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I graduated with my bachelor's degree in Psychology at the University of Hawaii at

Mānoa in Spring 2016. This thesis was written for my Undergraduate Senior Honor project. During the process of completing my thesis, there were a few difficulties with which I have struggled with because English is my second language. However, my Chinese cultural and immigrant background made me interested in studying the mental health of Asian ethnic minorities in the United States. My academic goal is to earn a doctoral degree in a clinical psychology field.

# Psychotic-Like Symptoms and Attitudes toward Seeking Professional Psychological Help in Asian-American College Students

XUEFANG CHEN

Seniors Honors Thesis (Psychology)

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*Studies have found that Asian Americans have more negative attitudes toward seeking professional psychological help compared to other ethnic groups. Cultural-related barriers, demographic, and personal factors are correlated with Asian American mental health and underutilization of treatment services. Additionally, Asian Americans have been shown to have higher scores on both disorganization and interpersonal schizotypal subscales of a commonly used schizotypal personality disorder measure compared to White Americans. The current study recruited 241 Asian-American college students including 70 males and 171 females from the University of Hawai'i at Mānoa. The age range of participants was from 16 years old to 62 years old with a mean of 19.82. Asian-American students' collective self-esteem had a positive correlation with certain psychotic symptoms of the Schizotypal Personality Questionnaire (SPQ). First generation Asian-American students were more likely to endorse Magical Ideation symptom of the schizotypal personality disorder than second generation. However, the current study did not find Asian Americans' attitude toward seeking professional psychological help to be significantly correlated with generational status, multi-ethnic identity, or collective self-esteem. These results suggest that cultural factors may influence the manifestation of schizotypal personality symptoms in Asian Americans.*

As one of the fastest growing ethnic groups in the United States, the Asian American population will be over 20 million in 2020 (U.S. Census Bureau, 2003). Asian Americans are considered a "model minority" because of their achievements in education, higher rates of employment, and lower rates of poverty. In general, Asian Americans also have a lower prevalence of mental disorders than other ethnic groups (Hall & Yee, 2012). However, studies have shown that the "model minority" concept is a myth. High prevalence of mood disorder, underutilization of mental health services, and poor mental illness treatment outcome are three major problems for Asian Americans.

Collectively, the "model minority" myth, social stigma, cultural norms such as emotion restriction, and other barriers are all factors that negatively influence Asian American adolescents' attitudes toward seeking professional psychological help. Thus, Asian American adolescents often underutilize school-based prevention programs when they experience depressive symptoms (Anyon, Ong, & Whitaker, 2014). Although Asian Americans have a lower prevalence of mental disorder than the overall U. S. population, the prevalence of certain types of mental disorder vary among different subgroups (Sue, Cheng, Saad & Chu,

2012). For instance, one study found that the prevalence of major depression was higher among South Asian, Southeast Asian and Chinese immigrants (11.7 %) as compared to White immigrants (6.4%) (Tiwari & Wang, 2008). And the length of resident time in the United States was also shown to have a negative correlation with diagnosis of major depressive disorder (MDD) in Asian Americans (Huwang, Chun, Takeuchi, Myers, & Siddarth, 2005). Asian American children have a greater chance of being diagnosed with depression and anxiety disorders than children of other ethnic minorities and have been shown to have lower access to prevention programs (Huang et al., 2014).

Furthermore, the results of cross ethnicity studies have shown that around 9.6% of Asian Americans will experience psychotic symptoms in their lifetime and that gender, education and economic class are correlated with psychotic symptom prevalence in ethnic minorities. The prevalence rates of psychotic symptoms among Asian American with lifetime distress (individual had experienced some psychological dysfunctions like depression for a period in one's lifetime) is 5.4% and 6.4% without lifetime distress (Cohen & Leslie, 2013). However, few studies have explored the relation between Asian Americans' experience of psychotic symptoms and their cultural background. The main purposes of the current study were to examine how collective self-esteem, multi-ethnic identity and generational status affected Asian American college students' attitudes toward seeking professional psychological help and how these variables were associated with the manifestation of Schizotypal personality disorder (STPD) symptoms in Asian American college students.

### **Attitudes Towards Seeking Professional Psychological Help**

Previous research has found that only around 28% of Asian Americans with a psychiatric disorder seek mental health help (Abe, 2012). The "model minority" is a positive stereotype about Asian Americans' mental health, but seems to have negative impact on Asian Americans' attitudes toward seeking professional psychological help. Studies found that Asian Americans who endorse "model minority

myth" perceive high psychological distress and hold negative attitudes toward seeking professional psychological help (Gupta, Szymanski, & Leong, 2011). Studies have also shown that Asian American adolescents are less likely to use school-based prevention programs than other ethnic minority adolescents, and they prefer to seek support from family members and friends rather than professional mental help when they experience depressive symptoms. This finding suggests that Asian American adolescents who hold strong stigma about mental illness and treatment have negative attitudes toward seeking professional psychological help (Shea & Yeh, 2008). Cross-cultural studies have found that Vietnamese American youths have higher levels of daily psychological stress and more behavior adjustment problems than European American youths, but Vietnamese American youths are less likely to seek help than European American youths when they experience psychological stress. Although they perceive a need for psychological help, they still show lower rate of help seeking behaviors than other ethnic minorities (Guo, Nguyen, Weiss, Ngo, & Lau, 2015).

Cultural factors interact with demographic and personal variables to become a complex dynamic in Asian American attitudes toward seeking mental help and help-seeking behaviors. Previous researchers have found that demographic variables such as gender, educational level and others influence Asian Americans' attitudes toward seeking professional psychological help. For example, generational status is one of the most important demographic variables correlated with Asian Americans' attitudes toward seeking professional psychological help and utilization of mental health services. Previous studies showed that increasing generational status was associated with more positive attitudes toward seeking professional psychological help in Asian Americans. Compared to the first generation, second generation and higher Asian Americans have been found to be more likely to seek professional help (Sue et al., 2012), have a higher utilization of mental health service (Kwork, 2013), and have more positive attitudes toward seeking professional psychological help (Gupta et al., 2011). In sum, there is evidence to support the notion that Asian Americans with a higher generation status tend to have a more positive attitude

toward seeking professional psychological help for their mental problems.

On the other hand, there are aspects of culture that can have impact on Asian Americans' attitudes toward seeking professional psychological help (Hall et al., 2012). Collective self-esteem is one such cultural factor that has been suggested to have an implication on Asian Americans' attitudes toward help-seeking behaviors. Collective self-esteem is considered as a part of one's overall identity and also an important measure of one's ethnic identity and self-esteem development during the acculturation process, as he or she learns to handle the incompatibility between heritage culture and dominant culture. Collective self-esteem is how people think and feel about their belongingness and position in a social group (Luhtanen & Crocker, 1992). Ethnic identity is often impacted by the conflict between belonging to the heritage culture and the dominant culture and might change when one comes to accept values or belief system of the dominant culture (Gupta, Sirin, Okazaki, Ryce & Sirin, 2014). Thus, many researchers have stressed the importance of collective self-esteem in studying Asian American's attitude toward help-seeking behaviors. For example, one study found a significant negative correlation between collective self-esteem and attitude toward seeking professional psychological help in Taiwanese adolescents (Yeh, 2002). The results of this study suggest that Asian American students with higher levels of collective self-esteem are less likely to seek help, possibly because they feel a strong connection to their social group and may prefer seeking help from family members or friends (Yeh, 2002).

Moreover, Asian Americans who have strong Asian identity are more likely to endorse and insist on Asian cultural values about family context, education and personal emotion that impact their mental health and attitudes toward seeking professional psychological help (Huang et al., 2014). Therefore, Asian American who have strong sense of belongingness to their heritage culture and hold Asian ethnic identity will expect to be less likely to seek professional psychological help than those does not.

In summary, generation status, collective self-esteem and ethnic identity are three important variables for helping people to understand the

relations of culture, demographic and personal factors to Asian Americans' attitudes toward seeking professional psychological health. Thus, one of the main goals of the present study was to examine how these variables were related to attitudes toward help-seeking in a sample of Asian American college students.

## **Schizotypal Personality Disorder Symptoms**

Asian Americans often delay seeking mental health treatment unless they have developed severe psychiatric symptoms, and negative feelings such as shame or the experience of social stigma about mental illness are critical reasons why Asian Americans tend to delay seeking mental health help (Earl et al., 2015). This is particularly problematic for Asian Americans who develop psychotic disorders, because psychosis symptoms have often become more severe by the time these individuals are pressed to seek treatment. When Asian Americans do seek help from mental problems, they often look for professional outside the psychology discipline, such as general practitioners or alternative healers. For example, both first- and second-generation Vietnamese Americans tended to seek help from either general medical care or combination of mental health care and general medical care for mental problems when they perceived severe need for mental problems (Nguyen & Bornheimer, 2014). Because of these factors, Asian Americans are more likely to be diagnosed with severe mental illness such as schizophrenia, major depressive disorder than White Americans (Chavira et al., 2003).

A second aim of the current study is to examine how cultural factors are related to symptoms of schizotypal personality disorder (STPD) in Asian American college students. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM)-5, schizotypal personality disorder is categorized as both a psychotic and a personality disorder and belongs to cluster A - odd and eccentric disorders. Patients with STPD experience unusual perception, odd thinking and behaviors, unconventional beliefs and have problems in developing social relationships and interacting with others (American Psychiatric Association, 2013). The

prevalence rate of STPD in general American population is 3.9% (American Psychiatric Association, 2013), but there are limited studies on the prevalence of STPD in Asian American minorities. Previous research suggests that collective self-esteem, ethnic identity, and generational status are associated with some psychotic disorders and symptoms in Asian Americans, however, no research has directly examined the relationship between these variables and STPD.

Demographic variables such as age and gender and other cultural-related factors such as religion have been found to be significantly correlated with later vulnerability to develop STPD. For example, people who have anxious attachment to their religion often apply the idea of God's superpower and presence in interpreting everyday life events, and were found to be at greater risk for developing STPD or other psychotic disorders (Hancock & Tiliopoulos, 2010). Furthermore, Asian Americans who are older, unmarried or male have a high risk of developing severe mental problem with an increased risk of developing psychotic disorders or symptoms of psychosis. Moreover, people who are already diagnosed with more than one mental disorder are more likely to have psychotic experiences than others (Devylder, Burnette & Yang, 2014).

In some cases, immigration status is a risk factor for mental health issues. For example, as discussed above, immigrants are more likely to experience depression or other mental problems. However, research on the relationship between immigration and development of psychotic disorders shows an epidemiological paradox in the United States. Immigrants, including Asians, Latinos and African Americans showed a lower prevalence of psychotic disorder than the general population in America (Oh, Abe, Negi & Devylder, 2015), which was in contrast to the finding that immigrants had greater risk of developing psychotic disorders such as schizophrenia in Europe (Saha, Chant, Welham & McGrath, 2005). This suggests that immigrants might have culturally-protective factors that prevent them from developing psychotic disorder, but this appears to be the case for immigrants to the United States, rather than those who immigrate to Europe (Oh et al., 2015).

Cultural factors also play a role in the development of psychosis in immigrants. Studies

have found that having a strong and positive sense of being a member of an ethnic group (i.e., high collective self-esteem) and inheriting heritage cultural values protected ethnic minorities from developing psychotic disorders and moderated the negative effect of acculturative stress. Therefore, young Asian immigrants who were highly acculturated to American culture were more likely to have psychotic experience because of losing a bond with their heritage culture. Older immigrants are more likely to adhere to their heritage culture and have a low acculturation level in comparison to young immigrants (Schwartz, Pantin, Sullivan, Prado, Szapocznik, 2006). Thus, an increasing of Asian American's generational status might also increase their risk of experiencing psychotic symptoms.

Clinical symptoms of STPD, such as Magical Ideation (behaviors are impacted by bizarre thinking or beliefs that inconsistent with subcultural norms), Social Anxiety (feeling excessive anxiety or having paranoid fear about developing social relationship with others) and Social Anhedonia (preferring to be alone, avoiding social situation, failing to initiate social contact) appear to vary across ethnicity groups. For example, African Americans had greater risk to develop some schizotypal traits and STPD than both Caucasian Americans and Asian Americans (Chavira et al., 2003). Additionally, in a past study by Cicero (2015), variation was found between Asian, Pacific Islander, White and Multiethnic populations on the Schizotypal Personality Questionnaire (SPQ; Raine, 1991), which is a measure of STPD symptoms. For example, Asian and multiethnic participants had higher interpersonal schizotypal traits than White participants. Asian Americans also had higher Excessive Social Anxiety than White American undergraduates. These findings suggest that culture differences might play a role in between-group differences in STPD symptom endorsement (Cicero, 2015).

The complex interaction of cultural, demographic and personal variables that causes ethnic variation in symptom endorsement of SPTD is still not well understood. Few studies have directly examined how cultural barriers and ethnic identity are associated with Asian Americans' endorsement of STPD symptoms. Additionally, more work needs to be done in examining how ethnic identity affects attitudes toward psychological help seeking in Asian

Americans. Therefore, the first aim of current study was to examine how collective self-esteem, multi-ethnic identity and generation status are related to Asian American college students' attitudes toward seeking professional psychological help. The second aim was to explore how collective self-esteem, multi-ethnic identity and generation status were associated with Asian Americans' endorsement of schizotypal personality disorder symptoms.

Hypotheses included: (1) Asian American students who are second generation or higher will have more positive attitudes toward seeking psychological help than students who were first generation; (2) students with higher levels of collective self-esteem will have more negative attitude toward seeking professional psychological help; (3) students who have higher subscale scores on heritage culture (and therefore have a strong social relationship with and adherence to Asian cultural tradition) will have more negative attitudes toward seeking psychological help; (4) students who are second-generation or higher will endorse more schizotypal personality symptoms than first-generation students; (5) students with higher collective self-esteem will endorse fewer symptoms on a measure of schizotypal personality symptoms than students with lower collective self-esteem; (6) students who have higher score in heritage culture subscale will endorse fewer schizotypal personality symptoms.

## Method

### *Participants*

The current study examined data from Asian American undergraduates at the University of Hawai'i at Mānoa who were recruited as part of a larger study with a total sample of 522. This study included a total of 241 Asian American participants 70 males and 171 females (see Table 1). All participants completed demographic questionnaires in which they reported their ethnicity by checking boxes that best described how they and their parents identified. Furthermore, participants were asked to identify both their and their parents' birthplaces. Participants' age and length of residence in Hawai'i were also collected. The age range of participants was from 16 years old to 62 years old with a mean of 19.82, *SD*

=4.2. 35 participants were first-generation Asian Americans (i.e., both participants and their parents were born outside the United States), 110 participants were second-generation (i.e., participants were born in America and one or the other parents was born outside the United States), 95 participants were third-generation or higher (i.e., both participants and their parents were born in America). 1 participant was missing information for parent' birthplace so generation status could not be determined (see table 1).

### *Materials*

#### *Attitudes toward Seeking Professional Psychological Help* (Fischer & Turner, 1970).

Attitudes toward seeking professional psychological help and help-seeking behaviors were measured using the Attitude toward Seeking Professional Psychological Help scale, which is a ten-item questionnaire. These questions assessed four factors: psychotherapeutic help, stigma tolerance, interpersonal openness and confidence in mental health practitioner. Participants need to rate each question on a scale from 1 (disagree) to 3 (agree). The rated scores of each question are summed into a final score. Previous research showed this questionnaire had good test-retest reliability ( $r=0.83$ ) and validity on predicting people's attitudes toward seeking professional psychological help (Fischer & Turner, 1970). The scale had a good internal consistency (Cronbach's coefficient  $\alpha=0.71$ ) in present study.

*Collective Self-esteem Scale* (CSE; Luhtanen & Crocker, 1992). The CSE is a measure of self-esteem associated with one's collective identity rather than personal identity. This measure consists of four subscales including Membership Esteem, Public Collective Self -esteem, Private Collective Self-esteem, and Importance to Identity. Membership self-esteem refers to how an individual feels to be member of his or her social group. Private collective self-esteem refers to how an individual evaluates the worth of his or her social group. Public collective self-esteem refers to one's evaluation of how other people would evaluate his or her social group. Importance to identity refers to an individual's feeling about the importance of social group membership in his or her self-concept (Luhtanen & Crocker, 1992). Each subscale is comprised of four items that are

rated from 1 (strongly disagree) to 7 (strongly agree). The independence of the four subscales is supported via factor analysis, and each subscale has been shown to have high internal consistency (Cronbach's  $\alpha$  coefficient for each subscale  $>.83$ ). Past research found that collective self-esteem scale also had a good test-retest reliability ( $r = .68$ ) and validity (Luhtanen & Crocker, 1992). In the current study, both the internal consistency of whole-scale ( $\alpha = 0.92$ ) and four subscales ( $\alpha = 0.85$ ) were high.

*Multi-group ethnic identity measure-Revised* (MEIM-R; Phinney & Ong, 2007). The MEIM-R focuses on multi-group ethnic self-labeling by examining people's exploration (seeking information and experiences relevant to one's ethnicity) and commitment (sense of belonging to ethnicity) about their ethnicity. Six questions were used which related to either the exploration factor or commitment factor. Participants rate each question from 1 (strongly disagree) to 5 (strongly agree). For each subscale scores are averaged to get the mean. The scale showed a high reliability (whole-scale  $\alpha = .81$ ) and good validity on measuring people's ethnic identity through developmental model in previous research (Phinney & Ong, 2007). The scale exhibited a high internal consistency ( $\alpha = 0.85$ ) in the current study as well.

Even though the multi-ethnic identity and collective self-esteem measures are highly correlated with individual's ethnic identity, the multi-ethnic identity is different from collective self-esteem in stressing how individual's ethnic identity connect to one's heritage culture (either explore or commitment). People can inherit value, faith and belief system of a specific culture when they are developing their ethnic identity. However, collective self-esteem emphasizes how the process of adapting to the dominant culture affects or changes an individual's overall identity and self-esteem. Individuals who are committed to the one's heritage culture might not necessarily also have high level of collective self-esteem and vice versa.

*Schizotypal Personality Questionnaire* (SPQ; Raine, 1991). The SPQ contains a total of 74-items that relate to schizotypal personality disorder and psychotic experience endorsement. The SPQ was developed based on schizotypal personality disorder criteria of DSM-III and these criteria remained unchanged in the DSM-IV. No research has yet been done to test whether the SPQ is appropriately in line

with STPD criteria in the DSM-5. The 74 items of SPQ are broken into nine subscales. Each subscale represents different symptoms of STPD: ideas of reference ( $\alpha = 0.71$ ), social anxiety ( $\alpha = 0.72$ ), odd beliefs ( $\alpha = 0.81$ ), unusual perceptual experience ( $\alpha = 0.71$ ), eccentric or odd behaviors ( $\alpha = 0.76$ ), no close friends ( $\alpha = 0.67$ ), odd speech ( $\alpha = 0.7$ ), constricted affect ( $\alpha = 0.66$ ) and suspiciousness or paranoid ideation ( $\alpha = 0.78$ ). The overall scale has high internal reliability (0.9 to 0.91) and test-retest reliability (0.82). Participants responded to each question either yes/true or no/false.

Traditionally, the 9 subscales of SPQ have been organized into a three-factor model, which included positive, negative and disorganization symptoms. However, researchers such as Chmielewski and Watson (2008) found support for a five-factor model by conducting item-level factor analyses. The results of study found that each factor had a good discriminate correlation with each other in the five-factor model. Thus, the five-factor model is more interpretable and replicable than the traditional three-factor model. The current study, therefore used the five-factor model of SPQ for data analysis. The five-factor model is comprised of Social Anhedonia factor ( $\alpha = 0.81$ ), Oddity and Eccentricity factor ( $\alpha = 0.87$ ), Mistrust factors ( $\alpha = 0.81$ ), Unusual Beliefs and Experiences factor ( $\alpha = 0.83$ ), Social Anxiety factor ( $\alpha = 0.85$ ).

### *Procedure*

Students self reported their demographic information and completed all questionnaires in an online survey.

## **Results**

The current study used a pairwise deletion approach to handle missing data when conducting data analysis in SPSS because some participants did not complete all parts of each questionnaire. This caused the number of participants in most analyses to vary. The advantage of using pairwise deletion is only the specific missing values will be removed when conducting data analysis so that all available data is included. This study also used the Pearson correlation test to test the predicted relationships of collective self-esteem and multi-ethnic identity with Asian

Americans' attitude toward help-seeking behaviors and schizotypal personality symptoms manifestation. One-Way Analysis of Variance (ANOVA) was also used to find out whether the significant differences among different generation Asian Americans on their attitude toward help-seeking and schizotypal personality symptom endorsement exist or not.

#### *Hypothesis (1)*

The result of the One-Way Analysis of Variance (ANOVA) test found no significant difference among first-generation, second-generation, and third- or higher generation Asian American college students' attitude toward seeking professional psychological help (first-generation  $M=26.06$ ,  $n=31$ ; second-generation Asian American  $M=24.99$ ,  $n=88$ ; third-generation or higher  $M=26.01$ ,  $n=99$ ).

#### *Hypothesis (2)*

The Pearson correlation tests showed that there was no significant correlation between Asian American college students' collective self-esteem and their attitudes toward seeking professional psychological help ( $r=0.092$ ,  $p=0.19$ ,  $n=219$ ; see table 2).

#### *Hypothesis (3)*

According to the Pearson correlation test, Asian American college students' multi-ethnic identity was also not associated with their attitudes toward seeking professional psychological help ( $r=0.057$ ,  $p=0.40$ ,  $n=219$ ).

#### *Hypothesis (4)*

According to the post-hoc Scheffe test ( $MD=0.92$ ,  $p=0.03$ ), first-generation Asian Americans college students had higher score in the Magical Ideation subscale of SPQ ( $M=2.31$ ,  $n=35$ ) than second generation ( $M=1.39$ ,  $n=102$ ). The One-Way ANOVA found a between-group difference in the Magical Ideation subscale (under Unusual Belief and Experience factors) of the SPQ ( $F(2)=3.8$ ,  $p=0.024$ ). A comparison between the first-generation and the combined second- and third-generation groups revealed that differences on the No Close Friend subscale ( $t(224)=1.88$ ,  $p=0.061$ ,  $n=227$ ) and Constricted Affection subscale ( $t(224)=1.87$ ,

$p=0.068$ ,  $n=227$ ) of SPQ were trending toward the 0.05 significance level.

#### *Hypothesis (5)*

The Pearson correlation test found Asian American college students' collective self-esteem to be significantly related to the Social Anhedonia factor ( $r=-3.62$ ,  $p<0.001$ ,  $n=210$ ) and the Social Anxiety factor ( $r=-0.19$ ,  $p=0.006$ ,  $n=209$ ) of the SPQ (see table 3).

#### *Hypothesis (6)*

Asian American college students' multiethnic identity was not significantly associated with any of the five schizotypal symptom factors (social Anhedonia  $r=-0.01$ ,  $p=0.862$ ; Social Anxiety  $r=-0.06$ ,  $p=0.345$ ; Eccentricity  $r=-0.07$ ,  $p=0.325$ ; Mistrust  $r=-0.07$ ,  $p=0.29$ ; Unusual Belief and Perception Experience  $r=-0.07$ ,  $p=0.31$ ) of SPQ.

## Discussion

The results of current study partially support the hypothesis that Asian American college students' overall collective self-esteem is negatively associated with the manifestation of certain schizotypal personality disorder symptoms. Asian American college students with high collective self-esteem were less likely to endorse Social Anxiety and Social Anhedonia symptoms of STPD than students with low collective self-esteem. There was a significant effect of generational status on STPD symptoms endorsement, such that first-generation Asian American college students had higher scores in the Magical Ideation subscale of the Unusual Belief and Experiences factor of SPQ than second-generation students. Therefore, first-generation Asian Americans were more likely endorse magical ideation symptoms than second-generation, which was in contrast to the hypothesis that generational status would have a positive association with Asian American college students' schizotypal symptom endorsement. However, the result of current study did not find a correlation between Asian American students' collective self-esteem and their attitude toward seeking professional psychological help. Additionally, in contrast to the hypotheses, Asian American students' multi-ethnic identity was not

associated with attitude toward seeking professional psychological help nor STPD symptom endorsement.

The current study did not find a relationship between Asian Americans' collective self-esteem and attitude toward seeking professional psychological help, which is inconsistent with previous research finding on Taiwanese adolescents (e.g., Yeh, 2002). This difference could be due to the differences in ethnic make-up of the samples, but could also be due to the diverse and large Asian ethnic minority composition of Hawai'i society. The friendly and opening host social environment not only decreases ethnicity discrimination but might also promote the group mental health well-being in Asian Americans.

Contrary to past findings, this study found no significant difference among first-, second- and third-generation or higher Asian Americans' attitudes toward seeking professional psychological help. Surprisingly, first-generation students showed similar attitudes toward help-seeking as second- and third-generation students. Multi-ethnic identity was also not correlated with Asian American students' attitudes toward seeking professional psychological help and STPD symptoms endorsement. Conversely, cross-cultural study has shown that preserved bonds to one's heritage culture is helpful for decreasing acculturative stress (Oh et al., 2015). However, previous research had not examined these variables in a region as ethnically diverse as Hawai'i. It is possible that the uniqueness of Hawai'i island (multicultural society) and immigration historical experience might moderate the negative influence of collective self-esteem and multiethnic identity on Asian Americans' attitudes toward seeking professional psychological help. More studies can be added to provide alternative perspective or explanation of variation of Asian Americans' attitudes toward professional psychological help.

The current study indicated a correlation of certain STPD symptoms with Asian Americans' collective self-esteem. For instance, Asian Americans' private self-esteem dimension was negatively correlated with both Social Anxiety and Social Anhedonia subscales of the SPQ. The study done by Cicero (2015) which also utilize the university student population in Hawai'i found that Asian American participants had higher level of Social Anxiety and other interpersonal schizotypal traits of STPD than White American participants as

well (Cicero, 2015). The current study found these symptoms to be related to participants' collective self-esteem. Asian American students who perceived their social group was worthy (i.e., high collective self-esteem) were less likely to experience Social Anhedonia and Social Anxiety. This suggests that individuals who are proud of and have a strong connection to their ethnic group may be more likely to be socially engaged than individuals who are not strongly connected to their heritage group. Furthermore, Asian American students with low public self-esteem (and thus perceive others as having negative evaluations about Asian ethnic group) were more likely to endorse Social Anxiety and Social Anhedonia symptoms. These individuals may feel anxious about developing social relationships with others in American society due to this perception of being negatively evaluated. Moreover, a high level of membership collective self-esteem was negatively correlated with the Mistrust, Social Anxiety, Social Anhedonia and Eccentricity scale of the SPQ. Thus, having positive evaluation and sense of belonging from being a member of an ethnic group not only appears to protect Asian American students from endorsing social issue but is also correlated with a decreased risk of developing some psychotic-like symptoms like ideas of reference, suspiciousness, odd behaviors or odd speech. Overall, higher levels of certain dimensions of collective self-esteem may serve to protect Asian Americans from experiencing specific symptoms of STPD. This is consistent with previous research which had shown that strong membership collective self-esteem could protect Asian American adolescents from psychological distress, which benefits their psychological well-being in the long term (Gupta et al., 2014).

Conversely, the second important finding of the current study is that first-generation Asian Americans were more likely to endorse magical ideation symptoms than second-generation participants. Previous research has found that Asian American college students are more likely than Whites American students to endorse spiritual origins of mental problems and to believe that spiritual or magical treatments would be beneficial for someone experiencing mental health problems (Narikiyo & Kameoka, 1992). In the another study which conducted psychosis screen to different ethnic groups, Asian participants explained their visual hallucination

symptoms by having the “ability” to see and “tap into” the future (Earl et al, 2015). Furthermore, Asian Americans have also been found to more frequently attribute psychosis symptom cause to supernatural forces, including spirits or ghosts, when compared to African American participants. This result suggests that culture is related to personal faith and understanding about mental symptoms and mental illness causal attributions. For instance, Asian American who believe some typical Asian religions including Buddhism, Taoism and Animism are more likely to have mental illness etiology explanations that is different from Western etiology (Earl et al, 2015). First-generation Asian Americans tend to have a stronger bond to heritage culture and are therefore more likely to adhere to traditional religion than second-generation participants. This, together with above research findings, could provide an explanation as to why first-generation participants were more likely to endorse magical ideation symptoms of STPD than second-generation participants.

The findings of this study are subject to some limitations. First, the relatively small sample size of 241 Asian American participants and an even smaller sample size of 35 first-generation Asian American participants may not be representative of Asian Americans as a population. Small sample size of first-generation participants also decreased the statistical power of data analysis there is an increased risk of Type II error, or a failure to detect significant findings that are actually present in the data. Second, participants were all college students recruited from the University of Hawai‘i at Mānoa and may not represent Asian Americans of different demographic backgrounds. Third, the current study did not control other external variables such as participants’ age, gender, education and SES, but the influence of these factors cannot be ignored. Future studies could utilize a larger sample population, especially of first-generation Asian Americans. Researchers can also utilize other methodologies such as interviews in order to provide a better understanding of the complex relationship between the variables.

This study also did not compare the Asian ethnic subgroup (i.e. Japanese, Chinese, Vietnamese, Taiwanese) difference on attitudes toward seeking professional psychological help among Asian American ethnic subgroup due to the inequivalent sample sizes of each Asian ethnic subgroup. It will be important for future research to examine differences in Asian ethnic subgroups in their attitudes toward help-seeking and schizotypal symptoms experience, and to find out the unique characteristics of the Asian American population in Hawai‘i by comparing to Mainland Asian American population. These steps are necessary to deepen the understanding about the diversity of Asian Americans’ mental health issues and possible causes or treatments.

Despite these limitations, no past study has directly tested the relationship between Asian Americans’ STPD symptoms experience and their ethnic identity, collective self-esteem and generation status. The current study investigated the implication of culturally-related factors on the manifestation of psychosis symptoms in Asian Americans and may provide a better understanding of the correlation between Asian Americans’ collective self-esteem and STPD symptoms. The association stresses the importance of how culture can either moderate or mediate the development of mental health condition in Asian Americans. This finding from the current study suggest that a positive evaluation about Asian social group, a strong feeling of membership with one’s Asian ethnic group, and perceiving a positive attitude toward Asian ethnic minorities in one’s host society are all potentially protective factors against Asian Americans’ psychosis symptoms endorsement. The importance of cultural factors in ethnic minorities’ mental health should not be overlooked in the United States. Even though Asian Americans have a relatively low prevalence of psychotic disorder when compared to general population in American, Asian Americans face unique mental health challenges that might be related to their culture and ethnic identity. By considering these cultural factors, mental health services for Asian American can be improved.

## Tables

Table 1.  
*Demographic characteristics of Asian American participants*

| Characteristics            | n   | %      |
|----------------------------|-----|--------|
| Gender                     |     |        |
| Male                       | 70  | 29.05% |
| Female                     | 171 | 70.95% |
| Generation Status          |     |        |
| First generation           | 35  | 14.6%  |
| Second generation          | 110 | 45.8%  |
| Third generation or higher | 95  | 39.6%  |
| Age (yr)                   |     |        |
| 16-20                      | 190 | 78.84% |
| 21-25                      | 42  | 17.43% |
| 26-30                      | 3   | 1.2%   |
| 31-35                      | 3   | 1.2%   |
| 36-40                      | 1   | 0.4%   |
| 41-45                      | 1   | 0.4%   |
| 46+                        | 1   | 0.4%   |

*Note.* Total participant =241. Missing information for 1 participant's generational status.

## ATTITUDE TOWARD SEEKING PROFESSIONAL PSYCHOLOGICAL HELP

Table 2.  
*Correlations between Collective Self-esteem and Attitudes toward Seeking Professional Psychological Help.*

| Measures                 | 1.CSE<br>Total | 2.CSE<br>Membership | 3.CSE<br>Private | 4.CSE<br>Public | 5.CSE<br>Import | 6.<br>ATSPPH |
|--------------------------|----------------|---------------------|------------------|-----------------|-----------------|--------------|
| 1.CSE Total (n=207)      | _____          |                     |                  |                 |                 |              |
| 2.CSE Membership (n=216) |                | _____               |                  |                 |                 |              |
| 3.CSE Private (n=213)    |                |                     | _____            |                 |                 |              |
| 4.CSE Public (n=214)     |                |                     |                  | _____           |                 |              |
| 5.CSE Import (n=215)     |                |                     |                  |                 | _____           |              |
| 6. ATSPPH                | 0.09           | 0.11                | 0.07             | 0.04            | 0.09            | _____        |

*Note.* ATSPPH= attitude toward seeking professional psychological help.  
CSE=Collective Self-Esteem. \* $p < .05$ . \*\*\* $p < .001$ .

## SCHYZOTYPAL PERSONALITY QUESTIONNAIRES

Table 3.

*Correlations between Collective Self-esteem and schizotypal Symptom Endorsement*

| Measures                                      | 1.CSE<br>Total | 2.CSE<br>Membership | 3.CSE<br>Private | 4.CSE<br>Public | 5.CSE<br>Import | 6.SPQ<br>Social<br>Anhedonia | 7.SPQ<br>Social<br>Anxiety | 8.SPQ<br>Mistrust | 9.SPQ<br>Unusual<br>Belief and<br>Experiences | 10. SPQ<br>Eccentricity |
|---|----------------|---------------------|------------------|-----------------|-----------------|------------------------------|----------------------------|-------------------|---|-------------------------|
| 1.CSE Total                                   | —              |                     |                  |                 |                 |                              |                            |                   |   |                         |
| 2.CSE<br>Membership                           | (0.87)**       | —                   |                  |                 |                 |                              |                            |                   |   |                         |
| 3.CSE Private                                 | (0.87)**       | (0.71)**            | —                |                 |                 |                              |                            |                   |   |                         |
| 4.CSE Public                                  | (0.85)**       | (0.69)**            | (0.74)**         | —               |                 |                              |                            |                   |   |                         |
| 5.CSE Import                                  | (0.71)**       | (0.49)**            | (0.47)**         | (0.37)**        | —               |                              |                            |                   |   |                         |
| 6.SPQ Social<br>Anhedonia                     | (-0.36)**      | (-0.36)**           | (-0.31)**        | (-0.32)*        | (-0.13)         | —                            |                            |                   |   |                         |
| 7.SPQ Social<br>Anxiety                       | (-0.19)**      | (-0.23)**           | (-0.12)          | (-0.13)*        | (-0.73)         | (0.59)**                     | —                          |                   |   |                         |
| 8.SPQ<br>Mistrust                             | (-0.09)        | (-0.16)*            | (-0.08)          | (-0.02)         | (-0.03)         | (0.51)**                     | (0.47)**                   | —                 |   |                         |
| 9.SPQ<br>Unusual Belief<br>and<br>Experiences | (-0.06)        | (-0.07)             | (-0.09)          | (-0.10)         | (-0.01)         | (0.45)**                     | (0.22)**                   | (0.56)**          | —   |                         |
| 10.<br>Eccentricity                           | (-0.13)        | (-0.14)*            | (-0.07)          | (-0.13)         | (-0.14)         | (0.59)**                     | (0.53)**                   | (0.55)**          | (0.48)**                                      | —                       |

Note. CSE= collective self-esteem. SPQ= schizotypal personality questionnaire. \* $p < .05$ . \*\* $< .001$ .

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# Psychotic-Like Symptoms and Attitudes toward Seeking Professional Psychological Help in Asian-American college students

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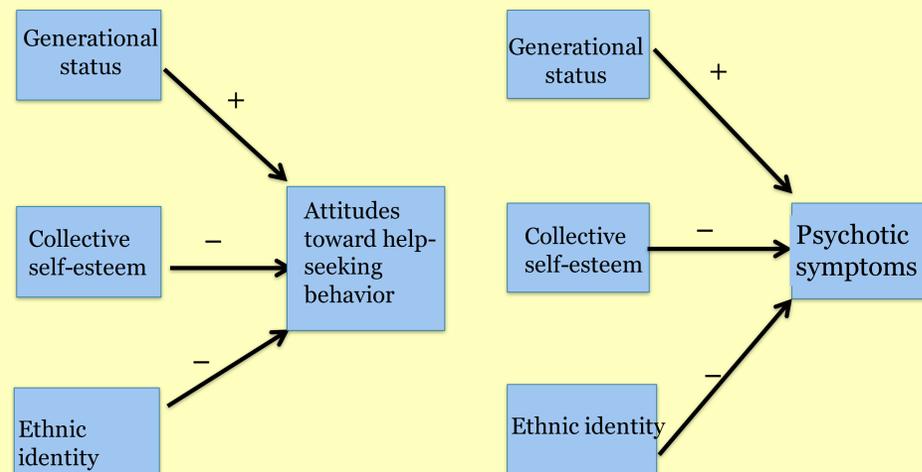
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## Introduction

- Three major problems have been identified in mental health of Asian Americans:
  - high prevalence of mood disorders,
  - underutilization of mental health services,
  - and poor mental illness treatment outcome.
- Researchers have found that negative attitudes toward help-seeking are correlated with Asian Americans' underutilization of mental health services.
- Past studies suggest that cultural variables such as generational status, collective self-esteem and ethnic identity are associated with Asian Americans' attitudes toward help-seeking.
- The prevalence rate of schizotypal personality disorder (STPD) in general American population is 3.9% (American Psychiatric Association, 2013).
  - However, there are limited studies on the prevalence of STPD in Asian American minorities.
- **Purposes**
  - This study aims to address those issues by looking at the influence of acculturation, generational status, and multiethnic identity on attitudes toward help-seeking and self-reported symptoms of psychosis in Asian American college students.

## Hypotheses



## Method

- **Subjects**
  - This study recruited 241 Asian American participants: 70 males and 171 females.
  - Aged 16 to 62 years old with a mean of 19.82.  $SD=4.2$ .
- **Materials**
  - Attitudes Toward Seeking Professional Psychological Help* (Fischer & Turner, 1970).
  - Collective Self-esteem Scale* (CSE; Luhtanen & Crocker, 1992).
  - Multi-group Ethnic Identity Measure-Revised* (MEIM-R; Phinney & Ong, 2007)
  - Schizotypal Personality Questionnaire* (SPQ; Raine, 1991).
- **Procedure**
  - Students self-reported their demographic information and completed all questionnaires in an online survey.

## Results

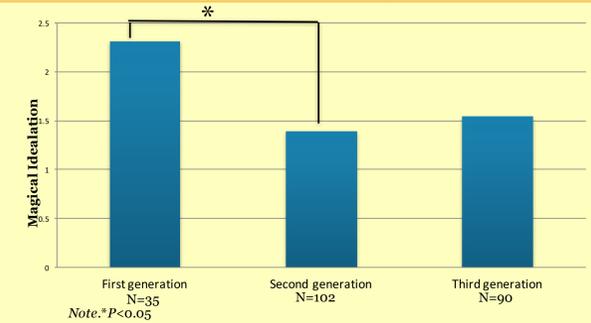
- **Attitude toward help-seeking behaviors**
  - No significant correlations were found between generational status, collective self-esteem, ethnic identity with Asian Americans' attitudes toward seeking help.
- **Psychosis symptoms manifestation**
  - First generation had significant higher score on the magical ideation subscale of SPQ ( $F(2)=3.8, p=0.024$ ) than second generation.
  - Collective self-esteem was found to be significantly related to certain schizotypal personality factors
    - Social Anhedonia factor ( $r=-0.362, p=0.00, n=210$ )
    - Social Anxiety factor ( $r=-0.189, p=0.006, n=209$ )
  - Ethnic identity was not significant correlated with psychosis symptoms manifestation.

**Table 1. Correlations between Collective Self-esteem and Schizotypal Symptom Endorsement**

| Measures                             | 1.CSE   | 2.CSE Members hip | 3.CSE Private | 4.CSE Public | 5.CSE Important |
|--------------------------------------|---------|-------------------|---------------|--------------|-----------------|
| 1.SPQ Social Anhedonia               | (-)     | (-0.36)**         | (-0.31)**     | (-0.32)*     | (-0.13)         |
| 2.SPQ Social Anxiety                 | (-)     | (-0.23)**         | (-0.12)       | (-0.13)*     | (-0.73)         |
| 3.SPQ Mistrust                       | (-0.09) | (-0.16)*          | (-0.08)       | (-0.02)      | (-0.03)         |
| 4.SPQ Unusual Belief and Experiences | (-0.06) | (-0.07)           | (-0.09)       | (-0.10)      | (-0.01)         |
| 5.Eccentricity                       | (-0.13) | (-0.14)*          | (-0.07)       | (-0.13)      | (-0.14)         |

Note. SPQ= Schizotypal Personality Questionnaire. CSE=Collective Self-Esteem. \* $p < .05$ . \*\*\* $p < .001$ .

**Figure 1. Generational Difference on Magical Ideation Endorsement of Schizotypal Personality Disorder**



## Discussion

- Cultural-related variables were not significantly correlated with Asian Americans' attitudes toward seeking help
  - However, they were significantly related to some aspects of psychosis experience.
- High levels of certain dimensions of collective self-esteem may serve to protect Asian Americans from experiencing specific symptoms of schizotypal personality disorder.
- Asian Americans' mental health might be influenced by cultural background
  - This may be important for improving culturally-appropriate mental health service in the United States.



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