

A Qualitative Study of Family Therapy Utilization Barriers for Chinese Americans

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Abstract

Although there is abundant research on the underutilization of mental health services by Asian Americans, there is limited research on the utilization patterns of family counseling services by the Chinese American population. Moreover, there is even less research that examined the perception of Chinese Americans toward family counseling and how that perception affects their utilization of family counseling services. With the intention to explore Chinese Americans' sentiments toward the field of family counseling, this qualitative study investigated what knowledge they had about the profession and how they would feel about seeking counseling services for their relationship problems. Using the guiding theoretical framework of phenomenology, in-depth interviews were conducted with eight individuals and were coded for themes. Findings indicated that Chinese Americans had a need for family counseling but cultural inhibitions about seeking counseling services and concerns such as financial burden and lack of convincing results served as utilization barriers. Implications for clinical practice, including barrier-removal ideas, and suggestions for future research are included.

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CHAPTER 1: INTRODUCTION

The Problem and Its Setting

In the last half a century, due to a variety of political and historical reasons, many Chinese have progressively migrated to the United States and have steadily become a significant minority group in this country. According to the 2000 Census, there were 2.3 million people who identified themselves as Chinese, and an additional 0.4 million people who reported being Chinese and of at least one other race or Asian group. The 2000 Census also found that the Chinese were the largest Asian group in the United States, comprising approximately 23 percent of the 11.9 million people who identified themselves as Asians. The Chinese are one of the fastest growing minority groups in the United States. According to Jung (1999), the number of Chinese grew more than seven fold between the 1960s and the 1990s. In more recent decades, because of immigrants from Mainland China, the growth of the Chinese Americans has sustained a high rate.

Even though the Chinese are one of the larger and faster growing minority groups in the United States, limited research has addressed the family relations and dynamics of Chinese-American families. Such lack of research may be due to some misconceptions about Chinese families. Wang (1994) stated that people frequently considered the Chinese as either mysterious, or as a "model minority" for being self-sufficient, well-adjusted, and not in need of social support or mental health services. This view was supported by achievements in occupational, educational, and economic spheres and low rates of criminal activity, juvenile delinquency, and divorce (Sue et al, 1995). Similarly, data obtained from the 2000 Census also supported the public opinion that the Chinese as a group were faring well in the American society.

Although statistically they may appear as a “model minority” and their stereotypes may have hindered an accurate assessment of their adjustment, research findings strongly suggest that some Chinese Americans do have significant mental health issues and are in need of social support. Sue and Zane (1985) found that a relatively large proportion of Chinese individuals had little education, lived in poverty, and exhibited mental health problems. The large-scale Chinese American Psychiatric Epidemiological Study (CAPES) – a study conducted in the mid 1990s using a sample of 1747 Chinese American households in the Los Angeles area – also concluded that Chinese Americans had moderate levels of depression (Takeuchi et al, 1998). According to the CAPES results, the lifetime rate of major depression episode for Chinese Americans was 6.9%; 3.4% of the respondents had an episode in the past 12 months. Approximately 5.2% of the respondents experienced dysthymia in their lifetime; 0.9% had experienced it within 12 months of the interview (Takeuchi et al, 1998). Studies of Chinese American students have also reported high rates of anxiety among this population (Lee & Mock, 2005). Additionally, one study using the Minnesota Multiphasic Personality Inventory (MMPI) to generate comparisons between Asian-American and non-Asian college students revealed that Chinese and Japanese students seemed to have problems involving somatic complaints, family discord, and social introversion, but underutilized clinical services (Sue & Sue, 1974). Clearly, these studies demonstrated a need for mental health services among Chinese Americans.

Significance of the Study

It is evident that Chinese immigrants and Chinese Americans living in the United States have mental health issues and may experience family or relationship problems similar to other ethnic minority groups. Unfortunately, it seems that there is limited available evidence to determine how severe their need for various types of services is. Due to a lack of in-depth

information regarding Chinese families' cultural inhibitions toward family services, therapists also may find it difficult to provide assistance to the Chinese families who need help.

Research has been gathered regarding the mental health underutilization by Asian Americans. For instance, according to Uba (1994), a study on 17 Seattle-based community centers over a 3-year period revealed that Asian Americans constituted 2.4% of the total population in the area but only 0.7% of the patient population in the mental health centers. A more recent study conducted by Abe-Kim and colleagues (2007) provided insightful information regarding the utilization of mental health services specifically by Chinese Americans. According to this study, about 7.3% of the sampled Chinese Americans sought mental health-related services versus 17.9% by the general population. (Utilization for sampled Asian Americans was 8.6% according to the same study.) Other studies have also concluded that Asian Americans underutilized mental health services (Lu, 1996; Ray-Mazumder, 2001; Nguyen & Anderson, 2005). However, Abe-Kim and colleagues (2007) reported that the number of reliable studies was still too low, as most of them have been based on unrepresentative samples and have focused on a limited number of psychiatric disorders, to help fully understand the mental health service use among immigrant and US-born Asian American populations.

Information on utilization of family therapy and counseling services is even more limited. Searching academic and scholarly databases revealed little data resulting from studies conducted specifically on family or relationship counseling among Chinese Americans. Due to this overall lack of knowledge on Chinese Americans' need for family therapy and mental health services in general, and the lack of a deeper understanding of their underutilization of such services, Chinese families in turn reported feeling neglected by social service/mental health institutions and complained that American professionals did not understand the stress of those who grew up in an

oriental cultural background (Wang, 1994). This study will explore possible utilization barriers among Chinese Americans, as well as methods for breaking down those barriers to services for Chinese Americans living in the United States.

Theoretical Framework

The theoretical framework that will guide this qualitative study is phenomenology. A phenomenological perspective will be used to assist participants in elaborating their answers and providing in-depth descriptions of their experiences.

Phenomenology is a qualitative research method originally developed by Edmund Husserl, a German mathematician and philosopher, based on the principle that scientific knowledge began with a fresh and unbiased description of its subject matter (Wertz, 2005). Husserl broadened the concepts and methods of modern science by including the study of consciousness and profoundly influencing philosophy and the social sciences throughout the 20th century. Husserl also formulated scientific methods that were uniquely fashioned to assist psychological researchers in the investigation of human experience and behavior (Wertz, 2005).

Phenomenology, as developed by Husserl, consisted of two major concepts that guide this study. The first of these concepts, according to Wertz (2005), delivers the researcher to the natural attitude in the pre-scientific life-world, that is, to the unreflective apprehension of the world as it is lived, precisely as it is encountered in everyday affairs. Using the natural attitude, one does not notice the conscious and experiential processes through which the world is objectively given, does not reflect on its meanings, and does not attend to the subjective performances that constitute the world's meanings (Wertz, 2005).

The second concept from phenomenology which will also guide this study is that participants are the experts of their own experience. An important objective of the

phenomenological approach is to describe and understand the experience of the participants through exploration of the meaning behind relationships and everyday life events (Boss, Dahl, & Kaplan, 1996). In other words, the ultimate goal of phenomenology is to understand how the different aspects captured with the natural attitude are constituted into the actual issue as experienced by the participants. The experiences themselves and the impact of said experiences on our participants – emotions, beliefs, expectations, etc. – will allow us to shift the issues being explored from straightforward encounters to a reflection on the meanings of the issues (Wertz, 2005).

Finally, according to another phenomenological philosophical assumption, it is important that the researcher become part of and constantly reflect on the issue being explored. Boss and colleagues (1996) suggested that it was a necessity for the researcher to be continually reflecting upon and questioning his or her own process when it came to the queries of the study, and it was preferable to have someone assist the researcher in doing this. Thus, the phenomenologist as analyst might study himself or herself as an ordinary subject dissecting his or her own self-consciousness and action schemes.

Purpose of the Study

The underlying goals of this study are to increase understanding of the barriers to family services utilization and identify possible methods for removing some of those barriers in the Chinese American community. This study will add to the existing research on Asian Americans and mental health underutilization. The identified methods for removing underutilization barriers could help family counseling professionals to better outreach to Chinese Americans who may be in need of help but are not proactively seeking help. Finally, this data will hopefully assist mental health workers, family therapists, doctors, social workers, and others to find

culturally sensitive ways to work with Chinese Americans seeking professional family services.

The following is the research question that guides this study:

- What are the barriers to the utilization of family and relationship counseling services by Chinese immigrants and Chinese Americans living in the United States?

CHAPTER 2: LITERATURE REVIEW

This chapter provides a review of the literature relevant to this qualitative study of Chinese immigrants and Chinese Americans living in the United States. The following subjects will be discussed: (1) history of Chinese migration to the United States, (2) the Chinese family structures, (3) Traditional Chinese Americans' view towards illness and prevention, (4) Chinese Americans' view on mental health disciplines, (5) immigration and acculturation, (6) reasons for Chinese Americans' underutilization of mental health services, and (7) other factors of service utilization.

History of Chinese Migration to the United States

The term Chinese American is widely and broadly used depending on cultural and political circumstances, but in general it is defined to include not only people from mainland China, Hong Kong and Macau and their descendants but also immigrants and descendants of people from Taiwan as well as overseas Chinese (Vietnam, Singapore, Malaysia, etc.) who have immigrated to the United States.

According to the US Department of Homeland Security (2007), the first official records of legal permanent resident immigrants were documented in 1820 based on the U.S. government records. Between the years of 1820 and 1829, there were 3 permanent immigrants from China. Fewer than 1,000 are known to have arrived before the 1848 California Gold Rush which attracted the first significant number of laborers from China who performed menial work for the gold prospectors (Chang, 2003). Most of the early immigrants were young males with low educational levels from the Guangdong province of China.

Chinese people were some of the early immigrants to live in the U.S., but then were banned from emigrating between 1885 and 1943 – when the Chinese Exclusion Act was repealed.

Immigration of Chinese was heavily restricted until 1965. During the 1970s, the majority of Chinese immigrants came from Hong Kong and Taiwan, also known as the Republic of China, with relatively few immigrants coming from mainland China, which almost completely banned emigration for most of the 1960s and 1970s (Department of Homeland Security, 2007). During the 1980s, in part due to the liberalization of emigration restrictions, immigration from the mainland China started to become a larger source of ethnic Chinese immigration into the United States.

The Chinese Family Structures

In the Chinese culture, the family, rather than the individual is the major unit of society (Lee & Mock, 2005). The stereotypical view of the traditional Chinese family was that of a large extended family, with several generations and immediate families all living under one roof, being a self sufficient and self-help institution for its members, providing care for the young and old (Guo et al, 2007). Behaviors that disrupted the family harmony were discouraged. The family was patriarchal and males had dominant roles. Men were allowed to have several wives and concubines. The spousal relationship was not as important as the parent-child relationship. Filial piety was applauded. Respect, shame, and face saving were measures used by parents as means of control. The father usually played the role of a stern disciplinarian, while the mother was affectionate and caring. The eldest son was expected to carry on the family name while the eldest daughter was expected to assist in chores and attend to younger siblings. The ideal Chinese family was a so called “big family”, which might be headed by an elder patriarch and his wife, and include their many sons and their wives, and the children of all these people, including perhaps some adult sons who already had wives, but not counting any daughters who had married out and become members of other families (Jordan, 2006).

Mothers in traditional Chinese families were seen as self-sacrificing, suffering, and over involved with their children. Throughout their lifetime, women were to be seen in relation to men – their fathers, brothers, husbands, and sons. The value of women was judged or measured by their ability to produce male heirs and serve the in-laws. Grandparents and extended family members had a significant influence on family life. Because of the strong family bond, many sons never left their parents during their adult lives, and took care of their aging parents. Parents, hence, never experienced the “empty-nest” period in their family life cycle (Lee & Mock, 2005).

In the last decades, the traditional Chinese family has undergone remarkable transformation due to political and socioeconomic factors in Asia and in the United States. In mainland China, since the Communist takeover in China, a one-child family system has replaced the traditional extended family system (Lee & Mock, 2005). During the 10 years of the Cultural Revolution period, many families suffered forced separation. Red Guard youth soldiers openly challenged their parents and teachers; filial piety and respect for the elderly no longer dominated life in China. Taiwan and Hong Kong, after the World War II, underwent rapid growth in light industry and exports due to Westernization. The forces of industrialization and economic affluence brought massive changes in the Chinese social and family structure. Although the older Chinese still embodied some traditional beliefs, the younger generation has shown some rejection of conservatism and traditionalism (Lee & Mock, 2005).

There are some noticeable changes in the contemporary Chinese American families from the traditional ones. First, the traditional Chinese extended family has gradually been replaced by a more nuclear family. Because many Chinese migrate to America alone or only with their immediate family members, the concept of “big family” is lost among Chinese Americans. Second, the traditional patriarchal family has transitioned into one where the mother shares

decision making with the father. Third, the parent-child dyad has diminished in importance while the husband-wife relationship has increased. Moreover, the favoring of sons has decreased. For Chinese living in the United States, daughters now attain comparable education and careers and are also counted on to care for their aging parents. In addition, adult children now leave home creating the empty-nest phase. Furthermore, successful childrearing is now measured mostly by children's academic and career achievements. Finally, the earning power is no longer solely the father's responsibility, but is shared with the mother and other adult family members (Lee & Mock, 2005). Understanding the impact of the changes to traditional Chinese family structure brought by westernization and industrialization and the resulting conflicts may provide more insights into family relations and dynamics of Chinese-American families.

Chinese Traditional View on Illness and Prevention

In order to better understand the barriers of underutilization of mental health services by Chinese Americans, it is necessary to understand how the Chinese traditionally viewed and perceived illnesses. These perspectives, although traditional, are still deeply rooted in many Chinese people's minds today and are often conflicting with the contemporary, western medical concepts and practices that have also been brought to them in the last few decades.

In some Asian cultures, the perspectives towards illnesses and their prevention are highly influenced by their traditional spiritual and religious beliefs. For instance, according to some traditional Asian medical perspectives, illnesses are classified into three categories: (1) naturalistic – caused by spoiled food, germs, etc., (2) supernaturalistic – dispensed by gods, demons, spirits to punish violation of religious/ethical codes, and (3) metaphysical – arising from philosophy that health is the perfect equilibrium of two opposite elements, hot and cold, and that illness is resulted from an imbalance (Amodeo et al, 1996).

Like other Asians, Chinese Americans' views of mental illnesses also seem to be highly influenced by their religious and spiritual beliefs towards the concepts of health and disease.

There are several reasons why the Chinese perspectives of mental illness and emotional problems could potentially create barriers to their seeking of mental health services.

According to Lee and Mock (2005), the Chinese believe that illnesses, especially mental and emotional ones, are caused by the imbalance of yin and yang and the disharmony in the flow of Chi. To many Chinese, the vital energy in each human being interrelates with the energy of the universe, Chi, and is kept in balance by the yin and the yang, which are two opposing forces that are bound together, intertwined, and interdependent in the natural world. The concept of yin and yang lies at the heart of many branches of classical Chinese science and philosophy, as well as being a primary guideline of traditional Chinese medicine (Porkert, 1974).

Mental illness can sometimes be seen as a supernatural intervention based on Chinese religious beliefs. In other words, mental illness can be viewed as negative karma which is caused by deeds from past lives or punishment from God, or as spiritual unrest meted out to individuals through the agency of a ghost or vengeful spirit (Lee & Mock, 2005). In addition, mental illness can also be seen by the Chinese as a genetic vulnerability or hereditary defects caused by bad genes passed down or a tainted hereditary lineage (Lee & Mock, 2005).

It should also be noted that mental illness prevention may be a new concept to many Chinese Americans. According to Amodeo and colleagues (1996), because many Asians came to the United States from rural areas, they learned not to rely on hospitals and trained medical personnel. Therefore, it may be difficult for them to learn to rely on therapists and other professionals on the treatment of mental health or family issues.

Finally, according to Lee and Mock (2005), mental health is traditionally thought by the Chinese to be achieved through self-discipline, exercise, will power, and the avoidance of morbid thoughts. People who are born with weak character will not be able to practice these disciplines and are more vulnerable to emotional problems.

The insight into Chinese traditional belief systems of mental illness can be critical to the understanding of Chinese Americans' reluctance to seek assistance from professionals or any other people in the event that they face psychological or emotional health difficulties. If illnesses are seen as either naturalistic phenomena or God/spiritual interventions, then it is logical that the ill individuals would strive on making peace with the spiritual world. It would probably be more likely that they would seek help from spiritual leaders before they would seek advices from mental health professionals. In the situations where illnesses are seen as weakness of hereditary lineage, it does not seem that the power of change would fall on the individual and hence there would seem to be little motivation to obtain mental health services. Finally, if illnesses are believed to be a weakness of character, it may provoke the individuals to feel shame and focus on using self-power or family resources to resolve the issues.

Chinese Americans' View on Mental Health Disciplines

Dealing with psychological problems

Many mental health disciplines recognized in the United States may not be widely accepted or recognized in Asian countries. As a result, Chinese Americans may have the tendency to deal with their psychological problems without seeking professional mental health counseling. According to Lee and Mock (2005), traditional families usually seek help from family members first because it is considered the collective responsibility of the family to take care of the disturbed member as long as possible. The family tries to deal with the problem by

denying or minimizing the seriousness of the illness or exhorting or reasoning with the patient to “correct” his or her behaviors. When the family and the troubled person are not able to solve the problem, they may turn to trusted outsiders within the community such as spiritual leaders and community elders (Lee & Mock, 2005).

Perception of healing, treatment and the mental health professional role

Many Chinese immigrants and Chinese Americans seek help from mental health professionals only as a last resort, after they have exhausted all other resources, and usually come in for help in a state of crisis, with the expectation of an immediate “cure”. They expect a rapid diagnosis and do not understand the purpose of lengthy evaluation and the apparent lack of treatment in the initial session. Although some acculturated Chinese may expect insight oriented therapy, most of them expect more concrete help and an immediate improvement of their situation. They may also become upset with initial interviews that probe into their family and personal backgrounds, which in their view have nothing to do with the presenting problem. To reveal family secrets to an outsider also evokes a sense of guilt. Consequently, many Chinese clients may drop out of treatment. Some Chinese immigrants also believe in the importance of having good Chi and removal of bad spirits. Moreover, because the roles of a physician is more understood and respected, Chinese patients may expect mental health professionals to conduct themselves in the traditional role of physicians who prescribe medication (Lee & Mock, 2005).

Immigration and Acculturation

Immigrants often arrive in the United States with losses, separations, and unresolved grief while at the same time they are forced to adjust to a new and unpredictable environment. As members of minority ethnic groups, they have to learn and get used to the behavioral and value orientation of American culture. The problems encountered, such as language, transportation,

employment, housing, child care, and racism, can be overwhelming. Given the great diversity of languages, backgrounds, and immigration status among the Chinese in the United States, it is important to be aware of the impact of an immigrant's acculturation experience.

Generational level and age of immigration

Generational level or status is a significant factor of an immigrant's acculturation experience. For instance, one can anticipate that sixth-generation Asian Americans whose ancestors have lived in the United States for a century and a half will most likely have values and behaviors similar to sixth-generation European Americans and different from newly arrived first-generation Asian Americans (Kim et al, 1999). Research shows that the age at which Asians immigrated to the United States is also strongly associated with their mental health. For example, Chinese immigrants who immigrate after 20 years of age are nearly 1.5 to 3 times more likely to experience major depression than are those who immigrate before age 20 years (Takeuchi et al, 2007b). It is therefore important to make a distinction on generational levels of immigrants. For the sake of this study, "first-generation" refers to the immigrants themselves while "second-generation" refers to the initial generation of the family members born in the new country.

Somewhere between the first and second generations, is the term "1.5-generation", which is used to describe Asian Americans who immigrated to the United States as a child or an adolescent (Hurh, 1990). In the current literature, there is a lack of consensus on the age definition for the 1.5-generation group (Kim et al, 2003). The concept of 1.5-generation originated from the importance of an immigrant's age at the time of immigration. Although 1.5-generation immigrants are similar to first-generation people who immigrated as adults, a large portion of their developmental years was spent in the United States. They earn the label of "1.5-generation" because they bring with them characteristics from their home country but continue

their assimilation and socialization in the new country. Their identity is thus a combination of new and old culture and tradition. Hurh (1990) described these 1.5-generation individuals as biculturally competent for having high degrees of socialization in both the United States and their indigenous cultures and fluency in English and their indigenous languages. On the other hand, Kim, Brenner, and colleagues (2003) suggested that psychologists working with 1.5-generation Asian American clients should explore both their sense of excitement about the new country and the sense of loss that they might be feeling about leaving their extended families and friends, in order to better understand the tension that may exist between strongly maintaining memories of their country of origin and feeling the pressure to become a part of the new country. Hence, it seems important to incorporate the factors of generational level and age of immigration of participants during this study.

Reasons for Chinese Americans' Underutilization of Mental Health Services

As mentioned in the sections above, existing literature demonstrates that compared with other ethnic groups, Asian Americans living in the United States, including Chinese Americans, have significantly underutilized mental health resources. Although extensive search in scholarly databases revealed little information on the utilization or barriers to utilization of family therapy services by Chinese Americans, a number of studies and articles provided a summary of reasons why Asian Americans underutilized mental health services in general.

Cultural inhibitions about seeking mental health services

For Americans in general, there seems to be a stigma or shame associated with mental health problems. But some Asian Americans feel even more stigmatized by mental health problems than other Americans as they believe that having psychological problems is shameful and disgraceful (Uba, 1994). To be specific, less acculturated Chinese Americans, Japanese

Americans, and Korean Americans tend to feel more stigmatized when seeking mental health services than do their more acculturated counterparts (Atkinson & Gim, 1989).

An important finding from the study by Abe-Kim et al. (2007), which may be related to Asian Americans' cultural inhibitions towards mental health, was that second-generation Asian Americans were similar to first-generation immigrants in their patterns of service use, but starting from the third-generation, utilization increased drastically. In that study, utilization rates were 7.4%, 8.11%, and 19.3%, for first, second, and third-generation Asian Americans, respectively. The study further revealed that third (or later) generation Asians were more similar in their pattern of service use to the general population sampled in the NCS-R (19.3% vs. 17.9%, respectively), for seeking any service. This statistic strongly suggests that cultural factors, which may be passed more easily from the first-generation immigrants to their children than to a third generation, could possibly act as a major constraint on service utilization.

Client suspiciousness about treatment professionals and results

Asian American clients often enter treatment feeling unwelcome, fearful, and suspicious of non-Asian American therapists (Uba, 1994). This suspiciousness can potentially constitute a barrier to service utilization. Experiences that Asian Americans may have had with discrimination can make them acutely aware of being different (Uba, 1994). Asian American clients may also have the fear that services will not be confidential and if they are unfamiliar with the role of mental health professionals, Asian clients might not know about confidentiality standards in American psychotherapy. Finally, Uba (1994) stated that Asian clients feared that therapists had different treatment goals than they had for themselves and would be forced to adapt to American standards of behavior.

Shortage of culturally sensitive personnel

When therapists have views that are different from those held by their clients, are unaware of those differences or the bases of those differences, and encounter culture-related behaviors that are hard for them to understand, the therapists are apt to misinterpret their clients' behaviors as indicating psychopathology (Kitano, 1970). In other words, therapists who are not culturally sensitive may not have the ability to distinguish between psychopathology and the socio-cultural behaviors of their minority clients. As indicated by Sanders (1975), mental health professionals need to understand the history, traditions, communication styles, parental roles, gender roles, family responsibilities value systems, and religious practices in order to effectively work with Asian Americans. A great deal of research has revealed that bilingual, bicultural, or culturally sensitive mental health service providers are preferred by Asian Americans and are judged as more effective by Asian American clients (Uba, 1994). Therefore, the shortage of culturally knowledgeable or sensitive therapists could potentially be a barrier to Chinese Americans' receiving the necessary family services.

Lack of knowledge of available resources

Another reason that mental health services have not been sought by Asian Americans as much may be because of a lack of knowledge of the availability of such services (Chen, 1977). Ignorance of where to find mental health services could be a realistic problem for immigrants. There is a general lack of information on available resources due to a lack of culturally appropriate outreach to Asian American communities as well as a lack of coordination between mental health systems and those religious, health, and social services within the ethnic communities which could act for referral sources (Uba, 1994).

Lack of financial resources

The financial aspect of therapy can sometimes be quite cumbersome to treatment-seeking Asian Americans. Blignault (2008) stated that in China, there was an expectation that patients would pay for medical services, even when they were provided by the state. Therefore, some Chinese may not be willing to pay for mental health services especially if they are suspicious of their usefulness. Uba (1994) found that prospective Asian American clients usually did not know that most therapists charge on a sliding scale and that affordable psychotherapy could be found. Ray-Mazumder (2001) also found that lack of insurance among both male and female Chinese students precluded them from seeking health care in general. There may also be a lack of awareness regarding insurance coverage for family therapy or mental health services. Services provided for those who cannot afford private care can carry welfare connotations which would be shame-inducing, while receiving services at less than full-cost can conflict with Asian cultural values that emphasize the need to repay obligations (Uba, 1994).

Gender

Gender has been found to be a significant predictor of attitudes toward seeking professional psychological help among Chinese-American students in this study, with women having more positive attitudes than men (Tata & Leong, 1994). Socialization among Chinese Americans may make it more acceptable for women to acknowledge a need for help. Solberg et al. (1994) found that Asian-American women reported more likelihood to seek help in the area of academic concerns.

Social-network orientation

Social-network orientation has also been found as a significant predictor of attitudes toward seeking professional psychological help. According to Tata and Leong (1994), Chinese-

American students who had a more positive social-network orientation expressed more positive attitudes toward being open with a psychologist. Tata and Leong (1994) further stated that social-network orientation seemed to be connected not only to Chinese Americans' attitudes toward making friends and establishing a support system, but also to their attitudes about seeking professional psychological help and being open with their service provider. The construct of social-network orientation may be similar to a personality characteristic that an individual develops over time.

Current Study

The previous literature presented help provide some ideas of possible barriers to family therapy that Chinese Americans may experience. However, most of the studies were focused on Asian Americans rather than on Chinese Americans, and were conducted on utilization of general mental health services. This study will make a unique contribution to this line of research by specifically investigating the barriers Chinese Americans experience regarding utilization of family therapy.

Using a phenomenology based approach, this qualitative study aims to identify possible barriers to utilization of family services for Chinese Americans. This study explored participants' views towards family therapy and family service professionals. Moreover, the study explored potential methods for alleviating barriers to utilization of family services by Chinese Americans.

CHAPTER 3: METHODS

Design of the Study

This was an exploratory study, designed to gather basic understandings of what barriers might prevent Chinese Americans and immigrants from utilizing family services at a rate that was more comparative to the general population. The study was conducted using a qualitative methodology in order to capture the details of the participants' experiences. The following sections describe the participant recruitment process, interview procedures, measures, and data analyses.

Recruitment Procedures

Participants for this study were recruited from the Washington, DC metropolitan area using a combination of diversified and snowball sampling techniques. This geographical area was chosen in part because of convenience to the researcher, and because of its high concentration of Chinese Americans. According to a report compiled by the Fairfax County, VA, in 2005, there were 25,379 people who considered themselves Chinese, which was 2.54 % of the total population in Fairfax County (US Census Bureau, 2006). Similarly, according to the US Census Bureau 3.3% of the total population of Montgomery County, MD, reported in the 2000 US Census as being Chinese, in comparison to the national average of approximately 1%.

The sample was obtained using a diversified technique as this study aimed to include a wide range of views from participants with diversity and heterogeneity in terms of age, gender, profession, generational level of immigration, age at immigration, place of birth/origin, and religious belief, among other factors. In addition to the diversified sampling technique, a snowball sampling method was also utilized, asking participants to recruit other Chinese Americans to participate in the study.

The channels of recruiting for candidates came from various organizations and community groups with which the researcher is acquainted, such as the Chinese Bible Church of Fairfax, Rejoice Fellowship of McLean Bible Church, Washington Area Chinese Tennis Association, Taiwan University Alumni Association of Greater Washington, George Mason University Chinese Student Association, a Chinese language school at George Mason High School, and MicroStrategy, Incorporated, a computer software company based in northern Virginia with high concentration of Chinese employees.

Recruitment strategies included word of mouth, phone calls, and emails. Appendix A shows the content of the recruitment script. Flyers, as illustrated in Appendix B, were attached to recruiting emails sent to leaders or members of the above mentioned organizations. The term "family counseling" was used instead of "family therapy" in recruitment communications and interview questions because the word "counseling" (輔導) was more generic and thought to be less stigmatizing than the word "therapy" (治療).

The study focused only on people of Chinese heritage who reside in the United States and who identified themselves as Chinese (華人), Chinese Americans, or Chinese immigrants. In this manuscript, participants will be referred to as Chinese Americans, which for the purpose of this study, were defined as people who resided in the United States and who were of Chinese decent, regardless of their place of birth. Participants for this study were sought with the intention to represent a variety of demographic factors, including gender, marital status, age group, place of birth/origin, mother language, socioeconomic class, religious faith, education level and professional affiliation. Special attention was paid to acculturation and immigration related factors such as participants' immigration generational order and age at time of immigration. An emphasis was also placed on recruiting second or third-generation and 1.5-

generation Chinese Americans as they might reveal insightful data. Clients and patients with prior experience in seeking professional services for treating family or relationship issues were also sought during recruitment but only one interviewee had such experience.

Procedures

As participants were recruited, the researcher responded either via email or telephone. After participants agreed to be interviewed, they were assigned a code number to be used for identification purposes, for sake of anonymity. They were also emailed an electronic copy of the demographic questionnaire, shown in Appendix C, as well as the IRB approved informed consent form, so that both forms could be reviewed ahead of time. Participants were also asked to fill out the demographic questionnaire before the interviews, if possible, in order to conserve time during the interview sessions. The participants and the researcher then agreed on a mutually convenient location for the interview to take place.

At the beginning of each interview, the researcher reviewed the informed consent instructions with the participant, answered any related questions, and obtained verbal consent from the participant. The researcher also ensured that all participants were willing to have their interview sessions audio recorded. To obtain consent, participants were asked to sign the informed consent form. They were then asked to return the completed demographic questionnaire or to fill out one at that time. The demographic questionnaire forms were collected and numbered with the participant's previously assigned identification number.

After the demographic questionnaire was completed, the researcher started the recording device and the interview officially started. The interviews were semi-structured, meaning that the interviewer would ask a list of questions, but would probe further when necessary (Berg, 1995). The interviews were offered to participants in English or Mandarin.

Interviews consisted of a few warm-up questions, followed by a series of questions investigating each participant's understanding and perception of family counseling. The interviews were intended to cover demographic, social and cultural variables, knowledge and attitudes towards family counseling services, perceived utilization barriers, and suggestions of barrier removal. The questions listed in Appendix D were used as a base for the interviews and expanded by the researcher to gain a deeper understanding of each participant's knowledge and experience.

Measures

The study collected data from participants using two sets of measures: the demographic questionnaire and the interview questions. In order to gather social and cultural background information on the respondents, the demographic questions covered factors such as age, gender, birthplace, years of residence in the U.S, languages spoken, number of long-term relationships, years in current relationship, family size, education level..

A total of nine interview questions were designed for the purpose of this research study. The first five questions aimed at asking the participants to share and comment on their understanding and perception of family counseling. Those same questions also allowed the participants to elaborate on their feelings of other Chinese Americans' attitude towards family counseling. Two questions were devised to further explore the characteristics of the Chinese culture as well as special needs of Chinese immigrants, which might not have been uncovered by the previous questions. One question inquired about prior counseling experiences that participants might have had so that they could elaborate on the effectiveness of counseling services. The final question was designed for participants to suggest how barriers could be removed for Chinese Americans to increase counseling utilization.

Data Analysis

The data analysis was aimed at identifying themes in the perceptions of Chinese Americans toward family counseling, their understanding of its usefulness, and their willingness to utilize counseling services in order to resolve family or relationship issues. The goal was to gain a deeper understanding of whether any cultural factors would affect such perception and understanding of counseling, as well as identify any potential utilization barriers. All of the interviews were transcribed personally by the researcher in order for him to become more familiar with the collected data. This personal experience allowed the researcher to see the data in its entirety.

The data collected for this research was taken from the transcription of the interviews, demographic questionnaires, and notes of the researcher. During interviews, the researcher carefully documented the content and process of each interview, taking into consideration any data that was beyond what was spoken, such as body language or facial expressions. All interviews were audio recorded and transcribed as soon as they took place. Throughout the entire process, a journal was kept about emergent themes that surfaced in the data. The interview audio files and transcripts were kept safely in a password protected computer, to which only the researcher had access. These audio files will be destroyed when the research is complete.

As the interviews were being conducted, the researcher continually transcribed the data collected. The researcher reviewed and analyzed the initial interviews using an open coding approach to identify major themes of utilization and barriers based on participants' perspectives. Open coding is a method of analyzing qualitative research data that allows the researcher to breakdown and examine the data, and then compare and conceptualize it (Strauss, & Corbin, 1990).

During the data analysis process, the researcher first became familiarized with the data and created a list of patterns. The patterns were then organized into potential themes and relevant data was sorted by the themes. Themes identified in the earlier interviews helped identify primary themes that the researcher looked for in subsequent interviews. Finally, all of the themes were refined and various definitions were created for each theme.

Demographics

Eight participants were interviewed in the period between June and September, 2009. Eleven people in total responded during the recruitment process but only eight of them agreed to participate. The results are based on the transcription of the eight interviews, which totaled 86 pages of single-spaced data.

The eight participants were between the ages of 26 and 53. There were equal numbers of male and female participants. Four of the participants were born in Taiwan, one in Mainland China, one in Hong Kong, one in Vietnam, and the remaining one was born in Virginia, USA. For the seven non-native Chinese Americans, the length of their residence in the United States ranged between 12 and 38 years. All of the participants considered themselves ethnically and culturally Chinese. They all spoke relatively fluent English hence the interviews were conducted in English. The participants were well-educated as all of them held college degrees, while six of them had a Master's degree or higher and one other had attended graduate school. They were also fairly affluent as a group. Six participants reported annual household incomes of over \$100,000; the other two reported annual household incomes of \$75,000 to \$99,999 and \$50,000 to \$74,999, but these participants were single.

*Table 1**Demographic Characteristics of Sample N=8*

Demographic Characteristic	M (SD)	Range
Age	38.38 (9.96)	26-53
Years in USA	24.5 (10.41)	12-38
Number of Marriages/Long-Term Relationships	1.13 (0.84)	0-3
Number of years in current relationship	12.42 (10.24)	0.67-25
Number of children	0.75 (1.04)	0-2
Demographic Characteristic	Frequency (%)	
Gender		
Female	4 (50%)	
Male	4 (50%)	
Place of Birth		
Hong Kong	1 (12.5%)	
Mainland China	1 (12.5%)	
Taiwan	4 (50%)	
USA	1 (12.5%)	
Vietnam	1 (12.5%)	
First Language		
Mandarin Chinese	2 (25%)	
Cantonese Chinese	1 (12.5%)	
Chinese non-specified	4 (50%)	
English	1 (12.5%)	

Highest level of education

Master's or higher	6 (75%)
Some graduate work	1 (12.5%)
College	1 (12.5%)

Religion

Christian	4 (50%)
Non-traditional	1 (12.5%)
None	3 (37.5%)

Profession

Banking	1 (12.5%)
Computing	1 (12.5%)
Engineering	3 (37.5%)
Finance	1 (12.5%)
Software	2 (25%)

Household Income

\$100,000 or more	6 (75%)
\$75,000 to \$99,999	1 (12.5%)
\$50,000 to \$74,999	1 (12.5%)

CHAPTER 4: RESULTS

The purpose of this research study was to understand how Chinese Americans perceived family counseling. Specially, what knowledge did the interviewees think Chinese Americans had about family counseling and whether any cultural factors would affect such perception? The study also aimed to learn about the participants' feelings regarding counseling utilization as well as to identify any potential utilization barriers and potential methods for removing such barriers. While the interview questions were open ended to allow the participants to reflect and share their experiences, the questions and focus of this research were specifically on what types of challenges and barriers would the Chinese Americans face if they were to consider utilizing family counseling services and what would help to remove the barriers. This chapter will present the case descriptions of the participants, followed by the findings and themes that resulted from analyzing the interviews.

Case Descriptions

The following are brief biographical descriptions of the participants.

Participant 1 was a 40-year old female from Taiwan, who had been living in the United States for 21 years. She migrated to the United States with her parents when she was 19. Her father was from Mainland China while her mother was a native of Taiwan. She considered herself of Christian religious faith and spoke Chinese Mandarin, in addition to English. She was unmarried but in a relationship at the time of the interview and had no children. She had not had experiences with professional counseling even though she had consulted a friend whom she considered an amateur counselor.

Participant 2 was a 53-year old male native of Taiwan, who had been living in the United States for 38 years. He came to the United States with his family when he was 15. His parents

were originally from China. He considered himself as belonging to a non-traditional religious faith and spoke several Chinese dialects, in addition to English. He was married and had two adult children. He had no experience with professional counseling and did not believe he would ever need any professional help for his family or relationship problems.

Participant 3 was a 34-year old female from Liaoning, Mainland China, who had been in the United States for 12 years. She came to the United States alone and married her husband 9 years ago. Her husband was also from China and they had two children, ages 8 and 4. She spoke Chinese, English and French, and did not have a religious faith. She was active in the Chinese community and was a member of the Washington Area Chinese Tennis Association. She had never utilized counseling services but had attended a workshop on relationships.

Participant 4 was a 37-year old male who was born in Roanoke, Virginia. His first language was English but he spoke Chinese Mandarin. He was a second-generation Chinese American and his parents lived in the same household. His parents were originally from China but migrated to Taiwan first before arriving to the United States. He was single at the time of the interview and had only been in one serious relationship before. He had never utilized counseling services and he had minored in Psychology in college.

Participant 5 was a 53-year old male native of Taiwan. He spoke Chinese Mandarin and English. He came to America at the age of 24 and had resided in the United States the last 29 years. He was in a 15-year marriage and had two children ages 8 and 6. He was a first-generation immigrant and met his wife, a native of Mainland China, here in America. He considered himself of the Christian faith. He has never utilized mental health services but had some knowledge about it because his wife's profession was in the medical field.

Participant 6 was a 30-year old female from Taipei, Taiwan, who had lived in the United States for the past 14 years. She was single at the time of the interview but had previously been in an 8-year relationship. She spoke Chinese Mandarin, which was her mother tongue, in addition to English. She came to America when she was still a teenager and shared about having a difficult time adjusting to the new country, especially to life in high school.

Participant 7 was a 34-year old male who had been born in Vietnam. He arrived to America at a very young age and had lived in the United States for more than 30 years. Even though he was born in Vietnam, he did not consider himself Vietnamese at all. His first language was a Chinese dialect from Fuzhou, Mainland China. He had been in three long-term relationships and had partners from both Asian and Caucasian races. He was not religious and was single at the time of the interview.

Participant 8 was a 26-year old female native of Hong Kong. She had moved to the United States at the age of 10 and resided in South Carolina after immigration. Her first language was Cantonese. Her parents had recently divorced but she still considered her father, mother, and sister as the other members in her household. She was a Christian and her church attendance seemed to have a strong influence on her perspectives toward counseling. She was the only participant who had utilized professional counseling services.

The remainder of the chapter contains major themes that were revealed from the interviews of the eight participants. While some themes could fit into more than one category, they have been organized under the following six parts: (1) general awareness of family counseling, (2) understanding and perception of family counseling, (3) reasons for not seeking family counseling, (4) alternative sources of help, (5) reasons to use family counseling, and (6)

suggestions for removing utilization barriers. Direct quotes and paraphrased statements from the participants will be used to illustrate these findings

General Awareness of Family Counseling

The participants of this study offered mixed feedback regarding whether Chinese Americans were sufficiently aware of the existence of family counseling. Several of the participants stated that they could not speak for others, but they felt that most Chinese Americans were not aware enough. Participant 5 thought that most Chinese probably were not aware of the availability of counseling and did not believe that having lived longer in the United States would necessarily make a difference. He indicated that his awareness was highly influenced by his wife who worked in the medical profession. Participant 6 also felt that most Chinese Americans had not been provided the information regarding family counseling and provided the following opinion: “Chinese Americans don’t know there is something that is out there. They don’t know where to go to. They are not educated to know that there is something like this out there that they can seek help with”.

Not all interviewees felt the same way though. Some of the participants mentioned that the Chinese Americans who were actively integrated into the American society, especially the ones who had worked and had studied in America, should have some idea that counseling was available to people with family or relationship problems. For instance, Participant 3 said “the professionals, I think they should know the option is out there. Like working for Freddie Mac or for any large corporations, they have that in-house counseling workshops, and a lot of insurance covers that. I heard stories about counseling from friends. I think the awareness of counseling is there already. Well, I am talking about the well-educated, at least the college graduates”. Participant 7 echoed a similar opinion by stating that “I guess if you were an American, your

parents would have American friends, and they would be more interactive with the school systems and social aspects, then they would come across counseling a lot more". Participant 8 stated that for people like regular church attendees, the awareness of family counseling should be high also because the people from church would promote family counseling. These participants felt that for the Chinese Americans who had developed a social network outside of the typical Chinese circle, the likelihood of such awareness would be much higher.

Understanding and Perception of Family Counseling

As with the awareness of counseling, the participants of this study also had mixed opinions regarding the understanding of family counseling.

Perception affected by generational differences

During the interviews, the participants provided a plethora of ideas regarding how Chinese immigrants' cultural identity played a role in their views towards counseling. Among the cultural aspects which were brought up by the participants were the length of stay in the US, place where people grew up, how traditionally Chinese the families were, how Americanized the individuals were, and how integrated into the American society the parents were.

One major factor which was mentioned by almost all of the participants of this study, as relevant to Chinese Americans' perception of counseling, was the generational level of the immigrants. Most of the participants expressed that in order to understand the Chinese mentality, Chinese Americans should be divided into multiple generations. Participant 2, a first-generation Chinese immigrant who came to the United States at the age of 15, offered the following overview on the different generations of Chinese Americans:

There are different generations of Chinese Americans. You really have to think of dividing into like 3 different generations. The ones that are like my parents' generation who hardly ever, well some of them do speak some English, but their cultural background and their thinking, are kind of rooted back to the Asian days

of the Chinese culture. And then there is the new generation of ABCs (American Born Chinese) who are born here and you know like my kids and they are basically Americans. So, they have a different mindset in terms of counseling and what they perceive to be what counseling is. Then, there is the generation of the ones like us, I guess, in between – the sandwich generation. We know the old ways and we have seen the new ways and we are stuck in the middle. So, we are taking advantage of both worlds.

Participant 6, another first-generation Chinese immigrant who came to America in her adolescent years, also thought it was a matter of generations. She said “I think my generation will be more open to counseling. But I think my uncles, like my dad’s generation, I don’t think they are too open to this”. Participant 7, a 1.5-generation immigrant who came to America when he was an infant, said “The older generation is more likely to be closed off, the first generation; while the younger generation should be more open”. Participant 5, a Chinese American who moved to the United States at the age of 24, offered his opinions on his own generation – that of the first-generation immigrants and a more traditionally Chinese generation. He said, “Going to a counselor is just not the Chinese way... When I was growing up, I don’t think we ever get any encouragement from our parents to share our feelings. I am just not used to that. Even though I don’t think there is anything wrong with doing that. It’s just that I am not used to that.”

Perception affected by cultural conservatism

Participant 1, a first-generation immigrant who came to America at the age of 19, also attributed the difference in perception to the existence of an older and a younger generation. However, she voiced that to her it was more a matter of how open-minded each generation was, and not as much as whether the individuals had come from abroad. In her opinion, with the new generations, it didn’t really matter if they had grown up in the United States or in Taiwan, Hong Kong, or China. As long as they were in the younger generation and more open to new ideas, then they could be more open to counseling. She added the following:

... the younger generation, I think they are probably more open to counseling because it's more common nowadays. But the older generation, their impression of counseling is probably more similar to mine or even worse. Because during the time that they grew up, counseling wasn't that popular and wasn't that common. So, it's when it really was only for the nutcases to go, so it's really for people who are crazy. Now the younger generation, they probably are more exposed to it, and then they don't probably think it's such a bad thing.

Participant 7 added that the perception of family counseling also depended on what part of China, urban versus rural, the immigrants had come from. In his mind, the type of Chinese that would come from a small town or rural areas of China would have "a higher threshold" before considering family counseling than "city Chinese or more modern Chinese". His idea was that the more traditional and conservative Chinese Americans would have more resistance to seeking counseling services.

Perception affected by social network orientation

In addition to the idea of generations and conservatism, Participants 7 and 8 both thought the perception on family counseling depended on how social the immigrants' families were. Participant 8 felt that if a family was sociable and had a wide range of friends, then they could be more exposed to the concept of counseling and as a result, they would be more open to seeking professional help. Participant 7 stated that if the immigrant family had more American friends and interacted with people outside of the Chinese circle, then they would be more open to the idea of counseling. He said that in his case, his family used to live in a small town in rural Virginia. There were not many Asians and his parents did not have many friends. He felt that people with similar backgrounds would be more closed-off and less open to the concept of family counseling.

Counseling viewed as non-scientific

One idea that was shared by almost all of the interviewees was that family counseling was not as credible a field as other more established professions. Several of the participants believed that family counselors were simply people with more life experiences and wisdom who would listen to people's problems and provide feedback in the form of a solution, a judgment, or an advice to the different parties involved. Some participants merely thought that counseling was about talking to somebody to "get things off your chest" or to have somebody "listen to your problems", "let you talk about your day", or "help you look on the bright side". Participant 2 explicitly stated that "counseling is not really a science or engineering discipline that you can put in some investment and get concrete result" and so its credibility was in doubt. Only Participant 5, whose wife worked in the medical field, recognized counseling as somewhat credible. He thought that counseling was about "telling the counselor what your problem is and the counselor would use a systematic approach to help the patient or help the person to understand the problem and come out with a way to handle the problem".

Counseling viewed as judgment

An interesting point revealed during this study was that for many participants, the nature of help which they expected after they revealed their problems was a validation or a verdict on whether their beliefs and behaviors were right or wrong. This understanding was clearly shared by at least four of the participants in the study. Participant 1 said that when people asked for help on their family or relationship problems, they hoped to gain approval for their own behaviors or to find a judge to tell the other people that they were wrong and needed to change. Participant 5 added that if there were any disputes or issues within a Chinese family, the family usually went to the community elders or leaders, who were expected to act as judges; and they

were supposed to be providing some wise directions. Participant 4 added that this same mentality would apply if Chinese Americans went to see a professional family counselor. He stated that to them, “family counseling is about having somebody come in and say you are right or you are wrong, getting a judge to validate who is right or wrong” and they would “come in expecting or wanting the counselor to choose a side”.

Questions as to effectiveness

The participants of this research commented on another important concept regarding Chinese Americans’ perception of counseling – its effectiveness. It was evident that these participants had their share of doubts about the effectiveness of counseling. Many of them simply did not have an understanding of how counseling worked and thus had no idea what to expect in terms of its effectiveness. As a result, there was much doubt on whether it was worth the effort or investment of time, energy, and money to seek professional help.

Participant 2 actually used the interview session to inquire about how therapists or counselors were trained and whether there was a state monitored licensure system for the family therapy and counseling professions. Before he received that information, which was after the interview was completed, he expressed serious doubts about the profession:

The question is cost effectiveness. If I wanted to put some investment, in this case, into professional counseling, with certain amount of time, money, and energy, I want to have a reasonable return. I expect certain outcome, certain result. So far, I have not seen many cases that convince me that it is working. It is still kind of wishy-washy, kind of more art than science, so far.

Participant 2 admitted to not having any first-hand experience with counseling and did not know anybody who utilized counseling services. Therefore, he conceded that the information he had might not be accurate. However, he believed that this doubt on the effectiveness of counseling would be the state of mind of the Chinese American who had a similar background.

Reasons for Not Seeking Family Counseling

One important concept revealed from this study which had much to do with Chinese Americans' willingness to seek counseling services was the meaning of "getting help". To most participants, the idea of getting help meant obtaining other people's perspectives and from a high level it did not necessarily sound negative to them. Participant 2 thought it meant talking to people who had had similar kinds of experiences, conflicts, relationship problems, or financial problems, in order to seek their advices. Participant 3 held similar thoughts and felt that getting help meant asking for objective, non-judgmental, useful input, or a different opinion that gave people different perspectives. Participant 7 said, "to reach your greatest potential in anything, you always need help. It's always good just to have another opinion; always good to talk thru the issues". Participant 8 responded similarly to Participant 7 and believed that "if more than one person is involved in the problem you can better solve it". However, when the participants were asked to process what it would be like to actually seek help for their family or relationship problems, almost all of them started to associate discomfort with how their need for help would be perceived by others. This brings us to the Chinese mentality of family stigma.

The Chinese family stigma and shame

The thoughts gathered from the participants of this research strongly confirmed that Chinese Americans were very resistant to sharing their problems with others, often not even to people within their immediate circle of family and friends, thus much less to professional counselors and therapists. They mainly attributed the reasoning to the Chinese culture. Participant 2 stated that "their culture is face-saving. They don't want people to know they have a problem. People would tend not to divulge their own individual, personal, or family problems to the outside world regardless of whether they are friends or your family members or

professionals”. Participant 7 echoed the idea and confirmed that it was “a saving face thing. You don’t want to admit that you need help from outsiders or anything like that. So, they kind of are a little bit more resistant to making things more public”. Participant 4 added that “they would try to keep it to themselves and hide it, try to get through it on their own rather than let the public know and somebody else come in and help”. Participant 8 reasoned that Chinese families would have too much pride in themselves that they would not expose their problems to other people because they wanted to “put up a front”. Participant 1 added that even if couples were in trouble they would just stay together because they were told or they believed that was the right thing to do. They would not want people to know they had a problem. This cultural sentiment of not wanting to reveal individual or family problems to others was summarized by Participant 5 using the following analogy:

You keep all the bad things within the family. You are not supposed to go outside and tell bad things about your family to other people. A lot of Chinese are afraid to reveal their problems because it’s like an image thing. If you admit there is a problem then all of a sudden that good image is ruined – 20 years of your hard work. It’s like your credit record; you lost your credit record.

People with problems are weak

Upon further discussion with the participants it was revealed that Chinese people not only were unwilling to disclose their problems to others, the root of the belief seemed to stem from their unwillingness to even admit to themselves that they had problems. As said by the interviewees, Chinese people believed that they should be the experts of their own problems and thus they should totally be in control and capable of handling their own issues. These participants believed that Chinese people had a sense of pride about it and did not believe that others could help with their problem because they were supposed to be the experts of their own lives. Participant 6 said:

People tend to believe that they should be the experts of their own problems. How should anybody else be able to manage it? After all, it's myself who is having all these problems and if I can't resolve it by myself, how can this person help me resolve my issue?

The other side of the belief was that it would be a shame and it would mean that they were weak if they could not be in control of their own issues. All of the participants of this study agreed that Chinese people would have a stronger sense of shame if they felt that they did not have control of their own issues and had to seek counseling services. Participant 5 stated the following:

Yeah, you're supposed to be able to solve your own family problems. And if you need to go to counseling that means you are running out of options there. Usually that's admitting failure...it's embarrassing because you admit you are a failure, you know?

Participant 1 shared similar sentiments by verbalizing the following:

I think it's more like if they seek counseling then that's admitting, even though other people don't know about it, it's admitting to themselves that they have problems. And then they don't even want to admit that to themselves because they feel bad about themselves. And they feel like, I am not strong enough or I cannot help myself or I don't have the ability to control myself. And then I can't emotionally uphold myself, so I have to seek help, and then that's shameful. Although they don't necessarily have to let other people know, but even just to do that, it's a shameful thing that they feel. And the other thing is they probably don't want to admit that they have such a big issue, because I think in the older generation, you were told to be tough, to be strong. To get help is to admit that you are weak. That's how I think or how I think Chinese people sometimes think is if you are not able to handle the difficult situations and you are not able to emotionally sustain yourself, then you are weak.

Negativity associated with counseling

Another reason for such resistance to seek help from counseling professionals, according to these participants, was the strong negative sentiment associated with counseling. Participant 1 stated that if she or anybody needed counseling for their problems, then that would indicate that

they were in serious trouble; they would be in a very bad situation. Since Chinese Americans did not even want to admit to having problems, it would be much harder for them to go to counseling professionals as that would imply that they were indeed in very serious problems.

Participant 7 resonated by making a comparison to school counselors. He said that most people wouldn't go see school counselors unless they had serious problems – like they needed serious help academically. He added that, “every time I associate the word counseling I almost put a negative spin on it, that you would never go to counseling if you were doing well”. But he further commented that once the seriousness of the problem became known, the denial phase was over, and “then you don't want to keep it a secret anymore because you got to get some help at that point. This threshold is a just higher for Chinese people”.

Participant 5 shared the same belief, that if somebody he knew were seeing a counselor, he would immediately think on the negative side. He stated the following:

Let's just say it's a co-worker or whoever, you know, I don't know that much about their family life, and so I found out that they are going to family counselors, immediately I would think that's really bad. I wouldn't think that it's their positive way of trying to do something to improve their marriage. I would think the negative side, that something is wrong with them and it sounds like their marriage is coming to an end and something bad is going to happen to their marriage. Yeah, and that's how I know how bad their relationship is. Then that means it is really, really bad. But then if they go seek some help, that is ok. I guess there is a hurdle there you know, you have to get over that hurdle. If you really consider your marriage is in such a bad shape that you need outside help. Once you get over that hurdle then I really don't see that much of a problem. It's just a big hurdle. I think it is more difficult for Chinese to do that, you know, to admit there is a problem they cannot solve themselves. Once everybody knows there is a problem, then that hurdle is not a problem anymore. Then the real problem is the problem.

Fear of judgment

Fear of being judged was also brought up as a reason why Chinese Americans would not be willing to seek counseling services. According to Participant 7, “some problems are more ok to share because they are out of your control and others are more embarrassing because it’s like you are not doing the right thing, so you don’t want to share those”. To him, problems such as financial difficulties and common illnesses were usually unpredictable and thus not controllable. However, he believed that relationships should be handled well because they depended less on external factors. Therefore, it would be embarrassing to ask a stranger such as a professional counselor to help with something that “you should have been able to control”. He added that in order to avoid being judged and misunderstood as not trying hard enough, Chinese people would most likely ask help from their close friends who would be able to accept them and understand them better.

Participant 2 provided a more in-depth view of this fear of being judged. Like Participant 7, Participant 2 also believed that there were certain problems that could be disclosed without feeling as shameful. To him, it depended on what was acceptable as a norm in the society, or in this case, the Chinese community. He stated the following:

You have flu, cold, or even cancer, something out of your control. That’s not so shameful. But if you have something like a sexually transmitted disease or you drink a lot to get liver cancer, or whatever, something that is perceived to be negative, then they will think that’s shameful. There is some social or cultural norm, beyond which you are an outcast, a deviate from the norm. Like STD, normal people would not contract that unless you do something shameful and that would bring shame to, not just yourself as an individual but to your family. In some cases to your whole village, or even to your whole country.

In his mind, Chinese immigrants believed that their behaviors reflected on the image of the bigger group to which they belonged, and as a result, there was an added sense of responsibility

for their behaviors. To him, the fear of being looked down upon as the social outcast would be a strong reason why Chinese Americans would not disclose their problems with a counselor.

Financial burden of using counseling services

Another topic that was discussed as a potential utilization barrier for Chinese Americans was the financial aspect of using professional counselors or therapists. It is important to note that although the interview questions were of open-ended nature and did not lead the participants to comment on the financial aspect of counseling services, six of the participants explicitly referred to money as a potential issue for Chinese Americans. It should also be noted that based on their demographic profile, the participants were all relatively affluent.

Some of the participants simply did not know how costly it would be to hire a professional family counselor. Several of them wondered if regular health insurance, Medicaid, Medicare, or other medical financial plans would cover the fees while others expressed a concern that the actual cost would be comparable to that of a medical doctor or psychiatrist.

Some of the participants mentioned that Chinese people in general were frugal and they would be hesitant to spend money unless they could expect to see tangible results. Participant 1, who was single and had an annual income of over \$100,000, said “I think there are other things that prevent Chinese people from going even if it’s helpful because there are other things like money. The money, I think it has something to do with the usefulness. Chinese in general are frugal. So, they want to make sure they spend the money wise”. Participant 5, whose annual household income exceeded \$100,000, provided a similar sentiment:

Most Chinese they are kind of frugal, if you ask them to go to family counseling, it’s gonna cost them money. We don’t have that kind of problem to start with, why do we want to waste money on that? But if you start providing free counseling, they will say since this is free, you know, we can talk to this guy. And after they find out that counseling is really helping them, they probably will not be afraid or reluctant to do that anymore

Participant 5 was actually not alone with the idea of providing some type of free trial for initial counseling sessions. Participant 3 explicitly suggested that free counseling sessions would work better for Chinese Americans. She said, “Let people try it; if it’s free, I mean, probably can give out the first counseling session for free. And then, you never know”. Participant 6 expressed that if there was a cost associated with going to see a counselor, it would be a turnoff because it was a loss, and the gains would not be clear to people before they tried the services. Participant 7 added that if people knew that there were some free services, they probably would be less hesitant, at least from a financial perspective.

Lack of convincing results

One other barrier that was discussed during this study was counseling’s lack of convincing results. Some participants stated that they would not seek counseling services simply because they did not believe concrete useful outcomes could be expected out of counseling services. Participant 2, for instance, stated that “in my opinion, there is not really a cure for psychological kinds of problems or relationship kinds of things. It’s more personality-driven. So, the question of how much you can get out of that service to me is not convincing”. They also believed that most Chinese Americans would not even have an idea of what counseling could achieve. Participant 1, for example, indicated that Chinese people “probably just don’t think it’s useful even if they just really break down so sick, like they will probably suicide or probably do stupid things, but they still won’t go to counseling because they probably don’t think it will help them”. Finally, it was also mentioned that Chinese people may be somewhat impatient and would want to see the results right away. For that reason, even if counseling did provide a positive outcome, many Chinese people would probably discontinue the services before the change became noticeable.

Language and cultural differences

Language barrier was brought up by several participants. Participant 2 mentioned that language barriers would exist even among Chinese people themselves because of the existence of numerous Chinese dialects. He said, “my mother for example, she would not be able to communicate really even with other people from mainland China who do not speak her dialect. So, how would you expect her to convey her counseling needs to those kind of persons?”. Participant 4, who was born in the United States and is a native speaker of English, said “if the language of the counselor is different than the person they are trying to help, just from the language barrier, they have two different cultures”. Participant 3 added that if any Chinese wanted to seek for counseling and they could only speak Chinese, then they would definitely need some Chinese-speaking counselors.

Some of the participants felt that the cultural difference was too large for Chinese immigrants to cross. Participant 4 stated the following:

I think if they don't have a personal relationship with them, you know, you don't go and say there is marriage counselor and, you know, I think Caucasians and Chinese would have a totally different feel or thought pattern. It is also the faith of the person being counseled that they think, you know, if a Chinese person gets a German counselor, they don't know anything about me, they don't know my culture, how can they help?

Alternative Sources of Help

Existing literature showed that traditional Chinese families usually sought help from family members first because it was considered the collective responsibility of the family to take care of the disturbed member as long as possible. When the family and the troubled person were not able to solve the problem, they might turn to trusted outsiders within the community such as spiritual leaders and community (Lee & Mock, 2005). This belief was shared by the participants

of this study as well, when they were asked about the alternatives that Chinese people would use if they did not access counseling services.

According to Participant 1 the alternatives would be “talk to their parents, or friends, or elders or pastors in the church; maybe a community authority figure or leader; people who they trust or respect”. Somebody trusted or respected could be a person with professional accomplishments, academic achievement, or an excellent general reputation. She said a trustworthy or respectable person could also be somebody “with a higher emotional stability”. Participant 2 concurred that Chinese Americans would “probably go to friends and siblings, possibly, outside of the immediate family, less so with co-workers. They would trust some outsiders, but [mostly] close friends. And maybe even church networks. So, the people they could trust”. Participant 5 added the same sentiment that with any disputes or any issues within a family, the Chinese American family usually went to the community elders. According to him, the elders were supposed to be providing some wise direction, and “going to a counselor is just not the Chinese way”.

Reasons to Use Family Counseling

Need for family counseling

The participants of this study generally believed that the Chinese American population had its share of family-related problems, comparable to that of the general population or even more. High divorce rate, chronic or terminal illnesses within the family, adjustment to American society as immigrants, cultural differences between parents and children, financial decision disagreements, financial challenges, and problems with parents or in-laws staying in the same household, were among the problems mentioned. Increasing divorce rate was brought up as an important issue by multiple participants. Participant 3 indicated that traditionally for Chinese

people, “divorce used to be a stigma and could not be tolerated. But now it is acceptable and the divorce rate has really increased”.

Counseling provides objectivity

Overall, these participants felt that family counseling could potentially be helpful to Chinese Americans, and believed that it was a positive field for the society. They felt that if counselors could relate to Chinese Americans, they could definitely be helpful because they would provide objectivity, which was often missing from the alternative sources of help mentioned earlier.

Participant 2 stated that typically, if a Chinese couple was fighting, then "the wife will go to the wife's parents to get like support, not the emotional support, but to get somebody to back her up. So, she uses her parents to go back to the husband to ask the husband to change his behavior or something like that". But she added that this usually did not work anyway because her family would not be perceived as objective or credible to the husband.

Participant 5 shared a story about a family friend. He said that when that friend was going through divorce, she and her husband had many problems. Sometimes, she would call Participant 5's wife to their house to “be a judge”. But since Participant 5's wife was on the friend's side, her husband would call one of his friends to be on his side. Even though the two helpers tried to be objective, because each of them was friends with only one side, their perspectives and suggestions often would not be viewed as objective. “To me that's the kind of role a counselor is supposed to play”, said Participant 5.

Suggestions for Removing Utilization Barriers

The participants of this study believed that because of the mentality of Chinese Americans, it would be very unlikely for them to seek help from counseling professionals.

However, they provided numerous thoughts on how family counseling services could potentially become more appealing to Chinese Americans. The following are the participants' collective suggestions on how to remove utilization barriers for counseling services.

Remove negative feeling associated with counseling

Several of the interviewees felt that one reason why professional family counseling was underutilized by Chinese Americans was the negative label associated with it. Participant 1 shared that in her mind, when people talked to a friend or a community leader about their problems, it was a matter of seeking advice. But if they were seeking counseling, then they were "sick". By going to counseling, she added, "you are admitting that you are not normal, you are abnormal". She believed that in order for Chinese people to be more willing to go to counseling, it was important to help them understand that going to counseling was not something that you did "only because you were sick or you were having a breakdown. It's actually to make you more healthy. Like you go to a fitness center to make you stronger and more healthy. You don't feel ashamed to go to a fitness center to get more healthy".

Participant 5 verbalized a similar sentiment as Participant 1 that seeing community leaders would not be "bad" but seeing a counselor would:

If somebody is going to family counselors, immediately I would think that's something bad. Talking to the reverend is...is a good thing. But talking to a family counselor is not. It's like admitting your problems, right? So, a lot of times, I think probably the term family counseling has... you don't want to mention that term, the label is no good. If you tell them I am a family counselor, then they will go, no, no, no, no, no, you'll start analyzing me, you know? You are going to tell me that I am doing this wrong, and that wrong, and that's not good.

Participant 2 suggested that it might be helpful if there was an effort to "embed counseling services" within the communities where Chinese Americans frequently interacted

rather than in hospitals, clinics or “some isolated building, or some place that people feel intimidated”.

More culturally sensitive counselors to improve client-therapist rapport

It was clear that our participants expected their family counselor to understand them and some even unambiguously indicated that they did not believe, due to their cultural differences and immigration background, that most professionals would understand them. They brought up issues with trust which stemmed from a difference in cultural backgrounds between clients and counseling professionals. For example, Participant 3 said that when people went to counseling, “of course you have the willingness to open up yourself. But if someone sitting across the table can make you feel comfortable to bring out the intimate feelings, I mean many of the things you won’t share with anyone. So, it’s trust, someone you can trust.” She then added that she would like to look for somebody with similar background, including cultural background and life experiences, so that she could feel related. Participant 2 also commented on the issue of trust being culture related:

If he or she can earn the trust of the people who gonna be working with them, and will be able to communicate, not so much just language, but also cultural background; If the counselor can relate to the patients, that can definitely cause, definitely help the people who are seeking advices and practical help.

Several of the participants revisited the idea that Chinese people usually believed that they were the experts of their own lives. So, if they needed help with their problems, they would find people who looked more similar to them in appearance because in their mentality, they had more similar experiences and thus would be more credible. Participant 2 added, “they will definitely be more open to the people of their roots, if you are someone who speaks the same kind of dialect, same kind of cultural background”.

More marketing or education to raise awareness

Among all of the suggestions from these participants, the need for more marketing and knowledge distribution was the one suggestion that was mentioned by all of them. The consensus sentiment from the interviewees was that Chinese Americans in general did not have a clear understanding of how family counseling worked and what types of results could be expected. Participant 7 felt that there was a sense of mystery about counseling and the more facts that could be disseminated the fewer misconceptions and stereotypes there would be. This lack of understanding, according to the participants, contributed to the low utilization of professional counseling services among Chinese Americans. Participant 2, for example, strongly believed that there was a lack of marketing for counseling in the Chinese community. He also felt that Chinese Americans might not realize how seriously professional family counselors took the issue of confidentiality. Knowing how Chinese people cared about saving-face, the issue of confidentiality could be a key factor. He stated the following:

I would not doubt that most people older than me would even understand what kind of training background you have to go through, and what kind of tangible help you can provide. I consider myself well-read but when the time comes, I don't know where to refer my friends to. And if case can be made and their privacy can be protected – that's another thing is that you have to make sure you can educate them to know that, just like doctors would not freely share their medical information, whatever their conversation or the history with the professional counselor would not be shared freely to other folks. Then, there might be a chance that they are willing to do so.

Participant 4 had a similar sentiment that more education about the profession was necessary. He felt that Chinese Americans still had some preconceived stereotypes about this profession which were preventing them from utilizing its services. He suggested the following:

Educate what benefits they can bring to them...rather than them having to preconceive stereotype of what a counselor is or does. Come out and say I can do this and this and this. I cannot do this and this and this. And show that, you know,

here is the reality. That way, you don't have the – oh I can go find a counselor and they can fix my marriage. If they aren't willing to work on fixing it, you can't do more than the effort they are willing to put in.

Some participants also felt that it was probably not very clear to a large portion of the Chinese population how to access counseling professionals. Participants 6 and 8 had very similar thoughts; they believed that the best way to provide that information was to penetrate the cultural and ethnic community centers, such as Chinese schools, senior centers, and churches, where service providers and counseling agencies should conduct workshops or distribute flyers about the availability of such professional services. Overall, all participants believed that the counseling profession was still very mysterious to the Chinese population and an increase in knowledge among them was absolutely necessary in order to remove utilization barriers.

CHAPTER 5: DISCUSSION

This study was carried out with four purposes in mind: (1) add to the existing research on Asian Americans and mental health underutilization; (2) add support to the literature that calls for more research to be conducted on the population of Chinese Americans; (3) reveal what prevents Chinese Americans from proactively seeking family counseling services; and (4) identify potential methods to remove family counseling service utilization barriers. Many important themes were identified in this study regarding Chinese Americans' understanding of family counseling, their reluctance to utilize counseling services, and potential strategies for barrier removal. These themes were connected in various ways to the existing bodies of research and psychotherapy literature. This chapter will summarize the key findings in this study and compare them to existing literature. It will also explore the limitations of this study, the clinical implications of this study's results for counseling professionals working with Chinese Americans, and offer suggestions for future research.

Discussion of Themes

One of the biggest challenges to people searching for information about Chinese Americans and their utilization of family counseling services is the lack of consistent literature. Because so few studies have been conducted on this topic for this population, the existing results are wide-ranging, sometimes contradictory, and often limited to specific samples or unable to be generalized to broader populations. The challenges encountered during this study were no exception. However, during the in-depth discussions with the participants, many critical themes were obtained which were consistent with existing literature. The following section will provide a review of such themes.

Cultural inhibitions about seeking counseling services

Even though this study was intended to be openly exploratory, one of the underlying goals of the study was to have the participants identify any specific family counseling utilization barriers for the Chinese American population. Many of the resulting themes from this study indeed supported research findings from existing literature. One of these themes was the Chinese belief of “saving face” with people outside of the family and a tendency to manage problems within the family. This finding is in line with existing research literature that documented how such face-saving characteristics contributed to underutilization. For instance, according to Lee and Mock (2005), Chinese families usually sought help from family members first because it was considered the collective responsibility of the family to take care of the disturbed member as long as possible. The family tried to deal with the problem by denying or minimizing the seriousness of the illness. Uba (1994) stated that Asian Americans felt more stigmatized by mental health problems than other Americans as they believed that having psychological problems was shameful and disgraceful. However, the additional value provided by this study which was not as easily appreciated from merely reading the literature was the level of intensity of such shame and stigma. The responses from the participants helped emphasize this point from several different angles. First, it was a unanimous feeling – all participants from the study agreed – that Chinese Americans in general would not be very willing to share their problems with a professional counselor. Regarding intensity, one participant’s statement that “the most honorable way people would [deal with shameful problems] is to just go and commit suicide” was particularly striking. It provided a new perspective of why some Chinese people simply would never contact a stranger to help solve problems that they deemed shameful. In addition, another participant’s case demonstrated how strong some Chinese Americans’

unwillingness to seek counseling was. Unlike other participants who lacked of knowledge regarding the benefits of counseling utilization, this participant had a relatively clearer idea of what family counseling was about and knew of its credibility. Moreover, he talked about being a believer of the Christian faith and that it was acceptable for him to talk to the church reverend for family problems. However, when asked if he would consider using family counseling services, he distinctly stated that he would never use counseling services and that it was just “not a Chinese thing”.

It is worth noting that these two participants both represented the first generation Chinese immigrants, had the same age, and had similar length of stay in the United States. They had very different religious views and thus their outlook towards life could be quite different. Their knowledge and perception of family counseling also seemed relatively different. However, they both still had the same belief that they or a Chinese American in their generation would likely never use counseling services. Therefore, it seems that these first-generation Chinese immigrants may be a special group of Chinese Americans that have much stronger cultural inhibitions and may require additional research to better understand them.

Lack of awareness of need for treatment

Another very interesting point revealed during this research is the importance for the Chinese American population to be aware of their needs for treatment. Abe-Kim and colleagues (2007) revealed a need to explore the impact of diagnoses on utilization because they had uncovered that 31% of Chinese Americans who had a DSM-IV diagnosis during a 12-month period sought mental health services which was comparative to the 41.1% of the diagnosed mainstream population and significantly higher than the 7.3% utilization of Chinese Americans in general. This seems to imply that when Chinese Americans are convinced of the severity of

their mental health issues, they will much more likely seek the appropriate and necessary treatment. This point was strongly supported by our study as well. It was shared by several participants that once they no longer denied their problems, Chinese people would no longer insist on keeping their problems a secret. In other words, once their problems were exposed to others, then Chinese Americans would be able to “get over the hurdle” and seek support for the problem. It looks as if external interventions such as medical diagnoses or court-ordered treatments may be some of what the Chinese Americans need in order to admit to having problems that require treatment.

Lack of convincing results as utilization barrier

During our study a series of potential utilization barriers were revealed by the participants, which were described in detail in the previous chapter. One which stood out among them was the lack of immediate or convincing results that demonstrated the usefulness of family counseling. This factor was also supported by existing literature as a utilization barrier for Chinese Americans to seek mental health services. According to research literature, the majority of Chinese immigrants expect more concrete help and the immediate alleviation of tangible symptoms (Lee & Mock, 2005). As revealed in the study results, it was apparent that many of our participants certainly questioned the effectiveness of family counseling and also demanded immediate, evident and concrete results.

Client suspiciousness of treatment professionals as utilization barrier

As indicated in Chapter 4, most of the participants had doubts or simply had no knowledge of what could be expected from family counseling. Uba (1994) stated that Asian American clients might also have the fear that services would not be confidential and if they were unfamiliar with the role of mental health professionals, Asian clients might not know about

confidentiality standards in American psychotherapy. The concern of confidentiality was clearly an important subject to many of our participants as well because of the Chinese culture of face-saving. One participant in particular, actually raised direct questions about the training of professional family counselors. He did not know what types of schools or academic programs existed and what degrees were awarded to family counseling students. He was unaware of the clinical practicum requirement that aspiring family counselors had to meet before graduating. He was concerned about the ethics standards of the professionals and believed the way they handled confidential information was very critical. He also inquired on state or government regulating agencies who oversaw the practice of professional counselors. The concerns of this participant are particularly interesting as he was well-educated and a person of significant professional achievement. He also believed himself to be a typical first-generation Chinese immigrant.

Financial burden as utilization barrier

Financial constraint being regarded as a family counseling utilization barrier was another point that was strongly supported by the results of this study. According to findings from Blignault (2008), some Chinese may not be willing to pay for mental health services especially if they are suspicious of their usefulness and they may lack of awareness regarding insurance coverage for family therapy or mental health services. The data from this study strongly supported Blignault's findings as six of the eight participants suggested that cost would be a major barrier for Chinese people who might be in need for counseling services. Their mindset was not necessarily concerning the nominal cost of counseling fees, but whether seeking family counseling was worth the investment in time, energy, and above all, money. Just as Blignault stated, the participants of this study also wondered if regular health insurance, Medicaid,

Medicare, or other medical financial plans would cover the fees for counseling services. With their suggestions for free counseling sessions, while belonging to a relatively affluent social tier, they clearly provided feedback that financial cost was a major utilization barrier of family counseling for Chinese Americans.

Absence of a sense of family collaboration

There were some additional observations made during this study which should be discussed. One such observation was that the participants didn't appear to be as focused on family collaboration in the same way in which family therapists might be. During the interviews, many of them consistently indicated that due to their Chinese culture, they would not be willing to disclose their problems with people outside of their immediate family because they had to protect the family reputation. It sounded like the concept of family was very important to them. However, when asked for their interpretation of family counseling, many of the same participants felt that it was about having somebody with more wisdom to help identify the right behavior and eliminate the wrong behaviors or paradigms within the family. The mindset of right versus wrong and elimination of wrong behavior were very clearly detected from these participants. Interestingly, no participants expressed the possibility that there might not be a right or wrong side, and that family counseling could be about joining the family members and focusing on interventions based on compromise, as is more traditionally the focus in family therapy.

The importance of acculturation

Another point revealed from the study was the importance of acculturation. Tata and Leong (1994) found in their research on Chinese-American students that the subjects with a more positive social-network orientation and a higher level of acculturation expressed more positive

attitudes toward being open with a psychologist and being open with their service provider. Feedback from this study's participants also reflected a belief in such relationship between Chinese immigrants' acculturation level and their attitude toward seeking professional services. Several of our participants were certain that Chinese immigrants who had more non-Chinese American friends or interacted with people outside of the Chinese circle would be more open to the idea of counseling. Moreover, during the warm-up questions, several of the participants revealed that they were actively involved within the Chinese community (e.g., two were active members of the Washington Area Chinese Tennis Association while several others attended various Chinese churches in the Greater Washington area). However, it was still evident that their knowledge of family counseling and its services was either limited or inaccurate. They admitted having obtained their knowledge from TV, movies or other unreliable sources. Only two participants demonstrated having some concrete information about family counseling and both of them received information from work-related environments (e.g., a company-sponsored workshop and from a spouse who was a physician). So it seems that just being social-network oriented may not be sufficient but being social outside of the Chinese community may be necessary for a Chinese American to have a more positive attitude toward family counseling. This coincided with Tata and Leong's study as they confirmed the findings of Atkinson and Gim (1989) which indicated the existence of a direct and significant predictive relationship between acculturation and attitudes toward seeking professional psychological help for Asian American students.

Person of the Researcher

During the data collection phase, the researcher kept a personal journal in which he reflected on his reactions towards the information shared by the participants. Because the

researcher was also a Chinese immigrant, he noticed himself agreeing with the participants when he felt related to the ideas they shared. Conversely, he also noticed a personal tendency to question the validity of certain thoughts when they were not reasonable to him. For instance, the researcher became aware of and recognized the importance of controlling his desires to defend the profession's credibility when participants were questioning its professionalism and effectiveness. Maintaining the journal was useful so that he was aware of his reactions and could process these reactions in order to avoid biasing the results while also helping to reach a deeper level of self-understanding of his own responses and the participants' responses.

Limitations of the Study

The current study was limited by the sample size, sampling procedures, and the applicability of these findings to Chinese Americans as a whole. This study was conducted with a small sample in part due to feasibility of the study, and in part so that each participant's perspective could be explored in more depth. The snow-balling recruitment methods used may have also influenced the sample since participants recommended people they knew and they could have shared some similar traits.

One limitation resulting from the collected sample was that it contained participants who were affluent, well-educated, and with professional backgrounds in mathematical and physical sciences, which could have impacted the responses they gave. It should also be noted that this sample did not accurately represent the population studied in the study's literature review which included Chinese immigrants of various socioeconomic groups.

Another limitation of the study was that there were few participants who had experienced therapy and no participants had experienced family therapy. One participant shared about having worked with an individual counselor but because it was only for a limited number of sessions

and the treatment goals were not family or relationship oriented, the data provided was not very applicable to this study.

Finally, the availability of participants who were immigrants of the third generation or beyond was a goal of this study because of the important finding from the study by Abe-Kim et al. (2007). That study revealed that when it came to Asian Americans' cultural inhibitions towards mental health, second-generation Asian Americans were similar to first-generation immigrants in their patterns of service use, but starting from the third-generation, utilization increased drastically. Unfortunately this study was unable to recruit any third-generation Chinese Americans. Because of the size and nature of the sample, the results from this study are not intended to be generalized for the entire population of Chinese Americans.

Clinical Implications

Need for increased education for Chinese Americans

This study revealed the need for Chinese Americans and immigrants to be more educated about family counseling. Research literature showed that the reason mental health services had not been sought by Asian Americans as much was partially due to a lack of knowledge regarding the availability of such services (Chen, 1977). Lack of information on where to find mental health services could be a problem for immigrants. Moreover, there was limited information on available resources due to a lack of culturally appropriate outreach to Asian American communities as well as a lack of coordination between mental health systems and those religious, health, and social services within the ethnic communities which could function as referral sources (Uba, 1994).

Even though the literature is somewhat dated, the information collected from this study strongly suggested that when it came to the Chinese American population and their knowledge of

family counseling there was still a large disconnect between their perception and the reality regarding the profession. The sentiment from our participants was that Chinese Americans in general did not have a clear understanding of how family counseling worked and what types of results could be expected. Some participants also felt that it was probably not even clear to a large portion of the Chinese population how to access counseling professionals. The participants were also unaware of the professional standards with which family counselors practiced and handled issues such as confidentiality and ethics. Our participants suggested that one way to provide that information was to penetrate the cultural and ethnic community centers, such as Chinese schools, senior centers, and churches, where service providers and counseling agencies should conduct workshops or distribute flyers about the availability and nature of such professional services.

The current research implicated two strategies to potentially penetrate the Chinese communities. First, clinicians can talk to others and educate them about the usefulness of family therapy, even in unexpected situations. For example, this researcher spoke to a member of a Chinese community center for senior citizens in Rockville, Maryland, at a personal event – a wedding. That senior Chinese immigrant was unaware of the family therapy profession but quickly became interested in what family counseling services could offer. He volunteered to connect this researcher with the leaders of the senior center in order to deliver a presentation about family therapy, types of problems it could address, and ways to access its services. He was confident that many Chinese immigrants in the Maryland area, including his own family, were not aware of such a profession and could benefit from the presentation.

Second, clinicians can establish relationships with Chinese community leaders from whom Chinese people seek help for their family problems. Once the community leaders are

aware of the effectiveness of family therapy, the knowledge can be disseminated to the members of their social groups. For instance, this researcher approached the pastor of his church and explained about his studies in the marriage and family therapy field. The pastor admitted feeling sometimes challenged when families sought his help for their problems because his counseling training was limited. However, he believed that people might not seek professional services due to the barriers discussed in this study. He invited this researcher to provide a workshop on family problems to his church so that people could be more educated on what family therapy could provide. It should be noted, however, that being an active member of that church and having established prior credibility with leaders of said church likely enhanced the openness of their members towards this researcher.

Need for increased cultural sensitivity for counseling professionals

This study also revealed the need for clinicians working with Chinese American clients to be trained in delivering culturally sensitive and competent treatment, which is consistent with research literature. Research literature has revealed that bilingual, bicultural, or culturally sensitive mental health service providers are preferred by Asian Americans and are judged as more effective by Asian American clients (Uba, 1994). According to Sue (1998), the need for therapists to have an awareness of different cultural values and cultural group characteristics was essential for delivering effective and culturally sensitive therapies. Jim and Pistrang (2007) added that what was important for therapists working with Chinese clients was not only the therapist's cultural knowledge, but also the therapist's skill in understanding the client's unique situation within the context of cultural values. Several of this study's participants' responses resonated with the research literature and indicated an expectation for clinicians to have similar cultural background and life experiences in order for the clinicians to earn their trust as having

the ability to understand and help with their problems. If the clinicians are trained to appreciate the cultural values and background of their Chinese American clients and can demonstrate the ability to understand their unique life situations, they would be better equipped to earn their clients trust and work with them more effectively.

Need for creative marketing strategies

Another important theme resulting from our study which could potentially have significant impact for clinicians intending to work with Chinese American clients was the need for more creative marketing from counseling professionals. One suggested idea was that of offering free counseling sessions. Several of the participants suggested the idea of providing some type of free trial initial counseling sessions because the financial aspect of counseling was a considerable barrier for Chinese Americans. As mentioned earlier, it was not necessarily the actual cost of counseling that served as the barrier, but because counseling was mysterious and its advantages were unclear to Chinese Americans, if people could try them out for free initially, perhaps an initial consult at no cost, then they may be less resistant.

Another strategy could be to take advantage of the Chinese media. One of the participants talked about a radio show hosted by a therapist in Hong Kong which allowed callers to post questions about their problems. This type of shows allowed the public to become more familiar with the concept of counseling. One could expand that idea and make use of the many Chinese cable and local TV stations to deliver educational segments on family therapy to the Chinese immigrant families.

Finally, one more marketing idea would be to leverage the credibility of professionals from fields recognized as more established in the mind of the Chinese people, such as doctors, pastors, and educators. For instance, this researcher has spoken to some Chinese American

physicians who have expressed an interest in establishing a two way referral channel with family therapists who are trained in working with the Chinese population.

Future Research

One important concept which was not directly assessed in this study was the level of acculturation of the participants. Tata and Leong (1994) found in their study a direct and significant predictive relationship between acculturation and Chinese American students' attitudes toward seeking professional psychological help. Understanding and being able to assess acculturation is important to psychologists and mental health professionals who serve the growing number of Asian Americans because Asian American acculturation has been shown to be significantly related to a number of psychological variables (Kim et al, 1999). Research studies have also claimed that less acculturated Chinese Americans, Japanese Americans, and Korean Americans tended to feel more stigmatized when seeking mental health services than did their more acculturated counterparts (Atkinson & Gim, 1989). Consequently, in order to add more significance to this study on Chinese immigrants and Chinese Americans, appropriate acculturation scales could have been utilized to assess the participants' cultural values. Among such scales, the researcher considered the Asian Values Scale (Kim, Atkinson, & Yang, 1999), a widely used 36-item scale that assessed the degree to which an individual adhered to Asian cultural values, and the Asian American Multidimensional Acculturation Scale, a more modern scale that included three additional defining features: orthogonality of cultural dimensions, inclusion of a pan-ethnic dimension, and applicability across multiple ethnicities (Chung, Kim, & Abreu, 2004). However, due to the exploratory nature of this study, it was decided not to include those scales as measures for the participants' level of acculturation. As an extension of

this study, it may be revealing to assess the level of acculturation of participants to determine if it predicts utilization practices.

In addition, this study revealed that due to cultural inhibitions, it seemed that first generation Chinese immigrants might be a special group of Chinese Americans that have much stronger utilization barriers and might require additional research to better understand them. It would be a very revealing study to explore more on how cultural identity and acculturation level of first generation Chinese immigrants affected their attitude toward seeking counseling services.

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APPENDIX A

Participant Recruitment Script

Phone and E-mail to local Chinese community organizations:

Hello, my name is Sam San. I understand that you are [leader position] of [organization name]. I am a graduate student of the Marriage and Family Therapy program at Virginia Tech, and I am conducting a study about the perception of Chinese immigrants and Chinese Americans towards family and relationship counseling services. I am looking for people who consider themselves culturally and ethnically Chinese (華人), who would be willing to be interviewed for about 60 to 75 minutes. I would greatly appreciate it if you would distribute the attached flyer to your group, and to anyone else you know who may be willing to participate. Please feel free to contact me at samuelsan33@hotmail.com or at 703-371-7797, if you have any questions. Thank you in advance for your help.

-Sam San

APPENDIX B**Participant Recruitment Flyer**

Do you consider yourself Chinese (華人)?

*Would you like to help other
Chinese Americans improve their relationships
with their family members?*

The aim of this study is to understand if being of Chinese heritage (華裔) may affect one's perceptions towards family and relationships counseling services. Research has revealed noteworthy utilization patterns of mental health and counseling services by the Chinese population in the United States. This study would like to explore more about these patterns.

If you participate, you'll first be asked to fill out a short survey. Then you will be interviewed about your perspectives on family/relationships counseling, and your experiences with any counseling services here in the United States.

If you would like to participate, we will meet together in person and I will ask you about your experiences and understandings. The information you provide will be kept confidential. The survey and interview will take about 60-75 minutes.

To learn more about this research and set up an interview time, please contact:

Sam San

703-371-7797

(Feel free to leave a message.)

Or

samuelsan33@hotmail.com

Please share this with other Chinese immigrants or Chinese Americans who may be willing to help with this study.

APPENDIX C**Demographic Questionnaire**

Interviewee #:

Age:

Gender:

Place of Birth/Residence until age 15:

Number of Years in the United States:

First language:

Other languages spoken:

Number of marriages/long-term relationships:

 Duration of each relationship(s):

 Ethnicity of partner(s):

Number of years in current relationship:

Number of children:

 Sex and Ages of children:

Other members in your household/living in the same house:

Highest level of education: (Please check one)

___ High school or less

___ Some college

___ College degree

___ Some graduate work

___ Master's degree or higher

Religion:

Profession:

Annual household income: (Please check one)

___ Less than \$25,000

___ Between \$25,000 and \$49,999

___ Between \$50,000 and \$74,999

___ Between \$75,000 and \$99,999

___ \$100,000 or more

APPENDIX D

Interview Questions

1. What are your thoughts on family counseling? How is it different from individual counseling?
2. How do you think Chinese Americans (華人) perceive family counseling?
3. Why do you think Chinese Americans may or may not want to seek family counseling services?
4. What are some other sources of help that Chinese Americans may seek or utilize when they have family conflicts?
5. Can you think of any kinds of family problems that counseling could be useful to Chinese Americans? If so, what makes counseling useful for those problems?
6. Are there any types of Chinese Americans that would be more or less willing to seek counseling services? If so, what types?
7. Are there other people in America that may share the same feelings that Chinese Americans have towards family counseling? What do they have in common with the Chinese?
8. Have you had any experience with counseling or therapy? If so, please describe the problem and your counseling experience.
9. How would the mental health or counseling field have to change in order to remove some barriers and increase utilization of counseling for Chinese Americans?