

## Examining Culturally Based Variables Associated With Ethnicity: Influences on Credibility Perceptions of Empirically Supported Interventions

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*Treatment rationales for 2 widely used and empirically supported interventions, cognitive therapy (CT) and time-limited dynamic psychotherapy (TLDP), were examined for their perceived credibility among 136 Asian American college students. This study conducted a comprehensive analysis of culturally based variables (often assumed to underlie ethnicity) and their related effects on credibility perceptions. Variables assessed included cultural identity, self-construals, values, and mental health beliefs. Participants were randomly assigned to read either a CT or TLDP treatment rationale for depression and then rated the credibility of the interventions. Results indicated that cultural identity and self-construals moderated credibility ratings across CT and TLDP rationales. Findings underscore the importance of moving beyond ethnic group analyses to the examination of specific culturally based variables.*

*• cognitive therapy • psychodynamic therapy • Asian Americans • credibility • empirically supported therapies • ethnicity*

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Establishing guidelines to determine the empirical support for a treatment's effectiveness has gained increasing momentum over the last decade (Chambless & Hollon, 1998; Task Force on Promotion and Dissemination of Psychological Procedures, 1995). However, underserved populations who historically have responded poorly to traditional psychological services are frequently overlooked. Though considerable empirical support has accumulated for various treatments, relatively few studies have involved ethnic minority populations (Sue, Zane, & Young, 1994). An important aspect to consider when establishing a treatment's effectiveness is the extent to which it is deemed credible. Treatment credibility refers to whether a client believes that the therapy will be effective in solving his or her problems (Kazdin & Wilcoxon, 1976). The sizing up of an intervention is known to occur early in counseling and has been significantly tied to counseling outcomes (Kazdin & Wilcoxon, 1976). Failure to establish credibility at the onset of therapy may result in premature termination, noncompliance with treatment procedures, and poor outcomes. Because perceived treatment credibility can greatly influence whether an individual seeks and continues counseling, how credible an intervention appears may be especially relevant for Asian Americans, given their significant patterns of underutilization and premature termination (Sue et al., 1994).

Inherent concepts of psychotherapy may conflict with cultural expectations held by Asian Americans (Leong, 1986). Support for the lack of fit between Western-oriented psychotherapeutic interventions and Asian clients have generally been demonstrated by their greater premature dropout rates, shorter treatment stays, and fewer positive outcomes than White clients (Sue et al., 1994). However, a chief limitation of these studies is the prevailing use of ethnic group comparisons to examine ethnicity effects in lieu of specific cultural variables. Thus, although it is clear that Asians and Whites respond differently to psychological services,

an understanding of the psychological processes underlying these ethnic group differences is occluded. As a result, when faced with ethnic group differences, researchers will commonly advance a number of specific cultural influences as possible explanations for these differences in the absence of empirical support. For example, Zane, Enomoto, and Chun (1994) found that Asian Americans in an outpatient clinic reported feeling more depressed, hostile, and dissatisfied with treatment than White Americans. Findings were attributed to possible ethnic differences in communication styles even though no actual test of this hypothesized cultural influence was conducted. Hence, when an intervention is shown to be ineffective or even effective with an ethnic group, the psychological components involved in these cultural differences can at best be tentatively postulated and at worst remain unknown.

The need to examine specific culturally based variables is becoming apparent given the limitations involved in using only ethnic designation to study ethnicity effects (Betancourt & Lopez, 1993). Specific culturally based variables often hypothesized to be involved in Asian Americans' poor response to traditional psychological services are numerous. They include the following: *ethnic identity*, or the degree to which individuals identify with their ethnic group; *White identity*, or the degree to which individuals identify with the majority culture; *values* such as filial piety and loss of face; *self-construals* representations of the self, which vary along the lines of independence and interdependence; and *mental health beliefs* about the role of the counselor and client.

The first point of contact between these culturally based orientations and inherent concepts within an intervention often occurs during the delivery of the treatment rationale. The treatment rationale usually contains an explanation of the conceptualization of the problem, type of help that will be rendered, and treatment goals. The degree of credibility ascribed to the treatment rationale has been significantly related to

treatment outcomes (Kirsch & Henry, 1977, 1979). Variations along the aforementioned culturally based variables may largely influence judgments of treatment credibility as a client becomes oriented to therapy through the rationales. Rarely, however, has a comprehensive examination of these specific sociocultural variables been conducted.

The present study conducted a comprehensive empirical test of specific culturally based variables that have been long assumed to be related to Asian Americans' poor response to psychological services. Whereas many previous studies may have examined effects associated with single aspects of ethnicity (e.g., collectivism), this study simultaneously assessed multiple domains of ethnicity. Specific culturally based constructs were tested for their moderating effects on levels of perceived credibility across cognitive therapy (CT) and time-limited dynamic psychotherapy (TLDP) treatment rationales. CT and TLDP were the two interventions of choice given the considerable empirical support and widespread use they have received. Although research suggests that both CT and TLDP are effective in dealing with depression, ethnic minority groups were not addressed in these studies (Dobson, 1989; Rush, Beck, Kovacs, & Hollon, 1977).

Using specific culturally based constructs may reveal important influences that may not be apparent when using only ethnic membership. For instance, in this study, simply examining whether Asian Americans perceived the two treatment rationales differently in terms of their credibility may not yield significant findings. However, a test of specific culturally based constructs associated with being Asian American may show significant differences in that certain constructs may moderate credibility perceptions. In other words, the degree of perceived credibility ascribed to the treatment rationales may differ according to the effects of culturally based factors like an individual's mental health beliefs. Given the lack of current research to guide specific predictions, this study was considered exploratory in that moderating influences of the cultur-

ally based variables (i.e., cultural identity, values, self-construals, and mental health beliefs) on perceived credibility were expected, but the specific nature of these influences was unclear.

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## **Method**

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### *Participants*

Participants were 136 (66 male and 70 female) Asian American students from a West Coast university with a mean age of 19.2 years ( $SD = 1.78$ ). Participants were of Chinese (34.6%), Filipino (12.5%), Japanese (12.5%), Korean (13.2%), Southeast Asian (8.8%), multiethnic Asian (3.7%), multiracial (10.3%), or other Asian (4.4%) descent. Most respondents were either first (46%) or second generation (42%).

### *Treatment Rationales*

Treatment rationales were developed, one depicting a counselor describing CT and the other TLDP for the treatment of depression. Scripts described the source of the depression, role of the counselor, and focus of the intervention. Eight advanced doctoral students in a counseling/clinical/school psychology program rated the degree to which the rationales represented various psychotherapies (e.g., CT, TLDP, gestalt, and existential). The CT script was rated as significantly more descriptive of CT than the TLDP,  $t(7) = 47.00, p < .001$ . Similarly, the TLDP script was rated as significantly more descriptive of TLDP than the CT,  $t(7) = 6.30, p < .001$ . These results provided strong evidence of construct validity for the scripts describing the CT and TLDP rationales.

### *Measures*

**DEMOGRAPHIC INFORMATION.** Participants were asked to provide the following demographic information: age, gender, ethnicity, years in the United States, generation, year in school, previous therapy experience, and socioeconomic status.

PREDICTOR VARIABLES. The following predictor variables were included in the study.

1. *Cultural identity.* The Cultural Identification Scale (CIS; Oetting & Beauvais, 1991) contains two subscales: the Anglo identification scale (CIS–Anglo) and the culture-of-origin identification scale (CIS–Origin). Oetting and Beauvais (1991) reported a low correlation between the two subscales, suggesting their orthogonality. Reported Cronbach alphas range from .88 to .87 for the CIS–Anglo and .80 to .89 for the CIS–Origin. This study yielded alphas of .75 (CIS–Anglo) and .79 (CIS–Origin).
2. *Value orientations.* The Asian Values Scale (AVS; Kim, Atkinson, & Yang, 1999) measured value orientations associated with East Asian societies, including family orientation, emotion expression, and communication style. The overall AVS had an internal consistency of .82 and a 2-week test–retest reliability of .83. This study yielded a coefficient alpha of .83, supporting the internal consistency of the AVS. The Loss of Face scale (LOF; Zane & Yeh, 1998) measured a specific value orientation often associated with Asian American mental health issues. Face represents the person’s moral reputation that is maintained by the performance of specific social roles and obligations. Prior studies indicate that it is a valid and reliable measure (Zane & Yeh, 1998), which was confirmed by the coefficient alpha of .86 found in this study.
3. *Culturally bound self-construals.* The Self-Construal Scale (SCS; Singelis, 1994) contains two subscales: the Independent scale (SCS–Independent) and the Interdependent scale (SCS–Interdependent). Previous studies have yielded coefficient alphas ranging from .69 to .70 for the SCS–Independent and from .73 to .74 for

the SCS–Interdependent. In this study, coefficient alphas of .70 for SCS–Independent and .67 for SCS–Interdependent were demonstrated.

4. *Mental health beliefs.* The Mental Health Locus of Control (MHLC; Hill & Bale, 1980) measured the degree to which therapeutic change is attributed to the responsibility of the client versus therapist. Hill and Bale (1980) reported a coefficient alpha of .84. This present study yielded a coefficient alpha of .77.

CONTROL VARIABLES. Length of residency in the United States and socioeconomic status have been implicated as important factors in treatment and were included as control variables. Because the degree of engagement with the treatment rationales may have affected credibility ratings, control variables were added to account for variations in understandability of the scripts, ability to place oneself in a similar situation, and levels of distress felt.

#### *Treatment Credibility*

Treatment credibility was assessed using a five-item version of Borkovec and Nau’s (1972) credibility measure with a 5-point rating scale. An index of reliability was not reported in Borkovec and Nau (1972). However, the present study yielded a coefficient alpha of .74.

#### *Procedure*

Participants were asked to complete the demographic questionnaire along with the following measures: CIS, AVS, LOF, SCS, and MHLC. Participants were then randomly assigned to receive either the CT or TLDP script. After reading the rationale, participants completed the treatment credibility scale and the control variable items.

### **Results**

To test whether the culturally based variables (often associated with ethnicity) inter-

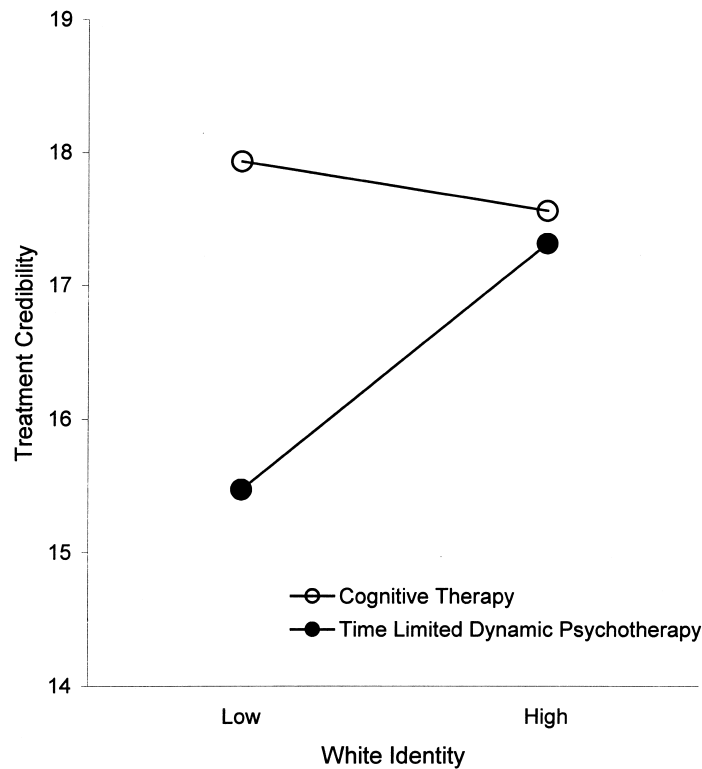
acted with intervention approach in affecting perceived treatment credibility ratings, we used a hierarchical regression analysis. Main effects for culturally based variables, intervention approach, and control variables were entered into the first step of the regression. Next, to test for moderating effects, we entered interactions between the culturally based variables and intervention approach. A significant main effect for mental health beliefs in the client's responsibility for change was found on perceived credibility ( $\beta = 0.44, p < .001$ ). Beliefs in the client as responsible for directing the course of counseling were related to greater ratings of perceived credibility.

Two significant interactions were found between the culturally based variables and intervention approach. First, there was a significant interaction for White identity and intervention approach ( $\beta = 0.29; p < .001$ ; see Figure 1). Simple main effects analyses

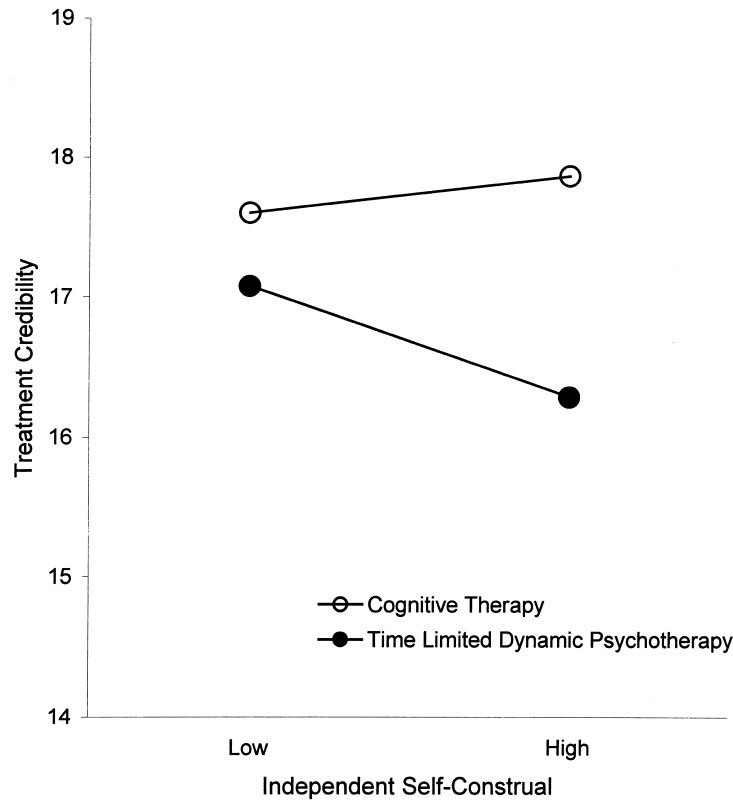
indicated that participants with low levels of White identity rated CT as significantly more credible than TLDP,  $t(53) = 4.30, p < .001$ . Participants with high White identity, however, did not rate the two treatment rationales differently. A second significant interaction occurred between independent self-construals and intervention approach (see Figure 2). Individuals with high independent self-construals found CT to be significantly more credible than TLDP,  $t(68) = 2.67, p < .05$ . However, less-independent individuals did not find one intervention approach to be more credible than the other.

### Discussion

Examinations beyond a group-level response to the two treatment rationales revealed relationships between specific cultural variables (associated with ethnicity)



**Figure 1.** Treatment credibility as a function of White identity and intervention approach.



**Figure 2.** Treatment credibility as a function of independent self-construal and intervention approach.

and perceived credibility. Specifically, cultural identity and self-construals moderated the extent to which the rationales of two empirically supported treatments were perceived as credible. This is consistent with previous research that has implicated an association between cultural identity and ethnic minority responses to counseling (Phinney 1990; Uba, 1994). In this study, White identity moderated perceived credibility across CT and TLDP rationales. Respondents with low White identity found CT to be significantly more credible than TLDP. It is possible that individuals with low White identity may have a greater propensity toward secondary control, a coping style that is strongly emphasized within Eastern cultures, which may explain their greater ratings of credibility for CT. Secondary control involves modifying internal responses to external realities as a way of adapting to and gaining control in life (e.g., acceptance;

Weisz, Rothbaum, & Blackburn, 1984). Thus, CT's focus on changing maladaptive cognitions (internal processes) may be more congruent with secondary control orientations, which may be more prevalent with low White identity individuals. Conversely, primary control, which is emphasized in Western cultures, refers to directly changing and shaping existing circumstances to suit a person's wants as a way of navigating through life. Accordingly, TLDP, which aims to modify external realities such as current relationships may appear less acceptable to low White identity participants, who may be less oriented to primary control adaptations.

Individuals with strong independent self-construals may find a more appropriate fit between their own cognitive styles and the approach used in CT. Though CT and TLDP both focus to some degree on aspects of the individual as well as interpersonal relationships, CT pays primary attention to in-



dividual processes such as negative self-cognitions. Highly independent individuals may find CT's focus on individual change a more credible approach to one's difficulties.

It may seem contradictory that both high independent self-construals and low White identity were related to greater credibility ratings for CT. Independent self-construal is typically associated with Western-oriented cultures, whereas low White identity is characteristically associated with Eastern-oriented cultures (Triandis, 1995). Thus, confusion may arise as to how an attribute characteristic of a Western-value orientation (i.e., independent self-construals) and an attribute characteristic of an Eastern-value orientation (i.e., low White cultural identification) can be associated with the same phenomenon (i.e., greater credibility ratings for CT). Although a direct correspondence between different facets of ethnicity is commonly assumed, this implied interrelationship was not supported in this study or in other studies (Huang, Kim, Zane, Kim, & Wong, 2000; Kim et al., 1999; Singelis, 1994). In a factor-analytic study examining the interrelationships among culturally based variables, Huang et al. (2000) found that cultural identity and self-construals loaded on different factors. More importantly, the two factors were only minimally related ( $r = .22$ ). Stated simply, changes in one domain of ethnicity (e.g., cultural identity) do not necessarily imply corresponding changes in other domains of ethnicity (e.g., self-construals). Findings highlight the complexity and importance of examining specific psychological processes associated with ethnicity rather than focusing on gross ethnic group variations.

Some common limitations associated with the analogue nature of the study may apply. Mean ratings on a series of control questions suggest that participants were only moderately involved in the treatment rationales, possibly limiting its ability to simulate a more realistic therapeutic experience. Because university students and not actual clients were used, results are restricted in its generalizability to clinical populations and

situations. A further limitation is the possibility of a restricted range of responses along the culturally based dimensions examined in the study given that the majority of participants were either first- or second-generation Asian Americans. Previous research has shown that changes in psychological domains such as cultural values and cultural identity may not occur until the fourth generation (Kim et al., 1999). Thus, the restricted range in generation, age, and stage of life may have limited the range of responses on the culturally based variables. A final limitation is that perceived credibility of treatment rationales may not address how a client will eventually respond to an intervention. Nonetheless, the vital role that initial perceptions of credibility play in treatment compliance and retention, particularly with Asian Americans, indicates the continued importance of examining credibility effects. Establishing the credibility of interventions is necessary but not sufficient in guaranteeing the efficacy of intervention programs.

Previous studies have often relied on client-therapist ethnic matches to provide culturally sensitive interventions (Sue et al., 1994). There is an implicit assumption that a match will occur on numerous underlying aspects of ethnicity (e.g., values, cultural identity, mental health beliefs) between therapist and client. Such an assumption, however, is unwarranted given the study's findings. Given the great heterogeneity associated with ethnic membership, myriad possibilities exist in what any one client or therapist from a particular ethnic group may present with in terms of underlying psychological components of ethnicity. Although client-therapist ethnic matches have yielded important benefits, identifying the specific culturally based variables that are involved is ultimately more informative. Similarly, it is not enough simply to know whether an empirically supported treatment is ineffective or effective with a particular ethnic group, but a direct assessment of the specific psychological processes that are linked to treatment outcomes should be conducted.

Another frequent assumption is that psychological constructs commonly associated with ethnicity are highly related—an assumption that was not supported by the present results. This assumption likewise is based on a crude analysis of ethnicity. The makeup of one's ethnicity can be especially complex for ethnic minority immigrants, who must undergo a process of maintaining or deemphasizing aspects of their ethnic heritage while adopting or not accepting aspects of the new host culture. Thus, increasing endeavors to uncover which specific aspects of ethnicity may be associated with treatment process and outcome appear to be a useful approach. For instance, Markus and Kitayama (1991) identified several areas of functioning such as cognition, emotion, and motivation that can be influenced by an individual's self-construals. Cultures marked by an emphasis on interdependent self-construals have demonstrated more detailed cognitions in relation to others, less attention to inner feelings, and motivations driven by desires to achieve for the group more than the self. Future research needs to build on variables that are linked to important factors that may mediate the relationship between cultural variations and interventions.

Findings also advise the need for counselors to be proficient in a variety of intervention programs. In this study, two culturally based variables associated with ethnicity—White identity and independent self-construals—moderated the influences of two empirically supported treatment rationales on levels of perceived credibility. This supports the importance of more refined cultural matches in providing intervention programs. Although previous studies have demonstrated the positive benefits of ethnic counselor–client matches and ethnic-specific services (Sue et al., 1994), discovering other types of matches besides ethnic matches may be more useful. Atkinson, Poston, Furlong, and Mercado (1989) showed that counselor–client matches on attitudes and personality were more important than on ethnic membership. Thus, cul-

turally based information that goes beyond simple ethnic designation can be important in identifying more culturally appropriate interventions. Given the rapidly increasing number of ethnic minorities in the United States, matching a counselor in either ethnic designation or ethnic composition to every ethnic minority who seeks psychological help may be a difficult task. After all, a counselor's ethnic membership and ethnic makeup are immutable. However, identifying a cultural fit between the psychological constructs underlying a client's ethnicity and a particular intervention demands only that counselors are proficient in relevant intervention programs—a match made available to all counselors.

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