

The Differences in Attitude Toward Mental Health Services Between Japanese and American College Students

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Abstract

To examine the different patterns in utilization of psychological services between Japanese and American college students, a total of 316 American students (122 men and 194 women) and 362 Japanese students (147 men and 215 women) participated in this study. We used the following psychological instruments: Attitude Toward Seeking Professional Psychological Help scale, Interpersonal Openness (openness regarding professional psychological help) and Confidence Self-construal scale, Sex Role Inventory, and Recognition of Psychological Help. This study concluded that collectivism is a significant predictor of recognizing the need for mental health services in the U.S., while it is not in Japan. Compared to American and female participants, Japanese and male participants feel greater stigmas toward mental health professionals. Openness to psychological help collectivism was a significant predictor for openness among the American sample, while it was not in the Japanese sample. Collectivism was a significant predictor for openness among the American sample, while it was not in the Japanese sample. Individualism was a significant predictor for confidence in America, but it was not in Japan. As predicted, Japanese participants feel greater stigma and less recognition, openness, and confidence toward mental health services than Americans. It is important for mental health professionals to educate college students that individual who seek help have high masculine traits to ameliorate the negative attitude toward mental health professionals.

Keywords: help seeking behavior, sex, attitude, openness, confidence, collectiveness, individualism

1. Introduction

The prevalence of psychological and behavioral problems in the U.S. has been well documented. For example, it is estimated that the incidence of one-year psychological and addictive disorder rates ranged from 19% to 30%, and lifetime prevalence rates are approximately 50% (Kessler et al., 1994; Narrow et al., 2002; Regier et al., 1984). Similar problems have also been reported in Japan. Although prevalent studies of psychological and behavioral disorders among the Japanese are limited, a few studies (Kitamura, 1998; Nakane, 1995) reported that the lifetime prevalence of major depression was 19%. According to Nakane, about 5% of outpatient visits were for generalized disorder, 3.7% were for alcohol dependence syndromes, and 2.6% were for depression.

Due to the pervasiveness of mental health problems in both the U.S. and Japan, previous researchers have examined the utilization of mental health services. In the U.S., such studies have clearly shown considerable evidence that Asian Americans underutilize mental health services (President' Commission, 1998; Sue & McKinney, 1957), despite the fact that they are subjected to all the stressors experienced by any ethnic minority group (e.g., cultural conflict, racism, and generation conflict) in addition to stressors experienced by non-minorities. Furthermore, like other ethnic minority groups, Asian Americans who use mental health services have a significantly higher dropout rate than white clients (Sue, 1997; Yamamoto, James, & Palley, 1998).

To understand the different patterns in utilization of psychological services among cultures, researchers have examined various factors that may be related to help-seeking behavior. Factors related to the conflict between Asian-American values, psychotherapy process, and individuals' attitudes toward seeking professional psychological services have been identified. With respect to the conflict between cultural values and the

psychotherapy process, Root (1995) suggested that talking to a mental health worker about psychological problems may be viewed by Asian Americans as bringing disgrace to their families. Asian Americans simply may not view psychological services as a credible source of help. Supporting this notion, Atkinson, Ponterotto, & Sanchez (1984) found in a study of one Asian American group that Vietnamese Americans had less positive attitudes toward psychological services than did their Anglo American peers.

The vast majority of researchers who examine differences between Asian Americans' and Anglo Americans' attitudes toward mental health professionals suggest that differences in cultural values might be responsible for the differences in attitudes toward mental services. For instance, researchers have examined the effect of acculturation on attitudes toward mental health professionals and found that acculturation mediates such attitudes. That is, Asian American participants who are more acculturated to Anglo American culture have more positive attitudes toward mental health services (Atkinson & Gim, 1989). However, the effect of acculturation cannot be used in cross-national studies because, strictly speaking, acculturation is in fact "the modification of the culture of a minority group or individual as a result of contact with a majority culture (Berry, 2002, p. 26)." Thus, it is not appropriate to examine the effects of acculturation on attitudes toward mental health services using Japanese individuals in Japan because they are the majority group here. Instead, an examination of individualism/collectivism is appropriate because this dimension reflects individuals' tendencies to act on their cultural values. Because Anglo American culture is considered an individualistic culture while Asian culture is a collective culture, the effect of individualism/collectivism is useful in exploring the different patterns in attitudes toward mental health services cross-nationally. Therefore, the first and second hypotheses of this study are the following:

Hypothesis 1: Different patterns in attitudes toward mental health services exist between citizens of Japan and the U.S. In particular, the Japanese tend to show more negative attitudes toward mental health services than Americans.

Hypothesis 2: The level of individualism/collectivism mediates the difference in attitude toward mental health services between the U.S. and Japan.

Another variable influencing utilization of mental health services is gender. A large amount of empirical research supports the popular belief that men are reluctant to seek help from health professionals, using the theory of genders socialization. That is, in Western societies, "real" men are supposed to be self-reliant, stoic, emotionally controlled, competitive, independent, and successful, while women are supposed to be dependent, emotionally expressive, affectionate, and passive (Addis & Mahalik, 2003). For instance, Berger, Levant, and McMillan (2005) found that men who scored higher on measures of traditional seeking. Supporting this finding, they further found that older men tend to be more egalitarian than young men. Researchers concluded that masculine ideology predicted attitude toward mental services. Currently, the effect of gender on the attitude toward mental health services has shown mixed results in cross-cultural studies. We suspect that such mixed results are due to the exclusion of examining the effect of masculinity/femininity on attitudes toward mental health services. Thus, this study will test the function of masculinity/femininity on attitudes towards mental health professionals. The specific hypothesis is:

Hypothesis 3: Masculinity will predict negative attitudes toward mental health services, while femininity will predict positive attitudes toward mental health professionals.

2. Research Methodology

2.1 Participants and Procedure

A total of 316 American students (122 men and 194 women) and 362 Japanese students (147 men and 215 women) participated in this study. The American participants were undergraduate students majoring in psychology, while the Japanese participants were undergraduate students from four universities in Japan. For the Japanese data, college professors and instructors who are members of the Japanese Society of College Mental Health were invited to help in collecting data. Four professors and instructors from different universities agreed to collect data in their personal classes on a volunteer basis. The translated version of all measurements and informed consent was given to the volunteer participants.

All international students were excluded from the American and Japanese participant groups for this study. The demographic survey indicated that the American participants (Mean=21.63 years old, SD=5.11, range=18 to 57) tended to be slightly older than the Japanese participants (Mean=19.20 years old, SD=2.45, range 18 to 50); however, the difference in age between American and Japanese participants was not significant. Although previous counseling experience has been found to moderate help-seeking from mental health professionals

(Solberg, Ritsma, & Davis, 1994), only three Japanese participants had past experience with professional counseling. Therefore, previous counseling experience was not included in the further data analysis of this study.

2.2 Materials

Translation. All scenarios and measures used in this study were translated from English into Japanese by a professional translator. Materials in Japanese were translated from Japanese into English by a Japanese university instructor fluent in English and Japanese. This individual was not shown the original English version. The original materials and reverse-translated materials (English version) were evaluated by a bilingual psychologist to make sure that the translations were accurate, and content was the same. The analyses of the psychometric properties of the translated version of the scales and English versions are reported in the results section.

2.3 Dependent Measure

Attitude toward seeking professional psychological help scale (ATSPPHS; Fischer & Turner, 1970).

The ATSPPHS is designated to measure participants' attitude toward seeking professional help and has been widely used cross-nationally (i.e., Al-Darmaki, 2003; Kim & Omizo, 2006; Yamawaki, 2007). This 29-item scale is comprised of four subscales: *Recognition* (recognition of the need for seeking professional help from professionals), *Stigma Tolerance* (tolerance of any stigma attached to seeking professional psychological services), *Interpersonal Openness* (openness regarding professional psychological help), and *Confidence* (confidence in the efficacy of mental health professions in general). Items were rated on a Likert scale ranging from one (*strongly disagree*) to four (*strongly agree*). High scores indicate a negative attitude toward seeking help from mental health professionals. The reported internal consistency of this scale ranged from .83 to .86, with test-retest reliability coefficients ranging from .84 to .89 over an eight-week and a two-week period (Simonsen, Blazina, & Watkins, 2000). In this study, the Chronbach alphas of recognition, stigma, openness, and confidence for American participants were .82, .63, .65, and .64, respectively, while the values for Japanese participants were .59, .63, .71, and .70 respectively.

2.4 Measure of Moderators

Self-construal scale (SCS; Singelis, 1994). The aim of SCS measures the strength of one's interdependent and independent self-construal. This scale consists of 24 items: twelve items measure interdependent self-construal, while the other twelve items measure independent self-construct. Participants were evaluated on a nine-point Likert scale ranging from one (*strongly disagree*) to nine (*strongly agree*). All items were summed for each subscale, with higher scores indicating the strength of respondents' interdependent and independent self-construct. The coefficient alphas for the independent self-construal measure were .72 for Japanese and .70 for American data; the interdependent self-construal measure was .66 for Japanese and .70 for U.S. data.

Bem Sex Role Inventory (BSRI; Bem, 1974). The BSRI is designated to measure the respondents' gendered personality disposition. It consisted of 60 adjectives on which respondents rate themselves on a seven-point Likert scale, ranging from *never or almost never true* (1) to *always or almost always true* (7). Feminine and masculine scores are then calculated for each respondent and assessed to assign sex-role classification. The coefficient alphas for the masculinity subscale were .86 for Japanese and .87 for American participants; the femininity subscales were .74 for Japanese and .80 for U.S. data.

3. Results

3.1 National and Gender Difference on Attitude Toward Mental Health Services

To examine the different patterns in attitudes toward mental health services between Japan and the U.S. a 2 (country) x 2 (gender) MANOVA was performed on recognition, stigma, openness, and confidence. In line with our hypothesis, there were significant main effects for each country. The follow-up univariate tests indicated that Japanese participants tend to possess less recognition of the need for seeking psychological help, are less open to professional psychological help, less confident in the efficacy of mental health counseling in general, and find greater stigma attached to seeking professional psychological services compared to American participants.

The main effect for gender was also found from this analysis. The follow-up ANOVA showed that male participants tend to hold less recognition, less confidence, and greater stigma compared to female participants. No interaction effect was found.

The Effects of Individualism, Collectivism, Masculinity, and Femininity

To determine the effects of country, participant gender, femininity/masculinity, and interdependent/independent self-construal on perceptions of attitude toward mental health services, we constructed four hierarchical

regression models. In each model, the dependent variable was one of the four subscales of the ATSPPHS (recognition, stigma, openness, and confidence), and the independent variables were country, sex, interdependent self-construal (interdependent SC), independent self-construal (independent SC), femininity, and masculinity. All variables were first centered prior to analysis (as recommended by Jaccard, Turrisi, & Wann, 1990). The first step in each model involved entering the six independent variables as tests of the main effect for each variable. Two-way interactions between the country variable and measures of interdependent SC, independent SC, femininity, and masculinity and between sex and the measures of interdependent SC, independent SC, femininity, and masculinity were entered in the second step in each model. Results from each these are discussed below.

Recognition of Psychological Help. Individuals who scored high on femininity and collectivism and low on masculinity and individualism tended to recognize the need for psychological services. Collectivism is a significant predictor on recognizing the need for mental health services in the U.S., while it is not in Japan.

Stigma Tolerance. Individuals who scored high on masculinity and individualism and individuals who scored low on collectivism and femininity tend to show greater stigmas toward mental health professionals. Compared to American and female participants, Japanese and male participants feel greater stigmas toward mental health professionals.

Openness to Psychological Help. Individuals who are high on femininity and collectivism and low on masculinity individualism tend to be more open to psychological services. American participants showed greater openness toward psychological services than Japanese participants. There was no effect of participants' sex on openness. There were interaction effects of country x individualism and country x collectivism. Simple effects revealed that collectivism was a significant predictor for openness among the American sample, while it was not in the Japanese sample. While individualism was a significant predictor in both Japanese and American samples, the degree of effect was different.

Confident in Mental Health Professionals. Individuals who are high on femininity and collectivism and low on masculinity and individualism tend to hold greater confidence in psychological services. Compared to Japanese and male participants, American and female participants feel greater confidence toward mental health professionals. There were interaction effects of country x individualism and country x collectivism. Individualism was a significant predictor for confidence in Americans, but it was not in Japan. People who scored high on collectivism have greater confidence in services in Japan, but people who scored low on collectivism have greater confidence in services in America.

4. Discussion

Overall, our hypotheses were supported from this study. As predicted, Japanese participants feel greater stigma and less recognition, openness, and confidence toward mental health services than Americans did. Furthermore, in line with our research hypothesis, male participants tend to show greater tolerance and less recognition and confidence toward mental health services than female participants. Interestingly, there was no difference between male and female participants on openness. The significant predictor of overall negative attitudes toward mental health professionals was the degree to which individuals held feminine and masculine traits. This result suggested that individuals who hold masculine traits, rather than their sex, tended to show negative attitudes toward mental health services. It is important for mental health professionals to educate college students who have high masculine traits to ameliorate their negative attitudes toward mental health professionals.

One of the major findings from this study was the different roles that individualism and collectivism play in Japan and America on attitudes toward mental health professionals. In the U.S., since it is widely believed that acculturation to the American culture (individualistic culture) from Asian culture (collectivistic culture) is associated with negative attitudes toward mental health services, Asian Americans (collectivistic culture) tend to underutilize mental health services. However, the results of this study related to attitudes toward mental health services show that, in some cases, individualism and collectivism did not predict the openness to, recognition of, and confidence in mental health professionals in Japan, while they were significant predictors in America. This suggests that although collectivism and individualism are important factors to ameliorate negative attitudes toward mental health services, they may not be helpful factors to reduce negative attitudes toward mental health services in Japan. Other cultural factors may influence negative attitudes toward mental health services in Japan.

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