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Behavioral Enculturation and Acculturation, Psychological Functioning, and Help-Seeking Attitudes Among Asian American Adolescents

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Abstract

The study examined behavioral enculturation to Asian culture and behavioral acculturation to the dominant European American culture and their possible relations to positive psychological functioning among Asian American adolescents. Positive psychological functioning was operationalized using measures of general self-efficacy, cognitive flexibility, collective self-esteem, and attitudes toward seeking help. Based on data from 112 Asian American high school students in Hawaii, the results did not support the hypothesis that both high behavioral enculturation and acculturation would be related to positive psychological functioning. However, post hoc examination of the results revealed that enculturation was positively associated with general self-efficacy, cognitive flexibility, and the collective self-esteem dimensions of membership, private, and importance-to-identity. Also, acculturation was negatively associated with the importance-to-identity dimension. Implications for research and practice with Asian American adolescents are discussed.

Keywords

enculturation; acculturation; general self-efficacy; cognitive flexibility; collective self-esteem; help-seeking attitudes

With over 15.5 million individuals, the Asian American population currently represents 5% of the total U.S. population (U.S. Census Bureau, 2010). By 2050, it has been estimated based on the current growth rate that this percentage will nearly double to 9% (U.S. Census Bureau, 2010). Paralleling this growth rate is the increasing range of diversity within the Asian American group. For example, this population includes at least 24 distinct ethnic groups (e.g., Asian Indian, Chinese, Japanese, Korean, Laotian, and Vietnamese), all of whom have different languages, cultural customs, and migration histories (see Tewari & Alvarez, 2009). In addition, given that the first group of Asian migrants entered the United States in 1848, there also is a wide range of distribution in terms of generation status (e.g., 6th generation Asian Americans whose ancestors migrated in 1848; 1st generation immigrant who entered the United States today). Given the rapidly increasing population size and the unique characteristics resulting from several types of within-group variations, it can be speculated that psychologists will increasingly see more clients of Asian American

descent whose psychological characteristics will vary. Therefore, there has been a growing recognition among psychologists regarding the need to better understand the unique characteristics of this population, its within-group variations, and their implication for multicultural practice (e.g., Shea & Yeh, 2008; Yoo, Goh, & Yoon, 2005).

Two useful constructs that can aid in the understanding of Asian Americans and which represent an important within-group psychological variability are *enculturation* and *acculturation*. Kim and Abreu (2001) described enculturation as the process by which individuals retain the norms of one's indigenous group (e.g., Asian American), while acculturation is the process by which individuals adapt to the norms determined by the dominant group (i.e., European American). In terms of the specific dimensions underlying these two constructs, Kim and Abreu analyzed the item contents of 33 instruments designed to assess enculturation, acculturation, or both (three of which were specifically developed for use with Asian Americans), and concluded that the items could be categorized into cultural behaviors, values, knowledge, or identity. These authors also found that the items in most of the instruments fit into the behavioral dimension. In fact, no less than half of the items among more than 85% of the instruments assessed aspects of the behavioral dimension realm, including such activities as choice or preferences in regard to language use, friendship, and food, and 36% of these instruments solely dealt with behavioral dimension items. This finding suggests that cultural behaviors have been an important area of study among enculturation and acculturation researchers.

There have been several attempts to explain the variations with which Asian Americans maintain the norms of their indigenous group (enculturation) and adapt to the norms of the dominant group (acculturation). One of the earliest theories was proposed by Sue and Sue (1971). These authors proposed that individuals who strongly identify with their indigenous group be considered to be "traditional" type, whereas those individuals who strongly identify with the dominant group while rejecting their indigenous group be considered to be "marginal" type. On the other hand, those individuals who strongly identify with both the indigenous and the dominant groups be considered to be "Asian American" type. According to Sue and Sue, the Asian American type is a stage of self-definition where a new identity that incorporates certain aspects of both indigenous and dominant cultures is formed, and which results in a bicultural orientation.

Another theory that offers an explanation of the relation between enculturation and acculturation has been developed by John Berry and his colleagues (e.g., Berry, Kim, Power, Young, & Bajaki, 1989). These scholars have theorized that there are four basic statuses representing various levels of combined enculturation and acculturation that may be used to categorize these experiences: "integration," "assimilation," "separation," and "marginalization." Integration occurs when an individual develops preferences for both the dominant group's and the indigenous cultural norms. Thus, individuals in this status display the traits of both high acculturation as well as strong enculturation. This type is also referred to as "biculturalism" and is similar to Sue and Sue's (1971) "Asian American" type. Assimilation occurs when an individual prefers the culture of the dominant group (i.e., high acculturation) while rejecting the indigenous culture (i.e., low enculturation). Separation is what occurs when an individual prefers the indigenous culture (i.e., high enculturation) but has no interest in learning the dominant group's culture (i.e., low acculturation). Finally, marginalization occurs when an individual has a lack of preference for both cultures (i.e., low acculturation and enculturation).

Both Sue and Sue's (1971) and Berry et al.'s (1989) theories posit that the status where Asian Americans adhere to both their indigenous and the dominant cultural group norms (Asian American type and integration status, respectively) has the potential for positive

psychological functioning. In support of this idea, LaFromboise, Coleman, and Gerton (1993) explained that bicultural competence can be observed when an individual successfully functions within the demands of two separate cultures. According to these authors, bicultural competence includes having (a) knowledge of cultural beliefs of both cultures; (b) positive attitudes toward both groups; (c) bicultural efficacy, or belief that one can live in a satisfying manner within both cultures without sacrificing one's cultural identity; (d) communication skills in both cultures; (e) role repertoire, or the range of culturally appropriate behaviors; and (f) a sense of being grounded in both cultures. Hence, individuals who can competently function in not only the dominant culture, but also in the indigenous culture may display tendencies toward higher levels of cognitive functioning and mental health (LaFromboise et al., 1993).

However, although this type of theoretical literature regarding behavioral enculturation's and acculturation's possible psychological correlates exists, little research has been done to examine the possible associations between these two constructs and psychological functioning among Asian American adolescents. More specifically, it would be useful to know whether both high behavioral enculturation and acculturation are associated with positive psychological functioning. Having such information could be valuable for researchers and service providers in better understanding the theorized benefits of bicultural competence vis-à-vis positive psychological functioning, and could lead to more relevant and effective clinical services for Asian American adolescents.

In an attempt to examine the possible relations between both high behavioral enculturation and acculturation and positive psychological functioning, we focused on the dependent variables that represent a wide range of functioning. We chose to examine general self-efficacy and cognitive flexibility because they represent one's ability to cope with cultural differences. We also chose to examine collective self-esteem because it represents positive mental health outcome. In addition, we chose to examine one's attitudes toward seeking psychological help.

Self-efficacy refers to individuals' beliefs about their own competence to initiate and successfully execute courses of action for specific goals. These beliefs can help determine people's willingness to initiate specific behaviors and their persistence to continue when faced with obstacles (Bandura, 1986). The construct of self-efficacy has been widely researched in educational and psychological contexts, including such specific topics as academic performance and career development (see Arbona, 2000). In general, research findings have supported the hypothesis that high levels of self-efficacy predict successful goal attainment. However, until now, there have been no studies conducted to examine the possible relationship between behavioral acculturation and enculturation and general self-efficacy among Asian American adolescents, and such information could be informative to psychologists who serve this population. Based on the idea regarding bicultural competence, it can be reasoned that high levels of behavioral enculturation and acculturation (i.e., integration) would be associated with increased self-efficacy.

Cognitive flexibility refers to one's awareness that in any given situation there are options, choices, and alternatives available, willingness in being flexible and adaptable to the situation, and being competent in flexibility (Martin & Rubin, 1995). In terms of the ability to cope with conflicts and reconcile differences while trying to function within two different sets of cultural norms, cognitive flexibility can be considered an important aspect of bicultural competence. Harrison, Wilson, Pine, and Chan (1990) observed that children who grow up in ethnic minority families in the United States and learn to balance the demands of both cultures tend to have the benefit of increased cognitive flexibility. In relation to this observation, a study conducted by Ahn, Kim, and Park (2009) revealed that, among Korean

American families, higher cognitive flexibility was related to declines in both the likelihood as well as the seriousness of conflicts between parents and children, especially those regarding children's education and career. However, among the Asian American adolescent population, possible relations between cognitive flexibility and behavioral acculturation and enculturation have yet to be examined. Based on the idea of bicultural competence, it can be reasoned that high levels of behavioral enculturation and acculturation would be related to increased cognitive flexibility.

Collective self-esteem refers to the worth placed on one's social group. This differs from individual self-esteem, which evaluates a person separately from the social group. Using social identity theories as a basis, Luhtanen and Crocker (1992), proposed four domains of collective self-esteem: membership, private, public, and importance-to-identity. According to these authors, membership self-esteem refers to an individual's judgment of one's worth within one's social group. Private collective self-esteem refers to one's evaluation of the worth of one's social group as a whole. On the other hand, public collective self-esteem refers to one's evaluation of how other people would evaluate one's social group. Importance-to-identity dimension of collective self-esteem involves a judgment of how important one's social group membership is to one's self-concept. In terms of research with Asian Americans on collective self-esteem, Kim, Park, and Lee (1999) reported that high personal self-esteem was significantly predictive of increased collective self-esteem among Koreans. However, Yeh (2002) found that among Taiwanese adolescents with high levels of collective self-esteem, less positive attitudes toward help-seeking were reported. Also, Crocker, Luhtanen, Blaine, and Broadnax (1994), while using controls for respondents' self-esteem levels, found a positive correlation between collective self-esteem and psychological well-being (life satisfaction, depression, and hopelessness) among Asian American college students. Up until now, however, there has been a lack of research that examined behavioral acculturation and enculturation and their relationships to collective self-esteem among Asian American adolescents. Such information could be informative to researchers and clinicians who serve this population. Based on the idea of bicultural competence, it can be expected that high levels of behavioral enculturation and acculturation would be related to increased collective self-esteem across the four domains.

Several studies involving behavioral enculturation and acculturation among Asian Americans and their relationships with help-seeking attitudes have been conducted. Atkinson and Gim (1989), Tata and Leong (1994), and Zhang and Dixon (2004) found that high acculturation and low enculturation were associated with favorable attitudes toward seeking professional psychological services. However, a study by Gim, Atkinson, and Whiteley (1990) found low acculturation and high enculturation to be linked with greater willingness to seek counseling. Adding to these inconsistent findings, Atkinson, Lowe, and Matthews (1995) found no relation between acculturation and enculturation and willingness to seek counseling. In other related studies, Atkinson, Whiteley, and Gim (1990) observed that high acculturation and low enculturation were related to low ranking of counselor/psychologist as a help-provider. Leong, Wagner, and Kim (1995), on the other hand, found high levels of acculturation to be a significant predictor of positive attitudes toward group counseling. From these existing studies, the relation between attitudes regarding adaptation and help-seeking appears inconsistent at best and more research is needed.

Based on the literature described above, particularly that on biculturalism, the present study tested the following hypotheses with Asian American adolescents. We hypothesized that both behavioral enculturation and behavioral acculturation would simultaneously show positive relations with general self-efficacy, cognitive flexibility, and membership, private, public, and importance-to-identity dimensions of collective self-esteem. As for willingness to seek professional psychological help, because past research has produced inconsistent

findings, we could not develop a hypothesis and thus posed this portion as a research question.

The data used in the present study was obtained as part of a larger project examining various adaptation experiences of Asian American adolescents. The means, standard deviations, and coefficient alphas of some of the dependent variables in the present study and their intercorrelations also have been reported in Omizo, Kim, and Abel (2008). However, that study did not investigate the relations between the dependent variables and behavioral enculturation and behavioral acculturation.

Method

Power Analysis

An a priori power analysis was conducted for the total R^2 value for a multiple regression analysis with two predictor variables, power equal to .80, and an alpha level of .00714 (see the results section for details on the adjustment of the alpha level). G*Power (Erdfelder, Faul, & Buchner, 1996), a software for a general power analysis, yielded a sample size of 49 for a large effect size ($f^2 = .35$; Cohen, 1988), a sample of 106 for a medium effect size ($f^2 = .15$; Cohen, 1988), and a sample size of 761 for a small effect size ($f^2 = .02$; Cohen, 1988). Although our resources did not allow us to gather the number of participants needed to detect a small effect size, we attempted to meet the need for at least a medium effect size.

Participants

Participants in the study were 112 (65 girls, 46 boys; 1 did not report sex) Asian American high school students in Hawaii. The participants' age ranged from 15 to 19 with a mean of 16.77 years ($SD = 0.97$). There were 55 (49.1%) Seniors, 40 (35.7%) Juniors, 13 (11.6%) Sophomores, and 3 (2.7%) first year students; 1 (0.9%) did not report grade level. In terms of ethnic background, there were 43 (38.4%) Filipinos, 41 (36.6%) multiethnic Asians, 14 (12.5%) Japanese, 5 (4.5%) Chinese, and 5 (4.5%) Koreans; 4 (3.6%) did not report their Asian ethnicity. Among the 41 multiethnic Asian Americans, 6 were Chinese/Filipino/Japanese, 6 were Filipino/Japanese, 5 were Chinese/Filipino, 4 were Chinese/Japanese/Filipino/Spanish, 3 were Filipino/Japanese/Hawaiian, 3 were Chinese/Filipino/Hawaiian, 3 were Chinese/Japanese/White, 3 were Filipino/Hawaiian, 2 were Chinese/Japanese/Hawaiian, and 2 were Filipino/Japanese/Hawaiian/Hispanic. In addition, Filipino/Laotian, Filipino/White, Filipino/Asian Indian, and Korean/Filipino/Japanese/Hawaiian were each represented by one student. There were 18 (16.1%) first-generation, 33 (29.5%) second-generation, 17 (15.2%) third-generation, 18 (16.1%) fourth-generation, 19 (17.0%) fifth-generation, and 3 (2.7%) others; 4 (3.6%) did not report their generational status. Among the first-generation group, the years since immigration ranged from 1 to 16 years with a mean of 10.54 years ($SD = 5.03$).

Measures

Asian American Multidimensional Acculturation Scale (AAMAS)—The AAMAS (Chung, Kim, & Abreu, 2004) is a 15-item measure of Asian American engagement in the behavioral norms of one's Asian culture-of-origin, other Asian American cultures, and the European American culture. It contains three subscales: Culture of Origin (AAMAS-CO), Other Asian American Cultures (AAMAS-AA), and European American Culture (AAMAS-EA). For each item, respondents indicate on a 6-point scale (1 = *not very well*; 6 = *very well*) the extent to which they engage in a particular cultural norm with respect to each of the three cultural groups; the responses for each cultural group are summed to calculate each subscale score. Largely adapted from the SL-ASIA, most of the items in the AAMAS are behavioral in nature, as opposed to cultural values for example, and describe activities such as language

usage, food consumed, practice of traditions, and association with people. In support of the point that AAMAS measures behaviors and not other dimensions such as values, Chung et al. (2004) reported relatively low correlation coefficients of .37, .18, and $-.25$ between the Asian Values Scale (Kim, Atkinson, & Yang, 1999), a measure of adherence to Asian cultural values, and the AAMAS-CO, AAMAS-AA, and AAMAS-EA, respectively. Sample items in the AAMAS include, “How well do you speak the language of . . .,” “How often do you eat the food of . . .,” “How much do you practice the traditions and keep the holidays of . . .,” and “How much do you interact and associate with people from.” In terms of reliability, Chung et al. (2004) reported coefficient alphas ranging from .76 to .91 for the three subscales across three studies. In addition, the authors reported 2-week test–retest coefficients ranging from .75 to .89 for the subscales. In terms of validity, Chung et al. reported evidence of factorial validity via exploratory and confirmatory factor analyses. In addition, Chung et al. reported evidence of concurrent, criterion-related, and discriminant validity for the AAMAS’s subscale scores based on comparisons with measures of cultural identity, acculturation, generation status, intergenerational conflict, and self-esteem. The AAMAS-AA is an optional subscale and we did not use it in the present study. For the AAMAS-CO and the AAMAS-EA, the present data yielded coefficient alphas of .90 and .91, respectively.

General Self-Efficacy subscale of the Self-Efficacy Scale (GSES)—The GSES (Sherer & Adams, 1983) is a 17-item self-report measure of general self-efficacy and uses a 5-point scale (1 = *strongly disagree*; 5 = *strongly agree*). A sample item reads, “When I make plans, I am certain I can make them work.” The GSES was developed based on a factor analysis, which yielded 17 items that had loadings above .40 and a coefficient alpha of .86. A follow-up study revealed a coefficient alpha of .84 (Woodruff & Cashman, 1993); the present data yielded a coefficient alpha of .89. In terms of validity of the GSES score, Sherer and Adams reported evidence for concurrent validity in which there were significant correlations in the expected direction with scores on measures of locus of control and self-esteem.

Cognitive Flexibility Scale (CFS)—The CFS (Martin & Rubin, 1995) is a 12-item self-report measure of cognitive flexibility and is anchored on a 6-point scale (1 = *strongly disagree*; 6 = *strongly agree*). A sample item reads, “I can communicate an idea in many different ways.” Martin and Rubin (1995) reported coefficient alphas of .76 and .77 across two samples, suggesting internal reliability of the scale’s scores; the present sample yielded a coefficient alpha of .68. Also, Martin and Rubin reported a coefficient of stability of .83 across a 1-week period, suggesting test–retest reliability of the scale’s scores. In terms of validity, Martin and Rubin reported significant positive correlation between CFS scores and the scores on a measure of communication flexibility and a significant negative correlation between CFS scores and the scores on a measure of attitude rigidity, as expected. Furthermore, using data from another sample, Martin and Rubin reported additional evidence of CFS scores’ construct validity in their significant correlations with the scores on a measure of interpersonal attentiveness, perceptiveness, and responsiveness, a measure of self-monitoring scale, and a measure of unwillingness to communicate, all in expected directions.

Collective Self-Esteem Scale (CSES)—The 16-item CSES (Luhtanen & Crocker, 1992) is a self-report measure of collective self-esteem and it contains the following four 4-item scales: Membership Self-Esteem (CSES-Membership), Private Collective Self-Esteem (CSES-Private), Public Collective Self-Esteem (CSES-Public), and Importance to Identity (CSES-Identity). Sample items for the scales, respectively, are: “I am a worthy member of my race/ethnic group,” “In general, I’m glad to be a member of my racial/ethnic group,”

“Overall, my racial/ethnic group is considered good by others,” and “The racial/ethnic Group 1 belong to is an important reflection of who I am.” The CSES uses a 7-point scale (1 = *strongly disagree*; 7 = *strongly agree*). Luhtanen and Crocker (1992) reported coefficient alphas in the range of .70s and .80s for the four scales. The present sample yielded the following coefficient alphas: .68 for CSES-Membership, .72 for CSES-Private, .60 for CSES-Public, and .60 for CSES-Identity. In terms of validity of the scales’ scores, Luhtanen and Crocker (1992) reported factor analytic evidence and significant correlations in the expected directions in terms of scores on the measures of the following constructs: personal self-esteem; racial discrimination; feelings of inadequacy; individualism and collectivism; personal, social, and collective identity; internal and environmental orientation; and individuation.

Attitudes Toward Seeking Professional Psychological Help—Short Form (ATSPPH-SF)—The ATSPPH-SF (Fischer & Farina, 1995) is a 10-item measure of attitudes toward seeking help and it was developed from Fischer and Turner’s (1970) original 29-item measure. Using factor analysis, Fischer and Farina (1995) retained 10 items representing essentially the same constructs as the original instrument. A sample item reads, “If I believed I was having a mental breakdown, my first inclination would be to get professional attention.” For each item, respondents indicate their response using a 4-point scale (1 = *disagree*; 4 = *agree*). Fischer and Farina reported evidence of criterion-related validity (correlations with previous help-seeking experience and respondent gender) and convergent validity (correlation of .87 with the original measure). In terms of reliability, the ATSPPH-SF has a coefficient alpha equal to .84 and a 1-month test–retest reliability coefficient of .80; the current data yielded a coefficient alpha of .65.

Procedure

Participants were recruited from high schools in Hawaii with the help from the counselors in the schools who publicized the study. Students were informed that their participation was voluntary and that their responses would be anonymous. Participants completed the questionnaire in small groups and did not receive any remuneration.

Results

Preliminary analyses indicated lack of significant relations between respondent age and the dependent variables. They also showed lack of significant differences on the dependent variables by respondent sex, academic level, Asian ethnic background, and generation status. Hence, the data were combined across these variables.

Simultaneous multiple regression analyses were conducted to examine the main effects of the two independent variables on each of the dependent variables. The independent variables were the scores on the AAMAS-CO and AAMAS-EA. The dependent variables were the scores on the GSES, CFS, CSES-Membership, CSES-Private, CSES-Public, CSES-Identity, and ATSPPH-SF. The means, standard deviations, and intercorrelations of all independent and dependent variables are shown in Table 1. Although there was a significant correlation between the two independent variables, the magnitude was small, suggesting that multicollinearity was not present. To guard against Type I error given that there were seven regression analyses, a Bonferroni correction was made to the overall alpha level of .05 and hence the alpha level for each analysis was reduced to .00714.

The results of the simultaneous multiple regression analysis for each of the seven dependent variables are presented in Table 2. The results indicated significant regression equations (i.e., p value less than .00714 for the overall F ratio) for five of the seven dependent variables: GSES ($R^2 = 0.10$), CFS ($R^2 = 0.19$), CSES-Membership ($R^2 = 0.23$), CSES-

Private ($R^2 = 0.15$), and CSES-Identity ($R^2 = 0.17$). To identify the location and direction of the effects on each of these dependent variables, the standardized beta coefficient for each independent variable was examined. The results indicated that none of the dependent variables had both the AAMAS-CO and AAMAS-EA scores as significant positive predictors. Hence, our hypotheses regarding the dependent variables were not supported. It was interesting however, the AAMAS-CO scores were a significant positive predictor of GSES ($\beta = 0.25$), CFS ($\beta = 0.40$), CSES-Membership ($\beta = 0.47$), CSES-Private ($\beta = 0.41$), and CSES-Identity ($\beta = 0.43$) scores. In addition, AAMAS-EA scores was a significant negative predictor of CSES-Identity ($\beta = -0.22$).

Discussion

The present study did not yield support for the hypothesized relations between both behavioral enculturation and acculturation and positive psychological functioning, although several significant positive associations were observed separately for the two adaptation variables. Therefore, the present findings did not provide support for Sue and Sue's (1971) and Berry and colleague's model (e.g., Berry et al., 1989) regarding enculturation and acculturation and their associations with psychological functioning as posited by LaFromboise et al. (1993). This was a puzzling result given the strength of theory regarding the benefits of biculturalism (LaFromboise et al., 1993). Although speculative at best, the nonsignificant results may be due to limited variability on behavioral acculturation among the study's sample. All of the participants were English-speaking high school students in Hawaii and given the unique nature of living in an island State that is far removed from the rest of the country, their adherence to the predominant U.S. cultural norms may have led to more homogeneity than heterogeneity. Of course, the present results may also be truly indicating that the biculturalism propositions may not be representative of adolescents living in Hawaii. Given these possibilities, more research is needed to see whether the present findings can be replicated.

The present results also yielded nonsignificant relations between behavioral enculturation and acculturation and help-seeking attitudes. We had hoped that the use of independent measures of behavioral enculturation and behavioral acculturation would yield more clarity on their possible relations to help-seeking attitudes; past studies have tended to use a unilinear measure with enculturation and acculturation positioned at opposite ends. While it is difficult to explain a nonsignificant finding, it could be speculated that there could be a lack of variability on the help-seeking variable perhaps because the participants were high school students, all of whom have ready access to clinical services at their schools. In addition, given that the participants were recruited with the help of their school counselors, the students may already have had somewhat of a uniformly positive view toward psychological service. However, all of this is speculative at best and more research is needed.

It is interesting that the post hoc examination of the results showed a positive relation between adherence to Asian behavioral norms (enculturation) and general self-efficacy and cognitive flexibility, accounting for 10% and 19% of the variance, respectively, while controlling for the influence of behavioral acculturation. These results suggest that adolescents who adhere strongly to their Asian behavioral norms may feel confident in their abilities to successfully initiate and carry out courses of action, have increased capacity to cope with novel situations, and have competence to effectively deal with the demands of new situations. A possible explanation for this finding is the fact that this sample was from Hawaii, where Asian Americans make up over 54% of the state's population (U.S. Census Bureau, 2010) and Asian cultural norms are widely practiced. Adolescents who adhere to

high levels of Asian behavioral norms would, in such an environment, be likely to feel confident in their abilities to act in pursuit of a goal and react effectively to novel situations.

Also, the post hoc examination of the results showed that behavioral enculturation is positively associated with the collective self-esteem within the dimensions of membership, private, and importance-to-identity. With the behavioral acculturation variable present, behavioral enculturation accounted for 23%, 15%, and 17% of the variance on the three dependent variables, respectively. This suggests that high engagement in Asian cultural behaviors is associated with increased positive feelings toward the Asian American group and sense that being a member of the Asian American group is an important aspect of one's self-concept. These results are consistent with that of Nguyen, Meese, and Stollak (1999), which found a significant association between involvement in the indigenous culture and positive family relationships among Vietnamese American youths. In addition, the results showed that adherence to European American values was a significant negative predictor of the importance-to-identity dimension of collective self-esteem. These results are consistent with the literature on racial and ethnic identity, which suggests that individuals' racial identity development may involve moving away from the dominant European American cultural norms. Hence, it could be that while Asian American adolescents learn more about the norms of their cultural heritage as they develop their racial identity, they may feel more positive about their ethnic background and begin to believe that their ethnicity is an important part of their identity.

Notwithstanding these findings, the current study is limited in ways that are typical of survey research. First, the participants were not randomly chosen, but were volunteers from high schools in Hawaii, and therefore may not be representative of all Asian American adolescents, particularly those living in the rest of the 49 States. One should also keep in mind that 36.6% ($n = 41$) of the participants were of multiethnic backgrounds. While this composition could be considered a strength of the study in that it included the increasing multiethnic population in the country, it is not clear to which multiethnic groups the results are generalizable. Another possible limitation is the fact that all of the inventories were administered in one sitting, which means that factors such as fatigue and repetition of the questions could have influenced the results. In terms of the measures' scores, some of the coefficient alphas were less than optimal for some of the measures' scores. The results are based on a correlational design and hence no causal relations can be inferred between the independent and dependent variables. Although some of dependent measures have been used in the past with Asian Americans, the validity of these instruments may be limited with this population. Furthermore, the sample size of the present study may not have allowed for detecting small effect sizes.

The findings of the present study have a number of implications for future research. First, the study should be replicated with a more heterogeneous adolescent sample in order to test the hypotheses that were not supported by the current findings as well as to enhance the generalizability of the results. These studies should include participants from Asian American ethnic groups not represented in the present study, such as Laotian, Thai, and Hmong. Second, future studies might further examine the relations between behavioral acculturation and enculturation and ethnic and racial identity. As noted above, there is a reason to believe that these two areas of constructs are interrelated and studies should be conducted to further examine the nature of their relations for Asian American adolescent. Third, the present results showed that respondents' engagement in the Asian and European American cultural behaviors accounted for between 2% and 23% of the variance on the eight criterion variables. Hence, between 77% and 98% of the variance remain unexplained. Future studies should attempt to identify other variables that may be related to these dependent variables.

The present findings also have implications for multicultural clinical practice. Based on the significant relations between behavioral enculturation and psychological functioning, clinicians may do well to explore the extent to which their clients are behaviorally enculturated. For example, given the positive relations between behavioral enculturation and general self-efficacy and cognitive flexibility, it may be important for clinicians to examine with their adolescent clients how the psychological goals and their action strategies make sense in light of the clients' cultural norms, as well as the extent to which these norms may affect their beliefs about their competence to follow through with such courses of action in the pursuit of these goals. Doing so may help the clinicians to better understand their clients' psychological functioning and devise ways by which the functioning may be improved.

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

Variable	M	SD	A	B	C	D	E	F	G	H
A. AAMAS-CO	3.84	0.96	—							
B. AAMAS-EA	4.44	0.94	0.32***	—						
C. GSES	4.93	0.61	0.29***	0.20*	—					
D. CFS	4.35	0.57	0.43***	0.22*	0.62***	—				
E. CSES-Membership	4.58	1.10	0.47***	0.20*	0.50***	0.47***	—			
F. CSES-Private	5.46	1.15	0.38***	0.07	0.56***	0.49***	0.53***	—		
G. CSES-Public	4.62	0.93	0.15	0.06	0.37***	0.43***	0.26**	0.37***	—	
H. CSES-Identity	4.28	1.20	0.35***	-0.07	0.27**	0.25**	0.41***	0.40***	0.03	—
J. ATSPPH-SF	2.53	0.39	-0.15	-0.10	-0.01	0.02	0.00	0.06	-0.09	0.07

Note. AAMAS-CO = Asian American Multidimensional Acculturation Scale—Culture of Origin; AAMAS-EA = Asian American Multidimensional Acculturation Scale—European Americans; GSES = General Self-Efficacy Subscale of the Self-Efficacy Scale; CFS = Cognitive Flexibility Scale; CSES-Membership = Collective Self-Esteem Scale—Membership Domain; CSES-Private = Collective Self-Esteem Scale—Private Domain; CSES-Public = Collective Self-Esteem Scale—Public Domain; CSES-Identity = Collective Self-Esteem Scale—Importance to Identity Domain; ATSPPH-SF = Attitudes Toward Seeking Professional Psychological Help—Short Form.

* $p < .05$.

** $p < .01$.

*** $p < .001$.

Table 2
Results of Simultaneous Multiple Regression Analyses on the Eight Dependent Variables

	β	t	p	R^2	F	p
<i>DV: GSES</i>				0.10	5.60	.005
AAMAS-CO	0.25	2.52	.013			
AAMAS-EA	0.12	1.23	.221			
<i>DV: CFS</i>				0.19	12.41	.000
AAMAS-CO	0.40	4.34	.000			
AAMAS-EA	0.08	0.86	.391			
<i>DV: CSES-Membership</i>				0.23	16.04	.000
AAMAS-CO	0.47	5.20	.000			
AAMAS-EA	0.03	0.37	.713			
<i>DV: CSES-Private</i>				0.15	9.52	.000
AAMAS-CO	0.41	4.29	.000			
AAMAS-EA	-0.07	-0.70	.488			
<i>DV: CSES-Public</i>				0.02	1.25	.291
AAMAS-CO	0.15	1.42	.158			
AAMAS-EA	0.02	0.18	.859			
<i>DV: CSES-Identity</i>				0.17	10.92	.000
AAMAS-CO	0.43	4.61	.000			
AAMAS-EA	-0.22	-2.29	.024			
<i>DV: ATSSPH-SF</i>				0.03	1.36	.261
AAMAS-CO	-0.13	-1.26	.211			
AAMAS-EA	-0.06	-0.59	.560			

Note. GSES = General Self-Efficacy Subscale of the Self-Efficacy Scale; AAMAS-CO = Asian American Multidimensional Acculturation Scale—Culture of Origin; AAMAS-EA = Asian American Multidimensional Acculturation Scale—European Americans; CFS = Cognitive Flexibility Scale; CSES-Membership = Collective Self-Esteem Scale—Membership Domain; CSES-Private = Collective Self-Esteem Scale—Private Domain; CSES-Public = Collective Self-Esteem Scale—Public Domain; CSES-Identity = Collective Self-Esteem Scale—Importance to Identity Domain; ATSSPH-SF = Attitudes Toward Seeking Professional Psychological Help—Short Form.