

Fort Hays State University

## FHSU Scholars Repository

---

Master's Theses

Graduate School

---

Fall 2013

### A Cross-Cultural Comparison of American and Chinese College Students' Attitudes Toward Seeking Professional Psychological Help and Expectations about Counseling and Counselors

Xiaowei Qiao

Fort Hays State University, x\_qiao3@mail.fhsu.edu

Follow this and additional works at: <https://scholars.fhsu.edu/theses>



Part of the [Psychology Commons](#)

---

#### Recommended Citation

Qiao, Xiaowei, "A Cross-Cultural Comparison of American and Chinese College Students' Attitudes Toward Seeking Professional Psychological Help and Expectations about Counseling and Counselors" (2013). *Master's Theses*. 95.

DOI: 10.58809/GLLB5202

Available at: <https://scholars.fhsu.edu/theses/95>

This Thesis is brought to you for free and open access by the Graduate School at FHSU Scholars Repository. It has been accepted for inclusion in Master's Theses by an authorized administrator of FHSU Scholars Repository. For more information, please contact [ScholarsRepository@fhsu.edu](mailto:ScholarsRepository@fhsu.edu).

A CROSS-CULTURAL COMPARISON OF AMERICAN AND CHINESE  
COLLEGE STUDENTS' ATTITUDES TOWARD SEEKING  
PROFESSIONAL PSYCHOLOGICAL HELP AND  
EXPECTATIONS ABOUT COUNSELING  
AND COUNSELORS

being

A Thesis Presented to the Graduate Faculty  
of the Fort Hays State University in  
Partial Fulfillment of the Requirements for  
the Degree of Master of Science

by

Xiaowei Qiao

B.S., Southern Medical University

Date \_\_\_\_\_

Approved \_\_\_\_\_  
Major Professor

Approved \_\_\_\_\_  
Chair, Graduate Council

The research described in this thesis utilized human subjects. The thesis prospectus was therefore examined by the Human Subjects Research Committee of the Psychology Department, Fort Hays State University, and found to comply with Title 45, Subtitle A – Department of Health, Education and Welfare, General Administration; Part 46 – Protection of Human Subjects.

---

Date

---

Ethics Committee Chairman

## ABSTRACT

The number of international students in the U.S. has increased steadily since the early 1990s. Based on this trend, the current study compared American and Chinese college students' attitudes toward seeking professional psychological help and expectations about counseling and counselors. In addition, it compared the stress levels of these two groups and examined Chinese international students' specific stressors. A total of 100 American and 71 Chinese students from a small Midwestern university participated in this study. ATSPPH-SF (Attitudes toward Seeking Professional Psychological Help – Short Form), EAC-BF (Expectations about Counseling – Brief Form), PSS (Perceived Stress Survey), and QSSCSCIS (Questionnaire of Sources of Stress and Coping Strategies of Chinese International Students) were used to answer specific research questions. Results showed that compared to American students, Chinese students 1) expected counselors to be more empathetic, comfortable with self-disclosing, and an expert, 2) showed higher perceived stress levels, and 3) showed more positive attitudes toward seeking psychological help. The findings provide insights for mental health professionals to better serve clients from diverse cultural backgrounds and understand that different cultural groups may show different expectations when seeking psychological help. In addition, the findings may also help on-campus counseling centers to provide more effective and satisfactory services to both American and Chinese students.

## ACKNOWLEDGEMENTS

I would like to express my gratitude to those who supported and helped me during my thesis study. A very special thanks to Dr. Jisook Park, my advisor, who had the expertise to guide me through many difficult situations. Thanks to the members of my thesis committee, Dr. Leo Herrman, Ms. Gina Smith, and Dr. Pelgy Vaz, for reviewing my thesis and making recommendations along the way.

Special thanks to my parents, Keping and Ming for always being there for me. I appreciate their love and support. Thanks to my family, extended family, and friends who have helped me and believed in me. Only with their love and support, this achievement could be possible.

## TABLE OF CONTENTS

	Page
ETHICS COMMITTEE PAGE .....	i
ABSTRACT .....	ii
ACKNOWLEDGEMENTS .....	iii
TABLE OF CONTENTS .....	iv
LIST OF TABLES .....	vii
LIST OF APPENDIXES .....	xi
INTRODUCTION .....	1
The Increasing Need for Professional Psychological Help .....	1
<i>The Prevalence of Mental Health Disorders</i> .....	1
<i>The Treatment Rates of Mental Health Disorders</i> .....	2
<i>The Benefits of Seeking Professional Psychological Help</i> .....	3
Counseling College Students .....	4
<i>American College Students' Needs for Psychological Help</i> .....	5
<i>International Students' Special Stressors and Needs for Psychological Help</i> .....	6
<i>Chinese International Students' Special Stressors and Needs for Psychological Help</i> .....	8

<i>Special Concept of Counseling due to the Cultural Backgrounds of Chinese International Students</i> .....	10
The Importance of Understanding Clients' Attitudes toward Seeking Psychological Help and Expectations about Counseling and Counselors .....	13
<i>Multicultural Competencies in Counseling and Psychotherapy</i> .....	16
Overview of the Study .....	19
METHOD .....	20
Participants .....	20
Procedure .....	21
Measures .....	22
<i>Demographic Information</i> .....	22
<i>Attitudes toward Seeking Professional Psychological Help – Short Form</i> .....	22
<i>Expectations about Counseling – Brief Form</i> .....	23
<i>Perceived Stress Survey</i> .....	23
<i>Questionnaire of Sources of Stress and Coping Strategies of Chinese International Students</i> .....	24
RESULTS .....	25
Overall Finding Summary Related to Hypotheses .....	36
GENERAL DISCUSSION .....	41
Stress Levels .....	41

Attitudes and Expectations .....	42
Limitations .....	43
Implications .....	44
Future Direction .....	45
REFERENCES .....	48
APPENDIXES .....	58



## LIST OF TABLES

Table	Page
1      Prevalence of Mental Health Disorders in Five Countries .....	2
2      Number and Percentage of Participants with Previous Counseling Experience .....	25
3      Number and Percentage of Participants Currently Receiving Counseling Services .....	25
4      Number and Percentage of Participants Currently with Stressors .....	26
5      ANOVA for Attitudes toward Seeking Professional Psychological Help .....	27
6      Means and Standard Deviations of the American Group and Chinese Group on Each Item and Total Score of Attitudes toward Counseling Scale .....	27
7      Means and Standard Deviations of the American Group and Chinese Group on Expectancy Subscales .....	29
8      Means and Standard Deviations of the American Group and Chinese Group on Combined Expectancy Subscales .....	30
9      ANOVA for Expectation about Motivation .....	30
10     Rank Order of American and Chinese Students' Expectations about Counseling and Counselors .....	33
11     Means and Standard Deviations of the American Group and Chinese Group on Each Item of Expectations Scale .....	33

12	Means and Standard Deviations of the American Group and Chinese Group on Perceived Stress Level .....	36
13	Rank Order of Chinese Students' Specific Stressors .....	37
14	Rank Order of Chinese Students' Coping Strategies .....	37

## LIST OF APPENDIXES

Appendix	Page
A      Demographics .....	58
B      Attitudes toward Seeking Professional Psychological Help – Short Form .....	60
C      Expectations about Counseling – Brief Form .....	62
D      Perceived Stress Survey .....	67
E      Questionnaire of Sources of Stress and Coping Strategies of Chinese International Students .....	69
F      IRB Approval Letter .....	71
G      Recruiting Script .....	74
H      Consent .....	76
I      Debriefing Statement .....	80

## INTRODUCTION

### **The Increasing Need for Professional Psychological Help**

Nowadays, more and more people acknowledge the importance of getting proper psychological treatment for mental health problems. In addition, we may notice that many people (i.e. family, friends, and coworkers) might have had mental health issues and received psychological help in the past. Moreover, some people might need to start psychological treatment at some point in their lives. The prevalence and treatment rates of mental health disorders will be discussed in detail later. The Bureau of Labor Statistics (2012) indicated that the number of mental health professional jobs was 156,300 in 2010 and the employment of mental health counselors would grow by 36% through 2020. The growing number of mental health professionals reflects the increasing demand for professional psychological help.

### *The Prevalence of Mental Health Disorders*

Bijl et al. (2003) conducted a study on the prevalence of mental health disorders in five countries, including Canada, Chile, Germany, the Netherlands, and the United States. They found that the estimated prevalence of mental health problems in the U.S. was 29.1%. Their study showed that the U.S. had the highest prevalence rates of anxiety disorders, substance abuse disorders, and other types of mental health disorders. In addition, the U.S. had the second highest prevalence rate of mood disorders. These statistics indicate that the U.S. has a greater need for available mental health services in order to serve the population with mental health disorders (see Table 1).

Table 1  
Prevalence of Mental Health Disorders in Five Countries

	The prevalence of mood disorders	The prevalence of anxiety disorders	The prevalence of substance use disorders	The prevalence of other disorders
Canada	4.9%	12.4%	7.9%	19.9%
Chile	9.0%	5.0%	6.6%	17.0%
Germany	11.9%	11.9%	5.2%	22.8%
Netherlands	8.2%	13.2%	9.9%	24.4%
United States	10.7%	17.0%	11.5%	29.1%

Another study (Kessler, Chiu, Demler, & Walters, 2005) indicated that the 12-month prevalence estimates of anxiety disorders, mood disorders, impulse control disorders, substance use disorders, and other types of disorders reached 18.1%, 9.5%, 8.9%, 3.8%, and 26.2% respectively.

#### *The Treatment Rates of Mental Health Disorders*

Bijl et al. (2003) found that treatment rates varied across Canada, Chile, Germany, the Netherlands, and the United States. The study indicated that only 10.9% of the U.S. population with mental health problems received treatment during 2002. Contrary to the high incidences of mental disorders, the U.S. had the second lowest treatment rate compared to the other four countries. Although no significant relationship was found between the prevalence rates and the overall treatment rates, the probability of serious cases to receive treatment was two to four times higher than that of mild cases. In other

words, the probability of getting treatment was highly related to severity of mental illness in all five countries.

In another study, Kessler et al. (2005) found a positive correlation between severity of mental illness and treatment rate. Additionally, their study indicated that the number of patients seeking treatment increased from 20.3% to 32.9% between 1990 and 2001. Besides, the mental health disorder prevalence did not change over time in the U.S., which implies the improvement in quality of mental health services during this period of time. For example, the rate of outpatient treatment for depression increased tremendously from 0.73% in 1987 to 22.2% in 1997 (Olfson, Marcus, Druss, Elinson, Tanielian, & Pincus, 2002) and the treatment rate for generalized anxiety disorder (GAD) was almost 48% (Wittchen, 2002). These studies all illustrate the increase of treatment rates of mental health disorders.

#### *The Benefits of Seeking Professional Psychological Help*

It is well known that any type of mental health disorders can bring a burden on both the individual and society since mental health disorders impair people in many aspects of life including work, social, and family life. For example, patients with generalized anxiety disorder (GAD) demonstrated diminished social functioning as well as work functioning such as decreased work productivity. As a result, it caused a significant economic burden on the society (Wittchen, 2002). Furthermore, the impairment of GAD was equivalent to the damage caused by major depression disorder and the burden of mental health disorders is third after heart disease and cancer (Andrews, Sanderson, Slade, & Issakidis, 2000).

People with mental health problems can benefit from receiving proper mental health services. The services help them in various ways such as getting skills back to meet daily needs and functioning normally at work or in social circumstances. According to previous studies (Bratton, Ray, Rhine, & Jones, 2005; Robinson, Berman, & Neimeyer, 1990; Trijsburg, Knippenberg, & Rijpma, 1992; Wampold, 2000), counseling and psychotherapy have been efficacious in terms of reducing symptoms of mental disorders. For instance, a combination of antidepressants and psychotherapy was found to be the most effective treatment for depressed patients to reduce depressive symptoms. Trijsburg, Knippenberg, and Rijpma (1992) also illustrated that the majority of patients benefited from receiving psychotherapy to a certain degree. Based on these previous studies, a conclusion can be drawn that psychotherapy or counseling plays an important part in people's life, especially for those who need professional psychological help.

### **Counseling College Students**

The number of college students enrolled in the U.S. in the 2011 fall semester was 19.7 million, which was up from 14.4 million 20 years ago (United States Census Bureau, 2011). Hunt and Eisenberg (2010) pointed out that college students had a growing need for mental health services as the mental health problems among students had increased. As the population is gradually growing, college students have the potential to become one of the important emerging clienteles in the country. Watkins, Hunt, and Eisenberg (2012) argued the severity of mental health concerns for current college students worsened and the students required more services. As pointed out by the researchers, the mental health

issues of the students ranged from typical challenges (e.g. stress, anxiety) to more severe mental disorders (e.g. major depressive disorder, schizophrenia). It was suggested that school counseling centers provide more intensive psychiatric services on campus in order to handle the increased demand. In addition, Sax (1997) suggested that although colleges had the resources of mental health services, more studies are needed to better understand the relationship between students' health behaviors and college experiences in order to provide better service to the clientele.

#### *American College Students' Needs for Psychological Help*

Many college students may feel stressed when adapting to new schools and social environments. At the same time, students may also struggle to maintain high levels of academic achievement. Previous studies (Evans & Kelly, 2004; Neely, Schallert, Mohammed, Roberts, & Chen, 2009) discussed and indicated that college students were more prone to stress because of the transitional nature of college life. The high levels of stress affected students' academic and social functioning. This in turn impacted students' health outcomes. Ross, Niebling, and Heckert (1999) used the Student Stress Survey (SSS) to evaluate the main stressors among college students. According to their study, the top five stressors were: changes in sleeping habits, vacations/breaks, changes in eating habits, increased workload, and new responsibilities. They suggested that college students, especially freshmen, were prone to stress of adjusting to a new living and social environment and meeting higher levels of academic requirements. They also illustrated that 38% of the stressors were intrapersonal, 28% were environmental, 19% were



interpersonal, and 15% were academic. Additionally, 81.1% of the identified stressors were daily hassles rather than major life events. Moreover, according to Towbes and Cohen (1996), chronic situations were regarded as major stressors more frequently than other factors. In their study, they found that chronic stress would be a significant predictor of psychological distress in college students. Due to the impact of these specific challenges, Ross, Niebling, and Heckert (1999) even suggested a specific stress management program to meet the needs of college students in order to help relieve stress.

Numerous interviews, surveys and experiments have been conducted to study college students' mental health status. Benton, Robertson, Tseng, Newton, and Benton (2003) reported that students who sought counseling services in more recent time periods had more complex problems than previous students. Along with that, the number of students seeking psychological help increased dramatically. In addition, the number of depressed students doubled and the number of suicidal students tripled during the past ten years. The complexity of problems suggests the importance of counseling services and counselors who work in school settings to be more prepared.

### *International Students' Special Stressors and Needs for Psychological Help*

The U.S. is a multicultural and multiracial society. Altbach's (2004) explained that international students came to the U.S. to study with a variety of reasons. Some reasons included the desires to enter world-class institutions and to gain degrees from prestigious foreign universities. Other reasons to study in the U.S. included the chances to study in their fields of interest that were not available in their own countries, and the

opportunities and benefits of working in the U.S. This trend has been well reflected in the total number of international students studying in the U.S., which marked 723,277 during 2010/11 academic year (Institute of International Education, 2011). The total population of international students from East Asia was 261,125 and among these students, 157,558 of them came from China.

Previous studies have suggested that international students on American college campuses are diverse and show unique concerns. According to Tseng and Newton (2000), there were four specific challenges faced by international students, which were general living adjustment, academic adjustment, sociocultural adjustment, and personal psychological adjustment. Dillard and Chisolm (1983) indicated that foreign students needed professional counseling assistance more than American students, since foreign students faced a number of broad challenges, including language and cultural barriers, social isolation, financial hardships, and difficulties finding jobs after graduation (Hyun, Quinn, Madon, & Lustig, 2007). Some other studies also discussed common stressors and stress levels of international students (Cross, 1995; Lee and Rice, 2007; Mori, 2000; DeDeyn, 2008). Among these studies, Cross (1995) indicated that East Asian students (Chinese, Japanese, Korean, and Taiwanese) experienced higher stress levels than their American counterparts. Lee and Rice (2007) stated that language difficulties and cultural factors could explain higher levels of stress among Asian students.

Although international students have distinctive stressors and coping issues, they are less likely to use counseling services than domestic students (Hyun, Quinn, Madon, &

Lustig, 2007). One of the reasons is that international students lack the understanding of the services offered by the university counseling centers, because they are not familiar with the mental health system and the services that school counseling centers provide (Snider, 2001). Snider argued that although all of the international students completed the orientation before school started, some of the students commented that they felt overwhelmed by the volume of information they received during the orientation. Thus, they might not fully understand or realize the options for mental health services. Snider suggested that universities should provide follow-up information to students in the form of newspaper or fliers. More constructive suggestions are needed because of the growing population of international students on campuses in the U.S. It is an important task for researchers and professionals in the field of psychology to identify ways to provide best mental health services to international populations as well as American citizens.

#### *Chinese International Students' Special Stressors and Needs for Psychological Help*

There are few studies pertaining to the relationship between the differences of American and Chinese students' stress levels and their attitudes toward seeking psychological help. Vogel and Wester's study (2003) indicated that general distress did not predict help-seeking behaviors, but the interaction between the anticipated outcomes and the experience of a specific distressing event did. For example, students who were experiencing a distressing event and anticipating the risks of it were more likely to seek help (Vogel, Wester, Wei, & Boysen, 2005). Therefore, further research is needed to better understand whether the differences between American and Chinese students' stress

levels will influence their help-seeking behaviors. This is a new area in the field of counseling that needs to be explored.

With the enactment of Reform and Opening-up Policy, more and more Chinese students choose to study abroad to pursue their own dreams out of personal interest. With the rapid economic development in China, it has become a mainstream practice to send students to study in the U.S. Due to this change, the enrollment rate of Chinese international students at U.S. universities has soared tremendously since the last decade. In the 2010-2011 academic year, 157,588 Chinese international students arrived in the U.S. Moreover, 194,029 Chinese international students enrolled during the 2011-2012 academic year (Institute of International Education, 2012).

When studying abroad, many international Chinese students may experience difficulties or adjustment problems. As pointed out by Yan (2008), Chinese international students face two major categories of challenges, which are academic adjustment problems and sociocultural adjustment problems. Academic challenges include language barriers and incongruities in the educational system between China and the U.S. Sociocultural adjustment problems involve cultural shock, social isolation, financial limitations, and concerns over visa status and immigration. Hence, it is necessary to study Chinese international students' specific psychological needs and help-seeking behaviors.

Yan (2008) pointed out that Chinese international students tend to interact with their Chinese fellows and confine their social life within the Chinese student community, which could lead to isolation from American culture and lack of cultural understanding. Liu (2009) also pointed out that the psychological well-being of international students could be impacted by a loss of social support. However, the significant support Chinese students receive from Chinese student communities can compensate for the lack of support from the American society. Feng (1991) indicated that Chinese students preferred seeking help from their Chinese fellows when they encountered adjustment problems in the U.S. In addition, Chinese students felt more comfortable communicating and interacting with peers from the same cultural background.

*Special Concept of Counseling due to the Cultural Backgrounds of Chinese International Students*

The mental health system in China differs from that in the U.S. The majority of Chinese people with mental illness live with their families, whereas many Americans with mental illness live by themselves or live in institutional settings. Chinese usually deal with problems within the family rather than in public. According to Yip (2004), traditional Taoism, which is a traditional religion as well as a philosophy in China, may have a significant influence on Chinese help-seeking behaviors. Taoism advocates self-transcendence, integration with nature instead of social attainment, and personal interpretation. For example, Chinese people would rather change their beliefs and cognition than change the stressful environment itself in order to cope with stress and

difficulties in life (Lee, 1995). According to Lee (1995), traditional cultural concepts such as *fengshui* (complex beliefs about the influence of physical surroundings) and *ren* (tolerance and patience) were considered important coping mechanisms for the Chinese. As Parker, Gladstone, and Chee (2001) stated, traditional sociocultural factors might provide a certain degree of protection and prevent Chinese from mental health problems. On the other hand, those factors might discourage Chinese from professional help-seeking behaviors.

Traditionally, family plays a major role as a support system in China. Every family is like a small community and every family member is taught to be responsible for family even at a very early age. Family members are encouraged to share burdens and seek help within the family. For example, if one person is in a financial crisis, he/she usually turns to his/her family for help instead of borrowing money from a bank or seeking help from other people. Similarly, Liu (2009) indicated that Chinese students preferred asking family members for help rather than asking people outside their family when they were in trouble. It is common for Chinese parents to sacrifice their own interest or needs in order to satisfy their children's needs, and vice versa. For instance, Zhang and Carrasquillo (1992) suggested that Asian parents were most willing to make sacrifices for their children's education than any other parents from other ethnic groups. Because of such tremendous support from their family or even from their extended family, Chinese have a strong sense of belonging, which helps them overcome difficulties and survive in various types of crises.

The differences between two cultures can also be found in the concept of self.

The Chinese understand self as an interdependent being in contrast to the Western definition of self as an independent being (Snider, 2003). Chinese define self by the way they interact with parents, relatives, friends, and others, whereas Americans formulate the concept of self as a unique individual with citizenship rights. Yan's study (2008) reflected the traditional value system of Chinese international students, in which *endurance, let it go, friends, and parents* were rated the most favorable coping strategies, while *seeing counselor/psychiatrists* was rated the least favorable coping strategy. The distinctive Chinese support system is helpful on one side, but at the same time, it may increase the difficulty of delivering mental health services to the needed population.

The Chinese students' help-seeking preference is also a reflection of the maturity level of the mental health system in China. In the early 1980s, Chinese people with mental health problems were still treated somatically, not psychologically. In 1985, the formation of the Chinese Association for Mental Health was considered an important milestone in the mental health field in China. People started to notice the importance of psychotherapy as well as psychopharmacology. With about 20 years of development, the current ratio of counselors to the population in China is 2.4 per 1 million people (Lim, Lim, Michael, Cai, & Schock, 2010). In addition, a variety of psychotherapeutic approaches started to blossom in China (Han & Zhang, 2007). As education and training in the field progressed, it is believed that Chinese will feel more comfortable seeking psychological help from professionals.

## **The Importance of Understanding Clients' Attitudes toward Seeking Psychological Help and Expectations about Counseling and Counselors**

To reduce cultural barriers, some studies have attempted to find factors that make people more hesitant to seek psychological help (i.e. avoidance factors) and factors that predict help-seeking behaviors. According to Vogel and Wester (2003), avoidance factors depended on people's comfort levels with self-disclosing distressing information and their expectations. Additionally, the study confirmed the notion that "the act of obtaining psychological services is, in effect, the act of deciding to self-disclose one's problems to someone else" (Vogel & Wester, 2003, p.360).

Being faced with a new set of American values and beliefs, international students, including Chinese international students, are continually challenged to adapt themselves to a variety of cultural differences that they may not be accustomed to (Mori, 2000). According to Thomas and Althen (1989), international students share certain characteristics regardless of their different cultural backgrounds. Cultural values and beliefs held by most international students are often in direct conflict with a traditional American concept of mental health. For instance, American counselors tend to encourage clients to express their inner feelings and thoughts in counseling sessions, but some Asian international students would not feel comfortable sharing their deep feelings since they are not used to opening up to strangers (i.e. counselors).

Misra and Castillo (2004) indicated that American and international students encounter common sources of stress, though each group may have different perspectives and reactions to the stressors. Moreover, even if both American and international



students share common reactions to stress, such as anxiety or depression, a lot of international students regard emotional distress as somatic complaints. In other words, the emotional distress would be presented as somatic symptoms rather than emotional discomfort or dysregulation (Mori, 2000). In addition, the demands for cultural adjustments frequently place international students at a greater risk for various psychological problems than American students in general. Therefore, it is important that sufficient mental health services be established for the international students (Mori, 2000).

Unfortunately, according to Sue (1998), one of the most frequently mentioned criticisms when counseling minority clients was the inadequacy of therapists who could communicate and understand the values, lifestyles, and backgrounds of these clients. Moreover, even trained counselors may not be prepared to handle individuals from different cultural and racial backgrounds (Padilla, Boxley & Wagner, 1973). Thus, studying Chinese and American students' attitudes toward counseling and their preferred counselor characteristics will contribute to developing cultural sensitivity for counselors who serve international students.

International students may look for certain qualities in counselors. Bradley, Parr, Lan, Bingi and Gould (1995) found that the capacity of being highly informed about the student's culture and empathic listening skills to be the two most desirable characteristics of counselors. Additionally, international students expected a counselor to help them explore and express their feelings more freely and allow them to talk without being judged. International students were looking for an empathetic and culturally sensitive counselor who they felt comfortable working with. To provide satisfactory services,

providers should be aware of the differences of individuals as well as certain specific values and expectations of people from various cultural backgrounds.

For example, a few studies (Choudhuri, Santiago-Rivera, & Garrett, 2011; Sue, Ivey, & Pedersen, 1996) indicated that clients of color preferred a therapeutic relationship in which the helper was more active, self-disclosing, and willing to give appropriate suggestions. In another study, Balabil and Dolan (1992) demonstrated that Asian students expected to see lower levels of connectedness and immediacy in counseling, whereas their Caucasian counterparts expected counselors to be more attractive, and show them more expertise, tolerance, and trustworthiness. Another study (Yuen & Tinsley, 1981) showed that American students expected the counselor to be less directive and protective and students themselves expected to be more responsible for their improvement, whereas the Chinese, Iranian, and African students considered themselves to play a more passive role in counseling and expected the counselor to be a directive and nurturing authority figure. Mau and Jepsen (1988) elaborated that counselor's style made a difference in therapy for international students. International students might have perceived counselors with less direct style as less helpful, because they expected the counselors to give more concrete and direct recommendations. At the same time, the most important role of counselors for Chinese international students was to be a *friend*, whereas American students perceived counselors' most important role was to be a *listener*. It can be inferred that American students and international students have differences in expectations about the roles of counselors.

Chinese students and students from other Asian countries have shown less favorable attitudes towards seeking psychological help (Atkinson, Ponterotto, & Sanchez, 1984; Dadfar & Friedlander, 1982; Zhang & Dixon, 2003). Dadfar and Friedlander (1982) indicated that students from Western cultures (i.e. European and Latin) had more positive attitudes toward seeking professional help than students from non-Western cultures (i.e. Asian and African). For instance, Paulson, Truscott, and Stuart (1999) illustrated that U.S. students had greater expectations of counseling and believed more in its efficacy. In contrast, their Asian counterparts had lower levels of expectations for the outcome of counseling (Yuen & Tinsley, 1981). Another instance would be that American students had overall higher favorable attitudes toward seeking psychological help than Japanese students (Masuda, Suzumura, Beauchamp, Howells, & Clay, 2005). Additionally, Atkinson, Ponterotto, and Sanchez (1984) reported that Vietnamese students also expressed less positive attitudes toward seeking professional psychological help than their American counterparts. Since Chinese students are from a non-Western culture, they may have less positive attitudes toward seeking professional help similar to the findings from previous studies.

#### *Multicultural Competencies in Counseling and Psychotherapy*

Counseling is increasingly becoming a cross-cultural activity as today's modern society becomes more conscious of its pluralistic composition. Furthermore, a number of mental health professionals are being asked to work effectively with clients that have different cultural and ethnical backgrounds (Dillard, 1983). To develop and provide

culturally competent mental health services, program planners and mental health professionals need to know their own definitions of cultures. Besides, they also need to be aware of their own biases against the cultures that they are not familiar with (Guarnaccia & Rodriguez, 1996).

Studies (Sue, 1991; Sue & Sue, 1990) purported that the increasing need of multiculturalism in the counseling profession is driven by the acknowledgement that America is becoming a multiracial and multicultural society. According to Sue (1998), Americans have had more frequent interactions with people from other countries and regions. Thus, therapists and counselors must develop skills to work with people from other cultures and they are expected to be more cross-culturally competent when providing services. Sue, Arredondo, and McDavis (1992) suggested that specific multicultural standards and competencies should become a part of requirements for a culturally competent counselor. Takeuchi, Sue, and Yeh (1995) reported that ethnicity-specific programs made ethnic clients stay longer in the treatment than those who used other mainstream approaches. In addition, ethnic clients receiving ethnicity-specific programs had a higher return rate than their counterparts. Although the researchers stated that it was not possible to identify the precise reasons for their findings, anecdotal and observational evidence indicated certain characteristics including “having bilingual and bicultural staff, providing an ethnic atmosphere at the agency, having announcements written in ethnic languages, conducting treatment in a more ‘culturally sensitive’ manner, changing hours of operation of the agency, and using culturally appropriate interpersonal styles” (p. 642) could influence these clients’ perceptions and use of mental health

services. Minority clients have special needs and expectations about the counselor's attitudes and knowledge of race related issues. Burkard and Knox (2004) argued that therapists who were more aware of the client's ethnical or racial background were more likely to understand race issues that people might experience in their lives. In this case, clients tended to open themselves and build a rapport with the counselor more rapidly because clients felt the counselor was trustworthy. In order to competently provide ethnicity-specific programs to diverse clientele, mental health professionals should obtain cultural competency training in their study and practice. Therefore, the researchers suggested that multicultural counseling training be regarded as one of the core trainings in order to cultivate competent and caring mental health professionals. However, Allison, Crawford, Echemendia, Robinson, and Knepp (1994) indicated that opportunities for training with diverse populations were limited and more chances of cultural competency training should be offered so that mental health professionals could better serve individuals from different cultural backgrounds.

Besides these aspects mentioned above, cultivating and building a relationship with clients would be one of the most important elements contributing to successful counseling or effective treatment outcomes. In regard to the issue of client-counselor rapport, it is important to understand the different needs and issues of each clientele. Thus, mental health professionals must have a clear understanding of various clients and should always remember that every client is a unique individual and comes from his/her own cultural background.

## **Overview of the Study**

Previous studies suggest that the international students have quite unique psychological concerns related to their special circumstances that the U.S. college students do not typically have (Mori, 2000; Wei, 2007; Yan, 2008). For example, all college freshmen may find it difficult to adjust to the college level work. In addition to this common academic adjustment stressor, international students face the sociocultural adjustment problems, financial limitations, and concerns over immigration status (Yan, 2008). Considering these additional stressors for international students, they might be more vulnerable to psychological problems.

Due to this potential problem, it is important that accessible mental health services are available for the international students (Mori, 2000). Unfortunately, cultural differences may drive international students to be more hesitant to seek professional psychological help (Thomas & Althen, 1989). There is also a possibility that counselors may encounter challenges when providing mental health services to this particular population due to lack of appropriate cross-cultural counseling training or cross-cultural sensitivity (Padilla, Boxley, & Wagner, 1973; Sue, 1988).

Therefore, the purpose of this project is to examine the differences between American and Chinese college students' attitudes toward seeking professional psychological help and their expectations about counseling procedures and counselors. In addition, the study will explore the relationship between the stress levels and help-seeking attitudes of both American and Chinese college students.

Based on the previous studies, it is predicted that:

1. Students with different cultural backgrounds will show different expectations about counseling and the counselor.
  - 1.1 American students will show higher levels of responsibility, openness, and motivation in counseling than Chinese students (Yuen & Tinsley, 1981).
  - 1.2 Chinese students will expect counselors to be more empathetic, expert, and nurturing than American students (Wei, 2005; Yuen & Tinsley, 1981).
2. Chinese students will show higher stress levels than American students in general due to Chinese students' extra stressors (Dillard & Chisolm, 1983; Cross, 1995; Hyun, Quinn, Madon, & Lustig, 2007; Lee & Rice, 2007).
3. Students with higher stress levels, regardless of their nationality, will show higher tendencies of seeking psychological help when compared to students with lower stress levels (DeDeyn, 2008).
4. Chinese students will, in general, be less likely to seek psychological help than American students.

## **Method**

### ***Participants***

171 students from Fort Hays State University were recruited for this study. The first group consisted of 100 American students (66 males, 34 females;  $M_{age} = 19.20$ ,  $SD_{age} = 1.97$ ). The second group consisted of 71 Chinese students (31 males, 40 females;  $M_{age}$

= 22.88  $SD_{age} = 2.00$ ). Chinese students were born in China and currently have been studying in America for 6-24 months. According to Wei et al. (2007), Chinese students who have been in the U.S. for one year reported more stress than those who have been in the U.S. for a longer period of time. This is the reason to choose Chinese international students who have been in the U.S. for 6-24 months in order to control for this factor. The American participants were recruited from on-campus courses and they received course credit or extra credit for participating in the study. The Chinese international students were contacted by the international student office via email. The office sent out a recruiting email to inform the Chinese international students of the opportunity to participate in the study. The office sent three reminders via email within a month for the Chinese students. The email contained the information about the study, their rights and terms to participate in the study, and a link to the online survey. All Chinese students took the survey in Chinese to avoid misunderstanding in English contents due to different levels of English proficiency. All IRB regulations were followed. The purpose of the study, procedure, benefits, and risks are provided in the IRB application form.

### ***Procedure***

The study was conducted on-line. When students agreed to participate in the study, all participants were asked to sign the consent form on the first page of the survey (see Appendix H) and were debriefed after finishing the survey. Participants completed a survey which included demographic information, Attitudes toward Seeking Professional Psychological Help - Short Form (ATSPPH-SF), Expectations about Counseling - Brief Form (EAC-BF), Perceived Stress Survey (PSS), and Questionnaire of Sources of Stress



and Coping Strategies of Chinese International Students (QSSCSICS) (see Appendixes A, B, C, D, and E). As mentioned above, Chinese participants used the Chinese version of the five scales. All questions were translated verbatim from English to Mandarin Chinese by the researcher. The researcher then had two other Chinese international students who are fluent in both English and Mandarin Chinese to check for inaccuracy or errors in this translation. The Questionpro's services were used (the website: <https://www.questionpro.com>) to provide the on-line survey and all on-line data were collected and entered into SPSS.

## ***Measures***

### ***Demographic Information***

The demographic questionnaire consists of questions about participants' age, country of origin, gender, length of time in the U.S., major, year in college, previous counseling experience, current counseling services, and current stressors.

### ***Attitudes toward Seeking Professional Psychological Help – Short Form (Fischer & Farina, 1995)***

Fischer and Turner (1970) developed the ATSPPH to evaluate one's tendency to seek professional help by assessing one's attitudes towards counseling. The 10-item Attitudes Toward Seeking Professional Psychological Help–Short Form (ATSPPH-SF) (Fischer & Farina, 1995) was also used to assess participants' attitudes toward seeking help, which was developed from original 29-item ATSPPH. According to Kim and Omizo (2003), this scale shows good criterion-related validity (correlations with previous help-seeking experience and respondent gender) and convergent validity (correlation

of .87 with the original measure). In terms of reliability, the ATSPPH-SF has a coefficient alpha of .84 and test-retest reliability coefficient of .80 over a one-month interval. The researchers conducted the factor analyses and revealed four dimensions of the scale – Factor I: Recognition of need for psychotherapeutic help; Factor II: Stigma tolerance; Factor III: Interpersonal openness; Factor IV: Confidence in mental health practitioner (Fischer & Turner, 1970).

*Expectations about Counseling – Brief Form (Tinsley, 1982)*

The EAC-BF was developed by Tinsley (1982) from the original form. It consists of 66 items and it is rated on a 7-point scale, ranging from 1 (not true) to 7 (definitely true). Tinsley and Westcot (1990) concluded that each item on the EAC-BF possesses at least minimal validity. The study of Tinsley, Holt, Hinson, and Tinsley (1991) provided strong evidence for the factorial validity of the EAC-BF.

The EAC measures expectations in five general areas: 1. Client attitudes and behaviors (motivation, openness, and responsibility); 2. Counselor attitudes and behaviors (acceptance, confrontation, directiveness, empathy, genuineness, nurturance, and self-disclosure); 3. Counselor characteristics (attractiveness, expertise, tolerance, and trustworthiness); 4. Characteristics of process (concreteness, immediacy); and 5. Outcome (Quality of outcome) (Tinsley, Workman, & Kass, 1980).

*Perceived Stress Survey (Cohen, Kamarck & Mermelstein, 1983)*

The PSS was developed by Cohen, Kamarck and Mermelstein (1983) to measure perceived stress levels for life situations. It addresses 10 potentially stressful situations in general. Participants in their study were asked to rate how often they felt or thought in a

certain way on a 4-point scale ranging from "never" to "very often." Reliabilities for the PPS of three samples were .84, .85, and .86. Along with relatively high internal reliabilities, it also showed adequate test-retest reliabilities, which were .82 and .85 in two different samples. Additionally, it had moderate to high correlation with several self-reported and behavioral criteria. Thus, the PPS would be a reasonable tool in measuring participants' perceived stress levels.

*Questionnaire of Sources of Stress and Coping Strategies of Chinese International Students (QSSCSCIS)*

The QSSCSCIS was developed by the researcher based on the literature that studied Chinese international students' special concerns and stressors (Liu, 2009; Mori, 2000; Wei, 2007; Yan, 2008). Previous studies (Liu, 2009; Mori, 2000; Wei, 2007; Yan, 2008; Yan & Berliner, 2013) all indicated that language barriers, financial limitations, cultural shock, homesickness, and academic difficulties are the five situations that Chinese international students are most concerned about. The QSSCSCIS is made up of 10 items on stressors and coping behaviors by rating a 5-point scale ranging from (1) Strongly disagree to (5) Strongly agree. It consists of 5 items on Chinese international students' perceptions of sources of stress they have experienced upon their arrival in the U.S. and 5 items on coping strategies.

## Results

First of all, all American and Chinese students answered the demographic survey including the following three questions: “Do you have any previous counseling experience”, “Do you have any current counseling services”, and “Do you have any current stressors”. For the first question, 75 of American students (75%) and 64 Chinese students (90.1%) indicated that they did not have any previous counseling experience. In terms of the second question, 97 American students (97%) and 69 Chinese students (97.2%) answered that they did not have any current counseling service. In regard to the last question, 50 American students (50%) answered that they had current stressors, whereas 57 Chinese students (80.3%) thought they had current stressors (see Tables 2, 3, and 4).

Table 2  
Number and Percentage of Participants with Previous Counseling Experience

		Frequency	Percent
American Students	Yes	25	25.0
	No	75	75.0
	Total	100	100.0
Chinese Students	Yes	7	9.9
	No	64	90.1
	Total	71	100.0

Table 3  
Number and Percentage of Participants Currently Receiving Counseling Services

		Frequency	Percent
American Students	Yes	3	3.0
	No	97	97.0
	Total	100	100.0
Chinese Students	Yes	2	2.8
	No	69	97.2
	Total	71	100.0

Table 4  
Number and Percentage of Participants Currently with Stressors

		Frequency	Percent
American Students	Yes	50	50.0
	No	50	50.0
	Total	100	100.0
Chinese Students	Yes	57	80.3
	No	14	19.7
	Total	71	100.0

All students were required to complete the Attitudes toward Seeking Professional Psychological Help–Short Form. A one-way ANOVA was conducted to examine if the attitudes towards seeking psychological help was different between American and Chinese groups. A significant difference was found between American and Chinese students. The mean score on the attitudes toward seeking psychological help for the American group ( $M = 15.61$ ,  $SD = .49$ ) was significantly lower than the mean score for the Chinese group ( $M = 17.48$ ,  $SD = .46$ ),  $F(2, 169) = 7.16$ ,  $p < .05$ . When it comes to each item in the Attitudes Toward Seeking Professional Psychological Help–Short Form, Chinese students had a significantly higher mean score on item 1 “If I believed I was having a mental breakdown, my first inclination would be to get professional attention”,  $F(2, 169) = 9.86$ ,  $p < .05$ . When compared to the American group, the Chinese group also had a significantly higher mean score on item 4 “There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help”,  $F(2, 169) = 25.48$ ,  $p < .05$ . A similar result was found for item 6 “I might want to have psychological counseling in the future”,  $F(2, 169) = 45.00$ ,  $p$

< .05. All these three items indicated that Chinese students' attitudes toward counseling were more positive than American students (also see Tables 5 and 6).

Table 5  
ANOVA for Attitudes toward Seeking Professional Psychological Help

	Sum of Squares	df	Mean Square	<i>F</i>	Sig.
Between Groups	145.02	1	145.02	7.16	0.01
Within Groups	3423.51	169	20.26		
Total	3568.53	170			

Table 6  
Means and Standard Deviations of the American Group and Chinese Group on Each Item and Total Score of Attitudes toward Counseling Scale

Expectations	American Students ( <i>N</i> = 100)		Chinese Students ( <i>N</i> = 71)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Total score	15.61	.49	17.48	.46
1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.	1.37	.98	1.83	.89
2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.	1.90	.81	2.03	.89
3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.	1.76	1.00	1.89	.67
4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.	.99	.80	1.65	.90
5. I would want to get psychological help if I were worried or upset for a long period of time.	2.06	.92	2.10	.74
6. I might want to have psychological counseling	1.30	.94	2.18	.70

in the future.

7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.	1.78	.82	1.73	.83
8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.	1.48	.90	1.54	.88
9. A person should work out his or her own problems; getting psychological counseling would be a last resort.	1.42	.96	1.55	.92
10. Personal and emotional troubles, like many things, tend to work out by themselves.	1.55	.88	.99	.64

---

Next, all participants were asked to complete the Expectations about Counseling – Brief Form. A one-way ANOVA was conducted to compare all the mean scores on all subscales for the Expectations about Counseling- Brief Form. Three statistically significant differences were found on expectations about empathy, self-disclosure, and counselor expertise. In terms of the Empathy subscale, the mean score for the American group ( $M = 5.09$ ,  $SD = 1.45$ ) was significantly lower than the mean score for the Chinese group ( $M = 5.69$ ,  $SD = 1.07$ ),  $F(2, 169) = 8.68$ ,  $p < .05$ . The mean score on the Self-disclosure subscale for the American group ( $M = 4.83$ ,  $SD = 1.67$ ) was significantly lower than the mean score for the Chinese group ( $M = 5.93$ ,  $SD = 1.01$ ),  $F(2, 169) = 24.30$ ,  $p < .05$ . The mean score regarding the Counselor Expertise subscale for the American group ( $M = 5.25$ ,  $SD = 1.25$ ) was significantly lower than the mean score for Chinese group ( $M = 5.76$ ,  $SD = .98$ ),  $F(2, 169) = 8.54$ ,  $p < .05$ . The American group ( $M = 5.67$ ,  $SD = 1.03$ ) did not show significantly higher score on the Responsibility subscale

than the Chinese group ( $M = 5.61, SD = 1.29$ ),  $F(2, 169) = .02, p > .05$ . The mean score on the Openness subscale for the American group ( $M = 5.20, SD = 1.42$ ) was not significantly lower than the mean score for the Chinese group ( $M = 5.28, SD = 1.22$ ),  $F(2, 169) = .13, p > .05$ . The mean score on the Motivation subscale for the American group ( $M = 4.67, SD = 1.50$ ) was not significantly lower than the mean score for the Chinese group ( $M = 4.69, SD = 1.29$ ),  $F(2, 169) = .003, p > .05$ . In terms of the Expertise subscale, the mean score for the American group ( $M = 5.80, SD = 1.23$ ) was not significantly lower than the mean score for the Chinese group ( $M = 5.85, SD = 2.07$ ),  $F(2, 169) = .08, p > .05$ . Last but not least, the mean score on the Nurturance subscale for the American group ( $M = 5.89, SD = 1.22$ ) was not significantly lower than the mean score for the Chinese group ( $M = 5.96, SD = 1.05$ ),  $F(2, 169) = .14, p > .05$ . The mean scores on the rest of the subscales were not significantly different (For more information, see Tables 7, 8, and 9).

Table 7  
Means and Standard Deviations of the American Group and Chinese Group on Expectancy Subscales

Expectations	American Students ( $N = 100$ )		Chinese Students ( $N = 71$ )	
	$M$	$SD$	$M$	$SD$
Client Attitudes and Behaviors				
Motivation	4.67	1.50	4.69	1.29
Openness	5.20	1.42	5.28	1.22
Responsibility	5.63	1.03	5.61	1.02
Counselor Attitudes and Behaviors				
Acceptance	5.86	1.21	5.76	1.17
Confrontation	5.83	1.29	6.08	.98
Directiveness	5.25	1.37	5.58	1.19
Empathy	5.09	1.45	5.69	1.07
Genuineness	6.37	1.04	6.14	.91
Nurturance	5.89	1.22	5.96	1.05



Self-Disclosure	4.83	1.67	5.93	1.01
Counselor Characteristics				
Attractiveness	4.75	1.48	5.08	1.31
Expertise	5.80	1.23	5.85	1.07
Tolerance	5.70	1.23	6.02	1.04
Trustworthiness	6.23	1.13	6.11	.96
Characteristics of Process				
Concreteness	5.72	1.18	5.84	1.05
Immediacy	5.22	1.17	5.41	1.16
Quality of Outcome				
Outcome	5.63	1.19	5.70	1.11

Table 8

Means and Standard Deviations of the American Group and Chinese Group on Combined Expectancy Subscales

Expectations	American Students ( <i>N</i> = 100)		Chinese Students ( <i>N</i> = 71)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Personal Commitment	5.26	1.10	5.37	1.01
Facilitative Conditions	5.98	1.05	6.01	.94
Counselor Expertise	5.25	1.25	5.76	.98

Table 9

ANOVA for Expectation about Motivation

	Sum of Squares	df	Mean Square	F	Sig.
Expectation about Motivation	.01	1	.01	.00	.96
Within Groups	337.97	169	2		
Total	337.98	170			
Expectation about openness	.23	1	.26	.13	.72
Within Groups	303.53	169	1.796		
Total	303.75	170			

Expectation about Responsibility	.02	1	.02	.02	.90
Within Groups	177.41	169	1.05		
Total	177.42	170			
Expectation about Acceptance	0.41	1	0.41	0.29	0.59
Within Groups	241.41	169	1.43		
Total	241.83	170			
Expectation about Confrontation	2.59	1	2.59	1.90	0.17
Within Groups	230.88	169	1.37		
Total	233.47	170			
Expectation about Directiveness	4.49	1	4.49	2.65	0.11
Within Groups	285.96	169	1.69		
Total	290.45	170			
Expectation about Empathy	14.79	1	14.79	8.68	.00
Within Groups	288.09	169	1.71		
Total	302.88	170			
Expectation about Genuineness	2.27	1	2.27	2.34	0.13
Within Groups	164.33	169	0.97		
Total	166.60	170			
Expectation about Nurturance	.19	1	.19	.14	.71
Within Groups	225.55	169	1.34		
Total	225.74	170			
Expectation about Self-Disclosure	49.90	1	49.90	24.30	0
Within Groups	346.98	169	2.05		
Total	396.88	170			
Expectation about Attractiveness	4.30	1	4.30	2.146	0.15
Within Groups	338.63	169	2.00		
Total	342.93	170			
Expectation about Expertise	.11	1	.109	.08	.78
Within Groups	231.07	169	1.37		
Total	231.18	170			

Expectation about Tolerance	4.22	1	4.22	3.17	0.08
Within Groups	225.20	169	1.33		
Total	229.42	170			
Expectation about Trustworthiness	0.59	1	0.59	0.52	0.47
Within Groups	191.26	169	1.13		
Total	191.84	170			
Expectation about Concreteness	0.64	1	0.64	0.50	0.48
Within Groups	214.50	169	1.27		
Total	215.13	170			
Expectation about Immediacy	1.49	1	1.49	1.10	0.30
Within Groups	229.87	169	1.36		
Total	231.37	170			
Expectation about Outcome	0.20	1	0.20	0.15	0.7
Within Groups	227.12	169	1.34		
Total	227.32	170			
Expectation about Personal Commitment	0.50	1	0.50	0.44	0.51
Within Groups	192.04	169	1.14		
Total	192.54	170			
Expectation about Facilitative Conditions	0.04	1	0.04	0.04	0.84
Within Groups	171.37	169	1.01		
Total	171.41	170			
Expectation about Counselor Expertise	11.15	1	11.15	8.54	0.00
Within Groups	220.71	169	1.31		
Total	231.87	170			

When it comes to commonalities, both groups of American and Chinese students rated *Genuineness* and *Trustworthiness* as the two most desirable counselors' attitudes

and characteristics. In addition, they rated *Attractiveness* and *Motivation* as the least desirable counselors' characteristics (see Table 10). Table 11 has provided detailed information (mean score and standard deviation) on each item of the scale.

Table 10

Rank order of American and Chinese students' Expectations about Counseling and Counselors

Expectations (Rank)	American Students		Expectations (Rank)	Chinese Students	
	<i>M</i>	<i>SD</i>		<i>M</i>	<i>SD</i>
Genuineness	6.37	1.04	Genuineness	6.14	.91
Trustworthiness	6.23	1.13	Trustworthiness	6.11	.96
Nurturance	5.89	1.22	Confrontation	6.08	.98
Acceptance	5.86	1.21	Tolerance	6.02	1.04
Confrontation	5.83	1.29	Nurturance	5.96	1.05
Expertise	5.80	1.23	Self-Disclosure	5.93	1.01
Concreteness	5.72	1.18	Expertise	5.85	1.07
Tolerance	5.70	1.23	Concreteness	5.84	1.05
Responsibility	5.63	1.03	Acceptance	5.76	1.17
Outcome	5.63	1.19	Outcome	5.70	1.11
Directiveness	5.25	1.37	Empathy	5.69	1.07
Immediacy	5.22	1.17	Responsibility	5.61	1.02
Openness	5.20	1.42	Directiveness	5.58	1.19
Empathy	5.09	1.45	Immediacy	5.41	1.16
Self-Disclosure	4.83	1.67	Openness	5.28	1.22
Attractiveness	4.75	1.48	Attractiveness	5.08	1.31
Motivation	4.67	1.50	Motivation	4.69	1.29

Table 11

Means and Standard Deviations of the American Group and Chinese Group on Each Item of Expectations Scale

Questions	American Students ( <i>N</i> = 100)		Chinese Students ( <i>N</i> = 71)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
1. Like the counselor.	4.90	1.59	5.09	1.55
2. Gain some experience in new ways of solving problems within the counseling process.	5.33	1.31	5.38	1.43
3. Openly express my emotions regarding myself and my problems.	4.88	1.78	4.97	1.48
4. Take responsibility for making my own	5.67	1.40	5.52	1.23

decisions.				
5. Talk about my present concerns.	5.46	1.55	5.58	1.34
6. Get practice in relating openly and honestly to another person within the counseling relationship.	5.06	1.41	5.38	1.26
7. Enjoy my interviews with the counselor.	4.63	1.69	5.32	1.33
8. Practice some of the things I need to learn in the counseling relationship.	5.11	1.48	5.61	1.25
9. Get a better understanding of myself and others.	5.51	1.50	5.75	1.27
10. Stay in counseling for at least a few weeks, even if at first I am not sure it will help.	4.9	1.73	5.03	1.42
11. See the counselor for more than three interviews.	4.42	1.58	4.54	1.45
12. Enjoy being with the counselor.	4.73	1.76	4.81	1.60
13. Stay in counseling even though it may be painful or unpleasant at times.	4.7	1.68	4.49	1.71
14. Contribute as much as I can in terms of expressing my feelings and discussing them.	5.16	1.63	5.35	1.39
15. Find that the counseling relationship will help the counselor and me identify problems on which I need to work.	5.39	1.37	5.28	1.38
16. Become better able to help myself in the future.	5.72	1.30	5.75	1.25
17. Feel safe enough with the counselor to really say how I feel.	5.57	1.54	5.51	1.29
18. Improve my relationships with others.	5.66	1.28	5.61	1.29
19. Ask the counselor to explain what he or she means whenever I do not understand.	5.83	1.36	5.69	1.19
20. Work on my concerns outside the counseling interviews.	5.57	1.37	5.66	1.32
21. Explain what's wrong.	5.27	1.47	5.85	1.31
22. Help me identify and label my feelings so I can better understand them.	5.77	1.25	5.87	1.19
23. Tell me what to do.	4.67	2.02	5.34	1.51
24. Know how I feel even when I cannot say quite what I mean.	5	1.66	5.79	1.17
25. Know how to help me.	5.88	1.31	5.97	1.25
26. Help me identify particular situations where I have problems.	5.65	1.23	5.79	1.12
27. Give encouragement and reassurance.	6.01	1.25	5.80	1.15
28. Help me to know how I am feeling by putting my feelings into words for me.	5.22	1.66	5.68	1.25
29. Be a "real" person not just a person doing a job.	6.11	1.32	5.85	1.17
30. Help me discover what particular aspects of my	5.73	1.34	5.86	1.11

behavior are relevant to my problems.				
31. Inspire confidence and trust.	6.07	1.27	5.92	1.23
32. Frequently offer me advice.	5.82	1.41	5.56	1.33
33. Be honest with me.	6.45	1.09	6.17	1.08
34. Be someone who can be counted on.	6.31	1.13	6.30	0.92
35. Be friendly and warm towards me.	6.14	1.15	6.25	1.05
36. Help me solve my problems.	5.7	1.51	5.92	1.28
37. Discuss his or her own attitudes and relate them to my problem.	4.87	1.80	5.83	1.183
38. Give me support.	6.17	1.21	6.01	1.19
39. Decide what treatment plan is best.	5.83	1.33	5.68	1.24
40. Know how I feel at times, without my having to speak.	5.06	1.68	5.61	1.39
41. Respect me as a person.	6.55	1.07	6.39	.89
42. Discuss his or her experiences and relate them to my problems.	4.81	1.73	6.09	1.04
43. Praise me when I show improvement.	5.49	1.58	6.06	1.15
44. Make me face up to the differences between what I say and how I behave.	5.8	1.39	6.10	1.14
45. Talk freely about himself or herself.	4.82	1.98	5.87	1.29
46. Have no trouble getting along with people.	5.55	1.66	5.89	1.13
47. Like me.	5.6	1.54	5.48	1.45
48. Be someone I can really trust.	6.3	1.25	6.11	1.10
49. Like me in spite of the bad things that he or she knows about me.	5.84	1.47	5.55	1.47
50. Make me face up to the differences between how I see myself and how I am seen by others.	5.9	1.42	5.93	1.14
51. Be someone who is calm and easygoing.	5.83	1.46	6.14	1.15
52. Point out to me the differences between what I am and what I want to be.	5.79	1.44	6.21	1.11
53. Get along well in the world.	5.72	1.33	6.03	1.31

Next, both American and Chinese groups were asked to complete the Perceived Stress Scale. A one-way ANOVA was performed to explore the differences of the mean scores of the two groups. A significant difference was found between American and Chinese groups on the overall perceived stress level. The mean score on the scale for the American group ( $M = 18.73$ ,  $SD = 6.34$ ) was significantly lower than the mean score for the Chinese group ( $M = 23.41$ ,  $SD = 5.63$ ),  $F(2, 169) = 23.34$ ,  $p < .05$  (also see Table 12).

Table 12  
Means and Standard Deviations of the American Group and Chinese Group on Perceived Stress Level

	American Students ( <i>N</i> = 100)		Chinese Students ( <i>N</i> = 71)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Total Score of Perceived Stress Level	18.73	6.34	23.41	5.63
1. In the last month, how often have you been upset because of something that happened unexpectedly?	2.15	.94	2.10	.99
2. In the last month, how often have you felt that you were unable to control the important things in your life?	1.96	1.04	2.30	1.13
3. In the last month, how often have you felt nervous and “stressed”?	2.81	.91	2.55	1.23
4. In the last month, how often have you felt confident about your ability to handle your personal problems?	1.24	1.00	2.28	1.00
5. In the last month, how often have you felt that things were going your way?	1.57	.93	2.27	.86
6. In the last month, how often have you found that you could not cope with all the things that you had to do?	1.81	1.11	2.25	.92
7. In the last month, how often have you been able to control irritations in your life?	1.52	.85	2.49	1.01
8. In the last month, how often have you felt that you were on top of things?	1.56	.97	2.17	.96
9. In the last month, how often have you been angered because of things that were outside your control?	2.16	1.05	2.44	.84
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	1.95	1.13	2.56	1.08

After completing all the scales mentioned above, Chinese students were additionally asked to finish the Questionnaire of Sources of Stress and Coping Strategies of Chinese International Students (QSSCSCIS). They rated *Language skills* ( $M = 3.99$ ,  $SD = 1.01$ ) the biggest stressor compared to other stressors. Additionally, *Homesickness*

was rated the lowest ( $M = 2.63$ ,  $SD = 1.14$ ) compared to other stressors. When it comes to their preferred coping strategies, *Talking to family or friends in China* was rated the most frequently used strategy ( $M = 3.70$ ,  $SD = 1.06$ ) and *Seeing counselors* was rated the least favorable strategy ( $M = 2.41$ ,  $SD = 1.08$ ) (see Tables 13 and 14).

Table 13  
Rank order of Chinese students' specific stressors

Rank	Stressors	Chinese Students ( $N = 71$ )	
		$M$	$SD$
1	Language skills	3.99	1.01
2	Academic problems	3.65	1.15
3	Cultural differences	3.06	1.04
4	Financial problems	2.83	1.16
5	Homesickness	2.63	1.14

Table 14  
Rank order of Chinese students' coping strategies

Rank	Coping strategies	Chinese Students ( $N = 71$ )	
		$M$	$SD$
1	Talking to family or friends in China	3.70	1.06
2	Looking for help from churches	3.39	1.03
3	Talking or having fun with friends in the U.S	3.27	.89
4	Solving problems by my self	2.47	1.07
5	Seeing counselors	2.41	1.08

Lastly, a bivariate correlation was run to examine the relationship between the stress levels and the tendencies of seeking psychological help regardless of nationality difference. The result was not significant,  $r(169) = .14$ ,  $p > .05$ .

### Overall Finding Summary Related to Hypotheses

The following are the results related to the specific hypotheses.

- 1.1 American students will be more likely to be responsible, open, and motivated in counseling than Chinese students;



A one-way ANOVA was conducted to compare the mean scores on responsibility, openness, and motivation between American and Chinese groups. Firstly, the American group ( $M = 5.67$ ,  $SD = 1.03$ ) did not show a significantly higher score on the Responsibility subscale than the Chinese group ( $M = 5.61$ ,  $SD = 1.29$ ),  $F(2, 169) = .02$ ,  $p > .05$ . Secondly, the mean score on the Openness subscale for the American group ( $M = 5.20$ ,  $SD = 1.42$ ) was not significantly lower than the mean score for the Chinese group ( $M = 5.28$ ,  $SD = 1.22$ ),  $F(2, 169) = .13$ ,  $p > .05$ . Lastly, the mean score on the Motivation subscale for the American group ( $M = 4.67$ ,  $SD = 1.50$ ) was not significantly lower than the mean score on the Motivation subscale for the Chinese group ( $M = 4.69$ ,  $SD = 1.29$ ),  $F(2, 169) = .003$ ,  $p > .05$ .

Interestingly, there was no significant difference between American and Chinese groups on the Motivation subscale. Besides, motivation was rated the least desirable client attitude. In other words, they did not expect themselves to be highly motivated to see a counselor.

1.2 Chinese students will expect counselors to be more empathetic, expert, and nurturing than American students;

A one-way ANOVA was applied to examine the differences. No statistically significant difference was found except for the mean score on the Empathy subscale. In terms of the Empathy subscale, the mean score for the American group ( $M = 5.09$ ,  $SD = 1.45$ ) was significantly lower than the mean score for the Chinese group ( $M = 5.69$ ,  $SD = 1.07$ ),  $F(2, 169) = 8.68$ ,  $p < .05$ . For the Expertise subscale, the mean score for the American group ( $M = 5.80$ ,  $SD = 1.23$ ) was not significantly lower than the mean score

for Chinese group ( $M = 5.85$ ,  $SD = 2.07$ ),  $F(2, 169) = .08$ ,  $p > .05$ . When it comes to the Nurturance subscale, the mean score for the American group ( $M = 5.89$ ,  $SD = 1.22$ ) was not significantly lower than the mean score for the Chinese group ( $M = 5.96$ ,  $SD = 1.05$ ),  $F(2, 169) = .14$ ,  $p > .05$ . In brief, Chinese students expected counselors to be more empathetic. The result is partly consistent with the Hypothesis 1.2.

Although both American and Chinese groups did not show any significant differences on the Expertise subscale, they showed significantly different mean scores on the combined expectancy subscale (i.e. Counselor Expertise subscale). The Chinese group scored higher on the Counselor Expertise subscale than their American counterparts. In addition, Chinese students scored significantly higher on the Self-disclosure subscale than American students, which illustrated that Chinese students preferred counselors to disclose themselves more and share more about their personal experiences to clients.

2. Chinese students will show higher scores on perceived stress levels than American students in general due to Chinese students' extra stressors;

A one-way ANOVA was performed to explore the difference on the scores of two groups. A significant difference was found between American and Chinese groups. Based on the statistical analysis, Chinese students had higher scores on the Perceived Stressed Survey (PSS). The mean score on stress levels for the American group ( $M = 18.73$ ,  $SD = 6.34$ ) was significantly lower than the mean score for the Chinese group ( $M = 23.41$ ,  $SD = 5.63$ ),  $F(2, 169) = 23.34$ ,  $p < .05$ . This result was consistent with the Hypothesis 2.

3. Students with higher stress levels, regardless of their nationality, will show higher tendencies of seeking psychological help when compared to students with lower stress levels.

A bivariate correlation was used to examine the relationship between the stress levels and the tendencies of seeking psychological help. The result was not significant,  $r(169) = .14, p > .05$ .

4. Chinese students will, in general, be less likely to seek psychological help than American students.

A one-way ANOVA was conducted to compare the mean scores on Attitudes toward Seeking Psychological Help – Short Form. A significant difference was found between American and Chinese students. The mean score for the American group ( $M = 15.61, SD = .49$ ) was significantly lower than the mean score for the Chinese group ( $M = 17.48, SD = .46$ ),  $F(2, 169) = 7.16, p < .05$ . However, based on the statistical analysis, the fact that Chinese students had higher scores on the Attitudes toward Seeking Professional Psychological Help–Short Form was contrary to the Hypothesis 3.2. One of the reasons would be that Chinese students were experiencing more stressors and thus had higher stress levels. As a result, they could have been more aware of the need for psychological help.

## **General Discussion**

The purpose of this study was to compare American and Chinese college students' attitudes toward seeking professional psychological help and their expectations about counseling and counselors. The results indicated that American students did not show higher tendencies to be responsible, open, and motivated in counseling than Chinese students. However, Chinese students expected counselors to be more empathetic than American students. Additionally, Chinese students showed higher perceived stress levels than American students in general due to Chinese students' extra stressors. As opposed to the hypothesis, students with higher stress levels, regardless of their nationality, did not show higher tendencies of seeking psychological help. Based on the results, Chinese students, in general, were more likely to seek psychological help than American students.

### **Stress Levels**

This study confirmed that Chinese international students have significantly higher scores on perceived stress than their American counterparts. One of the obvious reasons is that the Chinese students experience extra stress for leaving home to study abroad, adapting to a new culture, overcoming language barriers, and socializing and interacting with unfamiliar people from different cultural backgrounds. The results of this study also support the conclusions from previous studies about American and Chinese students' stress levels. Interestingly, when comparing with Cohen and Janicki-Deverts's national sample, American students' mean score of stress levels in this study was slightly higher than that of the college group in the national sample (Cohen & Janicki-Deverts, 2012). Moreover, the mean score of Chinese students' stress levels was notably higher than that

of the national American college student sample. The overall stress scores in this study illustrated that Chinese participants tend to consider them to have higher stress levels than the national American college students.

### **Attitudes and Expectations**

Regarding the previous counseling experience question, fewer Chinese students were exposed to the actual counseling experiences. However, it does not necessarily mean that Chinese students are less likely to seek psychological help. Based on the results of the study, Chinese students actually showed higher tendencies to seek psychological help than their American counterparts. In addition, Chinese students expected counselors to be more empathetic. This finding could be partly because Chinese international students desire more empathy and understanding when studying in a foreign country. Chinese students are in a challenging environment where they need to adapt to a new culture. They experience both intrapersonal and interpersonal stressors (Yan, 2008). Therefore, it is not easy for them to trust a stranger, although the stranger is an expert. Due to this cultural difference, Chinese students might expect their counselor to be more empathetic during the counseling session compared to their American counterparts.

Chinese students also scored higher on counselor expertise and self-disclosure. In other words, Chinese students expected counselors to be experts in their field and at the same time they wanted the counselors to share their personal experiences and be comfortable with disclosing their stories in a counseling session. The higher expectations

indicate that Chinese students need more assurance and feelings of security due to their special circumstances.

When compared with previous studies (Byon, K. H., Chan, F., & Thomas, K. R., 1999; Jacobs, 2003; Yuen & Tinsley, 1981), both American and Chinese groups showed higher scores on every subscale of expectations about counseling and counselors, which indicate both groups of students may be more open to counseling or psychotherapy than previous college students.

### **Limitations**

Although this study has many interesting findings, it also has limitations. The current study has 100 American students and 71 Chinese international students from a Midwestern university, which may be a slightly small sample size. When it comes to geographic diversity, the Chinese students on this campus are mainly from four provinces in China; they were raised and grew up in the northern part of China. Since China is geographically a very large country, people who live in different areas may show distinctly different characteristics. Although they are the same nationality, the current sample cannot represent the Chinese international students as a whole and thus should be cautious in generalizing these results.

Another limitation of the study is lacking more specific and culturally adapted items on students' attitudes toward counseling and expectations about counseling and counselors. Since the scales were developed and used primarily on Westerners, it might not be effective in detecting Chinese students' specific expectations or requests.

Lastly, since the scales used in this study were assessing participants' perspectives and how they perceived their own attitudes, expectations, and stress levels, the results merely predicted clients' help-seeking behaviors to a limited extent and might not be directly applicable because their attitudes could change when they encounter difficulties in real life. Although participants might have scored higher, they might not seek the help in reality due to concerns such as not feeling comfortable talking to a counselor in a foreign language.

### **Implications**

The present study has several implications for counseling centers on campuses and international student offices. First of all, Chinese students experience more stressors when studying in the U.S. Chinese students can benefit from learning effective problem-solving skills to manage their difficulties such as to improve their language skills, tackle academic difficulties, handle cultural differences, and adapt to an American life style. Secondly, Chinese students would benefit if the counseling centers could provide culturally sensitive counseling services. It would benefit the majority of international students if counselors were more culturally sensitive and more aware of international students' specific stressors or difficulties in their circumstances. As pointed out by Yan and Berliner (2013), the life of Chinese international students is not easy, not only due to higher expectations on academic performance, but also due to difficulties such as cultural shock and social isolation. Counseling services need to be more proactive in reaching out to groups of students and help them with culturally sensitive therapy techniques (Chen, 1999).

Based on the current study, it is recommended that international student offices or counseling centers on campuses offer Chinese international students with English tutoring sessions or encourage them to work on their language skills to cope with the language difficulties. Moreover, it is recommended that international student offices to set up a mentor-mentee program to pair each Chinese student with an American student if possible. In this way, Chinese students may have chances to practice English with native speakers and improve their English language skills. Based on the results of this study, lack of language skills turned out to be the biggest challenge, concern, and stressor for the Chinese students. Therefore, it is suggested that Chinese students would benefit academically, psychologically, and socially from improving their levels of English proficiency. For instance, if a Chinese international student has already mastered English, he or she will be more confident when socializing with other students on campus. He or she will also find it less stressful when dealing with academic problems. It is also suggested Chinese students insure they have certain levels of English proficiency before they study abroad, so that they would feel less stressful when studying in the U.S.

### **Future Direction**

Future studies could focus on expanding the diversity and quantity of samples in order to gather more representative national data on both American and Chinese groups. It is suggested that sample groups could be expanded and include Chinese college students in China to compare the differences across three different groups (i.e. American college students, Chinese international students, and Chinese college students).



It could be beneficial if future studies focused on the specific characteristics of mental health professionals that Chinese students prefer in order to meet their psychological needs. Future studies could be focused on how to truly measure Chinese students' levels of willingness of seeing counselors or therapists. Studies should be conducted based on both Chinese students' perceptions of seeking psychological help and levels of determination to seek psychological help.

Although Chinese students showed higher levels of willingness to seek psychological help in this study, they also rated "Seeing a counselor" the least favorable copings strategy when compared to other coping options. This indicates that when Chinese students come across psychological stressors in reality, they may choose to talk to their family and friends in China or to use other preferable coping strategies instead of seeking professional psychological help. Further study can focus on resolving this conflict and should investigate what factors would motivate Chinese students to seek professional psychological help rather than simply talking to family and friends. It would be helpful to know in what circumstances Chinese students would look for psychological help.

Finally, it would be interesting to measure the stress levels of American students who are studying in China and compare it to the stress levels of Chinese students who are studying in the U.S. It would also be intriguing to see the differences between these two groups who are both considered as international students.

In conclusion, Chinese students' attitudes and expectations about counseling have been changed gradually during the past decade. With the economic globalization

development and Chinese government's active encouragement of the Reform and Opening-up policy, Chinese students have been encouraged to learn advanced Western technologies and to absorb new ideas and perspectives from the Western world. For the younger Chinese generation, counseling or therapy is not as unacceptable as it used to be. Moreover, the younger generation has realized that they could benefit from psychological help to a certain extent. Although social stigma still plays a role in preventing people from seeing a counselor or therapist, its influence has been lessened. This current study hopes to contribute to setting a positive trend in seeking professional help for students who are in need but are not culturally used to this important assistance.

## References

- Allison, K. W., Crawford, I., Echemendia, R., Robinson, L., & Knepp, D. (1994). Human diversity and professional competence: Training in clinical and counseling psychology revisited. *The American Psychologist*, 49(9), 792-796.
- Altbach, P. G. (2004). Higher education crosses borders: Can the United States remain the top destination for foreign students. *Change: the magazine of higher learning*, 36(2), 18-25.
- Andrews, G., Sanderson, K., Slade, T., & Issakidis, C. (2000). Why does the burden of disease persist? Relating the burden of anxiety and depression to effectiveness of treatment. *Bulletin of the world Health Organization*, 78(4), 446-454.
- Atkinson, D. R., Ponterotto, J. G., & Sanchez, A. R. (1984). Attitudes of Vietnamese and Anglo-American students toward counseling. *Journal of College Student Personnel*, 25(5), 448-452.
- Balabil, S., & Dolan, B. (1992). A cross-cultural evaluation of expectations about psychological counseling. *British journal of medical psychology* 65(4), 305-308.
- Benton, S. A., Robertson, J. M., Tseng, W. C., Newton, F. B., & Benton, S. L. (2003). Changes in counseling center client problems across 13 years. *Professional Psychology Research and Practice*, 34(1), 66-72.
- Bijl, R. V., de Graaf, R., Hiripi, E., Kessler, R. C., Kohn, R., Offord, D. R., Ustun, T.B., Vicente, B., Vollebergh, W.A.M., Walters, E.E., & Wittchen, H. U. (2003). The prevalence of treated and untreated mental disorders in five countries. *Health Affairs*, 22(3), 122-133.

- Bradley, L., Parr, G., Lan, W. Y., Bingi, R., & Gould, L. J. (1995). Counseling expectations of international students. *International Journal for the Advancement of Counseling, 18*(1), 21-31.
- Bratton, S. C., Ray, D., Rhine, T., & Jones, L. (2005). The efficacy of play therapy with children: A meta-analytic review of treatment outcomes. *Professional Psychology: Research and Practice, 36*(4), 376-390.
- Bureau of Labor Statistics, U.S. Department of Labor. (2012). *Occupational Outlook Handbook, 2012-13 Edition, Mental Health Counselors and Marriage and Family Therapists*. Retrieved September 10, 2013 from <http://www.bls.gov/ooh/community-and-social-service/mental-health-counselors-and-marriage-and-family-therapists.htm>.
- Burkard, A. W., & Knox, S. (2004). Effect of therapist color-blindness on empathy and attributions in cross-cultural counseling. *Journal of Counseling Psychology, 51*(4), 387-397.
- Byon, K. H., Chan, F., & Thomas, K. R. (1999). Research: Korean international students' expectations about counseling. *Journal of College Counseling, 2*(2), 99-109.
- Chen, C. P. (1999). Professional issues: Common stressors among international college students: Research and counseling implications. *Journal of College Counseling, 2*(1), 49-65.
- Choudhuri, D. D., Santiago-Rivera, A., & Garrett, M. (2011). *Counseling and Diversity*. Belmont, CA: Cengage learning.

- Cohen, S., & Janicki-Deverts, D. (2012). Who's stressed? Distributions of psychological stress in the United States in probability samples from 1983, 2006, and 2009. *Journal of Applied Social Psychology*, 42(6), 1320-1334.
- Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of health and social behavior*, 24(4), 385-396.
- Dadfar, S., & Friedlander, M. L. (1982). Differential attitudes of international students toward seeking professional psychological help. *Journal of Counseling Psychology*, 29(3), 335-38.
- DeDeyn, R. (2008). A comparison of academic stress among Australian and international students. *Journal of Undergraduate Research XI*, 1-4.
- Dillard, J. M. (1983). *Multicultural counseling: Toward ethnic and cultural relevance in human encounters*. Chicago, IL: Nelson-Hall.
- Dillard, J. M., & Chisolm, G. B. (1983). Counseling the international student in a multicultural context. *Journal of College Student Personnel*, 24(2), 101-105.
- Evans, W., & Kelly, B. (2004). Pre-registration diploma student nurse stress and coping measures. *Nurse education today*, 24(6), 473-482.
- Feng, J., (1991). The adaptation of students from the People's Republic of China to an American academic culture. (Eric Document Reproduction Service No. Ed329833)

- Fischer, E. H., & Turner, J. I. (1970). Orientations to seeking professional help: development and research utility of an attitude scale. *Journal of consulting and Clinical Psychology, 35*(1p1), 79-90.
- Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of College Student Development, 36*(4), 368-373.
- Guarnaccia, P. J., & Rodriguez, O. (1996). Concepts of culture and their role in the development of culturally competent mental health services. *Hispanic Journal of Behavioral Sciences, 18*(4), 419-443.
- Han, B., & Zhang, K. (2007). Psychology in China. *The Psychologist, 20*(12), 734-736.
- Hunt, J., & Eisenberg, D. (2010). Mental health problems and help-seeking behavior among college students. *Journal of Adolescent Health, 46*(1), 3-10.
- Hyun, J., Quinn, B., Madon, T., & Lustig, S. (2007). Mental health need, awareness, and use of counseling services among international graduate students. *Journal of American College Health, 56*(2), 109-118.
- Institute of International Education. (2011). *Open doors 2011: International students in the United States*. Retrieved April 10, 2013 from <http://opendoors.iienetwork.org>.
- Institute of International Education. (2012). *Open doors 2012: International students in the United States*. Retrieved April 10, 2013 from <http://opendoors.iienetwork.org>.

- Jacobs, R.R. (2003). *The Expectations and Preferences for Counseling in Groups Underutilizing Mental Health Services*. Doctoral dissertation, Texas A&M University.
- Kessler, R. C., Chiu, W. T., Demler, O., & Walters, E. E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the national comorbidity survey replication. *Archives of General Psychiatry*, 62(6), 617-627.
- Kessler, R. C., Demler, O., Frank, R. G., Olfson, M., Pincus, H. A., Walters, E. E., Wang, P., Wells, K.B., & Zaslavsky, A. M. (2005). Prevalence and treatment of mental disorders, 1990 to 2003. *New England Journal of Medicine*, 352(24), 2515-2523.
- Kim, B. S., & Omizo, M. M. (2003). Asian cultural values, attitudes toward seeking professional psychological help, and willingness to see a counselor. *The Counseling Psychologist*, 31(3), 343-361.
- Lee, Y.T. (1995). A comparison of politics and personality in China and the U.S.: Testing a “kernel of truth” hypothesis, *Journal of Contemporary China*, 9, 56-68.
- Lee, J. J., & Rice, C. (2007). Welcome to America? International student perceptions of discrimination. *Higher Education*, 53(3), 381-409.
- Lim, S. L., Lim, B. K. H., Michael, R., Cai, R., & Schock, C. K. (2010). The trajectory of counseling in China: Past, present, and future trends. *Journal of Counseling & Development*, 88(1), 4-8.
- Liu, M. (2009). Addressing the mental health problems of Chinese international college students in the United States. *Advances in Social Work*, 10(1), 69-86.

- Masuda, A., Suzumura, K., Beauchamp, K. L., Howells, G. N., & Clay, C. (2005). United States and Japanese college students' attitudes toward seeking professional psychological help. *International Journal of Psychology, 40*(5), 303-313.
- Mau, W. C., & Jepsen, D. A. (1988). Attitudes toward counselors and counseling processes: A comparison of Chinese and American graduate students. *Journal of Counseling & Development, 67*(3), 189-192.
- Mori, S. C. (2000). Addressing the mental health concerns of international students. *Journal of Counseling & Development, 78*(2), 137-144.
- Misra, R., & Castillo, L. G. (2004). Academic stress among college students: Comparison of American and international students. *International Journal of Stress Management, 11*(2), 132-148.
- Neely, M. E., Schallert, D. L., Mohammed, S. S., Roberts, R. M., & Chen, Y. J. (2009). Self-kindness when facing stress: The role of self-compassion, goal regulation, and support in college students' well-being. *Motivation and Emotion, 33*(1), 88-97.
- Olfson, M., Marcus, S. C., Druss, B., Elinson, L., Tanielian, T., & Pincus, H. A. (2002). National trends in the outpatient treatment of depression. *JAMA: The Journal of the American Medical Association, 287*(2), 203-209.
- Padilla, E. R., Boxley, R., & Wagner, N. N. (1973). The desegregation of clinical psychology training. *Professional psychology, 4*(3), 259-264.
- Parker, G., Gladstone, G., & Chee, K. T. (2001). Depression in the planet's largest ethnic group: the Chinese. *American Journal of Psychiatry, 158*(6), 857-864.



- Paulson, B. I., Truscott, D., & Stuart, J. (1999). Clients' perceptions of helpful experiences in counseling. *Journal of Counseling Psychology, 46*, 317-324.
- Robinson, L. A., Berman, J. S., & Neimeyer, R. A. (1990). Psychotherapy for the treatment of depression: A comprehensive review of controlled outcome research. *Psychological Bulletin, 108*(1), 30-49.
- Ross, S. E., Niebling, B. C., & Heckert, T. M. (1999). Sources of stress among college students. *Social Psychology, 61*(5), 841-846.
- Sax, L. J. (1997). Health trends among college freshmen. *Journal of American College Health, 25*, 252-262.
- Snider, P. D. (2001). Counseling for international students in western universities: A cross-cultural examination of counseling expectations and services. *International Education Journal, 2*(5), 61-85.
- Snider, P. D. (2003). *Exploring the Relationships between Individualism and Collectivism and Attitudes towards Counseling among Ethnic Chinese, Australian, and American University Students*. Doctoral dissertation, Murdoch University.
- Sue, D. W. (1991). A conceptual model for cultural diversity training. *Journal of Counseling & Development, 70*, 99-105.
- Sue, S. (1998). In search of cultural competence in psychotherapy and counseling. *American Psychologist, 53*, 440-448.

- Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling & Development, 70*(4), 477-486.
- Sue, D. W., Ivey, A. E., & Pedersen, P. B. (Eds.). (1996). *A theory of multicultural counseling and therapy*. San Francisco, CA: Brooks/Cole.
- Sue, D. W., & Sue, D. (1990). *Counseling the culturally different: Theory and practice*. New York, NY: Wiley.
- Takeuchi, D. T., Sue, S., & Yeh, M. (1995). Return rates and outcomes from ethnicity-specific mental health programs in Los Angeles. *American Journal of Public Health, 85*(5), 638-643.
- Thomas, K., & Althen, G. (1989). Counseling foreign students. *Counseling across cultures, 3*, 205-241.
- Tinsley, D. J., Holt, M. S., Hinson, J. A., & Tinsley, H. E. (1991). A construct validation study of the Expectations about Counseling-Brief form: Factorial validity. *Measurement and Evaluation in Counseling and Development, 24*(3), 101-110.
- Tinsley, H. E. (1982). *Expectations about Counseling – Brief Form*. Unpublished test manual, Southern Illinois University, Carbondale, IL. Used with permission.
- Tinsley, H. E., & Westcot, A. M. (1990). Analysis of the cognitions stimulated by the items on the Expectations about Counseling-Brief Form: An analysis of construct validity. *Journal of Counseling Psychology, 37*(2), 223-226.

- Tinsley, H. E., Workman, K. R., & Kass, R. A. (1980). Factor analysis of the domain of client expectancies about counseling. *Journal of Counseling Psychology*, 27(6), 561-570.
- Towbes, L. C., & Cohen, L. H. (1996). Chronic stress in the lives of college students: Scale development and prospective prediction of distress. *Journal of Youth and Adolescence*, 25(2), 199-217.
- Trijsburg, R. W., Van Knippenberg, F. C., & Rijpma, S. E. (1992). Effects of psychological treatment on cancer patients: a critical review. *Psychosomatic Medicine*, 54(4), 489-517.
- Tseng, W., & Newton, F. (2002). International students' strategies for well-being. *College Student Journal*, (36)4, 591-597.
- United States Census Bureau. (2011). *Statistical Abstract of the United States: 2011*, Table 215. Retrieved August 8 from <http://www.census.gov/compendia/statab>.
- Vogel, D. L., & Wester, S. R. (2003). To seek help or not to seek help: The risks of self-disclosure. *Journal of Counseling Psychology*, 50(3), 351-361.
- Vogel, D. L., Wester, S. R., Wei, M., & Boysen, G. A. (2005). The role of outcome expectations and attitudes on decisions to seek professional help. *Journal of Counseling Psychology*, 52(4), 459-470.
- Wampold, B. E. (2000). Outcomes of individual counseling and psychotherapy: Empirical evidence addressing two fundamental questions. In S.D. Brown & R.W. Lent (Eds.), *Handbook of Counseling Psychology* (4<sup>th</sup> ed., pp. 711-739). New York, NY: Wiley.

- Watkins, D. C., Hunt, J. B., & Eisenberg, D. (2012). Increased demand for mental health services on college campuses: Perspectives from administrators. *Qualitative Social Work, 11*(3), 319-337.
- Wei, R. (2007). *The Role of Culture in the Process of Coping with Stress*. Doctoral dissertation, Cornell University.
- Wittchen, H. U. (2002). Generalized anxiety disorder: prevalence, burden, and cost to society. *Depression and Anxiety, 16*(4), 162-171.
- Yan, K. (2008). *Chinese International Students' Stressors and Coping Strategies in the United States*. Doctoral dissertation, Arizona State University.
- Yan, K., & Berliner, D. C. (2013). Chinese international students' personal and sociocultural stressors in the United States. *Journal of College Student Development, 54*(1), 62-84.
- Yip, K. S. (2004). Taoism and its impact on mental health of the Chinese communities. *International Journal of Social Psychiatry, 50*(1), 25-42.
- Yuen, R. K. W., & Tinsley, H. E. (1981). International and American students' expectancies about counseling. *Journal of Counseling Psychology, 28*(1), 66-69.
- Zhang, N., & Dixon, D. N. (2003). Acculturation and attitudes of Asian international students toward seeking psychological help. *Journal of Multicultural Counseling and Development, 31*(3), 205-222.
- Zhang, S. Y., & Carrasquillo, A. L. (1992). Chinese-American Students: A Review of the Literature. (Eric Document Reproduction Service No. Ed369682)

## APPENDIX A

### Demographics

## Demographics

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Classification in School: \_\_\_\_\_

Study Major: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Country of origin: \_\_\_\_\_

If international student, please indicate the length of stay in America: \_\_\_\_\_

Any previous counseling experience: Yes or No

Any current counseling service: Yes or No

Any current stressors: Yes or No

## APPENDIX B

Attitudes toward Seeking Professional Psychological Help – Short Form

### Attitudes toward Seeking Professional Psychological Help – Short Form

Please rate the following 10 items using this scale: Agree = 3, Partly Agree = 2, Partly Disagree = 1, Disagree = 0.

1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.	3	2	1	0
2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.	3	2	1	0
3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.	3	2	1	0
4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.	3	2	1	0
5. I would want to get psychological help if I were worried or upset for a long period of time.	3	2	1	0
6. I might want to have psychological counseling in the future.	3	2	1	0
7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.	3	2	1	0
8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.	3	2	1	0
9. A person should work out his or her own problems; getting psychological counseling would be a last resort.	3	2	1	0
10. Personal and emotional troubles, like many things, tend to work out by themselves.	3	2	1	0



## APPENDIX C

### Expectations about Counseling - Brief Form

### Expectations About Counseling – Brief Form

Pretend that you are about to see a counselor or a psychologist for your first interview. We would like to know what you think counseling will be like. The following are statements about counseling. For each statement, indicate what you expect counseling to be like using the rating scale below.

1 = Not True, 2 = Slightly True, 3 = Somewhat True, 4 = Fairly True, 5 = Quite True, 6 = Very True, 7 = Definitely True.

#### I EXPECT TO...

1. Like the counselor.
2. Gain some experience in new ways of solving problems within the counseling process.
3. Openly express my emotions regarding myself and my problems.
4. Take responsibility for making my own decisions.
5. Talk about my present concerns.

#### I EXPECT TO...

6. Get practice in relating openly and honestly to another person within the counseling relationship.
7. Enjoy my interviews with the counselor.
8. Practice some of the things I need to learn in the counseling relationship.
9. Get a better understanding of myself and others.
10. Stay in counseling for at least a few weeks, even if at first I am not sure it will help.

#### I EXPECT TO...

11. See the counselor for more than three interviews.
12. Enjoy being with the counselor.
13. Stay in counseling even though it may be painful or unpleasant at times.

14. Contribute as much as I can in terms of expressing my feelings and discussing them.
15. Find that the counseling relationship will help the counselor and me identify problems on which I need to work.

**I EXPECT TO...**

16. Become better able to help myself in the future.
17. Feel safe enough with the counselor to really say how I feel.
18. Improve my relationships with others.
19. Ask the counselor to explain what he or she means whenever I do not understand something that is said.
20. Work on my concerns outside the counseling interviews.

**THE FOLLOWING QUESTIONS CONCERN YOUR EXPECTATIONS ABOUT THE COUNSELOR**

**I EXPECT THE COUNSELOR TO...**

21. Explain what's wrong.
22. Help me identify and label my feelings so I can better understand them.
23. Tell me what to do.
24. Know how I feel even when I cannot say quite what I mean.
25. Know how to help me.

**I EXPECT THE COUNSELOR TO...**

26. Help me identify particular situations where I have problems.
27. Give encouragement and reassurance.
28. Help me to know how I am feeling by putting my feelings into words for me.
29. Be a "real" person not just a person doing a job.
30. Help me discover what particular aspects of my behavior are relevant to my problems.

**I EXPECT THE COUNSELOR TO...**

31. Inspire confidence and trust.
32. Frequently offer me advice.
33. Be honest with me.
34. Be someone who can be counted on.
35. Be friendly and warm towards me.

I EXPECT THE COUNSELOR TO...

36. Help me solve my problems.
37. Discuss his or her own attitudes and relate them to my problem.
38. Give me support.
39. Decide what treatment plan is best.
40. Know how I feel at times, without my having to speak.

I EXPECT THE COUNSELOR TO...

41. Respect me as a person.
42. Discuss his or her experiences and relate them to my problems.
43. Praise me when I show improvement.
44. Make me face up to the differences between what I say and how I behave.
45. Talk freely about himself or herself.

I EXPECT THE COUNSELOR TO...

46. Have no trouble getting along with people.
47. Like me.
48. Be someone I can really trust.
49. Like me in spite of the bad things that he or she knows about me.
50. Make me face up to the differences between how I see myself and how I am seen by others.

I EXPECT THE COUNSELOR TO...

51. Be someone who is calm and easygoing.

52. Point out to me the differences between what I am and what I want to be.
53. Get along well in the world.

## APPENDIX D

### Perceived Stress Survey

## Perceived Stress Survey

## INSTRUCTIONS:

The questions in this scale ask you about your feelings and thoughts during THE LAST MONTH. In each case, please indicate your response by choosing a number representing HOW OFTEN you felt or thought a certain way.

0 = Never, 1 = Almost Never, 2 = Sometimes, 3 = Fairly Often, 4 = Very Often.

	Never	Almost never	Sometimes	Fairly often	Very often
1. In the last month, how often have you been upset because of something that happened unexpectedly?					
2. In the last month, how often have you felt that you were unable to control the important things in your life?					
3. In the last month, how often have you felt nervous and "stressed"?					
4. In the last month, how often have you felt confident about your ability to handle your personal problems?					
5. In the last month, how often have you felt that things were going your way?					
6. In the last month, how often have you found that you could not cope with all the things that you had to do?					
7. In the last month, how often have you been able to control irritations in your life?					
8. In the last month, how often have you felt that you were on top of things?					
9. In the last month, how often have you been angered because of things that were outside your control?					
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?					

## APPENDIX E

### Questionnaire of Sources of Stress and Coping Strategies of Chinese International Students (QSSCSICS)



## Questionnaire of Sources of Stress and Coping Strategies of Chinese International

## Students (QSSCSICS)

If you're a Chinese student, please answer the following questions.

Please rate the following 10 items using this scale: Strongly agree = 5, Agree = 4, Neutral = 3, Disagree = 2, Strongly disagree = 1.

1. I feel stressed because of my English language skills in the U.S.	5	4	3	2	1
2. I feel stressed because of academic problems (e.g. low GPA).	5	4	3	2	1
3. I feel stressed because of my financial problems.	5	4	3	2	1
4. I feel stressed because I miss my family and friends in China (homesick).	5	4	3	2	1
5. I feel stressed because of the cultural differences I face in the U.S.	5	4	3	2	1
6. When I feel stressed, I will talk to my family or friends in China in order to cope.	5	4	3	2	1
7. When I feel stressed, I will talk to my friends who also live in the U.S. or have fun with them in order to cope.	5	4	3	2	1
8. When I feel stressed, I will see a counselor or psychotherapist on campus in order to cope.	5	4	3	2	1
9. When I feel stressed, I will tolerate stress and solve problems by myself.	5	4	3	2	1
10. When I feel stressed, I will look for help from churches or some other institutions.	5	4	3	2	1

## APPENDIX F

### IRB Approval Letter



**FORT HAYS STATE  
UNIVERSITY**

*Forward thinking. World ready.*

---

**OFFICE OF SCHOLARSHIP AND SPONSORED PROJECTS**

**DATE:** September 20, 2013

**TO:** Xiaowei Qiao

**FROM:** Fort Hays State University IRB

**STUDY TITLE:** 480190-2] A Cross-cultural Comparison of American and Chinese College Students' Attitudes toward Seeking Professional Psychological Help and Expectation about Counseling and Counselors

**IRB REFERENCE #:** SUBMISSION TYPE:

**ACTION:** APPROVAL

**DATE:** September 20, 2013

**EXPIRATION DATE:** September 19, 2014

**REVIEW TYPE:** Administrative Review

**Xiaowei Qiao Fort Hays State University IRB**

**[480190-2] A Cross-cultural Comparison of American and Chinese College Students' Attitudes toward Seeking Professional Psychological Help and Expectation about Counseling and Counselors 14-009**

**Amendment/Modification**

**APPROVED September 20, 2013 September 19, 2014 Administrative Review**

Thank you for your submission of Amendment/Modification materials for this research study. Fort Hays State University IRB has APPROVED your submission. This approval is based on an appropriate risk/ benefit ratio and a study design wherein the risks have been minimized. All research must be conducted in

accordance with this approved submission.

This submission has received Administrative Review based on the applicable federal regulation.

Please remember that informed consent is a process beginning with a description of the study and insurance of participant understanding followed by a signed consent form unless documentation of consent has been waived by the IRB. Informed consent must continue throughout the study via a dialogue between the researcher and research participant. Federal regulations require each participant receive a copy of the signed consent document. The IRB-approved consent document must be used.

Please note that any revision to previously approved materials must be approved by this office prior to initiation. Please use the appropriate revision forms for this procedure.

All SERIOUS and UNEXPECTED adverse events must be reported to this office. Please use the appropriate adverse event forms for this procedure. All FDA and sponsor reporting requirements should also be followed.

Please report all NON-COMPLIANCE issues or COMPLAINTS regarding this study to this office. Please note that all research records must be retained for a minimum of three years.

Based on the risks, this project requires Continuing Review by this office on an annual basis. Please use the appropriate renewal forms for this procedure.

---

- 1 - Generated on IRBNet

If you have any questions, please contact Leslie Paige at 785-628-4349 or [lpaige@fhsu.edu](mailto:lpaige@fhsu.edu). Please include your study title and reference number in all correspondence with this office.

---

- 2 - Generated on IRBNet

APPENDIX G  
Recruiting Script

### **Recruiting Script**

**Introduction:**

Hello. My name is Xiaowei Qiao. I'm a graduate student in clinical psychology program.

**Purpose:**

I am conducting a study to examine American and Chinese college students' attitudes toward seeking professional psychological help and expectations about counseling and counselors and the relationship between stress level and help-seeking attitudes cross-culturally. I would like to ask you to participate in my study by completing a survey.

**Terms of Participation:**

You are not required to participate in this study. If you decide to participate in this study, you may stop at any time without penalty. You will not receive any compensation for participating (except course credit/ extra credit if your instructor offers it). However, your decision whether or not to participate will have no effect on the academic standing or performance in the course to which you are otherwise entitled. In addition, there will be alternative ways (provide by your instructor) to get the course credit or the extra credit if you choose not to participate in this study.

**Conclusion:**

If you are interested in participating in my study, the instructor will give you a handout with a link in it and you will need to go to the website and complete the survey online. If you feel comfortable participating in my study after reading the consent form, you can go ahead and start the survey by checking the "I agree" option and hitting the continue button on the website. Thank you!

## APPENDIX H

### Consent

## **CONSENT TO PARTICIPATE IN RESEARCH**

*Department of Psychology, Fort Hays State University*

***Study title: A Cross-cultural Comparison of American and Chinese College Students'***

***Attitudes toward Seeking Professional Psychological Help and Expectations about***

***Counseling and Counselors***

*Name of Researcher: Xiaowei QIAO*

*Contact Information: x\_qiao3@mail.fhsu.edu; (785)432-6426*

*Name of Faculty Supervisor & Contact Information, if student research:*

*J. April Park; (785)628-5896; j\_park7@fhsu.edu*

**You are being asked to participate in a research study. It is your choice whether or not to participate.**

Your decision whether or not to participate will have no effect on the academic standing or performance in the course to which you are otherwise entitled. Please contact the researcher – Xiaowei Qiao at x\_qiao3@mail.fhsu.edu or (785)432-6426 if you have any questions.

### **What is the purpose of this study?**

The purpose of the project is to examine American and Chinese college students' attitudes toward seeking professional psychological help and expectation about counseling/ counselors. This is to provide better mental health services to American and International students.

### **What does this study involve?**

If you decide to participate in this study, you will need to go to the online survey website. If you are an American student, you will be asked to complete demographic information, and additional measures to understand your attitude towards seeking professional psychological help, expectations about counseling and counselors, and perceived stress.

If you are a Chinese student, you will be asked to complete the same surveys as American students and one additional scale which is needed to understand Chinese students' specific stressors. Chinese students are also given the option of completing the survey in Chinese or in English. It will take about 30 minutes to finish the survey.

### **Are there any benefits from participating in this study?**

You will be given a chance to self-reflect on your stress level on daily life. Also, your participation will help us learn more about cross-cultural differences in



seeking psychological help. The findings from this study will provide insights for mental health practitioners to better serve clients from various cultural backgrounds with different needs. In addition, the findings may also help counseling centers on campus to provide more effective and satisfactory services to both American and Chinese students.

**What are the risks involved with being enrolled in this study?**

There are some questions regarding stressors and levels of stress in your daily life. You may feel uncomfortable when answering those questions. However, it is believed the uncomfortable feeling will not surpass your daily stress level. You may leave the questions unanswered if any of the questions make you uncomfortable.

**How will your privacy be protected?**

No names or identifying information will be asked. Responses to questionnaires will be collected from the online database and entered into a computer program and stored for 5 years, after which the data will be deleted. Only the student giving the study and faculty advisor will have access to the database. Results of the study will be shared with the scientific community through presentation and possible publication. When results are shared, information will be presented in aggregate form and will contain no names or identifying information.

**Other important items you should know:**

- **Withdrawal from the study:** You may choose to stop your participation in this study at any time. Your decision to stop your participation will *have no effect on your academic standing*.

- **Funding:** There is no outside funding for this research project.

**Whom should you call with questions about this study?**

Questions about this study can be directed to the researcher *Xiaowei QIAO* ([x\\_qiao3@mail.fhsu.edu](mailto:x_qiao3@mail.fhsu.edu); (785-432-6426), Ethics Chairperson in Psychology: Dr. Trey Hill at [wthill@fhsu.edu](mailto:wthill@fhsu.edu) or the thesis advisor: Dr. J. April Park at [j\\_park7@fhsu.edu](mailto:j_park7@fhsu.edu). If you have questions, concerns, or suggestions about human research at FHSU, you may call the Office of Scholarship and Sponsored Projects at FHSU (785) 628-4349 during normal business hours.

**CONSENT**

The purpose of this research is to examine American and Chinese college students' attitudes toward seeking professional psychological help and expectations about counseling and counselors and the relationship between stress level and help-seeking attitudes cross-culturally. This is an online survey and it will take about 30 minutes. You

will answer all the questions anonymously.

I understand by checking "I agree" below, I give my permission to participate in this study regarding students' attitudes toward seeking psychological help and expectation about counseling and counselors. I understand that any information I give will be held confidential, otherwise if permitted. I understand my participation is voluntary and that I am free to withdraw anytime, without giving any reason and without cost. I am above 18 years old and less than 65 years old.

Do you agree with the statements above?

☐ I agree

☐ I disagree

## APPENDIX I

### Debriefing Statement

### Debriefing

Thank you for participating in my study. Recent college students are more aware of mental health issues and the importance of taking care of their mental health. In other words, people are more open to seek professional psychological help when needed. The purpose of this study was to examine American and Chinese college students' attitudes toward seeking professional psychological help and expectation about counseling/ counselors. In addition, we were interested in looking at the relationship between the stress level and help-seeking attitudes cross-culturally in order to provide better mental health services to international students.

If you would like the results from this study, we would be happy to share them with you. No names or identifying information will be on the results.

If any questions or concerns arise about the experiment you participated in, please feel free to contact Xiaowei Qiao at [x\\_qiao3@mail.fhsu.edu](mailto:x_qiao3@mail.fhsu.edu) or (785)432-6426, faculty advisor Dr. J. April Park; ([j\\_park7@fhsu.edu](mailto:j_park7@fhsu.edu) or 785-628-5896), psychology department Ethics Chair Dr. Trey Hill ([wthill@fhsu.edu](mailto:wthill@fhsu.edu) or 785-628-4404), or the university IRB ([IRB@fhsu.edu](mailto:IRB@fhsu.edu) or 785-628-4349).

Although we do not expect participating to cause any discomfort or anxiety, if you feel distressed after completing the survey, please contact the Kelly Center (785-628-4401). Speaking to someone at the Kelly Center is a free service for students.

Once again thank you for participating.