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Ran Huo  
“Eating Bitterness?”  
Mental Health Help-Seeking and  
Chinese International Students in  
the United States

### **ABSTRACT**

This qualitative exploratory study examines how Chinese international students in the United States, aging from 18 to 30 years old, 1) perceive mental health help-seeking in China, 2) how they compare Chinese and American cultural views of help-seeking, and 3) how cross-cultural experiences may influence their understanding as well as their behavior related to mental health help-seeking.

Twelve Chinese international students in Massachusetts and Rhode Island provided narratives through face-to-face interviews. Generally, there was reluctance among Chinese international students to identify their mental health needs, which was revealed from the examination of language use for mental health in Chinese. As their family narratives consisted of prevalent taboo around mental health needs and avoidance of mental health languages, lay terms and somatic expressions were preferred. Incompetent Chinese school counseling services and ambiguous roles of Chinese school counselors contributed to student's lack of trust and insufficient education with mental health help-seeking. Moreover, Chinese views of help-seeking were identified as turning to family for support and the virtue of enduring suffering, in contrast to self-expressiveness in American culture. As Chinese students came to U. S. for overseas study, their cross-cultural experiences gave rise to the chance for the integration of the concept of mental health, the booming of individuality, and exposures to various normalization of mental health services. Students who have sought help also reported seeing the expression of mental health needs as a strategy. Further social work interventions are needed to develop a stronger and more accessible supporting system for the mental well-being of Chinese international students in the United States.

**“EATING BITTERNESS?” MENTAL HEALTH HELP-SEEKING AND CHINESE  
INTERNATIONAL STUDENTS IN THE UNITED STATES**

A project based upon an independent investigation submitted in partial fulfillment of the requirements for the degree of Master of Social Work.

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2014  
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I am grateful for all the steady support I received this year from many sources. Many thanks to my parents in China. They supported me coming to Smith two years ago even though we were not sure where it would lead me. They taught me that the best thing in life is to embrace the uncertainty, and to be brave.

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## **CHAPTER I**

### **Introduction**

Many American young people are familiar with the idea of seeking professional help from therapists, counselors, clinicians, and other mental health services providers when they are in need. There are options such as utilizing school mental health services, attending psychosocial support groups, discussing private emotions with an expert, and acquiring psychiatric medication to alleviate symptoms. What happens when young people come to the United States and pursue college or higher education from a different country, particularly a country with a culture like China that believes in the virtues of “eating bitterness” and the perils of “disasters that come from the mouth” (Osnos, 2011)? How do they think that mental health help-seeking is expressed and experienced in Chinese culture? How do they perceive differences in the approach to mental health help-seeking between American and Chinese cultures? How are their cross-cultural experiences influencing their understanding as well as their own behavior related to mental health help-seeking?

Since China’s economic reform and opening-up in the 1980s, the number of Chinese students attending universities in the U.S. has increased dramatically (Institute of International Education [IIE], 2013). Since the 2009/2010 academic year, China has remained the top-sending country for the fourth year in a row. In the 2012/13 academic year, Chinese student enrollments increased by 21 percent in total to almost 235,000 students, and increased by 26 percent at the undergraduate level. Among them, 39.8% were undergraduate students and 43.9% were graduate students (IIE, 2013).

International students who enter American universities tend to experience a variety of psychological distresses, including a sense of loss, feelings of inferiority and uncertainty, communication problems, culture shock, and loss of social connectedness. They are also unlikely to have time to develop coping mechanisms to cope with discrimination and isolation and to establish a social support system, while subject to many legal restrictions with regard to their academic eligibility and employment opportunities in the United States (Yan & Berliner, 2011). One study has shown that compared with the mainstream Anglo-American population in the United States, the international students are less likely to have favorable attitudes toward psychological service and are less inclined to seek professional psychological help for their personal problems (Mori, 2000).

In the contemporary U.S. the conceptualization of mental health help-seeking is profoundly built upon the birth and development of psychoanalysis, psychiatry and psychology in Western Europe and North America. According to Plaenkers (2013), in Europe the Age of Enlightenment led to the gradual dissolution of feudalistic and the development of civil society. In place of feudalistic subservience came the idea of middle-class self-determination. The concept of the bourgeois, as a segment of society, encouraged individuals to pursue personal interests and strive for happiness and to reach the goal of personal independence. Chinese self-image and identity, however, defines the individual as a regimented or conformist part of a social family (Plaenkers, 2013). Confucian thinking tries to achieve the social order by integrating the individual into the family and the groups surrounding it. The Chinese view puts one's personal wishes on hold, establishes a collective group consciousness, and strives for dependence. Thus, the mental health help-seeking mentality in a Chinese cultural context differs in many ways.

Considering the unique challenges that the growing Chinese international students in the U. S. may encounter related to emotional or personal distress, their conceptualization of



mental health help-seeking has been under-addressed. There have been studies looking into the underutilization of mental health services among this population. But data on factors contributing to this underutilization have been inconsistent (Wu, 2012). Among the existing studies on examining the help-seeking mentality among Chinese international students in the U.S, there also remains a lack of qualitative study of students' narratives about their understanding towards seeking mental health help in China and in the U.S.

The principle purpose of this qualitative study is to explore how Chinese international students in the United States, aging from 18 to 30 years old, 1) perceive mental health help-seeking in China, 2) how they compare Chinese and American views of help-seeking, and 3) how cross-cultural experiences may influence their understanding as well as their own behavior related to mental health help-seeking. Findings from the study are expected to develop further understanding of Chinese international students in the U.S. among social workers and other service providers, including international student support services and mental health experts on university campuses and therapists in the community. It is also hoped that the study will contribute to understanding mental health help-seeking from a cross-cultural perspective.

## **CHAPTER II**

### **Literature Review**

The following literature review compiles important works in the fields of social work, medical anthropology, counseling psychology, and cultural studies to discuss how Chinese students in the United States, as a unique population, derive their views about mental health, their attitudes towards mental health help-seeking, their unique needs, and their attitudes towards seeking mental health help. Past studies have focused on Chinese immigrants, Chinese elderly, or American born Chinese adolescents/college students/early adults (Tata & Leong, 1994). However, studies on Chinese international students in the United States are limited.

The first section offers the reader a brief overview of the discussions around how mental health and corresponding help seeking is frequently perceived within Chinese culture. The second section gives a brief overview on existing mental health services provided in China. The following section sheds lights on the unique mental health needs of Chinese international students in United States. The last section focuses on studies discussing what might impact mental health help-seeking attitudes and behaviors among this distinctive population.

#### **Concepts of Mental Health in Chinese Culture**

*“Just as the Greeks understand life and humanity only in context of polis, and the Christians only in the context of God, Chinese do so only in the context of family.”*

<sup>1</sup>Wu, F. (2009). *浮生取义：对华北某县自杀现象的文化解读*. [Suicide and Justice: A Chinese Perspective]. Beijing, China: China Renmin University Press.

**Traditional family value and collectivism.** The family has long been held to be the central institution in Chinese society (Wu, 2011). For a Chinese person, the most crucial indicator of happiness is whether she or he has led what the Chinese refer to as a harmonious family life. Family is responsible for the behaviors of their members (Guo & Kleinman, 2011). Hou and Zhang (2007) suggested in their study that seeking help from a professional counselor or psychotherapist indicates a person has serious mental problems and has failed to resolve them within the support of family.

Traditionally, according to the Confucian definition, individuals are social and interactive beings, society is a humanizing agent, and family relationships are the basis of a stable and harmonious society (Plaenkers, 2013). Triandis (1995) characterized Chinese society as interpersonally oriented and collectivistic while American society as individualistic. Moreover, an independent self is expected to exist primarily in individualistic cultures, whereas an interdependent self is more often found in collectivistic cultures (Kolstad & Gjesvik, 2014). In individualistic cultures the self is characterized as autonomous and differs from the interdependent and communal sense of self common in collectivistic cultures. In more ‘collectivistic’ cultures that favor interdependence, the maintenance of relationships and other social factors may be valued over autonomy and respect for persons as individuals. The distinctive self-appraisal framework associated with these forms of self has impacts on the perception of mental health, mental problems, and ways to deal with such problems (Cross, 1995).

**The virtue of enduring suffering.** The relation to suffering in China is traditionally different from our Western cultures. In the teachings of Buddhism, Taoism and Confucianism,

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<sup>1</sup>The author Wu, Fei published his book originally in Chinese in 2009. The English version came out in 2010. However, this quoted piece from his Chinese book was not included in the English book. The researcher personally translated it into English.

enduring or bearing sorrow or suffering plays a central part. Yip (2005) discussed three classical Chinese schools of thought, Confucianism, Taoism and medical, and their related concepts in mental health. Together the three school thoughts encourage Chinese people to strive for collective harmony, restrain emotional expression, suppress their self-development and maintain a kind of passive egocentric preservation, and to create families which also preserve the very similar style. Plaenkers (2013) gave an example of a phonosemantically conflated character. This character can be bought in many places in China and will occasionally be found hung up in Chinese households. It is called Ren (written: 忍) and as a conflated character the upper part symbolizes a knife, the lower part a heart (Plaenkers, 2013). It denotes that the knife should be left in the heart: were it to be pulled out, death would be inevitable. Enduring suffering, not becoming upset or rebelling against it, but rather putting up with it and keeping one's own emotions under control are among the notions of mental maturity in China.

**Nonpersons and stigma associated with mental health.** According to Guo and Kleinman (2011) in *Deep China*, in the traditional Chinese view, no one is born as a full person, more specifically:

*“No one is born with the right to be a person; instead, one has to learn to be a person and also to act as person to prove his or her personhood. In this sense, an individual who is considered unable to fulfill this social obligation will be seen as a nonperson. Nonpersons do not receive social recognition nor are they acknowledged to be moral agents...Stigma has much to do with losing personhood.” (pp.243)*

As other theories contend, Yang and Kleiman (2008) argue that stigma follows a diagnosis of mental illness and can result in non-personhood in China. By treating patients with disrespect, humiliation, and discrimination, people protect and advance their own social and moral status. Once the diagnosis, especially if relating to chronic psychosis, is disclosed,

patients have great difficulties marrying, finding a job, attending school, or becoming independent.

**Somatic tendency of expression and healing.** The tendency in traditional Chinese medicine is to somatize mental disorders and consider them physical diseases or symptoms of physical disorders. Emotions, especially negative ones considered to be in excess, are de-emphasized in Chinese culture. Yeung and Kam (2008) defined somatization as a phenomenon when people from many Asian cultures tend to focus more on physical symptoms of illness, and that affective symptoms, if acknowledged at all, are considered secondary to or a result of their physical problems. This has a profound influence on both the public and medical professionals' view of mental illnesses in China. This cultural view undermines the need for a special care system dealing with mental illness and shunts patients to clinics of general medicine, neurology, and traditional Chinese medicine.

For example, neurasthenia, meaning 'weakness of nerves,' is a diagnostic term originally developed by American neurologist George Beard during the mid-19th century, and includes a variety of symptoms including dysphonia, irritability, fatigue, physical weakness, and exhaustion after minimal effort (Yeung and Kam, 2008). In China, the neurasthenia (*shen-jing shuai-ruo*) has been a widely used cultural category for expressing interpersonal distress by way of physical symptoms such as headaches, insomnia, chest discomfort, and dizziness since it was introduced from Japan in early 1900s (Lee, 2011). While the term fell into disuse after the early years of the twentieth century in North American and has been supplanted by depression, it has still retained its popularity with the general public in China because it recognizes the presence of a physical process (Liu, 2009). In his 1980's psychiatry-anthropology study, Kleinman (1982) made a diagnosis of depression in eighty-seven of one hundred Mainland Chinese neurasthenic patients and concluded that the physical symptoms of neurasthenia represented "somatic idioms of

disease”. By that, he was highlighting the socially and politically acceptable ways of experiencing and expressing interpersonal distress after the repression of emotions during the Maoist period.

According to Lee (2011), neurasthenia used to occupy a cardinal nosological status in earlier versions of the Chinese Classification of Mental Disorders (CCMD) in 1979 after the Cultural Revolution. The third and latest classification, called the CCMD-3 and announced in 2001, has marginalized it dramatically. Now neurasthenia can only be considered after depression, anxiety disorders, and somatoform disorders (a heterogeneous group of chronic pain and other somatic syndromes with no obvious physical cause) are excluded. Nevertheless, more recent study also suggested a high prevalence and low diagnosis and treatment rate of depressive and anxiety symptoms in patients with somatic diseases in China (Chao et al., 2007).

Various folk healing approaches in Chinese culture such as Taoism’s view on body-mind harmony also open the door to exploring traditional cultural alternatives for mental health well-being. For example, Tai Chi is an ancient form of a traditional Chinese physical exercise and is sometimes perceived as a category of Qi Gong that has been practiced for health promotion for centuries. Wang et al. (2010) suggested that Tai Chi may be associated with improvements in psychological well-being including reduced stress, anxiety, depression and mood disturbance, and increased self-esteem.

**A culture in transition.** Kolstad and Gjesvik (2014) discussed categorizing a culture or country as being either individualistic or collectivistic fails to capture the cultural diversity of modern societies. Most scholars today consider urban China to be a multifaceted and complex modern society, which is transitioning from a collectivistic culture to a more individualistic one (Kleinman & Kleinman, 1999).

According to the fieldwork of Kolstad and Gjesvik (2014), interviews and observations of well-educated urban dwellers in China reveal that those identified with traditional and collectivistic Chinese values tend not to label minor mental health problems (MMPs, symptoms expressed by words like “anxious,” “depressed,” “extremely tired,” “timid,” or phrases such as “sleep problems,” and “problems in eating”) as psychiatric disorders or illnesses but as challenges in daily life and relationship strain. While the Western medical model of MMPs considers them a form of illness, they were not viewed as the same way in China, even among educated urban dwellers. However, the urban and educated Chinese who have developed a stronger sense of a bicultural self are now more likely to perceive and deal with MMPs from a Western viewpoint.

### **Experiences with Mental Health Help in China**

Since the 1920s, the reception of psychoanalysis in China started with the first Freud translations as well as introductory articles (Plaenkers, 2013). During Maoist China, the focus of public health was on sanitation and infectious disease. The notion of “emotional disease” or “mood disorder” was unimaginable among many older generations. Modern psychotherapy emerged in China in the late 1950s, when several physicians and psychologists adapted Russian methods to form an eclectic psychotherapy approach for the treatment of psychopathology. The development of psychotherapy was halted by the Cultural Revolution in the 1960s and 1970s, when psychology was branded a counterrevolutionary “fake science” (Leung, Guo & Lam, 2000). Counseling and psychotherapy in China have made steady progress in the past two decades, but they are far from being mature disciplines. In contemporary China, hospital mental health, school counseling, and private practice are the three main settings where mental health care are provided. Qian et al. (2012) suggested that more diverse counseling and psychotherapy services are delivered in more developed areas of China, which may have contributed to the more advanced development and

professional competence of mental health services in correlation with higher socioeconomic development.

**Hospital mental health setting.** Today, counseling and psychotherapy in China are still deeply rooted in medical science. As revealed in Leung, Guo and Lam's study, those who have received training in psychotherapy are most likely to be medical practitioners, such as neurologists or psychiatrists, instead of psychotherapists (Leung, Guo & Lam, 2000). The individuals who are hospitalized are usually those who have severe mental problems. They are treated as patients, similar to those who have physical problems; and the therapists are identified as "psychological doctors" (*xin-li yi-sheng*). This "medical model of counseling" practice has been criticized by many Chinese psychologists (Hou & Zhang, 2007). For example, according to Wang (as cited in Hou & Zhang, 2007), this type of counseling in hospitals was "language comfort plus anti-psychosis medicine."

**Private practice and lack of professionalization.** The Chinese Ministry of Labor and Social Security held the first qualifying examination for professional counselors in 2003. Currently, individuals with less than a university education and no specialized training in psychology can still practice as long as they obtain some short-term training and pass the qualifying examination for counselors set out by the Chinese Ministry of Labor and Social Security (Qian et al., 2012). Their study with 1,543 participants in China indicated a national average for professional training as merely 138.84 hours (Qian et al., 2012).

Unlike in United States, clinical psychology and psychiatric social work have been barely established in China. Thus, the standard of training, supervision, board examination, licensing, and mandatory continuing education, confidentiality and protection of patients' rights are matters that mental health professionals in China have only begun to tackle recently (Lee, 2011).



**School counseling.** In Ma and Wang's study (as cited in Hou & Zhang, 2007), they conducted a survey targeting individuals who were involved in student counseling services in China in 1995. They found that most of the respondents had their highest degree in arts and humanities (46%), 21% in psychology or education, and 12% in medicine. In terms of affiliation within a university, about 33% were staff members at a student services unit, and the rest were moral education and ethics teachers (22.7%), psychology teachers (20.8%), and medical personnel (17.4%). These figures suggest that most of the respondents received little or no formal training in counseling psychology. The same study also found that a majority of the counseling centers were affiliated with a political-and-thought-education department (70%).

According to Leung, Guo and Lam (2000), traditional political-and-thought-education departments in higher educational institutions were responsible for helping students to explore and learn communist and Chinese-style socialist doctrines as well as traditional Chinese values and philosophies. The ultimate goal is to help students develop a standard of morality and a set of values, worldviews, and life goals that are consistent with such doctrines. Thus, this tie of political education and counseling in China is a "marriage of convenience" (Leung, Guo, & Lam, 2000). Even though recently the Chinese Ministry of Education started to require that every university be equipped with counselors or psychotherapists, an effective management system and standardized ethics protocol is still lacking within professional associations (Qian et al., 2012).

### **Chinese Young Adults Studying In U.S.: Unique Mental Health Needs**

All college and university students need to adapt to their new educational and social environment. Besides the normal developmental concerns that every student may have, international students encounter additional stressors due to the demands of cultural adjustments. Difficulties with the linguistic, academic, interpersonal, financial, and

intrapersonal problems constitute unique sources of stress for international students (Mori, 2000).

**Family tension.** Researchers suggest that Asian international students may have more difficulties than students from other regions in maintaining their mental well-being and meeting the norms and expectations of the dominant culture (Hsieh, 2006). At the same time, in Flum's research, a majority of the participants indicated that their parents would have a negative reaction to the news that the students had sought out psychological help (Flum, 1998). Additional conflicting values between generations also takes place. Most of the younger generation have parents who have lived through the transition to communism, the turn into radical revolutionary Maoism, and later still the pivot to market socialism. Parents' dreams for their children's future, together with the perceived social obligations to the family, make many Chinese young people feel trapped by the pressure to perform according to certain goals. This may create conflicts in relationships and emotional distress. Together with political reform, the population policy has resulted in a focus on the only child's ability to perform, which has increased the emphasis on individualism in ways that did not exist in traditional Chinese society (Kolstad & Gjesvik, 2014). The convergence of these various historical trends can create an increase in the perception and experience of emotional and mental distress in the contemporary younger Chinese generation.

**Adjustment challenges.** Chinese students studying abroad frequently experience differences in cultural values and customs, especially when coupled with other factors such as language barriers that often create social interaction, social connectedness, and social communication problems (Liu, 2009). Cross-cultural differences in social interaction may prevent international students from forming close relationships with American students and may contribute to acculturative stress (Mallinckrodt & Leong, 1992). For example, Yeh and Inose (2003) found that Asian immigrant students reported having social interaction problems,

with factors such as lack of skill in English and large cultural differences in interactional styles.

Maintaining non-immigrant status also creates barriers for Chinese international students. They are legally prevented from assuming part-time student status or from temporarily dropping out, both of which often serve useful functions for domestic students. If they did either of these, they would have to forfeit their student visas (Liu, 2009). Financial problems could also be severe for Chinese international students. The reasons include the considerable expense of U.S. study for foreign students and immigration regulations that strictly limit opportunities for employment outside the university and for welfare benefits, loans, and federal financial aid (Yan & Berliner, 2011).

### **Chinese Students' Attitudes Towards Mental Health Services in the U.S. and the Impacting Factors**

There have been empirical studies that focus on examining the utilization of school counseling services among Chinese international students in the United States, and these studies suggest potential factors that are likely to impact students' attitudes towards mental health services. Han, Han, Luo, Jacobs, and Jean-Baptiste (2013) conducted a mental health survey among Chinese international students at Yale University to investigate their perception of mental health issues and counseling services. According to their study, 45% reported symptoms of depression and 29% reported symptoms of anxiety. A self-evaluation of poor current health, a poor relationship with one's advisor, and a low exercise regimen were associated with a higher prevalence of depression and anxiety symptoms. Twenty-seven percent of responders were not aware of the availability of mental health and counseling services on campus.

According to a study in 2007 based on online surveys from 189 Chinese international students from China and Taiwan attending a mid-western university, acculturative stress,

maladaptive perfectionism (i.e., discrepancy between expectations and performance), and length of time in the United States all interacted to predict depression (Wei et al., 2007). Nguyen (1996) assessed the correlation among Chinese international students' views of mental health, coping behavior, subjective well-being, and acculturation level by comparing 104 Chinese international students and 108 Caucasian American students from a Midwest university. She found more American students than Chinese students believed that mental health was maintained by entertaining pleasant thoughts, having social and family guidance and support, exercising will power, and avoiding morbid thoughts, and that mental illness was organically based. Chinese students, more frequently than American students, adopted the strategies of denial and behavioral disengagement.

Considering the unique challenges that the growing Chinese international students in the U. S. may encounter related to emotional or personal distress, their conceptualization of mental health help-seeking has been under-addressed. There have been studies looking into the underutilization of mental health services among this population. But data on factors contributing to students' attitudes towards mental health help seeking have been inconsistent (Wu, 2012). Tata and Leong (1994) suggested individualism-collectivism, social-network orientation, and acculturation as predictors of attitudes toward seeking professional psychological help among Chinese Americans. Liu (2009) suggested that help-seeking attitudes among Chinese international students might be mediated by factors such as family and social orientations, social and individual values, commitment to traditional Chinese values, and general knowledge and availability of psychology and mental health care services. Wu (2012) argued that there was no significant correlation existing between Chinese international students' levels of acculturation and their attitudes toward seeking professional help. Meanwhile, the length of residence, previous therapy/counseling experience and

having spouse/partner accompanying them to America were related to Chinese international students' attitudes toward seeking professional help (Wu, 2012).

Among the existing studies on examining the help-seeking mentality among Chinese international students in the U.S, there remains a lack of qualitative study of students' narratives about their understanding towards seeking mental health help in China and in the U.S.

## **CHAPTER III**

### **Methodology**

#### **A. Introduction**

This chapter presents the methods of research used to explore how Chinese international students in the United States, aging from 18 to 30 years old, perceive mental health help-seeking in China, how they compare Chinese and American cultural views of help-seeking, and how cross-cultural experiences may influence their understanding as well as their own behavior related to mental health help-seeking.

#### **B. Study Design**

This study utilized a qualitative approach. An advantage to using this method was that the open-ended questions used in interviews allowed participants the opportunities to expand upon their narratives and also offered the researcher the opportunity to discover common themes in a sample of individual narratives.

The qualitative study engaged participants in open-ended questions that explored: 1) Chinese international students' understanding of mental health help-seeking in China, for example how mental health help-seeking was expressed and experienced from a Chinese perspective; 2) Chinese international students' perspectives on the differences in help-seeking between China and the U.S.; and 3) how cross-cultural experiences might influence their understanding as well as their behavior related to mental health help-seeking.

#### **C. Sampling**

The population of the study were Chinese international students, aging from 18 to 30 years old, studying in the United States.

The sampling strategy was designed as nonprobability, and purposive sampling was used as the sampling technique. The recruitment started from posting flyers on campus in universities in Massachusetts that enroll a considerable size of Chinese international students (Appendix A). The researcher also utilized online forums and social networking websites as sources for recruitment. The researcher posted the recruitment flyers on websites that were popular among Chinese international students in the U.S. This recruitment approach resulted in a snowball phenomenon in sampling as well.

Inclusion criteria for this study were that participants must identify as international students from China who were studying in the U.S. and were between 18 and 30 years old. The participants mostly were recruited in Massachusetts. All the actual interviews were face-to-face despite the fact that before recruitment the option of having web camera interviews was provided to potential participants.

Although a diverse population of participants was preferred, no specific recruitment strategy was designed for diversity. During the initial contact with a potential participant, the required credentials needed to fit participation criteria were stated. The sample size was twelve.

Considering the ethical concerns, an informed consent (Appendix B) was obtained in order to protect confidentiality. All of the responses were voluntary and the participant would have had the option of leaving any question blank.

Before data collection began, the Human Subject Review Board at Smith College School for Social Work approved the procedures to protect the rights and privacy of participants (Appendix C). The informed consent form was provided to each participant prior to the interview; the participants and the researcher each kept a signed copy of the informed consent form for their records. The participants were able to ask questions about the researcher and the study before the interview was conducted.

There was potential risk that participants might have encountered their own mental distress as a result of the interviews, although the likelihood of this potential risk was minor. It was communicated that if at any point the participant felt uncomfortable they could ask to stop the recording and the interview. Participants were provided with a referral list for post interview/participation follow up support (Appendix D).

#### D. Instrumentation

The length of the twelve interviews ranged between forty-five minutes to two hours. At the beginning of each interview, participants were asked to answer a list of demographic questions (Appendix E). They were asked to identify their gender, age, religion affiliation, as well as to describe their living area (urban or suburban or rural), their studying major/field, their study level (undergraduate or graduate), length of their stay in the U.S. and previous overseas experiences. The interview was semi-structured in order to allow for follow-up questions, encouraging reflection, examples and reactions from the participants (Appendix F). The interview asked participants to share their thoughts on mental health help-seeking in China and to compare American/western views of help-seeking with Chinese cultural views of help-seeking. The interview also asked questions about how cross-cultural experiences might have influenced their understanding and their behavior related to help-seeking. As bilingual in both Chinese Mandarin and English, the researcher was able to provide the participants the option of taking a bilingual interview.

#### E. Data Collection

The participants were encouraged to ask questions and/or provide any additional recommendations or comments after the interview was completed. The interviews were conducted in places where the comfort, safety and confidentiality of the participants were ensured. The researcher used an audio tape recorder to gather the interview information and personally transcribed the interview.



This study provided the participants with the unique opportunity to discuss their experiences as Chinese international students in the United States and their perspectives about mental health help-seeking. There exists a gap in the literature on this subject, and this study gave the participants an opportunity to contribute to knowledge about mental health help-seeking in this growing population. Participants were encouraged to provide suggestions on how to improve access to existing help-seeking approaches for Chinese international students and how to eliminate identified barriers. Participants were made aware that their experiences and their suggestions might help service providers, including international student supportive services, school mental health experts, therapists and others interested practitioners.

There were several potential limitations of this study. The generalizability of the data might be limited because of the small sample size. In addition, it was likely that those students who volunteered to be subjects might have had a heightened interest in mental health help-seeking, thus resulting in self-selection bias. Since the researcher is a social work student, subjects might have provided data that had some “social desirability bias” and/or “acquiescence bias.”

#### F. Data Analysis

Content analysis was used to explore the data gathered in the interviews. The interviews were transcribed and examined for the identification of commonalities, intersectional ties, and distinct differences among the participants’ responses. Qualitative findings were also examined for any associations to demographic data.

## **CHAPTER IV**

### **Findings**

The purpose of this study was to explore how Chinese international students in the United States, aging from 18 to 30 years old, perceive mental health help-seeking in China, how they compare Chinese and American cultural views of help-seeking, and how cross-cultural experiences may influence their understanding as well as their behavior related to mental health help-seeking.

This chapter contains the findings from face-to-face interviews. The interview started by obtaining demographic information from participants through a one-page questionnaire, which included questions about age, gender, religious belief, field of study, living area, study level, length of stay in the United States, and their previous overseas experiences. The interview was semi-structured and the interview questions were open-ended. Interview questions were divided into three main sections, their experiences with mental health-seeking in China, how they compared the Chinese and American views of mental health help-seeking, and how cross-cultural experiences have influenced their understanding as well as their own behavior related to mental health help-seeking.

### **Demographic Data**

The data in this chapter represent the responses of 12 Chinese young people studying overseas in the United States. The student participants were all born and raised in China and ranged in age from 18 to 30 years old. The average age was 23 and the median was 24 years old. Three quarters of the sample identified as female (n=9) and one quarter identified as

male (n=3). All of them came to the U.S. either after the completion of high school or college in China. All of them were enrolled as full-time undergraduate or graduate students and they all maintained their visa status as international students.

There were four undergraduate students (n=4) and eight graduate students (n=8). Undergraduate students majored in theater, history, psychology, accounting, business, and religious study. Some of them double majored. Among the graduate students, six were in professional masters programs (n=6), studying project management, communication management, social work, and journalism. There were also two doctoral students (n=2) in the fields of sociology and electronic engineering.

Among the twelve participants, one student attended a public university (n=1) while the rest were in private colleges or universities (n=11). All the participants were recruited in Massachusetts except for one in Rhode Island. Living locations were identified as urban (n=7), suburban (n=4), and rural (n=1).

Five out of twelve participants (n=5) disclosed their religious beliefs. They identified as Agnostic (n=2), Spiritual (n=1), Christian (n=1), and Buddhist (n=1). The rest of the sample (n=7) either reported “not applicable” or chose not to respond to this question.

Participants reported their length of stay in the United States as ranging from seven months to five years. Two participants reported having experience studying and living outside of Mainland China before coming to the U.S. One spent three years studying as an undergraduate in Macau, where he didn't report being exposed to a culture that had any significant impact on his views of mental health. Similarly, another participant reported she spent one semester in Hong Kong as an exchange student during her undergraduate years. She reported no significant impact of that experience on her understanding of seeking mental health help. The rest of the sample reported that coming to the United States was their first and also the only overseas experience.

## Qualitative Data

### Mental Health Help-Seeking in China

**The language used for mental health in Chinese.** First of all, it was a sensitive and subtle task to decide how to present “mental health” in the study, even in the recruitment stages. As the research population consisted of Chinese natives, the recruitment flyers were bi-lingual and the interviews also provided both English and Chinese options. All the participants chose to use Mandarin Chinese during the interviews, only occasionally switching to quote a few English words or phrases. They claimed speaking in the native tongue made them feel more comfortable and confident about expressing themselves precisely and fully.

In Chinese, there are two most used translations for “mental,” one translation is *jing-shen* and the other is *xin-li*. The two words were both adopted from Japanese. Instead of being interchangeable, the two have subtle differences in their suggested meanings. *Xin-li* implies “psychological” while *jing-shen* implies “psychotic.” Even though *jing-shen* also has other meaning such as “spirits” and “spiritual” in Chinese, the term *jing-shen-bing* (Chinese translation of “psychiatric disorder”) associates *jing-shen* with psychotic symptoms when in the context of “mental health.”

During the interviews, when the participants used the word “mental” to refer to their own needs, most of the time they chose *xin-li* rather than *jing-shen*. Phrases such as “counseling”, “therapy”, and “treatment” were used to avoid mentioning “mental health services” in the conversation, as several participants mentioned,

*“I feel confused. In Chinese, they are two separate words, xin-li vs. jing-shen. But in English, they are all called as mental.”*

*“It feels to me that xin-li and jing-shen are two different concepts. I don’t feel comfortable with either of the two, but comparatively, I feel less awkward to refer my mental*

*needs to xin-li while I don't relate to jing-shen at all. The word jing-shen just makes me associate with psychiatric hospitals, lunatics, and mad people. They are totally another world for me."*

The majority of the participants felt it an alien idea that in English both interpersonal stress and psychotic symptoms can be described under one umbrella phrase, that is, "mental health issues." During the interviews, there were recurring conversations about whether emotional distresses and mental illnesses were two separate categories. These conversations revealed this bifurcated understanding of mental health was prevalent in contemporary China and stood out as a profound reason that Chinese students were reluctant to identify their needs with "mental health," as "mental health" was too inclusive as a concept for them to relate to. In the following discussions, one can see how this bifurcated understanding of mental health and the language use for mental health were manifested in Chinese families.

**Family examples of mental health care.** The twelve interviews revealed concerns on the part of participants about the need for mental health care in contemporary China. Four participants (n=4) told stories about mental health concerns related to their family members. Two participants (n=2) had experiences having someone with mental illness in their neighborhood and three participants (n=3) mentioned having conversations with parents about family acquaintances going through mental breakdowns. The following excerpts from the interviews provided snapshots of how mental health was narrated in common Chinese people's life.

During their early years, the participants had built the impressions that for people who had mental health needs, medication and hospitalization were the only available treatment. There was also a lack of accessibility to psychotherapy or counseling services. One participant's mother was diagnosed with postpartum depression after giving birth to her. The mother received psychiatric medical treatment but didn't "get fully cured." She felt her

mother had been struggling with her depressive symptoms along the years. When she was in college, her mother had a surgery for her back and it increased her stress and anxiety. The mother became even more depressed.

*“My mom refused to go to see a doctor this time. She still had very negative memories about her experiences with hospitalization and medication last time. She has never had any talk therapy. I feel that might have helped her. But there was only psychiatrist prescribing medication but no therapist available. You go to the hospital, either get hospitalized, or get meds and come back home. That’s it. Because she came to the city where I lived to receive the operation I got to take care of her. I remember I had to put anti-depressants in her drinking water because she wouldn’t take the medication. I really felt bad but that was the only thing I could do for her.”*

Another participant has an aunt who was diagnosed with depression when she was in high school. The aunt had to go to a psychiatric hospital and was prescribed anti-depressants. However, the topic about her aunt’s “issue” was extremely sensitive in the big family.

*“Any related conversation was strictly forbidden in front of her. Moreover, when we talked about her illness among each other, we didn’t use the word ‘depression’ even though she received an official diagnosis of depression. This word was just so taboo. They only referred it as stress or maladjustment to the environment.”*

Her family’s avoidance was not unusual. It was generally an uncomfortable topic to talk about mental health in family conversations. More participants disclosed in their family conversation the use of stress, pressure, maladaptation, and other lay terms as substitutions for medical diagnostic languages. Unlike in Western cultures, where “depression” is both a lay term referring to normal emotional variations and a psychiatric disorder referring to a pathological condition, in Chinese language mental health terms that sound technical are

likely to be associated with *jing-shen-bing*. Psychotic symptoms were also replaced by “over-stimulation” in one participant’s family narrative.

*“ My uncle was once hospitalized before because of his psychotic symptoms. I have never known what the diagnosis was. I remember that family members were only comfortable using “over-stimulated” to describe the uncle’s mental illness.”*

Despite recent diminishment, neurasthenia is still a self-diagnosis used among the elder population and had an influence on the young generation’s concept of expressing mental health needs. Two participants mentioned hearing neurasthenia in their family narratives. One participant’s father had long been using the notion of neurasthenia to describe his low mood, insomnia and headache. The participant stated she had been hearing neurasthenia for so long that she thought it was a universal diagnosis in every country. When asked if she knew in North America the term neurasthenia fell in to disuse in early twentieth century and has been supplanted by depression, she felt it hard to accept because depression sounded “so remote and so serious,” compared to her father’s issues. In contrast, describing mental illness in somatic terms was regarded acceptable in Chinese families. The same participant described,

*“I have known my dad having neurasthenia since I was a kid. I have found it totally fine with me since I have also heard many other people have neurasthenia. Wait, it is really a popular term here, right? My dad has insomnia and headache from time to time, and both my mom and I accepted his neurasthenia. (The researcher asked, what if, say, his symptoms were called as depressive? How would you think?) Oh I can’t accept that one. That is too much to think about my dad.”*

**School examples of mental health care.** None of the participants reported any direct experiences with either hospital mental health services or private practice while they were in

China. However, a majority of them reported on their experiences with mental health care within the school systems.

***Lack of service competency.*** School counseling does exist in China among elementary schools, junior high schools, high schools, colleges, and universities. Nevertheless, the availability largely depends on the geographical location for its level of development. Reportedly, in urban areas, major cities, and among those more prestigious schools, resources such as school counseling and psycho-education tended to be more available.

*“I don’t remember there was counseling service in my middle school or high school. The school only focused on academic performance. I was never told that there was any kind of such services.”*

*“In both my middle school and high school I know there were some kind of school counseling offices. But there was no orientation and I don’t even know where they were. I don’t know anyone who has been there or ever mentioned it. If someone would go there he or she would really be marginalized.”*

*“I remember in my high school there were ‘psychological teachers.’ They had some psychology background and they would come to class and give some psycho-education. But all they did was asking us to fill out some tests to see our future fitting occupations. And there was some general advice such as ‘don’t give yourself too much pressure.’ It was not helpful at all.”*

*“I would say the school counseling in my experience in China is you-ming-wu-shi (only name no real stuff).”*

***The ambiguous role of the school counselor.*** School counseling is often referred as *xin-li fu-dao* in China. As *xin-li* means psychological, *fu-dao* indicates a less formal version of counseling, which is an interchangeable phrase for mentoring and tutoring. In Chinese



setting of *xin-li fu-dao*, there are often regular teachers or administration staff taking the role of counselors. School social work as an established profession has recently been introduced and remains in the pilot stage in a few cities.

Two out of twelve participants (n=2) had first-hand experiences accessing the school mental health services while they were in China. One student used her university counseling in her sophomore year in China.

*“I went there and there was two counselors there. They were referred to as teachers. The counseling was semi-structured. There were no time limits. We basically just talked and talked for about two hours. I didn’t know this person I talked with was actually a real teacher and he later taught one of my classes. It was really awkward.”*

Besides the lack of trust in the professionalism of school counseling in China, participants also mentioned discomfort with the ambiguous role of school counselors and their concerns about confidentiality.

*“In my college, there was only fu-dao-yuan (counselors) for each class. The school would divide students in the same major into several classes. And it was a fixed union. Every class was assigned one fu-dao-yuan. This person would talk to students even though he or she didn’t teach classes. It was an administrative role, but they were also in charge of procedures such as applying to be a party (the Chinese Communist Party) member. That was the closest thing I could think about related to school counseling. Yes ideally you can talk to your fu-dao-yuan about anything but I don’t know if I would share my privacy with my fu-dao-yuan.”*

*“I didn’t want to open up to someone who is ‘a teacher.’ I didn’t want to disclose intimate feelings to an adult as with an authority figure.”*

### **Comparison of Help-Seeking: China vs. the U.S.**

**Chinese cultural views of help-seeking.** During the interviews, the participants were asked to compare American/western views of help-seeking with Chinese cultural views of help-seeking. When asked if Chinese people have any therapeutic alternatives or culturally protective factors related to mental distress, since the mental health care was not as developed as in the U.S., it was surprising that the majority of the students couldn't think about any examples. Among those who had an answer, turning to family for support and the virtue of enduring suffering emerged as responses.

***Turning to family for support.*** Contrary to the assumption that Chinese students don't express their emotional needs at all, the family stood out as an important part of their support system and a place to express emotional concerns. Many of the participants communicated with family members and the expression of emotional stress and anxiety was acceptable. They were more reluctant with the idea of talking with a stranger outside of the family.

*“There was a lot of academic pressures when I was in high school, especially during the final year before college entering examination. ‘Anxiety’ was frequently mentioned in my family. My parents would check-in with me and I would also tell them that I felt anxious about my academic performance. I was, I think, half-consciously exaggerating my anxiety so I could lower their expectation.”*

*“It wasn't until I compared myself with my American friends that I realized how bonded I was with my family. I think most of the Chinese people turn to families for help, while you don't see it here as America is such an individualistic society.”*

***The virtue of enduring suffering.*** In a collective culture, responsibilities to the family and self-sacrifice are highly valued. Self-expressiveness and assertiveness are counterbalanced by the wish for creating collective harmony. Thus, it is necessary or even recognized as a virtue for individual to restrain emotional expression.

*“I believe in Chinese culture we value self-control and self-restraint. Unlike American society, where people are so used to abusing everything, such as alcohols, drugs, sex, and even the prescription drugs...”*

*“Most of the Chinese people haven’t developed a strong sense of self compared to the westerners. They just simply don’t think it is a problem and they don’t complain. As a result, instead of defining and categorizing, like what DSM is doing, they cope with vagueness and silence. When you don’t see it as a problem, the problem gets minimized. When you put too much effort in figuring out a small problem, it gets maximized.”*

**Use of culturally based forms of help was minimal.** None of the participants reported that they had sought out Chinese culturally based forms of coping such as herbal treatment, Qigong, Tai Chi, or acupuncture for help with personal problems.

*“Are you asking me about Chinese ways of coping? Are you saying those traditional Chinese ways of maintaining well-being, such as Qigong? No I don’t do anything in that category. I feel those traditional methods are far away from my life. For my parents’ generation, I don’t see they have any special ways of coping, either. The only thing I can think about is they talk to family members a lot. To be honest, I don’t know what special coping strategies we can count on as a Chinese nowadays.”*

**Mixed feelings about self-expressiveness in American culture.** During the interviews, five out of twelve (n=5) participants noted their discomfort with their American peers’ “over-expressiveness.” Those participants believe one should rely on one’s self to get through emotional challenges. They also claimed Chinese students have better capacity in “digesting emotions” than their American peers. Recurring comments about the American students included “too much protection,” “too fragile,” “spoiled,” “emotionally we are stronger and they are weaker,” and “they take minor stress too seriously.”

Particularly, according to one participant who attended a workshop focusing on depression on campus,

*“I saw the workshop flyer on campus and was interested in giving a try. The workshop was facilitated by a graduate student in a counseling-related program. I went there three times. I was in need of talking to someone and I was also curious about the setting. The first time was a totally brand new experience for me. It was so validating for me to hear other people talking about their problems. But the second time made me feel the workshop was useless. I felt others were talking too much and the facilitator was asking too many questions.”*

There were also other students who saw American way of self-expression as a strategy of emotional regulation. *“I see them as being more direct with their emotions. Self-expression seems to help them get through the tough time and get their feelings validated.”*

**Expression of mental health needs as a strategy.** Four participants had access or “took advantage of” mental health services in the U.S. It is worth noticing that at least three of them mentioned at some point in their life they had experiences seeing the expression of mental health as a strategy. For example, one participant noticed talking about mental health needs was sometimes used as a strategy to gain power in the family dynamics.

*“My grandmother always claimed herself as having “brain problems.” She had been to the hospital herself many times and she simply asked the doctor to prescribe her some meds for her problems. Over the years she would talk to my mom over the phone about her “mental illness” and blame my mom for not taking good care of her. My mom now has been doing the same thing as my grandmother did. Unlike grandma, she would even use the word “depression.” She said to me, “it is likely this disease is inheritable just like how I got it from your grandmother. Now you should be careful.” She just said it to make me feel bad, sometimes for still being single, sometimes for being far away and not able to take care of*

*her. This is really ridiculous! I feel instead of inheriting depression from grandma, she inherited the strategy of using depression as a weapon to make me feel guilty.”*

One participant noted that he accessed mental health services on the U.S. campus after he suffered from insomnia for months in the U.S. He also used school mental health services as well in his undergraduate years in China. To him seeking help was not a difficult decision to make. He disclosed how he saw accessing mental health help as a strategy to get help, or sometimes, to get exemption.

*“I went to a top university in China for undergraduate study. The first day of orientation we were told that there was a school counseling center and if you feel stressed out, for instance, before the final exam, you can go to see the psychologist and they will probably grant you sick leave if it is really concerning. During my four years there it was widely known that if you go to the health center, you can only get one day sick leave. But if you are able to convince the psychologist, you can take leave for two weeks so you can push the exams to the next semester. I believe the services were well intended but largely abused because people would just take advantage. I tried one time myself as well. It is just human nature to get what they want through whatever strategy, though I didn’t succeed in convincing the doctor.”*

Interestingly, another student noted her similar observations on the U.S. campus.

*“When I was doing my teaching assistant job, I noticed that whenever a deadline was approaching I would receive lots of complaints about feeling stressed, anxious, or depressed. Numerous excuses in the hope of getting extensions or getting exam exemptions. Sometimes I would get excuse note from doctors. Then I would have to let it go. But I still figured out it was a strategy people would just use or even abuse.”*

Another student who had not accessed mental health counseling on campus but was actively expressing her emotional stress to her advisor and professors noted,

*“I started to be more expressive and to be talking about my emotional distresses after I came to the U.S. As I gradually realized it is a culture where people are more expressive about their emotions, it serves for me as a strategy to fit in. I also feel I deserved the service and I deserved to be listened to, as I have to listen to them talking so much.”*

The same participant disclosed that, during her undergraduate years in China, she subconsciously utilized crying as a strategy to “show weakness,” to both get emotional attention and avoid interpersonal conflicts.

### **Influences of Cross-Cultural Experiences on Mental Health Help-Seeking**

**Conceptual influences on understanding mental health help-seeking.** Reportedly, for the majority of students, coming to the U.S influenced their understanding towards mental health help-seeking. It was revealed in the study that being able to integrate their ideas of mental health helped students see mental health as a cluster of concepts for describing one’s various intrapsychic conflicts and behavioral symptoms. In this regard, education and self-education were claimed as important resources for students to gain modern western knowledge about mental health and to reflect on their acquired Chinese views. Among students who expressed positive attitudes towards seeking mental health help, their narratives indicated a booming of individuality.

***Integrating the concept of mental health.*** The data showed that participants discussed integrating their ideas about mental health as a set of concepts that describes various intrapsychic conflicts and behavioral symptoms. Although this young sample was undoubtedly more open than their parents to express emotional distress by using terms such as stress, anxiety, and depression, there was still confusion about the concept of mental health and whether they associate their stress to “having mental health needs.” A participant described as follows,

*“As what I said before, after my aunt was diagnosed with depression and I saw my family really saw it as a taboo, I feel I am better than them in talking about these things, that is how I ended up going to attend the workshop on depression. But if you ask me, I still don’t think I can relate my problem to my aunt. Her problem was really serious that she had to go to hospital. That is a different from me. I was only stressed out.”*

Education and self-education were claimed as important resources for students to gain modern western knowledge about mental health and to reflect on their acquired Chinese views. One student stated the following in the interview,

*“Because I study sociology, I learnt that there is no clear line between normal and abnormal. The mental illnesses are said to be somehow socially constructed. I think my education helped me see mental health issues as less taboo. I see our daily stress and anxiety and depression as minor mental health needs and the psychotic symptoms as more demanding needs. But they are both on the fluid spectrum of mental health. I think without my education I would have maintained a more stereotypical view on mental health.”*

***The booming of individuality.*** This sample of young Chinese students was actively advocating for their individual uniqueness. However, family still played a complicated role in their emotional and interpersonal life. For many of them, they still relied heavily on the family to provide both financial and emotional support. Many of the parents were said to tell the participants to stay in the U.S. for a more secure life. At the same time, as this sample was born in the era of one-child policy, they also faced moral expectations and obligations to take care of their parents, which often threw them into a “leave-or-stay” dilemma. Although their seeking of individuality and their needs for differentiation from the family of origin were reported as conflicting with the deep-rooted Chinese value of family, they reported that their cross-cultural experiences resulted in a growing reflection and an awareness of their increasing independence.

*“In China, the message I got from the environment was that asking for help was showing weakness. It is both shameful and useless. My middle school and high school really downplayed sensitivity and expressiveness.”*

Coming to the U.S. gave them a flavor of individuality.

*“Coming to the U.S. I felt a loss of identity and loss of connection with my family, my old friend circle. It forces me to make change in this new environment, to adopt new strategies to survive. I have become more independent. I have become more open-minded as I have got to see a diversity of life styles and values in American society.”*

*“I see my American peers as more independent, both financially and emotionally, and more individualistic. They have stronger sense of self-identity and are more expressive.”*

The developing sense of self also meant they were less interdependent on their connection with family, parents, or fellow nationals. They were adopting new perspectives and attitudes related to mental health help-seeking in the new environment.

*“I tried to talk to my parents about my stress but they would criticize me. They would say, ‘Oh, you should work harder and figure it out.’ It is not what I want to hear. Also, I worry if I tell them too much my negative feelings. By talking to a therapist I don’t see the need to worry about their feelings. I can say anything I want without being judged.”*

Still, to many Chinese students, the concept of “taking care of yourself” was novel.

*“I remember I became a member of the school’s committee of diversity. Every time when we sat down and had meetings other American students everyone would get reminded that in the group that if you know your trigger, you can notify the group. If you feel you get triggered, you can step out at any time. That was a totally new concept for me. I started to realize that one should take care of themselves, not only physically, but also emotionally and mentally.”*



**Behavioral influences on seeking out mental health resources.** The participants who showed positive attitudes towards mental health help-seeking in the U.S. reported having exposures to various normalizations of mental health services.

*Exposures to various normalization of mental health services.* The participants who showed positive attitudes towards mental health services in the U.S. reported having exposures to school emails and campus flyers and receiving extra effort in targeting international students. Recommendations and referrals from people in their daily life also helped normalize their attitudes to mental health services.

Six out of twelve students (n=6) mentioned the emails sent out by their school and their exposures to campus flyers had a great impact on their attitude shift towards mental health help.

*“I often received emails from the school, especially when the final exams were approaching. The email introduced school’s counseling services. That’s where I learned all these words, mental health, anxiety, depression, etc. That’s where I learned how American campuses narrated mental health needs and mental health resources.”*

Many participants stated that they noticed there was a culture on U.S. campuses of paying notice to mental health needs. One student told her story of being referred to counseling services by one of her professors.

*“I was writing an email to one of my professors to discuss a project that related to Boston Marathon bombing. I mentioned that one of the victims was a Chinese girl who was also an international student. I expressed sadness but I was not thinking about getting any specific help. But the professor wrote me back right away and suggested I could consider using school counseling services and he even copied the email to a counselor there. Although I didn’t go to see the counselor because I felt things were manageable, I appreciated such responsiveness and their attention to students’ emotional needs.”*

The same participant received another email reminder during the one-year anniversary of Boston Marathon bombing.

*“It was my first time to hear the term anniversary trauma. I was very impressed with their thoughtfulness.”*

Students also noticed when there was extra effort in targeting them as the school was promoting and advertising mental health services. The participant who decided to go to the workshop on depression said she was caught by the flyer on campus because the wording particularly included international students, which was comparatively rare.

*“It says international students can often suffer from depressive symptoms because of various reasons. I immediately felt included.”*

Hearing positive feedback and receiving recommendations from peers was also claimed as an important motivator for people to embrace mental health services. One participant was suggested by an American friend to try outpatient therapy and she later had very positive experience.

Another participant noted, *“I get the sense from other American students that mental health is just part of human health. I have heard more than once people mentioned casually in conversations that they had a counseling appointment. That really helped me normalize the idea of going to counseling.”*

**Barriers to access services.** In contrast, lack of exposure to services, compounded with concerns about language barriers and cultural distance, were stated as reasons for not accessing help. For example, one student reported,

*“I don’t know if I would be fully understood. I feel I need to spend extra effort trying to explain to the therapist my stories because there would be so much cultural context that needs to be explained. I feel overwhelmed thinking about expressing my emotions and feelings in a second language. I don’t know if I would be able to express them.”*

*Useless services?* For those who accessed mental health services in the U.S. there were some who reported negative feedback. Four out of twelve participants (n=4) had first-hand experiences accessing mental health services in the U.S. Among them was the participant who went to the depression workshop; she dropped out after three sessions. Another sought outpatient services according to an American friend's recommendation. This person continued services for around five to six months and reported positive feedback. Another two students who went to school mental health services stopped sessions after going twice and three times, respectively.

A common theme among the narratives of the three participants who stopped services was that, when they felt disappointed at the service outcome, there was no further communication with the providers and they just dropped.

One participant talked about how he was irritated by the side effects of his prescribed anti-depressants after he saw both the school therapist and the school psychiatrist, though he didn't talk to either of them. He simply dropped the medication and sought self-medication.

*"During the third therapy session, the therapist gave me the diagnosis of depression and then referred me to a psychiatrist. I was then prescribed Zoloft. I started to feel the side effects of the meds soon. I felt disconnected from my sadness, but that didn't help me feel happy. I didn't like the feeling at all so I stopped medication after four and half months and started self-medication with melatonin as sleep aids. My first time in therapy felt safe and professional. I felt the therapist didn't judge me. She didn't think I was weak or like a coward. That was the good feeling about therapy. But after three sessions I felt I had said enough. I don't want to just talk back and forth about the same issues. So that was it."*

Lack of experiences with professional mental health help in their Chinese growing-up did not give them knowledge about what to expect from mental health services. That could also lead to the unsatisfying feelings and negative impressions towards the mental

health services they received in the U.S. Another participant talked about how therapy was “too long-term” for her, which was not her expectation of counseling, and she never talked to the therapist about her disappointment before she stopped sessions.

*“In 2012 one of my eyes kept weeping so I went to the school health center. The physician found everything was normal and she suspected I was depressed. Even though I said I knew my own mental status, the physician still insisted on referring me to the school mental health services. That was how I started my therapy. I didn’t find it useful at all. The therapist just kept asking me questions and writing all my information down. But I highly doubt how much she could understand me. I think counseling should be one-time deal. All I wanted was some good advice and maybe a role model, which I didn’t think I could get from that therapist. I went the second time because I didn’t know how to say no. After the second useless session, I figured out I could call and cancel my next appointment, so I did it on telephone so I felt less guilty.”*

## **Summary**

According to the data, the participants provided narratives about how they perceived mental health help-seeking in China, how they compared Chinese and American cultural views of help-seeking, and how cross-cultural experiences might influence their understanding as well as their behavior related to mental health help-seeking.

Starting from exploring students’ perspectives on mental health help-seeking in China, the language used for mental health in Chinese was carefully examined. Bifurcated understanding of mental health made it difficult for the students to identify their mental health needs. Students’ family examples of mental health care revealed prevalent taboos around expressions of mental health needs and the use of lay terms and somatic expressions. Neurasthenia was still a self-diagnosis used among the elder population. From the school examples of mental health care, incompetent Chinese school counseling and the ambiguous

role of Chinese school counselor contributed to students' lack of trust and superficial knowledge with mental health help-seeking.

When it came to the comparisons between Chinese and American views of help-seeking, turning to family for support and the virtue of enduring suffering were identified as Chinese ways of coping. Students expressed mixed feelings about self-expressiveness in American culture. In both cultures, seeing expression of mental health needs as a strategy emerged as a motivator for seeking help.

The influences of their cross-cultural experiences were two folded: 1) both the integration of the concept of mental health through education and self-education and the increase of individuality were identified as impacting their understanding of mental health help seeking; 2) behaviorally, lack of exposure of services, compounded with language barriers, were identified as reasons for not accessing the help. In contrast, exposures to various normalizations of mental health services were reported as generating positive attitudes towards mental health help-seeking. Finally, for those who accessed mental health help in the U.S., students reported both satisfying and unsatisfying feedback for various reasons.

## **CHAPTER V**

### **Discussion**

This study was conducted to explore the various narratives about mental health help-seeking among international students from Mainland China who are studying abroad in the United States. Twelve Chinese students in Massachusetts and Rhode Island were recruited as participants. Each individual interviewed grew up in China and then came to the United States for either undergraduate or graduate study. It was hoped that the students would articulate the evolution of their perceptions, knowledge, attitudes, and behaviors towards mental health help-seeking in both cultures. The purpose of this study was to come up with research findings that would provide social workers, faculty, international student support services, mental health experts on university campuses, and therapists in the community with further knowledge regarding how to better meet Chinese international students' needs for their mental well-being.

#### **Demographics**

Participants ranged from 18 to 30 years old. Age did have an impact on students' mental health needs in terms of their different stages of identity development. Students that were older did tend to report a longer history of reflecting on their mental health needs and building up their coping strategies.

It was surprising that the interview recruitment flyers attracted three male participants, making up a quarter of the sample. Their participation added a gender component to the narratives. Male participants reported in their interviews that they had more barriers to reach out for help because of the gendered expectation. They were afraid they would be regarded

as too emotionally expressive “to be a man.” Compare to the female participants, they less reported sharing their emotional distress with parents or friends.

There were no notable differences among different geographical areas students resided. However, the schools and programs they attended made a difference among their attitudes towards seeking mental health help. Students who were in smaller college for liberal arts education or in small graduate program reported receiving more individualized attention from the school. It was also easier to find interpersonal closeness from their campus life. Students who went to bigger universities and larger programs reported more challenges in making friends and more isolation on campus because “everyone is busy with their own business.” Reportedly, it was more a personal choice whether a student spent more time with other Chinese students or reached out of the co-national circle for friendship with other non-Chinese. However, those who had interactions with American friends and professors reported more exposures to normalization of mental health care. More students considered using mental health services if the school was doing a better job in advertising their mental health services and making extra efforts in targeting its international students population. Additionally, students who took classes in the field of psychology, sociology, social work and other related social science showed more knowledge and stronger ability to reflect their conception of mental health compared to their peers.

In the interviews, the length of their stay in the States didn’t affect the participants’ attitudes or narratives in a particular way. Two students had previous experiences studying outside of Mainland China; however, the experiences didn’t have a notable impact on their views of mental health help-seeking.

Religion didn’t stand out as a factor during the interviews though five students reported religious beliefs.

### **Mental Health Help-Seeking in China**

Kolstad and Gjesvik (2014) conducted interviews and observations among well-educated urban dwellers in China and reported that those who identified with traditional and collectivistic Chinese values tend not to label minor mental health problems (symptoms expressed by words like “anxious,” “depressed,” “extremely tired,” “timid,” or phrases such as “sleep problems,” and “problems in eating”) as psychiatric disorders or illnesses but as challenges in daily life and relationship strain. These urban and educated Chinese, who have developed a stronger sense of a bicultural self, were more likely to perceive and deal with those minor mental health problems from a Western viewpoint.

In general, there was common reluctance among Chinese international students in the U.S. to identify their mental health needs, which was revealed from the examination of language use for mental health in Chinese. Plaenkers (2013) quoted from Sigmund Freud that “*the Chinese language is full of instances of indefiniteness which might fill us with alarm.*” Beyond the translation issues, the bifurcated concept of “mental health” was also influenced by the collectivism value in traditional China intertwined with the hampered development of psychology, social work, and counseling disciplines in modern China. This bifurcated concept of “mental health” among students' narratives was manifested from both family and school examples of mental health care.

Their family examples of mental health care consisted of prevalent taboos around mental health needs and avoidance of mental health language. Lay terms were preferred and somatic expression was used as self-diagnosis among the elder population. Among the students' family narratives on mental health needs, stories related to stigma were told, especially with people with severe mental illnesses (Yang & Kleinman, 2008). From family narratives, students developed the impression that for people who had mental health needs, medication and hospitalization were the “only” available treatment. The “medical model of counseling” practice was still the reality in contemporary China (Leung, Guo & Lam, 2000).



From the students' narratives, private psychotherapy and counseling practice in China was neither popular nor accessible. The current qualification criteria for counselors held by Chinese Ministry of Labor and Social Security were minimal, and an effective management system and standardized ethics protocol is still lacking within professional associations (Qian et al., 2012).

Incompetent Chinese school counseling services and ambiguous roles of school counselors contributed to students' lack of trust and superficial knowledge with mental health help-seeking. Historically, a majority of the counseling centers were affiliated with a political-and-thought-education department (Leung, Guo & Lam, 2000). The study revealed the Chinese international students saw Chinese school counselors as more of an authority figure than a professional. For Chinese young people growing up in the post-Mao Chinese society, Kleinman brought to light the concept of "the divided self" or *double consciousness* in his summary chapter in *Deep China* (Kleinman, 2011). According to his observation, life is lived in an authoritarian society, and each individual is socialized indirectly by the state and directly by the family. People who live a divided life have great alertness to boundaries, which are not just in the external world, but have been internalized by the self as self-censorship, self-control, and self-discipline; and most problematically, self-division. To Kleinman, that is a burden of contradiction, compromise, and irony that each Chinese person experiences and negotiates in his or her own way (Kleinman, 2011).

Altogether, while American culture is used to labeling their school counseling services as "mental health services," the Chinese students may be reluctant to see themselves in the position of seeking "mental health" help for various reasons.

### **Comparisons of Chinese and American Views of Help-Seeking**

Students identified Chinese ways of coping as turning to family for support and the virtue of enduring suffering, in contrast to self-expressiveness in American culture. In both

cultures, expression of mental health needs as a strategy needs to be further examined.

The students identifying with the virtue of enduring suffering in collectivist Chinese culture expressed discomfort with the encouragement of self-expressiveness in individualistic American society (Triandis, 1995). Although compared to their parents' generation they tended to be more expressive about their emotions, they saw family as the major resource of emotional support. According to Wu (2010), Chinese families of today have changed significantly from the traditional values, but the basic idea is still similar. In a nuclear family of today's China, people do not care how many generations the lineage might extend, the members of one family still see each other as a part of their lives. Family is still responsible for the behaviors of their members (Guo & Kleinman, 2011).

Some of the students saw the expression of mental health needs as a strategy, whether they regarded the purpose as gaining power in the family dynamics, getting exemption, or fitting into the new culture. This strategy for seeking out mental health help remains an unexplored field for further study.

Interestingly, utilizing culturally based forms of help such as Chinese medicine, acupuncture, Taoism, etc. for well-being was absent in the narrative or denied by the students. Students' involvement in healing activities in the context of traditional knowledge and spirituality was minimally reported.

### **Influences of Cross-Cultural Experiences on understanding mental health help seeking and seeking out mental health resources**

For the majority of students, coming to the U.S influenced their understanding and behavioral preferences in mental health help seeking. It was revealed in the study that being able to integrate their ideas of mental health helped students see mental health as a cluster of concepts for describing one's various intrapsychic conflicts and behavioral symptoms. In this regard, education and self-education were claimed as important resources for students to gain

modern western knowledge about mental health and to reflect on their acquired Chinese views.

Among students who expressed positive attitudes towards seeking mental health help, their narratives indicated a booming of individuality. As urban China is transitioning from a collectivistic culture to a more individualistic one, the convergence of these various historical trends can create an increase in the perception and experience of emotional and mental distress in the contemporary younger Chinese generation (Kleinman & Kleinman, 1999; Kolstad & Gjesvik, 2014).

Existing literature has looked into various impacting factors that are contributing to these attitudes towards mental health help-seeking, but the data has been inconsistent (Wu, 2012). From the narrative data in this exploratory qualitative study, factors such as increased individuality, commitment to traditional Chinese values, general knowledge and availability of psychology and mental health care services, and previous therapy/counseling experience were considered relevant by Chinese international students in describing their attitudes towards seeking professional help.

There is a lack of literature discussing the role of external effort in targeting services to Chinese international students in the U.S in helping nurture their positive attitudes towards mental health help seeking. This study showed it makes a difference when Chinese international students are aware of the availability of mental health and counseling services on campus and when they felt a sense of normalization and inclusion.

## **Conclusion**

The purpose of this study was to explore how Chinese international students in the United States perceive mental health help-seeking in China, how they compare help-seeking in the United States, and how cross-cultural experiences may influence their understanding as well as their own behavior related to mental health help-seeking.

There were a couple of major findings. Generally, there was reluctance among Chinese international students to identify their mental health needs, which was revealed from the examination of language used for mental health in Chinese. As their family narratives consisted of prevalent taboos around mental health needs and avoidance of mental health languages, lay terms and somatic expressions were preferred. Incompetent Chinese school counseling services and ambiguous roles of Chinese school counselors contributed to students' lack of trust and their superficial knowledge of mental health help-seeking. Chinese views of help-seeking were identified as turning to family for support and the virtue of enduring suffering, in contrast to self-expressiveness in American culture. As Chinese students came to U. S. for overseas study, their cross-cultural experiences gave rise to the chance for the integration of the concept of mental health, the booming of individuality, and exposures to various normalizations of mental health help-seeking. Students who have sought help also reported seeing the expression of mental health needs as a strategy. Further social work interventions are needed to improve Chinese international students access to mental health help in the U.S. and to satisfy meet their help-seeking needs.

### **Limitations of the Study**

The generalizability of the data might be limited because of the small sample size. All of the participants grew up in urban cities that are considered economically more developed. Many of the students came from a prestigious educational background. The majority of them (n=10) reported to some extent being financially supported by their families in China. Two students (n=2) were receiving enough scholarship and teaching assistance stipend to be financially independent. Most of the students' families were considered to be considerably open to western/American culture and also financially comfortable and stable. A greater number of participants could have provided more rich and diverse data.

In addition, generally, those students who volunteered to be interview subjects had a heightened interest in help-seeking, thus resulted in self-selection bias. Since the researcher is a social work student, subjects may have provided data that has some “social desirability bias” and/or “acquiescence bias.”

### **Implications for Social Work Practice**

Although the Chinese international students have become the majority international student population on the U.S campus, they are still underserved and their needs for mental well-being remain set aside. International students are a group that can often feel marginalized and under represented on campus. Special efforts should be made to target this population, to help them feel less isolated via a variety of approaches, such as orientations, workshops, and email communication and service advertisement flyers on campus. School social workers, mental health providers, faculty, and administrative staff within the universities as well as therapists in the community should be more aware of this group’s needs. Collaborative efforts should be more actively made and referrals should be encouraged. Psycho-education on how to utilize existing counseling services and psychiatric medication help should be more available and provided in a culturally sensitive way. Similarly, psycho-education on what they can expect from mental health care in American society would also help reduce stigma and normalize the utilization of mental health services. Such effort could also help decrease the misconception about the self-expressiveness in the American society while hopefully encouraging the Chinese students to articulate their unique needs and develop their own support systems, being better advocates for themselves.

### **Implications for Future Research**

Further research, both quantitative and qualitative, that continues to explore Chinese international students’ mental health help seeking, is needed. This type of research can explore further the correlations between various factors and students’ attitudes towards

mental health help-seeking, both conceptually and behaviorally. Further study can examine how contributing factors such as sense of individuality, commitment to traditional Chinese values, general knowledge and availability of psychology and mental health care services, previous therapy/counseling experience as well as other factors are impacting Chinese international students' mental health help seeking. Further study can also look into students' utilization of traditional knowledge, spirituality, religious beliefs, and other alternative approaches to maintain their mental well-being. It would be helpful to further study the expression of mental health needs as a strategy among the population. There is also a need for research that looks into any feasible and efficient improvements that could be done on the U.S. campuses to help this population to better integrate their understanding of mental health help seeking and also develop a stronger and more accessible support system for their mental well-being.

## References

- Chao-Wei, F., Alison, T., Feng, S., Rong-Sheng, L., Si-Yan, Z., Wei-Qing, C., & ... Biao, X. (2007). The prevalence of anxiety symptoms and depressive symptoms in patients with somatic disorders in urban China: A multi-center cross-sectional study. *International Journal Of Psychiatry In Medicine, 37*(2), 185.
- Cross, S. E. (1995). Self-construals, coping, and stress in cross-cultural adaptation. *Journal Of Cross-Cultural Psychology, 26*(6), 673-697. doi:10.1177/002202219502600610
- Flum, M. (1998). Attitudes toward mental health and help-seeking preferences of Chinese, Japanese, and Korean international college students. *Dissertation Abstracts International Section A, 59*, 1470.
- Guo, J., & Kleinman, A. (2011). Stigma: HIV/AIDS, mental illness, and China's nonpersons. In A. Kleinman, *Deep China: The moral life of the person: What anthropology and psychiatry tell us about China today* (pp.237-262). Berkeley, CA: University of California Press.
- Han, X., Han, X., Luo, Q., Jacobs, S., & Jean-Baptiste, M. (2013). Report of a mental health survey among Chinese international students at Yale University. *Journal Of American College Health, 61*(1), 1-8.
- Hsieh, M. (2006). Identity negotiation among female Chinese international students in second-language higher education. *College Student Journal, 40*(4), 870-884.
- Hou, Z., & Zhang, N. (2007). Counseling Psychology in China. *Applied Psychology: An International Review, 56*(1), 33-50. doi:10.1111/j.1464-0597.2007.00274.x
- Institute of International Education (2013). "Open Doors Fact Sheet: China." *Educational Exchange Data from Open Doors 2013*. Retrieved from <http://www.iie.org/~media/Files/Corporate/Open-Doors/Fact-Sheets->

- Kleinman, A. (1982). Neurasthenia and depression: a study of somatization and culture in China. *Culture, Medicine and Psychiatry*, 6(2), 117-190.
- Kleinman, A., & Kleinman, J. (1999). The transformation of everyday social experience: What a mental and social health perspective reveals about Chinese communities under global and local change. *Culture, Medicine and Psychiatry*, 23(1), 7-24.
- Kleinman, A. (2011). Quests for meaning. In A. Kleinman, *Deep China: The moral life of the person: What anthropology and psychiatry tell us about China today* (pp.263-290). Berkeley, CA: University of California Press.
- Kolstad, A., & Gjesvik, N. (2014). Collectivism, individualism, and pragmatism in China: Implications for perceptions of mental health. *Transcultural Psychiatry*, 51(2), 264-285. doi:10.1177/1363461514525220
- Lee, S. (2011). Depression: Coming of age in China. In A. Kleinman, *Deep China: The moral life of the person: What anthropology and psychiatry tell us about China today* (pp.277-212). Berkeley, CA: University of California Press.
- Leung, S., Guo, L., & Lam, M. (2000). The development of counseling psychology in higher educational institutions in China: Present conditions and needs, future challenges. *Counseling Psychologist*, (1), 81-99.
- Liu, M. (2009). Addressing the mental health problems of Chinese international college students in the United States. *Advances In Social Work*, 10(1), 69.
- Ma, J. Q., & Wang, D. L. (1995). Current conditions of psychological counseling in higher educational institutions in China: Some basic data. *Newsletter on psychological counseling in higher educational institutions in Zhe Jiang Province*, 12, 2-3.
- Mallinckrodt, B., & Leong, F. T. L. (1992). International graduate students, stress, and social support. *Journal of College Student Development*, 33, 71-78.



- Mori, S. (2000). Addressing the mental health concerns of international students. *Journal Of Counseling & Development, 78*(2), 137-144.
- Nguyen, D. (1996). Chinese students' views of mental health and their relation to coping strategies, well-being, and acculturation. *Dissertation Abstracts International, 56*, 5176.
- Osnos, E. (2011, January 10). Meet Dr. Freud. *The New Yorker*. Retrieved from [http://www.newyorker.com/reporting/2011/01/10/110110fa\\_fact\\_osnos](http://www.newyorker.com/reporting/2011/01/10/110110fa_fact_osnos)
- Plaenkers, T. (2013). When Freud headed for the East: Aspects of a Chinese translation of his works. *International Journal Of Psychoanalysis, 94*(5), 993-1017.
- Qian, M., Chen, R., Chen, H., Hu, S., Zhong, J., Yao, P., & Yi, C. (2012). Counselling and psychotherapy services in more developed and developing regions in China: A comparative investigation of practitioners and current service delivery. *The International Journal Of Social Psychiatry, 58*(5), 536-543.  
doi:10.1177/0020764011413669
- Tata, S., & Leong, F. L. (1994). Individualism-collectivism, social-network orientation, and acculturation as predictors of attitudes toward seeking professional psychological help among Chinese Americans. *Journal Of Counseling Psychology, 41*(3), 280-287.  
doi:10.1037/0022-0167.41.3.280
- Triandis, H. C. (1995). *Individualism & collectivism: New directions in social psychology*. Jackson, TN: Westview Press.
- Wang, C., Bannuru, R., Ramel, J., Kupelnick, B., Scott, T., & Schmid, C. H. (2010). Tai Chi on psychological well-being: Systematic review and meta-analysis. *BMC Complementary and Alternative Medicine, 10*(1), 23.
- Wang, Z.C. (2005). Where should Chinese counseling psychology go? *Journal of South*

*China Normal University (Social Science edition)*, 156, 114–120.

Wei, M., Heppner, P., Mallen, M. J., Ku, T., Liao, K., & Wu, T. (2007). Acculturative stress, perfectionism, years in the United States, and depression among Chinese international students. *Journal Of Counseling Psychology*, 54(4), 385-394.

Wu, F. (2009). *浮生取义：对华北某县自杀现象的文化解读*. Beijing, China: China Renmin University Press.

Wu, F. (2010). *Suicide and justice: a Chinese perspective*. London and New York: Routledge.

Wu, F. (2011). Suicide, a modern problem in China. In A. Kleinman, *Deep China: The moral life of the person: What anthropology and psychiatry tell us about China today* (pp.213-236). Berkeley, CA: University of California Press.

Wu, I. (2012). Acculturation, coping, and attitudes toward seeking professional psychological help among Chinese international college students. *Dissertation Abstracts International*, 73,636.

Yan, K. & Berliner, D. C. (2011). Chinese international students in the United States: Demographic trends, motivations, acculturation features and adjustment challenges. *Asia Pacific Education Review*, 12(2), 173-184.

Yang, L. H., & Kleinman, A. (2008). ‘Face’ and the embodiment of stigma in China: The cases of schizophrenia and AIDS. *Social Science & Medicine*, 67(3), 398-408.

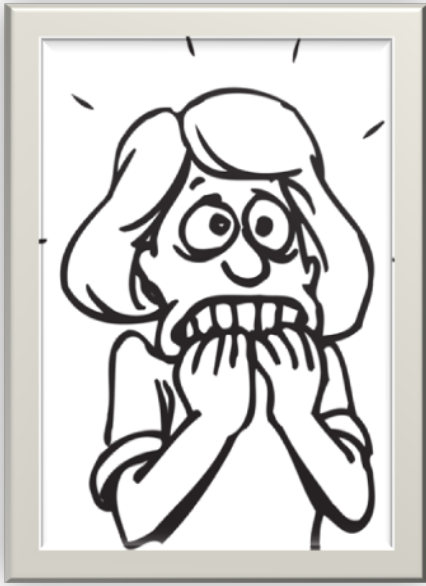
Yeh, C., & Inose, M. (2003). International students’ reported English fluency, social support satisfaction, and social connectedness as predictors of acculturative stress. *Counseling Psychology Quarterly*, 16, 15-28.

Yip, K. K. (2005). Chinese concepts of mental health: cultural implications for social work practice. *International Social Work*, 48(4), 391-407.

Yeung, A., & Kam, R. (2008). Ethical and cultural considerations in delivering psychiatric diagnosis: Reconciling the gap using MDD diagnosis delivery in less-accultured Chinese patients. *Transcultural Psychiatry*, 45(4), 531-552.  
doi:10.1177/1363461508100781

## **APPENDIX A**

### **Recruitment Flyers (Both in Chinese and in English)**



**JOIN this Exploratory Study :**  
Help-Seeking and Chinese International  
Students in the United States

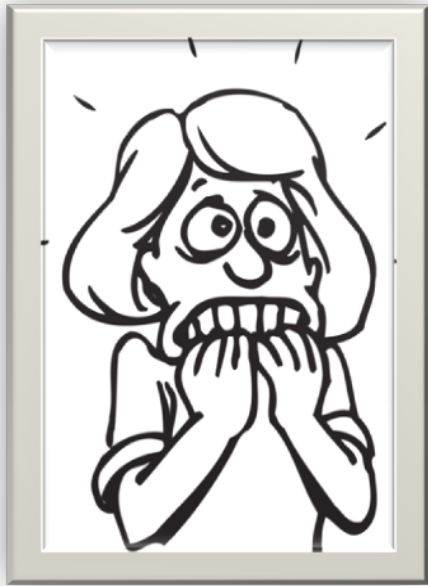
开放研究：留美中国学生对于寻求心理帮助的看法——何时寻求帮助？向谁寻求帮助？顾虑？期望？



- \*\*独自求学、适应调节， 课业压力， 人际交往.....你是否曾经觉得需要心理帮助？
- \*\*你在留学过程中遇到情绪起伏时， 是如何度过危机的？
- \*\*你是否感觉美国文化中的心理咨询， 诊断治疗， 互助小组... 离你很近又很远？
- \*\*中美两国文化看待个体寻求外部帮助调节内心有什么异同？ 你有自己的体会？
- \*\*你的年龄在 18 到 30 岁之间吗？

我正在为社会工作硕士 (Master of Social Work) 毕业论文征集采访对象。如果你感兴趣， 请联系我， 我们可以商定一个适合的采访时间， 约为 60 分钟。

感谢你的参与， 希望听到你的声音



**JOIN This Exploratory Study :**  
Help-Seeking and Chinese  
International Students in the United  
States

**Have you ever thought the  
following questions to yourself?**

- What is help-seeking?
- How to seek help in U.S.?
- Who to turn to?
- Would I get what I want?
- What are my concerns?
- .....

**\*\*HAVE YOU EVER FELT YOU NEED EMOTIONAL/PSYCHOLOGICAL HELP?**

**\*\*HOW DO YOU COPE WITH YOUR DOWN TIMES OVERSEAS?**

**\*\*DO YOU FEEL FAMILIAR WITH THE IDEA OF COUNSELING, THERAPY,  
SUPPORT GROUP... THAT EXIST IN U.S. CULTURE?**

**\*\*HOW DO YOU COMPARE HELP SEEKING IN U.S. AND IN CHINA?**

**\*\*ARE YOU BETWEEN 18 TO 30 YEARS OLD?**

- Contact me (Yida Huo, MSW Candidate,  
Smith College School for Social Work)  
by email or by phone
- We will work together to find a time and  
location that is both convenient and  
confidential for the interview.

**Thanks for your participation and look  
forward to hearing from you!**

## **APPENDIX B**

### **Informed Consent**

Dear Participant,

My name is Yida Huo and I am a graduate student at Smith College School for Social Work. As an international student from China, I hope to further understand how Chinese international students in the United States perceive help-seeking in Chinese and American cultures and how cross-cultural experiences may influence their understanding as well as their own behavior related to help-seeking. The results of this study will be used for my MSW thesis. While participating in this study, you will be asked to complete a short survey to gather your demographic information, and then participate in an individual interview regarding your understanding as well as your own behaviors related to help-seeking.

You were selected as a possible participant because you identify yourself as a Chinese international student, aging from 18 to 30 years old, currently in the United States. Please read this form and ask any questions that you may have before agreeing to be in the study.

The purpose of the study is to explore perspectives regarding help-seeking among Chinese international students in the U.S. Ultimately, this research may be published or presented at professional conferences.

If you agree to be in this study, you will be asked to take a semi-structured in-person or web-camera interview conducted by the researcher. Prior to the interview, you will be able to ask questions about the researcher and the study. During the interview, in order to collect narrative data, the interviews will be audio-recorded with your permission. The interview will last for approximately 60 minutes. After the interview is completed, you will be encouraged to ask questions and/or provide any additional recommendations or comments. You will be asked if you can be contacted if further questions arise regarding the content of the interview.

The study has the potential to bring up your own issues regarding help-seeking. If at any point you feel uncomfortable you can ask to stop the recording and the interview. You will also be provided with a referral list for post interview/participation follow-up support.

This study will provide you with the unique opportunity to discuss your cross-cultural experiences and your perspectives regarding help-seeking. There exists a gap in the literature on this subject and this study will give you an opportunity to provide a voice for this population.

Your participation will be kept confidential. The researcher should be the only person that knows about one's participation. The researcher will ensure the privacy of the conversations by conducting interviews in places where the comfort, safety and confidentiality of the participants can be secured.

In addition, the records of this study will be kept strictly confidential. All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and

then destroyed. All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you.

The decision to participate in this study is entirely up to you. You may refuse to take part in the study at any time (up to the date noted below) without affecting your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely up to the point noted below. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by April 30<sup>th</sup>, 2014. After that date, your information will be part of the thesis, dissertation or final report.

Prior to the interview, you have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Yida Huo at (email) or by telephone at (phone number). If you would like a summary of the study results, one will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep.

.....

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher(s): \_\_\_\_\_ Date: \_\_\_\_\_

.....



## APPENDIX C

### HSR Approval



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#### School for Social Work

Smith College  
Northampton, Massachusetts 01063  
T (413) 585-7950 F (413) 585-7994

April 9, 2014

Yida Huo

Dear Yida,

You have made all the requested changes and clarifications to your HSR application. Your project is now approved by the Human Subjects Review Committee.

*Please note the following requirements:*

**Consent Forms:** All subjects should be given a copy of the consent form.

**Maintaining Data:** You must retain all data and other documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

Elaine Kersten, Ed.D.  
Co-Chair, Human Subjects Review Committee

CC: Bruce Thompson, Research Advisor

## **APPENDIX D**

### **Community Referrals**

#### **University Counseling Services**

##### **Massachusetts Institute of Technology**

Mental Health and Counseling

[http://medweb.mit.edu/directory/services/mental\\_health.html](http://medweb.mit.edu/directory/services/mental_health.html)

Weekdays (M-Th 8 a.m.–7 p.m., F 8 a.m.–5 p.m.): 617-253-2916

Nights/weekends: 617-253-4481

##### **UMass Amherst**

Center for Counseling and Psychological Health (CCPH)

<http://www.umass.edu/counseling/>

(413) 545-2337

##### **UMass Boston**

The University Health Services Counseling Center

[http://www.umb.edu/healthservices/counseling\\_center/counseling\\_services](http://www.umb.edu/healthservices/counseling_center/counseling_services)

617.287.5690

##### **Smith College**

[http://www.smith.edu/health/counseling\\_contact.php](http://www.smith.edu/health/counseling_contact.php)

(413) 585-2843

##### **Boston University**

<http://www.bu.edu/shs/behavioral/>

617-353-3569

##### **Northeastern University**

<http://www.northeastern.edu/uhrs/>

617-373-2772

.....

#### **Chinese-culture-related Resources**

##### **Tai Chi/ Qigong Classes**

Massachusetts General Hospital

617-643-6089

## APPENDIX E

### Demographic Information

- Gender \_\_\_\_\_
- Age \_\_\_\_\_
- Religious belief \_\_\_\_\_
- Are you undergraduate or graduate student?  
Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_
- Do you attend a public school or a private one?  
Public \_\_\_\_\_ Private \_\_\_\_\_
- What major/field are you studying?  
\_\_\_\_\_
- How do you regard your living area?  
Urban \_\_\_\_\_ Suburban \_\_\_\_\_  
Rural \_\_\_\_\_ Other(Specify) \_\_\_\_\_
- How long have you stayed in the U.S.? (If you have moved back and forth please list the length of each time.)  
\_\_\_\_\_  
\_\_\_\_\_
- Have you stayed in other foreign countries before? If yes, please list the countries and how long you stayed accordingly):  
\_\_\_\_\_  
\_\_\_\_\_

## APPENDIX F

### Interview Guide

As you know, I am interested in hearing cross-cultural perspective on help-seeking from Chinese international students in the United States. I am interviewing you today to learn more about your thoughts and experiences related to seeking help during your overseas time in United States. More specifically, by help-seeking I mean turning to external resources for emotional/psychological support when feeling in need.

1. Now I'd like to understand a little bit more about your thoughts about help-seeking in China:

- Do you remember any interpersonal discussions (such as with family members, friends...) about stress, anxiety, depression, sleep issues, substance abuse, or more severe psychotic mental health symptoms? If yes, how spoken?
- According to your own understanding, how is help-seeking expressed and experienced from a Chinese perspective? What options may someone have when mentally overwhelmed?

2. Now can you tell me a bit more about how you compare help-seeking in China and the U.S.?

- Have you noticed in the U.S. what help-seeking strategies people may take when they are in need of emotional/psychological help?
- How would you compare American/western views of help-seeking with Chinese cultural views of help-seeking?

3. Now I'd like to discuss a bit on how your cross-cultural experiences may influence your understanding as well as your own behavior related to help-seeking.

- During your stay as an international student in the U.S., have you ever had time feeling you need emotional/psychological help? If yes, would you describe a bit more about these experiences?
- How do you take care of yourself? Who do you turn to for help?
- Do you feel compared to American people you have a different help-seeking strategy?
- Have you noticed any change taking place to your help-seeking strategy during the time you have been in the U.S.? If yes, can you say more about it?
- How do you feel about seeking professional help, such as going to see a psychiatrists, psychologists, therapists, school mental health counselors, joining a support group, or taking psychiatric medication?
- Have you had any experiences seeking professional help in the U.S.? If yes, how do you regard the experiences? If no, what are your concerns?
- How do you feel about the existing help-seeking approaches provided for Chinese international students in the U.S.? Do you feel there are any barriers for this population to get help? Do you have any suggestions?

4. Is there anything regarding seeking help as a Chinese international student in the U.S. that you may want to share or feel would be helpful to me in order to further understand your perception and experiences?