 1982; Tung, 1985; Uba, 1994). These differences in defining mental health and illness might lead to different rates of reporting of child problems. Stern and colleagues (1990) argue that the underrepresentation of Asian children in mental health services may be at least partially due to Asian tolerance of a wider range of preschool behavior than in non-Asian families. Perhaps, the typical child behavior problems thought to be of clinical concern in American culture would not be considered severe by Asian-American groups.

Indeed, one influential model of cultural differences in perception of psychological problems states that there are cultural differences in tolerance for different kinds of behavior in children. Weisz (1989) has posited an adult distress threshold model that states that prevailing cultural values influence adults’ attitudes toward children’s behavior problems and will in part determine how likely adults are to seek help through clinical intervention for their children. The general form of this model states that cultures will differ in their overall level of tolerance for a range of child behavior problems.

Weisz and colleagues (1988) have conducted studies testing the adult threshold model in Thailand, an Asian nation with strong Buddhist cultural values. The authors predicted that there would be a higher tolerance of child behavior problems in Thailand compared to the United States. This hypothesis emerged from observations of cultural differences that could influence adult distress levels over child behavior problems. Thai parents display unusual tolerance of a wide range of child behaviors that may be partly attributable to the Buddhist belief in the transience of human conditions, which could serve to mitigate concern over particular periods of problematic child behaviors (Weisz, McCarty, Eastman, Chaiyasit, & Suwanlert, 1997). Thai parents also have less exposure to child psychology through formal Western education and media than do American parents, and thus may not be as primed to interpret child behavior problems as portents of maladjustment.

Much empirical support for the adult distress threshold model has been garnered; studies have found that child behavior problems evoke greater concern in American parents than in those of other nations (e.g., Jamaica–Lambert et al., 1992; Thailand–Weisz et al., 1988, Weisz et al., 1991). For example, Weisz and colleagues (1988) found that across judgments of the severity of child behavior problems depicted in vignettes, American adults viewed the behaviors as more worrisome, serious, and unusual than did Thai parents across both internalizing and externalizing problem types. Together, these findings suggest that thresholds for adult concern over child behavior problems may be set at a lower level for American parents than for parents of other nations.

Extended to the Asian-American situation, the adult distress threshold model might predict that one’s cultural orientation would influence one’s appraisal of the severity of child behavior problems which would subsequently affect intentions to refer a child for treatment. Because Thai culture shares some similar social and
cultural influences with China (e.g., Buddhism, Confucianism) one might expect Chinese-American parents similarly to exhibit the higher threshold of tolerance for child behavior problems. In accord with the reasoning of Weisz and colleagues (1988, 1989, 1997), it is likely that Chinese-American parents with a more traditional cultural orientation may have less exposure to Western child psychology and thus may not exhibit the same levels of alarm associated with child behavior problems.

**Cultural Differences in Affective Responding to Child Behavior Problems**

Although behaviors and conditions may be identified as significant and problematic, willingness to report them publicly may be low. Chinese societies, in particular, have been described as shame-oriented (Tseng, & Hsu, 1970). In their discussion of Chinese shame culture, Hong and Chui (1992) define shame as an interpersonal orientation in which behavior is evaluated according to social norms. This orientation is attributed to the influence of Confucianism with its emphasis on social standards and reference to ideal types as models of behavior. Observers of Chinese culture have claimed that a long history of stigmatization of mental illness existed in China prior to 1949 and continues in present-day Taiwan, Hong Kong, and overseas Chinese communities. For most Americans, there is a stigma associated with mental illness, but Asian Americans tend to feel stigmatized by mental health problems even more than do other Americans (Uba, 1994).

The literature suggests that the concern over stigmatization influences help-seeking behaviors of Asian Americans. Tabora and Flaskerud (1997) report that the cultural value placed on the avoidance of shame acts as a barrier to utilization of mental health services among Chinese Americans. Because the family name and “face” are so important to Asian Americans, they tend to look first to their families for help to avoid having their name viewed poorly by others (Webster & Fretz, 1978) and to be more reticent in publicly admitting emotional problems and seeking outside help (Lin, Tardiff, Donetz, & Goresky, 1978). As a result, compared to other ethnic groups, Asian Americans rely more on family support and show the longest delays in seeking professional mental health care (Lin, Inui, Kleinman, & Womack, 1982; Lin & Lin, 1978).

Furthermore, there are distinctive concerns Asian-American parents might have in referring their children for services that may make this type of help-seeking most stigmatizing. These parents might feel especially guilty when their offspring has a mental disorder because they reason that their child-rearing practices might have contributed to their child’s psychological problems, or that they failed to protect their family member from breakdown (Cheung, 1991). Further, they might be ashamed of and deny such problems because they think the disorder reflects hereditary flaws that shame or disgrace the family (Araneta, 1982).

While numerous authors have cited cultural barriers of shame as a reason for underutilization of mental health services, these accounts are typically anecdotal or descriptive (e.g., Araneta, 1982; Cheung, 1991). Or, in other cases, the existence of shame as a mediating variable in decreasing help-seeking behaviors has been inferred from patterns of help-seeking, and not through direct investigation (e.g., Lin et al., 1978; Lin et al., 1982). The present study was designed to directly test the effect of feelings of shame and stigma on the intent to seek help for mental health problems within Chinese-American families.
Aims of the Current Study

In the literature on Asian cultural influences on help-seeking, varying degrees of speculation and empirical support can be found for three general hypotheses: (a) Asian Americans may hold cultural values that conflict with seeking professional mental health care for emotional or behavioral problems, (b) Asian-American parents with a more traditional cultural orientation may appraise child behavior problems as less severe than do American parents and thus be less likely to seek help for these issues, and (c) Asian Americans who hold more traditional values may experience more shame associated with mental health problems and therefore be reticent to seek help. The first explanation implies a direct relationship between cultural values and a parent’s propensity to seek help, while the second and third explanations posit two distinct indirect pathways from cultural value orientation to help-seeking. The current study afforded the opportunity to determine whether help-seeking intentions for child behavior problems are directly facilitated or constrained by cultural values, or whether values affect the likelihood of seeking help by influencing perceptions of severity or the levels of negative affect evoked by the problem.

METHOD

Participants

A community sample of Chinese-American parents of elementary-school-aged children was obtained. The parents, who self-identified their ethnicity as Chinese, were recruited from three Mandarin Chinese-language schools for children operating on Saturdays out of public school facilities around Los Angeles. Approximately 500 questionnaires were supplied to three Chinese schools to be distributed to children by the teachers. Because the site employees were directly responsible for distribution, the exact number of questionnaires actually given to children is unknown. However, teachers in 11 classrooms across the three sites reported that their students received the questionnaires. The typical class size was around 25 students, it is estimated that approximately 275 children received the questionnaire to bring home to their parents. One hundred and thirty-seven questionnaires were returned, 120 of which were complete enough to include in analyses. The estimated return rate of 49.8% is higher than other studies using similar methodology (e.g., Chang, Morrissey, & Koplewicz, 1995) in similar settings.

There were more mother respondents than fathers, with mothers making up 74.2% of the sample. The sample was very homogeneous with respect to generational level with all respondents but two being first-generation immigrants. Most parents were born in either Taiwan (65.0%) or China (20.8%), with fewer from Hong Kong (5.8%) and Vietnam (3.3%). Most parents reported a Chinese dialect as the language spoken most at home (70.8%), or a combination of a Chinese dialect with English (20.8%). A minority of the Chinese parents indicated that English was the language most used at home (7.5%). The mean age of the sample was 40.4 years (SD = 4.1). Indicators of socioeconomic status (SES) reveal that the sample is comprised parents of higher SES. This was a highly educated group with parents averaging a mean of 16.38 (SD = 2.91) years of education suggesting a high proportion of college-educated parents.
Instrument

Each parent was presented with a vignette and a series of accompanying questions. The vignette depicted a child exhibiting one of two problem types: (a) externalizing or undercontrolled problems (e.g., aggression, disobedience); (b) internalizing or overcontrolled problems (e.g., shyness, sadness, and withdrawal). The vignettes were adapted from those used in Weisz et al. (1988). The type of problem was crossed with the gender of the child portrayed, yielding four forms of the questionnaire. In a between-subjects design, vignettes were randomly distributed to parents, such that each parent received a vignette describing either a boy or girl displaying either an internalizing profile or an externalizing profile. Parents were instructed to respond to questionnaire items as if the child depicted was their own child. Pilot testing on a sample of 69 Euro-American parents revealed no significant differences on the severity appraisal of the internalizing and externalizing vignettes ($F = .65$, $df = 1,68$).

Following the vignettes, questionnaire items were presented using a 7-point Likert scale. The first set of questions asked parents to make judgments of the severity and the probable stability of the behavior problem described. Second, four items were used to gauge parents’ affective reactions to the behavior; these queried feelings of embarrassment and guilt that might arise if their child exhibited the problem. The third cluster of questions addressed behavioral intentions of help-seeking and preferences for sources of assistance.

The questionnaire underwent translation to Chinese and one round of back translation into English. Since the sample was recruited from Mandarin-language schools, the translation team was comprised of Mandarin-speaking Chinese individuals. The back-translator was blind to the original English version. The first author, translator, and back-translator met to negotiate changes to the initial Chinese draft, given the discrepancies between the original English version and the back-translated version. The team aimed for conceptual equivalence, culturally appropriate content, and simplicity of wording within each language. An attempt was made to avoid the use of dialect-specific colloquialisms. The second Chinese draft was reviewed by the principal of one of the Chinese-language schools as final check for comprehensibility and syntax. His suggestions were evaluated by the team and incorporated in the final Chinese draft. Participants were supplied with both Chinese and English versions of the questionnaire.

Procedure

Questionnaires were given to employees (teachers, administrators) at the various community sites with instructions to distribute them to the children and then to collect them in the following days and weeks (the Chinese-language classes met only once weekly). To increase the return rate, another form was distributed the following week thanking the parents for their participation and reminding the children to bring the completed survey as soon as possible. No monetary or other incentive was given to parents to participate in the study.

Chinese Value Orientation

The Chinese Values Survey (CVS; The Chinese Culture Connection, 1987) was administered. This measure is designed to assess how important traditional Chinese values
are to the respondent. This survey is composed of 40 items each listing a fundamental and basic value selected to reflect indigenous themes and concerns in Chinese culture (e.g., Protecting your “face”; filial piety; ordering relationships by status and observing this order; respect for tradition). Respondents were asked to indicate on a 9-point scale how important each of the concepts was to them personally (9 = of supreme importance; 1 = of no importance at all). This study utilized the Chinese and English translations of the survey previously developed. The mean score on the CVS was used as the measure of value orientation. In the current sample, the internal consistency of the scale was excellent (α = .95).

Another indicator of cultural orientation was used as a control variable in the regression analyses, namely the language spoken primarily in the home. A score of 1 was assigned for language if a Chinese language was endorsed, 2 was assigned if a combination of a Chinese language and English was endorsed, and 3 was scored if English was noted as the primary language. Change in language use comprises an important behavioral shift in the context of acculturation, and is a construct commonly found in measures of acculturation (e.g., SL-ASIA; Suinn, Rickard-Figueroa, Lew, & Vigil, 1987). Previous research has demonstrated that the demographic variable of language use has been found to be significantly related to help-seeking behaviors and attitudes among Asian Americans (Ying & Miller, 1992).

Severity Appraisal Variables

Three items from the questionnaire comprised the indicators of the parents’ perceived severity of the problem presented. These items were designed to measure the degree of concern generated by the child behavior problem described. These questions asked the participants to rate on a 7-point Likert scale (1 = not at all serious/unusual/worried, 7 = very serious/unusual/worried) how serious the problem is, how unusual the problem is, and how worried they would be if their child exhibited the problem. A composite variable for severity appraisal was generated from the sum of the standard scores on each of the severity items (α = .82).

Affective Response Variables

Four items from the questionnaire were designed to measure parents’ affective responses to the child behavior problem. Parents were asked to rate how embarrassed, ashamed, secretive and guilty they would feel if the child described in the vignette was theirs. Again, participants responded with a 7-point Likert scale (1 = not at all embarrassed/ashamed/secretive/guilty, 7 = very embarrassed/ashamed/secretive/guilty). A composite variable for affective responding was generated from the sum of the standard scores on each of the affective items (α = .64).

Help-Seeking Variables

Three items were used as indicators of intentions to seek help. These questions asked parents to rate how likely they would be to seek assistance or advice in dealing with the problem, how urgent it would be to seek help for the problem, and how likely they would be to seek help from a therapist or counselor. Again these intentions were assessed with 7-point Likert scales. A composite variable for help-seeking was calculated as the sum of the standard scores on each of these help-seeking items (α = .72).
Two major sets of analyses were conducted to ascertain whether the three hypothesized cultural factors thought to influence help-seeking intentions. First, hierarchical multiple regression analyses were conducted to determine whether cultural values, affective responding, or severity appraisals have direct effects on help-seeking intentions, individually or collectively. Five separate regression models were run with help-seeking as the dependent variable. Based on previous literature, parental response to child behavior problems were expected to be influenced by the specific type of child behavior problem (internalizing versus externalizing) and by the gender of the target child (e.g., Weisz, 1988). The first regression model included the control variables of problem type and gender on help-seeking, and a control variable for the parent’s primary language. The next three regression analyses added a second step in the model which was composed of one of the hypothesized cultural influences on help-seeking: values, affective arousal, or severity appraisal. The fifth regression model included the control variables and all three of the hypothesized cultural factors in predicting help-seeking.

Next, in order to evaluate the simultaneous relationships between value orientation, affective arousal, severity appraisal, and help-seeking, structural equation modeling was employed. This method of analysis allows us to determine whether cultural value orientation had indirect effects on help-seeking, such that cultural values lead to differences in severity appraisal and affective responding, which in turn influence help-seeking. Analyses were performed using the EQS structural equations program (Bentler, 1989). The multivariate Lagrangian Multiplier test was used to add specific effects and the Wald test was used to remove nonsignificant paths (Chou & Bentler, 1990). The model was fit by the method of maximum likelihood estimation because of its statistical advantages. A nonsignificant p value for the chi-square test is used as a criterion for not rejecting a structural equations model (Hu & Bentler, 1995). In addition, the “rule of thumb” conventional cutoff criterion of a comparative fit index (CFI) above .90 is used an indicator of acceptable model fit. The CFI is normed to the 0 to 1 range and does a good job of estimating model fit even in smaller samples (Hu & Bentler, 1995).

RESULTS

Preliminary Analyses: Multiple Regression Models

Stepwise multiple regression analyses were performed to examine the effects of severity appraisal and affective responding on help-seeking intentions while controlling for problem type, gender and primary language. Table 1 displays the results of the five regression models.

Findings from the first regression analysis demonstrated that there were no direct effects of the control variables of gender of the target child, problem type, or primary language of the parent on help-seeking. The second regression model added cultural value orientation as a predictor; however, there was no significant association between mean score on the CVS and help-seeking intent. The third model included the control variables in the first step, with severity appraisal entered in the second step. This analysis indicated that when parents perceived the problem as more serious they reported stronger intentions to seek help ($\beta = .40, p < .001$). The model accounted for 12% of the variance in help-seeking. In the fourth regression model, affective
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Adj $R^2 = .12$

Adj $R^2 = .14$

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<sup>a</sup>Problem Type depicted in the vignette: Internalizing = 0, Externalizing = 1.

<sup>b</sup>Gender of child depicted in the vignette: Female = 0, Male = 1.

†Significant at the 0.06 level (2-tailed); **significant at the 0.01 level (2-tailed); ***significant at the 0.001 level (2-tailed).
responding by itself was not significantly related to help-seeking intentions. However, in the fifth model the picture became more complex when all three predictors were added to the regression equation. Here, the significant effect of severity appraisal remained ($\beta = .40$, $p = .000$), and there was a marginally significant effect of affective response on help-seeking ($\beta = -.23$, $p = .06$). It appears that when all cultural variables were considered simultaneously, higher levels of feelings of shame and stigma were associated with decreased help-seeking. This final cumulative model accounted for 14% of the variance in help-seeking intentions.

The results of the regression models indicated the presence of a suppressor effect whereby affective responding seemed predictive of help-seeking only considering severity appraisal simultaneously. This implies that there is a complex set of relationships between the variables of interest. Fortunately, the next set of planned analyses involving structural equation modeling served to clarify this complexity, as it affords an opportunity to look at set of relationships simultaneously. In addition, it allows us to investigate the possibility of indirect effects of cultural values on help-seeking. A priori analyses indicated that problem type (internalizing vs. externalizing) was a robust indicator of both affective responding and severity appraisal. Therefore, the effect of problem type was partialled out of the variables of affective response and severity appraisal in the structural equation model described analyses below. The focal questions addressed by the structural model involve the relationships between acculturation, severity appraisal, affective responding, and help-seeking intentions, irrespective of the effects of problem type.

**Structural Equation Model**

The hypothesized structural model attempted to relate the constructs of interest to best explain cultural influences on help-seeking based on the previous literature. The hypothesized model is presented in Figure 1. Each rectangle represents a measured composite variable (constructed as described in the Methods section). The single-headed arrows represent hypothesized direct effects. The dark solid line represents the first hypothesis, which posits a direct relationship between cultural values and intentions to seek mental health services. The first dotted line passing through the severity appraisal variable represents the second hypothesis. From the adult distress threshold model, we expect a negative relationship between Chinese value orientation and severity appraisal, such that more traditional parents would respond with less concern to child behavior problem. The level of appraised severity should then be positively related to intentions for help-seeking. The third hypothesis is represented by the second dotted line. Descriptive studies suggest that we should expect a positive relationship between Chinese value orientation and affective responding, such that more traditional parents would report more shame and stigma associated with a child behavior problem. In turn, high levels of affective responding should be related to lower levels of help-seeking. Additionally, levels of shame and stigma associated with the problem will depend on how serious the problem is considered, thus a positive relationship is posited between appraised severity and affective responding.

The independence model that tests the hypothesis that the variables are uncorrelated with one another was easily rejected, $\chi^2(6, N = 120) = 40.021, p < .001$. Next, the hypothesized model was tested. A chi-square test indicated that the hypothesized model could not be rejected, $\chi^2(1, N = 120) = 1.63, p = .20$, and that the model fit the data. Good support was obtained for the hypothesized model: The comparative fit
index (CFI) was .98. After running the hypothesized model, post hoc model modifications were performed in an attempt to develop a more parsimonious better fitting model, with greater degrees of freedom. The multivariate Lagrange Multiplier test indicated that no improvements in model fit could be made by adding pathways in the model. However, results of the Wald test indicated that the direct paths from value orientation to severity appraisal and from value orientation to help-seeking intentions were insignificant and should be dropped from the model.

For the final model, a comparative fit index (CFI) of 1.00 was obtained. This indicates that the model fit the data very well. The chi-square test of the model was nonsignificant, $\chi^2 (2, N = 120) = 1.66, p = .44$. Thus, the model cannot be rejected, and it can be stated that the data support the final model. The standardized beta coefficients for the pathways are presented in Figure 2. The variables of value orientation, severity appraisal and affective responding together explained 18% of the variance in help-seeking. In addition, severity appraisal and value orientation collectively explained 12% of the variability in affective responding.

Examination of direct effects in the resultant model shows that many of the original model predictions were borne out. First, Chinese value orientation was positively related to affective arousal (path coefficient = .22), such that more traditional Chinese parents responded to child behavior problems with more shame and guilt. In turn, arousal of more intense affective responses to the problems was associated with lower help-seeking intentions (path coefficient = −.18). Second, when parents appraised child behavior problems as more concerning, both affective responding and help-seeking intentions increased (path coefficients = .27 and .44, respectively). Contrary to
Examination of the total effects on help-seeking revealed that severity appraisal exerted the largest total effect on help-seeking (standardized coefficient for total effect = .39). This indicates that perceived severity of the behavioral problem was a powerful predictor of parental help-seeking intentions, with higher levels of concern being associated with higher likelihood of seeking intervention. Affective arousal also exerted a significant effect on help-seeking intentions. As predicted, the higher the level of negative affect aroused, the lower the likelihood of help-seeking (standardized coefficient for total effect = -.18). Finally, value orientation did not have direct effect on severity appraisal or help-seeking. However, values exerted a small negative net effect on help-seeking intentions via its indirect effect on affective responding.

DISCUSSION

The results of this study revealed some expected and some unanticipated findings. There was support for one of the three general hypotheses about cultural influences on help-seeking.

Hypothesis #1: There was no support for a direct pathway from value orientation to inclinations toward help-seeking. Contrary to expectations, parents with a more traditional Chinese value orientation did not display an overall aversion to seeking professional help for child behavioral problems. Investigators have indicated that less acculturated Asian-American adults are less inclined to seek mental health services because they hold more traditional values (Atkinson & Gim, 1989; Leong et al., 1995; Tata & Leong, 1994; Ying & Miller, 1992). However, this straightforward direct effect of values on help-seeking intentions was not borne out in the current study of Chinese-American parents.
Past studies have typically found that more highly acculturated Asian Americans express more positive attitudes toward seeking psychological services (Atkinson & Gim, 1989; Tata & Leong, 1994; Ying & Miller, 1992) and show higher levels of actual help-seeking behaviors (Ying & Miller, 1992). So, acculturation in a broad sense, involving changes in values, behaviors, and social affiliation, has been found to relate directly to help-seeking intentions. Yet research evaluating the relationship between specific cultural value dimensions and attitudes toward help-seeking has yielded mixed results. For example, it has been argued that collectivistic values that are traditionally held by Asian Americans oppose the values associated with Western psychotherapy (Leong et al., 1995). Sue and Sue (1977) maintain that psychotherapy places a high value on open verbal communication, exploration of intrapsychic conflicts, and a focus on the individual. These processes encourage the client to put their own individual goals before those of the collective and run in direct conflict with allocentric values held by traditional Asian Americans. Research indicates, however, that the relationship between individualism-collectivism and help-seeking attitudes is complex. Tata and Leong (1994) actually found that holding more individualistic values was related to negative attitudes toward seeking professional psychological help among Asian Americans. These findings and the results of the current study underscore the fact that the influence of traditional values on help-seeking is complex. This study affords a more detailed examination of effects of value orientation on help-seeking including possible indirect effects.

Hypothesis #2: It does not appear that the cultural values held by parents affect help-seeking by influencing parents’ judgments of the severity of child behavior problems. There was no support in the model for a significant relationship between Chinese value orientation and parents’ appraisal of the severity of child behavior problems. Parents with a more traditional value orientation did not generally perceive child behavior problems as less severe. These results, therefore, do not support the general adult distress threshold model that has been described elsewhere (cf. Weisz et al., 1988). These differential thresholds of tolerance for child behavior problems have been found in cross-national studies, but investigations have not explored the question of thresholds within groups of ethnic minorities within the United States. It is plausible that value differences within a given ethnic group are smaller in magnitude than cross-ethnic and cross-national differences when it comes to tolerance for child behavior problems. However, there was clear evidence for the notion that the perceived severity of the child behavior problem drives parental intentions to seek help. Parents indicate that they would be more likely to seek help for more severe problems. Such a finding makes intuitive sense and is posited in rational models of help-seeking behavior (e.g., Andersen & Newman, 1973).

Hypothesis #3: Results of the current study indicated that cultural values may influence help-seeking intentions among Chinese-American parents by influencing the affective processes of shame and stigma. While there was no direct effect of values on help-seeking, cultural value orientation exerted an effect through affective responding. As hypothesized, more traditional Chinese-American parents tended to respond to hypothetical child behavior problems with higher levels of shame and stigma related affect. An orientation to traditional Chinese values predicts the extent to which a parent would feel ashamed, embarrassed, guilty, and secretive about a behavior problem in their child. In turn, as more feelings associated with shame and stigma are aroused, parents are less inclined to report intentions to seek help for the child’s problem, including professional psychological help. In addition, when parents appraise the problem as
more severe, they respond with more feelings of shame and stigma. This is consistent with models of shame culture in the literature on Chinese families with mentally ill members (Lin & Lin, 1978). This pattern of findings suggests that value orientation indirectly influences help-seeking intentions through its effects on affective arousal.

In summary, the findings of this study suggest that in this sample of Chinese-American parents, perceived severity of the problem was the major predictor of help-seeking intentions but this was not related to the measure of Chinese cultural values. Another direct determinant of their intentions to seek help was the degree of shame and stigma aroused by the child behavior problem. Parents who viewed problems as more shameful were less likely to report intentions to seek intervention. Importantly, the relationship between value orientation and help-seeking intentions was completely accounted for by the indirect relationship with affective responding. Parents who subscribed to a more traditional value orientation were less likely to report help-seeking intentions due to the higher levels of feelings of shame evoked by the child behavior problems.

These findings have implications for outreach efforts in Chinese-American communities. First, to stimulate help-seeking, a fruitful target goal would be to mitigate the negative influences of shame and stigmatization on help-seeking. Diminishing the deleterious effects of shame and stigma on help-seeking is particularly important for parents who hold subscribe to a more traditional value system. The problem of shame and stigma seems most marked for externalizing child behavior problems. Information about the prevalence of externalizing difficulties among school-aged children might help to normalize parents' experience and decrease stigmatization. Second, tactics sensitizing parents to the severity of behavior problems is advisable for parents across acculturation levels. In particular, Chinese-American parents may benefit from psychoeducation regarding internalizing disorders of childhood to help stimulate concern about and help-seeking for this range of behavior problems.

There are, however, several caveats to consider and the conclusions drawn from the study should be considered tentative at best, given the enduring problems of ethnic research and the limitations of this study's design and sample. First, recruiting parents from Chinese-language schools may reduce the representativeness of the sample, as these parents may be unique in their demographic characteristics. For example, most parents in the sample were born and raised in Taiwan. The findings may have been different with a sample composed of more parents from China, who may have had less exposure to Western parenting norms. Second, while the use of vignettes enables control over problem type and severity of stimuli, it also introduces questions of ecological validity. It is unknown how the parents' hypothetical responses to vignettes would be related to their actual help-seeking behaviors. Future studies will need to incorporate multiple methods to examine these issues (e.g., presenting videotaped portrayals of child behavior problems, recruiting samples of parents of children with behavioral problems, or employing in-depth ethnographic interviews with parents). Third, the current study was not able to explore the influence of gender of the parent in responses to child behavior problems. Like most research on parents and children, most of the informants in the current study are mothers. More work is necessary to determine whether fathers and mothers differ in their affective responding to, cognitive appraisal of, and resultant help-seeking for child psychopathology.

Notwithstanding the methodological limitations of the study, these results offer significant contributions to literature on help-seeking. This is the first empirical investigation documenting the often assumed negative relationship between help-seeking
and shame and stigma. Furthermore, the study presents preliminary evidence to suggest that the relationship between cultural values and attitudes toward seeking mental health services may be interceded by affective processes of shame. Finally, previous investigations have focused on Asian-American adults seeking psychological intervention for themselves. This study is among the early efforts to identify the issues in parental referral of their children for behavioral and emotional problems. Findings suggest that the same issues of stigmatization that impact self-referral may also influence parental referral in Chinese-American families. The issue of parents reticence to refer their children for services may have especially important clinical implications. Delay of treatment for children may be particularly detrimental. Not only do these children experience social and emotional impairment associated with their behavior problems, but these impairments may further disrupt their normal development in multiple domains. Thus, delays in help-seeking for children may result in a pattern of cumulative impairments. Information about parents’ cognitive and affective barriers to help-seeking could be applied in the community to better ensure that children with emotional and behavior problems receive the attention they need.

APPENDIX
CORRELATION MATRIX FOR MEASURED VARIABLES

<table>
<thead>
<tr>
<th>Variable</th>
<th>V1</th>
<th>V2</th>
<th>V3</th>
<th>V4</th>
</tr>
</thead>
<tbody>
<tr>
<td>V1 Value Orientation</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V2 Severity Appraisal</td>
<td>-.12</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V3 Affective Responding</td>
<td>-.25*</td>
<td>.30**</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>V4 Help-Seeking Intentions</td>
<td>-.02</td>
<td>.38**</td>
<td>-.05</td>
<td>1.00</td>
</tr>
</tbody>
</table>

*Residual after controlling for problem type.
*Correlation is significant at the 0.05 level (2-tailed); **correlation is significant at the 0.01 level (2-tailed).

REFERENCES


