

# Associations between Collectivistic and Interdependent Cultural Values and Mental Health

## Knowledge, Attitudes, and Treatment-Seeking

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### Introduction

- Previous research has suggested that cultural values may impact beliefs about mental illness and treatment seeking (Chen & Mak, 2008; Abdullah & Brown, 2011). However, little research has explored the nuances of these values, or their associations with mental health attitudes and treatment seeking.
- The current study investigates collectivism v. individualism (prioritizing in-group goals v. personal goals), vertical values (e.g., hierarchical structure), independent self-construal (e.g., self distinct from context), and interdependent self-construal (e.g., self in relation to others), in relation to mental health attitudes and treatment seeking.

**Table 1. Demographic Information (N= 112)**

Self Identified Race Frequencies		Sexual Orientation	
Alaskan Native/Native American/Indigenous	3 (2.7%)	Asexual	4 (3.6%)
Asian	43 (38.4%)	Bisexual	11 (9.8%)
Black	38 (33.9%)	Gay and Lesbian	5 (4.5%)
Latinx/Hispanic (Non-White)	15 (13.4%)	Heterosexual	90 (80.4%)
Latinx/Hispanic (White)	10 (8.9%)	Pansexual	2 (1.8%)
Middle East and North Africa	6 (5.4%)	Not listed	0 (0%)
Multiracial	1 (0.9%)	Gender Identity	
Pacific Islander/Native Hawaiian	0 (0%)	Female	88 (78.6%)
Not listed	3 (2.7%)	Male	23 (20.5%)
Age	21.6 (SD = 5.5)	Transgender	1 (0.9%)
		Not listed	0 (0%)

**Table 2. Correlations of Cultural Values, Self-Construal, Mental Health Knowledge, Seeking Professional Help, and Stigma**

	Horizontal Individualism	Horizontal Collectivism	Vertical Individualism	Vertical Collectivism	Independent Self-Construal	Interdependent Self-Construal
Mental Health Literacy (MHLS)	.310**	.387**	-.122	-.001	.185	.565**
Seeking Professional Help (ATSPPH)	.006	.349**	-.139	-.081	-.129	.373**
Negative Beliefs about Mental Illness (EASI 1)	-.080	.056	.212	.230	.072	-.204
Negative Beliefs about MH Treatment (EASI 2)	-.078	-.012	.207	.165	-.003	-.200
Negative Beliefs about Treatment Seeking (EASI 3)	-.079	.090	.189	.444**	.117	-.371**
Concerns about Stigma From Loved Ones (EASI 4)	.029	.216	.104	.344*	.003	-.150

\*p < .05 \*\* p < .01

### Measures

**Attitudes Toward Seeking Professional Psychological Help (ATSPPH;** Fischer & Farina, 1995) (short) scale is a unidimensional, short form of the long-version by Fischer and Turner (1970). This self-report 10-item questionnaire is used to measure mental health help-seeking attitudes (e.g., "If I believed I was having a mental breakdown, my first inclination would be to get professional attention").

**Mental Health Literacy Scale (MHLS;** O'Connor & Casey, 2015) is a 35 item, univariate scale measuring participant's recognition of mental illness symptoms, knowledge of where to seek information, knowledge of risk factors and causes, knowledge of self-treatment, knowledge of available professional help, and attitudes that promote recognition or appropriate help-seeking behavior.

**Horizontal and Vertical, Individualism and Collectivism Scale (HVICS-F;** Sivadas, Bruvold, & Nelson, 2008) - Short Form, is a 14-item version of the 32-item version by Singelis and colleagues (1995) measuring four dimensions of collectivism and individualism (i.e., Vertical Collectivism, Vertical Individualism, Horizontal Collectivism, and Horizontal Individualism).

**Self-Construal Scale (SCS;** Singelis, 1994) is a 24-item scale measuring participants' independence and interdependence. Items are scored on a Likert from 1 (strongly disagree) to 5 (strongly agree). This measure has been used cross-culturally (e.g., Western individualistic cultures and Eastern collectivistic cultures)

**Endorsed and Anticipated Stigma Inventory (EASI;** Vogt, Di Leoni, Wang, Sayer, Pineles & Litz, 2013). In the current study, 32 items (from this 40-item measure) from the Beliefs about Mental Health Problems, Treatments, Treatment Seeking, and Stigma from Loved. Participants rate each statement on a 1 (strongly disagree) to 5 (strongly agree) scale.

### Methods

Analyses were conducted on 112 ethnically, racially, and economically diverse students of color at an urban university. Participants completed an online survey that included measures of cultural values, including the Horizontal Vertical Individualism and Collectivism Scale (HVICS) and Self-Construal Scale (SCS), as well as measures of mental health knowledge and attitudes, including Mental Health Literacy Scale (MHLS) and Attitudes Toward Seeking Professional Psychological Help scale (ATSPPH) and the Endorsed and Anticipated Stigma Inventory (EASI).

### Results

Results demonstrate significant positive correlations between interdependent self-construal and MHLS ( $r = .57, p < .01$ ), as well as with ATSPPH ( $r = .37, p < .01$ ). Additionally, we found a significant negative correlation between interdependent self-construal and the negative beliefs about mental health treatment-seeking subscale (EASI 3;  $r = -.37, p < .01$ ). We found no significant relations with the SCS Independence subscale. These findings indicate that interdependent self-construal is associated with more mental health knowledge, treatment seeking, and positive attitudes, and less negative stigma about treatment seeking. However, more nuanced associations emerged with the HVICS. We found a significant positive correlation between the HVICS Horizontal Collectivism subscale and MHLS ( $r = .39, p < .01$ ), as well as with ATSPPH ( $r = .35, p < .01$ ). In contrast, we found significant positive correlations between the HVICS Vertical Collectivism subscale and two subscales of the EASI (Beliefs about treatment seeking,  $r = .44, p < .01$ , and concerns about stigma from loved ones,  $r = .34, p < .05$ ). Additionally, we found a significant positive correlation between Horizontal Individualism and MHLS ( $r = .31, p < .01$ ). The HVICS correlations indicate that collectivism was associated with more mental health knowledge, treatment seeking, and positive attitudes in the context of horizontal values (e.g., emphasis on egalitarianism); however, collectivism was associated with more negative mental health stigma in the context of vertical values (e.g., emphasis on hierarchy).

### Discussion

Our findings suggest that variations in both individual and collectivistic beliefs have differential associations with mental health beliefs and treatment seeking. Future research is needed to investigate the complexities of cultural values and their potential role in mental health stigma and help-seeking. Ultimately, it's important to further understand how cultural values can inform communication of mental health information in a way that honors cultural values, as well as reduces barriers to mental health treatment.