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Paul Youngbin Kim  
*Seattle Pacific University*

KyuJin Yon  
*Sogang University*

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Paul Youngbin Kim

Seattle Pacific University

Kyu Jin Yon

Sogang University

Author Note.

Paul Youngbin Kim, Department of Psychology, School of Psychology, Family, and Community, Seattle, WA, USA; Kyu Jin Yon, Department of Psychology, Seoul, South Korea. This research was supported by a Faculty Research and Scholarship Grant through the Center for Scholarship and Faculty Development at Seattle Pacific University (awarded to the 1st author). We would like to thank Peter M. Rivera, Ph.D., and Jong Min Kim, Ph.D. for their invaluable assistance with data analysis. Correspondence concerning this article should be addressed to Kyu Jin Yon, Department of Psychology, Sogang University, D336, 35 Beakbeom-ro, Mapo-gu, Seoul, 121-742, South Korea. Email: [kjyon@sogang.ac.kr](mailto:kjyon@sogang.ac.kr)

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### **Abstract**

This study investigated empirical associations between others stigma (predictor), self-stigma (mediator), loss of face concerns (moderator), and professional help-seeking attitudes (outcome) among South Korean college students ( $N = 485$ ). We also explored the dimensionality of close others and public stigmas using bifactor analysis and ancillary measures. Participants were recruited from several universities in South Korea. They completed an online survey containing demographic questions and study measures. Bifactor analysis results indicated that close others and public stigmas may be better treated as a unidimensional measure (i.e., others stigma). Mediation and moderated mediation analyses indicated that others stigma predicted self-stigma, which in turn predicted help-seeking attitudes. Furthermore, this mediation model was moderated by loss of face. The index of moderated mediation indicated that as the value of loss of face increased, the negative indirect effect of others stigma on help-seeking attitudes through self-stigma became weaker. Implications for research and practice are discussed.

*Keywords:* help-seeking attitude, mental health stigma, loss of face, South Koreans

### Stigma, Loss of Face, and Help-Seeking Attitudes Among South Korean College Students

The utility of professional psychological services has been more recognized by the general public in South Korea (Seo, Kim, & Kim, 2007). This is particularly true in university settings, where counseling centers are the norm, not the exception. Despite this, research suggests that Koreans underutilize psychological services (Shin & Ahn, 2005). According to the Korean Ministry of Health and Welfare's 2016 epidemiological survey of mental disorders among South Koreans, 25.4% had experienced a mental disorder more than once in their lifetime, but only 9.6% sought professional psychological services (Hong, 2017). Similarly, Y. M. Choi (2012) estimated that for most South Korean college campuses, the utilization rate of counseling services was less than 10%. Also, Koreans might hold unfavorable attitudes toward seeking professional psychological services; for example, Koreans reported more unfavorable help-seeking attitudes compared to their Korean American counterparts (Park, 2012). Given these utilization and attitudinal tendencies, a concerted effort is needed to expand empirical knowledge regarding Korean college students' help-seeking.

Against this backdrop, prior studies have uncovered various correlates of Korean help-seeking and help-seeking attitudes, such as gender, self-concealment, cultural orientation (Yoo, Goh, & Yoon, 2005), distress, and attachment styles (Nam & Lee, 2015). Despite these studies, there are notable shortcomings of the current empirical literature. First, there is a lack of a coherent framework for understanding how or why empirical associations exist. Such a framework is not only critical for advancing knowledge but also for designing interventions to mitigate deleterious effects on help-seeking or to increase favorable attitudes. Second, although Korean scholars have begun to pay attention to multicultural perspectives in counseling research (e.g., North Korean defectors' peer counseling; Y. K. Kim & Kim, 2009), the majority of the

Korean quantitative literature does not consider cultural variables particularly related to help-seeking. Yoo et al. (2005) examined vertical and horizontal individualism as predictors of help-seeking. However, cultural psychology has identified other promising cultural variables as correlates of Asian help-seeking, which remain understudied in the Korean help-seeking literature. Finally, the examination of mental health stigma in association with Korean help-seeking attitudes is relatively underdeveloped (see Nam & Lee, 2015, for an exception), especially stigma that considers the cultural and social context of Korea; given this, we examine different types of stigma (i.e., others and self) as correlates of help-seeking attitudes. In sum, the purpose of our study was to apply a conceptually meaningful preexisting model of help-seeking attitudes to Korean college students, while incorporating a cultural factor (i.e., loss of face). Below, we first elaborate on our conceptualization of the various types of stigma toward seeking psychological help and provide the rationale for our mediation model. Next, we posit loss of face as a moderator in this mediation model based on cultural, conceptual, and empirical arguments.

*Stigma* refers to “a global devaluation of certain individuals on the basis of some characteristic they possess, related to membership in a group that is disfavored, devalued, or disgraced by the general society” (Hinshaw, 2007, p. 23). Specifically, in our study, we focused on stigma variables related to seeking professional psychological help. Stigma is associated with unfavorable views of professional help-seeking in U.S. samples (e.g., Vogel, Wade, & Hackler, 2007) including Asian Americans (Shea & Yeh, 2008; Ting & Hwang, 2009), and can interfere with receiving proper professional care (Corrigan, Druss, & Perlick, 2014). However, relatively little research exists on the stigma experienced by Korean samples and its association to help-seeking attitudes. Thus, one aim of the present study was to examine different types of mental

health stigma and their association with help-seeking attitudes in a sample of Korean college students.

### **Study Framework: Public and Self-Stigma**

Our study was informed by theorizing based on various parts of the Modified Labeling Theory of Stigma (Link, Cullen, Struening, Shrout, & Dohrenwend, 1989) and the Theoretical Model of Self Stigma (Watson, Corrigan, Larson, & Sells, 2007). The Modified Labeling Theory posits that when an individual internalizes society's negative perceptions regarding mental health, this might lead to psychological outcomes such as concealment of symptoms, adoption of the public belief of their inferior status, and so on (Link et al., 1989). Thus, a key idea of this theory is that others' adverse labeling of mental illness may eventually be internalized by individuals so that they also hold stigmatizing views of mental health. Similarly, the Theoretical Model of Self-Stigma (Watson et al., 2007) argues that when an individual concurs with others' perceptions or stereotypes of mental illness, this will contribute to reduced self-esteem or self-efficacy. Although Watson et al. (2007) did not include help-seeking attitudes as an outcome, we reasoned that another possibility for a psychological outcome was an attitudinal change, so that one is prone to more unfavorable attitudes toward seeking professional psychological help by internalizing societal stigma of mental illness.

Consistent with the above theorizing, prior studies have made a notable effort to capture multiple dimensions of stigma and their relation to help-seeking attitudes. In particular, scholars have differentiated between *public* stigma (i.e., stigma that exists in the general society; Corrigan, 2004) and *self* stigma (i.e., internalization of a society's stigmatizing views toward mental health; Corrigan, 2004; Vogel, Wade, & Haake, 2006). Consistent with the Modified Labelling Theory, longitudinal research with a U.S. college sample indicated that public stigma

leads to a higher level of self-stigma (Vogel, Bitman, Hammer & Wade, 2013). Also, researchers (e.g., N. Choi & Miller, 2014; Nam & Lee, 2015) have examined mediating models involving the two stigma variables and their relation to help-seeking attitudes; this has resulted in a popular explanatory model highlighting how stigma outside of oneself (e.g., public stigma) can be internalized by the individual (i.e., self-stigma), which in turn leads to more unfavorable help-seeking attitudes (see Figure 1). Most notably among the mediation studies, the indirect effect of public stigma on help-seeking attitudes through self-stigma was also found in a recent large-scale cross-cultural study involving 10 countries, including Asian countries (Hong Kong, Taiwan; Vogel et al., 2017), providing evidence for the cross-cultural validity of the mediation model. An intriguing aspect of this study was that although the indirect effect held across the 10 countries, the *strength* of the mediation paths (i.e., public stigma → self-stigma, self-stigma → help-seeking attitudes) differed (Vogel et al., 2017). Regarding these differences, Vogel et al. (2017) raised the possibility of country-bound factors influencing the association between public and self-stigma, asserting that the degree to which people are aware of, endorse, and apply public stigma to the self may differ depending on the country. Given these varied empirical associations, a logical next step is to explore cultural factors that might impact the strength of the indirect effects (i.e., moderated mediation, or conditional indirect effects). To our knowledge, no prior study has examined the aforementioned mediation model in relation to a moderator. Thus, we examined loss of face concerns, an important cultural factor in the Asian context, as a moderator (see Figure 1).

### **Dimensionality of Others Stigma**

A remaining issue is the further differentiation of stigma that is outside of oneself, or external (for brevity, we will refer to this as *others stigma*). On one hand, there has been a recent

argument in the literature for further nuancing of stigmatizing views held by others, so that public stigma is differentiated from close others stigma. Vogel, Wade, and Aschman (2009) recognized the distinct impact of stigmatization present in one's close social network, and they developed the Perceptions of Stigmatization by Others for Seeking Help (PSOSH) scale, which measures stigma held by those who are in close, meaningful relationships with the individual (i.e., *close others* stigma). Vogel et al. (2009) argue for the distinctiveness of the PSOSH by presenting evidence of its moderate correlation with public stigma ( $r = .31$ ), and the results of a factor analysis in which the PSOSH items best loaded onto the measure, even when a measure of public stigma was included (Vogel et al., 2009). N. Choi and Miller (2014) applied such bifurcation of stigma in their examination of Asian, Asian American, and Pacific Islander's help-seeking attitudes and intent. Thus, one argument is that close others stigma and public stigma should be differentiated in empirical studies.

On the other hand, evidence for the bi-dimensionality of the two stigma measures is still preliminary, especially for diverse cultural contexts. Although Vogel et al. (2009) presented their evidence for distinctiveness between public stigma and close others stigma, their study sample consisted of 92% European Americans, so the generalizability is limited. Tentatively, we wonder if in collectivistic cultures, the conceptual and empirical difference between public and close others stigma may not be as pronounced when the norms of the public and close others are similar due to the cultural practice of conforming to the norm. Thus, more replication of the empirical relationship between the two stigma variables is needed, so that researchers can accurately use a bi-dimensional or unidimensional conceptualization when examining public and close others stigma across different cultures. Therefore, we decided to explore the dimensionality of public and close others stigma prior to the main analyses in the present study (Exploratory



Question). If our exploration revealed that the two measures should in fact be treated as different, we planned to examine the hypotheses that public stigma would be positively associated with self-stigma, which in turn would be inversely related to favorable help-seeking attitudes (Hypothesis 1a). In addition, we planned to examine the hypothesis that close others stigma would be positively associated with self-stigma, which in turn would be inversely related to favorable help-seeking attitudes (Hypothesis 1b). However, if the exploratory analysis supported a unidimensional structure with the two stigma measures combined (others stigma), we would test the same mediation model but with others stigma as a predictor (Hypothesis 1).

### **Loss of Face**

Another goal of this study was to examine loss of face as a moderator. Considering the definition of face (i.e., a “person’s set of socially-sanctioned claims concerning one’s social character and social integrity in which this set of claims or this ‘line’ is largely defined by certain prescribed roles that one carries out as a member and representative of a group”; Zane & Yeh, 2002, p. 126), we suspect that loss of face increases self-stigma and would interact with the process of the individual internalizing the stigma that is outside of oneself. In a collectivistic, shame-based context like South Korea, maintaining a certain level of social standing is especially critical for the individual. Broadly, in Asian contexts, face concerns, which can be described as a desire to maintain one’s and others’ social integrity (Zane & Yeh, 2002), are especially salient; for example, Chinese Americans reported greater loss of face concerns compared to European Americans (Mak, Chen, Lam, & Yiu, 2009). Face concerns are closely linked to the notion of *chemyon* among Koreans. *Chemyon* is a compound word consisting of two letters that indicate a body and a face respectively (Korean Language Society, 1994), meaning an honorable duty or face in interpersonal contexts. Although Lee and Choi (2001) suggested that *chemyon* is similar

to the concept of face studied in Western literature (e.g., Goffman, 1959), the Korean literature has investigated the phenomena related to both increasing and losing chemyon, whereas the Western literature has focused more on the idea of losing face; thus, one way that chemyon is differentiated from face is the latter's heavier emphasis on the negative impact of decreased face. People who emphasize chemyon want to maintain a positive self-image in social contexts and as a result are sensitive to others' perspectives (Whang, 2005). S. C. Choi and Kim (2011) argued that chemyon is not a cultural feature unique to the Korean setting because it also exists in other Eastern and Western cultures. Nonetheless, chemyon is an important concept in Confucian cultures (S. C. Choi & Kim, 2011), because it is closely related to one's honor, social status, and class and influences one's behaviors and decision-making process in interpersonal contexts (Lee & Choi, 2001). Extending this theorizing, it is reasonable that chemyon or a related variable like loss of face concerns could influence Korean help-seeking processes, because some Koreans may think that having a mental illness or seeking professional help could threaten one's social standing. However, there is still a paucity of research on face concerns and their relation to help-seeking attitudes in the Korean literature.

In contrast, there have been empirical studies with other related populations (e.g., Asian Americans, Asians) exploring the link between loss of face and help-seeking attitudes. Leong and Lau (2001) suggested that face concerns in particular and shame in general can be a barrier to seeking psychological services (Leong & Lau, 2001); however, interestingly, empirical findings have been inconsistent. Therefore, the mechanism or process involving help-seeking attitudes and loss of face requires further investigation. Because of the shortage of empirical studies with Korean samples on the relation between loss of face and help-seeking attitudes, in the following section, we mainly rely on studies with related samples (e.g., Asian Americans,

Asians) to frame the rationale for the inclusion of loss of face in our study. Some empirical studies have reported a positive relation between loss of face and favorable help-seeking perspectives (Leong, Kim, & Gupta, 2011; Yakunina & Weigold, 2011). In this respect, face concerns can be a facilitator to seeking psychological services. For instance, loss of face concerns was positively correlated with a favorable help-seeking intention among Asian international students in the United States (Yakunina & Weigold, 2011). Likewise, there was a positive correlation between loss of face concerns and help-seeking attitudes among Asian American college students (Leong et al., 2011). Although at first these associations between face concerns and favorable help-seeking attitudes might be counter-intuitive, it could be that those who are sensitive to the potential of losing face might view psychological counseling as a more viable option for saving face, compared to disclosing concerns to someone who is part of their community (Yakunina & Weigold, 2011) or to receiving negative evaluation from others due to their mental health problems.

Other empirical studies with Asian or Asian American samples, however, have provided evidence that face concerns may be a barrier to the help-seeking process. For example, Bathje, Kim, Rau, Bassiouny, and Kim (2014) reported that loss of face was inversely correlated with favorable attitudes toward online counseling among South Korean college students. Additionally, loss of face was inversely correlated with tendency to self-disclose (Zane & Ku, 2014), indifference to stigma, psychological openness, and propensity to seek help (David, 2010) among Asian Americans. Lastly, Mak and Cheung (2012) suggested that people with strong face concerns have more of a tendency to internalize psychiatric stigma. Synthesizing these findings, loss of face may be associated with unfavorable help-seeking attitudes because people with greater loss of face concerns may be more reluctant to disclose their psychological issues to

avoid negative evaluation from others. Also, they may have greater self-stigma because they are more conscious of others' stigmatizing views toward mental health.

Taken together, the current literature suggests that loss of face can influence help-seeking processes among individuals from contexts where loss of face is a relevant cultural variable, but the nature of the influence (i.e., adverse vs. favorable) remains unclear. Perhaps these inconsistent findings stem from the possibility that loss of face not only directly influences help-seeking attitudes or intentions, but also influences the help-seeking process by interacting with stigma. Although no previous research provides a framework as to how loss of face is associated with different types of stigma as a moderating variable, it is possible that face concerns could strengthen the positive association between others stigma and self-stigma (i.e., adverse effect) because the individual is more sensitive to others' stigmatizing views toward mental health treatment. Put differently, loss of face might amplify the direct influence that others' views on mental health have on personal beliefs about seeking professional help. This reasoning is partially consistent with past studies showing that face saving concerns can further stigmatize mental health-related variables in similar samples. For example, a qualitative study of Korean immigrants in the U.S. found that the desire to avoid losing face in interpersonal settings was a key cultural element that influences the level of stigma attached to mental illness (Han, Cha, Lee, & Lee, 2017). Similarly, but in a different context, Chinese psychiatry residents identified face concerns that arose due to their association with those who had mental illness as a significant contributor to mental illness stigma in the Chinese context (Luo, He, Mohamed, & Rosenheck, 2018). Extending this finding to our study, it is reasonable that in a country that similarly emphasizes social status (i.e., South Korea), the degree to which societal and relational stigma of mental health is internalized is dependent on individuals' own emphasis on saving face.

On the other hand, it is also possible that face concerns could weaken the mediating effect. Shechtman, Vogel, and Maman (2010) suggested that in cultures where various views might exist, individuals can develop their own views of seeking professional help separate from the influence of social expectations; we posit that in such a scenario, one's fear of losing face may play a more important role in forming self-stigma than societal stigma. In other words, if people with a higher level of face concerns possess a certain level of self-stigma of seeking help regardless of societal or close others' views on mental health, as face concerns increase, self-stigma could be less influenced by others stigma. Based on these arguments, we examined conditional indirect effects in which the predictor  $\rightarrow$  mediator paths (i.e., others stigma  $\rightarrow$  self-stigma) was moderated by loss of face (Hypothesis 2; see Figure 1).

### **Recap of Exploratory Question and Study Hypotheses**

**Exploratory question.** We will first explore the dimensionality of public and close others stigma. If evidence of a bi-dimensional structure is found, we will examine the following:

**Hypothesis 1a.** Public stigma will be positively associated with self-stigma, which in turn will be inversely related to favorable help-seeking attitudes.

**Hypothesis 1b.** Close others stigma will be positively associated with self-stigma, which in turn will be inversely related to favorable help-seeking attitudes.

If evidence of a unidimensional structure is found, we will instead examine the following:

**Hypothesis 1.** Others stigma will be positively associated with self-stigma, which in turn will be inversely related to favorable help-seeking attitudes.

**Hypothesis 2.** Loss of face will moderate the relationship between others stigma and self-stigma in the above indirect effect. Given the conflicting findings in the literature, the direction of the moderation is left unspecified.

## Method

### Participant Characteristics

Participants ( $N = 485$ ; 308 females, 177 males;  $M_{\text{age}} = 21.61$ ,  $SD = 2.02$ ) were recruited from several four-year institutions located in Metropolitan cities (e.g., Seoul, Pusan) and local cities (e.g., Ansan) in South Korea. Most of the participants indicated South Korea as their place of birth ( $n = 479$ ). Participants had lived, on average, 21.70 years ( $SD = 2.23$ ) in Korea. The breakdown of school year was as follows: 1<sup>st</sup> ( $n = 102$ ), 2<sup>nd</sup> ( $n = 114$ ), 3<sup>rd</sup> ( $n = 127$ ), 4<sup>th</sup> ( $n = 124$ ), and other ( $n = 18$ ). One hundred and forty-nine participants (30.70%) reported having received professional counseling.

### Data Cleaning Procedure

Initially, 587 participants responded to the survey in some form. Those who failed to respond correctly to the two validity items (e.g., “This is a check to see that you are following along correctly. Please check *somewhat disagree*”) were removed from the dataset ( $n = 82$ ). Next, participants who did not identify as Korean ( $n = 4$ ), who did not identify as undergraduate students ( $n = 15$ ), and who had lived in South Korea for only 5 years ( $n = 1$ ) were not included. The resulting  $N$  after these data cleaning procedures was 485.

### Recruitment Procedure

Our study protocol received approval from both authors’ respective Institutional Review Boards (IRB# for first author’s institution: 51602016; IRB# for second author’s institution: E-1608-03). Participants were recruited via student community websites of five different four-year colleges (i.e., one public university, two private universities, one extension campus of a private university, and one private women’s university) in South Korea. All five institutions offer free counseling services on campus. We posted an invitation to participate in our study with a link to

an online survey hosted on Qualtrics on the student community websites; the survey included the informed consent form, demographic questions, and measures of the present study. Those who voluntarily completed the consent form were able to complete the measures. Participants were entered into a drawing for a Starbucks gift card in the amounts of 100,000 Korean Won (₩) (2 drawings), ₩50,000 (3 drawings), and ₩20,000 (5 drawings).<sup>1</sup>

### **Translation of Measures**

All participants responded to the online survey in Korean. We utilized multiple strategies to ensure the conceptual and linguistic equivalence of the measures that were originally written in English, but with the common goal of maximizing the validity of the Korean measures used in the study. One approach that we utilized was to track down previously translated measures and use the translated version as is (loss of face, Zane & Yeh, 2002), compare the translated measure with our own translation to make any necessary edits (self-stigma, Vogel et al., 2006), or make a minor wording change to the translated version (help-seeking attitudes, Fischer & Farina, 1995). Our second approach was to do our own back-translation process. Specifically, applying the broad guidelines for instrument translation (Brislin, 1970; Maneesriwongul & Dixon, 2004), the back-translation process involved (a) translation of the measures from English to Korean by a bilingual translator who was not part of the research team, (b) translation of the translated Korean measures back to English by another bilingual translator, (c) comparison of the original and back-translated English versions for discrepancies by the first author, (d) a meeting with the two translators and the first author to discuss and correct any issues, and (e) meetings between the first and second authors for any remaining issues. More details are provided below for each measure.

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<sup>1</sup> These amounts roughly translate to USD amounts of \$100, \$50, and \$20, respectively.

## Measures

**Demographic questions.** Study demographic variables were age, place of birth, length of residence in Korea, gender, school affiliation, school year, and previous counseling experience.

**Loss of face.** A Korean version of the Loss of Face Scale (LOF; Zane & Yeh, 2002) was used to assess the fear of losing face. The LOF contains 21 items on a scale of 1–7 (1 = *strongly disagree*, 7 = *strongly agree*), with a higher score indicating greater concern with maintenance of social integrity. An example of an item is “I try not to do things which call attention to myself.” The Korean LOF version (obtained electronically from the first author of the measure, Nolan Zane; N. Zane, personal communication, July 17, 2016) was one that had been translated from English to Korean by a bilingual scholar, and then the translated version was reviewed and revised by another bilingual scholar. We examined this translated LOF carefully and determined that the measure translation was adequate and had conceptual and linguistic equivalence to the original LOF; thus, we decided to use this measure. In Bathje et al.’s (2014) study, which recruited 235 college students in South Korea, the internal consistency for the scale was  $\alpha = .85$ . Similarly, the internal consistency in our study was good,  $\alpha = .84$ . We used the mean score for all analyses.

**Public stigma.** A Korean version of the Stigma Scale for Receiving Psychological Help (SSRPH; Komiya, Good, & Sherrod, 2000) was used to ask participants about their perception of public stigma related to seeking psychological help. The SSRPH contains 5 items on a 4-point Likert scale (0 = *strongly disagree*, 3 = *strongly agree*), with a higher score indicating a greater level of perceived stigmatizing messages related to seeking professional help. An example of an item is “People tend to like less those who are receiving professional psychological help.” The Korean SSRPH version that we used was translated and then back-translated by two independent



bilingual researchers for the present study, and then the translated items were discussed as a team by the two bilingual researchers and the first author; following that, the first and second authors met to further refine the translated measure. In Nam and Lee's (2015) study, which recruited 301 college students in South Korea, the internal consistency for the scale was  $\alpha = .75$ . The internal consistency in our study was good,  $\alpha = .80$ . We used the mean score for all analyses.

**Close others stigma.** A Korean version of the Perceptions of Stigmatization by Others for Seeking Help (PSOSH; Vogel et al., 2009) was used to ask participants about their perception of how close others would feel if the participants were to seek professional help for emotional or personal problems. The PSOSH contains 5 items on a Likert scale of 1–5 (1 = *not at all*, 5 = *a great deal*), with a higher score indicating a greater level of perceived stigma on the part of close relationships. Participants are given the prompt, "Imagine you had an emotional or personal issue that you could not solve on your own. If you sought counseling services for this issue, to what degree do you believe that the people you interact with would \_\_\_\_." An example of an item is "Think of you in a less favorable way." The Korean PSOSH version that we used was translated and then back-translated by two independent bilingual researchers for the present study, and then discussed as a team by the two bilingual researchers and the first author. Following that, the first and second authors met to further refine the translated measure. We could not find any Korean literature that reported using this scale; therefore, no previous internal consistency findings are available. However, the internal consistency in our study was good,  $\alpha = .86$ . We used the mean score for all analyses.

**Self-stigma.** A Korean version of the Self-Stigma of Seeking Help (SSOSH; Vogel et al., 2006) was used to assess the degree to which the individual has internalized stigma of seeking help. The SSOSH contains 10 items on a 5-point Likert scale (1 = *strongly disagree*, 5 = *strongly*

*agree*), with a higher score indicating a greater level of self-stigma. An example of an item is “If I went to a therapist, I would be less satisfied with myself.” The Korean version of the SSOSH that we used was refined in the following ways: (a) the bilingual translators hired for the current study translated and back-translated the items independently; (b) a copy of a Korean version of the SSOSH was obtained from the first author of the measure, David Vogel (D. Vogel, personal communication, May, 4, 2016); and (c) we compared the back-translated version and also the version obtained from D. Vogel for any discrepancies, resulting in a final version. In Nam and Lee’s (2015) study, which recruited 301 college students in South Korea, the internal consistency for the scale was  $\alpha = .78$ . The internal consistency in our study was good,  $\alpha = .84$ . We used the mean score for all analyses.

**Attitudes toward Seeking Professional Psychological Help.** Professional help-seeking attitudes were measured with a Korean version of the Attitudes toward Seeking Professional Psychological Help Scale-Short form (ATSPPH-SF; Fischer & Farina, 1995). The ATSPPH-SF is a 10-item measure on a 4-point scale (0 = *disagree*, 3 = *agree*). The Korean version of the ATSPPH was obtained from Shin and Ahn (2005), which in turn was a modification of the version included in Yoo (1997); Yoo details the back-translation process involved in the Korean version of the ATSPPH. We modified one phrase for clarity (added the word “time” for one statement reflecting time and effort involved in receiving counseling). Because a few studies (cf., Hammer, Parent, & Spiker, 2018; Nam, 2010) raised the possibility that ATSPPH-SF is not a unidimensional measure, we conducted an exploratory factor analysis to check its factor structure. The principal axis analysis with a promax rotation suggested that ATSPPH-SF had three factors in this sample. Reliability analysis indicated that each factor had poor reliabilities ( $\alpha = .573, .494$ , and  $.539$ ). In addition, after reviewing items for each factor and considering the

literature, we concluded that we did not have sufficient theoretical or conceptual rationale to treat ATSPPH-SF as having a three sub-factor structure, to conduct a separate analysis, or to devise an alternative scoring procedure. Therefore, we decided to use the mean score of the total items for analyses. A higher score indicated more favorable views of seeking professional psychological help. In Nam's (2010) study, which recruited 3000 adult participants in South Korea, the internal consistency for the scale was  $\alpha = .71$ . The internal consistency in our study was  $\alpha = .68$ .

## **Results**

### **Exploratory Question: Bifactor Analysis with Public and Close Others Stigma**

Prior to the main analysis, we examined the dimensionality of others stigma based on the Perceptions of Stigmatization by Others for Seeking Psychological Help (PSOSH, or close others stigma) and the Stigma Scale for Receiving Psychological Help (SSRPH, or public stigma; Komiya et al., 2000). We first conducted a bifactor confirmatory factor analysis with the two stigma measures. Specifically, we examined the model fit where the measures' items simultaneously loaded onto the specific factors (i.e., public and close others stigma) and a general factor. Because the SSRPH (Komiya et al., 2000) uses a 4-point Likert scale (0–3), and the PSOSH (Vogel et al., 2009) uses a 5-point Likert scale (1–5), prior to running the bifactor analysis, we first rescaled these instruments to have the same range (0–12). Specifically, the Likert points of SSRPH were transformed to 0, 4, 8, and 12. The Likert points of PSOSH were transformed to 0, 3, 6, 9, and 12.

The bifactor analysis was conducted in Mplus v.8 (Muthén & Muthén, 2017) using the syntax and instructions provided by Hammer and Toland (2016). We examined the root mean square error of approximation (RMSEA), comparative fit index (CFI), and Tucker-Lewis index (TLI). Based on the criteria set by Weston and Gore (2006), our CFI (.99) and TLI (.98)

suggested good fit; the RMSEA value (.07) suggested acceptable fit. Thus, there appeared to be evidence for a bifactor structure—that is, we could reasonably conclude that the two stigma measures also reflected a more general single factor.

We then proceeded to examine three ancillary measures for further evidence of unidimensionality or multidimensionality. The ancillary measures that we computed using the syntax and instructions provided by Hammer and Toland (2016) were explained common variance (ECV; Reise, Moore, & Haviland, 2010), omegaH ( $\omega H$ ), and the percent of uncontaminated correlations (PUC). Reise, Scheines, Widaman, and Haviland (2013) recommended that if the PUC is less than .80, unidimensionality may be reasonably assumed if (a) the ECV value is  $> .60$ , and (b)  $\omega H$  is  $> .70$ . Based on these cutoffs, our ancillary measures (ECV<sub>general factor</sub> = .76, PUC = .56,  $\omega H$  = .83) provided evidence for treating the two stigma measures as a unidimensional construct. Thus, we proceeded to combine the items from the two stigma instruments, naming this combined measure “others stigma” for subsequent analyses.

### **Descriptives and Correlations**

Table 1 displays the bivariate correlations, *Ms*, *SDs*, and Cronbach’s alphas for the study variables. The study variables significantly correlated with help-seeking attitudes were others stigma ( $r = -.14, p < .01$ ) and self-stigma ( $r = -.39, p < .001$ ).

### **Hypothesis 1: Test of Mediation**

We examined the indirect effect of others stigma on help-seeking attitudes through self-stigma, controlling for previous counseling experience, using the PROCESS macro (Hayes, 2013) in SPSS v. 25 (see Figure 2). Previous counseling experience was included as a covariate based on empirical precedence in the literature for doing so in examining professional help-seeking attitudes (e.g., P. Y. Kim & Kendall, 2015). Results based on 5,000 bootstrapped

resamples revealed an indirect effect of  $-.04$ , which was statistically significant, as its bias corrected 95% confidence interval did not contain a zero ( $CI = -.06$  to  $-.03$ ). As expected, the  $a$  path (others stigma  $\rightarrow$  self-stigma) was positive ( $B = .15$ ,  $t = 13.54$ ,  $p < .001$ ), and the  $b$  path (self-stigma  $\rightarrow$  help-seeking attitudes) was negative ( $B = -.29$ ,  $t = -8.74$ ,  $p < .001$ ). Therefore, there was evidence of a negative indirect effect of others stigma on help-seeking attitudes through self-stigma, and Hypothesis 1 was supported.

### **Hypothesis 2: Test of Moderated Mediation**

Because the mediation model above was statistically significant, we proceeded to examine whether the indirect effect would be dependent on the level of loss of face concerns (i.e., conditional indirect effect, or moderated mediation). Specifically, we tested the conditional indirect effect in which loss of face moderated the  $a$  path (others stigma  $\rightarrow$  self-stigma) in the mediation model using PROCESS in SPSS v. 25, which is Model 7 in Hayes (2013). We assessed the significance of the conditional indirect effect based on the index of moderated mediation, which is the depiction of the linear association between the moderator (loss of face) and the indirect effect; we deemed the conditional indirect effect to be statistically significant if the bootstrapped confidence interval for the index of moderated mediation did not contain a zero (Hayes, 2015). Finally, to visually interpret the conditional indirect effect, we examined the slope of the regression line depicting the association between the moderator and the indirect effect (i.e., index of moderated mediation; Hayes, 2015).

Table 2 displays the results of the moderated mediation analyses. The results revealed that the index of moderated mediation was statistically significant, as its confidence interval did not contain a zero (index =  $.012$ ;  $CI: .002$  to  $.023$ ). To examine the specifics of the conditional indirect effect, we first examined the indirect effects at  $-1 SD$ ,  $M$ , and  $+1 SD$ . Although all three

indirect effects were statistically significant, the indirect effects became smaller as loss of face increased (see Table 2). Next, for a visual depiction, we plotted the loss of face values ( $-1 SD$  to  $+1 SD$ ) against the indirect effect of others stigma on help-seeking attitudes through self-stigma. Again, Figure 3 reveals that the negative indirect effect of others stigma on help-seeking attitudes became smaller as loss of face concerns increased.

### **Discussion**

The present study was an investigation of help-seeking attitudes, stigma, and loss of face concerns in a sample of Korean college students. We first explored the dimensionality of the Perceptions of Stigmatization by Others for Seeking Psychological Help (PSOSH, or close others stigma; Vogel et al., 2009) and the Stigma Scale for Receiving Psychological Help (SSRPH, or public stigma; Komiya et al., 2000) based on our Korean sample and found evidence to support the combining of the two measures into a single measure of others stigma. Next, we examined the indirect effect of others stigma on help-seeking attitudes through self-stigma and how loss of face might moderate the indirect effect among Korean college students. The mediation model was statistically significant, such that others stigma positively predicted self-stigma, which in turn predicted unfavorable help-seeking attitudes. Also, there was evidence of a conditional indirect effect associated with loss of face concerns; specifically, as loss of face increased, the negative indirect effect of others stigma on help-seeking attitudes through self-stigma was weakened.

### **Explanation of Findings**

Our bifactor analysis and ancillary measures indicated that contrary to prior arguments for the distinctiveness of close others stigma from public stigma (Vogel et al., 2007), the two stigma measures are better combined as one in a South Korean context. Because the United

States is culturally heterogeneous, Vogel et al.'s (2007) evidence for bi-dimensionality found in the U.S. might not replicate in other countries like South Korea, which tends to be more culturally homogenous and collectivistic. In the U.S., close other stigma could reflect the stigma of one's own cultural community (e.g., European American, Asian American, Korean American), whereas public stigma could reflect a combination of the perception of various cultural groups that make up U.S. culture. In addition, there may be less overlap between the norms of close others and the general public in an individualistic culture, so the distinctiveness found between the two stigma measures is not surprising. However, in culturally homogenous and collectivistic countries such as South Korea, not only is the cultural affiliation of one's close community likely to be the same as the cultural affiliation of the public (i.e., Korean), but also close others and the general public could share similar norms, so that the boundary between close others and the general public may be less distinct. Thus, it is possible that the distinction between public stigma and close others stigma is less clear in the Korean context. Because our study is the first to examine the dimensionality of these two measures with a South Korean sample, more replications and extensions are needed to draw a firmer conclusion about these stigma variables in Korea and other countries.

The significant mediation model (others stigma → self-stigma → help-seeking attitudes) is consistent with prior empirical studies that have examined similar mediating associations in related samples (N. Choi & Miller, 2014; Vogel et al., 2017). Beyond the mediation model, our study advances the literature by identifying a cultural construct, loss of face concerns, as a variable that abates the adverse indirect effect. To our knowledge, our study is the first to examine this moderated mediation model in a Korean sample.

In addition, our finding that the negative indirect effect of others stigma on help-seeking attitudes through self-stigma was weakened by increased loss of face suggests that this cultural construct has a complex role in Korean help-seeking processes. Even though loss of face is typically understood as a barrier to help-seeking in related contexts (e.g., Asian Americans; Leong & Lau, 2001), our findings and other research suggest that the barrier perspective, although true in many situations, may not be absolute. For example, Yakunina and Weigold (2011) found a positive association between loss of face and intentions to seek counseling among Asian international students. They suggested (based on Mau & Jepsen, 1990; Olivas & Li, 2006) that loss of face could make students more anxious to discuss mental health issues with close others since it is against their cultural norm, and consequently they may prefer to seek out professional psychological services. Considering the significant conditional indirect effect driven by loss of face concerns in our study, a more nuanced understanding of the role of loss of face in Korean help-seeking is needed, especially in combination with stigma variables such as close others or public stigma. It could be that for individuals who are sensitive to face concerns, they might already have a somewhat higher level of self-stigma. At the same time, for these individuals, the perception of stigma from others might lead to less internalization of mental health stigma, compared to those who are less concerned about face. In other words, when individuals are less sensitive to face concerns, they might be influenced more by stigma from others and internalize it more. This intriguing finding suggests that loss of face, at times, might have varied effects in the help-seeking mechanism of South Korean college students. This is congruent with literature that has shown both positive (e.g., Yakunina & Weigold, 2011) and negative (e.g., Bathje et al., 2014) associations between loss of face and help-seeking outcomes.

### **Implications for Research**



Our findings have notable implications for research. Most centrally, our conditional indirect effect finding suggests that there is benefit when researchers are more deliberate about the conceptualization and assessment of face concerns with Korean and related samples (e.g., Korean American and Asian American). Although there may be deleterious effects of face concerns on various psychological processes (e.g., Bathje et al., 2014; David, 2010), in regard to the help-seeking process (and in particular, in conjunction with stigma variables), our findings suggest that loss of face might have adaptive aspects such as less internalization of others stigma. We wonder if this complexity—namely, the co-existence of deleterious and facilitative elements in loss of face as a cultural construct—can also manifest in other areas of multicultural and cross-cultural research. Researchers should keep this possibility in mind when conducting empirical research involving face concerns and related variables, which will ultimately benefit the psychological literature by providing a more nuanced perspective regarding loss of face and its psychological implications.

Second, our study replicated the mediation model found in prior research (e.g., Vogel et al., 2017). Specifically, the mediation model appears to hold in a South Korean college sample. Collectively, these findings suggest that there is value in the multidimensional conceptualization of stigma (e.g., others stigma vs. self-stigma) in the Korean context. At the same time, our exploratory findings about the dimensionality of close others stigma and public stigma suggest that fine-tuning our current understanding of stigma depending on the setting, including among U.S. ethnic minority communities, can be helpful for researchers. Specifically, the perception of stigma from others may be context-dependent, such that in certain settings, the distinction between close others stigma and public stigma may not be as meaningful; thus, in those

instances, it might make sense to combine the two measures or utilize only one of the stigma measures.

### **Implications for Practice**

The mediation findings suggest that South Korean university counseling centers should strive to promote their services by destigmatizing counseling center utilization through various channels. As Chen, Romero, and Karver (2015) suggested, counseling centers could focus their efforts on helping to alter campus cultures surrounding mental health services, which in turn would also help change personal attitudes toward professional help-seeking and internalized stigma. In settings like South Korea, the psychologist's role for working towards systematic or societal level changes may not be fully recognized (Lim, 2016). Also, in South Korea, university counseling centers mainly rely on traditional modes of psychological services (i.e., individual therapy, group therapy, or psychological testing) with typical advertising methods (e.g., flyer, placard). Given these tendencies, we particularly recommend that university counseling centers make concerted efforts in creating and delivering outreach programs to reduce both others and self-stigma. Considering that individuals' self-stigma can be reduced when they understand the mechanism of their symptoms and normalize them (Schreiber & Hartrick, 2002), providing workshops on topics such as stress or procrastination could not only assist students with those concerns but also indirectly de-stigmatize mental health. In addition, gatekeeper-training programs that prepare gatekeepers (i.e., individuals "who are in frequent contact with others in a community"; Eisenberg, Hunt, & Speer, 2012, p. 227) so that they might be equipped to effectively recognize and refer individuals from their community (Eisenberg et al., 2012) seems promising for Korean college students. In particular, such a program might be effective not only

in helping peers properly recognize and refer at-risk students to counseling centers, but also in helping to reduce stigma among peers.

In addition to on-campus programs, public outreach in the South Korean context might also be helpful. We recognize that public stigma is not easy to change given that societal shifts are required (Vogel et al., 2017), but we also posit that incremental steps can be taken to bring about meaningful societal changes. For example, South Korean counseling-related professional associations utilized public transportation (bus) and radio advertising for the first time in 2018 in an attempt to educate the public about professional counseling services and reduce mental health stigma. Building upon these efforts, South Korean psychologists should engage in additional endeavors to intentionally target the general public in reducing stigma regarding mental health.

Our finding regarding loss of face has practice implications for professionals working in communities or countries where the face concept is salient. If individuals from certain regions have a higher level of face concerns, mental health professionals should keep this tendency in mind, rather than only working to prevent their internalization of others stigma. Put differently, the consideration of face concerns will provide a more sophisticated understanding of how mental health stigma might be impacted in collectivistic, shame-based settings such as Korean culture. Also, given the significant association between loss of face and self-stigma, clinicians should keep in mind the importance of assisting the client not to lose face when seeking professional help or during treatment. In other words, clinicians should be aware that those who are sensitive to face concerns may have multiple barriers to resolving mental health problems; for example, from the start, their self-stigma increased by face concerns could prevent them from seeking professional help. Additionally, even during treatment, they may experience difficulty self-disclosing (see Heath, Vogel, & Al-Darmaki, 2016) because disclosure of their

psychological problems to clinicians can be construed as a behavior that results in losing face. Therefore, clinicians should empathize with the above difficulties rooted in face concerns and perhaps utilize a strength-based approach to help the client save face, instead of focusing on their weaknesses or problems.

### **Limitations**

Despite its contributions, the present study contains some shortcomings that should be addressed in future studies. First, the ATSPPH-SF was found to be a non-unidimensional measure in this sample; therefore, it would be helpful for future studies to delve into the factor structure of this measure with a larger Korean sample. Second, due to its focus on loss of face concerns, the present study did not include other cultural variables. Variables such as interdependence (Markus & Kitayama, 1991), emotional control (B. S. K. Kim, Li, & Ng, 2005) or the concept of *han* (i.e., indigenous form of lamentation in Korea; U. Kim & Choi, 1995) might be especially promising to examine as moderators in a mediation model, given that they have been identified as salient cultural variables in Asian and Korean contexts. Third, our sample consisted of South Korean college students, which restricts the generalizability of the findings to the general public. Considering that professionals (e.g., politicians, professors, or doctors) or people with high self-esteem tend to stress saving face in Korean culture (S. Choi & Yu, 1992)—that is, there may be within group differences in Korea in regard to the degree to which face concerns are important—future studies should explore whether the current findings are applicable to a broader population in Korea. Because our sample consisted of individuals from prestigious South Korean universities, we wonder if our sample, compared to the general South Korean population (a) was more high-achieving; and (b) due to their high-achieving tendencies, placed a stronger emphasis on saving face. Future studies should attempt to replicate the current

findings with other samples, such as a non-collegiate Korean sample. Fourth, although we statistically controlled for previous counseling experience in our mediation and moderated mediation models, 30.7% of the participants reported having received counseling in the past; therefore, there is a possibility that our sample included students with a relatively favorable attitude toward counseling services. Future studies should consider counseling experience as an exclusion criteria or intentionally examine factors associated with previous counseling experience, such as one's satisfaction with counseling, as separate predictors of help-seeking attitudes. Finally, because loss of face in relation to help-seeking attitudes is a relatively under-explored research topic among South Korean samples, we had to rely on empirical literature with related samples (Asian American, Asian) to frame our incorporation of loss of face as a study variable. We recognize that context might also influence how loss of face relates to counseling attitudes (e.g., an international student in the United States might experience face concerns and help-seeking differently compared to students studying in South Korea). Future studies should further unpack the role of cultural context in the relation between loss of face and help-seeking attitudes.

## **Conclusion**

We examined the moderating role of loss of face in the indirect effects of others stigma on help-seeking attitudes through self-stigma among Korean students. Loss of face weakened the negative indirect effect of others stigma on help-seeking through self-stigma, suggesting that face concerns have a complex role in influencing Korean help-seeking mechanisms. We anticipate that our findings will help explain the influence of culture on help-seeking processes, which in turn will help identify and address mental health disparities that might exist in certain cultural groups.

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Table 1

*Study Variable Descriptives and Correlations (N = 485)*

	1	2	3	4	<i>M</i>	<i>SD</i>	$\alpha$
1. Others stigma					3.74	2.11	.89
2. Self-stigma	.53**	-			2.33	0.59	.84
3. Loss of face	.23**	.19**	-		4.40	0.76	.84
4. Help-seeking attitudes	-.14*	-.39**	.03	-	1.90	0.39	.68

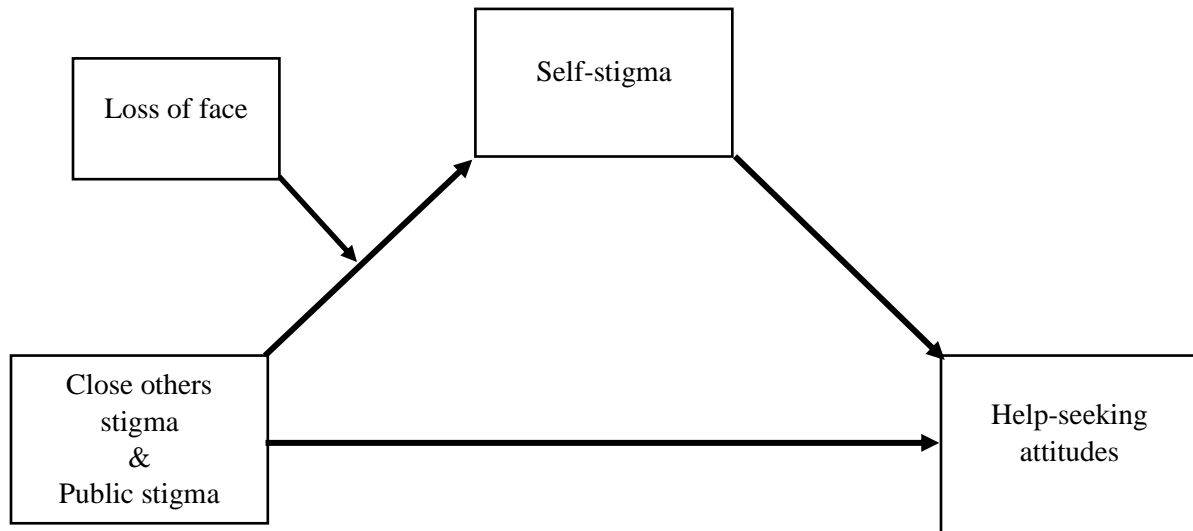
*Note.* \* $p < .01$ ; \*\* $p < .001$ .

Table 2

*Regression Results for Conditional Indirect Effect: Others Stigma → Self-Stigma → Help-Seeking Attitudes. Moderator: Loss of Face*

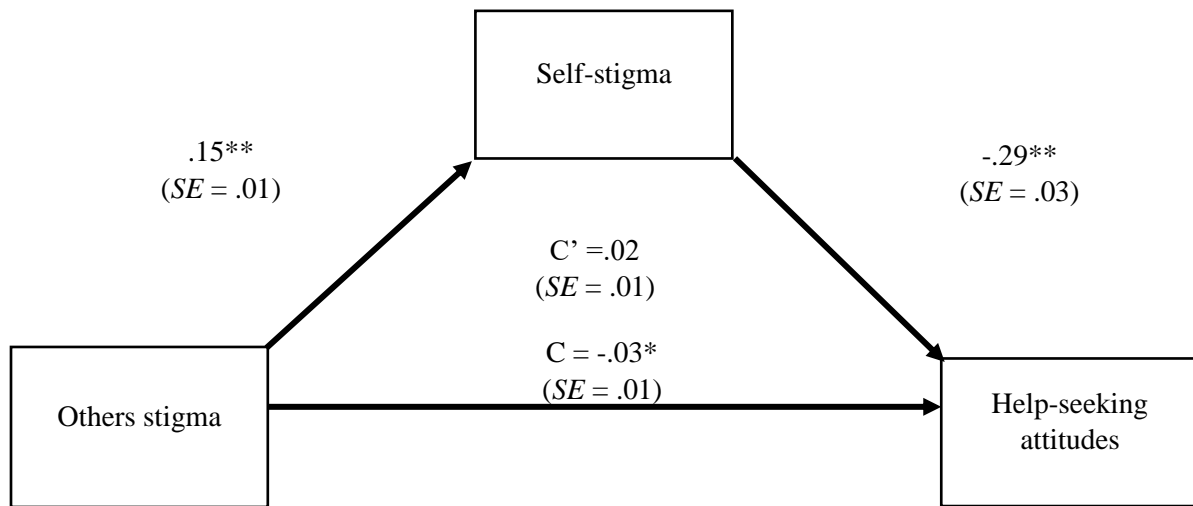
<i>Predictor</i>	<i>B</i>	<i>SE</i>	<i>t</i>	<i>p</i>
<i>Mediator Model (DV = Self-Stigma)</i>				
Constant	.93	.26	3.60	.0003
Previous counseling	-.08	.05	-1.70	.09
Others stigma	.32	.06	5.01	.000
Loss of face	.20	.06	3.46	.001
Others stigma x loss of face	-.04	.01	-2.87	.004
<i>Outcome Model (DV = Help-Seeking Attitudes)</i>				
Constant	2.48	.07	35.83	.000
Previous counseling	.09	.04	2.52	.01
Others stigma	.02	.01	1.76	.080
Self-stigma	-.29	.03	-8.74	.000
<i>Conditional effects at moderator = +1 SD, M, and -1 SD</i>	Boot indirect effect	Boot SE	Bias Corrected 95% CI	
			Lower	Upper
-1 SD	-.05	.01	-.07	-.04
<i>M</i>	-.04	.01	-.06	-.03
+ 1 SD	-.03	.01	-.05	-.02

*Note.* SE = standard error; CI = confidence interval. Previous Experience with Counseling coded: 0 = no; 1 = yes.



*Figure 1.* Loss of face as a moderating variable in the indirect effects of close others stigma/public stigma on help-seeking attitudes through self-stigma.





*Figure 2.* Unstandardized regression coefficients for the indirect effect of others stigma on help-seeking attitudes through self-stigma, controlling for previous counseling experience.  $C$  = total effect of others stigma on help-seeking attitudes, controlling for previous counseling experience;  $C'$  = direct effects of others stigma on help-seeking attitudes. \*  $p < .01$ . \*\*  $p < .001$ .

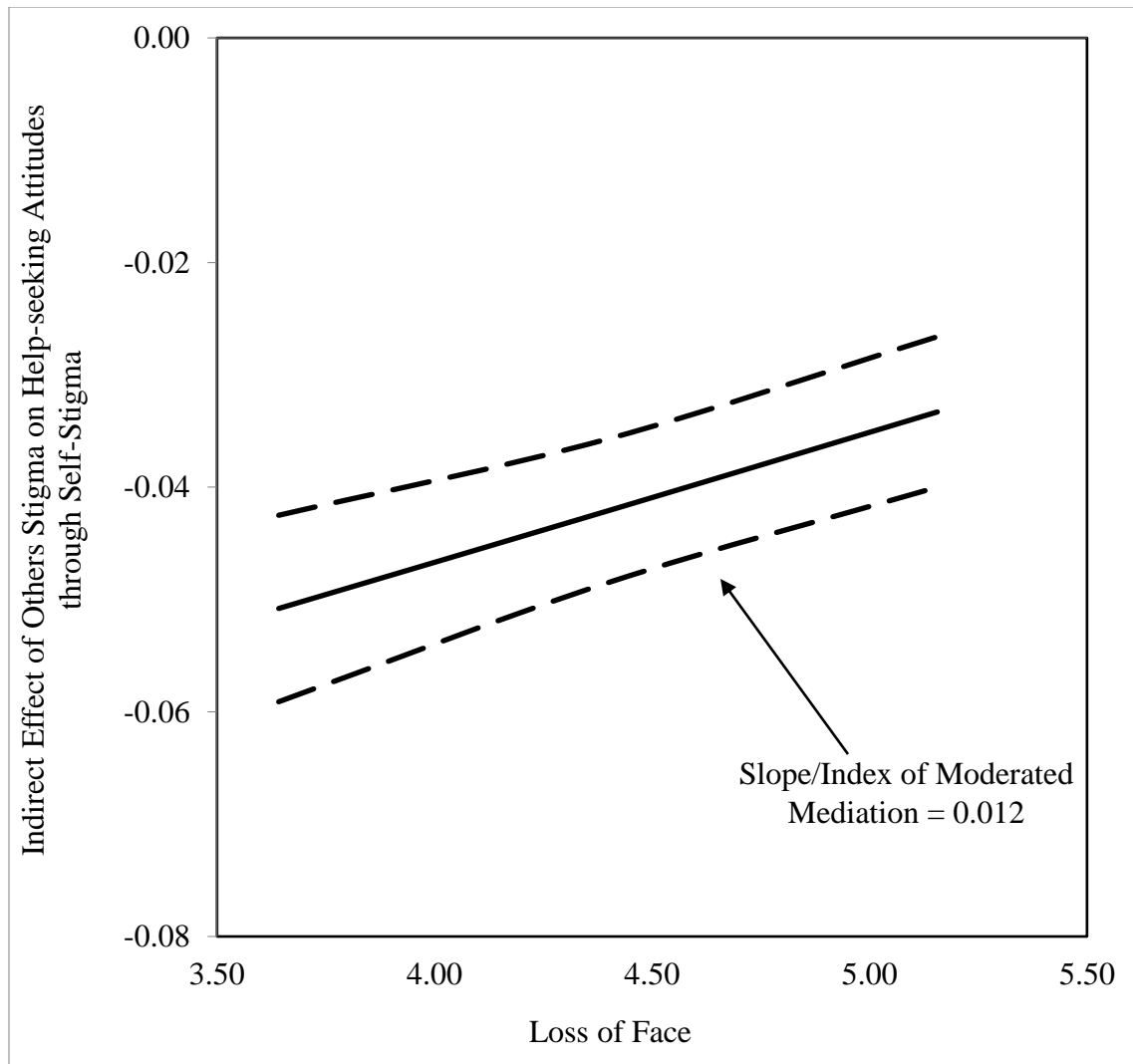


Figure 3. Loss of face ( $-1 SD$  to  $+1 SD$ ) in relation to the indirect effect of others stigma on help-seeking attitudes through self-stigma, controlling for previous counseling experience. Dotted lines indicate confidence intervals.