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THE UNDERUTILIZATION OF COUNSELLING SERVICES BY ASIAN CANADIANS

BY

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ABSTRACT

Asian Canadians make up a large proportion of the Canadian population. However, research has shown that they tend to underutilize counselling services. Factors associated with Asian Canadians' underutilization of counselling services were explored to better understand their psychological help-seeking behaviours and the barriers preventing access to counselling services. The Asian culture was also explored to understand why Asian Canadians do not access counselling services at the same rate as other cultural groups. A website was created from the information gathered from the literature review. This website is directed at Asian Canadians in order to promote awareness and the use of counselling services. The website is also directed towards professionals who work with Asian Canadians.

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THE UNDERUTILIZATION OF COUNSELLING SERVICES BY ASIAN CANADIANS

As Canadians are more open-minded to the ideas of immigration, so are they to the concept of diversity. Diversity is embraced in Canada as demonstrated by the evolution of Canadian multiculturalism policies (Policy Research Initiative, 2008). As the demographic in Canada changes, so too does the counselling needs of Canadian citizens.

It is important to address why Asian Canadians underutilize counselling services According to Statistics Canada (2008), there was an increase in visible minorities living in Canada from 13.4% in 2001 to 16.2% in 2006. Between 2001-2006, 1,109,980 people immigrated to Canada (Statistics Canada, 2006). Berry et al. (2006) stated that 18.9% of Canada's population is born outside the country. Specific to Chinese Canadians, Statistics Canada (2006) reported that there was an estimated 0.04% of Canadians are of Chinese descent. The Chinese population alone is considered one of the larger visible minority groups living in Canada. In addition to these statistics, Chinese Canadians have a long history in Canada. For example, Chinese Canadians helped build the Canadian Pacific Railway (Guo & DeVoretz, 2005). Of concern is the finding by Breaux, Matsuoka, and Ryujin (1997), which is that only a third of Asian Americans access mental health services when compared to their White counterparts. Given that this finding likely holds true for Asian Canadians as well, it is important to develop an understanding of the factors that influence treatment-seeking behaviours within this population, as well steps that can be taken to remedy the situation.

The statistics mentioned above are an important indicator of the need to further study and address Asian immigrants' psychological help-seeking behaviours, as this group

accounts for a large proportion of Canada's total population. Sue and Sue (2003) stated that in the past,

> Counseling and psychotherapy have done great harm to culturally diverse groups by invalidating their life experiences, by defining their cultural values or differences as deviant and pathological, by denying them culturally appropriate care, and by imposing the values of the dominant culture upon them. (p. 8)

In order to avoid causing harm when counselling clients, psychologists are ethically responsible to be aware of the needs of culturally diverse clients, including those of Asian Canadians. This is especially important in Canada given our policy on multiculturalism, which promotes the maintenance of individual's cultural heritage while acculturating to the larger society (Berry, 2003; Noels & Berry, 2006).

Even though there are research findings that address the underutilization of counselling services by Asian Americans, it should not be concluded that they are mentally healthier compared to other groups. Leong, Wagner, and Tata (1995) stated that:

> Studies have shown a great need for [counselling] services among Asian Americans to deal with a variety of problems including academic, interpersonal, health/substance abuse, dating, bicultural and biracial issues, family difficulties due to emerging cultural differences, marginality, difficulties relating within various subgroups, and the experience of racism. (p. 428)

Centers for Disease Control and Prevention (2008) have also reported that Asian American and Pacific Islander females, aged 15-24, have the highest rate of suicide compared to other ethnic groups. Since Asian Canadians face diverse psychological problems and stressors, it is important to review existing research in order to better understand the

barriers, such as stigma that deter Asian Canadians from utilizing counselling services (Health Canada, 2002; Lee et al., 2009; Miville & Constantine, 2007; US Department of Health and Human Services, 2001).

The effects of untreated mental health in Asian Canadians have been found in the media. For example, on July 31, 2008, CBC News (2008a) reported that a Greyhound bus passenger, Vince Li, stabbed and decapitated a fellow passenger while travelling from Edmonton to Winnipeg. Vince Li was charged with second-degree murder (CBC News, 2008b), though he was later deemed not criminally responsible due to a mental disorder (The Canadian Press, 2011).

There is a vast amount of literature that documents the underutilization of counselling services by ethnic minorities (Bradley, Parr, Lan, Bingi, & Gould, 1995; Diala et al., 2000; Gum et al. 2010; Masuda et al., 2009; Narrow et al., 2000; Sue, Fujino, Hu, Takeuchi, & Zane, 1991; Wang et al., 2005a, b). Therefore, the multifaceted factors that contribute to the underutilization of counselling services by Asian Canadians will be examined in order to understand their psychological help-seeking behaviours and the barriers preventing them from accessing counselling services. Information gathered from the literature was used to create a website directed at Asian Canadians in order to promote awareness and the use of counselling services. The website is also directed towards professionals who work with Asian Canadians. Finally, the implication and utility of the website will be discussed.

Methods

A comprehensive literature review was conducted to explore what is currently known about counselling services utilized by Asian Americans. This review provided the basis for the development of a website that presents information to increase understanding and

awareness of counselling services to Asian Canadians and counselling professionals. The literature review is mainly composed of research conducted on the Asian American population due to the lack of Canadian literature published in this area. However, if Asian Canadian literature was found, then it was used in conjunction with the Asian American literature.

The search methodology was conducted through the Athabasca University library databases. Keywords, such as Canadian, Asian, and counselling were used in the search engine of the various databases in the Athabasca University library. Articles were reviewed based on relevance to the topic. Reference lists of relevant published articles were also reviewed to find literature on similar topics.

Government websites and other credible Internet websites were also used to search for relevant literature. The search engine on the Government of Canada website, in addition to the Statistics Canada website, were used to retrieve statistical data. Keywords, such as mental health, counselling, and Asian were used to search for relevant information to this project. During the literature searches, abstracts were reviewed for relevance to the topic.

An Internet website was designed based on this review. This website specifically targets Asian Canadians living in the province of Alberta. The objective of this website is to provide information and resources to Asian Canadians who have limited knowledge of mental health counselling services. Information includes raising awareness of mental health issues faced by Asian Canadians and addresses the stigma and barriers attached to seeking psychological services. A resource section was included to provide other mental health information and services that can be accessed by Asian Canadians living in Alberta. In order to promote awareness of how mental health has affected the lives of Asian Canadians, people

can share their stories of mental health with me through the email on the website. After receiving others' emails, I will review their stories before updating the section titled "stories" on the website. Advertisements of the website will be posted on popular social networking websites and will also be forwarded to grade schools, colleges, and universities across Alberta to be posted on their announcement or advertisement boards.

Literature Review

Understanding the Asian Culture

To effectively counsel Asian Canadians, counsellors need a better understanding of their culture. Whenever the term "Chinese" is mentioned in this section, it refers to Chinese people living in Asia. To start, Bond (1991) described the Chinese self "as 'permeable' (or meek) because the Chinese often appear to defer to the wishes of other people" (p. 33). This aligns with what Wong and Halgin (2006) have stated, which is that many Asians harbour a tremendous sense of responsibility to their families and the pressure to meet family expectations often runs counter to the individuals' needs and desires. Bond also described the Chinese as using more group-related concepts, such as being attentive to others, compared to other cultural groups. Due to their social orientation, the Chinese also tend to define their ideal self by their social relationships (Bond, 1991). This relates to how Confucianism views human nature, which is one of the main philosophies that dictated the social lives of many Chinese people in 200 B.C. during the Hang Dynasty (Tong, 2010). For example, Confucianism views people within their social context, which is evaluated by the relationships individuals have with others around them. In other words, Confucianism stresses the importance of the social interaction. According to Confucianism, there are five important social relationships. These five relationships are between a ruler and his or her

subject, a father and his son, an elder and his or her younger siblings, a husband and his wife, and a relationship between friends. Contrary to these general traits, there is much diversity within the Asian population. For instance, Yang Kuo-shu (1988) found that Chinese students from Taiwan tend to value intrinsic motivation, individualism, being future-oriented, and personal mastery, which is different from the traditional Chinese values of extrinsic motivation, collectivism, attend to the past, and nature-bound. Thus, there are many diverse beliefs and values within the Asian culture and it depends on which part of Asia a person originates from as well as other sociohistorical factors. In sum, caution needs to be taken when assumptions are made that all Asian cultures behave uniformly and continuously across space and time.

The way the Chinese display their emotions is different from the way Westerners[1] display their emotions. There are cultural rules to how the Chinese display emotions (Bond, 1991).

> These rules may become so ingrained during socialization that, as adults the Chinese react less strongly to provocative events. They therefore appear more placid. This placidity is perfectly understandable against a cultural background which values respect for hierarchy, harmony in the family unit, and moderation in all things. (p. 41)

Communication styles are also different between the Chinese and Westerners (Bond, 1991). Chinese people are more hesitant to talk to or initiate conversations with strangers (Bond, 1991). This is different from Westerners' styles of communication because Westerners perceive making conversation as a form of establishing relationships (Bond, 1991). At times, others may find Chinese people arrogant (Bond, 1991). The Chinese mainly

[1] Westerners are "loosely defined as any Caucasians from Europe, North America, Australia, or New Zealand" (Bond, 1991, p. 44).

communicate with their families and other people in their social support network (Bond, 1991) They do not see a need to associate with others when they get their needs met through their preexisting relationships, and thus, they ignore other people and perceive others suspiciously when others initiate conversations with them (Bond, 1991). At the initial stages of building a relationship, Chinese people use an indirect approach, which means that they will reveal little about themselves until they have established trust (Bond, 1991).

Social scientists have noticed that Chinese people tend to be modest, downplay their own skills and efforts, compliment others effusively, and speak about group accomplishments rather than individual contributions (Bond, 1991). This style of interaction between Chinese people is to preserve the group from fragmenting by being selfish and serving individual interests (Bond, 1991). For instance, Chinese people are more concerned about other people's feelings than about the result of the conversation (Bond, 1991). This also fits with Confucianism thinking because it emphasizes harmony in Chinese people's social lives (Tong, 2010), where the goal is to avoid conflict. This is thought to enhance the "life status" of the Chinese people (Tong, 2010, p. 154). In sum, the Chinese possess an affective style of communication, which means they value "group harmony over individual assertion" (Bond, 1991, p. 54). It is crucial to understand the culture of Asian Canadians because there are many researchers who have suggested that Asian-American cultural values conflict with therapeutic values (Bui & Takeuchi, 1992; Snowden & Cheung, 1990; Uomoto & Gorsuch, 1984).

Model Minority

An article by Wong and Halgin (2006) examined the effects of the "model minority" label on Asian Americans. According to Wong and Halgin,

> Since the 1960s, the popular press and media have portrayed Asian Americans as the 'model minority'—successful minorities who have quietly moved to the pinnacle of success in various contexts through hard work and determination. Asian Americans are often depicted on television as restaurant and convenient store owners who arrived in the United States with no money and worked long hours to finally own a piece of the American dream or as eye glass-wearing, awkward nerds who spend countless hours in the library reading math and science books. (p. 38)

The model minority myth also portrays Asian Americans as free from mental health problems (Chang & Sue, 2003; Qin, 2008). However, there are researchers who stated that this is not the case and have found that recent immigrants to the United States possess various psychological symptoms, such as anxiety, depression, low self-esteem, behavioural problems, and social withdrawal (Hovey, Kim, & Seligman, 2006; Lo, 2010; Shrake & Rhee, 2004; Yeh, Hough, McCae, Lau, & Garland, 2004).

According to Wong and Halgin (2006), Asian Americans who are perceived as model minorities can have detrimental effects. Qin, Way, and Rana (2008) examined how the model minority theory influenced discrimination and harassment among Chinese American students. In their study, approximately 15% of respondents disclosed that they were treated poorly or bullied for "'getting good grades,' 'being too smart,' being 'geeks,' 'nerdy,' 'studying too much,' and 'not having fun'" (Qin et al., 2008, p. 34). Other respondents spoke about the resentment other students felt towards Chinese American students in regards to their perceived academic abilities and perceived special treatment they received from teachers (Qin et al., 2008).

Since many Asian Americans are facing discrimination due to their model minority status, there is a large body of research which indicates that discrimination contributes to stressors linked to mental problems (Amaro, Russo, & Johnson, 1987; Finch, Kolody, & Vega, 2000; Kessler, Mickelson, & Williams, 1999; Noh, Beiser, Kasper, Hou, & Rummens, 1999). For instance, Noh et al. (1999) found that ethnic minorities who value their ethnic identity may be especially stressed when they experience discrimination. Additionally, an association between discrimination and symptoms of depression and distress has been found among Asian Americans (Lam, 2007; Lee, 2003; Mossakowski, 2003; Noh, Kaspar, & Wickrama, 2007; Yip, Gee, & Takeuchi, 2008). As explained, it is important to note that Asian Americans are affected by mental illnesses and they are not as mentally healthy as others would assume them to be due to their model minority status.

Ethnic Identity

Most Asian Canadian immigrants bring with them their own traditions, values, and belief system, which sets them apart from Canadians of other cultural backgrounds. Ethnic identity generally refers to how one defines his or her self-concept, which is derived from knowledge of his or her membership to a social group or social groups as a distinct subdivision to other dominant groups in society (Chae & Foley, 2010; Chae, Kelly, Brown, & Bolden, 2004; Phinney, 1990; Phinney, Horenczyk, Liebkind, & Vedder, 2001; Tajfel, 1981). Ethnic identity should not be confused with acculturation (Berry, 1995; Chae, 2005; Chae & Foley, 2010; Farver, Narang, & Bhadha, 2002; LaFromboise, Coleman, & Gerton, 1993). According to Berry (2001), acculturation is defined as "a process involving two or more groups, with consequences for both; in effect, however, the contact experiences have much greater impact on the nondominant group and its members" (p. 616). The difference

between ethnic identity and acculturation is that acculturation is concerned with the minority group rather than the individual (Phinney, 1990). Acculturation also focuses on how the minority group relates to the dominant group (Phinney, 1990). Ethnic identity, on the other hand, focuses on the concerns of the individuals and how they relate to their ethnic group amidst the dominant group (Phinney, 1990).

Chinese Canadian families usually encourage their children to adopt a strong sense of ethnic identity (Chao, 1995). However, it is commonly assumed that children of immigrant parents do not retain their ethnic culture to the same degree (Kwak, 2003; Okagaki & Bojczyk, 2002). Costigan and Dokis (2006) found that mothers and children showed stronger ethnic identification compared to fathers when a family is asked their feelings of belongingness to the Chinese group. These studies suggest that when counselling Chinese Canadians it is important to avoid making generalizations regarding the extent immigrant parents and their children retain their ethnic identity.

It has been suggested that ethnic identity has an impact on the psychological adjustments of ethnic minorities (Phinney, 1990, pp. 507-508). According to Phinney (1990),

> Attitudes toward one's ethnicity are central to the psychological functioning of those who live in societies where their group and its culture are at best poorly represented (politically, economically, and in the media) and are at worst discriminated against or even attacked verbally and physically. (p. 499)

In other words, if an ethnic identity is not recognized or one is being punished for holding on to their ethnic identity then it may trigger some psychological problems. However, Massakowski (2003) found that ethnic identity helps ethnic minorities cope with stress from perceived discrimination. Specifically, ethnic identity has a negative correlation

with depressive symptoms. Massakowski (2003) also suggested that subjects in his study who value their ethnic identity might have other protective values against other experiences besides discriminatory experiences being studied. Hence, counsellors who counsel Asian Canadians should be aware of how ethnic identity can negatively impact or protect the mental health of Asian Canadians.

Level of Acculturation

A large body of evidence exists that demonstrates that acculturation plays a role in the help-seeking behaviours of Asian Canadians (Atkinson & Gim, 1989; Kim, 2007; Kim & Omizo, 2003; Omizo, Kim, & Abel, 2008; Zhang & Dixon, 2003).

Research by Zhang and Dixon (2003) examined Asian international students' acculturation and their attitudes toward seeking professional help. It was found that the higher the students' acculturation levels, the more positive their attitudes were toward seeking help (Zhang & Dixon, 2003). These researchers also found that as students' acculturation increases so does their tolerance to stigma and their confidence in mental health professionals (Zhang & Dixon, 2003). Alternatively, students' gender, educational levels, religious beliefs, and majors did not show any relationship with the students' help-seeking attitudes (Zhang & Dixon, 2003). Zhang and Dixon concluded from their research that the less acculturated students are, the more they tend to view talking to a counsellor as bringing disgrace on themselves and their families (Zhang & Dixon, 2003).

Acculturation research by Atkinson and Gim (1989) helps explain why Asian Americans underutilize mental health services. They found "strong evidence that Chinese-, Japanese-, and Korean-American attitudes toward professional psychological help are directly related to their level of acculturation" (Atkinson & Gim, 1989, p. 211). In other

words, the more acculturated Asian-Americans are to North American culture, the more likely they are to recognize their need for psychological help, to accept the stigma associated with psychological help, and to openly discuss their problems with a psychologist (Atkinson & Gim). Kim (2007) also found that "enculturation of Asian cultural values while controlling for the association with acculturation to European American values, was inversely related to attitudes toward seeking professional psychological help, above and beyond that of previous counseling experience" (p. 478). Additionally, Kim and Omizo (2003) found results showing that adherence to Asian cultural values have an inverse relationship with their attitudes toward seeking psychological help. Omizo et al. (2008) further ventured to study the relationship of adherence to Asian cultural values and attitudes toward seeking professional psychological help. Contrary to the results found by Kim and Omizo (2003), Omizo et al. found that adherence to European cultural values had an inverse relationship with positive attitudes towards seeking help. They attributed their puzzling findings to various limitations of their study. For example, the participants in their study were volunteers from local high schools in Hawaii, and thus, may not be representative of the Asian American adolescent population (Omizo et al., 2008).

Atkinson, Lowe, and Matthews (1995) conducted a study to examine the relationship between Asian American acculturation and their willingness to seek counselling services. They hypothesized that participants would be more willing to seek professional help for academic problems versus personal problems. They also hypothesized that this difference in help-seeking behaviour would be less pronounced for participants who scored high on acculturation as compared to those who scored low on acculturation. However, their results did not support their hypotheses. Participants' acculturation level and the types of problems

they are affected with did not increase their willingness to seek professional help. To elaborate, participants in their study who scored low in adherence to traditional cultural values and behaviours did not differ in their willingness to seek psychological help for either personal or academic problems compared to those who scored high in adherence to traditional cultural values and behaviours. Due to Atkinson et al.'s contrasting findings to earlier research, where researchers found a direct relationship between participants' level of acculturation and their attitudes toward seeking psychological help (Atkinson & Gim, 1989; Kim, 2007; Kim & Omizo, 2003), they raised "questions about a cultural conflict explanation of Asian-American underutilization of psychological and psychiatric counseling services" (Discussion, ¶1). In other words, Atkinson et al. questioned whether acculturation influences the rate at which Asian Americans access counselling services. Instead of discounting the cultural conflict explanation, they attributed their contradictory findings to limitations of their study. For example, participants in their study consisted of college students and may not be representative of the Asian American population. In addition, participants who scored low in acculturation were underrepresented in their study. In sum, it can be suggested that Asian Canadians are more likely to utilize counselling services as their level of acculturation increases. As a result of increased acculturation, Asian Canadians are more able to accept the negative stigma associated with seeking mental health services and talk to mental health professionals about their problems.

Stigma

Numerous studies have been conducted that find stigma and shame to be a deterrent for Asians to seek psychological help; as a result, they suffer in silence (Kim, 1978; Kitano, 1969; Kleinman, 1977; Lee et al., 2009; Lin & Lin, 1980; Marsella, Kinzie, & Gordon, 1973;

Miville & Constantine, 2007; Sue & Morishima, 1982; Sue & Sue, 1974; Tran, 2010; Tseng, McDermott, & Martski, 1974; US Department of Health and Human Services, 2001). According to Health Canada (2002), the stigma attached to mental illnesses presents a serious barrier to diagnosis and treatment of mental health issues and also to the acceptance of these individuals in the community. Additionally, the US Department of Health and Human Services (2001) has stated that shame and stigma are believed to play a role in the underutilization rates of mental health services in Asian Americans communities. After a series of school attacks, a psychiatrist from the Shanghai Mental Health Center expressed that the stigma attached to mental illness in China poses as a barrier for people to seek psychological help (Tran, 2010). A study by Lee et al. (2009) also found that stigma was the strongest deterrent to participants accessing mental health services. According to Lee et al. (2009),

> Traditional Asian culture suggests that mental health problems exist because one cannot control oneself, and therefore it is considered shameful to reveal that one has mental health problem or to seek help. Consequently, Asian Americans (AA) oftentimes hide the problem because they fear the associated stigma. (p. 145)

Miville and Constantine (2007) have also found support for stigma associated with Asian American's help-seeking behaviours. The purpose of their study was to examine how Asian American college women's perceived counselling-related stigma affect their adherence to traditional Asian cultural values and their future interest in seeking counselling services (Miville & Constantine, 2007). Specifically, they found that Asian cultural values and social stigma were both negatively correlated with intentions to seek counselling services (Miville & Constantine). As a result of their study, they suggested that it would help women feel more

comfortable seeking psychological help if intervention programs are aimed at decreasing stigma associated with counselling.

The Role of Face

The role of *face* has been shown to affect Asian Canadians' help-seeking behaviours and the way they perceive their problems (Mak & Chen, 2006; Mak, Chen, Lam, & Yiu, 2009). Face refers to a person's social image and social worth that are based on one's performance in interpersonal relationships (Choi & Lee, 2002; Hwang, 1997-8). Face represents an individual's social standing and the prestige garnered by how well a person performs his or her social roles that are recognized by others (Hu, 1944). According to Mak et al. (2009), "Face concern refers to one's concern over maintaining or enhancing one's social position and worth that are earned through the fulfillment of specific social roles" (p. 219). Ultimately, face is an important cultural factor. Not only is face a social representation that helps to understand distress in Asians but it is also a characteristic of collectivist East Asian societies (Mak & Chen, 2006; Oetzel et al., 2001).

Research by Mak et al. (2009) addressed the construct of face and how it plays a role in distress. For instance, they stated that "The heightened vigilance in avoiding potentially face-losing situations can be psychologically taxing to the individuals and lead to distress" (Mak et al., 2009, p. 222). From Mak et al.'s (2009) study, they found that there are two dimensions of face: self-face and other-face. Self-face is the motivation of the individual to maintain one's own face, whereas other-face is the motivation for the individual to maintain other people's face (Mak et al., 2009). For instance, individuals who are concerned about their self-face may ignore their own emotional well-being in order to minimize conflict and maintain social order (Ho, 1991; Ting-Toomey & Kurogi, 1998). On the other hand, other-

face serves to maintain group harmony; therefore, the norm is to attend to others' needs and behaviours in social context (Bond & Hwang, 1986). Individuals who are concerned with others' face may sometimes be viewed as well-mannered and conforming to social norms (Bond & Hwang, 1986). From Mak et al.'s (2009) study, the researchers found that only self-face resulted in an increase in psychological distress; thus, individuals who value self-face may be under constant pressure to perform well in front of others.

Mak and Chen's (2006) results also supported Mak et al.'s (2009) hypothesis that face positively relates to psychological distress. Mak and Chen (2006) stated that "the image and social worth individuals have about themselves in relation to others are as critical to their mental health as their perceived support from significant others" (p. 150). Mak and Chen suggested that Asian Americans may prefer to seek support from their significant others rather than to seek professional counselling services.

Research has found that face concerns may be related to decreased self-disclosure (Zane, Umemoto, & Park, 1998) and a preference for a less directive counselling approach (Chou, 2000; Park, 1999). Given the effects of face and its impact on Asian Canadians' psychological distress and help-seeking behaviours, counsellors should increase their awareness of face concerns and make adjustments to their counselling sessions as needed so that they can be more culturally appropriate (Mak et al., 2009).

According to Ward, Pearson, and Entrekin (2002), saving face is an important aspect of Asian cultures. Talib (2010) asserted that face results from the dignity gained from interpersonal relationships with others. It is equivalent to social acceptance and respectability (Tan & Torrington, 2004). For instance, some students may pretend to understand the instructions given by their teachers so that they can avoid making their teachers, who are the

authority figures, feel incompetent of properly relaying information to their students (Abdullah, 2001). Similarly, Asian clients are not often willing to seek professional help because they do not want to be deemed incompetent by the people in their social support network. However, when Asian clients are mandated to attend counselling services, they accept without much resistance (Talib, 2010).

Lack of Knowledge

Lack of knowledge of mental illnesses and counselling services by Asian Americans have been found in the literature (Loo, Tong, & True, 1989). Loo et al. (1989) researched attitudes towards mental health services among Asian Americans living in San Francisco Chinatown. It was found that approximately 75% of their sample did not know about mental health clinics that counsel people with mental and emotional problems. Loo et al. also found that many of their participants reported experiencing psychological disorders, such as symptoms associated with depression, feelings of loneliness, and psychological/physiological impairment. However, their participants had various assumptions as to the cause of psychological disorders (Bond, 1991; Loo et al., 1989). For instance, traditional Chinese people believed that the functioning of specific bodily organs affected human emotions (Bond, 1991). To elaborate, they believed that the heart, liver, lungs, kidneys, and spleen affected happiness, anger, worry, fear, and desire respectively (Bond, 1991). They also believed that in order for people to correct their emotions, they have to restore their respective organs back into its normal functioning (Bond, 1991). Additionally, Loo et al. found that Asian Americans tend to seek alternative medicine to cure their ailments. Many Asian Americans tend to focus more on their somatic symptoms of psychological distress

and tend to seek medical help for those symptoms because they are more familiar with medical help compared to psychological help (Loo et al., 1989).

Differences in Perception

There is some evidence suggesting that people of Asian decent perceive personal problems differently from other cultural groups (Gim, Atkinson, & Whiteley, 1990; Gum et al., 2010; Lee & Mixon, 1995; Mau & Jepsen, 1990; Tracey, Leong, & Glidden, 1986).

A study by Tracey et al. (1986) examined differences between Asian-American and White students in how they perceive problems and their help-seeking behaviour. In their study, Tracey et al. found that each group perceived problems and the factors associated with problems differently. White students presented more emotional/interpersonal problems whereas Asian-American students presented more academic/career issues. This finding supports the contention that Asian Americans tend to focus on education rather than the expression of their feelings when in counselling. Tracey et al. suggested that their findings of Asian American students presenting more academic/career concerns could be attributed to face saving concerns, which is characteristic of Asians.

Mau and Jepsen (1990) also conducted a study to compare the differences in perception of problems by Chinese and American graduate students. In their study, they found that American graduate students perceived the same problems as more severe compared to Chinese graduate students (Mak & Chen, 2006; Mak et al., 2009; Mau & Jepsen, 1990). Mau and Jepsen suggested that perhaps Chinese graduate students have more difficulties admitting that they have problems or perhaps Chinese graduate students value academic/career problems more. This can be attributed to the pressures to perform well in front of others, which is a part of their cultural norm (Wong & Halgin, 2006).

A study by Gim et al. (1990) also examined how factors such as ethnicity, gender, and acculturation impact Asian-American college students' willingness to see a counsellor. Gim et al. found that acculturation and ethnicity were related to the severity of concerns experienced and acculturation and gender were related to students' willingness to see a counsellor for those concerns. To elaborate, Gim et al. found that Asian-American students perceived academic or career and financial concerns as their most problematic concerns. Asian-American students who scored low to medium on their levels of acculturation rated financial problems as being more problematic than academic or career-related problems. Participants, whether they scored low or high on the acculturation scale, gave their lowest ratings to health or substance abuse problems. Gim et al. also found that acculturation of Asian Americans is inversely related to the perception of the severity of concerns experienced by Asian Americans. They suggested that this finding could be attributed to how less acculturated Asian Americans may experience more psychosocial stressors than their more acculturated counterpart.

In another study, Lee and Mixon (1995) examined the differences in perception of counselling between Asians and Caucasians. Even though they found evidence that both Asians and Caucasians generally rated the counselling process as positive, Asian students rated their counsellors as less competent and the counselling they received as less helpful for their personal, social, and emotional concerns when compared to Caucasian students. Lee and Mixon offered two possible explanations for their findings. First they suggested that differences in ratings could be attributed to differences in what Asian students expected from their counsellors compared to what Caucasian students expected. Their second explanation was that the personal, social, and emotional problems raised by Asian students might be

different from those of Caucasian students.

Counsellor Characteristics

Counsellor characteristics are an important factor in understanding Asian help-seeking behaviours. For instance, the results of the study by Atkinson, Wampold, Lowe, Matthews, and Ahn (1998) indicated that ethnic minorities participating in counselling prefer counsellors who possess similar attitudes and values. In the same study, Atkinson et al. also demonstrated that participants who scored low on a measure of acculturation preferred an ethnically similar counsellor compared to participants who scored high on the acculturation measure.

Gim, Atkinson, and Kim (1991) also examined the effects of factors, such as ethnicity, cultural sensitivity, acculturation, and gender on Asian-American students' perception of the cultural competence and credibility of their counsellors. Their study demonstrated that all these factors play a role in how Asian-American students perceive their counsellors (Gim et al., 1991). Their data supported their hypothesis that ethnically similar counsellors would be perceived as more credible and culturally competent compared to ethnically dissimilar counsellors (Gim et al., 1991). Gim et al. also found support for their hypothesis that ethnic similarity and cultural sensitivity of counsellors are important to low-acculturated Asian American students. Other researchers have made similar findings. For instance, Lowe (2005) found that Asian American participants rated counsellors who express collectivist value orientation higher on cross-cultural competence. In a different study, Kim, Ng, and Ahn (2009) found that when there is a match between clients and their counsellors' belief about problem etiology, they perceived their counsellors as being more credible, empathetic, and more competent cross-culturally.

In addition to counsellor ethnicity and cultural values, there is also research indicating that Asian Canadian clients prefer counsellors whom they have had a relationship with in the past (Talib, 2010). This is especially important since the Chinese value ambition, filial piety, honesty, knowledge, and trustworthiness (Zawawi, 2008). In Talib's (2010) study, the most significant finding that came out of his research was clients' familiarity with the counsellor. According to Talib (2010), students were more likely to seek counselling from counsellors or staff members whom they have known or have been in contact with. Even though his subjects were Malaysians, Malaysian values are similar to values held by the Chinese (Zawawi, 2008).

Counsellor's self-disclosure is another counsellor characteristic that is important to examine because it can affect how effectively counsellors are when building a therapeutic working alliance with their clients. In a study by Kim et al. (2003), they hypothesized that Asian American participants would rate counselling sessions more positively when exposed to counselor disclosures. They found no support for this hypothesis. They did, however, find that counsellors in their study used disclosures of approval/reassurance more frequently than other types of disclosures. When examined more closely, counsellors felt compelled to use approval/reassurance types of disclosures because of perceived advantages, such as possibly aiding in building a therapeutic working alliance with their clients. In a paper by Kiselica (1999), the author disclosed his own experiences of working with non-dominant cultural groups. Due to his sensitivity to the oppression of non-dominant cultures, he expressed, "I went through a phase of over-identifying with ethnic/minority people, and I became very critical of White society" (p. 16). As exemplified, the urge to use approval/reassurance types

of disclosures or the over-identification with clients may not be the best strategy to use when counsellors are attempting to build a therapeutic working alliance with their clients.

Client Expectations

Fischer, Jome, and Atkinson (1998), in their reconceptualization of multicultural counselling, conveyed the message that clients must possess positive expectations, hope, or faith in the counselling process in order for the treatment to be successful. Zhang and Dixon (2003) found that Asian international students tended to have more confidence in their mental health professionals when they had previous counselling experiences. Atkinson et al. (1995) also suggested that Asian Americans who are more willing to seek counselling might have had a worthwhile counselling experience in the past. Similarly, a study by Kim, Ng, and Ahn (2005) found that clients who were more acculturated and had higher expectations for counselling success and perceived the counsellor as being more empathic.

Individualism Versus Collectivism

Many Asian Canadians come from collectivistic societies. In collectivistic societies, the goals of the group take priority over personal goals (Kwan, 2009). Collectivists are also very concerned with harmony in interpersonal relationships (Talib, 2010). In this regard, people who possess collectivistic values are more concerned with the needs of others than their own needs (Talib, 2010). Another characteristic of people from collectivistic societies is their non-assertiveness. People from collectivist societies tend to want to please others, finding it difficult to use the word "no," feeling uncomfortable expressing negative feedback, and being direct with others (Abdullah, 1996; 2001). Triandis (2004) also pointed out that people from a collectivistic society pay more attention to social aspects of the problem. For instance, people from a collectivistic society would pay more attention to how a problem

would impact others around them.

Kwan (2009) examined the collectivistic conflict and how it characterizes psychological conflicts. He defined collectivistic conflict as conflict that arises as a result of Chinese people attempting to adopt individualistic values (Kwan, 2009). Kwan explained that traditional Confucian-based collectivism remains anchored as a value for Chinese people. However, the adoption of Western cultural values has boosted individualism in many Chinese societies (Kwan, 2009). Atkinson and Gim (1989) affirmed Kwan's speculations by explaining that the reason Asian Americans underutilize mental health services could be attributed to the conflict between Asian and American values. In addition to collectivistic conflict, a study by Hovey et al. (2006) found that negative mental health outcomes are associated with the pressure to maintain one's Korean background and values while adapting to the more individualistic culture of America. To attempt to alleviate the collectivistic conflict and the negative mental health outcomes associated with collectivistic conflict, Kwan suggested a few strategies for therapists. First, in order for therapists to help their clients resolve collectivistic conflict, they have to examine their own values and biases (Kwan, 2009). He also suggested that the goals of counselling should be focused on enabling clients to come to a psychological compromise where both the individual and the collective values can be preserved (Kwan, 2009).

In regards to Asian Canadians coming from collectivistic societies, there is evidence to suggest that Asian Canadians prefer to approach their social support network for support, rather than approach outside help (Lee et al., 2009; Mak & Chen, 2006; Wong & Halgin, 2006). Mak and Chen (2006) stated that the perceived support they receive from their significant others is important in understanding their help-seeking behaviour. To explain,

Asian Canadians may seek less mental health services when they have a larger social support network because the people in their network are able to help them through their problems. Lee et al. (2009) also found in their study that young Asian Americans tend to use their own personal support networks, such as their friends, significant others, or religious community, for their mental health problems instead of seeking professional help.

When using the Asian Values Scale, Kim and Omizo (2003) found that the two possible values related to negative attitudes towards seeking professional help are self-control and conformity to norms. To elaborate,

> These cultural values stress that individuals should exercise restraint when experiencing strong emotions, especially negative ones. The values encourage Asian Americans to withhold their pain, suffering, and anger rather than to express them. Also, traditional values encourage individuals to conform to family and social norms. Deviating from the norms by admitting psychological problems can be easily perceived as a violation of Asian cultural values, resulting in shame to the family. (p. 357)

From the results of their study, Kim and Omizo (2003) suggested that enculturated Asian American college students who hold cultural values in high regard tend to have more negative attitudes towards psychological help; thus, decreasing their willingness to see a counsellor.

Chen and Mak (2008) also expressed that cultural values may be in conflict with the expectations of counselling among Chinese and Chinese Americans. They stated that "Culture not only shapes the attitudes toward seeking help from mental health professionals but also influences the cognitive appraisal of psychological problems" (Chen & Mak, 2008,

p. 443). In this regard, Chen and Mak conducted a study to examine help-seeking history and help-seeking likelihood of Asians. They found that Asians' greater willingness to seek psychological help was associated with being exposed to and influenced by Western cultures (Chen & Mak, 2008).

Language

Language is also a barrier for Asian Americans to access mental health services (US Department of Health and Human Services, 2001). The report suggested that a large number of Asian Americans have difficulty accessing mental health services because of their low English language proficiency (US Department of Health and Human Services, 2001).

Costs Associated With Mental Health Services

Limitation in or having a lack of financial resources is another barrier that contributes to the underutilization of mental health care services (Davis, Ressler, Schwartz, Stephens, & Bradley, 2008; Prins, Verhaak, Bansing, & Van Der Meer, 2008). For ethnic minorities, specifically, cost barriers continue to contribute to the low rates of mental health services utilization (US Department of Health and Human Services, 2001).

Rodríguez, Valentine, Son, and Muhammad (2009) stated that cost serves as a barrier for many ethnically diverse women from accessing mental health treatment. This is especially the case for immigrants who change to change their immigration status (Rodríguez et al., 2009). According to Picot and Hou (2003), "Immigrants, particularly recent arrivals, are also recognized as a group at risk of experiencing higher levels of low income" (p. 1). They have expressed that low-income is more prevalent among immigrants coming from regions, such as Asia, Africa, and Southern Europe (Picot & Hou, 2003). Despite level of education and official language fluency, low-income rates were widespread among

immigrants of all ages (Picot & Hou, 2003). As a result of having low income, some immigrants cannot afford to pay for mental health care services (Institute of Medicine, 2003) and may not have the insurance coverage that allows them to access appropriate health care (Chow, Jaffee, & Snowden, 2003). Some of the immigrant participants in Reitmanova and Gustafson's (2009) study have expressed that since financial and professional resources are already scarce, they have limited financial and personal resources to care for themselves and others. In turn, individuals with low incomes have so many economic and practical difficulties that they may view seeking mental health treatment as an added burden (Hall, 2001). In sum, many immigrants face financial barriers that either prevents them from accessing mental health care services or results in making mental health care services a burden to access.

Physical Health Versus Mental Health

Asian Americans' beliefs about mental illness may deter them from seeking psychological help versus physiological help. According to Bond (1991), the Chinese believe that emotions are affected by the functioning of specific bodily organs. To elaborate, the heart, liver, lungs, kidneys, and spleen affects happiness, anger, worry, fear, and desire respectively (Bond, 1991). They also believe that happiness, anger, worry, fear, and desire are the five primary emotions (Bond, 1991). The traditional Asian belief is that in order to alter one's emotions, a person has to restore the respective organ back to its normal functioning (Bond, 1991). Additionally, Loo et al. (1989) found that Asian Americans tend to seek alternative medicine to cure their ailments. Many Asian Canadians focus more on their somatic symptoms of psychological distress and tend to seek medical help for those symptoms because they are more familiar with medical help compared to psychological help

(Loo et al., 1989). In addition to seeking medical help, Asian Canadians also tend to seek community and culturally based help (Loo et al., 1989).

Many earlier studies have found that the elderly are underdiagnosed with depression (Lebowitz et al., 1997; Maletta, Mattox, & Dysken, 2000; Reynolds, Alexopoulos, Katz, Leibowitz, 2001). Diagnosing the elderly with depression can be difficult because they usually seek help from their primary care physicians rather than their mental health practitioners (Brody & Maddox, 1988; Goldstrum et al., 1987). In addition, physicians, whom the elderly seek out for services, often do not think that mental health referrals are necessary (Mechanic, 1990), because they believe in their ability to manage their patients' antidepressant therapy (Gallo, Ryan, & Ford, 1999). In this regard, there is a conflict between physicians and their beliefs in mental health services that prevents their patients from receiving proper mental health care. Gallo et al.'s (1999) study on the elderly helps to explain why the elderly are more familiar with medical services especially when physicians do not always make metal health referrals when it is necessary.

Gender Differences

Gender differences have been shown to affect psychological help-seeking behaviours among Asians (Atkinson et al., 1998; Gloria, Castellanos, Park, & Kim, 2008). For example, Gloria et al. (2008) examined Korean Americans' help-seeking attitudes. In their study, they found that women, compared to men, reported more positive help-seeking attitudes and higher cultural congruity. Cultural congruity is defined as the fit between a student's personal values and the values of the university. The female participants in the study by Gloria et al. (2008) also reported a lower adherence to Asian values and possessed more positive perceptions of the university environment than did the male participants. In a study by

Atkinson et al. (1998), they found that Asian women preferred same sex counsellors when addressing personal problems. Asian men, on the other hand, preferred opposite sex counsellors when addressing personal problems (Atkinson et al., 1998). Contrary to these research studies where gender differences were found, Atkinson et al. (1995) found no differences between Asian American men and women when it comes to their willingness to seek professional psychological help for their personal or academic problems. Atkinson et al. (1998) attributed their discrepant findings to "inappropriate statistical methods" used by earlier studies (p. 116). Specifically, procedures used in older studies were unable to account for some within-group differences and the relationship between participants' preferences for different counsellor characteristics (Atkinson et al., 1998). In Atkinson et al.'s (1998) study, the paired comparison methodology was used and the procedure was specifically designed to test the relationship between Asian American's preferences for counsellor's characteristics (Atkinson et al., 1998). They also used the Bradley-Terry-Luce (BTL) method, expanded by McGuire and Davison (1991), as their means of analyzing data on paired comparisons of counsellors' characteristics (Atkinson et al., 1998). This BTL method scales participants' preferences so that relative preferences are apparent (Atkinson et al., 1998). The BTL method also provides a statistical test to determine whether or not participants' responses are consistent (Atkinson et al., 1998). Additionally, the BTL can test for intergroup differences (Atkinson et al., 1998). In comparison, Atkinson et al. (1995) computed two grouping factors (gender and level of acculturation), two covariates (income and previous counselling experience), and one trial factor (type of problem) by using the analysis of covariance method.

Summary

In this literature review I examined the use of counselling services used by Asian Canadians and the possible reasons behind their underutilization. Based on the research reviewed, it can be suggested that Asian Canadians are culturally different from their Euro-North American counterparts in many ways. Asian Canadians have a unique culture and are influenced by the model minority stereotype. Their model minority status minimizes attention to the prevalence and importance of mental health problems affecting Asian Canadians. In order to effectively counsel Asian Canadians, counsellors need to be aware of how culture may play a role in their clients' lives and the problems they bring with them. As mentioned in this review, Asian immigrants come from collectivistic societies, and thus, possess different communication styles and have different ways of conveying their emotions (Bond, 1991). They also view their problems differently. For instance, Asians were more likely to seek counselling services for academic or career related issues as compared to emotional or personal issues (Tracey et al., 1986). The role of face is another important cultural factor is important to take into account when trying to understand Asian Canadian's psychological help-seeking behaviours. Face dictates how Asians behave in social situations and how they perceive and approach conflict (Choi & Lee, 2002; Hwang, 1997-8; Mak & Chen, 2006; Mak et al., 2009). By understanding their culture as a whole, counsellors will be better adapted to counsel Asian Canadians.

In addition to culture, various barriers were examined. These barriers deter Asian Canadians from seeking mental health services. Acculturation is one such barrier. In general, it was found that Asians who were more acculturated had more positive attitudes towards seeking mental health services (Atkinson & Gim, 1989; Kim, 2007; Kim & Omizo, 2003;

Zhang & Dixon, 2003). In addition, ethnic identity may serve as a protective factor against mental health issues (Massakowski, 2003). Stigma, counsellor characteristics, lack of knowledge of mental health services, expectations of counselling, gender, language, and costs associated with mental health services are all additional factors that influence whether Asian Canadians seek counselling services. As a result, Asian Canadians often seek physicians for their problems rather than mental health practitioners (Brody & Maddox, 1988; Goldstrum et al., 1987; Loo et al., 1989).

There is a limitation to this literature review. Most of the research was conducted in the United States. The findings from this research may not generalize to the Asian Canadian population because there are differences between the culture of the United States and Canada. On the other hand, it seems clear that additional research needs to be conducted on Asian Canadians and their counselling usage and experience. This can, in turn, help counsellors work more effectively with their Asian Canadian clients and encourage Asian Canadians to seek help instead of suffering in silence.

Applied Product

The applied product is a website created to promote the use of counselling services to Asian Canadians. This website will also contain information for counsellors who work with Asian Canadians. The following link is where the website is located: www.asiancandianmentalhealth.com

Printscreens of Website

Image 1. Homepage (Part 1/2)



Image 2. Homepage (Part 2/2)

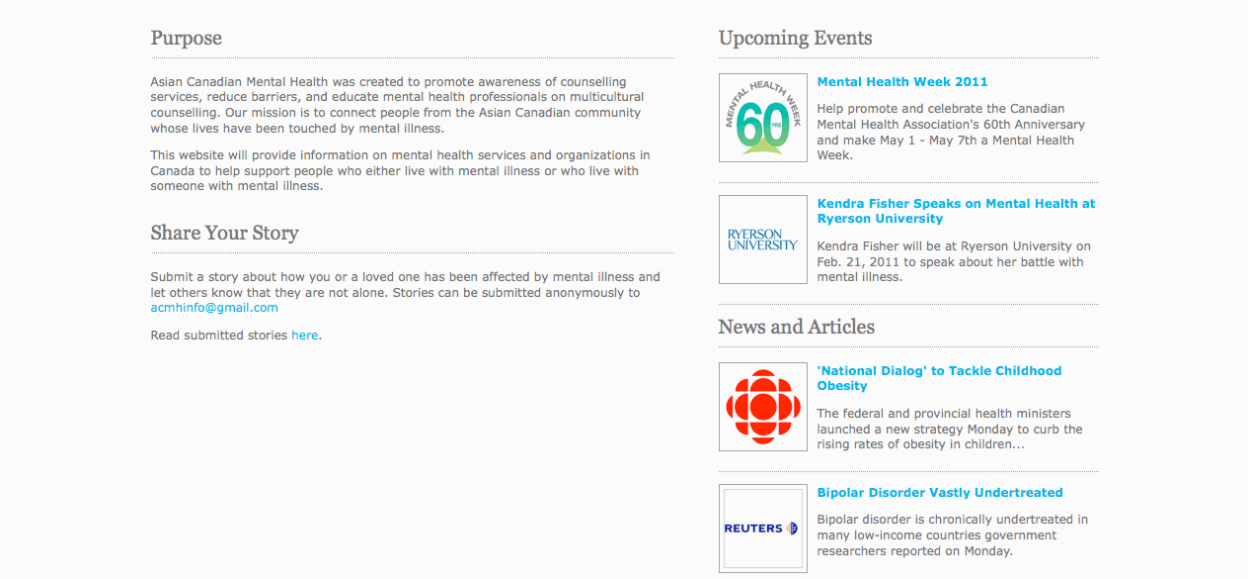


Image 3. Stories page explaining how visitors can submit their stories.

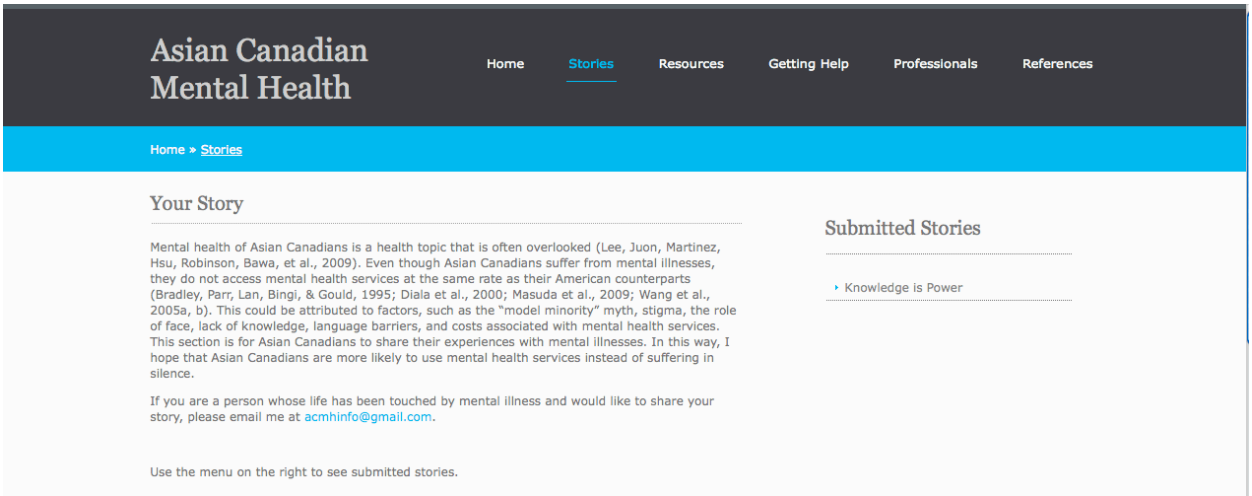


Image 4. An example of a visitor's personal story.

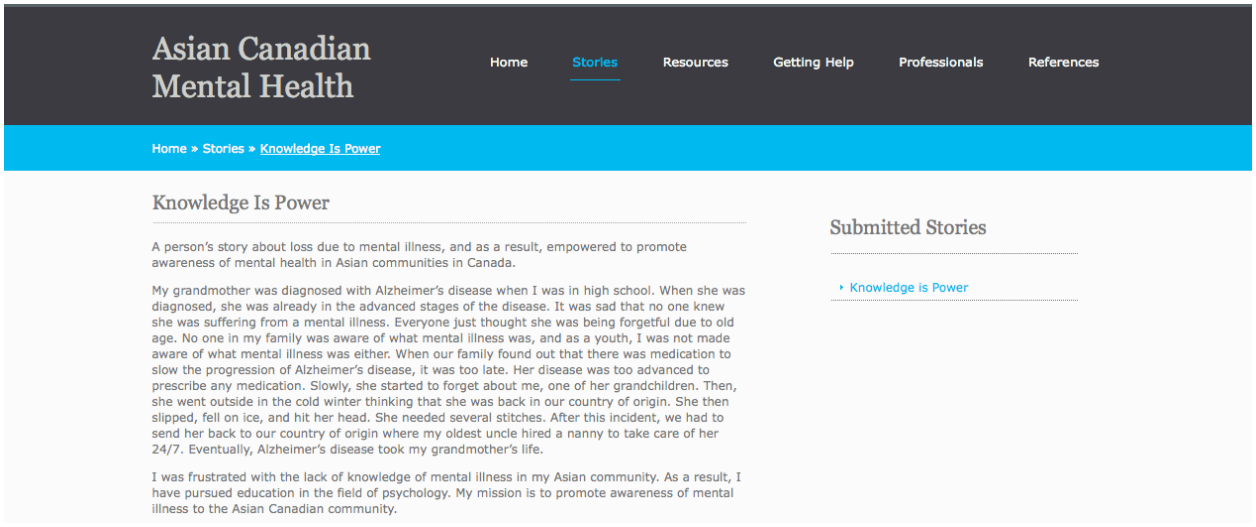


Image 5. Resources Page (Part 1/4)

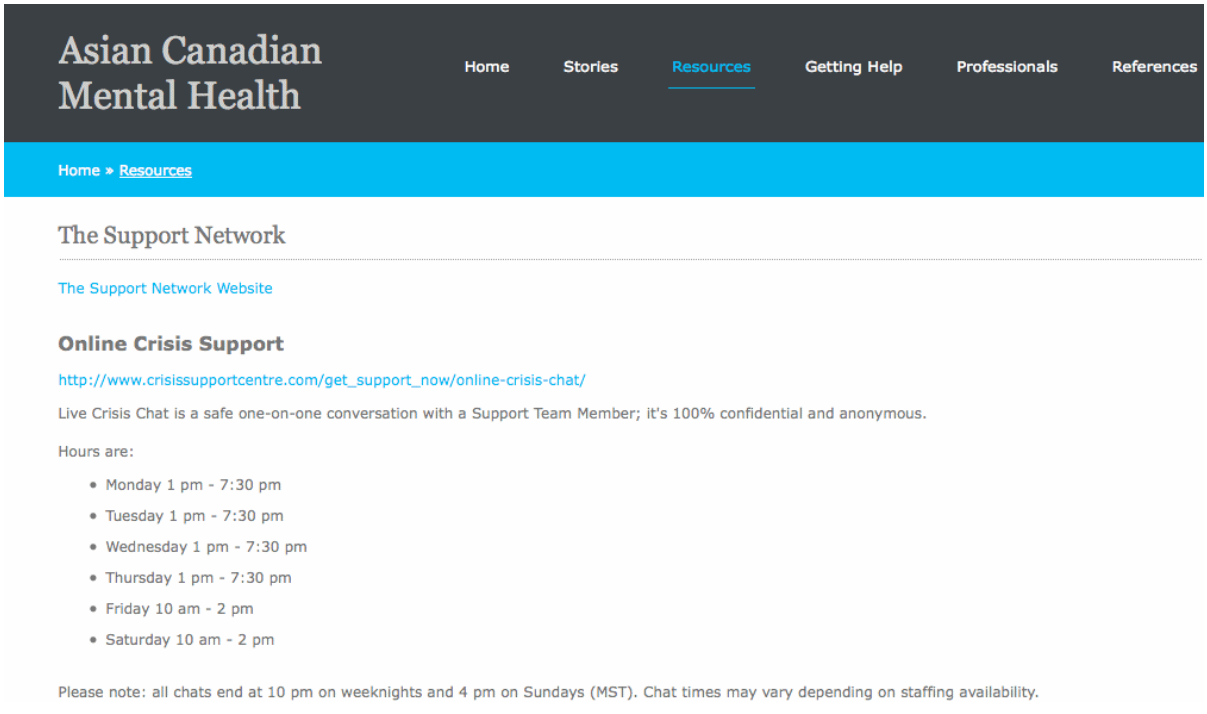


Image 6. Resources Page (Part 2/4)

24 Hour Distress Line

http://www.crisissupportcentre.com/get_support_now/24_hr_distress_line/

If you are in distress, call (780) 482-HELP (4357).

Feeling overwhelmed with a problem? Experiencing abuse? Contemplating suicide? Now is always a good time to talk to us. If you or someone you know is in crisis, you can call the Distress Line at any hour of any day and we'll talk through it together. Does not subscribe to call display.

Please be aware that if we receive any information regarding child abuse, the law requires us to report this information to Child and Family Services. If you are contacting us about a child abuse situation, we encourage you to contact Child and Family Services yourself at The Child Abuse Hotline 1-800-387-KIDS (5437)

211 Community Information

211 Edmonton is a program of The Support Network that provides a direct link between essential community services and the people who need them.

For more information on 211 Edmonton, please visit http://211edmonton.com/

Walk-In Counselling

780-482-0198

Offers Single Session Counselling on a walk-in basis.

Counselling is provided by qualified professionals using a Solution Focused approach. Clients are assisted on a first-come, first-serve basis so no appointment is needed. Availability includes mornings, afternoons and evenings.

*****Please be advised that as of April 6, 2010 The Support Network's Walk-In Counselling Program will be introducing a Sliding Fee Scale.**

Many clients will still have access to our counselling program free of charge. However, those individuals with an annual income over $36,000 will be required to pay a small fee ($35 maximum). These minimal fees are necessary to ensure the Walk-in Counselling Program remains available in our community.

Image 7. Resources Page (Part 3/4)

Sliding Scale (total family income)

Less than $36,000 ($3000 or less monthly)	No Fee
$36,000 to $45,000 ($3000 or $4000 monthly)	$15
$45,000 to $60,000 ($4000 or $5000 monthly)	$25
Over $60,000 ($5000 or more monthly)	$35

The Support Network accepts Cash, Debit, Mastercard, and Visa (we do not accept cheques).

Winter Hours:

- Monday: 4pm - 8 pm (MST)
- Tuesday: 1 pm - 8 pm (MST)
- Wednesday: 1 pm - 8 pm (MST)
- Thursday: 10 am - 3 pm (MST)
- Friday: 10 am - 3 pm (MST)

Address:
400, 10025 106 Street (we are located on the 4th floor of the Baker Centre) Edmonton, AB

Please note:
For the best experience possible, it is recommended that clients contact The Support Network at (780) 482-0198 for hours and counsellor availability before coming in for counselling. All clients are also asked to be at The Support Network 30 minutes before counselling hours are closed.

Image 8. Resources Page (Part 4/4)

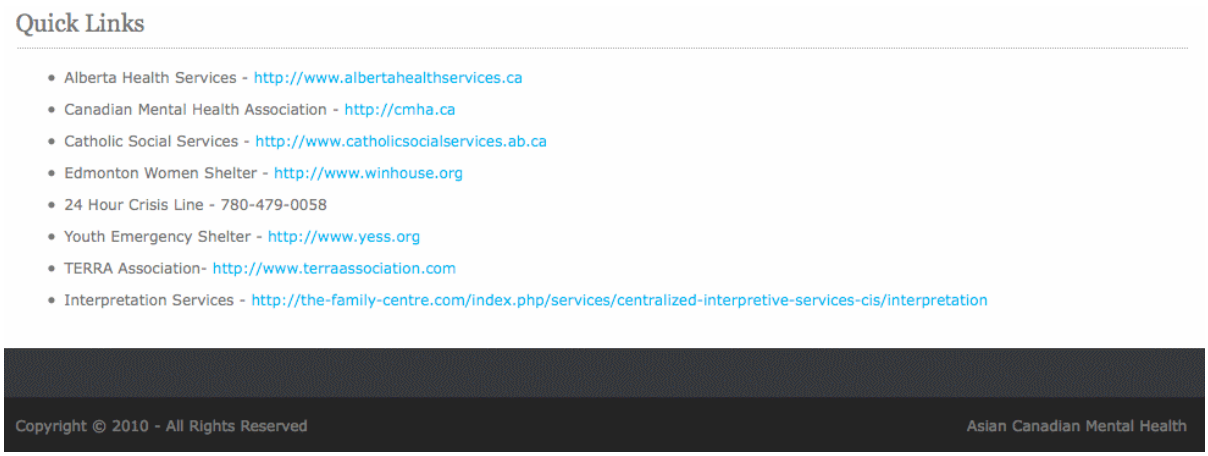


Image 9. Getting Help Page (Part 1/5)

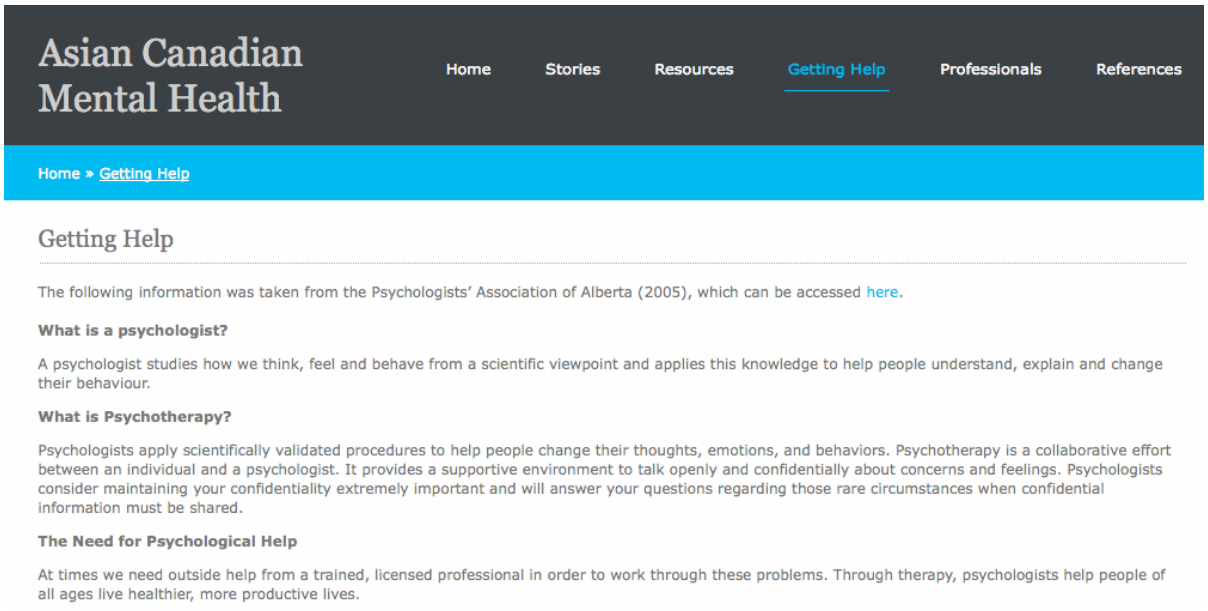
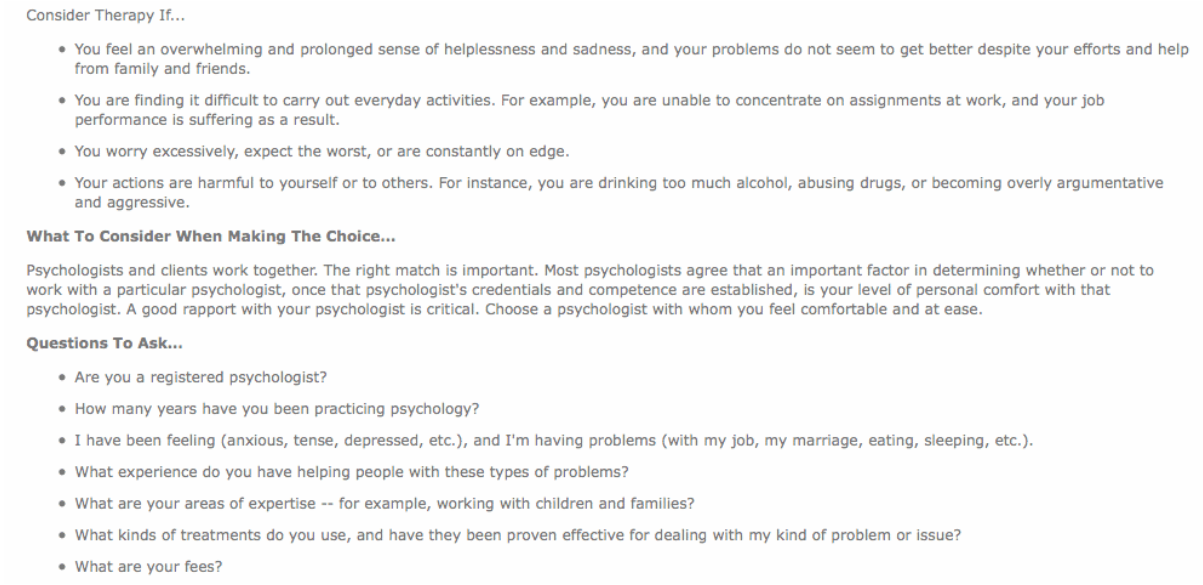


Image 10. Getting Help Page (Part 2/5)



Consider Therapy If...

- You feel an overwhelming and prolonged sense of helplessness and sadness, and your problems do not seem to get better despite your efforts and help from family and friends.
- You are finding it difficult to carry out everyday activities. For example, you are unable to concentrate on assignments at work, and your job performance is suffering as a result.
- You worry excessively, expect the worst, or are constantly on edge.
- Your actions are harmful to yourself or to others. For instance, you are drinking too much alcohol, abusing drugs, or becoming overly argumentative and aggressive.

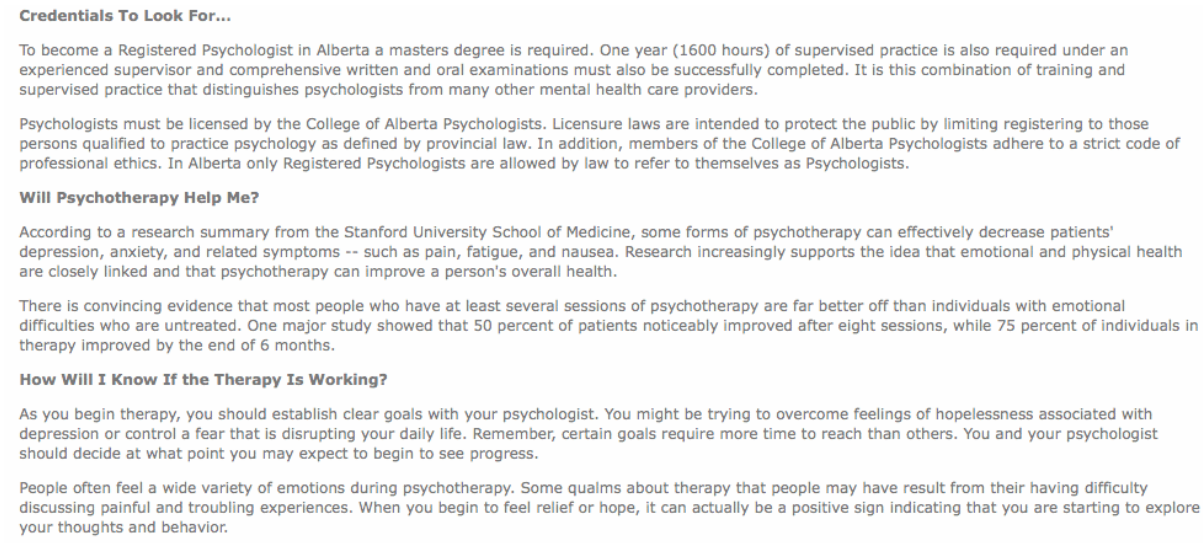
What To Consider When Making The Choice...

Psychologists and clients work together. The right match is important. Most psychologists agree that an important factor in determining whether or not to work with a particular psychologist, once that psychologist's credentials and competence are established, is your level of personal comfort with that psychologist. A good rapport with your psychologist is critical. Choose a psychologist with whom you feel comfortable and at ease.

Questions To Ask...

- Are you a registered psychologist?
- How many years have you been practicing psychology?
- I have been feeling (anxious, tense, depressed, etc.), and I'm having problems (with my job, my marriage, eating, sleeping, etc.).
- What experience do you have helping people with these types of problems?
- What are your areas of expertise -- for example, working with children and families?
- What kinds of treatments do you use, and have they been proven effective for dealing with my kind of problem or issue?
- What are your fees?

Image 11. Getting Help Page (Part 3/5)



Credentials To Look For...

To become a Registered Psychologist in Alberta a masters degree is required. One year (1600 hours) of supervised practice is also required under an experienced supervisor and comprehensive written and oral examinations must also be successfully completed. It is this combination of training and supervised practice that distinguishes psychologists from many other mental health care providers.

Psychologists must be licensed by the College of Alberta Psychologists. Licensure laws are intended to protect the public by limiting registering to those persons qualified to practice psychology as defined by provincial law. In addition, members of the College of Alberta Psychologists adhere to a strict code of professional ethics. In Alberta only Registered Psychologists are allowed by law to refer to themselves as Psychologists.

Will Psychotherapy Help Me?

According to a research summary from the Stanford University School of Medicine, some forms of psychotherapy can effectively decrease patients' depression, anxiety, and related symptoms -- such as pain, fatigue, and nausea. Research increasingly supports the idea that emotional and physical health are closely linked and that psychotherapy can improve a person's overall health.

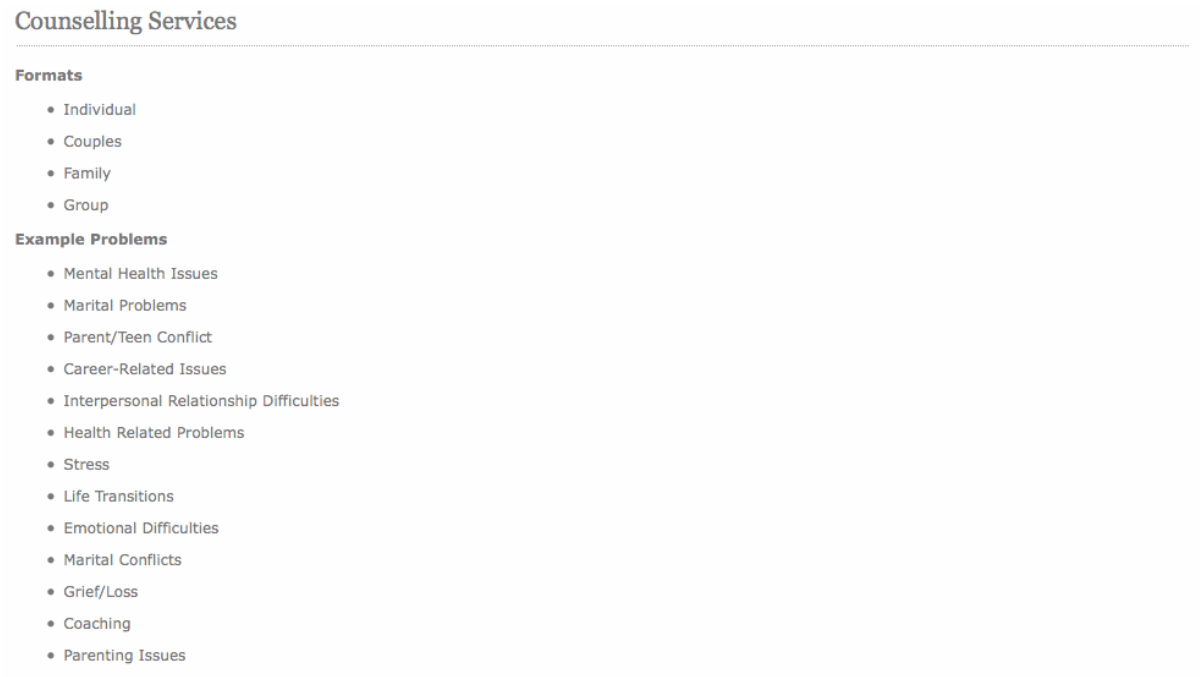
There is convincing evidence that most people who have at least several sessions of psychotherapy are far better off than individuals with emotional difficulties who are untreated. One major study showed that 50 percent of patients noticeably improved after eight sessions, while 75 percent of individuals in therapy improved by the end of 6 months.

How Will I Know If the Therapy Is Working?

As you begin therapy, you should establish clear goals with your psychologist. You might be trying to overcome feelings of hopelessness associated with depression or control a fear that is disrupting your daily life. Remember, certain goals require more time to reach than others. You and your psychologist should decide at what point you may expect to begin to see progress.

People often feel a wide variety of emotions during psychotherapy. Some qualms about therapy that people may have result from their having difficulty discussing painful and troubling experiences. When you begin to feel relief or hope, it can actually be a positive sign indicating that you are starting to explore your thoughts and behavior.

Image 12. Getting Help Page (Part 4/5)



Counselling Services

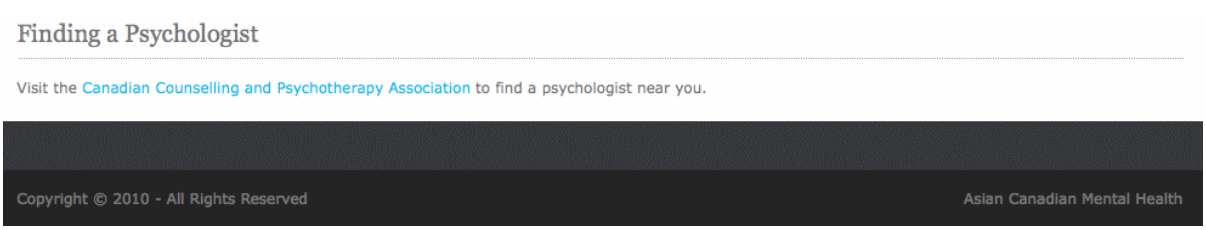
Formats

- Individual
- Couples
- Family
- Group

Example Problems

- Mental Health Issues
- Marital Problems
- Parent/Teen Conflict
- Career-Related Issues
- Interpersonal Relationship Difficulties
- Health Related Problems
- Stress
- Life Transitions
- Emotional Difficulties
- Marital Conflicts
- Grief/Loss
- Coaching
- Parenting Issues

Image 13. Getting Help Page (Part 5/5)



Finding a Psychologist

Visit the Canadian Counselling and Psychotherapy Association to find a psychologist near you.

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Asian Canadian Mental Health

Image 14. Professionals Page

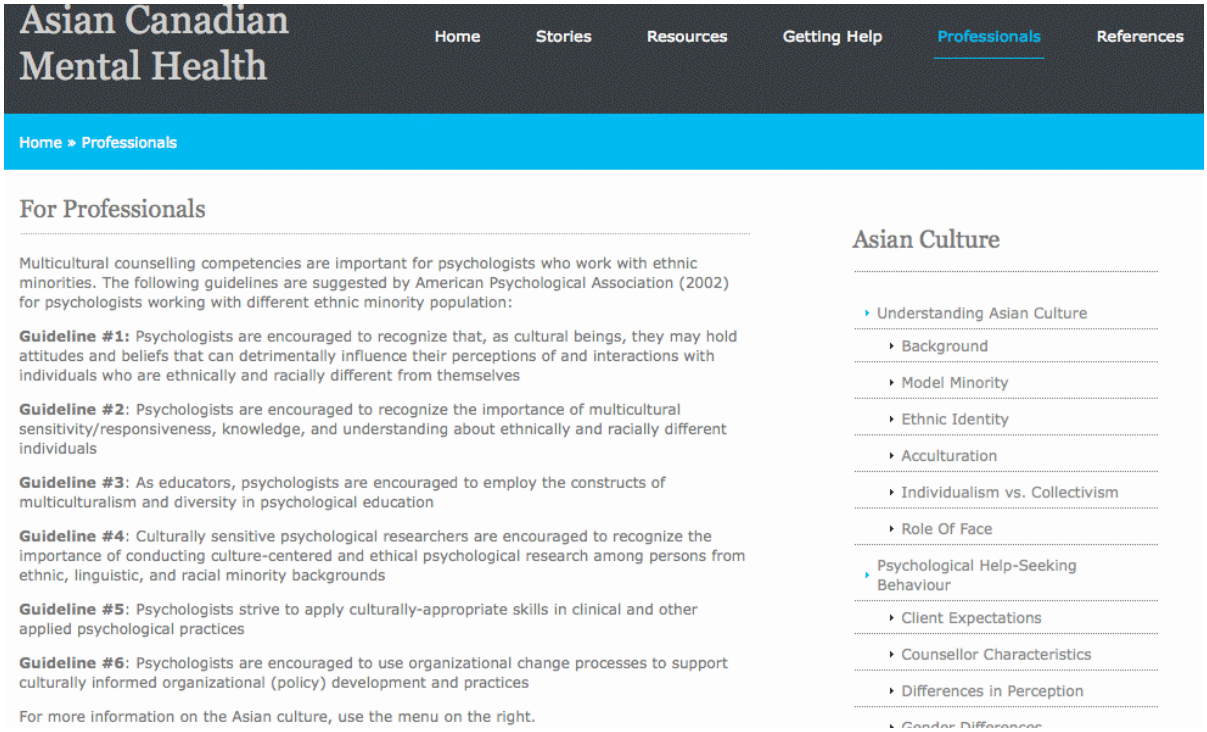


Image 15. Background Page (Part 1/2)

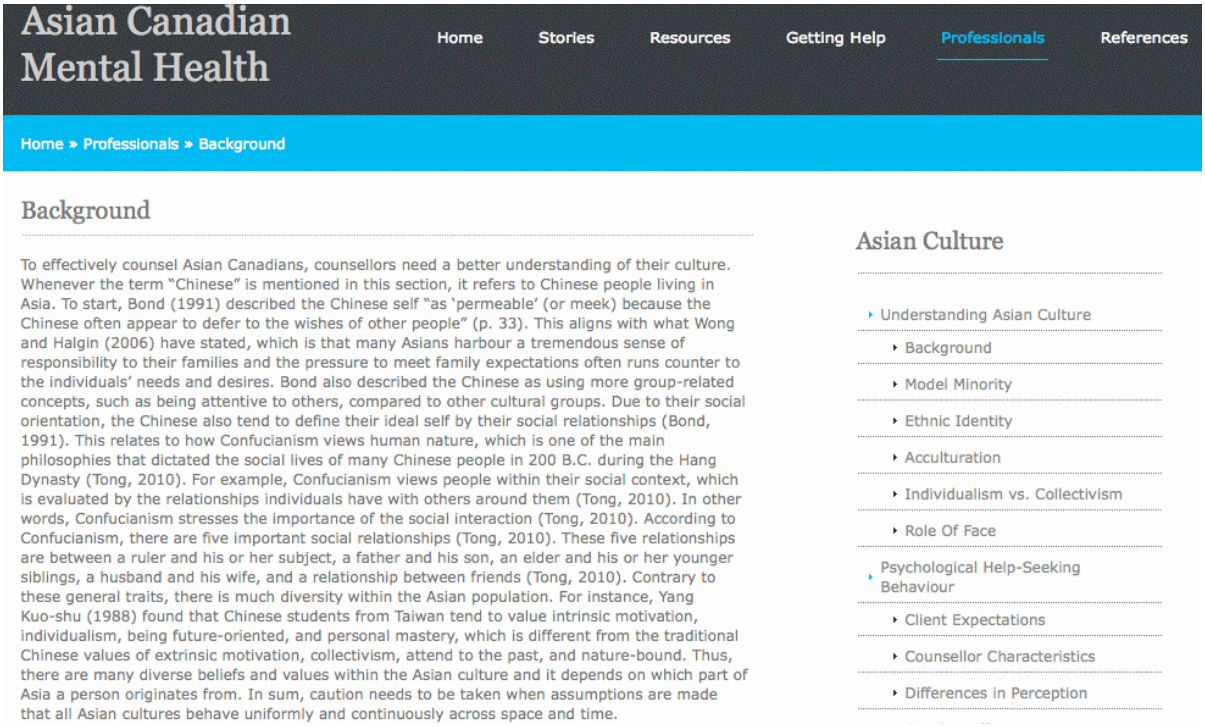
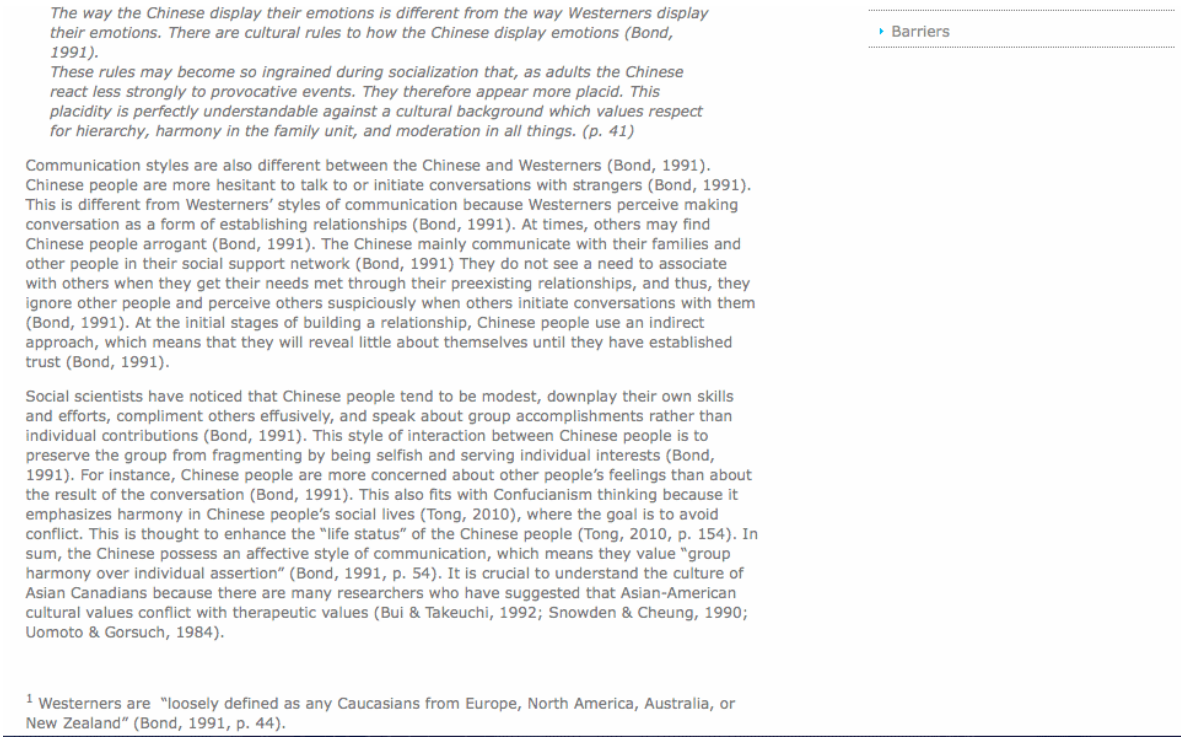


Image 16. Background Page (Part 2/2)



The way the Chinese display their emotions is different from the way Westerners display their emotions. There are cultural rules to how the Chinese display emotions (Bond, 1991).
These rules may become so ingrained during socialization that, as adults the Chinese react less strongly to provocative events. They therefore appear more placid. This placidity is perfectly understandable against a cultural background which values respect for hierarchy, harmony in the family unit, and moderation in all things. (p. 41)

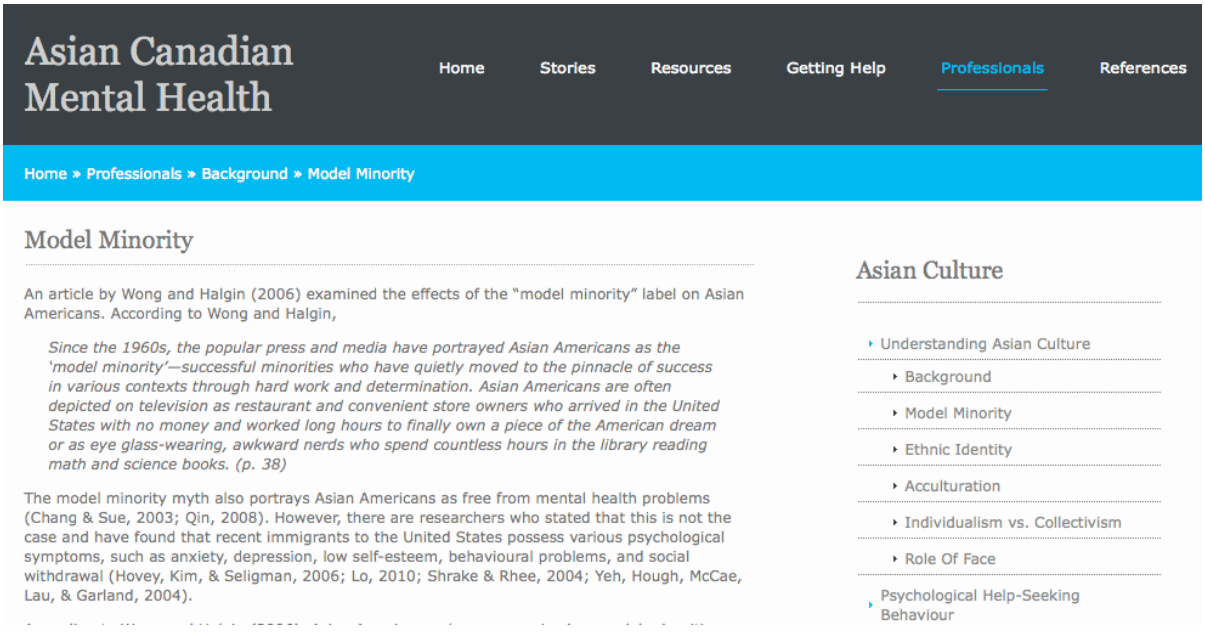
Communication styles are also different between the Chinese and Westerners (Bond, 1991). Chinese people are more hesitant to talk to or initiate conversations with strangers (Bond, 1991). This is different from Westerners' styles of communication because Westerners perceive making conversation as a form of establishing relationships (Bond, 1991). At times, others may find Chinese people arrogant (Bond, 1991). The Chinese mainly communicate with their families and other people in their social support network (Bond, 1991) They do not see a need to associate with others when they get their needs met through their preexisting relationships, and thus, they ignore other people and perceive others suspiciously when others initiate conversations with them (Bond, 1991). At the initial stages of building a relationship, Chinese people use an indirect approach, which means that they will reveal little about themselves until they have established trust (Bond, 1991).

Social scientists have noticed that Chinese people tend to be modest, downplay their own skills and efforts, compliment others effusively, and speak about group accomplishments rather than individual contributions (Bond, 1991). This style of interaction between Chinese people is to preserve the group from fragmenting by being selfish and serving individual interests (Bond, 1991). For instance, Chinese people are more concerned about other people's feelings than about the result of the conversation (Bond, 1991). This also fits with Confucianism thinking because it emphasizes harmony in Chinese people's social lives (Tong, 2010), where the goal is to avoid conflict. This is thought to enhance the "life status" of the Chinese people (Tong, 2010, p. 154). In sum, the Chinese possess an affective style of communication, which means they value "group harmony over individual assertion" (Bond, 1991, p. 54). It is crucial to understand the culture of Asian Canadians because there are many researchers who have suggested that Asian-American cultural values conflict with therapeutic values (Bui & Takeuchi, 1992; Snowden & Cheung, 1990; Uomoto & Gorsuch, 1984).

[1] Westerners are "loosely defined as any Caucasians from Europe, North America, Australia, or New Zealand" (Bond, 1991, p. 44).

Barriers

Image 17. Model Minority Page (Part 1/2)



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Model Minority

An article by Wong and Halgin (2006) examined the effects of the "model minority" label on Asian Americans. According to Wong and Halgin,

Since the 1960s, the popular press and media have portrayed Asian Americans as the 'model minority'—successful minorities who have quietly moved to the pinnacle of success in various contexts through hard work and determination. Asian Americans are often depicted on television as restaurant and convenient store owners who arrived in the United States with no money and worked long hours to finally own a piece of the American dream or as eye glass-wearing, awkward nerds who spend countless hours in the library reading math and science books. (p. 38)

The model minority myth also portrays Asian Americans as free from mental health problems (Chang & Sue, 2003; Qin, 2008). However, there are researchers who stated that this is not the case and have found that recent immigrants to the United States possess various psychological symptoms, such as anxiety, depression, low self-esteem, behavioural problems, and social withdrawal (Hovey, Kim, & Seligman, 2006; Lo, 2010; Shrake & Rhee, 2004; Yeh, Hough, McCae, Lau, & Garland, 2004).

Asian Culture

- Understanding Asian Culture
  - Background
  - Model Minority
  - Ethnic Identity
  - Acculturation
  - Individualism vs. Collectivism
  - Role Of Face
- Psychological Help-Seeking Behaviour

Image 18. Model Minority Page (Part 2/2)

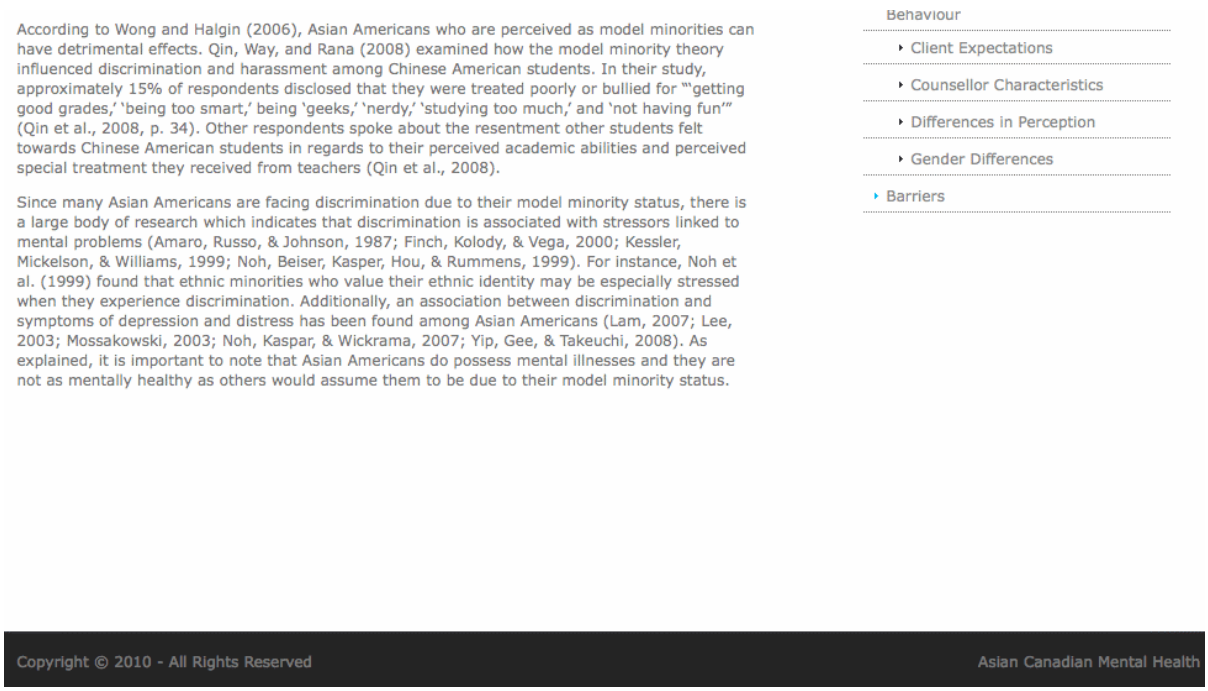


Image 19. Ethnic Identity Page (Part 1/2)

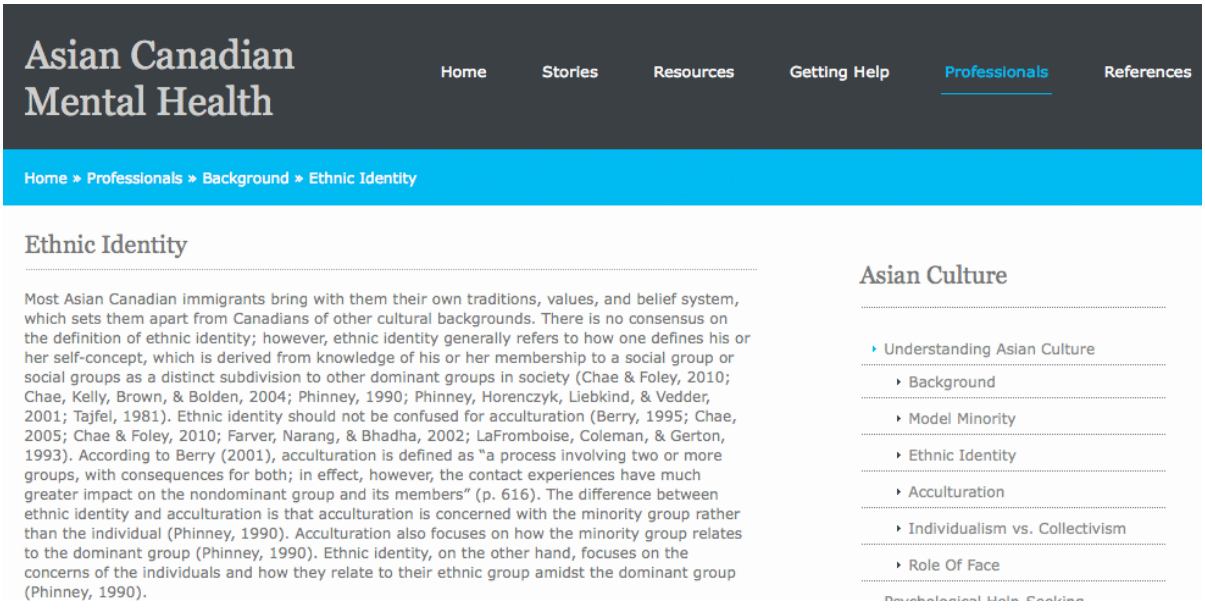


Image 20. Ethnic Identity Page (Part 2/2)

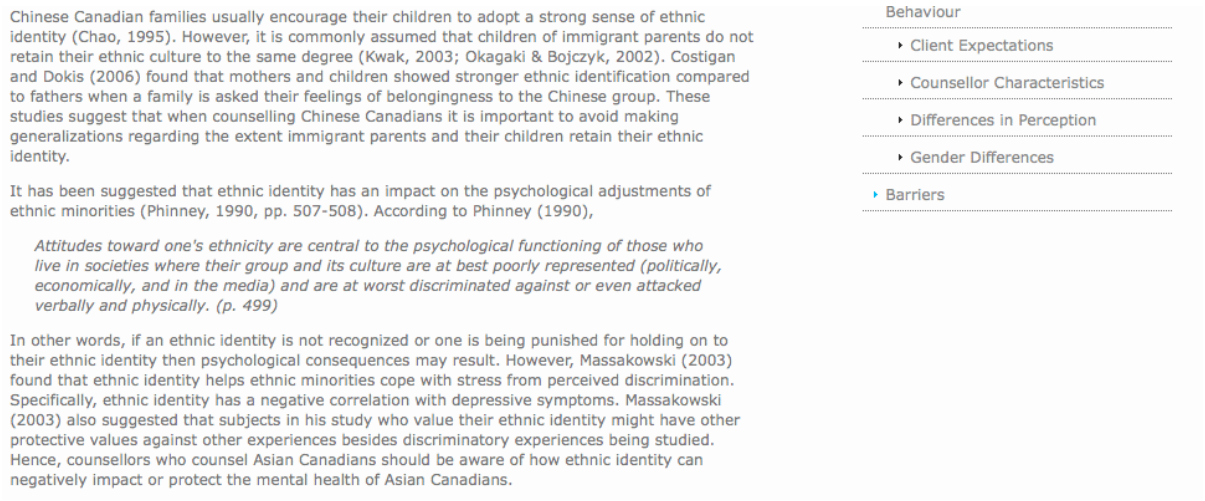


Image 21. Levels of Acculturation Page (Part 1/3)

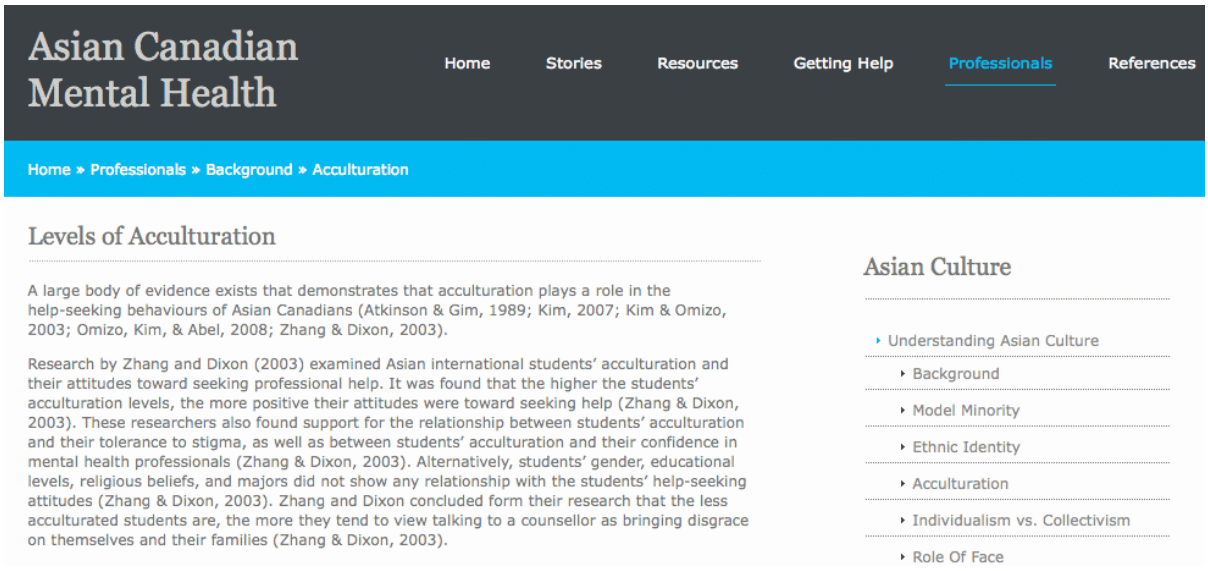


Image 22. Level of Acculturation Page (Part 2/3)

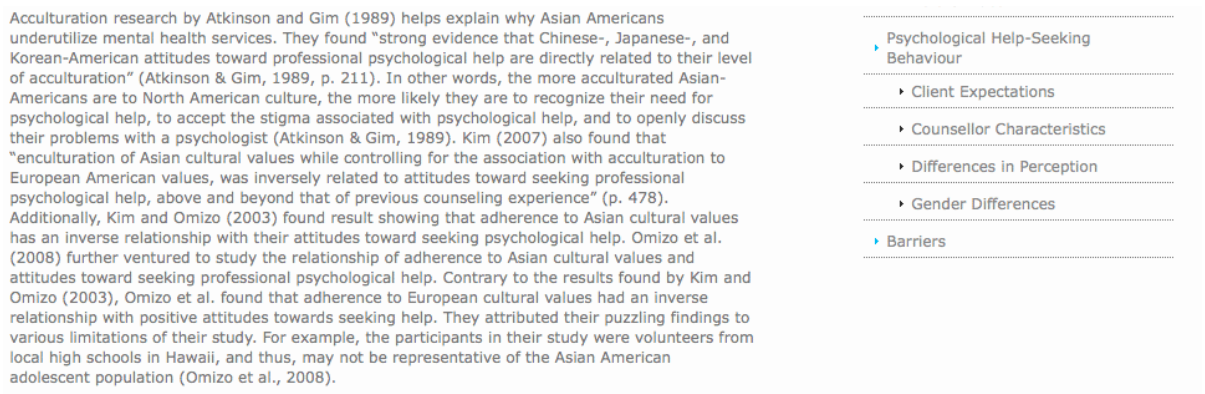


Image 23. Level of Acculturation Page (Part 3/3)

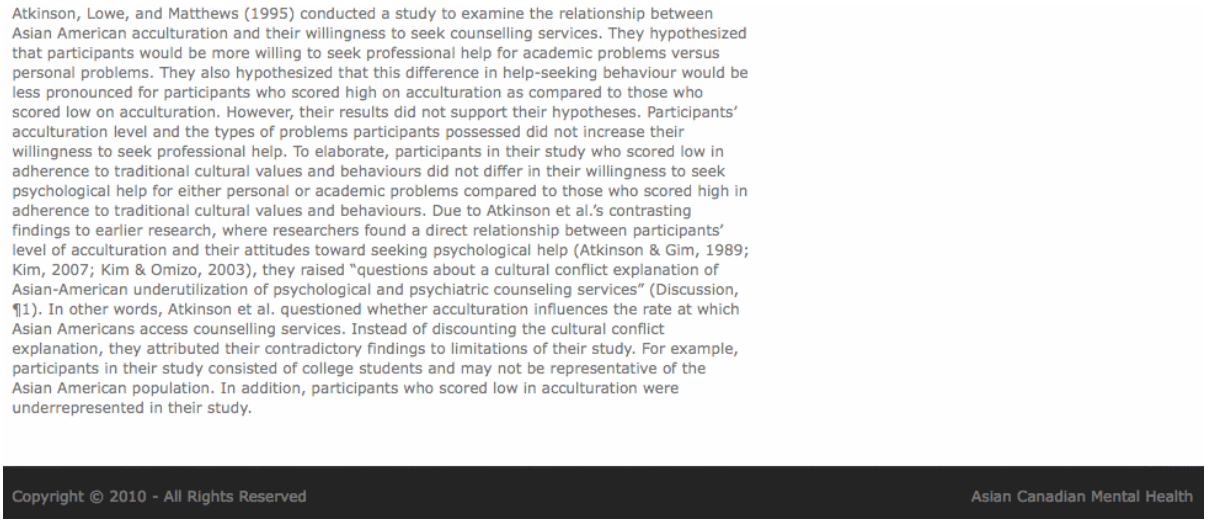


Image 24. Individualism Versus Collectivism Page (Part 1/3)

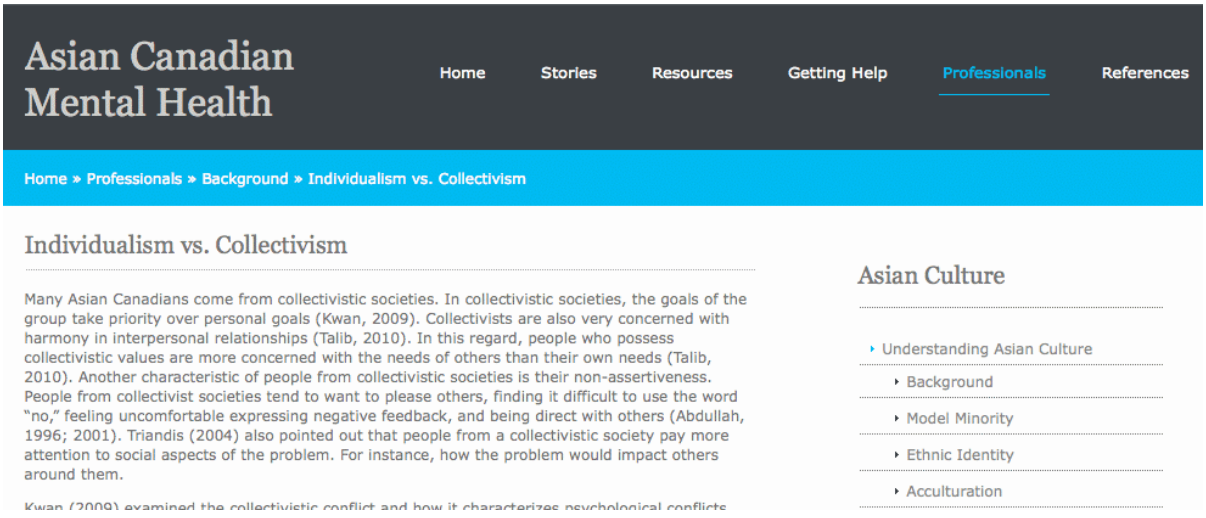
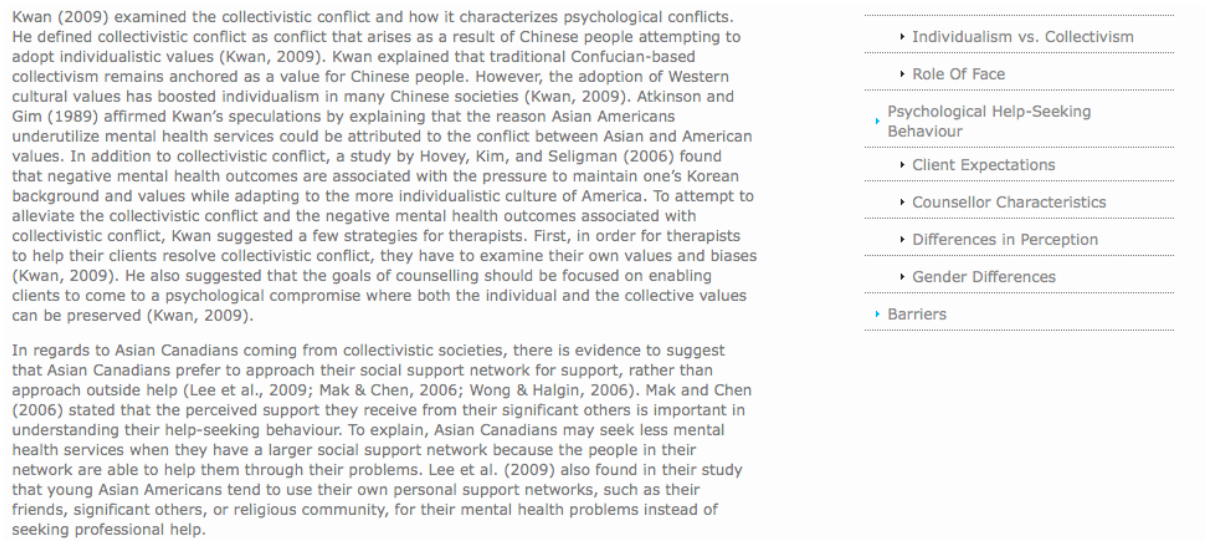


Image 25. Individualism Versus Collectivism Page (Part 2/3)



Kwan (2009) examined the collectivistic conflict and how it characterizes psychological conflicts. He defined collectivistic conflict as conflict that arises as a result of Chinese people attempting to adopt individualistic values (Kwan, 2009). Kwan explained that traditional Confucian-based collectivism remains anchored as a value for Chinese people. However, the adoption of Western cultural values has boosted individualism in many Chinese societies (Kwan, 2009). Atkinson and Gim (1989) affirmed Kwan's speculations by explaining that the reason Asian Americans underutilize mental health services could be attributed to the conflict between Asian and American values. In addition to collectivistic conflict, a study by Hovey, Kim, and Seligman (2006) found that negative mental health outcomes are associated with the pressure to maintain one's Korean background and values while adapting to the more individualistic culture of America. To attempt to alleviate the collectivistic conflict and the negative mental health outcomes associated with collectivistic conflict, Kwan suggested a few strategies for therapists. First, in order for therapists to help their clients resolve collectivistic conflict, they have to examine their own values and biases (Kwan, 2009). He also suggested that the goals of counselling should be focused on enabling clients to come to a psychological compromise where both the individual and the collective values can be preserved (Kwan, 2009).

In regards to Asian Canadians coming from collectivistic societies, there is evidence to suggest that Asian Canadians prefer to approach their social support network for support, rather than approach outside help (Lee et al., 2009; Mak & Chen, 2006; Wong & Halgin, 2006). Mak and Chen (2006) stated that the perceived support they receive from their significant others is important in understanding their help-seeking behaviour. To explain, Asian Canadians may seek less mental health services when they have a larger social support network because the people in their network are able to help them through their problems. Lee et al. (2009) also found in their study that young Asian Americans tend to use their own personal support networks, such as their friends, significant others, or religious community, for their mental health problems instead of seeking professional help.

Image 26. Individualism Versus Collectivism Page (Part 3/3)

When using the Asian Values Scale, Kim and Omizo (2003) found that the two possible values related to negative attitudes towards seeking professional help are self-control and conformity to norms. To elaborate,

> *These cultural values stress that individuals should exercise restraint when experiencing strong emotions, especially negative ones. The values encourage Asian Americans to withhold their pain, suffering, and anger rather than to express them. Also, traditional values encourage individuals to conform to family and social norms. Deviating from the norms by admitting psychological problems can be easily perceived as a violation of Asian cultural values, resulting in shame to the family. (p. 357)*

From the results of their study, Kim and Omizo (2003) suggested that enculturated Asian American college students who hold cultural values in high regard tend to have more negative attitudes towards psychological help; thus, decreasing their willingness to see a counsellor.

Chen and Mak (2008) also expressed that cultural values may be in conflict with the expectations of counselling among Chinese and Chinese Americans. They stated that "Culture not only shapes the attitudes toward seeking help from mental health professionals but also influences the cognitive appraisal of psychological problems" (Chen & Mak, 2008, p. 443). In this regard, Chen and Mak conducted a study to examine help-seeking history and help-seeking likelihood of Asians. They found that Asians' greater willingness to seek psychological help was associated with being exposed to and influenced by Western cultures (Chen & Mak, 2008).

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Image 27. Role of Face Page (Part 1/3)

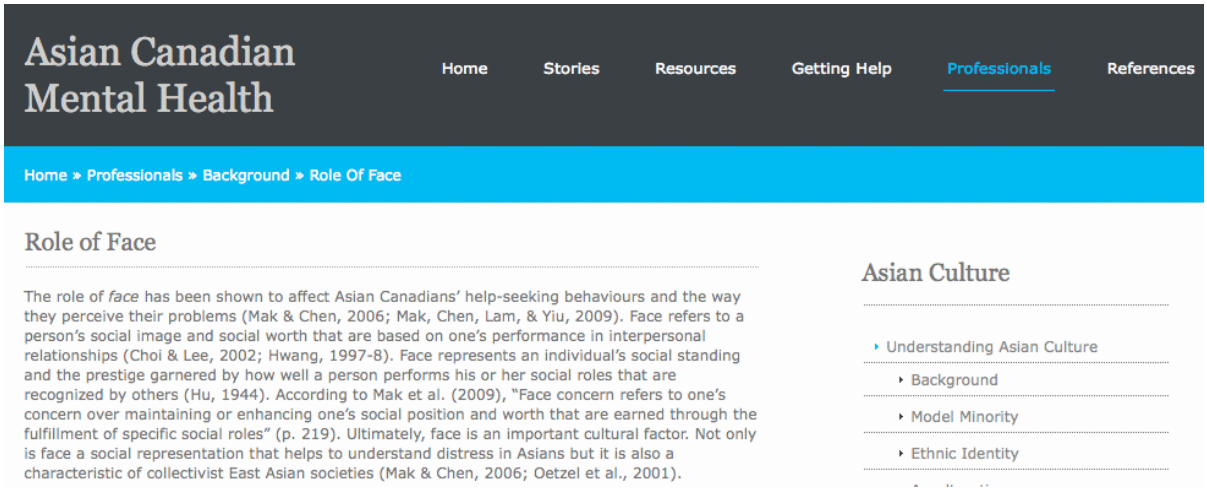


Image 28. Role of Face Page (Part 2/3)

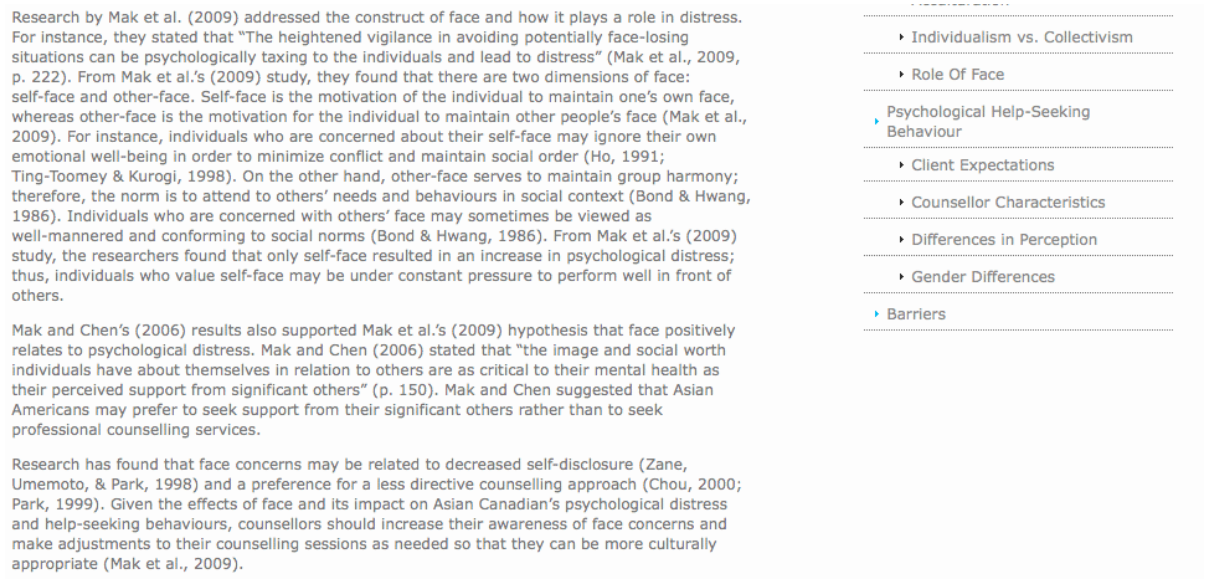
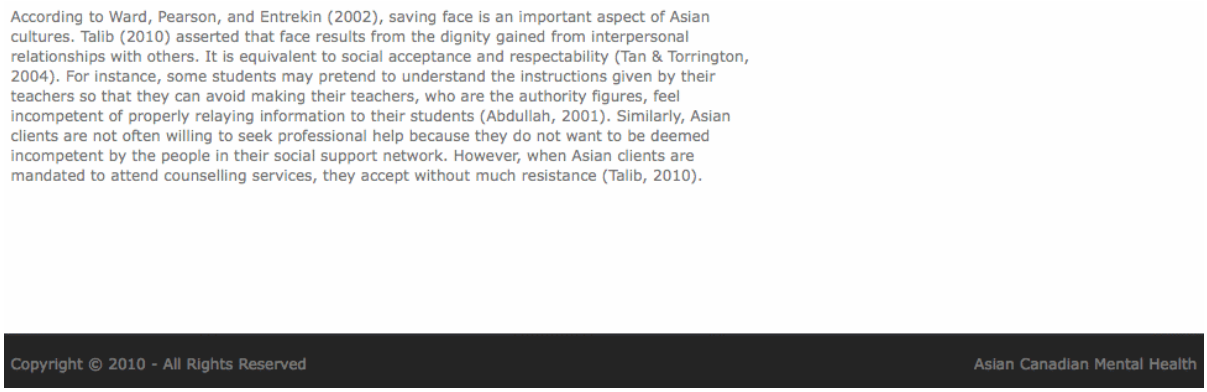


Image 29. Role of Face Page (Part 3/3)


According to Ward, Pearson, and Entrekin (2002), saving face is an important aspect of Asian cultures. Talib (2010) asserted that face results from the dignity gained from interpersonal relationships with others. It is equivalent to social acceptance and respectability (Tan & Torrington, 2004). For instance, some students may pretend to understand the instructions given by their teachers so that they can avoid making their teachers, who are the authority figures, feel incompetent of properly relaying information to their students (Abdullah, 2001). Similarly, Asian clients are not often willing to seek professional help because they do not want to be deemed incompetent by the people in their social support network. However, when Asian clients are mandated to attend counselling services, they accept without much resistance (Talib, 2010).

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Image 30. Client Expectations Page

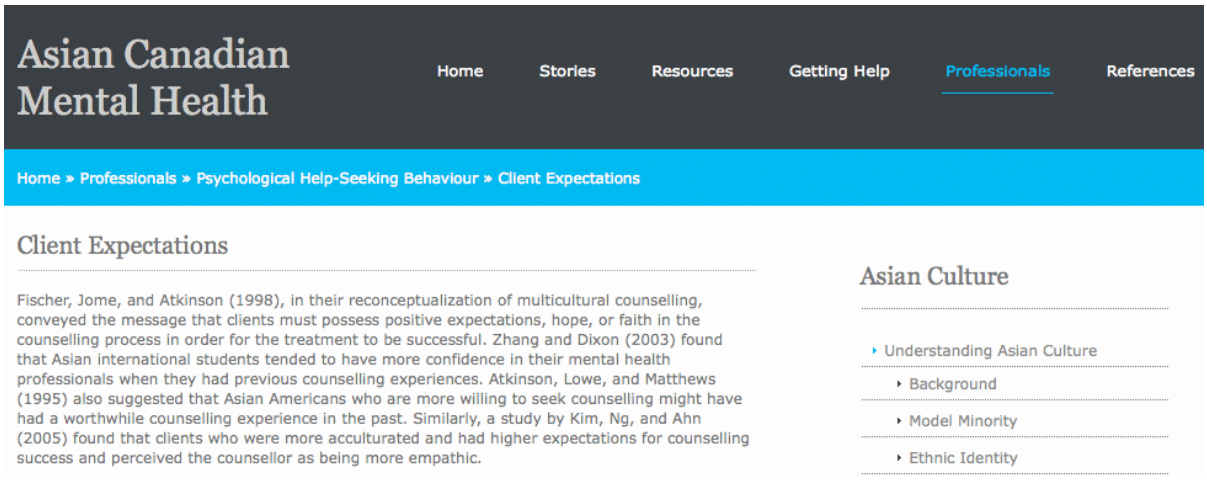


Image 31. Counsellor Characteristics Page (Part 1/2)

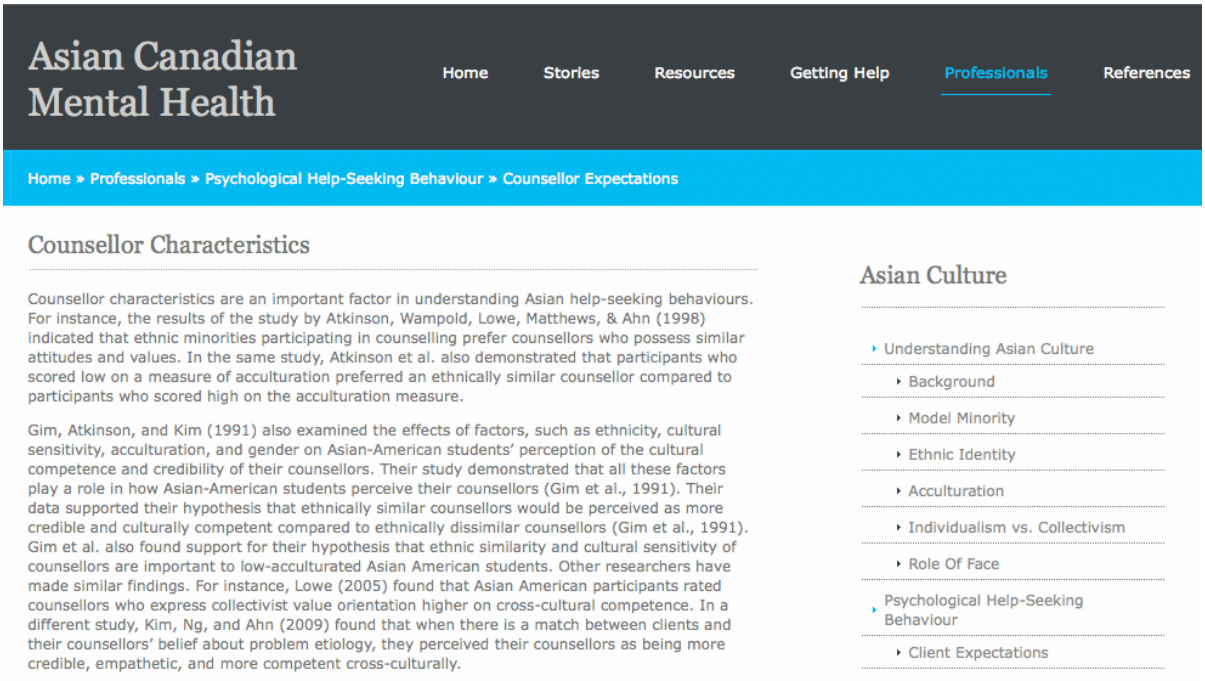


Image 32. Counsellor Characteristics Page (Part 2/2)

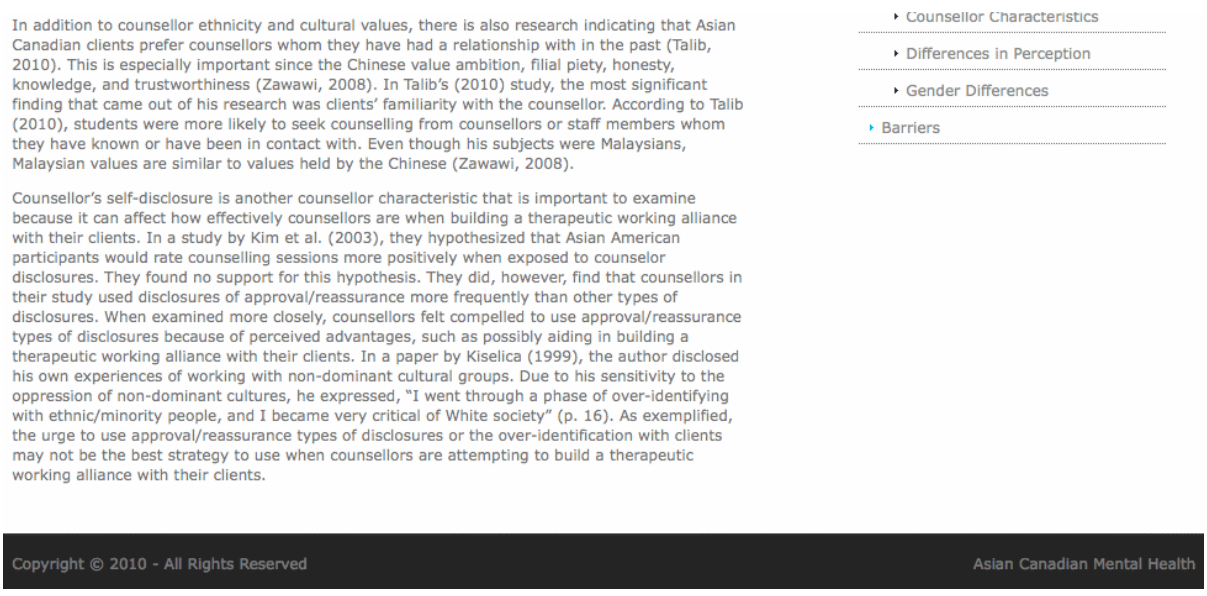


Image 33. Differences in Perceptions Page (Part 1/2)

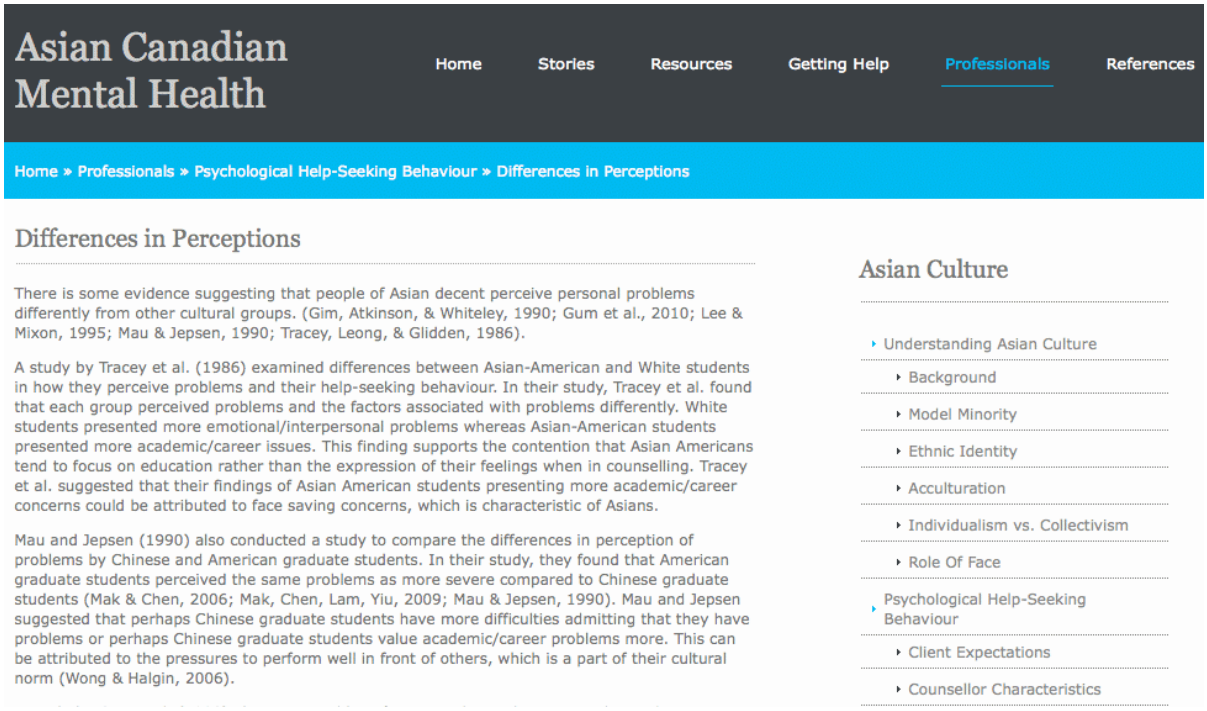


Image 34. Differences in Perceptions Page (Part 2/2)

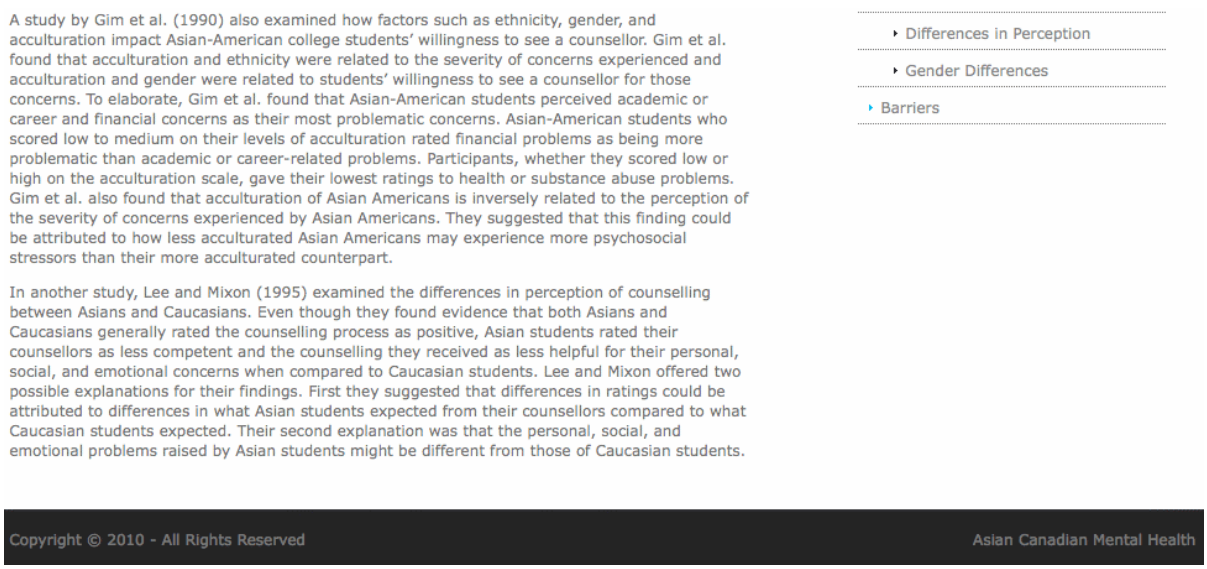
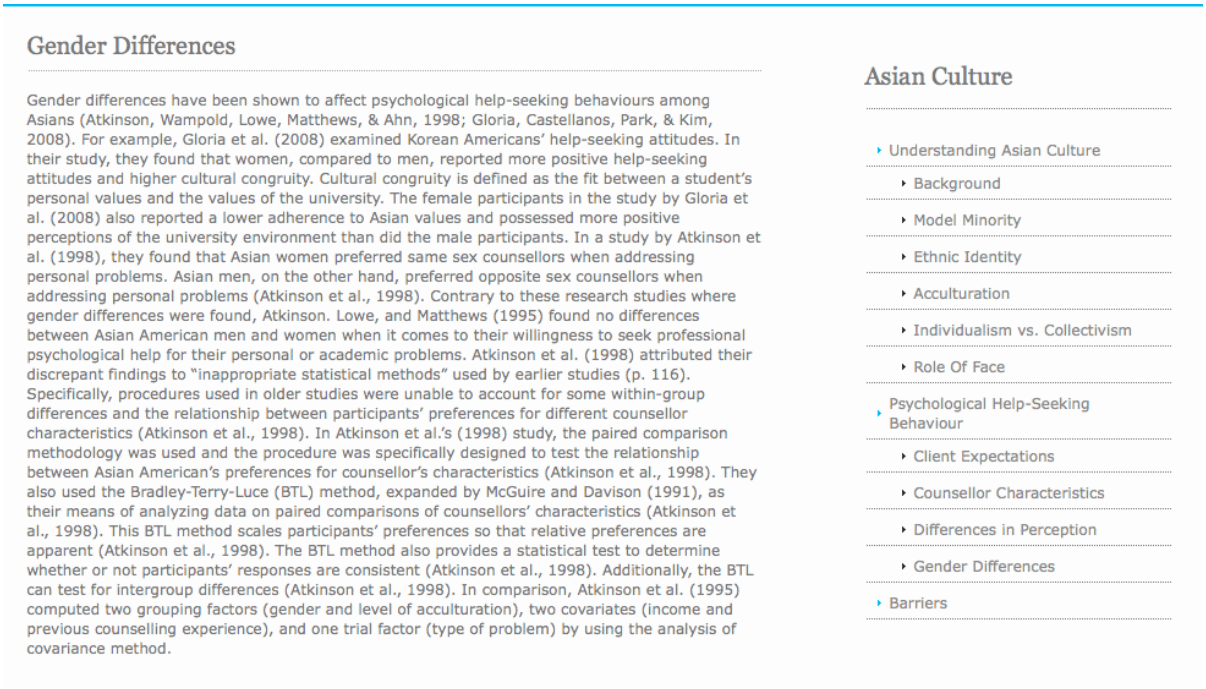


Image 35. Gender Differences Page



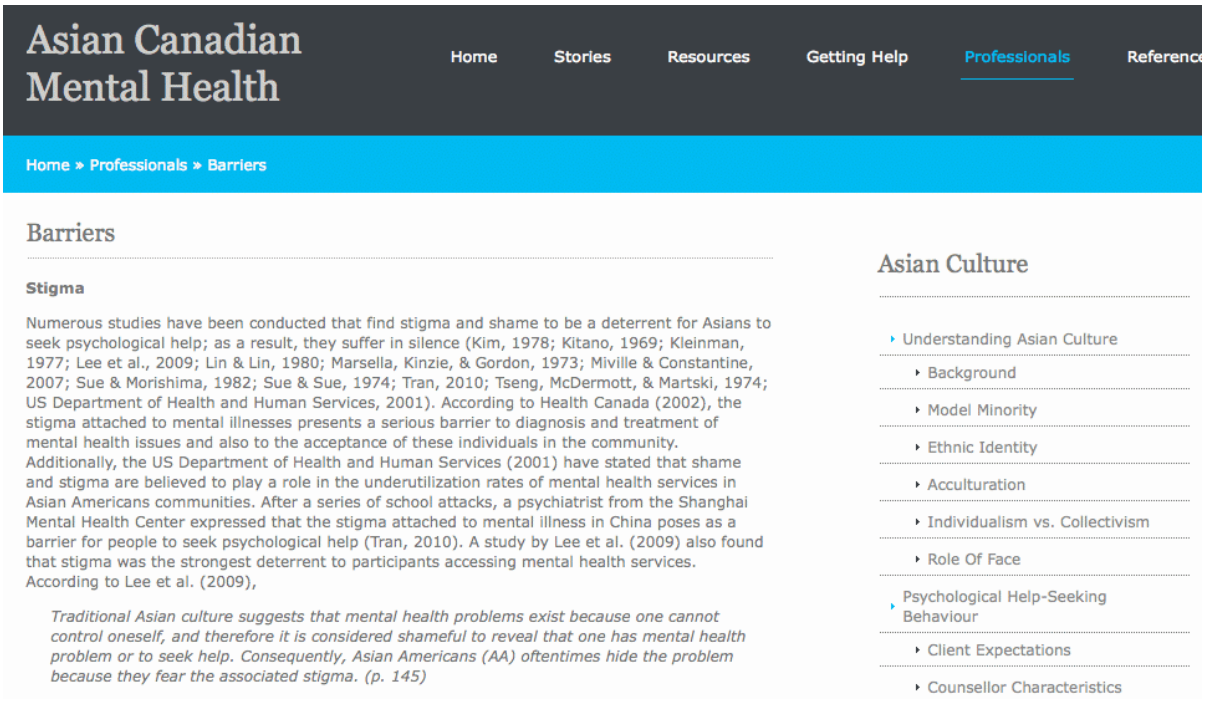
Gender Differences

Gender differences have been shown to affect psychological help-seeking behaviours among Asians (Atkinson, Wampold, Lowe, Matthews, & Ahn, 1998; Gloria, Castellanos, Park, & Kim, 2008). For example, Gloria et al. (2008) examined Korean Americans' help-seeking attitudes. In their study, they found that women, compared to men, reported more positive help-seeking attitudes and higher cultural congruity. Cultural congruity is defined as the fit between a student's personal values and the values of the university. The female participants in the study by Gloria et al. (2008) also reported a lower adherence to Asian values and possessed more positive perceptions of the university environment than did the male participants. In a study by Atkinson et al. (1998), they found that Asian women preferred same sex counsellors when addressing personal problems. Asian men, on the other hand, preferred opposite sex counsellors when addressing personal problems (Atkinson et al., 1998). Contrary to these research studies where gender differences were found, Atkinson. Lowe, and Matthews (1995) found no differences between Asian American men and women when it comes to their willingness to seek professional psychological help for their personal or academic problems. Atkinson et al. (1998) attributed their discrepant findings to "inappropriate statistical methods" used by earlier studies (p. 116). Specifically, procedures used in older studies were unable to account for some within-group differences and the relationship between participants' preferences for different counsellor characteristics (Atkinson et al., 1998). In Atkinson et al.'s (1998) study, the paired comparison methodology was used and the procedure was specifically designed to test the relationship between Asian American's preferences for counsellor's characteristics (Atkinson et al., 1998). They also used the Bradley-Terry-Luce (BTL) method, expanded by McGuire and Davison (1991), as their means of analyzing data on paired comparisons of counsellors' characteristics (Atkinson et al., 1998). This BTL method scales participants' preferences so that relative preferences are apparent (Atkinson et al., 1998). The BTL method also provides a statistical test to determine whether or not participants' responses are consistent (Atkinson et al., 1998). Additionally, the BTL can test for intergroup differences (Atkinson et al., 1998). In comparison, Atkinson et al. (1995) computed two grouping factors (gender and level of acculturation), two covariates (income and previous counselling experience), and one trial factor (type of problem) by using the analysis of covariance method.

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  - Client Expectations
  - Counsellor Characteristics
  - Differences in Perception
  - Gender Differences
- Barriers

Image 36. Barriers Page (Part 1/4)



Barriers

Stigma

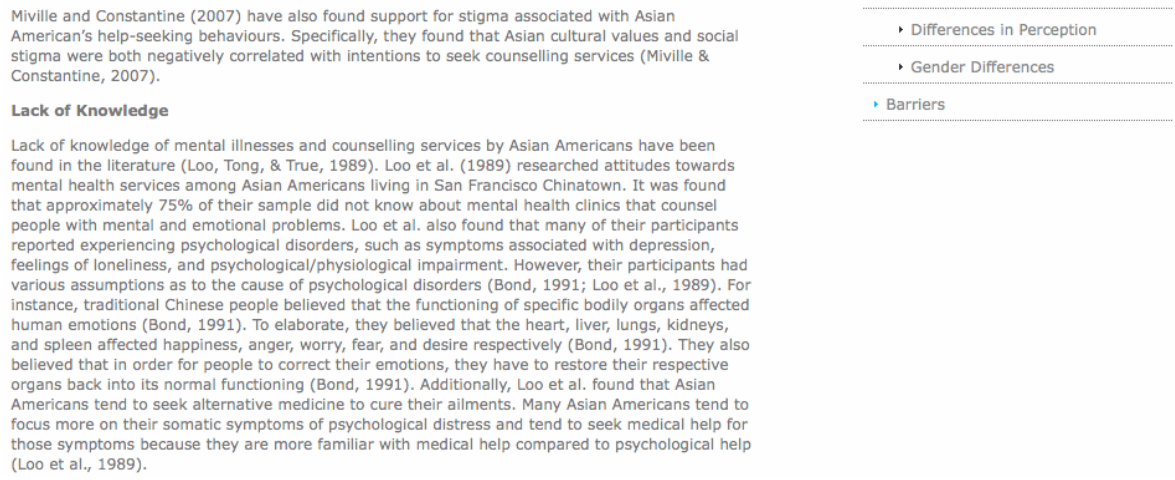
Numerous studies have been conducted that find stigma and shame to be a deterrent for Asians to seek psychological help; as a result, they suffer in silence (Kim, 1978; Kitano, 1969; Kleinman, 1977; Lee et al., 2009; Lin & Lin, 1980; Marsella, Kinzie, & Gordon, 1973; Miville & Constantine, 2007; Sue & Morishima, 1982; Sue & Sue, 1974; Tran, 2010; Tseng, McDermott, & Martski, 1974; US Department of Health and Human Services, 2001). According to Health Canada (2002), the stigma attached to mental illnesses presents a serious barrier to diagnosis and treatment of mental health issues and also to the acceptance of these individuals in the community. Additionally, the US Department of Health and Human Services (2001) have stated that shame and stigma are believed to play a role in the underutilization rates of mental health services in Asian Americans communities. After a series of school attacks, a psychiatrist from the Shanghai Mental Health Center expressed that the stigma attached to mental illness in China poses as a barrier for people to seek psychological help (Tran, 2010). A study by Lee et al. (2009) also found that stigma was the strongest deterrent to participants accessing mental health services. According to Lee et al. (2009),

> *Traditional Asian culture suggests that mental health problems exist because one cannot control oneself, and therefore it is considered shameful to reveal that one has mental health problem or to seek help. Consequently, Asian Americans (AA) oftentimes hide the problem because they fear the associated stigma. (p. 145)*

Asian Culture

- Understanding Asian Culture
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  - Client Expectations
  - Counsellor Characteristics

Image 37. Barriers Page (Part 2/4)



Miville and Constantine (2007) have also found support for stigma associated with Asian American's help-seeking behaviours. Specifically, they found that Asian cultural values and social stigma were both negatively correlated with intentions to seek counselling services (Miville & Constantine, 2007).

Lack of Knowledge

Lack of knowledge of mental illnesses and counselling services by Asian Americans have been found in the literature (Loo, Tong, & True, 1989). Loo et al. (1989) researched attitudes towards mental health services among Asian Americans living in San Francisco Chinatown. It was found that approximately 75% of their sample did not know about mental health clinics that counsel people with mental and emotional problems. Loo et al. also found that many of their participants reported experiencing psychological disorders, such as symptoms associated with depression, feelings of loneliness, and psychological/physiological impairment. However, their participants had various assumptions as to the cause of psychological disorders (Bond, 1991; Loo et al., 1989). For instance, traditional Chinese people believed that the functioning of specific bodily organs affected human emotions (Bond, 1991). To elaborate, they believed that the heart, liver, lungs, kidneys, and spleen affected happiness, anger, worry, fear, and desire respectively (Bond, 1991). They also believed that in order for people to correct their emotions, they have to restore their respective organs back into its normal functioning (Bond, 1991). Additionally, Loo et al. found that Asian Americans tend to seek alternative medicine to cure their ailments. Many Asian Americans tend to focus more on their somatic symptoms of psychological distress and tend to seek medical help for those symptoms because they are more familiar with medical help compared to psychological help (Loo et al., 1989).

Image 38. Barriers Page (Part 3/4)

Language

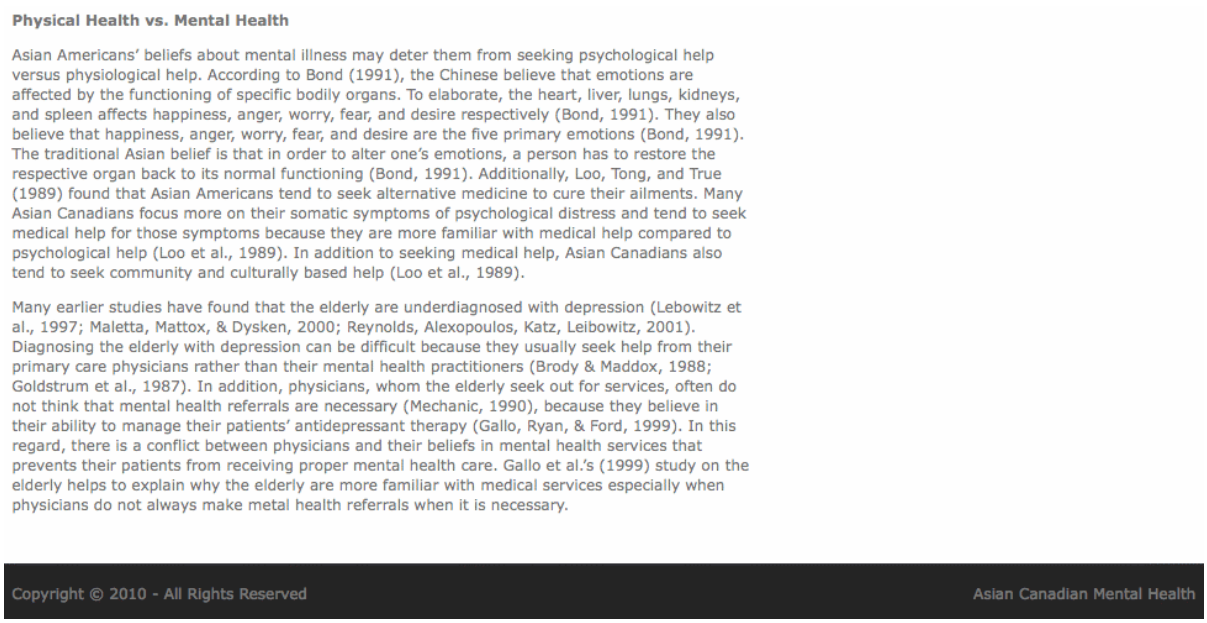
Language is also a barrier for Asian Americans to access mental health services (US Department of Health and Human Services, 2001). The report suggested that a large number of Asian Americans have difficulty accessing mental health services because of their low English language proficiency (US Department of Health and Human Services, 2001).

Costs Associated with Mental Health

Limitation in or having a lack of financial resources is another barrier that contributes to the underutilization of mental health care services (Davis, Ressler, Schwartz, Stephens, & Bradley, 2008; Prins, Verhaak, Bansing, & Van Der Meer, 2008). For ethnic minorities, specifically, cost barriers continue to contribute to the low rates of mental health services utilization (US Department of Health and Human Services, 2001).

Rodríguez, Valentine, Son, and Muhammad (2009) stated that cost serves as a barrier for many ethnically diverse women from accessing mental health treatment. This is especially the case for immigrants who change to change their immigration status (Rodríguez et al., 2009). According to Picot and Hou (2003), "Immigrants, particularly recent arrivals, are also recognized as a group at risk of experiencing higher levels of low income" (p. 1). They have expressed that low-income is more prevalent among immigrants coming from regions, such as Asia, Africa, and Southern Europe (Picot & Hou, 2003). Despite level of education and official language fluency, low-income rates were widespread among immigrants of all ages (Picot & Hou, 2003). As a result of having low income, some immigrants cannot afford to pay for mental health care services (Institute of Medicine, 2003) and may not have the insurance coverage that allows them to access appropriate health care (Chow, Jaffee, & Snowden, 2003). Some of the immigrant participants in Reitmanova and Gustafson's (2009) study have expressed that since financial and professional resources are already scarce, they have limited financial and personal resources to care for themselves and others. In turn, individuals with low incomes have so many economic and practical difficulties that they may view seeking mental health treatment as an added burden (Hall, 2001). In sum, many immigrants face financial barriers that either prevents them from accessing mental health care services or results in making mental health care services a burden to access.

Image 39. Barriers Page (Part 4/4)



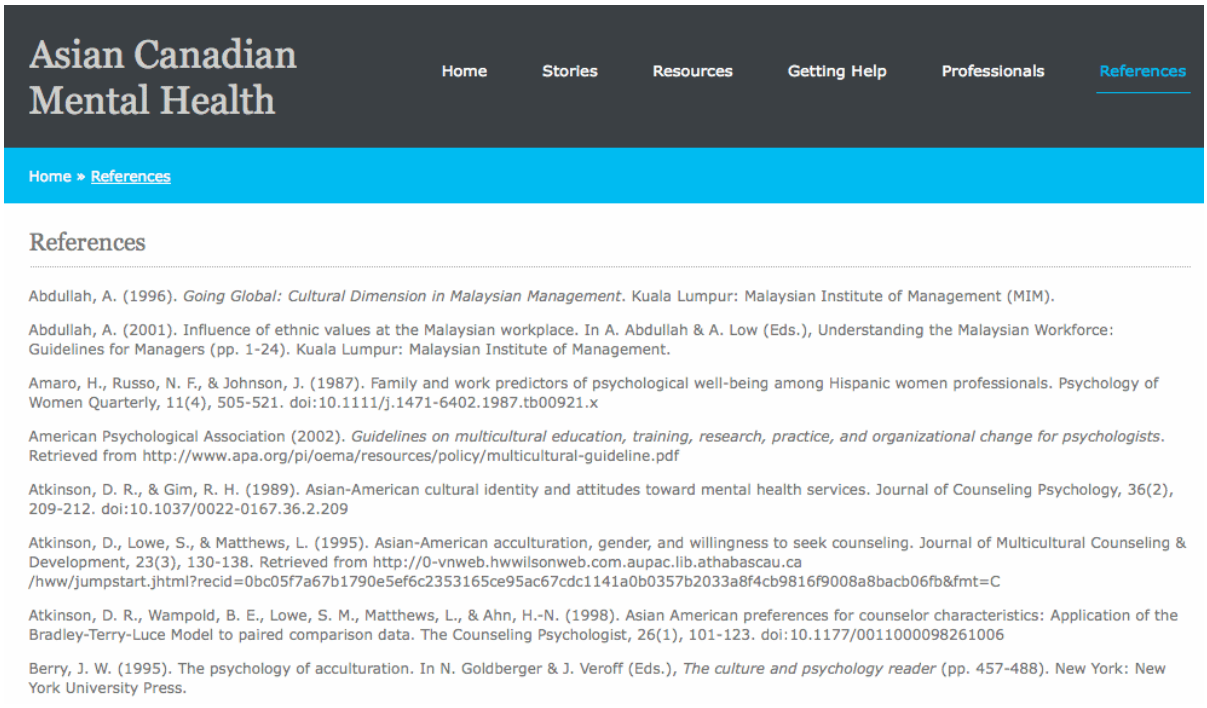
Physical Health vs. Mental Health

Asian Americans' beliefs about mental illness may deter them from seeking psychological help versus physiological help. According to Bond (1991), the Chinese believe that emotions are affected by the functioning of specific bodily organs. To elaborate, the heart, liver, lungs, kidneys, and spleen affects happiness, anger, worry, fear, and desire respectively (Bond, 1991). They also believe that happiness, anger, worry, fear, and desire are the five primary emotions (Bond, 1991). The traditional Asian belief is that in order to alter one's emotions, a person has to restore the respective organ back to its normal functioning (Bond, 1991). Additionally, Loo, Tong, and True (1989) found that Asian Americans tend to seek alternative medicine to cure their ailments. Many Asian Canadians focus more on their somatic symptoms of psychological distress and tend to seek medical help for those symptoms because they are more familiar with medical help compared to psychological help (Loo et al., 1989). In addition to seeking medical help, Asian Canadians also tend to seek community and culturally based help (Loo et al., 1989).

Many earlier studies have found that the elderly are underdiagnosed with depression (Lebowitz et al., 1997; Maletta, Mattox, & Dysken, 2000; Reynolds, Alexopoulos, Katz, Leibowitz, 2001). Diagnosing the elderly with depression can be difficult because they usually seek help from their primary care physicians rather than their mental health practitioners (Brody & Maddox, 1988; Goldstrum et al., 1987). In addition, physicians, whom the elderly seek out for services, often do not think that mental health referrals are necessary (Mechanic, 1990), because they believe in their ability to manage their patients' antidepressant therapy (Gallo, Ryan, & Ford, 1999). In this regard, there is a conflict between physicians and their beliefs in mental health services that prevents their patients from receiving proper mental health care. Gallo et al.'s (1999) study on the elderly helps to explain why the elderly are more familiar with medical services especially when physicians do not always make metal health referrals when it is necessary.

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Image 40. References Page (Part 1/10)



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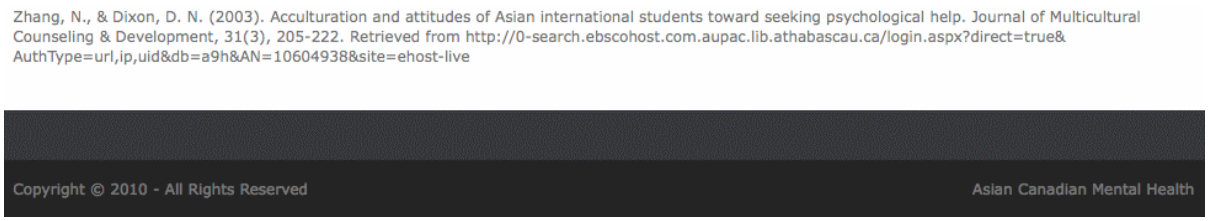
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Implications

Through using the website, visitors will become more aware and more understanding of the counselling services offered in their community. The information obtained from the comprehensive literature review provides a strong foundation for the website. This website will be accessible to anyone and provides anonymity for visitors who access it. Visitors of the website who are in need of counselling services should be less hesitant to access counselling services once they have acquired the education and read Asian Canadians' personal stories of mental health, which are provided on the website.

This website will also benefit counsellors working with the Asian Canadian population. The website will enhance counsellors' understanding of, and sensitivity to, the counselling needs of Asian Canadians. For instance, counsellors will be educated on the "model minority" assumption of Asian immigrants and how it may play a role in the way counsellors work with Asian immigrants. Counsellors can also use the information gathered in the literature review to create similar websites to address the needs of the non-dominant population that are representative of their community. In other words, this website can serve as a template for use with other non-dominant cultural groups. Alternatively, counsellors can use the materials presented on the website to promote awareness and educate their colleagues on how to engage Asian Canadians in counselling. Being more aware of the needs of Asian Canadians, counsellors may reflect on their current approach to counselling and whether they

need to incorporate aspects of different counselling approaches to meet the needs of non-dominant groups in the community they serve.

This literature review will provide the research community with a valuable resource for future researchers interested in the experience of Asian Canadians in Counselling. This review will add to existing literature on multicultural counselling and further reinforce the importance of integrating multicultural counselling courses as part of the counselling curriculum. This review may also serve to inspire future researchers interested in examining the usage rate of other non-dominant cultural groups. For any future researchers interested in this particular area of research, they can use the references section of this review as a place to start searching for their research materials.

The website will benefit the general public. Asians often immigrate to Canada without being exposed to counselling services in their country of origin; therefore, they have limited understanding of mental illness and counselling services. This is where the website will help promote awareness of why Asian Canadians underutilize counselling services and encourage policy-makers and people in the healthcare domain to address the need, advocate, and fund this type of health promoting research projects across Canada. The website will also shed light on the insufficiency of counselling services being accessed by Asian Canadians. Anyone who is interested in promoting the mental health of Asian Canadians is welcome to browse through the website. Visitors of the website may raise important questions and offer constructive feedback, which can be addressed and integrated to improve the website. By browsing the website, other cultural groups may raise similar needs and demands in regards to counselling services. Finally, promoting awareness and understanding of counselling services to Asian Canadians will also lead to better mental health, and therefore, a better

quality of life experienced by this particular group of people and all other members of society they come in contact with.

It is important to note that most of the literature reviewed for this project examined the experiences of Asian Americans or Chinese Americans; thus, the results may not fully generalize to Asian Canadians. From the review of the literature, Asian Americans are faced with a variety of presenting concerns, which may be applicable to Asian Canadians due to the similarities between Canadian and American society, economy, and culture. A key similarity is that both United States and Canada can be broadly conceived as individualistic cultures. One of the differences between the United States and Canada is that Canada has embraced multiculturalism while the United States has subscribed to the melting pot model (Arthur & Collins, 2005). The melting pot focuses on the *Americanization* of immigrant groups (Atkinson, 2004). This process involves immigrant groups giving up their original cultural beliefs, values, norms, and traditional practices and replacing them with that of the dominant culture (Atkinson, 2004).

From the literature reviewed, it can be suggested that it is important to improve counselling professionals' competencies in multicultural counselling specific to the needs of Asian Canadians. There is still much research that needs to be conducted in order to better understand how to counsel Asian Canadians, especially given that most research has examined the experience of Asian Americans, and thus may not fully generalize to the Asian Canadian population. For instance, there is little research that examines Asian Canadians' experiences of using mainstream mental health services. In addition, there is a lack of research on first and second generation Asian Canadians use of mental health services.

Dispelling the stigma associated with seeking professional psychological help is an issue that cannot be ignored. According to Health Canada (2002), the stigma attached to mental illnesses presents a serious barrier in regards to diagnosis and treatment of mental health issues and also to the acceptance of these individuals in the community. From the literature reviewed, most of the research provided evidence supporting that Asians who are low in their acculturation level have negative attitudes toward counselling. It would be helpful for researcher to address possible relationships between stigma and the Asian community's negativity towards counselling. In the future, it would be beneficial to use psychoeducational interventions to promote awareness and to reduce barriers to counselling services among Chinese Canadians. One such future intervention could be to host group workshops, a format that may be suited to the collectivist nature of Asians society. In the workshop, clients can be educated on the benefits of counselling and share successes of past clients (Kim et al., 2005). This would allow for what Fisher et al. (1998) suggested, which is that the "counselor may raise the client's expectations for success in therapy by working to become a more credible source for help" (p. 553). This would allow Asians attending the workshop to ask question to dispel any myths they have of the counselling process and to ask questions that may assist them to ease their uncertainty of seeking counselling services.

Since the underutilization of mental health services statistics of Chinese Canadians are quite alarming, it is time to attend to this ever-growing population as they are often overlooked due to their model minority status.

Conclusion

From the literature reviewed, it is clear that the continued underutilization of counselling services by Asian Canadians can have a negative impact on the mental health of

Asian Canadians. Thus, it is the social responsibility of psychologists to educate themselves on the particular needs of Asian Canadians and to encourage psychological help-seeking behaviours. Thus, the website was created to help fulfill this social responsibility by promoting counselling services and increasing awareness of counselling services offered to Asian Canadians.

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