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Abstract

The present study is a cross-sectional investigation of emotional self-control, interpersonal shame, and subtle racism as predictors of Asian American attitudes toward professional help-seeking in a sample of Asian American college students ($N = 153$). The authors applied and extended P. Y. Kim and Lee's (2014) intrapersonal-interpersonal framework of Asian American help-seeking to include racism as a sociocultural correlate. It was hypothesized that emotional self-control (intrapersonal correlate), interpersonal shame variables of external shame and family shame (interpersonal correlates), and racism (sociocultural correlate) would incrementally predict professional help-seeking attitudes, controlling for previous counseling experience. Participants completed an online survey containing the demographic and study variables. Hierarchical regression analyses (Step 1: counseling experience; Step 2: emotional self-control; Step 3: interpersonal shame [external and family]; Step 4: racism) indicated that emotional self-control and racism were negative predictors of favorable attitudes, whereas external shame was a positive predictor of favorable help-seeking attitudes. The findings have implications for advancing the Asian American literature pertaining to professional help-seeking correlates and for practitioners working with Asian American students to favorably impact mental health service utilization.

Keywords: Asian American college students, Asian American help-seeking, emotional self-control, racism, shame.

Emotional Self-Control, Interpersonal Shame, and Racism as Predictors of Help-Seeking Attitudes among Asian Americans: An Application of the Intrapersonal-Interpersonal-Sociocultural Framework

Asian Americans report more unfavorable attitudes toward professional mental health services compared to their counterparts (e.g., Whites; Masuda et al., 2009), and this is consistent with the well-established trend of mental health service underutilization by Asian Americans (S. Sue, Yan Cheng, Saad, & Chu, 2012). Given this problem, researchers have made a determined effort to identify various correlates of help-seeking attitudes in Asian American samples (e.g., David, 2010; P. Y. Kim & Lee, 2014; Leong, Kim, & Gupta, 2011).

In particular, P. Y. Kim and Lee (2014) applied the intrapersonal-interpersonal framework in examining Asian values in association with help-seeking attitudes, and our study builds upon this bifurcation. P. Y. Kim and Lee (2014) asserted that Asian American help-seeking is influenced by cultural values emphasizing within-person elements, and also relational ones. For instance, a contributing factor to the reluctance to seek mental health services among those in an Asian context might be the cultural emphasis placed upon intrapersonal fortitude, such as the ability to draw upon willpower to overcome mental health concerns (Arkoff, Thaver, & Elkind, 1966). Similarly, there might be a belief that mental health problems are caused by intrapersonal factors, such as being weak-minded (Mallinckrodt, Shigeoka, & Suzuki, 2005).

Of particular interest in our study as an intrapersonal variable was the Asian value of emotional self-control, which emphasizes the restraint placed upon emotions (B. S. K. Kim, Li, & Ng, 2005). A key goal of Western psychotherapy is the expression of emotions (Kirmayer, 2007) that stands in contrast to the Asian cultural value of emotional restraint (Leong & Lau, 2001). It makes sense, then, that emotional self-control has been empirically associated with

unfavorable help-seeking attitudes among Asian Americans (P. Y. Kim & Lee, 2014; B. S. K. Kim et al., 2005), and that emotional openness was associated with more favorable attitudes (Komiya, Good, & Sherrod, 2000). In sum, Asian Americans adhering to the cultural values of emotional restraint may harbor unfavorable views related to seeking professional help. Consistent with prior findings (P. Y. Kim & Lee, 2014; P. Y. Kim & Kendall, 2015), we predicted that emotional self-control would be associated with unfavorable help-seeking attitudes (Hypothesis 1).

On the other hand, the interpersonal dimension of the framework (P. Y. Kim & Lee, 2014) posits that Asian American help-seeking is also influenced by cultural values with relational emphasis. Scholars have noted that in the Asian context, an interpersonal understanding of the self is salient, and this has implications for wide-ranging psychological processes such as the experience of motivations that are other-oriented (see Markus & Kitayama, 1991). Moreover, there is evidence suggesting that Asians/Asian Americans have higher levels of interdependence compared to their non-Asian counterparts (e.g., European Americans; Hardin, Leong, & Bhagwat, 2004).

Given the interdependent orientation of Asian Americans, scholars have reasoned that Asian American help-seeking may be driven by, in part, interpersonal or collectivistic elements. Leong and Lau (2001) wrote that the goals of Western psychotherapy (e.g., self-assertion, even at the expense of others) can conflict with interdependent goals (e.g., self-effacing for the sake of the group). Studies have revealed that interpersonal factors have implications for help-seeking attitudes of Asian Americans, for both unfavorable (B. S. K. Kim, 2007) and favorable (Shea & Yeh, 2008) help-seeking outcomes. For instance, B. S. K. Kim (2007) reported a significant inverse correlation between collectivism and professional help-seeking attitudes. In a similar

vein, P. Y. Kim and Park (2009) found that the awareness of others' beliefs regarding professional help, combined with the desire to comply with those beliefs, was a significant predictor of individual willingness to seek professional counseling in a sample of Asian American college students. Based on this conceptualization of interpersonal correlates of help-seeking, P. Y. Kim and Lee (2014) examined the Asian values (B. S. K. Kim et al., 2005) of collectivism, conformity to norms, and family recognition through achievement as interpersonal cultural values, but none were significant predictors of help-seeking attitudes.

We were motivated to extend P. Y. Kim and Lee's (2014) intrapersonal-interpersonal framework in two ways. First, we wished to revisit the null finding associated with interpersonal cultural values and apply an alternative conceptualization of interpersonal correlates of Asian American help-seeking attitudes—namely, one that extends beyond cultural values but still captures an interpersonal correlate of help-seeking. We wondered if the null findings associated with the interpersonal variables were, at least in part, due to the narrow scope of the interpersonal conceptualization to cultural *values*. Given the strong argument for the interdependent orientation of Asian Americans (Markus & Kitayama, 1991), combined with the empirical evidence for the influence of salient relationships in Asian Americans' attitudes toward seeking professional counseling (P. Y. Kim & Park, 2009), it is reasonable that there are additional relationship-focused predictors of Asian American help-seeking attitudes yet to be empirically identified under the umbrella of the intrapersonal-interpersonal framework.

Second, we desired to augment the intrapersonal-interpersonal framework by examining a *sociocultural* correlate of help-seeking. Contrary to the belief that Asian Americans do not experience obstacles (e.g., racism) in achieving success in the United States (i.e., model minority myth; see Yoo, Burrola, & Steger, 2010), the experience of racial discrimination and its

deleterious psychological associations is a reality for Asian Americans (Cheng, Lin, & Cha, 2015; Huynh, Devos, & Goldberg, 2014). Furthermore, racism may be unfavorably related to Asian American help-seeking processes. Uba (1982), based on a literature review, surmised that factors such as distrust in mainstream mental health services, as a result of having experienced institutional racism, may serve as a constraint to Asian American professional help-seeking. However, there is a surprising dearth of empirical studies that have examined the link between racism and help-seeking attitudes in Asian Americans, and thus our study advances the empirical literature by including racism as a sociocultural correlate of help-seeking attitudes.

In sum, the present study applies the intrapersonal-interpersonal-sociocultural framework to examine three predictors of Asian American help-seeking attitudes: emotional self-control, interpersonal shame, and racism. The conceptual and empirical rationale for the relation between emotional self-control and help-seeking attitudes have been already articulated and also in P. Y. Kim and Lee (2014). Next, we present the justification for the inclusion of interpersonal shame and racism as predictors of professional help-seeking attitudes.

Interpersonal Shame and Help-Seeking Attitudes

Scholars have long recognized shame as a barrier to professional help-seeking of Asian Americans (e.g., Kramer, Kwong, Lee, & Chung, 2002; Root, 1985), and there is empirical work that supports the role of shame in the formation of unfavorable view of help-seeking in both Asian (Wynaden et al., 2005) and Asian American samples (Jang, Chiriboga, & Okazaki, 2009). For example, in Jang et al.'s (2009) study, elderly Korean Americans' belief that an individual's experience of psychological distress brings shame to the family was related to unfavorable views of professional help-seeking. Due to their interdependent nature, Asian Americans with a heightened sense of shame might find the thought of disclosing personal struggles in a therapy

setting to a professional who is an outgroup member to be especially difficult (see Leong & Lau, 2001), and therefore hold more unfavorable help-seeking attitudes.

Two related gaps in the current empirical literature served as the catalyst for our study's inclusion of interpersonal shame as a predictor of help-seeking attitudes. First, the current literature tends to focus on shame stemming from mental health concerns (e.g., Jang et al., 2009; Wynaden et al., 2005) and seeking professional help (Wynaden et al., 2005), leading to the conclusion, for example, that the fear of shame surrounding the thought or act of seeing a mental health professional can lead to more unfavorable help-seeking outcomes. In contrast, the literature highlighting the experience or perception of shame detached from professional help-seeking remains relatively under-developed; such studies may allow for a slightly different conclusion to be drawn—for example, that more generalized shame (i.e., shame that is not specifically tapping into embarrassment caused by the thought or act of professional help-seeking) can also be associated with unfavorable help-seeking attitudes.

To address the need for an alternative conceptualization of shame in help-seeking studies, we examined *interpersonal shame* as a culturally-relevant interpersonal predictor of help-seeking attitudes. Interpersonal shame refers to “shame arising from interpersonal concerns” (Wong, Kim, Nguyen, Cheng, & Saw, 2014, p. 120). To our knowledge, researchers have yet to examine the association between interpersonal shame and help-seeking attitudes in Asian American samples. Also, such an investigation is in keeping with Wong et al.'s (2014) recommendations for future studies to examine interpersonal shame in relation to help-seeking attitudes of Asian American samples. Finally, previous work on the empirical relation between loss of face concerns—a closely-related construct to interpersonal shame (see Wong et al., 2014)—and unfavorable help-seeking attitudes in Asian American (David, 2010) and Asian (Cheang &

Davis, 2014) samples also provided further justification for examining the association between interpersonal shame and help-seeking attitudes.

Second, the studies that do somewhat address the association between interpersonal shame and help-seeking attitudes of Asian Americans tend to lack a multidimensional conceptualization of interpersonal shame, which makes it challenging to pinpoint the specific type of interpersonal shame associated with Asian American help-seeking attitudes. One reason for this might be that rigorous multidimensional measures of interpersonal shame have been lacking in the literature. Only recently, Wong et al. (2014) created and validated the Interpersonal Shame Inventory (ISI) containing two factors: Wong et al. (2014), based on Bedford (2004) and Liem (1997), argued for a conceptual distinction between *external shame*, or shame arising from unfavorable perception of the individual by others; and *family shame*, or shame stemming from the worry that one might bring disgrace upon the family. To our knowledge, previous studies that highlight more nuanced dimensions of interpersonal shame (e.g., shame pertaining to bringing dishonor to the family, shame pertaining to others unfavorably evaluating the individual) in relation to help-seeking processes are qualitative studies based on non-U.S. samples (e.g., Shen, 2010; Wynaden et al., 2005). Therefore, a quantitative investigation of the association between the two interpersonal shame variables and help-seeking attitudes, using a rigorous measure of external and family shame, is much needed. A bidimensional conceptualization and assessment of shame would be a fruitful endeavor, for example, by allowing researchers to draw more nuanced and definitive conclusions regarding which type(s) of interpersonal shame predicts help-seeking attitudes.

Based on the conceptual and empirical evidence, we predicted that the interpersonal shame variables (external shame and family shame) would significantly predict help-seeking

attitudes (Hypothesis 2). Because of the relatively recentness of the ISI (Wong et al., 2014) resulting in a lack of empirical precedent for its use in relation to help-seeking attitudes, we decided to utilize an exploratory approach and not specify the directionality of the relation between interpersonal shame and help-seeking attitudes.

Racism and Help-Seeking Attitudes

Elsewhere, based on an African American context, it has been argued that distrust stemming from experiences of racism can result in disparities for health (Dovidio et al., 2008) and mental health service use (Alegría et al., 2002). More centrally to our study, David (2010) in a sample of Filipino Americans found that cultural mistrust was significantly associated with unfavorable help-seeking attitudes. Taken together, these arguments suggest that Asian American help-seeking processes might be unfavorably impacted by experiences of racism, perhaps in part because the trust in mainstream professional services may diminish.

Although there are few studies that have examined the empirical relation between racism and professional help-seeking attitudes in Asian American samples, there are pieces of evidence that, when pieced together, suggest an inverse relation between the two variables. First, there is some limited evidence that racism is associated with reduced professional help-seeking behavior in Asian contexts. Burgess, Ding, Hargreaves, van Ryn, and Phelan (2008) reported that Southeast Asians' perception of racial discrimination was associated with less mental health service use. Extending this behavioral outcome, it is reasonable that this inverse association will also hold between racism and help-seeking *attitudes*. Moreover, the stressor of racism is likely to lead to support-seeking from informal sources (e.g., spiritualist; Spencer & Chen, 2004), friends, family, or colleagues (Carter & Forsyth, 2010), which suggests that the reverse may also be true—support-seeking from formal sources (e.g., mental health services) may be less likely.

Consistent with this notion, in a study examining racial discrimination incidences and help-seeking responses, Carter and Forsyth (2010) found that Asian Americans tended to not identify psychologists as a source of help: only 10% of the participants identified “psychologist” as their top source of help, in contrast to the larger percentage of participants who identified help from a friend (50%), family (23%), and colleague (17%) as their top choices for support in coping with racial discrimination. In sum, it is possible that the inverse relation between racism and professional help-seeking behaviors will generalize to a similar relation between racism and unfavorable help-seeking attitudes. Given this, we predicted that racism would predict unfavorable help-seeking attitudes (Hypothesis 3).

Previous Counseling Experience as a Covariate

Lastly, there is empirical precedence for statistically controlling for previous counseling experience in studies of Asian American help-seeking attitudes (P. Y. Kim & Kendall, 2015; P. Y. Kim & Lee, 2014), and the same studies also reported a significant and positive correlation between help-seeking attitudes and previous counseling experience. Given this, we decided to include previous counseling experience as a covariate in examining emotional self-control, interpersonal shame, and racism as predictors of Asian American help-seeking attitudes.

Study Hypotheses

In sum, the present study investigates emotional self-control, interpersonal shame, and racism as predictors of Asian American help-seeking attitudes. In examining these predictors, we utilized a hierarchical approach to represent the personal, relational, and sociocultural dimensions of Asian American help-seeking attitudes, moving from an internal dimension of emotional self-control, to an interpersonal one of interpersonal shame, and finally to a sociocultural dimension of racism. This approach is loosely consistent with the seminal

ecological framework of human development by Bronfenbrenner (1979) highlighting the need for a multi-layered understanding of psychological processes.

Hypothesis 1: Emotional self-control will predict unfavorable help-seeking attitudes, above and beyond previous counseling experience.

Hypothesis 2: Interpersonal shame (external and family shame) will predict help-seeking attitudes, above and beyond previous counseling experience and emotional self-control. Given the ambiguity in the literature, the direction of the association was left unspecified.

Hypothesis 3: Racism will predict unfavorable help-seeking attitudes, above and beyond prior counseling experience, emotional self-control, and interpersonal shame.

Method

Participants were 153 self-identified Asian American undergraduate students (mean age = 19.81, $SD = 1.62$; 112 females; 50 freshmen, 42 sophomores, 38 juniors, 19 seniors, and 4 “other”) from two 4-year institutions (site 1: private liberal arts institution, $n = 123$; site 2: public institution, $n = 30$) located in the Pacific Northwest region of the United States. The majority of the participants were born in the U.S. ($n = 121$) and had lived most of their lives in the U. S. ($M = 18.18$, $SD = 3.74$). The ethnicities represented were Chinese ($n = 42$), Filipino ($n = 35$), Korean ($n = 29$), Japanese ($n = 14$), Vietnamese ($n = 10$), Taiwanese ($n = 6$), Indian ($n = 4$), Thai ($n = 2$), Indonesian ($n = 2$), and Cambodian ($n = 1$). Eight individuals identified as multiethnic. A number of participants reported prior utilization of counseling ($n = 38$).

Participants were recruited through a written invitation that contained a hyperlink to an online survey comprising of the informed consent form, demographic questions, and study measures. At site 1, the written announcement was distributed through the Registrar’s Office to self-identified Asian American participants and Facebook pages of student organizations. At site

2, the written announcement was distributed through the emailing list of classes with a large number of Asian American students and student organizations. Participants were treated According to the ethical standards of the American Psychological Association. By participating, participants were entered into a drawing for a gift card to an online store worth \$100 (2 drawings), \$50 (3 drawings), and \$25 (4 drawings).

Measures

Demographic variables. We assessed age, gender, school year, years lived in U.S., place of birth, ethnicity, institutional affiliation, and previous professional counseling experience.

Emotional self-control. We assessed the emphasis on emotional restraint using the Emotional Self-Control subscale (ESC) of the Asian American Value Scale Multidimensional (AAVS-M; B. S. K. Kim et al., 2005). The ESC contains 8 items on a 7-point Likert scale (1 = *strongly disagree*, 7 = *strongly agree*). An example of an item is “One’s emotional needs are less important than fulfilling one’s responsibilities” (B. S. K. Kim et al., 2005). The AAVS-M was developed for use with Asian Americans (B. S. K. Kim et al., 2005) and both the full scale (P. Y. Kim & Park, 2009) and the ESC (P. Y. Kim & Kendall, 2015) have been used in studies of Asian American help-seeking attitudes. B. S. K. Kim et al. (2005) reported evidence for both concurrent (e.g., inverse association with independent self-construal) and discriminant (e.g., lack of significant association with social desirability) validity of the ESC. B. S. K. Kim et al. (2005) reported good internal consistency associated with the ESC (alphas ranging from .80 to .89) and the reliability in the present study was comparable, $\alpha = .81$. The mean score of the ESC was used for analyses, with a higher score indicating more endorsement of emotional self-control.

Interpersonal shame. We assessed interpersonal shame using the Interpersonal Shame Inventory (ISI; Wong et al., 2014). The ISI (Wong et al., 2014) contains two subscales: External

Shame and Family Shame. Wong et al. (2014) provided ample empirical justification for the validity of the 2 subscales, such as: (a) external and family shame differentially predicting psychological outcomes (e.g., family shame significantly predicting suicidal ideation, but not external shame), and (b) confirmatory factor analysis findings to support the superiority of the 2-factor model over the 1-factor one. Given the conceptual and empirical evidence for the 2-factor model (and the lack of evidence for using the combined/total score of the ISI), we decided to examine external shame and family shame separately. The ISI (Wong et al., 2014) contains 10 items total (5 items for each subscale) on a 6-point Likert scale (1 = *strongly disagree*, 6 = *strongly agree*). Examples of item are “These days, I feel like hiding because people might view me as flawed” and “These days, I feel like escaping because my defects might disgrace my family” for the External Shame and Family Shame subscales, respectively (Wong et al., 2014). The ISI was developed for use with Asian Americans (Wong et al., 2014). Wong et al. (2014) reported evidence for several different types of validity, including criterion-related (e.g., U. S. born participants endorsing family shame less compared to immigrant or international ones), concurrent (e.g., both scales inversely correlated with self-esteem), discriminant (e.g., lack of relation between family shame and a concern about others losing face), and incremental (e.g., family shame significantly predicting suicidal ideation, even after controlling for the perception of burdening others) validity. Wong et al. (2014) reported good internal consistency for the measure (external shame = .94; family shame = .97), and the Cronbach’s alphas in the present study were comparable, $\alpha = .94$ and $.96$, respectively. The mean score for the subscales were used for analyses, with higher scores indicating more interpersonal shame.

Racism. We assessed perceived racism using the Subtle-Racism subscale (SR) of the Subtle and Blatant Racism Scale for Asian Americans (SABR-A²; Yoo, Steger, & Lee, 2010).¹ The SR subscale contains 4 items on a 5-point Likert scale (1 = *almost never*, 5 = *almost always*). An example of an item is “In America, I am viewed with suspicion because I’m Asian” (Yoo, Steger, et al., 2010). SABR-A² was developed for use with Asian Americans (Yoo, Steger, et al., 2010). Yoo, Steger, et al. (2010) reported convergent (e.g., association with depressive symptoms) and discriminant (e.g., lack of association with color-blind attitudes) validity for the SR subscale. Yoo, Steger, et al. (2010) reported good Cronbach’s alphas associated with the SR subscale, $\alpha = .76$ to $.83$. In the present study, the reliability was comparable, $\alpha = .86$. The mean score was used for analyses, with a higher score indicating more reporting of subtle racism by the participants.

Professional help-seeking attitudes. We assessed attitudes toward professional help-seeking for mental health concerns using the popular measure, Attitudes Toward Seeking Professional Psychological Help-Shortened Form (ATSPPH-SF; Fischer & Farina, 1995). The ATSPPH-SF contains 10 items on a 4-point Likert scale (0 = *disagree*, 3 = *agree*). An example of an item is “I would want to get psychological help if I were worried or upset for a long period of time” (Fischer & Farina, 1995). Fischer and Farina (1995) reported some evidence for the validity of the ATSPPH-SF by highlighting its significant association with gender and past counseling experience. The ATSPPH-SF has been used with several Asian American samples

¹ Although the SABRA² contains two subscales, we used the Subtle Racism subscale only, based on the following reasons: (a) although blatant racism is a reality for Asian Americans, more commonplace versions of racism in contemporary United States are subtle in nature (e.g., D. W. Sue et al., 2007; Yoo, Steger, et al., 2010), and (b) in some ways, subtle racism’s insidious nature makes its association with negative psychological consequences (e.g., decrease in self-esteem) more likely compared to blatant racism (Yoo, Steger, et al., 2010); extending this argument, it might be particularly worthwhile to examine subtle-racism’s potentially detrimental association with professional help-seeking attitudes.

(e.g., B. S. K. Kim & Omizo, 2003; P. Y. Kim & Park, 2009). Fischer and Farina (1995) reported good reliability associated with the measure, $\alpha = .84$, and the present study's internal consistency was adequate, $\alpha = .71$. The mean score was used for analyses, with a higher score suggesting a more favorable view of professional help-seeking.

Results

Data Preparation

Originally, 178 individuals responded to the study invitation. Of those individuals, 25 were excluded for failing to meet inclusion criteria. Specifically, twelve individuals either did not identify as Asian American or were not students from one of the two designated institutions in which the study was being conducted. Moreover, there were 13 participants who had item-level missingness over 20%. After excluding these individuals, the final N was 153. Of this number, six participants had 12-15% missingness, 52 participants had 2.44% missingness, and the remaining 95 had complete data. Based on the recommendations provided by Olinsky, Chen, and Harlow (2003), we decided to handle the missingness using the multiple imputation method, conducted in SPSS version 22. First, we ran Little's (1998) missing-completely-at-random (MCAR test) to ensure that there were no factors that were predicting the missingness. The MCAR test was non-significant ($\chi^2 = 259.75; p = .12$), indicating that the missingness on each variable was uncorrelated with the other variables in the study. This is the most favorable situation for obtaining unbiased parameter estimates from multiple imputation (Enders, 2010).

Analyses

The descriptives and bivariate correlations are displayed in Table 1. The descriptives², bivariate correlations, and results from the primary analyses described below were all derived

² Because the multiple imputation analyses do not provide standard deviation estimates, they were reported from the original data.

from the pooled estimates yielded by the multiple imputation analysis. To test our hypotheses, we ran two hierarchical regressions, entering each predictor in a new step for a total of four steps for each analysis. In the first regression (results displayed in Table 2) we regressed help-seeking attitudes on the covariate (prior counseling experience), emotional self-control, family shame, and subtle racism. In the second regression (results displayed in Table 3), we followed the same procedure, replacing family shame with external shame. In Hypothesis 1, we proposed that emotional self-control would contribute incremental variance to help-seeking attitudes above and beyond prior counseling experience, and the results supported this hypothesis ($\Delta R^2 = .053$; $p = .004$). Next, Hypothesis 2 stated that, in accordance with previous research, both external and family shame would incrementally contribute unique variance to help-seeking attitudes, above and beyond prior counseling experience and emotional self-control. The results indicated that this hypothesis was supported for external shame ($\Delta R^2 = .027$; $p = .028$), but not for family shame ($\Delta R^2 = .000$; $p = .696$). Finally, in Hypothesis 3, we anticipated that subtle racism would predict help-seeking attitudes above and beyond (a) prior counseling experience, (b) emotional self-control, and (c) both external and family shame. Results indicated support for this proposition when external shame was in the model ($\Delta R^2 = .022$; $p = .048$; see Table 3) but not when family shame was in the model ($\Delta R^2 = .014$; $p = .126$; see Table 2). Thus, overall we observed full support for Hypotheses 1 and partial support for Hypothesis 2—with only external shame making a unique contribution to help-seeking attitudes. Finally, in a similar pattern, Hypothesis 3 was supported only in the model that included external shame.

Discussion

We found that emotional self-control, external shame, and subtle racism were significant individual predictors of professional help-seeking attitudes in a sample of Asian American

college students, consistent with the study hypotheses. Emotional self-control (controlling for prior counseling experience) and subtle racism (controlling for prior counseling experience, emotional self-control, and external shame) were associated with unfavorable help-seeking attitudes, whereas external shame (controlling for prior counseling experience and emotional self-control) was linked with favorable help-seeking attitudes.

Explaining the Findings: Substantiating and Extending Previous Work

The finding associated with emotional self-control was consistent with the empirical findings on the inverse association between emotional self-control and help-seeking attitudes among Asian American students (e.g., P. Y. Kim & Kendall, 2015; P. Y. Kim & Lee, 2014). More centrally, the finding that external interpersonal shame (i.e., fear of others' negative assessment; Wong et al., 2014) and favorable help-seeking attitudes were positively associated was consistent with the previous empirical association between face concerns and favorable help-seeking attitudes (Leong et al., 2011) but inconsistent with the literature suggesting an inverse relation between face concerns and favorable help-seeking attitudes (e.g., David, 2010). Our finding is intriguing because it suggests that shame may be a facilitator of Asian American professional help-seeking—at least, shame that is primarily concerned with others' unfavorable view of the individual. We are curious if shame that is not specific to the utilization of mental health services relates to help-seeking attitudes in a different way compared to shame arising from the use (or the potential use of) of mental health services—as a facilitator versus a barrier, respectively. But because we did not set out to compare the roles of general shame (e.g., interpersonal shame) compared to service utilization-specific shame, we present this statement with caution.

A possible explanation for the counterintuitive trend of a *positive* association between shame and help-seeking attitudes might be that external shame serves as a catalyst for help-seeking, so that an increase in shame triggers a strengthening of attitudes motivated to prevent the onset of additional shame; that is, the greater the emphasis on or the experience of external shame, perhaps more attuned one becomes toward the need to seek psychological help when experiencing major difficulties, due to heightened motivation to avoid further shame potentially brought upon the individual by not seeking professional help. Such an interpretation lends itself to some implications for clinical outreach that utilizes the energy derived from external shame in a constructive way for Asian American help-seeking (see “Implications for Practice”).

Alternatively, it could be that external shame is positively associated with help-seeking because of its overlap with distress. Distress symptoms are positively associated with favorable help-seeking attitudes (e.g., Komiya, Good, & Sherrod, 2000). Given the empirical evidence for the significant correlation between external shame and clinical variables (e.g., $r = .63$, $p < .01$ with depressive symptoms; Wong et al., 2014), it is possible that external shame is relating to help-seeking attitudes in the same manner that distress symptoms do—that is, those that are clinically distressed are also more likely to seek help. It is also plausible that external shame could lead to more distress, which in turn leads to help-seeking attitudes (i.e., a mediating effect). However, because we did not directly assess mental health symptoms, we posit these speculations with tentativeness and revisit them in the “Limitations and Future Directions” section.

We also briefly consider the null finding associated with family shame as a predictor of help-seeking attitudes. Although there is a lack of direct empirical evidence to contextualize this association, there are oblique evidence to help make sense of this null finding. For instance,

prior studies examining the association with the Asian value of family recognition through achievement (i.e., cultural emphasis placed upon honoring the family through success; B. S. K. Kim et al., 2005) and help-seeking attitudes have reported null bivariate correlations (e.g., B. Kim, 2007; B. S. K. Kim et al., 2005), suggesting that concern with family honor (or by extension, honor by avoiding shame) might be a less salient predictor of help-seeking compared to concerns about the individual being shamed by others. Given that the finding associated with family shame was a null one, however, we posit our interpretation cautiously.

The significant inverse relation between subtle racism and favorable help-seeking attitudes is partially consistent with the existing literature on the relation between racism and the tendency for individuals to turn to informal sources of help rather than formal (i.e., professional) ones, in the face of discrimination (e.g., Spencer et al., 2010). As Uba (1982) noted, the experience of racism may translate to less of a willingness to seek professional help when confronted with the need to do so, and it seems plausible that the stressor of racism stemming from institutions and structures in mainstream U.S. society may lead to a form of generalization characterized by wariness of other things that are “mainstream,” such as professional help-seeking. In other words, the suspicion and mistrust triggered by perceived racism may carry over into one’s attitudes related to mainstream psychological services. This interpretation is consistent with David’s (2010) finding that cultural mistrust in a sample of Filipino Americans was inversely associated with professional help-seeking attitudes.

Alternatively, those that experience the stressor of racism might turn to support from those who share in the stressor, such as fellow Asian Americans (see Cohen & McKay, 1984, for arguments for the effectiveness of support from those who share in the stressor). Consistent with this interpretation is the empirical evidence for the preference to seek help from non-

professional/informal sources to cope with the experience of discrimination (Carter & Forsyth, 2010).

Implications for Research

First, our findings point to the utility of an intrapersonal-interpersonal-sociocultural framework when examining correlates of Asian American help-seeking. We think that it is valuable for researchers to continue to develop models or frameworks of Asian American help-seeking processes (see Leong & Lau, 2001, for an example of a multidimensional framework). Such an endeavor will lead to an identification of multiple avenues through which interventions could be delivered. Related, by examining the predictors in a hierarchical manner (e.g., external shame predicts help-seeking attitudes, even after controlling for emotional self-control and prior counseling experience), we were able to highlight the unique contributions of the three predictors to help-seeking attitudes of Asian Americans. To put it differently, we posit that there is both conceptual and empirical value to the examination of help-seeking correlates that intentionally transitions from the intrapersonal (e.g., emotional self-control) to more macro variables (e.g., perception of racism), so that the unique contributions to help-seeking attitudes are highlighted.

Second, our study builds upon the previous empirical works highlighting the Asian cultural value of emotional self-control as a correlate of help-seeking attitudes (P. Y. Kim & Kendall, 2015; P. Y. Kim & Lee, 2014) by hierarchically identifying two additional correlates: interpersonal (external only) shame and subtle racism. In particular, in addition to shame arising from mental health concerns (e.g., Jang et al., 2009), experiences of interpersonal shame itself without an explicit connection professional help-seeking is also relevant for Asian American help-seeking attitudes. Also, our study utilized an empirically-evidenced bidimensional conceptualization and assessment of interpersonal shame (Wong et al., 2014), which is a strength

of our study. And by identifying external shame as a *positive* correlate of favorable help-seeking attitudes, our study points to the usefulness of unpacking the different associations that are possible depending on the type of shame (we also think it is important to further nuance interpersonal shame—see “Limitations and Future Directions”).

Finally, our study adds to the literature by highlighting another insidious yet unmistakable way contemporary forms of racism directed toward Asian Americans can be associated with detrimental consequences—namely, through its association with unfavorable help-seeking attitudes. In conjunction with the literature on the established relation between other contemporary forms of racism (e.g., positive stereotypes: Gupta et al., 2011; internalized model minority myth: P. Y. Kim & Lee, 2014) and Asian American help-seeking attitudes, the present finding in regards to subtle racism point to the value of investigating various contemporary forms of racism in the United States and their real consequence on psychological processes.

Implications for Practice

Our findings suggest multiple entry points for clinicians in working to increase favorable help-seeking attitudes in Asian American college students, including the consideration of the individual roles of emotional restraint, interpersonal shame, and racism in shaping Asian American help-seeking processes. Especially, we envision some exciting possibilities for clinical practices arising from the significant findings related to interpersonal shame and subtle racism.

For instance, clinicians might find it useful to utilize the cultural concept of interpersonal shame to motivate further participation in services. If shame can serve as a catalyst for Asian American help-seeking as we had posited earlier as one of the explanations for the positive association between shame and help-seeking attitudes, then it might helpful for a clinician

working with an Asian American client to tentatively hypothesize that external shame could be a culturally motivating factor underlying professional help-seeking. Moreover, whenever clinically appropriate, a clinician might affirm the Asian American client's desire to improve their mental health, in part, because they want to avoid shame. However, we reiterate that this implication is best suited for the particular speculation that shame may be a catalyst for help-seeking, but not for other explanations (e.g., shame as a proxy for psychological distress).

At the same time, it would also be beneficial for a clinician to market their services or provide therapy in a way that presents antidotes for experiences of shame. In other words, when an Asian American presents for counseling, although shame may serve as a facilitator of help-seeking, it might also be a presenting problem that needs to be addressed. An effective approach might be to have the client gain insight into how shame can be both a motivator for change but also a proxy of mental health concerns (e.g., depressive symptoms; see Wong et al., 2014).

Additionally, on the clinician's part, awareness of shame as a cultural concept is important, so as to not further shame or guilt clients regarding their presenting problem nor their shame about it.

Furthermore, if a person holds a perception that mental health providers and institutions are racially biased and culturally irrelevant, then they are not likely to demonstrate help-seeking behavior for those services. The findings of this study provide a twofold nature of implications for practice: (a) market services in a manner that is culturally relevant, and (b) provide services with practices and interventions that are culturally informed. First, in regards to marketing, services can be marketed as a means for clients to make desirable changes in their life. In other words, rather than marketing services as a means of dealing with depression or anxiety, the language to describe services would be reframed to be a means to change the way people see you or tools to better deal with family matters. This can also inform therapeutic language with the

client as well. Second, in practice, clinicians must provide culturally informed practices and have an awareness of the impact racism may have had on the client. Given the findings in this study regarding Asian Americans, it is a challenge in and of itself for an Asian American to seek help from a professional. The professional has a duty to provide best practices, be aware of their personal ethnic biases, and be cautious not to perceive the client under the model minority myth.

Limitations and Future Directions

Despite our study's contributions, it also has limitations that future researchers can attempt to address. First, although selected based on conceptual and empirical arguments, the three variables (emotional self-control, interpersonal shame, and subtle racism) mapping onto the intrapersonal-interpersonal-sociocultural domains are certainly not the only variables that can be examined as correlates of professional help-seeking. Future studies should explore alternative combinations of variables that also reflect the intrapersonal-interpersonal-sociocultural domains.

Second, because both the ISI (Wong et al., 2014) and SABR-A² (Yoo, Steger, et al., 2010) are relatively new measures, there is not an established body of empirical work with which we can compare our findings associated with interpersonal shame and subtle racism. We believe that this comparability is especially important for findings related to external shame, as they were somewhat provocative findings that go against established theoretical and empirical understanding (i.e., shame should be associated with unfavorable help-seeking processes). We encourage interested researchers to replicate and extend our findings associated with subtle racism and in particular external shame.

Third, there are ways to further nuance our variables for a clearer picture of the relations between the correlates and help-seeking attitudes. For instance, although the ISI (Wong et al., 2014) includes two types of shame (i.e., external and family shame), there might be ways to

further divide the two types of external shame into more specific forms of interpersonal shame. P. Y. Kim and Park (2009) found that the influence of unfavorable beliefs regarding mental health service use held by salient relationships (e.g., family members) was particularly strong in an Asian American college sample, compared to less salient relationships. Extending and in parallel to this empirical finding, perhaps shame arising from others' negative evaluation of the individual might operate differently, depending on who is doing the evaluating; unfavorable evaluation by salient others such as family might have more impact on help-seeking attitudes compared to evaluation by less salient relationships. Future studies might nuance the sources of potential negative evaluation when assessing interpersonal shame and how these might differentially correlate with Asian American help-seeking attitudes.

Fourth, the present study was based on a relatively small, cross-sectional sample of Asian American college students recruited from the Pacific Northwest, and therefore their experiences and attitudes reflected in this study cannot be confidently generalized to Asian Americans not residing in the Pacific Northwest, or to those who are not college students. In addition, the cross-sectional design of the present study renders conclusions regarding causality or temporal sequence of the variables difficult. Future longitudinal studies based on non-collegiate samples outside of the Pacific Northwest might prove especially fruitful in providing more insight into the nature of the relations between the study variables, as well as (if results are replicated) broadening the current findings' scope of generalization.

Fifth, we did not assess for psychological distress. As noted earlier, inclusion of it would have allowed for a more definitive conclusion about the unique contributions of external shame and psychological distress to help-seeking attitudes, for instance, by controlling for distress when examining the shame-attitudes relation. Alternatively, inclusion of distress would have allowed

for mediating models (e.g., shame → distress → help-seeking attitudes) to be tested. We encourage future researchers to intentionally include distress variables in extending our findings.

Finally, and related, the nonsignificant correlation between racism and help-seeking attitudes was rendered significant in the regression analysis when external shame was entered as a control variable; although the prediction of help-seeking attitudes by racism is meaningful nonetheless within our framework of controlling for intrapersonal and interpersonal variables prior to the inclusion of the sociocultural correlate of racism, the disagreement between the bivariate correlation and hierarchical multiple regression findings suggest that further empirical exploration of the role of external shame in conjunction with other culturally relevant variables such as racism might be a worthwhile endeavor in further moving the literature forward.

Conclusion

We identified emotional restraint, external shame, and subtle racism as important correlates of professional help-seeking among Asian Americans. We are pleased to be able to articulate these correlates and help further grow the body of research on Asian American help-seeking attitudes.

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Table 1

Bivariate Correlations, Means, Standard Deviations, and Cronbach's Alphas for the Study Variables

Variable	1	2	3	4	5	6	7	8	9	10	11	<i>M</i>	<i>SD</i>	α
1. Gender ^a	—											—	—	—
2. Age	.02	—										19.81	1.62	—
3. School year	.04	.75***	—									—	—	—
4. Years lived in the U.S.	.02	.23*	.32**	—								18.18	3.74	
5. Place of birth ^b	-.09	-.13	.06	.47***	—							—	—	—
6. Counseling experience ^c	.07	.15	.15	.14	.06	—								
7. Emotional self-control	.00	.03	-.02	-.02	-.05	.06	—					3.48	1.00	.81
8. External shame	.04	.06	.05	.11	.03	.35***	.25**	—				2.29	1.31	.94
9. Family shame	.12	.14	.14	.19	.00	.23**	.26**	.81***	—			1.92	1.26	.96
10. Subtle racism	.14	.21**	.13	.19	.06	.18*	.01	.26**	.23**	—		2.26	.91	.86
11. Help-seeking attitudes	-.06	.13	.14	.01	-.08	.23**	-.27**	.17*	.01	-.07	—	1.58	.46	.71

Note. ^a female = 0, male = 1; ^b overseas = 0, United States = 1; ^c no = 0, yes = 1.

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

The correlation coefficients and means are based on pooled estimates derived from the multiple imputation analysis, whereas the *SDs* and alphas are based on the original data.

Table 2. Hierarchical Regression Analysis: Help-Seeking Attitudes Regressed on Prior Counseling Experience, Emotional Self-Control, Family Shame, and Subtle Racism.

Variable	<i>B</i>	S.E. _B	β	<i>t</i>	<i>p</i>	ΔR^2 (F_{sig})
Step 1						
Constant	1.518	0.042	--	36.057	.000	
Prior Counseling	0.244	0.084	.236	2.890	.004	.053 (.004)
Step 2						
Constant	1.979	0.129	--	15.279	.000	
Prior Counseling	0.262	0.081	.252	3.236	.001	
Emotional Self-Control	-0.134	0.036	-.326	-3.744	.000	.084 (.000)
Step 3						
Constant	1.970	0.132	--	14.980	.000	
Prior Counseling	0.255	0.083	.246	3.059	.002	
Emotional Self-Control	-0.137	0.037	-.332	-3.715	.000	
Family Shame	0.012	0.030	.027	0.397	.692	.000 (.696)
Step 4						
Constant	2.104	0.155	--	13.600	.000	
Prior Counseling	0.273	0.084	.264	3.265	.001	
Emotional Self-Control	-0.141	0.037	-.338	-3.819	.000	
Family Shame	0.022	0.030	.053	0.717	.474	
Subtle Racism	-0.065	0.040	-.128	-1.606	.108	.014 (.126)

Note. Standardized weights are reported from the original data. All other reported findings are the pooled estimates derived from the multiple imputation analysis. All *p* values are non-directional.

Table 3. Hierarchical Regression Analysis: Help-Seeking Attitudes Regressed on Prior Counseling Experience, Emotional Self-Control, External Shame, and Subtle Racism.

Variable	<i>B</i>	S.E. _B	β	<i>t</i>	<i>p</i>	ΔR^2 (<i>F</i> _{sig})
Step 1						
Constant	1.518	0.042	--	36.570	.000	
Prior Counseling	0.244	0.084	.236	2.890	.004	.053 (.004)
Step 2						
Constant	1.979	0.129	--	15.279	.000	
Prior Counseling	0.262	0.085	.252	3.236	.001	
Emotional Self-Control	-0.134	0.036	-.326	-3.744	.000	.084 (.000)
Step 3						
Constant	1.915	0.131	--	14.588	.000	
Prior Counseling	0.198	0.085	.192	2.323	.020	
Emotional Self-Control	-0.153	0.036	-.365	-4.207	.000	
External Shame	0.064	0.029	.175	2.202	.028	.027 (.028)
Step 4						
Constant	2.078	0.152	--	13.675	.000	
Prior Counseling	0.215	0.085	.209	2.542	.011	
Emotional Self-Control	-0.157	0.036	-.372	-4.362	.000	
External Shame	0.077	0.029	.211	2.616	.009	
Subtle Racism	-0.081	0.039	-.158	-2.051	.040	.022 (.048)

Note. Standardized weights are reported from the original data. All other reported findings are the pooled estimates derived from the multiple imputation analysis. All *p* values are non-directional.