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Asian and European American Cultural Values, Bicultural Competence, and Attitudes Toward Seeking Professional Psychological Help Among Asian American Adolescents

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Abstract

The authors examined the extent to which Asian American adolescents who were living in Hawaii adhered to Asian and European American cultural values in relation to mental health variables including collective self-esteem (membership, private, public, importance to identity), cognitive flexibility, general self-efficacy, and attitudes toward seeking professional psychological help. Results and implications for counselors are discussed.

To study the within-group diversity of the Asian American population in terms of their levels of cultural adaptation and retention, theorists and researchers have examined the constructs of acculturation and enculturation. Redfield, Linton, and Herskovits (1936) described acculturation as "those phenomena which result when groups of individuals sharing different cultures come into continuous first-hand contact, with subsequent changes in the original culture patterns of either or both groups" (p. 149). Herskovits (1948) referred to enculturation as the process of socialization to the norms of one's indigenous culture, including the values, ideas, and concepts that are salient for the culture. Recently, Kim and Abreu (2001) described acculturation as consisting of adaptation to the norms of the dominant group (i.e., European Americans) and enculturation as consisting of retention of the norms of the indigenous group.

For Asian American adolescents, important dimensions of acculturation and enculturation are adherence to Asian and to European American cultural values, where values refer to attitudes about what one thinks is desirable (see Atkinson, 2004). Asian cultural values that are salient for Asian Americans in general include collectivism, conformity to norms, deference to authority figures, emotional restraint, filial piety, and humility (Kim, Atkinson, & Yang, 1999). Regarding European American values, individualism, autonomy, future orientation, and mastery of the environment have been highlighted (see Atkinson, 2004). Current theories on cultural values have suggested that first-generation Asian American adolescents will adhere to Asian values more strongly than will their counterparts who are several generations removed from immigration (Atkinson, 2004). Similarly, it can be theorized that fifth-generation Asian American adolescents will adhere to European American values more strongly than will recent immigrants to the United States.

The current literature on cultural adaptation and retention proposes that individuals who can adhere to the norms (including values) of both the indigenous and the dominant cultures may exhibit increased psychological functioning (LaFromboise, Coleman, & Gerton, 1993). These authors used the term bicultural competence to describe the process in which individuals are able to successfully meet the demands of two cultures. They described bicultural competence as including (a) knowledge of cultural beliefs and values of botii cultures; (b) positive attitudes toward both groups; (c) communication ability in both cultures; (d) bicultural efficacy, or belief that one can live in a satisfying manner within both cultures without sacrificing one's cultural identity; (e) role repertoire, or the range of culturally appropriate behaviors; and (f) a sense of being grounded in both cultures. However, there is a virtual void of research that specifically addresses the relations between adherence to both Asian and European American cultural values (i.e., the first dimension of bicultural competence) and the rest of the dimensions of bicultural competence among Asian American adolescents and how these relations may be relevant for counselors. Given that there are different developmental needs of adolescents in comparison to adults, examination of these constructs among the adolescent population could offer helpful information to counselors, particularly those who work in schools. In the present study, we focused specifically on the first four of the six dimensions of bicultural competence. Although the fifth and sixth dimensions are important to study, we unfortunately could find no reliable and valid measures that have adequately operationalized them.

In a related body of research literature, adherence to either Asian or European American values has been found to influence individuals with regard to several factors related to mental health, including their help-seeking behaviors (Atkinson, 2004). Consistent with this idea, Kim and Omizo (2003) found that Asian Americans with high adherence to Asian values had less positive attitudes toward psychological help seeking and less willingness to see a counselor in general or for personal and health-related problems. With regard to the counseling process, several studies have found that high adherence to Asian cultural values were related to positive evaluations of counselors (Kim, Ng, & Ann, 2005). Similarly, Kim et al.'s (2005) study showed that high adherence to European American values was positively associated with counselor ratings. However, all of these studies were conducted with adult college students who are 18 years of age or older and, therefore, may not be relevant for counselors who work with Asian American adolescents. Therefore, the purpose of our study was to examine Asian American adolescents' adherence to Asian cultural values and European American cultural values in order to study the relation between these previous findings and the following dimensions related to bicultural competence or help-seeking attitudes: collective self-esteem, cognitive flexibility, general self-efficacy, and attitudes toward seeking professional psychological help.

BICULTURAL COMPETENCE

Collective Self-Esteem

Collective self-esteem refers to individuals' attitudes about the social groups to which they belong (e.g., ethnic/racial, gender, socioeconomic class). This construct is closely related to the previously mentioned dimension of bicultural competence (positive attitudes toward both groups) because it represents one's attitudes toward one's own group in relation to the dominant group. Luhtanen and Crocker (1992) proposed the following four aspects of collective self-esteem, each of which plays a role in defining the concept as a whole: membership, private, public, and importance to identity. Membership collective self-esteem refers to "individuals' judgments of how good or worthy they are as members of their social groups" (p. 305). Private collective self-esteem is defined by people's opinions about how "good" their social groups are. Public collective self-esteem refers to people's attitudes about how others evaluate their social groups. Importance to identity collective selfesteem is a measure of how important people's social group membership is to their self-concept. In a study of Asian American adult college students, Crocker, Luhtanen, Blaine, and Broadnax (1994) discovered a positive relation between collective self-esteem and psychological well-being. In another study with Asian American adult college students, Kim and Omizo (2005) found significant positive relations between the membership and private dimensions of collective selfesteem and adherence to Asian and European American values. Also, adherence to Asian values was observed to be positively related to importance to identity collective self-esteem.

Cognitive Flexibility

Cognitive flexibility refers to the mental processes that precede an individual's choice to exercise flexibility in communication and social situations. According to Martin and Rubin (1995), the construct specifically refers to the following three areas of a person's cognition: the awareness that options and alternatives exist in any given situation, the willingness to adapt and be flexible in the

situation, and the level of self-efficacy in practicing flexibility. This construct is closely related to the third dimension of bicultural competence mentioned earlier in this article (i.e., communication ability in both cultures) because it describes one way that effective communication can occur in a cross-cultural context. Specifically, cognitive flexibility can serve as a positive precursor to the speech behavior that demonstrates bicultural language competence as conceptualized by LaFromboise et al. (1993). In a study of this construct, Kim and Omizo (2005) reported a direct correlation between high levels of adherence to European values and cognitive flexibility among Asian American adult college students. Those findings were consistent with the opinions of Harrison, Wilson, Pine, and Chan (1990), who observed that increased cognitive flexibility is one of the benefits experienced by ethnic minority children in the United States, who grow up attempting to negotiate the demands of two distinct cultures.

General Self-Efficacy

Self-efficacy represents individuals' expectations that they can successfully perform a particular behavior (Bandura, 1977). People who have high levels of self-efficacy believe in their ability to successfully initiate and carry out actions in pursuit of a goal. General self-efficacy is closely related to the fourth dimension of bicultural competence (i.e., bicultural efficacy, or the belief that one can live in a satisfying manner within both cultures without sacrificing one's cultural identity) because it describes how being confident about mastering the varied demands of both cultures can lead to a successful life in a cross-cultural context. The construct of self-efficacy has been a particularly important one in the field of counseling for many years because some researchers have posited that behavioral change is only possible to the extent that clients believe in their ability to carry out the desired behaviors (Bandura, 1977). Using data from Asian American adult college students, Kim and Omizo (2005) found that adherence to European American values was positively related to general self-efficacy.

Help-Seeking Attitudes

For many years, researchers in counseling have studied individuals' attitudes toward seeking professional psychological help as it related to various ordinal factors such as gender, socioeconomic class, and overall emotional status (Fischer & Farina, 1995). In recent years, however, research on the topic has mainly been concentrated in the area of multicultural counseling because researchers in that area have begun to study the relation between attitudes toward seeking psychological help and levels of adherence to the values of specific minority cultures in the United States, including Asian values (Frey & Roysircar, 2006; Kim & Omizo, 2003). In general, the results of these studies showed that less acculturated Asian Americans tended to have more negative views toward seeking professional mental health services than did more acculturated Asian Americans.

On the basis of the literature on bicultural competence and its related constructs, we hypothesized that there would be a positive relation between adherence to both Asian and European American cultural values and the following variables: the four dimensions of collective self-esteem, cognitive flexibility, and general self-efficacy. Furthermore, on the basis of the results of Kim and Omizo's (2003) study and the review presented in Kim et al. (2005), we hypothesized an inverse relation

between adherence to Asian cultural values and positive attitudes toward seeking professional psychological help but a positive relation between adherence to European American cultural values and positive attitudes toward help seeking.

METHOD

Participants

Participants in the study were 112 (65 girls, 46 boys; 1 did not report sex) Asian American high school students in Hawaii. A power analysis indicated that this sample size yields a power greater than .80 for a multiple regression analysis with two independent variables, an alpha level equal to .007, and a medium (f = .15) effect size. The participants' ages ranged from 15 to 19 years, with a mean of 16.77 years (SD= 0.97). There were 55 (49.1%) seniors, 40 (35.7%) juniors, 13 (11.6%) sophomores, and 3 (2.7%) 1st-year students; 1 participant (0.9%) did not report grade level. Regarding ethnic background, there were 43 (38.4%) Filipino, 41 (36.6%) multiethnic Asian, 14 (12.5%) Japanese, 5 (4.5%) Chinese, and 5 (4.5%) Korean students; 4 students (3.6%) did not report their Asian ethnicity. (Percentages have been rounded.) Among the 41 multiethnic Asian Americans, 6 were Chinese/Filipino/Japanese, 6 were Filipino/Japanese, 5 were Chinese/Filipino, 4 were Chinese/Japanese/Filipino/ Spanish, 3 were Filipino/Japanese/Hawaiian, 3 were Chinese/Filipino/Hawaiian, 3 were Chinese/Japanese/White, 3 were Filipino/Hawaiian, 2 were Chinese/Japanese/Hawaiian, and 2 were Filipino/Japanese/Hawaiian/Hispanic. In addition, Filipino/Laotian, Filipino/White, Filipino/Asian Indian, and Korean/Filipino/Japanese/Hawaiian were each represented by one student. There were 33 (29.5%) second-generation, 19 (17.0%) fifthgeneration, 18 (16.1%) first-generation, 18 (16.1%) fourth-generation, 17 (15.2%) thirdgeneration students; 3(2.7%) students represented other generational statuses, and 4 (3.6%) did not report their generational status. (Percentages have been rounded.) Among the first-generation group, the years since immigration ranged from 1 to 16 years, with a mean of 10.54 years (SD = 5.03).

Measures

The Asian Values Scale (AVS; Kim et al., 1999). The AVS, which was used to measure client adherence to Asian cultural values, contains 36 items that reflect dimensions such as collectivism, conformity to norms, emotional self-control, family recognition through achievement, filial piety, and humility. The items are rated on a 7-point scale (1 = strongly disagree, 7 = strongly agree); the total scale, which is the average score of the 36 items, is used. Kim et al. (1999) reported coefficient alphas of .81 and .82 and a 2-week test-retest reliability of .83 for the 36-item scale; the data from the present study yielded a coefficient alpha of .77. Support for construct validity was obtained through exploratory and confirmatory factor analyses and by comparing the AVS with measures of individualism/collectivism and behavioral acculturation.

The European American Values Scale for Asian Americans-Revised (EAVS-AA-R; Hong, Kim, & Wolfe, 2005). The EAVS-AA-R was used to measure client adherence to European American cultural values and contains 25 items that reflect values in various situations, including child-rearing practices, marital behavior, autonomy, and sexual freedom. The EAVS-AA-R is rated on a 4-point scale (1 = strongly disagree, 4 = strongly agree). In terms of reliability, Hong et al. (2005)

reported a person separation reliability (the Rasch analogue to the coefficient alpha) of .78; the data from the present study yielded a coefficient alpha of .60. As strong evidence of validity, Rasch analysis showed that the items in EAVS-AA-R have the full range of the person trait level and item difficulty level (Hong et al., 2005).

The Collective Self-Esteem Scale (CSES; Luhtanen & Crocker, 1992). The CSES is a 16-item scale that measures an individual's esteem as a reflection of membership in a particular social group (Asian Americans in this study); participants rate the items on a 7-point scale (1 = strongly disagree, 7 = strongly agree). The scale contains four 4-item subscales: Membership Self-Esteem (CSES-Membership), Private Collective Self-Esteem (CSES-Private), Public Collective Self-Esteem (CSES-Public), and Importance to Identity (CSES-Identity). Luhtanen and Crocker (1992) reported coefficient alphas in the range of .70s and .80s for the four subscales; the present study yielded coefficient alphas of .68, .72, .60, and .60, respectively. In terms of validity, Luhtanen and Crocker reported factor analytic evidence and correlations in the expected directions with the following constructs: personal self-esteem; racial discrimination; feelings of inadequacy; individualism and collectivism; personal, social, and collective identity; internal and environmental orientation; and individuation.

The Cognitive Flexibility Scale (CFS; Martin & Rubin, 1995). The 12-item self-report CFS is a measure of cognitive flexibility, which reflects (a) an individual's awareness that in any situation there are options and alternatives available, (b) one's willingness to be flexible and adapt to the situation, and (c) an individual's self-efficacy in being flexible. The CFS is anchored on a 6-point Likert-type scale (1= strongly disagree, 6 = strongly agree). Martin and Rubin reported coefficient alphas of .76 and .77 across two samples, suggesting internal reliability of the scale's scores; the present sample yielded a coefficient alpha of .68. Martin and Rubin also reported a 1-week coefficient of stability of .83. In terms of validity, Martin and Rubin reported significant correlations in the expected directions between CFS scores and scores on measures of communication flexibility; attitude rigidity; interpersonal attentiveness, perceptiveness, and responsiveness; self-monitoring; and unwillingness to communicate.

General Self-Efficacy Subscale of the Self-Efficacy Scale (GSES; Sherer & Adams, 1983). The GSES is a 17-item measure of general self-efficacy that uses a 5-point rating scale (1 = strongly disagree, 5 = strongly agree). According to Bandura (1977), individuals with high levels of self-efficacy believe in their ability to successfully initiate and carry out actions in pursuit of a goal. The GSES was developed on the basis of a factor analysis that yielded 17 items with loadings above .40 and a coefficient alpha of .86; the present data yielded a coefficient alpha of .89. Evidence for concurrent validity was found in significant correlations with scores on measures of locus of control and self-esteem.

Attitudes Toward SeekingProfessional Psychological Help-Short Form (ATSPPH-Short; Fischer & Farina, 1995). The ATSPPH-Short is a 10-item measure of one's attitudes toward seeking help that uses a 4-point scale (1 = disagree, 4 = agree). The ATSPPH-Short was developed from the original 29-item measure. Using factor analysis, 10 items were retained that represented essentially the same constructs as did the original instrument. The authors reported evidence of criterion-related validity (correlations with previous help-seeking experience and respondent gender) and

convergent validity (correlation of .87 with the original measure). In terms of reliability, the ATSPPH-Short has a coefficient alpha equal to .84 and a 1-month test-retest reliability coefficient of .80; the current data yielded a coefficient alpha of .65

Procedure

After approval was obtained from the human subjects committee of the host university, Asian American participants were recruited from three high schools in Hawaii at class assemblies. Students were informed that their participation was voluntary and that their responses would be anonymous. Participants received no remuneration.

RESULTS

The means, standard deviations, and intercorrelations of all independent and dependent variables are shown in Table 1. Simultaneous multiple regression analyses were conducted to study the effects of the two independent variables on each dependent variable. The independent variables were AVS and EAVS-AA-R scores. The dependent variables were CSES-Membership, CSES-Private, CSES-Public, CSES-Identity, CFS, GSES, and ATSPPH-Short scores. To guard against Type I error, given that there were seven regression analyses, a Bonferroni correction was made to the overall alpha level of .05; hence, the alpha level for each analysis was reduced to .007. All of the statistical assumptions related to the use of multiple regression analysis were examined prior to the main analysis.

The results of the simultaneous multiple regression analysis for each of the seven dependent variables are presented in Table 2. The results indicated significant regression equations (i.e., p < .007 for the overall F ratio) for five of the dependent variables: CSES-Membership, CSES-Private, CFS, GSES, and ATSPPH-Short. According to the standardized beta coefficients, the AVS and EAVS-AA-R scores were positively associated with the CSES-Private and CFS scores. The AVS score was positively related to the CSES-Membership and GSES scores. The EAVS-AA-R score was inversely associated with the ATSPPH-Short score.

DISCUSSION

As hypothesized, adherence to both Asian and European American values was positively related to both private collective self-esteem and cognitive flexibility. Also, although not hypothesized, adherence to Asian values was positively associated with both the membership dimension of collective self-esteem and general self-efficacy, and adherence to European American values was found to be inversely related to positive attitudes toward seeking professional psychological help.

The private dimension of collective self-esteem refers to one's opinions about how "good" his or her social group is (Luhtanen & Crocker, 1992). As expected, on the basis of the notion of bicultural competence (LaFromboise et al., 1993), we found that adherence to both Asian and European American values was positively associated with this dimension of collective self-esteem. This finding was consistent with earlier research by Kim and Omizo (2005) with Asian American adult college students. In essence, these findings mean that the more Asian American adolescents adhere to both Asian and European American values, the better they feel about the unique ethnic groups to which they belong.

Also as expected on the basis of the notion of bicultural competence (LaFromboise et al., 1993), adherence to both Asian and European American cultural values was found to be positively related to cognitive flexibility. This finding is consistent with the literature on bicultural communication. For example, Harrison et al. (1990) specifically noted that increased cognitive flexibility is one of the benefits of attempting to negotiate the demands of two distinct cultures.

The aforementioned findings are important for counselors working with Asian American adolescents because they demonstrate the benefits of high levels of adherence to both Asian and European American cultural values vis-à-vis bicultural competence. Helping students explore their own values as well as the extent to which they are aligned with Asian and European American cultural norms may help them eventually be able to live comfortably with the values of both the dominant and the indigenous ethnic groups, a disposition that has been linked to positive facets of mental health and cognitive functioning.

Although not nypodiesized, the results showed that adherence to Asian cultural values was positively associated with both the membership dimension of collective self-esteem and general self-efficacy. High levels of collective self-esteem membership are found in persons who feel that they are "good or worthy" members of the groups to which they belong (Luhtanen & Crocker, 1992). It is not surprising, therefore, that the adolescents who adhered closely to Asian cultural values also judged themselves to be "good" members of their Asian cultural groups. This phenomenon could be an important one for counselors to explore with students who believe that they are unworthy members of their ethnic group. These adolescents could be led to explore their adherence to Asian values and the impact this has on their self-esteem, as well as the extent to which they are actually striving to be good members of their ethnic group.

In terms of the positive relation between adherence to Asian values and general self-efficacy, this result suggests that adolescents who adhere strongly to their Asian cultural values may feel confident in their abilities to successfully initiate and carry out courses of action. A possible explanation for this finding is that this sample was from Hawaii, where Asian cultural norms are widely practiced. Adolescents who adhere to high levels of Asian values would, in such an environment, be likely to feel confident in their abilities to act in pursuit of a goal. Whatever the reason for the relation, it is certainly an important one with regard to working with Asian American adolescents because it demonstrates a direct link between practicing Asian cultural norms and feeling competent to initiate and successfully execute courses of action in pursuit of specific goals. Therefore, before setting goals for counseling and then discussing courses of action with students, it may be important to examine with students how these various goals and actions make sense in light of their cultural norms and values as well as the extent to which these norms and values may affect their beliefs about their competence to follow through with such courses of action in the pursuit of these goals.

The final finding of this study, which linked high levels of adherence to European American cultural values with negative attitudes toward seeking professional psychological help, was a puzzling one. This result was completely unexpected because individuals of European American descent, in general, typically value seeking outside help for issues of mental health, whereas previous studies have shown that Asian Americans, in general, tend to have negative views toward

doing so (e.g., Kim & Omizo, 2003). This result may have been because students in Hawaii are exposed to school counselors from the time they enter school. The state mandates one school counselor per 250-300 students from kindergarten through high school. This result also may be attributable to some study limitations, for example, the uniqueness of the culture in Hawaii, or the high number of "multiethnic" individuals who participated, as discussed further as follows.

Limitations

The findings of the current study are limited in ways that are typical of survey research. First, the participants were not randomly chosen but were volunteers from local high schools in Hawaii and, therefore, may not be representative of other Asian American adolescents. Also, it may not be prudent to generalize the results to other Asian adolescent populations because school counselors recruited the participants. One should also keep in mind that 37% (41) of the participants were of multiethnic backgrounds, which may have had an impact on the results. Another possible limitation is that all of the inventories were administered in one sitting, which means that factors such as fatigue and repetition of the questions could have influenced the results. In addition, although the conceptual framework for this study was based on LaFromboise et al.'s (1993) ideas, we could find no measures that exactly matched the dimensions described by these authors. Hence, some of the measures used may not have completely represented the dimensions of bicultural competence described by LaFromboise et al. Finally, it should also be noted that some of the scales have low coefficient alphas, although sufficiently robust results were obtained. The relatively low coefficient alphas (i.e., equal to .60) were observed for the measures of European American values for Asian Americans and the public and importance-to-identity dimensions of collective selfesteem. These low alphas may suggest that the scores on these measures may have been heavily influenced by measurement error and, therefore, do not serve as sufficiently accurate indicators of the constructs. To the extent that this is true, it may help to explain some of the null findings regarding these constructs. Future research should attempt to use more error-free measures of these constructs.

Another limitation in the present study is that the range of variability on the main variables of interest (adherence to Asian and European American cultural values) may have been restricted given the nature of the sample. As noted earlier, Hawaii's culture has been heavily influenced by traditional Asian culture, although the influences of Native Hawaiian, U.S., Portuguese, Mexican, Spanish, British, African American, and Puerto Rican cultures also have had a significant impact on the culture. Given this unique situation, the participants may not have represented the full range of variability on the values constructs, although an attempt was made to mitigate tins situation by recruiting participants across the various generation statuses, from recent immigrants who are theorized to be closer to their heritage cultures to sixth-generation persons whose norms are more closely aligned with those of the dominant U.S. culture.

Implications for Future Research and Counseling Practice

The findings of the present study have a number of implications for future research and counseling practice. First, the study should be replicated with a more heterogeneous adolescent sample in order to test the hypotheses that were not supported by the current findings as well as to enhance

the generalizability of the results. These studies should include participants from Asian American ethnic groups not represented in the present study, such as Laotian, Thai, and Hmong. Second, research that further examines the relations between values acculturation and enculturation and ethnic and racial identity is needed. Third, investigations of other criterion variables such as comparisons of help-seeking values and actual seeking of professional help as well as perceived effectiveness of therapy would be useful. Fourth, research examining the within-group differences among the various Asian American races/ethnic identities is needed. Fifth, future studies might use qualitative methods to better explore the acculturation and enculturation experiences of Asian Americans. Finally, it would be interesting to explore the influences of multiethnic individuals as related to the variables investigated in the current study.

In terms of implications for practice, the present findings suggest the important roles played by Asian American adolescents' adherence to Asian and European American values as they relate to mental health and cognitive functioning. Thus, it is important for counselors working with Asian American adolescents to devote attention to the cultural values of these students and the extent to which they adhere to such values in their everyday lives. Initially, counselors working with Asian American adolescents may find it useful to explore with these students the cultural values associated with their respective ethnic groups, as well as the extent to which they adhere to these values as opposed to those of the European American majority. Helping students to understand and appreciate their adherence to the Asian values and those of the European American majority group might be helpful to them in understanding themselves and others and in their ability to have different perceptions of and solutions to problems. Students will need to be prepared for the challenges that might arise as they continue to mature and explore the values of both ethnic groups; therefore, they might benefit from learning coping and problem-solving skills that they can use to identify and work through situations that involve cultural conflict.

Counselors may also find it helpful to lead clients in a general examination of the relations between cultural values and mental health, being careful to look specifically at the ways in which this phenomenon may be at work in the client's everyday life. Although it is likely that such a process will entail an exploration of the dissonance that arises as clients attempt to adhere to two distinct sets of cultural values, it is also important for counselors to help clients understand the positive aspects of biculturalism as it relates to mental health.

Some counselors, especially those who work in schools, may find that many of their clients experience similar conflicts and, therefore, may benefit from a counseling group that focuses on cultural values. Within the context of this group, members could explore the values of their respective ethnic groups as well as the levels to which each member is adhering to these values. Invariably, some adolescents will be coping with these values conflicts in healthy ways and will be able to share their experiences and coping mechanisms with other group members.

Ultimately, the goal in working with Asian American adolescents who are facing values conflicts is to help these students be prepared for the challenges they may face because of the conflicts that arise between Asian and European American values. A counselor who is cognizant of these conflicts as well as of the ways in which they directly affect mental health is more likely to help Asian American adolescents work through this dissonance in ways that are beneficial to their

mental health. Through counseling that is focused on cultural values, these students will understand not only these conflicts and the ways in which they are manifested in the lives of Asian American adolescents, but also the unique and positive aspects of growing up as a bicultural individual and the psychological benefits inherent in such a cultural background.

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TABLE 1 Means, Standard Deviations, and Intercorrelations for the Independent and Dependent Variables

Variable	M	SD	1		2		3		4	
1	4 40	0 56								
1. AVS	4.43	0.56								
2. EAVS-AA-R	2.81	0.27	.25	* *						
3. CSES-	4 50		4.0		1.0					
Membership	4.58	1.10	.40	* * *	.18	*				
4. CSES-	F 46	1 1 -	2.0		0.6		F 2			
Private	5.46	1.15	. 38	* * *	.26	* *	.53	***		
5. CSES-	4 60	0 00	1.0	4	0.7		26	4.4	.37	
Public	4.62	0.93	.18	•	.07		.26		. 3 /	
6. CSES-	4 20	1 00	.22	+	02		41	***	.40	+++
Identity 7. CFS	4.28 4.35	1.20 0.57		***		***		***	.56	
8. GSES	4.35	0.57	.31		. 22			***	.49	
8. GSES 9. ATSPPH-	4.93	0.61	.31		. 22		.4/		.49	
Short	2.53	0 20	.00		32	***	.06		09	
SHOLL	2.53	0.39	.00		32		.00		09	
Variable	5		6	7		8	9			
V 0.1 1 0.2 1 0	5		O	,		0	9			
1. AVS	J		O	7		0	9			
	3		O	,		0	9			
1. AVS	J		0	,		o	J			
1. AVS 2. EAVS-AA-R	3		0	,		O	9			
1. AVS 2. EAVS-AA-R 3. CSES-	3		0	,		0	J			
1. AVS 2. EAVS-AA-R 3. CSES- Membership	3		0	,		o o	J			
1. AVS 2. EAVS-AA-R 3. CSES- Membership 4. CSES-	3		0	,		o o	J			
1. AVS 2. EAVS-AA-R 3. CSES- Membership 4. CSES- Private	<u>-</u> -			,		o o	9			
1. AVS 2. EAVS-AA-R 3. CSES- Membership 4. CSES- Private 5. CSES-				,		o o	9			
1. AVS 2. EAVS-AA-R 3. CSES- Membership 4. CSES- Private 5. CSES- Public				,		0	9			
1. AVS 2. EAVS-AA-R 3. CSES- Membership 4. CSES- Private 5. CSES- Public 6. CSES-		·* .	 27 **				9			
1. AVS 2. EAVS-AA-R 3. CSES- Membership 4. CSES- Private 5. CSES- Public 6. CSES- Identity	.03	•			***		9			
1. AVS 2. EAVS-AA-R 3. CSES- Membership 4. CSES- Private 5. CSES- Public 6. CSES- Identity 7. CFS	 .03 .37 **	•	 27 **		***					

Note. AVS = Asian Values Scale; EAVS-AA-R = European American Values Scale for Asian Americans-Revised; CSES-Membership = Collective Self-Esteem Scale-Membership; CSES-Private = Collective Self-Esteem Scale-Private; CSES-Public = Collective Self-Esteem Scale-Public; CSES-Identity = Collective Self-Esteem Scale-Identity; CFS = Cognitive Flexibility Scale; GSES = General Self-Efficacy Subscale of the Self-Efficacy Scale; ATSPPH-Short = Attitudes Toward Seeking Professional Psychological Help-Short Form.

*p < .05. ** p < .01. *** p < .001.

 $\begin{array}{ll} {\tt TABLE~2} \\ {\tt Results~of~Simultaneous~Multiple~Regression~Analyses~on} \\ {\tt Seven~Dependent~Variables} \end{array}$

Dependent					[R.		
Variable	В	SE	[beta]	t	sup.2]	F	р
CCEC Mambassabis					17	10 60	000
CSES-Membership					.17	10.60	.000
AVS	0.73	0.18	0.37	4.05			.000
EAVS-AA-R	0.42	0.38	0.10	1.12			.265
CSES-Private					.18	11.28	.000
AVS	0.67	0.19	0.33	3.62			.000
EAVS-AA-R	0.81	0.39	0.19	2.08			.040
CSES-Public					.03	1.69	.190
AVS	0.27	0.16	0.16	1.66			.099
EAVS-AA-R	0.12	0.34	0.03	0.35			.731
CSES-Identity					.06	3.56	.032
AVS	0.54	0.21	0.26	2.65			.009
EAVS-AA-R	-0.41	0.43	-0.09	-0.94			.349
CFS					.17	11.00	.000
AVS	0.24	0.09	0.24	2.58			.011
EAVS-AA-R	0.63	0.20	0.29	3.16			.002
GSES					.12	7.01	.001
AVS	0.29	0.10	0.27	2.83			.005
EAVS-AA-R	0.36	0.22	0.16	1.67			.098
ATSPPH-Short					.11	6.35	.002
AVS	0.06	0.07	0.09	0.91			.366
EAVS-AA-R	-0.50	0.14	-0.34	-3.56			.001

Note. CSES-Membership = Collective Self-Esteem Scale-Membership; AVS = Asian Values Scale; EAVS-AA-R = European American Values Scale for Asian Americans-Revised; CSES-Private = Collective Self-Esteem Scale-Public; CSES-Identity = Collective Self-Esteem Scale-Identity; CFS = Cognitive Flexibility Scale; GSES = General Self-Efficacy Subscale of the Self-Efficacy Scale; ATSPPH-Short = Attitudes Toward Seeking Professional Psychological Help-Short Form.