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## Social Beliefs as Determinants of Attitudes Toward Seeking Professional Psychological Help among Ethnically Diverse University Students

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### ABSTRACT

The present study examined the role of pancultural social beliefs, as measured by the Social Axioms Survey (SAS), in predicting attitudes toward seeking professional psychological help in an ethnically diverse sample of Canadian university students ( $N = 400$ ). The result of a hierarchical regression showed that the collective contribution of the six SAS factors was significant in explaining help-seeking attitudes. Gender, age, ethnicity, perceived stress, and two SAS factors (Social Cynicism and Interpersonal Harmony) emerged as the significant predictors of help-seeking attitudes. There were also gender and ethnic differences in help-seeking attitudes, perceived stress, and across the six SAS factors.

### RÉSUMÉ

Cette étude a examiné l'impact des croyances sociales pan-culturelles, telles que mesurées par le Social Axioms Survey (SAS), sur la prévision des attitudes envers la recherche de l'aide psychologique professionnelle auprès d'un échantillon d'étudiants canadiens universitaires de diverses origines ethniques ( $N = 400$ ). Les résultats d'une régression hiérarchique ont démontré que les six facteurs du SAS, pris ensemble, contribuent de façon significative à expliquer les attitudes envers la recherche d'aide. De plus, le sexe des participants, leur âge, leur ethnicité, leur expérience subjective du stress, et deux facteurs du SAS (cynisme social et harmonie interpersonnelle) prédisent de façon significative les attitudes envers la recherche d'aide. Finalement, des différences de sexe et d'ethnicité ont été identifiées dans les attitudes des participants envers la recherche d'aide et le niveau de stress subjectif, ainsi qu'à travers les six facteurs du SAS.

No research to date has systematically examined the relationship between people's "social beliefs" and their "attitudes" toward seeking help from professional counsellors. Understanding this relationship will help therapists to comprehend how culturally diverse clients perceive counselling, and subsequently offer explanations for why they do or do not attend counselling. Having this knowledge will increase therapists' multicultural counselling competency, thereby allowing therapists to better meet the needs of clients from various ethnic backgrounds. In addition, this knowledge is crucial for assisting therapists to identify potential barriers to counselling that exist for many ethnic clients. Social beliefs define a specific relationship between two entities or concepts; they are the cognitive system pertaining to a person's relationships with others and with their environ-

ment (Leung & Bond, 2004). These beliefs guide actions, explain behavioural outcomes, and predict social interactions (Smith & Bond, 2003). As such, these social beliefs would be important cultural determinants that affect people's view of and receptiveness toward counselling and psychotherapy—each of which is, primarily, a social process between a therapist and one or more clients.

Therefore, the purpose of the present study was to empirically investigate the role of social beliefs in predicting the attitudes about seeking professional psychological and mental health services among culturally diverse university students in Canada. To this end, the study introduced a newly developed cross-cultural scale, the Social Axioms Survey (SAS; Leung et al., 2002), to assess individuals' social beliefs. The SAS is a unique measure that assesses specifically people's "social axioms," which represent individuals' cognitive belief systems about how the world works and how relationships are formed and maintained (Leung & Bond, 2004). Previous research on psychological help-seeking has linked individuals' attitudes and behaviours toward psychological services to their beliefs in terms of "worldview" (Ibrahim, Roysircar-Sodowsky, & Ohnishi, 2001), "etiological beliefs of mental disorder" (Luk & Bond, 1992; Sheikh & Furnham, 2000), religion and spirituality (Schnittker, Freese, & Powell, 2000), and "locus of control" (Sue & Sue, 2003). However, none of these constructs conceptually represents culturally defined belief systems as broadly as do social axioms. In this regard, this present study is unique and it distinguishes from previous works that invariably focused on some or limited aspects of individuals' broad belief systems in the study of culture and help-seeking attitudes. The following sections present a review of the literature on the key variables and constructs in the present study.

#### CULTURAL VARIATIONS ON HELP-SEEKING ATTITUDES AND BEHAVIOURS

Attitudes about seeking professional psychological help have been defined as "one's tendency to seek or to resist professional aid during a personal crisis or following prolonged psychological discomfort" (Fischer & Turner, 1970, p. 79). Cultural variability in the tendency to seek professional psychological help has been a focus of empirical interest among multicultural counselling researchers, compelled by practical needs and theoretical importance (Kim & Omizo, 2003; Leong, Wagner, & Tata, 1995). In terms of clinical practice, there exists a persistent concern regarding under- or overutilization of psychological services and the premature termination of therapy among ethnic individuals in North America (Leong & Lau, 2001; Sue & Sue, 2003). At the theoretical and empirical front, a number of culture-related variables have been tested by researchers in search of explanations for ethnic and racial differences in the willingness to seek counselling and psychotherapy (Leung et al.; Morgan, Ness, & Robinson, 2003).

To date, empirical findings have linked the cultural divergence in help-seeking patterns to extrinsic factors such as institutional biases and barriers (Leong & Lau, 2001), as well as intrinsic, cultural factors including acculturation (Barry & Grilo, 2002), ethnic identity (Leong et al., 1995), self-construals (Kuo, 2004;

Yeh, 2002), individualism-collectivism orientations (Tata & Leong, 1994; Yeh), spirituality (Schnittker et al., 2000), and culture-based mental health beliefs (Luk & Bond, 1992; Sheikh & Furnham, 2000) (see the corresponding articles for detail about these concepts). However, research on factors related to ethnic individuals' willingness to use psychological services is still not extensive, and the associations between these cultural factors and help-seeking behaviours remain obscure (Barry & Grilo; Sheikh & Furnham). In particular, the relationship between individuals' culturally prescribed social beliefs and their attitudes and perceptions of mental health and psychological services remains unexamined. This finding is surprising given the recognition that individuals' beliefs are a defining component of their worldview (Ibrahim et al., 2001) and that therapists' awareness of their own and their clients' beliefs constitutes a quintessential element of multicultural counselling competency (Sue & Sue, 2003).

#### BELIEFS AND HELP-SEEKING PATTERNS

Existing research suggests that individuals' willingness to seek counselling and psychotherapy is likely to be mediated by their culturally conditioned beliefs (Schnittker et al., 2000). In the existing literature, beliefs are often referred to either in terms of "etiological beliefs" regarding mental disorders (e.g., Atkinson, Worthington, Dana, & Good, 1991; Sheikh & Furnham, 2000) or culturally based religious faith and spiritualism (e.g., Schnittker et al.; Sue & Sue, 2003). These beliefs are further differentiated from social beliefs or social axioms because the latter represent more encompassing expectancies about causal relationships among events and entities in one's social world (Leung & Bond, 2004). Within the multicultural counselling literature, the closest kin to social beliefs is the construct of worldview. Ibrahim et al. (2001) defined worldview as "our beliefs, values, and assumptions about people, relationship, nature, time, and activity in our world" (p. 429).

The application of the construct of worldview to the study of multicultural clinical and counselling research has proven valuable (Ibrahim et al., 2001). For instance, as Dana (1993) reported, an individual's worldview delimits his or her perception of the need for counselling services, credibility ascribed to the counsellor, and the process and style of counselling. In a recent study by Kim, Ng, and Ahn (2005), Asian American clients whose counsellor matched their worldview (agreement regarding the cause of the problem) reported more positive session outcomes than those whose worldviews did not match. In a dissertation study, Lambert (2004) found that both the help-seeking attitudes of Caucasian and non-Caucasian Americans were significantly related to their culturally defined worldview. However, as promising as worldview is as a cultural construct, it has conceptual and methodological limitations pertaining to the specific research issues raised in the present study. First, despite empirical attention to worldview (see Ibrahim et al. for a review), Lambert's study was the only empirical work found that specifically applied worldview to assess ethnic individuals' help-seeking attitudes. Second, the worldview research is vexed with methodological concerns due

partially to inconsistency in the ways in which worldview has been measured and operationalized across studies (Ibrahim et al.). Third, by definition, worldview is construed in most studies as an amalgam of group and individual identity, values, and beliefs, so it does not represent social beliefs in their purest form. As a result, worldview renders the linking of a given attitude or behaviour to specific aspects of social beliefs difficult, if not impossible.

Another line of research has explored beliefs and help-seeking behaviours from the perspective of culture-specific attributions of the causes and cures of mental illness. In a study conducted by Sheikh and Furnham (2000), British, British Asians, and native Pakistanis were found to differ in their beliefs regarding the cause of mental distress. For the two Asian groups in the study, causal beliefs served as a significant predictor of attitudes toward seeking professional help. In a large-scale epidemiological study, Schnittker et al. (2000) found African Americans to be less likely to attribute the cause of mental illness to either genetic reasons or dysfunctional family upbringing than were Caucasian Americans. The authors reported that this belief orientation toward mental illness rendered African Americans less receptive to professional psychological treatment in general, except when the cause of the psychological problem was deemed genetically based (e.g., schizophrenia). It also seems that etiological beliefs regarding psychological problems might mediate attitudes toward mental health services via its facilitative effects on the counselling process. For instance, Atkinson et al. (1991) found that university counselling centre clients who perceived their counsellors to hold beliefs similar to their own etiological beliefs considered the counsellor to be more credible and understanding, and reported a more satisfying counselling experience overall.

Finally, individuals' beliefs about the person-environment relationship also have implications on their views toward counselling and mental health services. Sue and Sue (2003) contended that elemental beliefs regarding "Locus of Control" (LOC) and "Locus of Responsibility" (LOR) affect counselling processes and outcomes. The quality of the counsellor-client dynamic and the probability of therapeutic success are determined by clients' position on LOC and LOR versus that of their therapists along the dimensions of internality-externality. In their initial study of the Attitudes Toward Seeking Professional Psychological Help (ATSPPH) scale, Fischer and Turner (1970) demonstrated that men and women with greater external LOC reported a less positive attitude toward help-seeking than those with lesser external LOC. The internality-externality dimension affected individuals' recognition of need for help, tolerance of stigma associated with seeking help, interpersonal openness, and confidence in mental health providers.

The previous review suggests that as informative and valuable as the constructs of worldview, etiological beliefs, and locus of control are, they do not fully speak to individuals' social beliefs, which is a cognitive system pertaining to a person's relationship with others and with their environment. Consequently, an alternative construct is needed to distil the effect of social beliefs on attitudes toward seeking professional help and to permit a fine-grained analysis of the relationships between these two constructs.

## SOCIAL AXIOMS AS CULTURE-BASED SOCIAL BELIEFS

An emerging focus within cross-cultural psychology is the idea of social beliefs as an important construct in explaining and predicting cultural variations in social behaviours (Bond, Leung, Au, Tong, & Chemonges-Nielson, 2004; Leung et al., 2002). Social beliefs refer to people's understanding or generalized expectancies of how their world operates (Leung & Bond, 2004). Social beliefs are distinguished from "values" on the basis of the fact that values are evaluative in nature (e.g., about good vs. bad, desirable vs. undesirable, important vs. unimportant), whereas social beliefs are causal statements about relationships between events and entities. Historically, social belief has been an underresearched construct in cross-cultural studies because of the dominance and popularity of values-based research (Leung & Bond; Smith & Bond, 2003). The concepts of individualism and collectivism, for instance, as originally construed by Hofstede (1980) and later expounded by Triandis (2001), are immensely popular value constructs that have been adopted to study a wide range of behavioural and attitudinal outcomes, including counselling and psychotherapy (Williams, 2003) and counselling-seeking attitudes (Tata & Leung, 1994).

The contributions of value-based research notwithstanding, Leung, Bond, and their colleagues have engendered a new global, programmatic research program across cultures, attempting to "unpack" culture with social axioms (Leung & Bond, 2004; Leung et al., 2002). Functionally speaking, social axioms are said to be more predictive of "domain-specific" psychological constructs and "the causes and cures of psychological problems" than values (e.g., individualism and collectivism) (Leung & Bond, p. 131), because they are more closely tied to "culturally-transmitted myths and stories" than values (Singelis, Hubbard, Her, & An, 2003). Therefore, some have contended that social axioms may consequently be more useful and accurate in predicting social behaviours than motivational (e.g., values) or personality constructs (Singelis et al.).

Leung, Bond and their colleagues coined the term "social axioms" and defined them as "generalized beliefs about oneself, the social and physical environment, or the spiritual world, and are in the form of an assertion about the relationship between two entities or concepts" (Leung et al., 2002, p. 289). Whereas values are concerned with what is important and desirable, such as "Wars are bad," social axioms are concerned with the contingencies between two things or entities, such as "Wars will lead to the destruction of civilization" (Leung et al.). Thus, social axioms are cognitively more accessible than values to individuals because the former are both more comprehensive and more concrete in nature than the latter (Singelis et al., 2003). In addition, social axioms are acquired naturally as a product of personal experiences and socialization (Bond, Leung, Au, Tong, & Chemonges-Nielson, 2004). In essence, social axioms serve as a cognitive guide for how individuals should interact with their material, interpersonal, social, and spiritual worlds (Leung & Bond, 2004).

To assess social axioms across cultures, Leung and his colleagues developed the SAS (Leung et al., 2002). The scale's psychometric properties have been examined

in a series of multinational studies, first in five nations (Leung et al.) and later in 41 cultural groups across the globe (Bond, Leung, Au, Tong, DeCarrasquel, et al., 2004; Leung & Bond, 2004). The results corroborated a five-factor structure for the SAS consisting of Social Cynicism, Social Flexibility, Reward for Application, Fate Control, and Spirituality (also known as Religiosity). An additional factor, Interpersonal Harmony, was identified in the German sample reported in Leung et al.

According to Leung and his colleagues (Leung & Bond, 2004; Leung et al., 2002), Social Cynicism represents a general distrust of human nature, interpersonal relationships, and social institutions. Social Flexibility (previously named Social Complexity) describes a non-rigid belief in inconsistency of human nature, multiplicity of solutions to life problems, and uncertainty of life events. Reward for Application characterizes an optimistic expectancy that human effort, knowledge, and planning will bring about positive outcomes. Fate control represents a belief in the predetermination as well as the predictability of life events. Religiosity (previously named Spirituality) characterizes the belief in supreme beings, supernatural forces, and the positive function of religious beliefs. Finally, Interpersonal Harmony represents the belief that social harmony is the basis or antecedent of positive interpersonal relationships.

At the individual level of analysis, research has demonstrated that SAS factors have differential relationships with a number of psychological constructs in various cultures. The social axioms were found to be related to (a) locus of control, interpersonal trust, social desirability, cognitive flexibility, and paranormal beliefs in a U.S. female college sample (Singelis et al., 2003); (b) behavioural outcomes including volunteerism, superstitious practices, religious services attendance, and prayers and meditation in a group of undergraduate students in Canada (Van Bavel, Noels, & Williams [2002] as cited in Leung & Bond [2004]); (c) the fear of losing out (*Kiasu*) among university students in Singapore (Ward & Ramakrishnan [2003] as cited in Leung & Bond); and (d) self-interest tendency in a sample in Germany (Rupf & Boehnke [2002] as cited in Leung & Bond). Recently, in a study by Bond, Leung, Au, Tong, & Chemonges-Nielson (2004), social axioms successfully predicted conflict resolution style, vocational choice, and coping style of university students in Hong Kong after controlling for the effects of values. In short, preliminary data on the SAS support the ecological validity of its dimensions across cultures, the convergent and divergent validities of the scale with various socioeconomic indices and psychological correlates, and the scale's predictive power for a number of behavioural outcomes beyond cultural value.

#### RESEARCH QUESTION AND HYPOTHESIS

The present study intends to extend the existing literature by examining the relationship between social beliefs as measured by the SAS and attitudes toward seeking professional psychological help in a sample of ethnically diverse undergraduate students in Canada. Specifically, this research asks: "To what extent do

social axioms predict attitudes of undergraduate students toward seeking professional psychological help, above and beyond the influences of demographic and psychological stress variables?" To answer this research question, the strength of social axioms in predicting attitudes toward the utilization of psychological help will be assessed by controlling for the possible mitigating effects of participants' gender, age, socioeconomic status (SES), ethnicity, and stress levels. It is hypothesized that social axioms as measured by the SAS would explain undergraduate students' attitudes toward help-seeking, above and beyond gender, age, SES, ethnicity, and stress.

## METHOD

### *Participants*

The participants were 400 undergraduate students from a university in southwestern Ontario in Canada. The sample's gender composition was evenly distributed with 201 men and 199 women. The mean age of the sample was 21.35 ( $SD = 4.48$ ). Three hundred of the students were recruited from the psychology department's participant pool, and the other 100 students were recruited from the campus community at large, including non-psychology courses and the university's main student centre. The participants represented diverse ethnic backgrounds: 65.3% Caucasian/White European descent, 19.3% Asian descent, 6.3% Black/African descent, 4.0% Arabic descent, 1.3% Hispanic/Latino descent, and 3.0% mixed (parents from two different ethnic groups). Four participants did not report their ethnic backgrounds. The diversity of the current sample is highlighted by comparing these figures to the census data on Canada's visible minority population. According to Statistics Canada (2001), in 2001 the total Canadian population included 9% Asians, 2.2% Blacks, 1% Arabs/West Asians, .25% multiple visible minority, and .75% Latin Americans. On the basis of this comparison, it shows that the present sample represents a considerably more diverse group than the profile of the general Canadian population.

### *Measures*

*Demographics.* Participants indicated their gender, age, country of birth, ethnicity, generation status, first language spoken, parents' ethnicities, parents' highest education attainments, parents' occupations, and estimated family income. In the current study, a composite score of participants' socioeconomic status was calculated by combining their mother's and father's highest educational attainment and their estimated family income in incremental scales.

*Social Axioms Survey.* The present study adopted the 82-item SAS (Leung et al., 2002) to measure social beliefs. As discussed previously, Social Cynicism (19 items), Reward for Application (16 items), Social Flexibility (14 items), Fate Control (8 items), Spirituality (12 items), and Interpersonal Harmony (13 items) represent the structure of the SAS. Participants indicate the degree to which they agree with the belief statements on a 7-point Likert scale, with 0 = *strongly disagree*

to 6 = *strongly agree*. The Cronbach's alphas of the SAS subscales across studies were reported to fall in the following ranges: .64–.80 for Social Cynicism, .45–.72 for Social Flexibility, .53–.78 for Reward for Application, .56–.81 for Spirituality and .54–.70 for Fate Control. Data on the internal consistency for Interpersonal Harmony were not available. It was contended by the scale developers that as a pancultural measure the SAS suffers from low internal consistency in some cases because of the breadth and the range of items used to extract social beliefs represented in a wide variety of cultures (Leung et al.; Singelis et al., 2003). In the current study, the Cronbach's alphas corresponding to these factors were .79, .51, .69, .76, .61, and .57 respectively.

*Attitudes Toward Seeking Professional Psychological Help—Shortened Form.* To measure participants' attitudes about seeking professional psychological help, the 10-item ATSPPH-Shortened Form (Fischer & Farina, 1995) was used in the current study. This abbreviated version of the measure was developed based on the full scale, 29-item ATSPPH (Fischer & Turner, 1970). A factor analysis of the shortened version resulted in a similar structure to the full scale. It also demonstrated criterion-related validity in terms of respondents' prior counselling experience and gender, and convergent validity with the full version of the measure (Fischer & Farina). The measure was also found to be reliable; its internal consistency was reported to have a coefficient alpha of .84, and its temporal consistency was reported to have a test-retest reliability coefficient of .80 over a one-month period. Respondents are asked to rate on a 4-point Likert scale the extent to which they agree or disagree with each statement, with 0 = *disagree* to 3 = *agree*. The Cronbach's alpha for the ATSPPH in this study was .78.

*Perceived Stress Scale.* The Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983) has been found to be a valid and reliable self-report measure that captures individuals' perception of how unpredictable and stressful respondents find their lives to be. In the validity study of the PSS (Cohen et al.), high internal consistency was reported across three college student samples. The Cronbach's alphas for dormitory residents, psychology students, and participants in a smoking-cessation program were found to be .84, .85, and .86, respectively (Cohen et al.). Participants rate their stress levels on a 5-point Likert scale from 0 = *never* to 4 = *very often*. The Cronbach's alpha for the PSS in the present study was .87.

## RESULTS

To assess the predictor variables' relationship to help-seeking attitudes, the Pearson product moment correlations were first examined. Table 1 presents the correlation matrix of the predictors and the criterion variable, the ATSPPH score. More positive attitudes toward seeking professional psychological help were associated with being women ( $p < .001$ ), being older in age ( $p < .001$ ), being more stressed ( $p < .05$ ), endorsing a stronger belief in interpersonal harmony with others ( $p < .01$ ), and being less cynical about the social world ( $p < .001$ ). On the basis of these correlational results and previous research, a predictive model of



help-seeking was developed and tested in a hierarchical regression with ATSPPH as the criterion variable (see Table 2). Following previous multicultural research on help-seeking using similar hierarchical methods (e.g., Sheikh & Furnham, 2000; Yeh, 2002), gender and age were entered in the first and the second steps of the analysis, respectively. Given that previous research (Sheikh & Furnham; Surgenor, 1985) has suggested that the SES is a mediating factor for individuals' willingness to seek counselling and mental health treatment, the participants' SES was controlled by having it entered in the third step of the regression. In the fourth step, the predictive power of ethnicity was assessed. The two largest ethnic representations in the study, Asians and Caucasians, were examined individually by comparing each group to the remaining participants. Thus, ethnicity, which included Asians and Caucasians, was dummy coded into two variables (Caucasian vs. Non Caucasian and Asian vs. Non Asian) and entered into the equation in a block simultaneously.

Research has also pointed to the severity of psychological distress as a motivating factor for seeking professional help among college students (Barry & Grilo, 2002; Morgan et al., 2003; Solberg, Ritsma, Davis, Tata, & Jolly, 1994). Thus, participants' self-reported stress was assessed and controlled by entering the PSS score in the fifth step. In the final step, the six Social Axioms factors were introduced into the equation simultaneously, because there was no prior research to guide the order of entry of these factors. In sum, the predictive model comprised the ATSPPH scores regressed hierarchically on the 12 predictor variables.

The overall regression model was significant,  $F(1, 380) = 8.37, p < .001$  and accounted for 21% of the variance in the ATSPPH scores (see Table 2). Six variables were significant in predicting attitudes toward help-seeking: gender ( $p < .001$ ), age ( $p < .01$ ), Caucasian Canadian students ( $p < .05$ ), perceived stress ( $p < .01$ ), Social Cynicism ( $p < .01$ ), and Interpersonal Harmony ( $p < .01$ ). Although SES, Asian students, Reward for Application, Social Flexibility, Fate Control, and Spirituality did not predict attitudes toward help-seeking, it is noteworthy that with each entry of the block of predictors into the equation, the change in  $R^2$  was consistently significant ( $p < .001$ ). Together, the demographic variables explained 16% of the variance in participants' help-seeking attitudes. The respondents' psychological stress further explained 1% of the variance in help-seeking tendencies. Finally, the participants' SAS scores contributed an additional 5% of variance in attitudes toward seeking psychological help.

The significant effect of gender and ethnicity in predicting the criterion variable prompted a post hoc analysis exploring possible gender and ethnic differences in the following key variables: attitudes toward seeking help, perceived stress, and the six SAS factors. For the purpose of testing ethnic variability, the small numbers of Black/African, Arabic, Hispanic/Latino, and mixed-ethnic (parents from two different ethnic groups) individuals in the present sample were grouped together and referred to as the Mixed Ethnic group in the subsequent analyses. This group was compared to the two largest ethnic groups, Caucasians and Asians. A two-way multivariate analysis of variance (MANOVA), with gender and ethnicity as

**Table 1**  
*Means, Standard Deviations, and Correlations of Key Variables for the Current Sample (N = 400)*

Variables	M	SD	1	2	3	4	5	6	7	8	9	10	11
1. Gender	—	—	—	.02	.06	.25***	-.23***	-.12*	.02	.03	.14**	.06	.32***
2. Age	21.35	4.48	—	—	-.17***	-.11*	-.09	.08	.13*	-.04	.09	.13*	.20***
3. SES	4.92	1.16	—	—	—	.06	-.04	-.10	.01	.04	-.06	.01	-.07
4. Perceived stress	1.85	.70	—	—	—	—	.18***	-.06	-.07	.12*	.05	-.06	.12*
5. Social cynicism	2.72	.70	—	—	—	—	—	.20***	-.12*	.39***	.02	-.08	-.22***
6. Reward for application	4.11	.55	—	—	—	—	—	—	.31***	.20***	.29***	.56***	.02
7. Social flexibility	4.26	.48	—	—	—	—	—	—	—	-.08	.05	.43***	.10
8. Fate control	2.38	.83	—	—	—	—	—	—	—	—	.19***	.02	.00 <sup>a</sup>
9. Spirituality	3.38	.86	—	—	—	—	—	—	—	—	—	.26***	.01
10. Interpersonal harmony	4.26	.52	—	—	—	—	—	—	—	—	—	—	.17**
11. Help-seeking attitudes	1.67	.59	—	—	—	—	—	—	—	—	—	—	—

<sup>a</sup> Actual value = .002  
\*  $p < .05$  \*\*  $p < .01$  \*\*\*  $p < .001$

Table 2

*Summary of Hierarchical Multiple Regression Analysis for Predictors of Help-Seeking Attitudes*

Predictor variables	<i>B</i> value	<i>SE B</i>	$\beta$	$R^2$	$\Delta R^2$	<i>F</i>
Step 1				.10	.10	44.86***
Gender	2.49	.61	.21***			
Step 2				.13	.03	29.19***
Age	.23	.07	.16**			
Step 3				.13	.00 <sup>c</sup>	19.86***
SES	-.11	.08	-.07			
Step 4 <sup>a</sup>				.16	.02	14.15***
Caucasian vs. non-Caucasian <sup>d</sup>	1.94	.80	.16*			
Asian vs. non-Asian <sup>e</sup>	.94	.94	.06			
Step 5				.16	.01	12.38***
Perceived stress	.12	.04	.14**			
Step 6 <sup>a</sup>				.21	.05	8.37***
Social cynicism	-.08	.02	-.19**			
Reward for application	-.00 <sup>b</sup>	.04	-.00 <sup>b</sup>			
Social flexibility	.01	.05	.01			
Fate control	.08	.05	.09			
Spirituality	-.05	.03	-.08			
Interpersonal harmony	.12	.05	.14**			

*Note.* *B* values represent the unstandardized coefficients.  $\beta$  values represent the standardized coefficients.

<sup>a</sup>Predictor variables were entered into the regression as a block. <sup>b</sup>Actual value = -.002. <sup>c</sup>Actual value = .003. For contrasting purposes, <sup>d</sup> non-Caucasians included Asians, Black/African Hispanic/Latino, Arabic, and mixed-ethnic individuals, whereas <sup>e</sup>non-Asians included Caucasian, Black/African Hispanic/Latino, Arabic, and mixed-ethnic individuals.

\* $p < .05$  \*\* $p < .01$  \*\*\* $p < .001$

independent variables and the scores on the ATSPPH, PSS, and SAS as dependent variables, indicated that gender (Wilks'  $\Lambda = .863$ ,  $F(8, 384) = 7.6$ ,  $p < .001$ ,  $\eta^2 = .137$ ) and ethnicity (Wilks'  $\Lambda = .883$ ,  $F(16, 768) = 3.09$ ,  $p < .001$ ,  $\eta^2 = .06$ ) significantly affected the dependent variables. Furthermore, there was no interaction effect between gender and ethnicity.

Male-female differences were found in Help-Seeking Attitudes [ $F(1, 391) = 13.62$ ,  $p < .001$ ,  $\eta^2 = .034$ ], Perceived Stress [ $F(1, 391) = 14.68$ ,  $p < .001$ ,  $\eta^2 = .036$ ], Social Cynicism [ $F(1, 391) = 16.84$ ,  $p < .001$ ,  $\eta^2 = .041$ ], and Reward for Application [ $F(1, 391) = 4.65$ ,  $p < .05$ ,  $\eta^2 = .012$ ]. These results showed that women reported more positive attitudes toward seeking professional psychological help, more psychological stress, less cynicism toward social relationships, and less faith in being rewarded for efforts than men did. Ethnic differences were indicated in Help-Seeking Attitudes [ $F(2, 391) = 5.9$ ,  $p < .01$ ,  $\eta^2 = .029$ ], Social Cynicism [ $F(2, 391) = 9.94$ ,  $p < .001$ ,  $\eta^2 = .048$ ], Fate Control [ $F(2, 391) = 8.74$ ,  $p < .001$ ,  $\eta^2 = .043$ ], and Spirituality [ $F(2, 391) = 6.77$ ,  $p < .05$ ,  $\eta^2 = .033$ ]. Caucasian Canadian students reported more positive attitudes toward seeking help and less

cynical beliefs toward social relationship than did the Asian and the Mixed Ethnic student groups. Asian Canadian students, however, had a stronger belief in fate control than either the Caucasian or the Mixed Ethnic students. The Mixed Ethnic group were more spiritual than the Caucasian group.

#### DISCUSSION

With respect to the demographic predictors, the results support previous studies: (a) women are more positive about seeking psychological help than men (e.g., Morgan et al., 2003; Sheu & Sedlacek, 2004); (b) the receptiveness toward psychological help increases with age (Kim & Omizo, 2003; Surgenor, 1985); and (c) individuals' perceived stress was related to more positive attitudes toward help-seeking (e.g., Barry & Grilo, 2002; Morgan et al.). Ethnic differences in attitudes toward help-seeking were also found: Caucasian students had more positive attitudes toward seeking psychological services than the Asian and Mixed Ethnic groups did. This result parallels the findings of Morgan et al. and Lambert (2004) that Caucasian university students held more positive attitudes toward counseling than did non-Caucasian students, including Asians. This reluctance to access psychological help once again highlights the enduring issue of underutilization of mental health services by culturally diverse individuals (Leong & Lau, 2001; Sue & Sue, 2003), and the pervasiveness of such a pattern even among university students (Sheu & Sedlacek).

One major contribution of the current study is to demonstrate the link between social beliefs and divergence in the patterns of help-seeking tendencies among ethnic groups. Consistent with our hypothesis, the six SAS factors significantly accounted for 5% of the variance in the participants' help-seeking attitudes. It is noteworthy that the effects of social axioms on attitudes toward help-seeking persisted even after the influence of the participants' ethnicity, level of stress, and other demographic variables was controlled. These results underscore the critical importance of adopting meaningful cultural constructs, such as social axioms, in research designed to investigate and explain cultural differences in social behaviours and psychological phenomena (Smith & Bond, 2003). For instance, Schnitker et al. (2000) contended that African American-White American differences in the etiology and the treatments of mental illness cannot be understood without accounting for the operative beliefs associated with each group.

Among the six social axioms factors, Social Cynicism and Interpersonal Harmony emerged as the two significant belief predictors of help-seeking attitudes for the present sample. The participants scoring high in Social Cynicism had more negative views toward seeking psychological help. Social cynical attitudes imply a profound distrust in people and social institutions and a strong skepticism toward the positive elements of humanity, such as altruism, good will, and humility (Leung & Bond, 2004). Singelis et al. (2003) found that U.S. college students with high social cynicism also reported low levels of interpersonal trust, cognitive flexibility, social desirability, and more external locus of control. In a

study of Chinese university students in Hong Kong, Bond, Leung, Au, Tong, and Chemonges-Nielson (2004) found social cynicism to predict limited uses of socially adaptive conflict resolution strategies, including compromise and collaboration, in dealing with interpersonal conflicts. It is possible, then, that a strong socially cynical belief prompts individuals to be more suspicious of therapists' intention to help or to be more apprehensive about safety or lack thereof in the therapeutic relationship.

On the other hand, individuals with stronger beliefs in Interpersonal Harmony were more positive toward seeking psychological help. The belief dimension of Interpersonal Harmony entails espousing positive qualities in interpersonal relationships, including social cooperation, intimacy, respect, acceptance, and family support and unity—a dimension that underscores interpersonal trust and sensitivity. On the basis of this belief, individuals valuing interpersonal harmony would likely view psychological services as constructive and nurturing, and therapeutic relationship and process as safe and trustworthy.

The present findings highlight the auspicious quality of pro-social beliefs in facilitating positive attitudes and encouraging willingness to seek professional psychological help. Therefore, the opposite effects would be anticipated if such beliefs are lacking. In fact, in a U.S. study of East Asian college students' willingness to use psychological services, Barry and Grilo (2002) found that interpersonal distance (i.e., the extent of interpersonal connection, such as difficulty making friends) negatively predicted the students' willingness to utilize psychological services. Therefore, individuals' general expectancy of social relationships as either exploitative or precarious would significantly reduce their receptivity toward psychological treatments.

Moreover, the ethnic differences in the SAS belief dimensions demonstrated in the present study have further implications. The study found that the Asian students and Mixed Ethnic students were more likely to hold social cynical beliefs than Caucasian students. Sue and Sue (2003) noted that a certain cautiousness and skepticism toward social interaction with individuals and institutions in the dominant society might be expected among some ethnic individuals. This tendency might be attributed to Asians' past experiences of racism and oppression (Ying, Lee, & Tsai, 2000) and/or their intrinsic external worldview orientation (Kim et al., 2005). In the present study, Asian participants further demonstrated a stronger belief in fate control than the other two groups. This belief pattern might best be explained by Asians' tendency toward interdependence (Kuo, 2004; Markus & Kitayama, 1991) rather than from a fatalism interpretation. Heine (2001) contended that because the Asian interdependent self is "suspended in a web of social relationships and roles" (p. 891), they see the external, social world as less amenable to change or to control. Finally, the combined Mixed Ethnic group endorsed a stronger belief in spirituality than the other two groups. The result underscores differential emphasis on the spiritual or religious aspect of social belief systems across cultural groups (Schnittker et al., 2000). While the current results are interpreted based on broad ethnic grouping categories (i.e., Asian, Cau-

casian, and Mixed Ethnic) for discussion purposes, it is critical to recognize that differences exist within ethnic groups and generalization of the findings requires caution (Kuo).

The results of the present study, however, are subject to some limitations and should be interpreted cautiously. First, the participants' previous counselling/therapy experiences, which have been found to affect college students' willingness to seek counselling (Morgan et al., 2003; Solberg et al., 1994), were not included in the study. It is, therefore, unclear on the basis of the present study if or to what extent the participants' prior encounters with psychological services may have influenced their responses. Second, participants' attitudes toward professional psychological help were conceptualized generally and measured as a global construct. Some evidence suggests that individuals' willingness to seek counselling is differentiated by the types of counselling sought (Sheu & Sedlacek, 2004) and the nature of the presenting problems for which counselling was sought (Solberg et al.). Neither of these variables were examined in the present study.

#### IMPLICATIONS FOR PRACTICE AND RESEARCH

In terms of services provision, the findings of this study remind counsellors, educators, and school personnel that undergraduate students' attitudes toward getting help for their emotional and psychological problems might be deeply entrenched in their culturally prescribed beliefs of the world and how it operates. University counselling centres, health services, and student affairs offices would do well to be proactive in developing and designing their outreach, educational, and intervention programs with attention paid to the expectancies of their users and audiences. These programs should anticipate and address myths and misconceptions that are rooted in the core social beliefs that diverse clients might have about counselling and psychological services. Mental health services and their service providers would benefit from preparing resource materials and service information by taking into consideration social beliefs that are most salient for the ethnocultural group which the services are targeting. For an example, when dealing with Asian clients/audiences, the Asian cultural belief that personal problems/secrets should be kept only within the family and not shared with any outsiders (including the therapist) should be addressed by the therapist in a sensitive and understanding manner. This can be accomplished either through highlighting the issues in psychoeducational sessions or in an agency's written educational materials (e.g., flyers or pamphlets) for the target clients.

Given that social beliefs and their effects on relationships are often implicit to the individuals involved, another recommendation is for therapists to engage clients in an open and honest dialogue about their expectations for a helping relationship. This should be done early in the therapy and continue throughout the counselling process. For instance, a therapist must judiciously explore and discern whether a client's skepticism or reluctance about counselling stems from his or her socialized beliefs or from deliberate personal resistance. If the former

scenario is the case, some psychoeducation initiated by the therapist is called for in order to align the expectations of both the therapist and the client within the therapeutic relationship. By so doing, the clients' guardedness and cynicism about the therapeutic process might be reduced and subsequent client-therapist belief clashes might be avoided. Incidentally, the therapist's efforts to understand and to be informed of the client's operating social beliefs would likely be appreciated and viewed by the client as a sign of the therapist's cultural sensitivity and multicultural competency.

In addition, the findings of the present study that pro-social beliefs, including less cynicism and more interpersonal harmony, were predictive of help-seeking attitudes also bear practical implications for counselling with diverse clients. These results alert therapists that extra vigilance should be devoted to clients who might be highly cynical and skeptical about psychological help and interventions. Therapists should recognize that a greater amount of time and patience may be needed to work with individuals who were socialized by their family or culture to hold more cynical and/or less harmonious beliefs about social relationships. These clients would likely take more time to establish trust in the therapeutic process and to "warm up" to the therapist.

Finally, previous findings have pointed out that a client-therapist match in a number of cultural dimensions, including etiology beliefs of psychological problem (Atkinson et al., 1991) and worldview (Kim et al., 2005), lead to favourable therapeutic conditions (i.e., positive client perception of counselling process and therapists, and enhanced counselling relationship and outcomes). By extension, it can be speculated that the compatibility between clients and therapists on the dimension of social beliefs might facilitate positive attitudes toward therapy and favourable therapeutic outcomes. Hence, competent multicultural counsellors and therapists should be cognizant of their own beliefs as well as attuned to their clients' belief expectancies, so they can monitor and adjust their interventions responsively and appropriately (Sue & Sue, 2003).

The present study provided further empirical evidence for the utility and efficacy of adopting the SAS as a method of measuring pancultural constructs in multicultural and cross-cultural research. The present study joins the growing body of cross-cultural research suggesting that increased explanatory power in predicting various social behaviours and attitudes can be achieved with the additional inclusion of social axioms. Furthermore, by examining social beliefs, the present study has broadened the extant literature on multicultural research on attitudes toward seeking professional psychological help, in which value-based studies have predominated up to this point (for examples, see Kim & Omizo, 2003; Tata & Leong, 1994; Yeh, 2002). Differentiating values' influences from those of beliefs would ultimately enhance investigators' ability to (a) assess the relative contributions that values (e.g., worldview or individualism-collectivism scale) and social beliefs made on individuals' attitudes and behaviours, and (b) "unpack" cultures' influences on individuals' psychological experiences by tying the results of research to specific elements (i.e., values or attitudes or beliefs) of a given culture (Smith & Bond, 2003).

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