DIFFERENCES IN ATTITUDES TOWARDS PSYCHOLOGICAL HELP AMONG VIETNAMESE- AND AUSTRALIAN-BORN RESPONDENTS[1]

Thai Duong-Ohtsuka
School of Social and Behavioural Sciences
Mail Box No.52
Swinburne University of Technology
Hawthorn, Vic 3122

E-mail: thai_ohtsuka@hotmail.com
Telephone: 0402 208 154

Keis Ohtsuka
School of Psychology (F089)
Victoria University
PO Box 14428
Melbourne, Vic 8001
Australia

E-mail: Keis.Ohtsuka@vu.edu.au
URL: http://www.staff.vu.edu.au/Keis
Telephone: +61 3 9919 5098
Facsimile: +61 3 9199 4324

Abstract

Under-utilisation of health services among Australian migrants has been a challenge for mainstream health service providers. Since help seeking behaviour is unique to specific cultural groups, this paper examines the differences in attitudes towards psychological help seeking between the Vietnamese- and the Australian-born respondents. A sample of 131 participants (62 Vietnamese born, 69 Australian born) answered the Attitudes toward Psychological Help Questionnaire (Fischer & Turner, 1970). It was hypothesised that Vietnamese-born participants have: (a) less recognition of need for help, (b) less confidence in helpers, (c) lower stigma tolerance, (d) less interpersonal openness, and (e) less knowledge regarding where to seek help compared to Australian-born counterparts. Discriminant analysis showed that recognition of need for help, stigma tolerance, confidence in helpers, and knowledge regarding where to get help provided enough information to distinguish the two

[1] Duong-Ohtsuka, T., & Ohtsuka, K. (2001). Differences in attitudes towards psychological help among Vietnamese- and Australian-born respondents. In A. Blaszczynski (Ed.), *Culture and gambling phenomenon: The proceedings of the11th National Conference of the National Association for Gambling Studies, Sydney* (pp. 119 – 127). Alphington, Australia: The National Association for Gambling Studies.

groups with 75.6% of correct classification rate. Although Vietnamese expressed significantly higher confidence in helpers, they were less certain about where to get help as expected. Australian-born respondents showed both higher stigma tolerance and higher knowledge regarding services available. Implications for counselling services directed to Vietnamese-Australian communities will be discussed.

Introduction

Many people who experience problems with gambling do not seek help. A prevalence study conducted by the Productivity Commission (1999) revealed that 80 per cent of all Australian adults report that they have gambled at some time, 40 per cent do so regularly, 2.3 per cent (330,000 people) experienced significant problems and 1.7 per cent (240,000 people) may be construed as compulsive, pathological or severe problem gamblers. However, only 0.8% (111,000) stated that they would like help for their problem and only half of these people (0.4%) attempted to access helping services. In sum, only approximately one tenth of people who experience problem gambling actually seek help for their problems.

Several reasons are cited as to why people with gambling problems do not seek professional help in the literature. These reasons include limited knowledge of available services, lack of awareness regarding the severity of problems, cultural and or gender factors and the stigma associated with gambling problems (Beattie, Blaszczynski, Maccallum & Joukhador, 1999; Productivities Commission, 1999; Tran, 1999). Those who seek help primarily do so as a result of a crisis stemming from major financial difficulties, family breakdown, job loss and or criminal charges. Differences in reasons for people to seek help or not pose two questions: firstly, whether people simply lack resources to access gambling counselling services and secondly, whether they have negative attitudes toward seeking psychological services? The aim of the current study was to find answers for these questions.

There are a number of factors often cited as reasons individuals may not access services. A help seeker must possess basic resources such as (1) the knowledge of available services and (2) availability of helpers from a similar cultural, ethnic and linguistic background. Previous studies also found that these factors are the two powerful predictors of psychological help seeking (Delphin & Rollock, 1995), especially for those who found themselves marginalised in our society. A sense of alienation is often associated with one's ethnicity. However, it is not entirely clear whether a sense of alienation with regard to ethnicity changes over time or since the individuals' arrival in the host country. That is, whether there is difference between people who were born overseas and those who were born in Australia in this regard that explains their help seeking behaviours.

Since help seeking behaviours are unique to specific cultural groups, this paper examines the differences in the attitudes towards psychological help seeking between the Vietnamese- and the Australian-born respondents. Further, it investigates if linguistic and cultural differences are a barrier to seeking help and whether acculturation influences their knowledge and confidence in accessing services.

It was hypothesised that Vietnamese-born participants would show: (a) less recognition of the need for help, (b) lower stigma tolerance, (c) less interpersonal

openness, (d) less confidence in helpers, (e) less knowledge regarding where to seek help, and (f) more likely to prefer helpers from own cultural group, compared to Australian-born counterparts.

Method

The data of this study was extracted from a larger study of psychological help seeking of ethnic Australians (Duong-Ohtsuka, 2001). To understand the impacts of cultural factors on attitudes toward psychological counselling help, this study selects and investigates experience of those who were born in Vietnam and in Australia.

Participants

One hundred and thirty-one adult Melburnian sample included 61 Vietnamese-born (22 male, 39 female) and 70 Australian-born (23 male, 47 female). The Australian sample included people from different cultural groups, which make up people from Asian-, European-, and Anglo-backgrounds.

Measures

Data identified based on (1) place of birth (Vietnamese-born and Australian born participants were selected, and gender differences. The questionnaire was available in both English and Vietnamese. The Vietnamese language version questionnaire was back translated to ensure the reliability and validity of quality of translation.

Attitudes toward Psychological Help Scale (ATPHS) (Fischer & Turner, 1970): ATPHS comprises 29 items developed to assess attitudes toward seeking professional counselling (Fischer & Turner, 1970). The questionnaire has four subscales: Recognition of need for psychological help, stigma tolerance, stigma concerns, interpersonal openness, and confidence in psychologists. The reliability of the four subscales reported by Fischer and Turner (1970) ranged between .83 and .86. Internal consistency of the scale is .83. All items were measured by a 7-point Likert scale regarding a likelihood for an action described in each statement (1 = Extremely unlikely, 2 = Very unlikely, 3 = Slightly unlikely, 4= Neither, 5 = Slightly likely, 6 = Very likely, and 7 = Extremely likely), or on a degree of agreement with a view expressed in each statement (1 = Extremely disagree, 2 = Very disagree, 3 = Slightly disagree, 4= Neither, 5 = Slightly agree, 6 = Very agree, and 7 = Extremely agree).

Recognition of the need for help comprises eight items assessing whether respondents think that psychological or emotional problems are issues that may demand professional attention. The highest possible score is 56 and the lowest possible score is 8. Higher scores represent greater awareness for the need for seeking professional help.

Stigma tolerance contains five items assessing respondents' ability to disregard stigma associated with seeking help for psychological or emotional problems. The highest possible score is 35 and the lowest possible score is 5. Higher scores on stigma tolerance indicate a higher level of tolerance against stigma associated with seeking professional help.

Interpersonal openness consists of seven items assessing respondents' willingness to disclose their problems with professional helpers. The highest possible score is 49 and the lowest possible score is 7. Higher scores indicate a higher level of willingness to discuss one's problems with others.

Confidence in helpers consists of nine items assessing whether respondents believe that psychologists or counsellors can help with their problems. The highest possible score is 63 and the lowest possible score is 9. Higher scores represent a higher level of confidence in helpers regarding their ability to help the client.

Knowledge of available services is a single item asking respondents if they know how and where to get help in case they needed to. The highest possible score is 7 and the lowest possible score is 1. Higher scores represent better knowledge regarding available services.

Preference of ethnically similar helpers is a single item question asking whether the ethnic background of professional helpers is an important factor when seeking professional help. The highest possible score is 7 and the lowest score is 1. Higher scores indicate higher preference of helpers from the similar ethnic background.

Results

All statistical tests were two-tailed tests using an alpha level of .05. Table 1 shows means and standard deviations for of six factors for Australian-born and Vietnamese-born groups.

Table 1
Means and Standard Deviations on the Measures of Attitudes Towards Professional Psychological Help Seeking

				Valid N (listwise)	
		Mean	Std. Deviation	Unweighted	Weighted
Born in Australian	Knowledge of services	5.5429	1.3903	70	70.000
	Recognition of need for help	36.8429	8.5865	70	70.000
	Stigma Tolerance	25.3429	5.9023	70	70.000
	Interpersonal Openness	32.5000	6.9527	70	70.000
	Confidence in helpers	41.4429	7.5347	70	70.000
	Prefer councellors from the same ethnic background	3.7286	1.9849	70	70.000
Born in Vietnam	Knowledge of services	4.8197	1.8395	61	61.000
	Recognition of need for help	35.2951	6.2566	61	61.000
	Stigma Tolerance	23.1148	6.0994	61	61.000
	Interpersonal Openness	30.2623	7.2707	61	61.000
	Confidence in helpers	44.2459	7.7796	61	61.000
	Prefer councellors from the same ethnic background	4.6721	2.0226	61	61.000
Total	Knowledge of services	5.2061	1.6489	131	131.000
	Recognition of need for help	36.1221	7.6027	131	131.000
	Stigma Tolerance	24.3053	6.0750	131	131.000
	Interpersonal Openness	31.4580	7.1632	131	131.000
	Confidence in helpers	42.7481	7.7483	131	131.000
	Prefer councellors from the same ethnic background	4.1679	2.0500	131	131.000

To determine whether there are any differences in the six factors between the two sample groups, a series of one-way analysis of variance (ANOVA) was carried out. Figure 1 shows score differences between the two groups for the six factors.

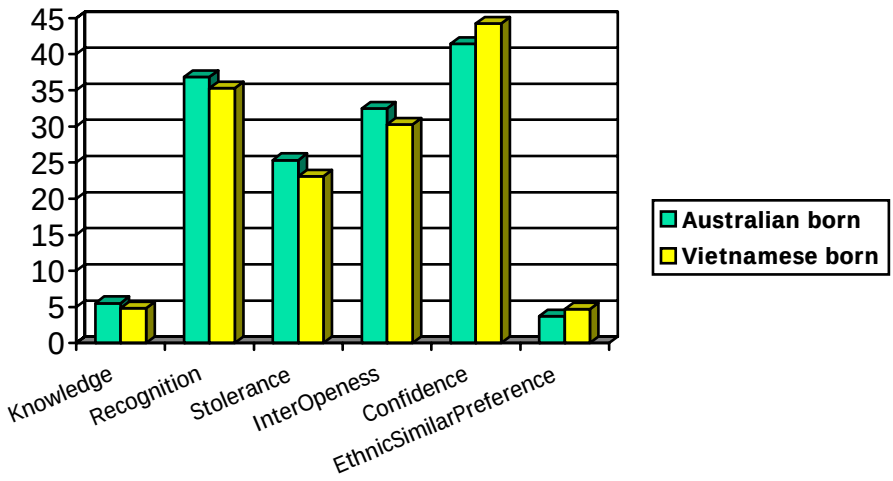

Figure 1

Attitudinal Differences on the Six Factors of Attitudes Towards Professional Psychological Help Seeking

One-way ANOVAs show statistically significant differences between the two sample groups on the following factors: Knowledge regarding services, $F(1, 137)= 8.99$, $p=.003$; Stigma tolerance, $F(1,135)= 4.15$, $p=.044$; Confidence in helpers, $F(1, 132)=4.70$, $p=.032$; and Preference of ethnically similar helpers, $F(1, 136)=5.67$, $p=.019$. However, there were no statistically significant differences between the two groups on Recognition of the need for help, $F(1, 135) = 1.44$, $p = .23$, and Interpersonal Openness, $F(1, 136) = 3.28$, $p = .07$.

Hence, Australian-born respondents know significantly more about the services available and more confident in accessing them, and show higher stigma tolerance compared to Vietnamese-born respondents. However, Vietnamese-born respondents hold higher levels of confidence in professional helpers' ability to address their problems and show more positive attitudes regarding getting help from professional helpers with ethnically similar backgrounds than Australian-born respondents. There were no differences between the two groups in recognition of the need for help or in the levels of interpersonal openness.

In fact, these factors on professional help seeking together provide sufficient information to distinguish the two groups. A discriminant analysis found that knowledge of services, recognition of the need for help, stigma tolerance, interpersonal openness, confidence in helpers, and preference of ethnically similar helpers together provide information sufficient to discriminate between the two groups with 75.6% of correct classification rate (see Table 2).

Table 2

Summary Of Discriminant Analysis Using Six Attitudinal Factors Towards Professional Psychological Help Seeking

Classification Results[a]

			Predicted Group Membership		
		Are you born in Vietnam?	Australian born	Born in Vietnam	Total
Original	Count	Australian born	51	19	70
		Born in Vietnam	13	48	61
	%	Australian born	72.9	27.1	100.0
		Born in Vietnam	21.3	78.7	100.0

a. 75.6% of original grouped cases correctly classified.

Discussion

The results of the current study showed differences in attitudes towards seeking professional help between Australian-born and Vietnamese-born respondents in their levels of stigma tolerance, confidence in helpers, knowledge of services, and preference of ethnic similar helper.

Hypotheses (b), (d), (e) and (f) were supported. As hypothesised (Hypothesis b), Vietnamese-born respondents showed less stigma tolerance compared to the Australian-born group.

Contrary to Hypothesis (a), there was no evidence for higher awareness of recognition of the need for help for Australian-born participants. Regarding interpersonal openness (Hypothesis c), the differences between the two groups did not reach statistical significance although the trends of more openness for Australian-born respondents were observed.

An analysis of hypothesis (d) regarding confidence in helpers produced unexpected results. Hypothesis (d) found strong support although the direction of effect was opposite. Vietnamese-born respondents know less about available service provisions but placed higher levels of confidence in helpers. Vietnamese-born participants, while having higher confidence in helpers' abilities and a lower level of stigma tolerance, had less knowledge regarding where and how to get help. Also they were more likely to prefer helpers from their own cultural background when deciding to seek help.

Since the majority of Vietnam-born respondents are relative newcomers to the host country arriving after 1975, it is not surprising that they may feel alienated and are unsure about where to get help. A language barrier further makes it difficult for them to locate resources or obtain information. However, what is less clear is why they have a high level of confidence in psychological helpers. Given that Vietnamese-born respondents came from a country where psychological services are difficult to find and remains foreign to many, their high levels of confidence in professional helpers

may be a blind trust. In normal circumstances, a high level of confidence in helpers would predict positive attitude in seeking professional help and therefore is a welcome trend. However, if the confidence in helpers is based on the unrealistic expectation that the professional helpers would sort out all the problems surrounding clients immediately, a backlash may occur. Anecdotal evidence abound that few Vietnamese seek professional psychological help willingly, but when they do, often the expectations they have of counsellors is high. For example, they may expect a counsellor to be able to provide financial relief, resolve their court cases, or dissuade their partner from filing a divorce, etc. While lack of understanding about the counselling processes may reinforce high confidence in professional helpers, a failure to acknowledge limitations or client's responsibility regarding therapeutic processes may result in disappointment and a high dropout rate.

In addition, high expectations and misunderstanding regarding psychological services may provide a basis for stigmatisation. The results of the current study indicate a lower level of stigma tolerance amongst Vietnamese-born participants compared to Australian-born participants. The lack of insight regarding psychological services may reinforce and perpetuate a stigma associated with psychological help seeking. Fear of stigmatisation associated with psychological help seeking has been documented not only among the Vietnamese community, but also other migrant groups such as Arabic speaking Australians (Beattie, Blaszczynski, Maccallum, & Joukhador, 1999; Productivity Commission, 1999). Commonly, people who came from countries where psychological services are not readily available would often associate psychological help seeking with a mental illness. The reluctance to seek professional psychological help combined with the lack of knowledge about these services would encourage people to resort to self-help or "helpers" who make themselves available within their family, the network of friends, spiritual leaders in the community or general practitioners of medicine. This would especially be in the case of problems which manifest themselves as physical symptoms.

Although the findings seem to provide insight about how ethnic community members perceive professional psychological help seeking, the result of the current study should be interpreted with caution. Although the Vietnamese-born sample constituted a group of overseas-born population, their views regarding seeking professional psychological help may not be representative of other ethnic and cultural groups. Generalisation of the results should be carried out with a careful consideration of demographic and cultural factors when the implications of the current research are extended to other cultural groups. Further, the cultural uniformity of the "Australian-born" group must not be taken for granted since this group includes people from various cultural backgrounds. Compared to Vietnamese-born respondents, the Australian-born respondents share only one common feature of becoming Australian by virtue of birth and of spending most of their time in Australia.

By considering people were born in Australia as a homogeneous and as a single subculture, the cultural influence of the majority culture may be overestimated in relation to the formation of attitudes toward seeking professional psychological help. Further research thus would be essential to investigate whether attitudes towards professional help seeking of migrants would change as the years pass by since their arrival to the host country. The results of the current study suggest that the longer the time since the arrival to the host country, the less stigmatisation is associated

regarding psychological help-seeking, the more knowledge and better understanding about psychological services, and hence more realistic expectations regarding ability of professional helpers, experience less barriers to psychological services hence less emphasis on culture-bound services. However, the individual acculturation process would inevitably interact with the cultural values and attitudes of each person. For this reason, a simplistic expectation that the acculturation is a monotonic function of time may not be applicable.

As an extension of the current investigation on psychological help seeking, further research would benefit from considering within group differences in a migrant group. An investigation of the relationship between acculturation experiences, modes of acculturation, and attitudes towards help seeking, may further enhance understanding the experience of people within specific cultural groups.

Overall, help seeking for gambling problems may be misdirected. It has been commonly recognised that people who encounter distress may experience it emotionally/psychologically or physically (Brown & Coventry, 1997; Dinges & Cherry, 1995; Lin, Inue, Kleinman, & Womack, 1982;). Service provision and research on psychological help seeking seem to focus on the psychological experience but place less emphasis on the somatic experience arising from psychological or social distress.

Somatisation, a form of expression of distress through bodily complaints, is often overlooked in psychological services. A high percentage of cases presented to Gambler's Help problem gambling counselling services include complaints regarding physical symptoms (Jackson et al., 1999). However, it is not known if these symptoms are being addressed. Because psychological services are traditionally known to deal with emotional or psychological symptoms, potential clients who experience physical symptom stemming from psychological distress may seek help only from medical practitioners. Clinicians who fail to recognise the psychological origin of somatised symptoms in clients may further reinforce greater somatisation on the part of the client, a vicious circle of inappropriate treatment and misuses of medical services would ensue.

Vietnamese-born clients, unfamiliar with psychological help provision and little knowledge on the psychological process, would use somatisation as a main form of expression of psychological distress. Although somatisation is commonly found in all cultural groups, it often constitutes the main form of symptom expression for people from Asian, African and Hispanic backgrounds (Kirmayer, Dao, & Smith, 1998; Kirmayer, 1989). In contrast, people from West European background more frequently employ psychologisation. Hence, a barrier to services is much subtler than a linguistic barrier. Gambling counselling services often expect a certain level of psychologisation, openness to share problems with the counsellor, and an expectation of the client to use communication skills effectively to verbalise concerns. Although this approach to psychological services may be attractive to those who have a tendency of psychologisation, a client opting for somatisation to express psychological problems will not receive much benefit from the service. Although somatisation is widely noted by the practitioners and the researchers in the gambling research community, there is an urgent need for a systematic research on how psychologisation/somatisation would influence professional help seeking behaviours.

To promote service utilisations for prospective clients, a holistic approach to the problem may be required. Public awareness campaigns regarding problem gambling should include symptoms of somatisation as well as those of psychologisation. Service providers must consider both psychological and physical problems from psychological, biological, and social perspectives. Failing to recognise the importance of all three aspects may results in less than adequate service provision.

References

Beattie, L., Blaszczynski, A., Maccallum, F., & Joukhador, J. (2000). Gambling problems in a multicultural society. In J. McMillen & L. Laker (Eds.), *Developing strategic alliances: Proceedings of the 9th National Association for Gambling Studies Conference, Gold Coast, Queensland 1999* (pp. 30 – 38). Kew, Australia: The National Association for Gambling Studies.

Brown, S., & Coventry, L. (1997). *Queen of Hearts: The needs of women with gambling problems*. Melbourne, Australia: Financial and Consumer Rights Council, Inc.

Delphin, M. E., & Rollock, D. (1995). University alienation and African American ethnic identity as predictors of attitudes toward, knowledge about, and likely use of psychological help. *Journal of College Student Development, 36*, 337-346.

Dinges, N. G., & Cherry, D. (1995). Symptom expression and the use of mental health services among American ethnic minorities. In J. F. Aponte, R. Y. Rivers, & J. Wohl (Eds.), *Psychological interventions and cultural diversity*. Needham Heights, MA: Allyn and Bacon.

Duong-Ohtsuka, T. (2001). Predicting psychological help-seeking behaviour of ethnic Australians. In G. Coman (Ed.), *Lessons of the past: Proceedings of the 10th National Association for Gambling Studies Conference, Mildura 2000* (pp. 178 – 196). Alphington, Victoria, Australia: The National Association for Gambling Studies.

Fischer, E. H., & Turner, J. L. (1970). Orientation to seeking professional help: Development and research utility of an attitude scale. *Journal of Consulting and Clinical Psychology, 35*, 79-90.

Jackson, A. et al. (1999). *Client services analysis report No. 5 – Analysis of client presenting to Break Even problem gambling services July 1, 1998 to June 30, 1999*. Prepared for Victorian Department of Human Services, Melbourne, Australia.

Kirmayer, J. L. (1989). Cultural variations in the response to psychiatric disorders and emotional distress. *Social Science Medicine, 29*, 327-339.

Kirmayer, L. J., Dao, T. H. T., & Smith, A. (1998). Somatization and psychologization: Understanding cultural idioms of distress. In S. O. Okpaku (Ed.), *Clinical methods in transcultural psychiatry* (1st ed.). USA: Washington, DC: American Psychiatric Press.

Lin, K.-m., Inue, S. T., Kleinman, M. A., & Womack, M. W. (1982). Sociocultural determinants of the help-seeking behavior of patients with mental illness. *Journal of Nervous and Mental Disease, 170,* 78-8.

Productivity Commission. (1999). *Australia's gambling industries, Report No. 10*. Canberra, Australia: Author.

Tran, D. (1999). *Asian gambling, family losses*. Melbourne: Jesuit Social Services.

Victorian Casino and Gaming Authority (2000). *The Impact of gaming on specific cultural groups.* Melbourne, Victoria: Author.