**Maladaptive Perfectionism, Disguised Distress, and Help Seeking
in the Culture of “Saving Face”:
Links to Anxiety and Depressive Symptoms among Asian Youth**

A Division III Project by

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Abstract

Research has found disguised distress to mediate the relationship between maladaptive perfectionism and psychopathology. While disguised distress shares features with the tendency to protect one's self-image, also known as “saving face” in Asian cultures, no study has explored these constructs in relation to each other. The present mixed methods study examines the roles that “saving face” culture and associated self-concealment, perfectionistic self presentation, and help-seeking attitudes have in the relationship between maladaptive perfectionism and anxiety and depression among Asian youth. Two hundred and eleven Asian international students attending college in the US were administered the Frost Multidimensional Perfectionism Scale, Self-Concealment Scale, Perfectionistic Self-Presentation Scale, Consciousness of Social Face Scale, Depression Anxiety Stress Scale, and Attitudes Towards Seeking Professional Psychological Help Scale. Semi-structured interviews examining childhood and adolescent experiences growing up in Asia were conducted with a subset of ten students. Correlation, mediation, and moderation analyses were conducted, interviews were coded, and findings were merged. Desire to gain face, fear of losing face, self-concealment, and a preference to cope on one's own were significant mediators and the first three variables were significant moderators in the link between perfectionism and distress. There were strong correlations between these constructs. Interview themes revealed an overarching concern over meeting expectations and saving face, and multi-faceted ways in which the need to be perfect manifested. The community as a complex support system and a growth-oriented mindset emerged as likely protective factors. Implications for mental health in Asia and the role of culture in psychological research are discussed.

Keywords: perfectionism, anxiety, depression, saving face, self-concealment, perfectionistic self-presentation, help seeking, Asia

Figure 1. Standing Tall.

Looking ahead from a distance, there were a cluster of trees in front of me. They looked graceful and strong. I started walking through them with my mouth open in quiet admiration. “These trees are infected and dying,” my friend said. “But they are still standing tall,” I said as they swayed with the wind. “For now,” my friend walked on. If you look closely, you can see the branches and leaves dying, he said. I looked up and squinted a little, trying to look for signs. Somehow, I found that hard to believe. If they were truly going through all of that on the inside, it must take a certain kind of strength to still stand so majestically under the sun and in the wind, I thought. I would have never guessed that they were suffering. Do they need help? They looked strong and tall, especially amongst all the other trees. Like they have stood tall for many years.

- April 2017, Amherst, MA

*For all the trees standing tall
For all the strength in us
and strength we may not know we have
in the presence of others.*

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TABLE OF CONTENTS

LIST OF TABLES	7
LIST OF FIGURES	8
LIST OF ABBREVIATIONS	9
CHAPTER 1 INTRODUCTION	10
CHAPTER 2 LITERATURE REVIEW	13
Conceptualising Perfectionism	13
Perfectionism and Culture	18
Disguised Distress in Youth	23
How does Disguised Distress relate to the Concept of “Face” in Asian Cultures?	27
CHAPTER 3 METHOD	31
Participants	31
Study Design	33
Procedure	33
Quantitative Measures	34
Qualitative Interviews	38
Data Analysis	38
CHAPTER 4 RESULTS	41
Quantitative Analysis	41
Themes from Semi-Structured Interviews	57
Overall Summary of Quantitative and Qualitative Results	72
CHAPTER 5 DISCUSSION	74
The Culture of “Saving Face”	75
The Complexity of Culture	84
CHAPTER 6 CONCLUSION	87
REFERENCES	89
APPENDIX A Informed Consent Form	99
APPENDIX B Semi-structured Interview Questions	101

LIST OF TABLES

Table

1. <i>Demographics of Participant Sample (n = 211)</i>	32
2. <i>Bivariate Correlations for Major Variables (n = 211)</i>	44
3. <i>Indirect Effects of Evaluative Concerns on Anxiety and Depression, Mediated by Desire to Gain Face, Fear of Losing Face, Self-Concealment, and Preference to Cope on One's Own</i>	47
4. <i>Predicting Anxiety and Depression with Evaluative Concerns, Moderated by Fear of Losing Face, Desire to Gain Face, Self-Concealment, and Preference to Cope on One's Own</i>	52

LIST OF FIGURES

<i>Figure 1. Standing Tall.</i>	3
<i>Figure 2. Perfectionism subscales as related to the bi-dimensional model.</i>	16
<i>Figure 4. Mediating effect of desire to gain face on relationship between evaluative concerns and anxiety and depression.</i>	46
<i>Figure 5. Mediating effect of fear of losing face on relationship between evaluative concerns and anxiety and depression.</i>	48
<i>Figure 6. Mediating effect of self-concealment on relationship between evaluative concerns and anxiety and depression.</i>	48
<i>Figure 7. Mediating effect of preference to cope on one's own on relationship between evaluative concerns and anxiety and depression.</i>	49
<i>Figure 8. Multiple mediating effect of tendencies to save face, self-concealment, and preference to cope on one's own on relationship between evaluative concerns and anxiety.</i>	50
<i>Figure 9. Multiple mediating effect of tendencies to save face, self-concealment, and preference to cope on one's own on relationship between evaluative concerns and depression.</i>	50
<i>Figure 10. Examining the moderating effect of desire to gain face on the relationship between evaluative concerns and anxiety.</i>	53
<i>Figure 11. Examining the moderating effect of desire to gain face on the relationship between evaluative concerns and depression.</i>	53
<i>Figure 12. Examining the moderating effect of self-concealment on the relationship between evaluative concerns and anxiety.</i>	54
<i>Figure 13. Examining the moderating effect of self-concealment on the relationship between evaluative concerns and depression.</i>	54
<i>Figure 14. Examining the moderating effect of fear of losing face on the relationship between evaluative concerns and depression.</i>	55

LIST OF ABBREVIATIONS

AS	Achievement Striving
ATSPPH-SF	Attitudes Towards Seeking Professional Psychological Help Scale-Short Form
CAPS	Child and Adolescent Perfectionism Scale
CI	Confidence Interval
CM	Concern over Mistakes
CSF	Consciousness of Social Face Scale
DA	Doubts about Actions
DASS-21	Depression Anxiety Stress Scale
DGF	Desire to Gain Face
EC	Evaluative Concerns
FLF	Fear of Losing Face
FMPS	Frost Multidimensional Perfectionism Scale
HMPS	Hewitt Multidimensional Perfectionism Scale
NDC	Nondisclosure of Imperfection
NDP	Nondisplay of Imperfection
PC	Parental Criticism
PCO	Preference to Cope on One's Own
PE	Parental Expectation
PSP	Perfectionistic Self-Promotion
PSPS	Perfectionistic Self Presentation Scale
SC	Self-Concealment
SCS	Self-Concealment Scale
SE	Standard Error

CHAPTER 1

INTRODUCTION

There is a need to understand the dynamics of perfectionism in non-Western populations (Affrunti & Woodruff-Borden, 2014), particularly in cultures that lack awareness, recognition, value of, and access to mental health support (Samy, Khalil & Low, 2015). While perfectionism may lie on a continuum from adaptive to maladaptive, there is a greater focus by researchers on the maladaptive process of perfectionism, defined as setting high standards of performance with tendencies for overly critical evaluations of one's own behaviour (Frost, Marten, Laharte, & Rosenblate, 1990). Maladaptive components of perfectionism such as a strong concern over mistakes, doubts about actions, and perception of high parental expectation and criticism have been correlated with symptoms of psychopathology (Frost, Heimberg, Holt, Mattia, & Neubauer, 1993; Affrunti & Woodruff-Borden, 2014), but findings have been mostly based on research conducted in adult and Caucasian populations. A growing number of studies have revealed perfectionistic tendencies (Peng & Wright, 1994) and associations with depression and suicidality (Beevers & Miller, 2004; Castro & Rice, 2003) at an elevated rate among Asian American college students.

While perfectionism has been construed as an individual personality trait that predicts behaviour and adjustment (Enns, Cox, & Clara, 2002; Yoon & Lau, 2008), it may also represent a shared sociocultural construction of how we see ourselves and the world. This is because relationships and role expectation concerns may vary across the cultures in which we grow up (Yoon & Lau, 2008). Recently, there has been a push towards examining cultural variables that may clarify the link for Asian youth between perfectionism and distress. Researchers examined a dimension of collectivism known as interdependence, which means defining one's sense of self

based on interpersonal relationships and obligations (Yoon & Lau, 2008; DiBartolo & Rendon, 2011). Findings revealed interdependence to be a cultural vulnerability factor to maladaptive perfectionism by increasing fears of failure in meeting expectations of others, pressuring individuals to strive to protect their self-image (Yoon & Lau, 2008). This phenomenon is also known as “saving face” (Yu & Wen, 2003), in which behaviours and actions tend to be driven by the desire to gain face and the fear of losing face (Zhang, Cao, & Grigoriou, 2011).

The overarching goal of this project is to explore a more critical and in-depth understanding of the role that cultural factors may play in the relationship between maladaptive perfectionism and anxiety and depression among Asian youth. In this paper, I am particularly interested in individuals who have grown up in Asian cultures for which interdependence and collectivism (Ho, 1976) have been found to be more salient. Within this context, I want to examine one’s tendency to “save face.” I argue that “saving face” seems to relate closely with the act of concealing one’s flaws and presenting as perfect—both constructs that have been used to describe “disguised distress” (Flett & Hewitt, 2013). Previous research found self-concealment (DiBartolo, Li, & Frost, 2008) and perfectionistic self-presentation (Hewitt, Flett, Sherry, Habke, Parkin, Lam, McMurtry, Ediger, Fairle, & Stein, 2003) to be potential mediators in the link between perfectionism and psychopathology. This means that they may clarify the mechanism or process that underlies how maladaptive perfectionism can lead to anxiety and depression (Burgess & DiBartolo, 2016). However, no study has explored these constructs in relation to cultural factors.

This study hopes to address the gap in research on culture and perfectionism by examining “saving face” and disguised distress in relation to each other. Prior research have found disguised distress (self-concealment) to mediate the relationship between perfectionism

and psychopathology (Dibartolo, Li, & Frost, 2008). Given that “saving face” and disguised distress share many characteristics, I propose that this tendency to “save face” may be a cultural vulnerability factor to maladaptive perfectionism and associated anxiety and depressive symptoms among Asian international students, as Yoon and Lau (2008) have found in the results of their study on Asian American college students. With this tendency to save face, individuals are also less likely to seek help because it would be viewed as a sign of failure or imperfection, further reinforcing the risk of developing anxiety and depression. I explore these ideas by first discussing the concept of perfectionism. Then, I discuss the relationship between perfectionism and culture by looking at the multiplicity of culture, the nuances that exist within Asian cultures, and perfectionism in Asia, with its focus on collectivism and interdependence. Lastly, I examine disguised distress in youth, and how it may relate to the concept of “face” in Asia, with regards to the significance of this study.

CHAPTER 2

LITERATURE REVIEW

Conceptualising Perfectionism

What does it mean to strive to be perfect? Can this tendency be adaptive as well as maladaptive? The idea of perfection is rooted in the setting of high expectations and the ardent need to meet those expectations at all costs (Frost et al., 1993), whether that be within one's self, from other people, or towards others (Hewitt, Flett, Turnbull-Donovan, & Mikail, 1991). Perfectionism carries the notion that mistakes, flaws, and failures are unacceptable. This suggests associations with a fixed mindset or a narrow way of viewing the self and other people.

However, there is ongoing debate on whether the act of setting high personal standards, such as among world class athletes, can be adaptive (Benson, 2003). Researcher Kenneth Rice and Preusser (2002) have studied this by dividing perfectionists into adaptive and maladaptive, which is characterised by sensitivity to mistakes, contingent self-esteem, compulsiveness, and a need for admiration. They found that both types of perfectionists share high standards but that failing to meet that standard is more stressful for “maladaptive perfectionists” than “adaptive perfectionists” (Rice & Preusser, 2002). On the other hand, some researchers are more critical towards this oversimplification. In an article on the many faces of perfectionism, Benson (2003) discusses how Hewitt cautions the conflation of the desire to excel and the desire to be perfect. For example, one of Hewitt's patients was a university student determined to get an A+ in a course. The student worked hard and aced the class but became more depressed and suicidal than before. The student reasoned that the A+ just showed how much of a failure he was because if he was perfect, he wouldn't have had to work so hard for it. Benson (2003) also discusses psychologist Randy Frost's remarks on how discussion of adaptiveness often ignore the role of context in determining whether

an attitude or behaviour is adaptive—high standards may be adaptive for some people and not others, or in one situation but not others.

These nuances are important to keep in mind even with the emerging consensus among psychologists to conceptualise perfectionism using a bi-dimensional model comprised of two higher order factors (Frost et al., 1990; Frost et al., 1993; DiBartolo & Rendon, 2012). The first factor, Achievement Striving, represents the setting of high standards for oneself, which has also been researched as adaptive perfectionism (Rice & Preusser, 2002), personal standards perfectionism (Dunkley, Zuroff, & Blankstein, 2003), conscientious perfectionism (Hill, Huelsman, Furr, Kibler, Vicente, & Kennedy, 2004), normal perfectionism (Pearson & Gleaves, 2006), and positive perfectionism (Terry-Short, Owens, Slade, & Dewey, 1995). Researchers have found positive perfectionism to have little clinical association with psychopathology (Burns, 1980; Affrunti-Woodruff-Borden, 2014). The second factor, Evaluative Concerns, centers on self-criticism related to failure or falling short of one’s own or others’ expectations, also referred to as maladaptive perfectionism (Rice & Preusser, 2002), self-critical perfectionism (Dunkley et al., 2003), self-evaluative perfectionism (Hill et al., 2004), neurotic perfectionism (Pearson & Gleaves, 2006), and negative perfectionism (Terry-Short et al., 1995).

There are two scales that have been widely used in perfectionism research. The first is the Multidimensional Perfectionism Scale developed by Frost and colleagues (FMPS; Frost et al., 1990), which is the scale utilised in the present study. This scale operationalises perfectionism to include a propensity to equate all mistakes to failure (Concern over Mistakes), doubt in performing a task (Doubts about Action), set high self-standards (Personal Standards), perceive one’s parents as imposing high standards (Parental Expectation) and as overly critical (Parental Criticism), and place importance on organisation and order (Organisation). However,

organisation was found to be less significant with regards to psychopathology (Frost et al., 1990) and has not been included in recent perfectionism research.

The second scale of the same name, Multidimensional Perfectionism Scale, was conceptualised by Hewitt and Flett (HMPS; 1993). This scale looks at three dimensions of perfectionism: self-oriented, socially-prescribed, and other-oriented. Self-oriented perfectionism is the setting of high standards and an excessive motivation to attain perfection on the self. Socially-prescribed perfectionism is the belief that others are imposing perfectionistic standards and expectations on the self, while other-oriented perfectionism encompasses imposing these standards on other people. Flett and colleagues (1997) used the HMPS to further develop a scale that was suitable for use in children, resulting in the Child and Adolescent Perfectionism Scale (CAPS; Flett, Hewitt, Boucher, Davidson, & Munro, 1997; McCreary, Joiner, Schmidt, & Ialongo, 2004; O'Connor, Dixon, & Rasmussen, 2009).

Figure 2. Perfectionism subscales as related to the bi-dimensional model. This figure illustrates where the FMPS, HMPS, and CAPS measure subscales fall within the bi-dimensional model.

*An increasing number of studies have found Parental Expectation and Parental Criticism to factor separately into a third dimension.

Figure 2 is a representation of the extant research surrounding which perfectionism dimensions have been associated with concern over failures and maladaptive evaluative concerns or positive achievement striving. With regards to the FMPS, the bulk of research in the past 25 years continue to provide insight on the measure’s structure and functioning (Burgess, Frost, & DiBartolo, 2016). While FMPS almost always contains dimensions of Evaluative Concerns and Achievement Striving, several studies have revealed the parental subscales to factor separately into a third dimension (Purdon, Antony, & Swinson, 1999; Stumpf & Parker, 2000; Khawaja & Amrstrong, 2005; Hawkins, Watts, & Sinclair, 2006), explaining the inconsistency of the factor placement of the Parental Expectation and Parental Criticism subscales in relation to Concern over Mistakes, Doubts about Action, and Personal Standards (Burgess, Frost, & DiBartolo, 2016). Burgess and colleagues (2016) argue that the parental subscales may contribute to the

development of perfectionism rather than the nature or central components of perfectionism, leading researchers to focus more on Concern over Mistakes and Doubts about Action as part of the Evaluative Concerns dimension. Considering how most prior research have examined the maladaptive components of the FMPS, this study utilised Evaluative Concerns to represent an individual’s concern over mistakes and doubts over actions. This dimension has received greater attention from researchers because of its links to psychopathological symptoms such as anxiety and depression (Affrunti & Woodruff-Borden, 2014). However, the way in which perfectionism has been studied by researchers so far has been largely biased towards quantitative measures and has neglected qualitative assessment methods. It is crucial to recognise the potential nuances within perfectionism that have yet to be examined, especially with respect to one’s context, environment, or culture.

There has been extensive research on adult perfectionism that reveals links between maladaptive perfectionism and psychopathology. Findings have included associations with anxiety (Antony, Purdon, Huta, & Swinson, 1998; Hewitt, Caelin, Flett, Sherry, Flynn, & Collins, 2001) and depression (Hewitt & Flett, 1993; Hewitt et al., 2001) in adult populations. The development of the Child and Adolescent Perfectionism Scale (CAPS) has allowed for more research on childhood perfectionism that has revealed similar findings with adult populations, indicating links to anxiety (O’Connor, Rasmussen, & Hawton, 2010; Cerkez & Efendic-Spahic, 2016; Morris & Lomax, 2014; Affrunti & Woodruff-Borden, 2014) and depression (Asseraff & Vaillancourt, 2015; Morris & Lomax, 2014; Affrunti & Woodruff-Borden, 2014). While the focus of this study is on childhood and adolescent experiences, the FMPS was administered instead of the CAPS as participants, aged 18 to 25 years old, were asked to answer based on reflections on their past experiences. Given that comprehension of the items asked on the FMPS

wouldn't have posed a problem to the college-aged participant population, there did not seem to be a problem administering the FMPS or a need to use the CAPS.

The objective of this study is to acknowledge, think critically, and challenge how researchers can understand the many facets of perfectionism with respect to context. In order to move perfectionism research forward in light of stronger validity of the individual and social levels of culture, the present study used both quantitative and qualitative assessment methods. Quantitative findings were integrated with the qualitative reflections of participants on their past childhood and adolescent experiences growing up in Asia.

Perfectionism and Culture

At present, researchers are increasingly recognising the importance of understanding perfectionism across ethnicities and cultures. In a cross-cultural examination of perfectionism and mental health in Asian American and African American samples, DiBartolo and Rendon (2012) acknowledged how studying these intersections may provide insight on observed ethnic differences in mental health outcomes. They highlighted the tremendous heterogeneity that exists across individuals, both in nationality as well as in experiential and social factors such as acculturation, socioeconomic status, and English language frequency. Nonetheless, research on culture and ethnicity often makes the mistake of assuming that ethnic group differences are caused by cultural factors without actually measuring the multiple ways in which the nature and effect of culture can operate (Sue, Chun, & Gee, 1995; Clark, 1998; DiBartolo & Rendon, 2012).

The Multiplicity of Culture. It is important to note that culture can operate at the individual and the social level, with the two being inevitably linked to each other. Social-level culture is defined as a dynamic system composed of organised and causally connected practices, meanings, behaviours, and mental processes constantly renegotiated by the community and its members (Rogoff, 2003; Causadias, 2013). Examples of social-level culture include race,

language, and religion. Individual-level culture functions within the cognitive, behavioural, social, emotional, and biological realm. Over time, cultural processes at the social and personal level can interact and influence the emergence of adaptive and maladaptive behaviours (Causadias, 2013). For example, cultural socialisation can influence the prevalence of specific behavioural patterns that, with repetition, trigger neural changes in the brain, which then raise the tendency of behaving in a culturally scripted manner (Kitayama & Uskul, 2011; Causadias, 2013).

Regardless of arguable distinctions across ethnicity, race, and culture (Quintana, Aboud, Chao, Contreras-Gray, Cross & Hudley, 2006; Causadias, 2013), they shape identity, inform intergroup relationships, and influence community participation—all critical parts of both individual and social levels of cultural functioning (Causadias, 2013). All of this suggests a premise that goes beyond the demarcation of different cultures as inherently associated with different psychopathology. Rather, different kinds of stressors and stimuli can be more prevalent in certain cultures and the ways of dealing with external stressors are varied across cultures. In the present study, I argue that the saving face tendencies socialised in Asian cultures (social-level culture) may interact with and influence the thinking and behavioural patterns of individuals (individual-level culture) in the development of maladaptive trajectories of perfectionism, anxiety, and depressive symptoms.

Differences within Asian Cultures. In light of the multi-faceted nature of culture, it is important to recognise that Asia is home to a wide range of cultures and communities, even between families, that are unique and distinct from one another. This paper will not be able to fully represent the richness and complexity of all the cultures across Asia. Rather, the objective of this paper is to begin considerations of mental health in Asia and lay the groundwork in hopes

that further studies continue to examine perfectionism, disguised distress, and psychopathology in specific cultures within Asia.

It is also important to acknowledge that the bulk of psychological research on Asian cultures focuses on the growing Asian American population. While this has greatly contributed to considering cultural factors within Asian populations, it is crucial to recognise the different experiences ranging from first generation Asian immigrants to America, second and third generation Asian immigrants who were born and raised in America, individuals who were born and raised in countries within Asia, and Asian international students who share this experience but have spent several years within an American university setting. The nuances in these experiences may shape the different adaptive and maladaptive trajectories that these individuals take. The focus of this study will be on the childhood and adolescent experiences of college students in the US who grew up in countries in Asia. Due to feasibility and logistical constraints, this study utilises the reflections of Asian international students currently studying in the US on their childhood and adolescent experiences growing up in Asia.

Perfectionism in Asia. In the case of mental health in Asia, Chanpattana (2010) brings attention to Asia’s mental health crisis in the 21st century. Even within the small field of research on mental health in Asia, the World Health Organisation (WHO) in 2015 reported depression, anxiety, and suicidal behaviour as three of the top five mental health problems facing the Asia Pacific (Samy, Khalaf, & Low, 2015). The Global Burden of Disease study estimated that by 2020, depression will be the leading cause of disability in Asia, measured by the number of years a person lives with a debilitating health condition (Chanpattana, 2010). This may be due to limited availability, funding, and access to mental health support. Negative attitudes and continuing stigma towards mentally ill individuals also add to this problem. 95% of those with

depression have remained untreated in China (Pearson, 1995; Chanpattana, 2010), Japan has the highest number of hospitalised patients with mental illness in the world, and India possesses some of the highest suicide rates in the world (WHO, 2005; Chanpattana, 2010). It is rather ironic that as the Asian region is getting wealthier, its mental health crisis is also escalating. China’s growing mental health patients have been found to be suffering in silence, particularly linked to the upswing of fast-paced societies as well as depression and anxiety disorders (Chanpattana, 2010).

While an increased risk of perfectionism among Asians (Essau, Leung, Conradt, Cheng, & Wong, 2008; Chang, Chang, & Sanna, 2012) and Asian Americans (Beevers & Millers, 2004; Castro & Rice, 2003) has been reported, cultural factors that may contribute to these cultural differences need to be further clarified (Yoon & Lau, 2008). Yoon and Lau (2008) suggested two competing models that may better explain the role of culture in the relationship between perfectionism and psychopathology. The *cultural congruence* model posits that though perfectionism may cause emotional distress in one culture, it may represent adaptations consistent with prevailing cultural norms in a different cultural context, causing little increased risk to psychopathology. This suggests that individuals who are more interdependent may endure few problems association with perfectionism because it is an adaptation consistent with existing cultural norms and expectations, carrying little heightened risk of psychopathology. In contrast, the *cultural sensitisation* model suggests that a given cultural orientation can serve to heighten the risk of a vulnerability factor leading to psychological distress. Yoon and Lau’s (2008) findings supported the second model, as will be discussed in the next section. They reasoned that a focus on interpersonal responsibility may cause interdependent individuals to be motivated by fear of disappointing others. Cultural values placed on a sense of filial obligation in Asian

American families increased the risk for maladaptive perfectionism and was associated with negative academic and mental health outcomes.

Collectivism and Interdependence in Asian Cultures. In examining cultural mechanisms that may clarify the link between perfectionism and psychopathology in Asian cultures, researchers have looked at collectivism, which is characterised by mutual obligations and expectations oriented towards an in-group (Oyserman, Coon, & Kemmelmeier, 2002). In reviewing the individual-collectivism scales, the collectivism domains included relatedness, belonging, duty, harmony, advice, context, hierarchy, and group (Oyserman et al., 2002). Sawang, Oei, and Goh (2006) found that Asians tended to have higher levels of collectivistic values that prioritise group goals more than individual goals. In McCrae, Yik, Trapnell, Bond, and Paulhus' (1998) study, Chinese immigrants scored relatively higher on agreeableness than Canadians, suggesting that the Chinese in their study had the tendency to be more cooperative and concerned for others rather than themselves. Nonetheless, we should be cautious in assuming that any observed ethnic difference is necessarily driven by the individualism-collectivism dichotomy and not be too quick to associate collectivism as the typical orientation for a cultural group (Oyserman et al., 2002). Oyserman et al.'s (2002) meta-analysis actually found Caucasian Americans to be more collectivistic than African Americans but less than Latin and Asian Americans.

In exploring the intersections of culture and psychology, it is important to remember the nuances that exist within cultures and all societies. While most members of a collectivistic culture tend to be collectivistic, there is always a minority of people who possess a self-directed orientation (Gouveia, Clemente, & Espinosa, 2003; DiBartolo & Rendon, 2012). Even when significant across ethnicities, the effect sizes of collectivism differences tend to be small and heterogeneous (Oyserman et al., 2002; DiBartolo & Rendon, 2012). This suggests the

importance of always testing assumptions by measuring individual and cultural variables such as dimensions of collectivism using valid measures (DiBartolo & Rendon, 2012).

Current research that has recognised the need for measuring cultural dimensions explored interdependence, a dimension in collectivism defined as an individual's sense of self based on one's relationships and obligations associated with them (Yoon & Lau, 2008). Despite interdependence being a cultural value among Asian Americans, findings revealed that individuals who were high in interdependence correlated with maladaptive perfectionism and depressive symptomatology scores, supporting the cultural sensitisation model. Interdependence was also associated with measures of parent-driving perfectionism (the sum of Parental Expectation and Criticism FMPS scores) but was not associated with adaptive perfectionism. In other words, due to the pressure of meeting perceived standards set by parents or people around them, highly interdependent students in Asian cultures may be concerned that their failure would undermine their obligation to their in-groups (Yoon & Lau, 2008). They may feel pressured to protect their self-image, also known as “saving face.” The thoughts, behaviours, and actions of individuals within this context may be driven by a desire to gain face and a fear of losing face. The present study hypothesises that this culture of saving face fosters the need to conceal the distress that one experiences, also referred to as “disguised distress” (Flett & Hewitt, 2003).

Disguised Distress in Youth

Researchers have found that many mental health problems are going undetected and the situation is worse than anticipated, especially when distress is disguised (Flett & Hewitt, 2013). At present, increasing focus is on a significant proportion of children, adolescents, and “emerging adults” (Arnett, 2000). Arnett (2000) argued that “emerging adulthood” is a distinct period in the life course of young people aged 18 to 25. This period is characterised by change and exploration as they make enduring choices in love, work, and worldviews, which merits

further scholarly attention. Flett and Hewitt (2013) discussed children and adolescents as a population that is prone to different forms of distress but are extremely determined to hide their levels of distress so as not to be recognised for having psychological problems (Flett & Hewitt, 2013). This “disguised distress” (Flett & Hewitt, 2013) has also been researched as “disguised depression,” “smiling depression,” (Stotland, 2010) and “secret illnesses” (Miller & Jome, 2010). This notion is particularly prevalent among emerging adults due to their elevated sense of self-consciousness (Greenland, Scourfield, Maxwell, Prior, & Scourfield, 2009; Flett & Hewitt, 2013) as well as the stigma and rising exposure to life stressors, including pressures to be perfect (Flett & Hewitt, 2013). Given that collectivism and interdependence focus on concerns and obligations towards others, one may argue that youth exposed to these cultural values growing up may be more susceptible to the characteristics of disguised distress.

Young people struggling particularly with internalising symptoms such as anxiety and depression are much less noticeable and less likely to seek therapeutic intervention than those with externalising symptoms. In a widespread clinical assessment of 6,000 adolescents aged 13-18 years old in the US, researchers found that only about a third (36.2%) of adolescents with an identifiable mental health disorder received treatment. In contrast to youth with more observable forms of disorders such as ADHD (59.8%) and behavioural disorders (45.4%) who sought treatment, fewer than one in five adolescents with anxiety disorder, eating disorder, or substance abuse disorder received any form of treatment (Merikangas, He, Burstein, Swendsen, Avenevoli, Case, & Olfson, 2011). Another study analysing 370 adolescent suicides from the years 2000 to 2006 in Ontario found that only 66 of the 370 adolescents had previously received psychological treatment of any kind (Soor, Vukin, Bridgman-Acker, Marble, Barnfield, Edwards, & Bhalerao,

2012). It is extremely troubling to think that the 82.1% of adolescents in this study had committed suicide without any apparent warning signs.

With the rise of social media, more adolescents are finding it easier to maintain superficial attachments to others and keep their true feelings hidden, making online communication highly susceptible to how the individual chooses to present themselves (Valkenburg & Peter, 2011; Flett & Hewitt, 2013). Those determined to hide distress have the capacity to remain relatively detached from others and/or tailor an idealised image for themselves. Flett and Hewitt (2013) bring attention to children and adolescents who are skilled in presenting as high functioning, such that no problems warranting intervention or further treatment are detected even when a concerned family member seeks help from trained mental health workers. This complex predicament of “disguised distress” (Flett & Hewitt, 2013) among youth has led researchers to study self-concealment and perfectionistic self-presentation.

Self-Concealment. “Self-concealment” (Larson & Chastain, 1990) is a predisposition to actively conceal from others personal information that is perceived as distressing or negative. Larson and Chastain (1990) developed the Self-Concealment Scale to enable more direct assessment of one’s general tendency to self-conceal. They found that self-concealment significantly correlated with self-report measures of anxiety, depression, and bodily symptoms. Kawamura and Frost’s (2004) findings found self-concealment to mediate the relationship between maladaptive perfectionism and distress. The tendency to conceal negative personal information was a significant contributor to the psychological distress experienced by those with maladaptive perfectionism. Furthermore, Cepeda-Benito and Short’s (1998) study of 800 college students confirmed a link between self-concealment and negative attitudes towards seeking psychological help. They suggested that self-concealment may limit the range and frequency of helping

behaviours offered by significant others. Avoidance in discussing or conveying psychological distress deprives high self-concealers from important kinds of social support that they probably need (Snyder & Ingram, 1963; Larson & Chastain, 1990).

Perfectionistic Self-Presentation. “Perfectionistic self-presentation” (Hewitt, Flett, Sherry, Habke, Parkin, Lam, McMurtry, Ediger, Fairle, & Stein, 2003) is argued to be a maladaptive self-presentation style composed of three facets: perfectionistic self-promotion (proclaiming and displaying one’s perfection), nondisplay of imperfection (concealing and avoiding behavioural demonstrations of one’s imperfections), and nondisclosure of imperfection (evading and avoiding verbal admissions of one’s imperfection. These facets were developed along with the Perfectionistic Self-Presentation Scale comprised of subscales with the same dimensions (Hewitt et al., 2003). Hewitt and colleagues (2003) found that all three facets reflected deceptive forms of self-presentation and were related to low self-esteem, self-regulation, interpersonal distress, and psychological difficulties. In another study, Flett, Coulter, and Hewitt (2012) found associations with three social anxiety factors and predictions of unique variance in social anxiety, above and beyond trait perfectionism.

Hewitt et al. (2003) suggest that perfectionistic self-presentation may be motivated by a lack of interpersonal connection and attempts to obtain approval, caring, respect, or a sense of belonging from others. This leads to a decrease in self-esteem and subsequent attempts to enhance it. The need for the self to appear perfect may become a compensatory mechanism used to defend against feelings of inadequacy, concerns over rejection (Hewitt et al., 2003), a vulnerable self-worth, or an unclear sense of identity, which is particularly prevalent among adolescents (Hewitt, Blasberg, Flett, Besser, Sherry, Caelin, Papsdorf, Cassels, & Birch, 2011). Additionally, there have been robust associations between perfectionistic self-presentation and

ruminative brooding (Nepon, Flett, Coulter, & Hewitt, 2011). The findings suggest that children and adolescents with high levels of perfectionistic self-presentation possess a heightened interpersonal sensitivity and a negative cognitive style that may prolong and worsen feelings of distress. Yet, all of this may be hidden behind a mask. Because these students would regard seeking help as an open admission of failure, it is difficult for teachers or counsellors to reach out to students who are maintaining this façade (Flett & Hewitt, 2013).

How does Disguised Distress relate to the Concept of “Face” in Asian Cultures?

There has been much difficulty throughout the years in defining “face.” The concept of face is Chinese in origin (Ho, 1976) but has been argued to be universal in nature, stemming from everyone’s desire for social acceptance (Brown & Levinson, 1987; Lerner, 1996; Hwang, Francesco, & Kessler, 2003). All societies may have experienced feelings of gaining or losing face as a result of a positive or negative social evaluation from others (Hwang, 2006; Zhang, Cao, & Grigoriou, 2011). Nonetheless, it more consistently permeates collectivistic societies across Asia (Ho, 1976), whereby the opinions of others are more heavily weighted.

Hallahan, Lee, and Herzog (1997) define “face” as an image that people strive to maintain before others in pursuit of recognition or inclusion. Ho (1976) defines “face” as respectability and/or deference claimed for oneself from others by the position he or she occupies in their social network. Goffman (1959; 1971) defines “face” as one’s socially approved self-image and “facework” as the verbal and nonverbal ways people act in order to maintain their own and others’ self-image. In an article exploring the dynamics of face mechanism and Chinese classroom behaviour, Wu (2009) examined face-related factors which included low-risk face, collective face, hierarchical face, and harmonious face. He discussed “low-risk face”: tendencies to avoid uncertain situations and concern over the anticipated reactions of others in attempts to reduce the risk of losing face; “collective face”: a greater emphasis on the relationship between

individuals and collective goals over individuals and personal goals; “hierarchical face”: a heightened sensitivity towards relationships based on one’s higher or lower status; and “harmonious face”: the tendency to avoid open confrontations for fear of jeopardising the harmonious social relations among each other.

The Chinese concept of face distinguishes between the moral aspect of face (*lian*) and its social aspect (*mianzi*) (Hwang et al., 2003). *Lian* represents the confidence of society on the ego’s moral character (Hu, 1944; Wu, 2003). *Mianzi* is the reputation either achieved through getting on in life or ascribed by other members of the community (Mao, 1994; Wu, 2003). There has been a resurgence of interest in research on the social aspects of face in relation to conflict behaviour (Ting-Toomey, 1988; Ting-Toomey & Kurogi, 1998; Zhang et al., 2011), gift giving behaviour (Joy, 2001; Zhang et al., 2011), student feedback seeking and learning behaviour (Hwang et al., 2003; Zhang et al., 2011), and consumer decision-making styles (Bao, Zhou, & Su, 2003; Zhang et al., 2011).

Recently, Zhang, Cao, and Grigoriou (2011) introduced the “consciousness of social face” construct, which they define as a person’s need to enhance and avoid losing their social face during social encounters. Stemming from a need for a reliable instrument measuring an individual’s concern for face, they developed the multidimensional Consciousness of Social Face Scale, which is used in the present study. It is a two-factor structure that distinguishes between the desire to gain face and the fear of losing face. Gaining face is related to an individual’s need for social approval and recognition, whereas, losing face is related to an individual’s motive to avoid disapproval or negative evaluation.

Overall, literature on the concept of face suggests a shared goal or need pervading Asian communities to protect one’s own self-image or the image of the group one belongs to, or in

other words, to save face. Similar to how perfectionism may also constitute positive achievement strivings, the saving face culture may provide positive aspects to people's lives. The strengths of these communities in valuing the needs and thoughts of others, caring for the community as a whole, and the level of respect accorded to family members should be acknowledged. However, I argue in this paper that there are also negative aspects of saving face, not unlike the maladaptive aspects of perfectionism. An excessive desire to save face causes people to conceal their true self or hide behind a mask, disregarding the capacity to learn and grow from one's flaws and mistakes. It also causes people to ignore the fact that life circumstances will not and cannot always live up to the idea of perfection we have for ourselves or which others have for us. Given that Asia's collectivistic environment places emphasis on the concerns of other people, youth exposed to the saving face culture growing up are more likely to self conceal and present as perfect. These youth may have greater susceptibility and a cultural vulnerability within Asian cultures to experiencing psychological distress, developing internalising symptoms of anxiety and depression, and possessing negative attitudes towards seeking help—a problem in need of urgent intervention, especially in light of the lack of awareness and access to mental health care in Asia (Chanpattana, 2010).

Thus, it is more important now than ever to examine the role that culture may play in the relationship between maladaptive perfectionism and psychopathology. The goal of this study is to understand the relationship between the tendency to “save face” with disguised distress within an Asian context, whereby the interdependent and collectivistic climate is particularly prevalent. Given the research done on interdependence as a cultural factor, this study extends this research by examining the role of “saving face” among students attending college in the US who grew up

in Asian countries in developing maladaptive perfectionism and associated anxiety and depressive symptoms.

CHAPTER 3

METHOD

The purpose of this study was: (1) to examine the relationship between tendencies to save face, self-concealment, perfectionistic self-presentation, and negative help-seeking attitudes, and (2) to examine the role(s) that the tendencies to save face, to engage in self-concealment, and to cope on one's own played in the relationship between maladaptive perfectionism and associated anxiety and depression among Asian youth. Given the complex nature of understanding the psychological experiences of individuals with respect to their cultures, I chose to utilise the mixed methods research methodology. The capacity to utilise the qualitative and quantitative findings to inform each other allows this study to capture the rich yet nuanced ways in which the dynamics of perfectionism and psychological distress may present itself within Asian cultures. Having grown up in Malaysia, I bring my own unique perspective and experiences in relation to these issues. My roots have shaped me as a researcher to collect, analyse, and interpret the data and stories with the integrity I believe this minority population deserves while acknowledging that no two experiences of individuals are the same.

Participants

This study surveyed 211 self-identified Asian international students attending college in the US reflecting on their childhood and adolescent experiences growing up in Asia. Students aged between 18 to 25 years ($M = 21.00$, $SD = 1.94$), who lived in a country in Asia for at least 13 years ($M = 18.81$, $SD = 2.40$), and currently resided in the US were eligible to participate. Participants self-identified with the following gender categories: 29.4% male, 69.7% female, and 0.9% “other.” Demographics from the online survey data were compiled (see Table 1) based on

Table 1

Demographics of Participant Sample (n = 211)

Country of Origin	Percent of Participants
China	35.5
India	23.1
Malaysia	16.1
Vietnam	6.3
South Korea	4.8
Hong Kong	2.4
Bangladesh	2.0
Pakistan	1.9
Japan	1.2
Taiwan	1.1
Uzbekistan	.8
Qatar	.7
United Arab Emirates	.7
Singapore	.6
Indonesia	.5
Lebanon	.5
Myanmar	.5
Nepal	.5
Sri Lanka	.5
Kyrgyzstan	.2
Philippines	.2
TOTAL	100

the country or countries in Asia in which participants have resided for at least 13 years of their life. It is important to note that the country of origin is not completely determinant of the results of this study but only serves as a benchmark for experiences of Asian cultures in general. This study notes the complexity of culture and the range of factors that can influence the culture(s) in which participants grow up in that can differ based on family culture, ethnicity, religion, beliefs, customs, socioeconomic status, and more.

Study Design

This study utilised a mixed methods approach, which is grounded on the premise that the use of quantitative and qualitative data, in combination, provides a better understanding of research problems than either approach alone (Creswell & Plano Clark, 2011). The convergent parallel design was used so that both quantitative and qualitative data could be analysed independently before merging the results of the two strands in order to look for convergence, divergence, contradictions, or relationships between them (Creswell & Plano Clark, 2011).

Procedure

Participants of this study were recruited via e-mail, mailing lists, social media, and the snowballing technique, with efforts targeting Asian and international student communities. All participants completed a 20-minute online survey, using Qualtrics, comprised of demographic questions and several self-report scales. Participants were notified prior to the start of the survey that by initiating and completing the online survey, they were giving consent. No self-identifying information were recorded in the online survey. By way of thanking participants, upon completion of the survey, participants could choose to enter a raffle to win one cash prize of \$50 and were redirected to a separate website that was not linked to the survey.

The first 10 participants to express interest in participating in the interview component during the first phase of recruitment via e-mail were administered an hour-long semi-structured

interview in a private room in a research laboratory after completing the online survey. In return, participants were compensated with \$20. This project was supported by a grant from the Foundation for Psychocultural Research-Hampshire College Program in Culture, Brain, and Development. Participants were given *Informed Consent Forms* (see Appendix A) preceding the interview. No self-identifiable information were saved on audio and all data were stored in a password-protected computer.

Quantitative Measures

All of the measures described below were prefaced with a reminder to answer based on past childhood and adolescent experiences growing up in Asia and to avoid answering based on the present self. Statements of all measures were changed to the past tense to minimise confusion in answering accordingly. When asked how it was to answer statements based on past experiences, 54.5% found it manageable, 20.4% easy, 16.1% difficult, 6.6% very easy, and 2.4% very difficult. When asked how much participants thought their answers changed if answered based on their present views, 37.9% reported a little change, 31.8% moderate change, 15.6% no change at all, and 14.7% a lot of change.

Perfectionism. The Frost Multidimensional Perfectionism Scale (FMPS; Frost, Marten, Lahart, & Rosenblate, 1990) is a multidimensional measure of perfectionism using items rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). In this study, 29 items out of the existing 35 were included as the subscale measuring Organisation were removed due to little significance with psychopathology (Frost, Heimberg, Holt, Mattia, & Neubauer, 1993). Previous research supported a bidimensional model of FMPS consisting of Evaluative Concerns and Achievement Strivings (Frost et al., 1993; Kawamura, Hunt, Frost, & DiBartolo, 2001; Kawamura & Frost, 2004; DiBartolo et al., 2007). For the purposes of this study, only the Evaluative Concerns factor was analysed. Evaluative Concerns was calculated by

summing up two FMPS subscale scores: Concern Over Mistakes and Doubts About Actions.

Due to some past research arguing for Parental Criticism and Parental Expectation to represent a separate parental dimension, these two subscales were not included as part of Evaluative Concerns (Burgess, DiBartolo, & Frost, 2016). The FMPS has been utilised in previous research examining the relationship between perfectionism and psychological distress among Asian American college students (Chang, 1998; Yoon & Lau, 2008). The FMPS is widely used and has demonstrated high internal consistency with alpha coefficients from .77 to .93 for the subscales (Frost et al., 1990; Frost et al., 1993; Dibartolo et al., 2008). In this study, Cronbach's alpha found good internal consistency for Evaluative Concerns ($\alpha = .74$).

Saving face. The Consciousness of Social Face (Zhang et al., 2011) is an 11-item scale which consists of two subscales: (a) Desire to Gain Face reflects an individual's need for social approval or recognition (e.g., "I hope other people think that I can do better than most others"); and (b) Fear of Losing Face reflects an individual's motive to avoid disapproval or negative evaluation (e.g., "I try to avoid letting others think that I am ignorant, even if I really am"). The items were scored on a 7-point Likert scale ranging from 1 (disagree strongly), 4 (neutral) to 5 (agree strongly). This measure demonstrated convergent validity and good internal consistency for both subscales with alpha levels of .79 and .72 (Zhang, et al., 2011). In this study, Cronbach's alpha found good internal consistency for Desire to Gain Face ($\alpha = .86$) and Fear of Losing Face ($\alpha = .83$).

Self-concealment. The Self-Concealment Scale (Larson & Chastain, 1990) is a 10-item self-reported scale measuring a person's tendency to conceal personal information that may be distressing or negative. The items were scored on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) with total scores ranging from 10 to 50 and higher scores

indicating greater levels of self-concealment. Previous research found this scale to demonstrate strong test-retest and inter-item reliability ($\alpha=.90$) as well as validity as a self-report measure of the tendency to conceal personal information (Kawamura & Frost, 2004). Self-concealment has been empirically distinguished from the concept of self-disclosure (Larson & Chastain, 1990) and has been found to contribute uniquely to psychological distress (Larson & Chastain, 1990). In this study, Cronbach's alpha found good internal consistency at .92.

Perfectionistic self-presentation. The Perfectionistic Self Presentation Scale (Hewitt, Flett, Sherry, Habke, Parkin, Lam, & Stein, 2003) is a 21-item measure assessing the need to appear perfect. The items were scored on a 7-point Likert scale ranging from 1 (disagree strongly), 4 (neutral) to 7 (agree strongly). It is comprised of three subscales: Perfectionistic Self-Promotion (e.g., "I strive to look perfect to others"); Nondisplay of Imperfection (e.g., "I judge myself based on the mistakes I make in front of others"); and Nondisclosure of Imperfection (e.g., "Admitting failure to others is the worst possible thing"). Previous research showed PSPS to have good reliability and validity (Hewitt et al., 2003; Hewitt, Habke, Lee-Baggley, Sherry, & Flett, 2008). In this study, Cronbach's alpha found good internal consistency for Perfectionistic Self Promotion ($\alpha = .88$), Nondisplay of Imperfection ($\alpha = .88$), and Nondisclosure of Imperfection ($\alpha = .81$).

Anxiety and depressive symptoms. The Depression Anxiety Stress Scale (Lovibond & Lovibond, 1995) is a 21-item self-reported questionnaire measuring an individual's levels of depression, anxiety, and stress over the previous week. The items were scored on a 4-point Likert scale ranging from 0 (did not apply to me at all), 1 (applied to me to some degree, or some of the time), 2 (applied to me to a considerable degree, or a good part of time), to 3 (applied to me very much, or most of the time). For the purpose of this study, the Depression and Anxiety

subscales were analysed. Previous research supported good internal consistency within Asian samples (Indonesia, Malaysia, Singapore, Sri Lanka, Taiwan, and Thailand) with alpha levels of .86 and .81 for the Depression and Anxiety subscales respectively (Oei, Sawang, Goh, & Mukhtar, 2013). Convergent validity also indicated that both subscales correlated well with other anxiety and depression subscales (Oei et al., 2013). The current study yielded good internal consistency for Anxiety ($\alpha = .81$) and Depression ($\alpha = .88$).

Help-seeking attitudes. The Attitudes Towards Seeking Professional Psychological Help-Short Form (ATSPPH-SF; Fischer & Farina, 1995) is a 10-item scale measuring help-seeking attitudes towards seeking mental health treatment. The items were scored on a 4-point Likert scale ranging from 0 (disagree) to 3 (agree). Items 2, 4, 8, 9, and 10 were reverse scored. The higher the total sum of scores, the more positive one's attitude was towards help seeking. While Fischer and Farina (1995) recommended a unidimensional structure, there have been mixed findings over the factor structure of ATSPPH-SF with suggestions of a two-factor model (Elhai, Schweinle, & Anderson, 2007) and a 9-item unidimensional scale (Ang, Lau, Tan, & Lim, 2007). Previous research evidenced adequate internal consistency ranging from .82 to .84 (Fischer & Farina, 1995; Komiya, Good, & Sherod, 2000; Constantine, 2002; Elhai et al., 2007), one-month test-retest reliability of 0.80, and a correlation of .87 with the longer scale (Fischer & Farina, 1995; Elhai et al., 2007) among samples of college students. Upon testing these two models, Picco and colleagues' (2016) factor analyses revealed a 3-factor composite, which is used in the present study: Openness to Seeking Professional Help, Value in Seeking Professional Help, and Preference to Cope on One's Own (PCO). Picco et al.'s (2016) study had good internal consistency with a composite reliability index of .88, .88, .86 respectively and an overall composite reliability index of .92. In this study, Cronbach's alpha found good internal

consistency for Value in Seeking Professional Help ($\alpha = .723$), and moderate internal consistency for PCO ($\alpha = .634$). However, Cronbach's alpha revealed poor internal consistency for the overall measure ($\alpha = .570$) and Openness to Seeking Professional Help ($\alpha = .260$). Moving forward, the present study will focus on Value in Seeking Professional Help and PCO.

Qualitative Interviews

The semi-structured interview questions focused on past childhood and adolescent experiences—in school and at home—growing up in Asia (see Appendix B for semi-structured interview questions). The objective was to gain a more nuanced understanding of the participants' experiences, thoughts, and opinions surrounding: (a) meeting or setting expectations (from self, peers, or family), (b) failure or making mistakes and how they dealt with it, (c) maintaining a self-image by concealing flaws or presenting as perfect, and (d) asking or not asking for help. This topic areas were formulated by identifying the important constructs that were examined through the self-report scales in the quantitative component.

Data Analysis

Consistent with the convergent parallel design, the quantitative and qualitative data were analysed independently. After the data were analysed separately, both sets of data were compared, combined, and integrated, which is the hallmark of the mixed methods research design (Creswell & Plano Clark, 2011), to answer the two main questions of this study, as discussed in the overall results summary and the discussion section of this paper.

Quantitative Analysis. Pearson's correlations coefficients were calculated to first, prove the relationship between Evaluative Concerns with Anxiety and Depression and second, to examine relationships between all the variables tested in this study (see Table 2). Using the PROCESS Macro for SPSS (Hayes, 2013), mediation and moderation analyses utilised the simple moderation model (Model 1; Hayes, 2013) as well as the simple and multiple mediation

model (Model 4; Hayes, 2013). The Evaluative Concerns subscale was used as the predictor, Desire to Gain Face (DGF), Fear of Losing Face (FLF), Self-Concealment (SC), and Preference to Cope on One's Own (PCO) as the mediators and moderators, and anxiety or depression as outcome variables.

The PROCESS macro uses a hierarchical regression approach to moderation; significant two-way interaction terms along with the resulting $R^2\Delta$ due to the addition of these cross-product interaction terms in each model were evaluated. Conditional effects, or the effect of the predictors on the outcome variables at specific levels of the moderators, were calculated using a robust bootstrapping procedure by the PROCESS macro (see Table 3). Significant interactions, or significantly different effects of the predictors on the outcome variables at varying levels of the moderator, were graphically depicted to ease interpretation of these conditional effects (see Figures 10 and 11). For mediation, the PROCESS macro also uses regression-based analysis to investigate the indirect effect that exists. In this case, PROCESS macro was used to evaluate whether tendencies to save face, self-concealment, and a preference to cope on one's own mediated the relationship between maladaptive perfectionism and psychological distress (i.e. anxiety, depression). In both analyses, a bootstrapping technique was used to calculate the index within 1,000 samples, thereby generating a 95% confidence interval, which minimised Type I error and avoided the assumption of data normality. Intervals not containing zero were considered statistically significant.

Qualitative Analysis. The analysis of interview data began with a careful reading of the interview transcripts to capture the general attitudes, perceptions, and experiences of the participants' school and home life with regards to meeting expectations, dealing with failure, maintaining a self-image, and asking or not asking for help throughout their childhood and

adolescent years. Coding was done using both a priori coding and emergent approaches. The number of times a code appeared through the transcripts and between participants provided insight about the prevalence of a particular phenomenon. The codes that appeared in more than half of the participants informed the overall themes that emerged, with the exception of stigma to mental health and psychotherapy which were coded in 4 of the 10 participants.

CHAPTER 4

RESULTS

Quantitative Analysis

Of the 213 participants who completed the survey, one participant was excluded for reporting having lived in an Asian country for less than 13 years, and one participant was excluded for a significant amount of missing data. The final sample consisted of 211 participants with no data missing.

The two main questions in this study was: (1) to examine the correlations between tendencies to save face with other potential mechanisms such as self-concealment, perfectionistic self presentation, and help-seeking attitudes, and (2) to examine the tendencies to save face, self-concealment, and preference to cope on one's own as significant mediators and/or moderators in the relationship between maladaptive perfectionism with anxiety and depression among Asian youth. Quantitative findings revealed general support for strong relationships between constructs, with most variables significantly mediating and/or moderating the relationship between perfectionism with anxiety and depression.

Question 1: What is the relationship among tendencies to save face, self-concealment, perfectionistic self presentation, and attitudes towards help seeking?

Tendencies to save face and disguised distress. As expected, there were strong positive correlations between the tendencies to save face and disguised distress, which includes self-concealment and perfectionistic self presentation. Quantitative findings revealed moderate to robust correlations between tendencies to save face, self-concealment, and perfectionistic self presentation as seen in Table 2. The perfectionistic self presentation subscales, in particular, were very strongly correlated with tendencies to save face and self-concealment, ranging from Pearson correlation coefficients of .503*** to .654*** (see Table 2). As there has been no known study that has looked across these three measures, a factor analysis should be conducted to better clarify whether these measures were measuring uniquely distinct constructs or if there is a possibility of overlap. For the purposes of maintaining a manageable scale for the present study, the Desire to Gain Face, Fear of Losing Face, and Self-Concealment variables were chosen to move forward for further mediation and moderation analysis.

Attitudes towards help seeking. There were moderate, positive correlations between all other measures with one of the three subscales measuring attitudes towards help seeking, a preference to cope on one's own. Unlike the scoring of Fischer and Farina's (1995) ATSPPH-SF scale revised by Picco and colleagues (2016), the Preference to Cope on One's Own subscale reported in Table 2 used items that were not reverse coded. This was done so that a positive correlation coefficient meant that an increase in tendencies to save face, self conceal, and present as perfect were significantly related to a stronger preference to cope on one's own. Value in Seeking Professional Help negatively and significantly correlated to only perfectionistic self presentation variables (PSP = $-.147^*$; NDP = $-.163^*$; NDC = $-.165^*$) while Openness to Seeking

Professional Help subscale was not examined due to poor internal consistency, which is further discussed in the following chapter. Thus, the Preference to Cope on One's Own subscale was further analysed for mediation and moderation in Question 2.

Overall, the tendencies to save face, self-concealment, and perfectionistic self presentation were significantly and strongly related to each other. These constructs were partially related to help seeking attitudes, with consistent significant relationships with a preference to cope on one's own. The other variable measuring help seeking attitudes, value in seeking professional help, only had negative significant relationships with perfectionistic self presentation. Moving forward, the tendencies to save face, self-concealment, and a preference to cope on one's own were analysed as potential mediators or moderators of the relationship between maladaptive perfectionism and anxiety and depression.

Table 2

Bivariate Correlations for Major Variables (n = 211)

	1	2	3	4	5	6	7	8	9	11	12
1. EC	-										
2. Anxiety	.412***	-									
3. Depression	.488***	.692***	-								
4. FLF	.405***	.367***	.400***	-							
5. DGF	.316***	.246***	.247***	.591***	-						
6. SC	.406***	.459***	.496***	.475***	.338***	-					
7. PSP	.411***	.352***	.395***	.639***	.585***	.452***	-				
8. NDP	.459***	.442***	.448***	.650***	.503***	.563***	.733**	-			
9. NDC	.404***	.393***	.463***	.609***	.372***	.654***	.713**	.685**	-		
10. V	-.036	-.002	.025	-.091	-.034	-.047	-.147*	-.163*	-.165*	-	
11. PCO	.239***	.219*	.257***	.347***	.200**	.358***	.345***	.258***	.400***	-.314***	-

Note. * $p < 0.5$; ** $p < 0.01$; *** $p < 0.001$. Tendencies to save face was measured by FLF = Fear of Losing Face and DGF = Desire to Gain Face; Perfectionistic self presentation was measured by PSP = Perfectionistic Self-Promotion, NDP = Nondisplay of Imperfection, and NDC = Nondisclosure of Imperfection; Help-seeking attitudes was measured by V = Value in Seeking Professional Help and PCO = Preference to Cope on One's Own; EC = Evaluative Concerns; SC = Self-Concealment.

Question 2: What are the role(s) of tendencies to save face, self-concealment, and preference to cope on one's own in the relationship between maladaptive perfectionism and associated anxiety and depression? In addressing Question 2, mediation analyses were conducted to see if the relationship between Evaluative Concerns with Anxiety and Depression could be statistically and significantly explained by having a Desire to Gain Face (DGF), a Fear of Losing Face (FLF), Self-Concealment (SC), or a Preference to Cope on One's Own (PCO). All variables were then considered side by side in a multiple mediation model to see if any of the four constructs still accounted for a significant relationship above and beyond each other. Moderation analyses were also conducted to see if the strength of the link between perfectionism and distress would statistically increase as a result of any of the four variables. In general, findings supported the hypothesis that tendencies to save face, self-concealment, and a preference to cope on one's own played statistically significant roles as mediators and/or moderators in the relationship between evaluative concerns and associated anxiety and depression.

Mediation Analysis. Mediation analyses were conducted in order to examine the indirect effects of maladaptive perfectionism on anxiety and depression, as mediated by tendencies to save face, self-concealment, and preference to cope on one's own. Using the simple mediation model of Hayes' (2013) PROCESS Model 4, DGF, FLF, SC, and PCO were found to significantly mediate the relationship between Evaluative Concerns and Anxiety and Depression in separate models as shown in Figures 4, 5, 6, and 7 respectively. Significant mediation was evidenced by significant correlations between the predictor and outcome variables, the predictor and mediator variables, and the mediator and outcome variables.

Figure 4. Regression coefficients for the relationship between evaluative concerns and anxiety and depression as mediated by desire to gain face. The regression coefficient between evaluative concerns and anxiety and depression, controlling for desire to gain face, is in parentheses.

* $p < .05$, ** $p < .01$.

As Figure 4 illustrates, the regression coefficient between Evaluative Concerns and DGF was statistically significant, as was the regression coefficient between DGF with Anxiety and Depression. There was also a significant indirect effect of Evaluative Concerns on Anxiety and Depression, as tested using a bootstrap estimation approach with 1,000 samples (see Table 3). Altogether, these findings support DGF as a significant mediator in the relationship between maladaptive perfectionism with anxiety and depression. Findings were similarly significant for simple mediation models testing FLF, SC, and PCO as mediators.

Table 3

Indirect Effects of Evaluative Concerns on Anxiety and Depression, Mediated by Desire to Gain Face, Fear of Losing Face, Self-Concealment, and Preference to Cope on One's Own

		Indirect Effects	SE	95% CI
Evaluative Concerns				
Anxiety				
	DGF	.018	.007	.007 - .037
	FLF	.028	.010	.011 - .051
	SC	.040	.010	.023 - .063
	PCO	.008	.005	.001 - .021
Depression				
	DGF	.019	.007	.008 - .036
	FLF	.041	.011	.022 - .065
	SC	.051	.012	.029 - .076
	PCO	.011	.006	.003 - .026

Note. DGF = Desire to Gain Face, FLF = Fear of Losing Face, SC = Self-Concealment, PCO = Preference to Cope on One's Own, SE = Bootstrap derived estimate of standard error of indirect effect. CI = Bias corrected bootstrap confidence interval with 1000 samples. All intervals that did not contain zero were considered statistically significant, indicating that all indirect effects displayed above were significant.

As Figures 5, 6, and 7 illustrate, the regression coefficients between Evaluative Concerns, the corresponding mediator, and the outcome variables, Anxiety and Depression were all statistically significant. Along with significant indirect effects with FLF, SC, and PCO as mediators (see Table 3), these separate mediation analyses reveal that FLF, SC, and PCO also significantly mediated the link between maladaptive perfectionism and anxiety and depression.

Figure 5. Regression coefficients for the relationship between evaluative concerns and anxiety and depression as mediated by fear of losing face. The regression coefficient between evaluative concerns and anxiety and depression, controlling for fear of losing face, is in parentheses.

* $p < .05$, ** $p < .01$.

Figure 6. Regression coefficients for the relationship between evaluative concerns and anxiety and depression as mediated by self-concealment. The regression coefficient between evaluative concerns and anxiety and depression, controlling for self-concealment, is in parentheses.

* $p < .05$, ** $p < .01$.

Figure 7. Regression coefficients for the relationship between evaluative concerns and anxiety and depression as mediated by preference to cope on one's own. The regression coefficient between evaluative concerns and anxiety and depression, controlling for preference to cope on one's own, is in parentheses. $*p < .05$, $**p < .01$.

Next, all four variables were tested using a multiple mediation model (Hayes & Preacher, 2004) in which DGF, FLF, SC, and PCO were considered altogether. Results indicated that SC was the only significant mediator between Evaluative Concerns and Anxiety (see Figure 8) as well as Depression (see Figure 9) with an R-square value of 28.7% and 37.2% respectively. This meant that after accounting for the possible overlap across these four constructs, self-concealment was the only variable that significantly predicted 28.7% of the variance in the relationship between perfectionism and anxiety, and 37.2% of the variance in the relationship between perfectionism and depression. The indirect effect on Anxiety was $b = .03$, $SE = .01$, $CI = .02, .06$ and the indirect effect on Depression was $b = .04$, $SE = .01$, $CI = .02, .07$. While both effects of self-concealment as a mediator were small, they were statistically significant.

Figure 8. Regression coefficients for multiple mediated effect of evaluative concerns on anxiety. Paths marked in bold represent significant mediation effects controlled for the other mediators. The regression coefficient between evaluative concerns and anxiety, controlling for all four variables, is in parentheses. * $p < .05$, ** $p < .01$.

Figure 9. Regression coefficients for multiple mediated effect of evaluative concerns on depression. Paths marked in bold represent significant mediation effects controlled for the other mediators. The regression coefficient between evaluative concerns and depression, controlling for all four variables, is in parentheses. * $p < .05$, ** $p < .01$.

Overall, results indicate that a fear of losing face, a desire to gain face, self-concealment, and a preference to cope on one's own, in isolation, significantly mediated the relationship between maladaptive perfectionism and anxiety and depression. When all constructs were taken into account, self-concealment was found to be the only significant mediator above and beyond the other constructs in explaining the relationship between maladaptive perfectionism and anxiety and depression.

Moderation Analysis. Moderation analyses were conducted in order to examine the conditional effects (i.e. strength and/or direction) of maladaptive perfectionism on anxiety and depression. This was examined at the level of a desire to gain face (DGF), a fear of losing face (FLF), self-concealment (SC), and a preference to cope on one's own (PCO). Using Hayes' (2013) PROCESS Model 1, DGF and SC were found to significantly increase the effect of maladaptive perfectionism on anxiety and depression. FLF significantly increased the effect of maladaptive perfectionism only on depression.

As seen in Table 4, the overall hierarchical regression was significant with DGF and SC as moderators for both outcome variables. Evaluative Concerns, DGF, and the cross-product term accounted for 21.6% of the variance in Anxiety and 29.5% of the variance in Depression.

Table 4

Predicting Anxiety and Depression with Evaluative Concerns, Moderated by Fear of Losing Face, Desire to Gain Face, Self-Concealment, and Preference to Cope on One's Own

	Conditional Effects	SE	p	R ²	ΔR^2	95% CI
Evaluative Concerns						
Anxiety						
DGF	.005	.002	.048	.216**	.015*	.000 - .009
FLF	.004	.002	.058	.223**	.014	-.000 - .009
SC	.002	.001	.038	.287**	.015*	.000 - .005
PCO	.008	.008	.305	.188**	.004	-.008 - .024
Depression						
DGF	.009	.002	.000	.295**	.047*	.004 - .014
FLF	.008	.002	.001	.327**	.036*	.003 - .013
SC	.004	.001	.000	.395**	.043**	.002 - .007
PCO	.009	.009	.279	.245**	.004	-.007 - .027

Note. DGF = Desire to Gain Face, FLF = Fear of Losing Face, SC = Self-Concealment, PCO = Preference to Cope on One's Own, CI = Confidence interval. ΔR^2 reflects impact of the moderator where * $p < .05$, ** $p < .01$. Significant ΔR^2 values, which indicate significant conditional effects as moderators are bolded.

As Figure 10 illustrates, DGF displayed a significant, positive association between Evaluative Concerns and Anxiety ($\Delta R^2=.015$, $p < .05$). As the level of DGF increased, the strength of the relationship between Evaluative Concerns and Anxiety also increased.

Figure 10. Examining the Moderating Effect of Desire to Gain Face on the Relationship between Evaluative Concerns and Anxiety.

As Figure 11 illustrates, DGF displayed a significant, positive association between Evaluative Concerns and Depression ($\Delta R^2=.047$, $p < .01$). As the level of DGF increased, the strength of the relationship between Evaluative Concerns and Anxiety also increased.

Figure 11. Examining the Moderating Effect of Desire to Gain Face on the Relationship between Evaluative Concerns and Depression.

Whereas, Evaluative Concerns, SC, and the cross-product term accounted for 28.7% of variance in Anxiety and 39.5% of variance in Depression (see Table 4). Figure 12 demonstrates SC having a significant, positive association between Evaluative Concerns and Anxiety ($\Delta R^2=.015$, $p < .05$) and Figure 13 illustrates a significant, positive association between Evaluative Concerns and Depression ($\Delta R^2=.043$, $p < .01$). As the level of SC increased, the strength of the relationship between Evaluative Concerns and both Anxiety and Depression also increased.

Figure 12. Examining the Moderating Effect of Self-Concealment on the Relationship between Evaluative Concerns and Anxiety.

Figure 13. Examining the Moderating Effect of Self-Concealment on the Relationship between Evaluative Concerns and Depression.

FLF displayed a significant, positive association between Evaluative Concerns and Depression ($\Delta R^2 = .036$, $p < .01$) as seen in Figure 14. As the level of FLF increased, the strength of the relationship between Evaluative Concerns and Depression also increased. PCO had a nonsignificant ΔR^2 following the addition of the cross terms for both outcome variables.

Figure 14. Examining the Moderating Effect of Fear of Losing Face on the Relationship between Evaluative Concerns and Depression.

Overall, results indicate that a desire to gain face and self-concealment significantly moderated the relationship between maladaptive perfectionism and anxiety and depression while a fear of losing face was a significant moderator for the outcome of depression. However, a preference to cope on one's own was not found to be a significant moderator for either relationship. In other words, aside from a preference to cope on one's own, these constructs, as significant moderator variables, increased the strength of the relationship between maladaptive perfectionism and anxiety and depression.

Summary of quantitative results. The quantitative findings supported the findings from previous research that maladaptive perfectionism was strongly related to anxiety and depression. Overall results indicated general support for the two main hypotheses of this study. First, findings found strong and positive correlations between tendencies to save face, self-concealment, and perfectionistic self-presentation, as expected. There were partial correlations with help seeking attitudes in the form of a positive relation with a preference to cope on one's own. This generally supported the first hypothesis that tendencies to save face, self-concealment, perfectionistic self-presentation, and help-seeking attitudes were significantly related to each other. This meant that participants who scored highly on a desire to gain face and a fear of losing face also actively concealed their flaws, tended to present as perfect, and were inclined to cope with setbacks on their own.

Second, results found significant mediation between maladaptive perfectionism and anxiety and depression when a desire to gain face, a fear of losing face, self-concealment, and a preference to cope on one's own were considered in separate mediation models. This meant that participants with perfectionistic tendencies may experience anxiety and/or depressive symptoms by having a desire to gain face, a fear of losing face, a tendency to conceal their flaws, and a preference to cope on their own. Interestingly, when all constructs were accounted for in a multiple mediation model, self-concealment was found to be the only significant mediator, suggesting possibilities of an overlap between constructs or the need to further clarify the direction, cause, and effect of the relationships between self-concealment and tendencies to save face.

Lastly, a desire to gain face and self-concealment were found to be significant moderators for both outcomes of anxiety and depression, whereas a fear of losing face was a significant

moderator for the outcome of depression. This meant that at high levels of desire to gain face and self-concealment, there were also high levels of maladaptive perfectionism and associated anxiety and depression. At high levels of a fear of losing face, there were also high levels of maladaptive perfectionism and associated depression. These overall findings supported the second hypothesis that tendencies to save face, self-concealment, and a preference to cope on one's own play significant roles in the relationship between maladaptive perfectionism and associated anxiety and depression.

Themes from Semi-Structured Interviews

Several themes emerged from careful review of the transcripts of the 10 participants who were administered semi-structured interviews. A priori and emergent codes that appeared in more than half of the participants were used to formulate the relevant themes. Described below are seven major themes that were relevant to this study's research questions and how they relate to each other: concern over meeting expectations and saving face, the need to be perfect, desire not to disclose or show imperfections, psychological distress and dealing with problems on one's own, stigma of mental health and psychotherapy, the community as a complex support system, and a growth-oriented mindset.

Concern over meeting expectations and saving face. In 7 out of the 10 transcripts, participants described experiences of high expectations placed on them and a pressure or concern over meeting them. While another 2 participants did not personally experience this, they did describe observations of a friend or sister who experienced concern over meeting expectations. All 9 participants who expressed concern over meeting expectations described these expectations to come from parents, four also mentioned teachers, two included friends, and some referred to society in general.

Almost all experiences occurred within a context in which great importance was placed on how one presented oneself in society, which included predominantly academic excellence, as well as college admissions, physical appearance, and social conduct focused on respecting elders. Participant 8 further explained how society viewed one's self-image was largely associated with your academic achievement:

But I think the ethic of like education in [the country I grew up in] is that like you are building a reputation essentially by the schools you go to, by the grades you get, by, you know, which college you're gonna get into and any mark on that reputation could like—it's just gonna show like more than any of your successes.

Thus, this concern over saving face seemed to contribute not only to the concern over meeting other people's expectations, but also shaped what defined the self-image that was expected of them: academic excellence. When asked why she thought she had to do it for the grade, Participant 1 explained:

Because I thought that that would make my parents happy. My dad did not care about me until I got that first rank. And the entire family in my dad's side. They did not care about me at all until they know that like, 'Oh, she could do something,' like, 'She could be the first in the class. She could get into a good school.' So, they started noticing me after I did something good. Before that, like they totally ignored me and my mom. Like I could not accept that. It was hard.

This suggests that the importance of academics in representing one's *face* shaped the expectations society have for their children and explains the concern the participants then have in meeting these expectations and saving face.

These tendencies to save face were generally expressed in two ways. At times, it was expressed in both ways concurrently or one way leading to the other. Six of the participants described experiences that suggested a need for social approval or recognition, or a desire to gain face, which Participant 1 also illustrated in the quote above. She described a desire to gain her father's approval by doing well in school in order to maintain her self-image, or *face*. Participant 9 described a more extreme example of a "top student" friend who loved people praising her in a social media site called WeChat:

She said that, "Do you know that if you're really good top student, like people know you are big name, then, whatever you posted, people gonna click, give you some thumbs up to you [in] what kind of—any kind of post on WeChat. But if you're not that kind of people, then no one gonna do it for you." She said that. And then, she really don't want—don't want—don't want [to] just be destroyed.

This suggests a desire for the approval or recognition from her peers in WeChat in order to avoid her self-image or *face* from being "destroyed" (Participant 9). While this was a more extreme example as compared to the other participants' accounts, all experiences illustrating a desire to gain face were driven by concern over meeting parental and peer expectations. Four participants have also mentioned instances where this has led to a pressure to compare their academic performances with friends, a need to compete with friends, and feeling upset if they scored lower on exams than their friends.

In another way saving face was expressed, 7 of the 10 participants described experiences of intending to avoid disapproval and negative evaluation from the public, or a fear of losing face. Two of the remaining participants described observations of a friend who experienced this. Participant 9 described a time during 7th or 8th grade when grades started counting as part of

transcripts that would be used for college applications. As a result of scoring a C on Economics, she was told by her principal that, "these two grades right here are probably gonna impact your whole life. And you had like—you should've taken—because this one moment could like mess you up forever and telling you that she doesn't want my prospects [affected by] my 8th grade exam." She went on to explain that she didn't think her principal meant it, but "It's still a lot of pressure to just be like consistently stable and upright." She mentioned thinking about how her friends would think she "messed up" and that she had to go to a local university when "the whole objective was to leave [country of origin] and I'm not even gonna get in anywhere. And like I'm not gonna get into even the worst colleges in the US." Thus, all the experiences illustrating a fear of losing face were driven by intentions to avoid being judged or the feelings of embarrassment and shame if societal expectations were not met.

Overall, both these tendencies to save face suggested the importance placed on how people saw you—your *face* and thus, what people expected of you. As a result of these concerns, the experiences shared by the participants detail consistent attempts to protect this self-image, expressed either by a desire to gain face or a fear of losing face. Evidently, there seems to be a complex interaction, given that the concern over meeting expectations and the concern over saving face frequently present hand in hand with each other. In addition, some participants described experiences in which the line between a desire to gain face and a fear of losing face are blurred, suggesting that one can easily lead to the other or even present together. This concern over meeting expectations and saving face adds further complexity to the fabric of interpersonal obligations, expectations, and responsibilities in the lives of these participants.

The need to be perfect. This theme manifested in two ways. First, it manifested in socially-prescribed expectations to be perfect. As the previous theme may suggest, this need to

be perfect was regularly driven by and sometimes overlapped with the concern over meeting expectations and saving face. When talking about meeting the expectations of others in the previous theme, 3 participants used the word "perfect," and 9 participants mentioned perceptions of extremely high standards and feeling immense pressure to meet them, suggesting a trajectory towards perfection. When asked how his school experience was growing up, Participant 2 described it as "intimidating":

Like in the terms of you are expected to do best in whatever you do. To be competitive at everything. To be like perfectly groomed in front of other people if you go out or even in the school, like in education system. If you go do best in every subject, like doesn't matter what you are interested to study but you are expected to be best in every subject. Even though you don't like that subject, you are told that for the sake of schooling, you will have to study this and you will have to be great in it.

From this perspective, the need to be perfect was driven by a concern to meet what is expected of you by other people: "to be [the] best" (Participant 2). Again, great value is placed on how your self-image is perceived through your academic performance, resulting in a concern over saving your face so that one can continue to meet the expectations of others.

Another way the need to be perfect manifested was in the high expectation and criticism placed on the self to be perfect. While 7 participants (2 of them described observations of a friend and sister) described setting high expectations and being critical on the self when expectations were not met, there was more than one way this was expressed. Five participants described a personal drive to be perfect but also acknowledged the impact their parents' expectations had on them. This suggested an interaction between a self-oriented need with a

socially-prescribed need to be perfect. In Participant 1's case, it started with her parents' expectations influencing the expectations she had on herself:

At that time, I cared a lot about what my teacher and my parents said. Like I want to make them proud kind of thing. So, I kept pushing myself every month. So, like every grade I been to—when I was like in grade 8 or 9, like the higher grade, the more I pushed myself. I didn't want to drop my rank. I would be very devastated if I lost, like if I became second rank.

Later on, however, she talks about how this need to be perfect became mainly self-driven:

And then, I tried my best but I didn't get the first rank anymore...I failed so much in that class. I did not get first rank at all. My highest rank was like the second rank. And even though at that time, my mom stopped pushing me because she realised that I had been so obsessed with grades and ranks and it was not healthy for my mental health,...my mental health already damaged. I already became obsessed so there's no way out.

The emphasis of parent-driven perfectionism and self-driven perfectionism described by the experiences of the 5 participants presented in varying degrees, with Participant 1's case being one of them. However, the presence of societal expectations was consistent in all accounts.

On the other hand, while parental expectation was acknowledged, 3 participants expressed taking it more on themselves to meet the high standards they set for themselves. For instance, while Participant 5 acknowledged that "Parents, it's more like I know they expect it but they don't say it, they don't enforce it, they just know I'll be okay regardless or whatever," but she believed that, "It's more the expectations I put on myself. Um—it was—um—it got harder as years go by coz you know, it gets harder to study after a while or like the material gets harder so, at first, it was a lot easier for me to be the best and after a while it gets harder and harder." The support from her parents was "why I never felt pressure from them, it was more from myself. I

mean I knew they wanted the best for me but never really enforced it as much as myself—to myself.”

Overall, the interview transcripts described a need to be perfect that ranged from societal expectations to expectations from the self as a result of either societal pressures or being innately driven. Nonetheless, all participants depicted situations occurring within the context of the general value placed on interpersonal obligations, expectations, and responsibilities, as previously evidenced in concern over meeting expectations and saving face as well.

Desire not to disclose or show imperfections. When asked whether any help was sought from other people when dealing with a setback, 6 out of the 10 participants stated that they did not talk to anyone. Four of those participants attributed this self-concealment to the concern over maintaining a *face*, particularly in their fear of losing face or being judged if they disclosed their problems or showed their mistakes. For instance, Participant 2 talked about societal expectations to “be great in everything, be good at everything, be good to people, hide your mistakes, or like don’t try to do mistakes. If you do, then don’t like show it to people in the school.” When asked why, he said that “it was considered like that if you show your mistakes in front of people, it was not considered nice in the society. Like they will see you in a negative manner.” Participant 8 also talked about a fear of being seen as weak or lesser than her friends:

Well, while I was in school, I didn’t talk to anyone because like even admitting that you’re feeling insecure and that like, you know, you’re feeling just not as good as anyone else was also pretty weak and like, it’s also like, your friends would be like, ‘Just chill, you know, what’s the big deal?’

This general desire not to disclose or show one’s flaws for fear of negative evaluation is consistent with the previous themes that there is a concern over meeting expectations and

protecting one's self image, or *face*. While the word "perfect" was not explicitly mentioned here, this high pressure and need to conceal imperfections or flaws do suggest a trajectory towards perfection.

Psychological distress and dealing with problems on one's own. In addition to not telling anyone about their problems, 7 participants also talked about feeling like they had to deal with the problems on their own. As mentioned in the previous theme, 4 of these participants attributed this to their fear of losing *face* and being judged by their friends, teachers, or parents if they sought help from them. Another 4 participants either believed that they were capable of handling it on their own as Participant 4 described: "I was like, 'It's fine, I can do this, I can do this.' I kept pushing myself." Three participants mentioned that there was no one they could ask because, as Participant 1 mentioned, "I did not feel like they would understand me completely."

As a result of personal and societal expectations and no outlet to cope aside from one's self, 9 participants described experiences of psychological distress. Most participants used non-specific terms such as "awful" (Participant 1), "no way out" (Participant 1), "some kind of psychological problem" (Participant 3), "stressed out" (Participant 4), "some other disorders" (Participant 6), "psychological—some issues" (Participant 6), "horrible" (Participant 8), and "really affected" (Participant 9) when speaking about their struggles. Fewer participants used more specific words such as "panic" (Participant 3), "depression" (Participant 6), "sad" (Participant 2), "social anxiety" (Participant 7), "really really sad" (Participant 9), and "so nervous" (Participant 9). Participant 1 even talked about how her psychological distress affected her physically: "I remember that I was willing to sleep 2-3 hours a night like every day just to do work...Like I did not eat properly, I did not sleep properly, I felt tired all the time." The majority of participants required more specific prompts to describe or consider feelings and when

addressing them, spoke either very vaguely or abruptly before moving on, suggesting that there was less thought or perhaps language regularly used in talking about the emotional experience of dealing with setbacks.

Stigma of mental health and psychotherapy. With regard to seeking help in dealing with problems, 4 participants brought up the topic of psychotherapy and all of them talked about the stigma or negative perception associated with mental health and psychotherapy in the context of where they grew up. Two participants attributed this to receiving psychotherapy meant you were "crazy" (Participant 4). With reference to concerns over saving face, Participant 2 explained:

If you are going for psychotherapy, then you are mad. You are considered mad. Right?... You are being judged if you are going to therapy. I don't know a single person who talked to me about psychotherapy there in [my country]. I don't remember a single person I know that went to psychotherapy. Even they did, they won't talk about it because people judge them... Like people would see you negatively, like "Oh, man, he's—he's—oh, he's out of his mind, why is he going to therapy, you know.

In addition to perceiving psychotherapy as for those who were "mad," there is also mention of a fear of being judged and criticised for going to psychotherapy. Again, the concern over how people saw you in society, resulting in your fear of losing face, persists in one's decision to seek professional psychological help.

Several other factors for the stigma on mental health and psychotherapy were also discussed. Two participants mentioned how caring about mental health made them seem "weak" (Participant 8). Participant 4 explained how that mentality growing up "made it very hard for me to open up to people" and that "people would really not appreciate me as a person if I was

constantly talking about my feelings.” Other reasons included parents and teachers that “just support you academically but not emotionally or mentally” (Participant 6) and “mental health [was] like something like people who don’t have to make money can like deal with” (Participant 8).

Overall, the fear of losing face seem to underlie the existing stigma, resulting in people trying to conceal what they perceive to be imperfections, which in this case, are equated to talking about one’s own mental health and seeking professional psychological help. Aside from the 4 participants, no other participants mentioned any considerations of psychotherapy when asked how they deal with setbacks and the resulting distress, suggesting that perhaps it was not readily available. Therefore, this theme was still explored albeit only being mentioned by less than half of the 10 participants. These findings indicated that considerations of psychotherapy as a possible option or awareness of its existence during the childhood and adolescence of some participants was questionable.

The community as a complex support system. While some participants described interpersonal concerns within the community in previous themes, several participants also mentioned experiences in which the community acted as a support system for them. Two participants described help attained from supportive teachers and 9 participants reported how experiences of having friends to confide in or spend time with when dealing with problems greatly helped “all my fears just disappear” and “made me more assured of myself” (Participant 3). Participant 5 talked about her friends having each other’s backs and that “We are never perfect but we accept you for who you are and you accept us for who we are.” This notion of acceptance was also a quality some participants used to describe the parental support they received. Six participants described the support received from their parents in the form of

meeting or accepting the child where they were at, giving advice on working hard and learning from failure, and/or spending positive quality time together. Participant 10 described the "freedom" and "respect" he had in making his decisions, suggesting a form of agency growing up, as well as his parents' advice on growth and doing his best:

I appreciate that they give me the freedom to do whatever I want and I like. And they respect me, they really respect me a lot. Respect my choice, my decision, and almost everything...

And [my dad] really didn't mind what grades I got or what marks I got any time. But he was like, 'Just do what you really like to do because, you know, if you're doing that, you don't have to worry about the marks, you're just doing what you like to do... Do whatever you want to do and as much as you like, you can do. But never produce work that is not good.'

In this way, parents still seemed to have expectations for their child to work hard and do well as Participant 10 described above. However, parents also attempted to convey support and provide space for their child to grow instead of ascribing a pre-determined path for them. Participant 6's experience also supports this notion of acceptance and individual growth by parents or guardians:

My other parents or guardians...they just wanted me to be happy. Just to be happy world as a child and as an adolescent. Yea, and I had my own dreams and I started to pursue it and they just supported me. And they won't—I think they preferred myself to find out ways to achieve the goal rather than they pointed out here's the way—the path that you should embark on.

All 6 of the participants that described personal experiences of parental support, described their parents as willing or open to meeting them where they were at in their school life and reported lesser experiences or degrees of psychological distress than the other participants. Two participants went on to describe the intention of parents as wanting the best for their

children. From his experience, Participant 2 discussed the desire of "poor and middle income families" for their children to attain a better life and avoid experiencing the hardship that their parents had to endure in the past:

[Parents] want from their children more for their children—that [their children] get what the best [that their parents] cannot—[what their parents] didn't get it. So, they don't end up like them, doing not good stuff for earning or like for living.

This may explain one of the motivations behind the high expectations parents ascribe to their children, suggesting that parents set high academic expectations because, as Participant 5 explains, "I know my parents want the best for me and they want to make sure I get...the best I can be in everything and get what I can."

However, parents' intentions of wanting the best for their children need to be considered in light of how they go about implementing these intentions in their children's lives. Participant 2 described and criticised a fixed, all-or-nothing attitude conveyed by his society, drawing parallels to the parent-driven perfectionism discussed in the previous theme, which he attributes to this disconnect. Even though parents may be "thinking good about their children" (Participant 2), the challenge arises when parents set a fixed, predetermined mindset on the path their children take, with no desire of listening or thinking constructively about the problems encountered by their children: "I felt like my parents never gave me that space growing up" (Participant 4), "I tried talking to my parents but like, until now actually, they haven't really like, you know, been really listening" (Participant 8), "My dad did not care about me until I got that first rank. And the entire family in my dad's side. They did not care about me at all until they know that like... 'She could be the first in the class. She could get into a good school'" (Participant 1). As a result, these 3

participants did report greater frequency and intensity of experiences of psychological distress, usually endured alone.

Overall, the community seems to possess a great capacity in acting as a support system for these participants ranging from parental, peer, and teacher support. The accounts of participants on the community as a support system reveal the complex way in which the role of the parent can manifest and influence the child's growth, with 3 participants describing adaptive ways this influenced their life and 6 other participants describing both adaptive and maladaptive ways it has impacted their life. Results reveal that while parents may possess genuine intentions of wanting the best for their child, a lack of clear communication between the parent and child and ascribing a fixed, predetermined pathway for the child may lead to the child experiencing greater psychological distress when parental expectations are not met. Instead, parental support in the form of acceptance, meeting the child where they are at, and attempts to provide a space for the child to grow in their own way were associated with lesser frequency in and degrees of psychological distress.

Growth-oriented mindset. Embracing growth emerged as a theme in the participants' description of experiences that have positively impacted how they dealt with setbacks. Four participants described an alternate way of viewing failure as a learning experience. Participant 5 described this growth-oriented mindset emerging from her parents' advice to "learn from your mistakes and try harder next time" and from the support of her peers:

I would say, it doesn't affect me as much as a negative thing. It's more like, "Okay, next time, I got to make sure I do better than them." It's a motivation for me. It's never like, "Oh shit, I'm so terrible," or like, "How can this happen?" It's a very motivational thing. So, we

motivate each other. We always tell each other, "You know you motivate me so much, you're studying, that's why I got better," like we always telling each other that.

Instead of expressing an overconcern with fear of judgement and negative self evaluation, as discussed in previous themes surrounding the concern over meeting expectations, saving face, and the need to be perfect, these 4 participants expressed a different way of viewing failure, mistakes, and imperfections—one that utilised these setbacks as contributing to their growth as a person.

In response to meeting societal expectations, 5 participants described focusing on people who care and contribute to the growth in their life; however, 3 of the 5 did not describe past childhood or adolescent experiences, but referred to how their past informed their present selves. All 5 participants expressed a focus on people who matter to them as opposed to letting what everyone may think of them define how they should present themselves, or their *face*. Participant 5 describes this in advice obtained from her mom:

...she mentioned how you can never please everybody. There's always gonna be people who doesn't like you in this world. So, ignore them and focus on the people who matter to you in your life. And those people who matter to you, their opinions matter more than the people who do not matter in your life. And I think that really made an impact in my life coz then I could tell myself that those people who do not like me are those people who I don't even know, who don't even know me in person anyway, and why should their opinions matter to me anyway...

Overall, 6 participants described a growth-oriented mindset in the way they approached failure and/or how they valued the thoughts of people who contributed to their growth. While 2 participants described adopting this mindset only after their childhood and adolescent period, all

6 participants did report more positive experiences and lesser distress as a result of using this strategy to deal with setbacks in their lives.

Summary of qualitative results. Overall, the concern over meeting expectations and saving face seemed to underlie a lot of the thoughts, behaviours, and situations experienced by the participants, shaping the context in which all other themes presented itself. Interestingly, the qualitative results allowed for depictions of nuanced and complicated interactions between the constructs explored in this study. For instance, participants described experiences in which one's self-image and the pressure to meet academic expectations influenced a desire to gain face and fear of losing face. Participants also related this to the need to be perfect as a result of societal pressures, being innately driven, or a combination of both. Consequently, a desire to not disclose or show imperfections was apparent due to a fear of losing face, embarrassment, or shame. Instead, psychological distress was mostly experienced alone, given that most participants described dealing with problems on their own. There was also a reluctance and hesitance when talking about psychological distress and aside from 4 participants, no one mentioned considerations of psychotherapy when dealing with setbacks and resulting distress. The prevalent stigma on mental health and seeking professional help as "crazy" (Participant 4) and a "weakness" (Participant 8) exacerbated these patterns of interpersonal concerns, tendencies to save face, self-concealment, and distress.

However, the qualitative results also shed light on how the community could act as a complex support system. Along with having a growth-oriented mindset, these two themes could be possible protective factors in this relationship between perfectionism and psychological distress when both the child and the parent are willing to maintain an open communication and share goals towards growth instead of a fixed and predetermined path forward.

Overall Summary of Quantitative and Qualitative Results

Both quantitative and qualitative findings provided general support for the two main hypotheses of this study, with qualitative findings adding a layer of fluidity and complexity to the more fixed patterns and constructs examined in the quantitative analysis. For Question 1, quantitative results revealed moderate to strong correlations between tendencies to save face, self-concealment, perfectionistic self presentation, and a preference to cope on one's own, one of the subscales measuring help-seeking attitudes. Value in seeking professional help had significant negative significant correlations only with perfectionistic self presentation but not with other constructs. In relation to help seeking, the themes that emerged from the qualitative findings revealed a stigma towards mental health and psychotherapy as well as a hesitance and reluctance in talking about psychological distress indicated by the use of vague or nonspecific terms describing psychological distress.

For Question 2, results revealed that the tendencies to save face, self-concealment, and preference to cope on one's own were significant mediators, while tendencies to save face and self-concealment were significant moderators between perfectionism and distress. Quantitative moderation analyses revealed that as the levels of desire to gain face and self-concealment increased, the levels of maladaptive perfectionism and associated anxiety and depression also increased. As the levels of fear of losing face increased, the levels of maladaptive perfectionism and associated depression also increased. In quantitative analysis of separate mediation models, a desire to gain face, a fear of losing face, self-concealment, and a preference to cope on one's own significantly accounted for and explained how maladaptive perfectionism could lead to anxiety and depression. However, when constructs were considered together in a multiple mediation model, self-concealment was the only significant mediator that explained the relationship above and beyond the rest of the constructs. This may point towards and support a possible overlap, or

more complex interaction between these constructs beyond the direct pathway that was generated in the quantitative analysis.

These possible overlaps and complex interactions between tendencies to save face, self-concealment, and a preference to cope on one's own as highlighted in the interview themes suggest further interactions that exist beyond the simple mediation and moderation models tested in the quantitative analyses. Interview results indicated a desire not to disclose imperfections and a preference to deal with problems on one's own mostly as a result of a fear of being judged or seen as weak. This fear of losing face occurred within an overarching concern over meeting expectations and saving one's self-image, or *face*. While quantitative findings supported the relationship between a more self-oriented maladaptive perfectionism using Evaluative Concerns as related to anxiety and depression, interview themes revealed a need to be perfect that could be socially-driven and more general descriptions of psychological distress.

On the other hand, the community as a complex support system and a growth-oriented mindset also emerged as interview themes that offered an alternate way in which some participants perceived situations and acted within a saving face and interdependent context. When parents were willing to accept the child where they were at, and focus on the growth instead of ascribing a fixed, predetermined path, participant experiences illustrated a greater capacity to keep moving forward in spite of the hurdles encountered.

CHAPTER 5

DISCUSSION

My overarching goal for this study was to explore a more critical and in-depth understanding of the role(s) that culture and its associated mechanisms may play in the relationship between maladaptive perfectionism and anxiety and depression among Asian youth. I was particularly interested in individuals who grew up in Asian cultures for which interdependence (Yoon & Lau, 2008) and collectivism have been found to be more salient (Ho, 1976). For this study, I explored the past childhood and adolescent experiences of Asian international students attending college in the US who grew up in Asia. Within this context, I examined one's tendency to "save face" or protect their self-image. First, I hypothesised that saving face would have a strong relationship with disguised distress, the act of concealing one's flaws and presenting as perfect, as well as negative attitudes towards seeking help. Second, I proposed that this tendency to "save face" may pose as a cultural vulnerability factor to maladaptive perfectionism and associated anxiety and depressive symptoms among Asian international students.

In general, findings supported both main hypotheses. Quantitative results revealed that a desire to gain face, a fear of losing face, and self-concealment significantly increased the strength of (moderated) and along with a preference to cope on one's own, significantly explained (mediated) the relationship between maladaptive perfectionism and distress. Qualitative findings provided support to this while shedding further light as to how the different constructs manifested and interacted with each other in a complex way, beyond the simple mediation and moderation models tested in the quantitative analysis. In this chapter, I discuss the implications these results have on understanding the role that "saving face" culture may have on

psychological research and the value of using a mixed methods approach. The strengths, limitations, and future directions are also discussed throughout.

The Culture of "Saving Face"

Past research has found a tendency for Asian communities to be interdependent, a dimension of collectivism, which means defining the self based on interpersonal relationships and obligations within one's community (Markus & Kitayama, 1991; Yoon & Lau, 2008). Within this interdependent context, individuals may feel the need to protect one's own self-image or the image of the group they belong to (Yoon & Lau, 2008), or in other words, to "save face" (Ho, 1976; Kim & Nam, 1998; Yu & Wen, 2003; Zhang et al., 2011). Results from this study supported these prior findings of tendencies to save face within the interdependent context of Asian international students' past experiences growing up in Asia. Additionally, results provided further insight about the manifold ways that the culture of "saving face" may relate to disguised distress and help seeking, its role in the link between perfectionism and psychopathology, and the power of community and growth within Asian cultures.

Relationship between "Saving Face," Disguised Distress, and Help Seeking. As expected, there were strong relationships between saving face, disguised distress, and negative attitudes towards help seeking in the form of a preference to cope on one's own. Both quantitative and qualitative results revealed strong relations between these constructs as demonstrated in the Pearson correlation coefficients and interview themes.

Contrary to what was predicted, value in seeking treatment only had negative significant correlations with perfectionistic self presentation but not to other variables in the quantitative findings. This may be explained by the themes that emerged from the qualitative findings. While the theme of stigma towards mental health and psychotherapy suggested a lack of openness and value in seeking treatment, which was expected, only 4 of the 10 participants brought up

considerations of psychotherapy, with 1 participant mentioning it only in reference to the ATSPPH scale in the online survey they had completed prior to the interview. The other 6 participants did not mention any considerations of psychotherapy or mental health care when asked how they dealt with setbacks and resulting psychological distress of relatively great magnitude.

There was an observed hesitance, reluctance, and need for continuous prompts when talking about psychological distress throughout the interviews. When psychological distress was described, the majority of participants used vague terms without much intention or capacity to elaborate further. This pointed towards a lack of understanding, awareness, language, and/or space to discuss and reflect on emotional experiences, especially those associated with negative experiences. For instance, while Participant 8 thought that she was "depressed at one time in my life" and she didn't see her parents not being supportive if she told them about her struggles, "that wasn't language that I knew and my parents didn't know it either [at the time]." Participant 6 explained that parents and teachers "just support[ed] you academically but not emotionally or mentally," suggesting a lack of understanding or awareness of mental health. This indicates that ATSPPH-SF and help-seeking attitudes in general may be affected by practical barriers particularly amongst Asian communities (Kung, 2004; Fang, Pieterse, Friedlander, & Cao, 2011), ranging from a lack of knowledge about the nature of counselling, lack of access to counselling services, to financial and language concerns.

It is also important to note that there were poor to modest internal consistencies for the overall help-seeking measure of ATSPPH-SF ($\alpha = .57$) and Openness to Seeking Professional Help subscale ($\alpha = .26$) in the present study. Thus, only the Value in Seeking Help and Preference to Cope on One's Own subscales were further examined. Nonetheless, the instability

of this measure supports the need for further studies to examine the reliability of the ATSPPH-SF across different populations. Some researchers found good internal consistency for a unidimensional measure (Ang et al., 2007), a two-factor model (Elhai et al., 2008), and a three-factor model (Picco et al., 2016) with two studies using Asian populations in Singapore (Ang et al., 2007; Picco et al., 2016). However, Fang, Pieterse, Friedlander, and Cao (2011) reported poor reliability coefficients for a Chinese population. This suggests some instability when using the measure on non-US participants as evidenced as well in Leach, Jana-Masri, and Priester's (2007) study on populations in Egypt. Given that the ATSPPH-SF was originally created on US samples and largely reflects US attitudes towards help seeking, there is great value in revising this measure or developing a new measure that is more culturally-sensitive. For instance, help-seeking measures should consider including questions addressing knowledge or awareness of psychotherapy.

In sum, the questionable level of understanding and awareness of seeking professional psychological help among participants of this study may have impacted the way in which some answered the ATSPPH-SF scale, offering a probable explanation as to why there were fewer significant correlations with openness and value in seeking treatment with other variables in the quantitative results. Research on help seeking in non-US samples may benefit from a revision of the ATSPPH-SF or further studies examining the reliability and validity of the psychometric properties in measuring help-seeking attitudes in non-US populations such as those in Asia.

Role of "Saving Face" in Perfectionism and Psychological Distress. The tendencies to save face did demonstrate a significant role in the relationship between perfectionism and psychological distress with possible overlap with disguised distress. Moderation analyses revealed that the relationship between maladaptive perfectionism as measured by Evaluative

Concerns and anxiety and depression was stronger when participants had a desire to gain face or high self-concealment. By contrast, there was a stronger relationship between evaluative concerns and depression amongst participants who possessed a fear of losing face. These findings suggest that higher levels of a desire to gain face, self-concealment, and a fear of losing face are associated with higher levels of maladaptive perfectionism and psychological distress. Mediation analyses indicated that separately, a desire to gain face, a fear of losing face, self-concealment, and a preference to cope on one's own were indirectly associated with anxiety and depression via heightened evaluative concerns. However, when these four constructs occurred concurrently, self-concealment was the only significant mediator of this relationship, suggesting possibilities of overlap and the need to further clarify the relationships between these constructs. The multiple regression-based analysis suggested that aside from self-concealment, the desire to gain face, the fear of losing face, and preference to cope on one's own did not contribute uniquely and significantly to the indirect effect with anxiety and depression after accounting for each other as well as evaluative concerns.

An explanation for this is that these constructs, particularly a desire to gain face, a fear of losing face, and self-concealment may be too similar in nature (as evidenced with the high correlations as seen in Table 2) for each construct to account for unique differences between them. While previous research found self-concealment to be a significant mediator between evaluative concerns and psychological distress (Kawamura & Frost, 2004; DiBartolo, Li, & Frost, 2008), no research has looked across consciousness of social face, self-concealment, and perfectionistic self presentation in the same study. The Consciousness of Social Face Scale was constructed in response to Kim and Nam's (1998 as cited in Zhang, Cao, & Grigoriou, 2011) call for the development and measures of the concept of *face* as the key to explain much complexity

of social interactions in Asian societies and organisations. On the other hand, Self-Concealment and Perfectionistic Self-Presentation were conceptualised based on a predisposition (Larson & Chastain, 1990) and self-presentation style (Hewitt et al., 2003) respectively. While consciousness of social face is socially-driven and the latter two focus on personality traits, there may be an overlap in how people present with them. For further quantitative studies examining across these measures, the author suggests conducting a factor analysis to better clarify the possible overlaps and/or differences between them.

Another explanation suggests that the tendencies to save face and disguised distress may impact the link between perfectionism and distress in a more complex pathway than that of a simple and direct mediation model tested in the quantitative analysis. These possible overlaps or complex interactions between tendencies to save face, self-concealment, and a preference to cope on one's own are supported by qualitative results of themes and patterns that emerged. Analysis of the interview transcripts found that participants' overarching concern over meeting expectations and saving face shaped the context in which all other themes presented themselves. Most participants reported a pressure to meet expectations mostly from their parents, indicating a value accorded to interpersonal obligations, expectations, and responsibilities, which past researchers have examined as interdependence, a characteristic of collectivism (Markus & Kitayama, 1991; Yoon & Lau, 2008). At the same time, most participants reported great importance and concern over how one presented oneself in society, with academic excellence regularly boosting one's self-image or *face*. College admissions, physical appearances, and social conduct focusing on respecting elders were also reported to reflect one's face and thus, also feeding into the expectations parents, teachers, and friends had for them. As a result of this concern over meeting expectations and saving face, participants described experiences that

indicated a need for social approval (desire to gain face) and/or intentions to avoid negative self-evaluation from others (fear of losing face). When asked about seeking help in dealing with setbacks, participants who reported a fear of losing face expressed a desire not to disclose or show imperfections because they felt embarrassed or wanted to avoid shame and judgement from other people. While this sheds light on Asian international student experiences in particular, it also supports previous research noting that Asian American college students were less likely to mobilise social support to cope with stress due to concerns about being criticised, saving *face*, and not burdening others (Taylor, Sherman, Kim, Jarcho, Takagi, & Dunagan, 2004; Yoon & Lau, 2008). Thus, psychological distress was mostly experienced alone as several participants described dealing with problems on their own, either due to preference or a belief that that was the best solution given their concerns of saving face. Again, this suggests previous research on Asian American college students that self-reported social anxiety and depressive symptoms stemmed from interdependent concerns (Okazaki, 1997; Yoon & Lau, 2008).

Consistent with findings from previous studies, Evaluative Concerns, comprised of excessive concern over mistakes and doubting one's actions was strongly correlated with anxiety and depression (Affrunti & Woodruff-Borden, 2014) as evidenced in the quantitative findings. In the qualitative findings, 3 participants used the word "perfect" and other participants described high expectations and concern over criticism for not meeting high expectations, suggesting a trajectory towards perfection. While qualitative findings supported Evaluative Concern's self-driven aspect of perfectionism, they also revealed the need to be perfect as expressed in more ways than one. While a few participants expressed their drive towards perfection to be innately-driven, a greater number of participants expressed the need to be perfect either as a consequence of or in interaction with the concern over parental expectations and saving face.

Characteristic of a collectivistic culture, overall results suggested an emphasis placed on interdependence—the tendency to define one's self in reference to interpersonal obligations, expectations, and responsibilities (Markus & Kitayama, 1991). This supports previous research that found associations between perceptions of high parental expectations and criticism with depression among Asian American college students (Yoon & Lau, 2008). While the quantitative analysis of this study mainly had a self-oriented focus on maladaptive perfectionism as measured by Evaluative Concerns on the FMPS, qualitative results revealed the overarching role that parental expectations and criticism may have in influencing perfectionistic tendencies during childhood and adolescence. Previous research on the FMPS have found parental subscales to factor into a third dimension in addition to Evaluative Concerns and Achievement Striving (Purdon, Antony, & Swinson, 1999; Stumpf & Parker, 2000; Khawaja & Amrstrong, 2005; Hawkins, Watts, & Sinclair, 2006). This led Burgess and colleagues (2016) to suggest that the parental subscales may contribute to the development of perfectionism rather than the nature or central components of perfectionism, pointing researchers to focus more on Concern over Mistakes and Doubts about Action as part of the Evaluative Concerns dimension. Given the prevalence of the parental aspect in the present study's findings, there is value in exploring the associations of parental aspects with the maladaptive component of perfectionism, especially in studying how perfectionism may develop amongst children, adolescents, or young adults. This warrants future studies using Parental Expectation and Parental Criticism within the FMPS to test for a third dimension, termed as Parent-Driven Perfectionism by Yoon and Lau (2008), in addition to Evaluative Concerns. Another measure worth considering for future perfectionism research is the Hewitt Multidimensional Perfectionism Scale (HMPS; Hewitt et al., 1991) which is comprised of self-oriented perfectionism, socially-prescribed perfectionism, and other-oriented

perfectionism. Given the prevalence of societal expectations in Asian youth as illustrated in the findings of this study, the socially-prescribed perfectionism subscale may prove useful in future studies in relation to the collectivistic orientation.

Lastly, while this study focuses on the maladaptive components of perfectionism, there is value in considering the results in light of the arguably adaptive components that have been associated with perfectionism as well. Amidst the continual debate on whether perfectionism can be adaptive as well as maladaptive, this study was conducted with the understanding that there is a fine line between striving for excellence as opposed to a desire for perfection. As discussed in the theme of a growth-oriented mindset, there were experiences described by participants that reflected a setting of high standards but also a capacity to accept and learn from mistakes, which suggested striving for excellence. However, other participants who described a setting of high standards, also expressed an overconcern over their mistakes, an inability to really accept failure, and the continued fear of the slightest negative self evaluation as described in the rest of the interview themes. While difficult to distinguish at times, the latter was what characterised the maladaptive perfectionism examined in this study.

The Power of Community and Growth. In interpreting the findings of the risk associated with parental expectations and saving face, it is important to acknowledge the complex role that saving face culture may play in interdependent communities such as those of Asian cultures. The focus of this study was to better understand what role saving face may have with maladaptive perfectionism and associated anxiety and depression. However, the emergent themes remind us to consider this in light of the strengths of Asian communities. There was a wealth of qualitative data in this study that described a theme of community as a complex support system, which included parents meeting the child where they are at, friends who are

willing to accept and support you through setbacks, and teachers as helpful resources.

Participants also reported more positive experiences and lesser psychological distress as a result of having a growth-oriented mindset in which failure was perceived as a learning experience and only people who contributed to the growth in one's life were focused on.

With regards to concern over parental expectations, a few participants noted the genuine intention of parents wanting the best for their children, instilling the value of hard work and discipline to attain a better life and avoid experiencing the hardship that they had to endure in the past. The challenge arises, one participant notes, when parents set a fixed, pre-determined path for their children to take with no desire of listening or thinking constructively about the problems encountered by their children in taking this path. Many participants who described experiences of profound distress in not meeting expectations or dealing with failure also revealed a lack of communication between parent and child, suggesting that the humility to listen and willingness to meet the other halfway may enable the relationship between parent and child to grow and reduce psychological distress.

There were emerging themes that I was unable to explore deeply due to the limited scale of this study. A few participants described experiences that demonstrated courage to stay true and advocate for one's self. In discussing the difference of how mental health was dealt with in the US from her home country, another participant talked about her observations between coddling compared with developing grit from enduring challenges. Future psychological research in Asian cultures and beyond would benefit from exploring the ability in individuals to advocate for themselves, and the range of outcomes from having to not having access to mental health care.

Regardless, strength and resilience is necessary in spite of the pressures that might arise from an interdependent and saving face culture, as illustrated in the participants' experiences. In this study, participants did attribute their capacity to persevere through challenges to being raised in an environment where persistence, determination, and hard work was the standard by which people lived. Results revealed that there is a great capacity to use interpersonal relationships that exist within a community as a support system in dealing with setbacks, particularly when there is a shared value in perceiving failure, mistakes, and imperfections as an opportunity to learn and grow. In order to give voice to all these rich facets, culturally-informed coping strategies deserve to be examined in future studies given the unexplored strengths of collectivistic and interdependent communities, such as that of Asian cultures.

The Complexity of Culture

Having said that, it is also important to note that this study cannot represent the complexity of the wide range of cultures in Asia. The continent of Asia is comprised of many regions, countries, and contexts that hold a range of customs, traditions, and beliefs that are unique from each other. Given the lack of psychological research on perfectionism, culture, and mental health within Asia, the aim of this study was to lay the groundwork for further studies to examine perfectionism and mental health in specific cultures within Asia. Previous research findings have indicated elevated rates of perfectionism in Asian populations (Peng & Wright, 1994) and results of this study support and extend this to associated tendencies to save face, self-conceal, and experience psychological distress alone, all of which create a susceptibility among Asian youth to developing anxiety and depressive symptoms (Yoon & Lau, 2008). Themes of accompanying stigma towards mental health and reluctance among youth to seek help negatively reinforce this existing susceptibility and raise a sense of urgency to question the awareness, value

of, access to, and forms of how mental health care that could be structured within an Asian context.

While most members of a collectivistic culture tend to *save face*, a minority of people do not share these tendencies. Future studies may benefit from including a measure on collectivism or interdependence. While this study focuses on *saving face*, other factors such as individual traits that interact with cultural values should also be considered in light of these results. It is also important to note that collectivism and tendencies to save face may exist beyond an Asian context. While this study focuses on Asian populations, the results of this study are not exclusive to Asian cultures. In fact, there can be great value in conducting further cross-cultural research on Hispanic/Latino, African American, and Caucasian populations.

Due to the logistical constraints of this study, there was an anticipated challenge in recruiting participants from countries in Asia. While participants had to have grown up in a country in Asia for at least 13 years of their life, only participants who were currently living or studying in the US were recruited. Thus, there was a possibility that their answers may have been influenced by their exposure to American culture.

Due to anticipated challenges in getting consent from children and teenagers, this study was limited to recruiting participants aged 18 to 25 who were instructed to complete the survey and interview based on their childhood and adolescent experiences growing up in Asia. Thus, there are limitations on how accurate the childhood and adolescent experiences can be represented in this study given that participants reflected on their past memories, which could also be influenced by their present perceptions, thoughts, and beliefs of themselves and their past experiences.

Methodologically, there were some limitations in the sample size of the qualitative data and inter-rater reliability. Given the time constraint of a year-long research study, the complexity of a mixed methods design, and the workload of an independent research study, semi-structured interviews were only administered to a subset of 10 participants and coded manually by one researcher instead of using qualitative analysis software.

The wealth of findings in this study demonstrates the strength of conducting mixed methods research, utilising quantitative and qualitative research components to inform each other. In addressing my research questions, the mixed methods design enabled me to obtain a comprehensive and nuanced picture of how different variables manifested and interacted with each other beyond what I hypothesised. The combination of quantitative and qualitative findings gave me the capacity to critically understand the manifold roles of the culture of "saving face" in the relationship between perfectionism, psychological distress, and psychopathology. While these results provided insight on the implication of culture on psychopathology in Asian communities, it also allowed me to consider this in light of the strengths in Asian communities and the multiplicity of culture, which can sometimes be overlooked in psychological research.

CHAPTER 6

CONCLUSION

In sum, the quantitative and qualitative results in this study indicate a strong tendency to save face and a high concern over parental expectations and criticism in the childhood and adolescent experiences of youth growing up in Asia who then come to study in the US. These results extend the cultural basis underlying reports of higher levels of perfectionism among Asian American college students relative to their non-Asian peers (Peng & Wright, 1994). Among youth who have grown up in Asia who then attend college in the US, the context of heightened academic concerns such as duty to parents (Yoon & Lau, 2008) and saving face may provide a greater susceptibility to maladaptive perfectionism and associated psychological distress. In this way, findings from this study support the tendencies to save face as a cultural vulnerability factor not only for perfectionistic individuals to experience psychological distress, but for maladaptive perfectionism to emerge in individuals growing up in an interdependent and saving face culture. Having said that, it is important to note that there is also capacity to utilise the community as a support system when parents are willing to meet the child where they are at, with the support of friends who accept you as you are, supportive teachers, and a shared growth-oriented mindset towards failure and people who contribute to one's life.

Given the multi-faceted role of culture in psychology, there is great value in pursuing future research that acknowledges and strives to understand how the strengths and vulnerability factors within cultures may interact and shape the adaptive and maladaptive trajectories throughout our lives. By understanding how the culture of "saving face" relates to perfectionism and distress, I hope to highlight the childhood and adolescent experiences growing up in Asian communities that few researchers have brought to the forefront. It is important to acknowledge

that all participants currently reside in the US and represent diverse Asian cultures, which can serve as limitations for the generalisability of this study's findings to experiences in Asia. The next step would be for future research to clarify how the mechanisms of this study manifest in specific Asian communities, with participants who currently reside in Asia. The stigma of mental health and psychotherapy in Asia, the reluctance of asking for help when they need it, and tendencies to disguise distress raise unique challenges in the mental health needs within an Asian context. Considering community as a strength in Asian cultures, I hope my research, amongst many others, will strive to remind the rich and diverse communities throughout Asia and beyond that we are stronger together than alone. As scary and upsetting as failure and imperfections can be, they do not have to be faced alone but can be experienced as part of the growth in our lives, with the support of people we love.

REFERENCES

- Affrunti, N., & Woodruff-Borden, J. (2014). Perfectionism in Pediatric Anxiety and Depressive Disorders. *Clinical Child & Family Psychology Review*, 17(3), 299–317.
<https://doi.org/10.1007/s10567-014-0164-4>
- Antony, M. M., Purdon, C. L., Huta, V., & Swinson, R. P. (1998). Dimensions of perfectionism across the anxiety disorders¹. *Behaviour Research and Therapy*, 36(12), 1143–1154.
[https://doi.org/10.1016/S0005-7967\(98\)00083-7](https://doi.org/10.1016/S0005-7967(98)00083-7)
- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469–480. <https://doi.org/10.1037/0003-066X.55.5.469>
- Asseraf, M., & Vaillancourt, T. (2015). Longitudinal Links Between Perfectionism and Depression in Children. *Journal of Abnormal Child Psychology*, 43(5), 895–908.
<https://doi.org/10.1007/s10802-014-9947-9>
- Beevers, C. G., & Miller, I. W. (2004). Perfectionism, cognitive bias, and hopelessness as prospective predictors of suicidal ideation. *Suicide and Life-Threatening Behavior*, 34, 126–137.
- Benson, 2003. (2003, November). *The many faces of perfectionism*. Retrieved from <http://www.apa.org/monitor/nov03/manyfaces.aspx>.
- Burgess, A. M., & DiBartolo, P. M. (2016). Anxiety and perfectionism: Relationships, mechanisms, and conditions. In F. M. Sirois, D. S. Molnar, F. M. Sirois (Ed), & D. S. Molnar (Ed) (Eds.), *Perfectionism, health, and well-being*. (pp. 177–203). Cham, Switzerland: Springer International Publishing.

- Burgess, A. M., Frost, R. O., & DiBartolo, P. M. (2016). Development and Validation of the Frost Multidimensional Perfectionism Scale–Brief. *Journal of Psychoeducational Assessment, 34*(7), 620–633. <https://doi.org/10.1177/0734282916651359>
- Castro, J. R., & Rice, K. G. (2003). Perfectionism and ethnicity: Implications for depressive symptoms and self-reported academic achievement. *Cultural Diversity and Ethnic Minority Psychology, 9*(1), 64–78. <https://doi.org/10.1037/1099-9809.9.1.64>
- Causadias, J. M. (2013). A roadmap for the integration of culture into developmental psychopathology. *Development and Psychopathology, 25*(4pt2), 1375–1398. <https://doi.org/http://dx.doi.org.proxy2.hampshire.edu/10.1017/S0954579413000679>
- Čerkez, V. Č., & Efendić-Spahić, T. (2016). Perfectionism at Younger Adolescents: Associations with Different Aspects of Anxiety. *Human: Journal for Interdisciplinary Studies, 6*(1), 70–80.
- Cepeda-Benito, A., & Short, P. (1998). Self-concealment, avoidance of psychological services, and perceived likelihood of seeking professional help. *Journal of Counseling Psychology, 45*, 58-64.
- Chang, E. C., Chang, R., & Sanna, L. J. (2012). A test of the usefulness of perfectionism theory across cultures: Does perfectionism in the US and Japan predict depressive symptoms across time? *Cognitive Therapy and Research, 36*(1), 1–14. <https://doi.org/10.1007/s10608-011-9376-9>
- Chanpattana, W. (2010). Asia's mental health crisis in the 21st century. *The Journal of ECT, 26*(1), 2–4. <https://doi.org/10.1097/YCT.0b013e3181ce1a7a>
- Creswell, J. W., & Plano Clark, V. L. (2011). *Designing and Conducting Mixed Methods Research*. SAGE.

- DiBartolo, P. M., Chia Yen Li, & Frost, R. O. (2008). How Do the Dimensions of Perfectionism Relate to Mental Health? *Cognitive Therapy & Research*, 32(3), 401–417.
<https://doi.org/10.1007/s10608-007-9157-7>
- DiBartolo, P. M., & Rendón, M. J. (2012). A critical examination of the construct of perfectionism and its relationship to mental health in Asian and African Americans using a cross-cultural framework. *Clinical Psychology Review*, 32(3), 139–152.
<https://doi.org/10.1016/j.cpr.2011.09.007>
- Dunkley, D. M., Zuroff, D. C., & Blankstein, K. R. (2003). Self-critical perfectionism and daily affect: dispositional and situational influences on stress and coping. *Journal of Personality and Social Psychology*, 84(1), 234–252.
- Elhai, J. D., Schweinle, W., & Anderson, S. M. (2008). Reliability and validity of the Attitudes Toward Seeking Professional Psychological Help Scale-Short Form. *Psychiatry Research*, 159(3), 320–329. <https://doi.org/10.1016/j.psychres.2007.04.020>
- Essau, C. A., Leung, P. W. L., Conradt, J., Cheng, H., & Wong, T. (2008). Anxiety symptoms in Chinese and German adolescents: Their relationship with early learning experiences, perfectionism, and learning motivation. *Depression and Anxiety*, 25(9), 801–810.
<https://doi.org/10.1002/da.20334>
- Fang, K., Pieterse, A. L., Friedlander, M., & Cao, J. (2011). Assessing the Psychometric Properties of the Attitudes Toward Seeking Professional Psychological Help Scale-Short Form in Mainland China. *International Journal for the Advancement of Counselling*, 33(4), 309–321. <https://doi.org/http://dx.doi.org.proxy2.hampshire.edu/10.1007/s10447-011-9137-1>
- 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.
- Flett, G. L., Coulter, L.-M., & Hewitt, P. L. (2012). The Perfectionistic Self-Presentation Scale—Junior Form Psychometric Properties and Association With Social Anxiety in Early Adolescents. *Canadian Journal of School Psychology*, 27(2), 136–149.
<https://doi.org/10.1177/0829573511431406>
- Flett, G. L., & Hewitt, P. L. (2013). Disguised Distress in Children and Adolescents “Flying Under The Radar”: Why Psychological Problems Are Underestimated and How Schools Must Respond. *Canadian Journal of School Psychology*, 28(1), 12–27.
- Flett, G. L., Hewitt, P. L., Boucher, D. J., Davidson, L. A., & Munro, Y. (1997). *The child–adolescent perfectionism scale: Development, validation, and association with adjustment*. Unpublished manuscript.
- Frost, R. O., Heimberg, R. G., Holt, C. S., Mattia, J. I., & Neubauer, A. L. (1993). A comparison of two measures of perfectionism. *Personality and Individual Differences*, 14(1), 119–126. [https://doi.org/10.1016/0191-8869\(93\)90181-2](https://doi.org/10.1016/0191-8869(93)90181-2)
- Frost, R. O., Marten, P., Lahart, C., & Rosenblate, R. (1990). The dimensions of perfectionism. *Cognitive Therapy and Research*, 14(5), 449–468. <https://doi.org/10.1007/BF01172967>
- Goffman, E. (1959). *The presentation of self in everyday life*. New York: Anchor Books.
- Goffman, D. (1971). *Relations in Public*. New York: Basic Books.
- Hallahan, M., Lee, F., & Herzog, T. (1997). It's not just whether you win or lose, it's also how you play the game: A naturalistic, cross-cultural examination of the positivity bias. *Journal of Cross-Cultural Psychology*, 28(6), 768–778.
- Hayes, A. F. (2013). *Introduction to Mediation, Moderation, and Conditional Process Analysis*:

- A Regression-Based Approach*. Guilford Press.
- Hewitt, P. L., Blasberg, J. S., Flett, G. L., Besser, A., Sherry, S. B., Caelian, C., Papsdorf, M., Cassels, T. G., & Birch, S. (2011). Perfectionistic Self-Presentation in Children and Adolescents: Development and Validation of the Perfectionistic Self-Presentation Scale--Junior Form. *Psychological Assessment*, 23(1), 125–142.
- Hewitt, P. L., & Flett, G. L. (1993). Dimensions of perfectionism, daily stress, and depression: A test of the specific vulnerability hypothesis. *Journal of Abnormal Psychology*, 102, 58–65.
- Hewitt, P. L., Flett, G. L., Sherry, S. B., Habke, M., Parkin, M., Lam, R. W., Stein, M. B. (2003). The interpersonal expression of perfection: Perfectionistic self-presentation and psychological distress. *Journal of Personality and Social Psychology*, 84(6), 1303–1325. <https://doi.org/10.1037/0022-3514.84.6.1303>
- Hewitt, P. L., Flett, G. L., Turnbull-Donovan, W., & Mikail, S. F. (1991). The Multidimensional Perfectionism Scale: Reliability, validity, and psychometric properties in psychiatric samples. *Psychological Assessment*, 3(3), 464–468. <https://doi.org/10.1037/1040-3590.3.3.464>
- Hill, R. W., Huelsman, T. J., Furr, R. M., Kibler, J., Vicente, B. B., & Kennedy, C. (2004). A new measure of perfectionism: the Perfectionism Inventory. *Journal of Personality Assessment*, 82(1), 80–91. https://doi.org/10.1207/s15327752jpa8201_13
- Ho, D. Y. (1976). On the Concept of Face. *American Journal of Sociology*, 81(4), 867–884.
- Hwang, A., Francesco, A. M., & Kessler, E. (2003). The Relationship Between Individualism-Collectivism, Face, And Feedback And Learning Processes In Hong Kong, Singapore,

- And The United States. *Journal of Cross-Cultural Psychology*, 34(1), 72–91.
<https://doi.org/10.1177/0022022102239156>
- Kawamura, K. Y., & Frost, R. O. (2004). Self-Concealment as a Mediator in the Relationship Between Perfectionism and Psychological Distress. *Cognitive Therapy and Research*, 28(2), 183–191. <https://doi.org/10.1023/B:COTR.0000021539.48926.c1>
- Kim, J. Y., & Nam, S. H. (1998). The Concept and Dynamics of Face: Implications for Organizational Behavior in Asia. *Organization Science*, 9(4), 522–534.
- Kung, W. W. (2004). Cultural and practical barriers to seeking mental health treatment for Chinese Americans. *Journal of Community Psychology*, 32, 27–34.
[doi:10.1002/jcop.10077](https://doi.org/10.1002/jcop.10077).
- Larson, D. G., & Chastain, R. L. (1990). Self-Concealment: Conceptualization, Measurement, and Health Implications. *Journal of Social and Clinical Psychology*, 9(4), 439–455.
<https://doi.org/http://dx.doi.org.proxy2.hampshire.edu/10.1521/jscp.1990.9.4.439>
- Leach, M. M., Jana-Masri, A., & Priester, P. E. (2007). Attitudes toward seeking professional help scale in Egypt: its factor structure and relationship to Islamic beliefs and behaviors. *Research in the Social Scientific Study of Religion*, 20, 281–296.
- Leong, F. T. L., Okazaki, S., & Tak, J. (2003). Assessment of Depression and Anxiety in East Asia. *Psychological Assessment*, 15(3), 290–305. <https://doi.org/10.1037/1040-3590.15.3.290>
- Lovibond, P.F. & Lovibond, S.H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behaviour Research and Therapy*, 33, 335-343.
- Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion,

- and motivation. *Psychological Review*, 98(2), 224–253.
- McCrae, R. R., Yik, M. S. M., Trapnell, P. D., Bond, M. H., & Paulhus, D. L. (1998). Interpreting personality profiles across cultures: Bilingual, acculturation, and peer rating studies of Chinese undergraduates. *Journal of Personality and Social Psychology*, 74, 1041–1055.
- McCreary, B. T., Joiner, T. E., Schmidt, N. B., & Ialongo, N. S. (2004). The structure and correlates of perfectionism in African American children. *Journal of Clinical Child and Adolescent Psychology*, 33(2), 313–324. https://doi.org/10.1207/s15374424jccp3302_13
- Merikangas, K. R., He, J., Burstein, M., Swendsen, J., Avenevoli, S., Case, B., ... Olsson, M. (2011). Service utilization for lifetime mental disorders in U.S. adolescents: results of the National Comorbidity Survey-Adolescent Supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*, 50(1), 32–45. <https://doi.org/10.1016/j.jaac.2010.10.006>
- Miller, D. N., & Jome, L. M. (2010). School psychologists and the secret illness: Perceived knowledge, role preferences, and training needs regarding the prevention and treatment of internalizing disorders. *School Psychology International*, 30, 509–520.
- Morris, L., & Lomax, C. (2014). Review: Assessment, development, and treatment of childhood perfectionism: a systematic review. *Child & Adolescent Mental Health*, 19(4), 225–234. <https://doi.org/10.1111/camh.12067>
- Flett, G. L., Coulter, L.-M., Hewitt, P. L., & Nepon, T. (2011). Perfectionism, Rumination, Worry, and Depressive Symptoms in Early Adolescents. *Canadian Journal of School Psychology*, 26(3), 159–176. <https://doi.org/10.1177/0829573511422039>

- O'Connor, R. C., Dixon, D., & Rasmussen, S. (2009). The structure and temporal stability of the Child and Adolescent Perfectionism Scale. *Psychological Assessment*, 21(3), 437–443. <https://doi.org/10.1037/a0016264>
- Oei, T. P. S., Sawang, S., Goh, Y. W., & Mukhtar, F. (2013). Using the Depression Anxiety Stress Scale 21 (DASS-21) across cultures. *International Journal of Psychology*, 48(6), 1018–1029. <https://doi.org/10.1080/00207594.2012.755535>
- Oyserman, D., Coon, H. M., & Kemmelmeier, M. (2002). Rethinking individualism and collectivism: Evaluation of theoretical assumptions and meta-analyses. *Psychological Bulletin*, 128, 3–72.
- Pearson, C. A., & Gleaves, D. H. (2006). The multiple dimensions of perfectionism and their relation with eating disorder features. *Personality and Individual Differences*, 41(2), 225–235. <https://doi.org/10.1016/j.paid.2006.01.013>
- Peng, S. S., & Wright, D. (1994). Explanation of academic achievement of Asian American students. *Journal of Educational Research*, 87, 346–352.
- Picco, L., Abidin, E., Chong, S. A., Pang, S., Shafie, S., Chua, B. Y., Vaingankar, J. A., Ong, L. P., Tay, J., & Subramaniam, M. (2016). Attitudes Toward Seeking Professional Psychological Help: Factor Structure and Socio-Demographic Predictors. *Frontiers in Psychology*, 7. <https://doi.org/10.3389/fpsyg.2016.00547>
- Preacher, K. J., & Hayes, A. F. (2004). SPSS and SAS procedures for estimating indirect effects in simple mediation models. *Behavior Research Methods, Instruments, & Computers*, 36(4), 717–731. <https://doi.org/10.3758/BF03206553>
- Rice, K. G., & Preusser, K. J. (2002). The Adaptive/Maladaptive Perfectionism Scale. *Measurement and Evaluation in Counseling and Development*, 34(4), 210–222.

- Samy, A. L., Khalaf, Z. F., & Wah-Yun Low. (2015). Mental Health in the Asia-Pacific Region: An Overview. *International Journal of Behavioral Science*, 10(2), 9–18.
- Sawang, S., Oei, T. P. S., & Goh, Y. W. (2006). Are country and culture values interchangeable? A case example using occupational stress and coping. *International Journal of Cross Cultural Management*, 6, 205–219.
- Stotland, N. L. (2010). Disguised depression deserves a diagnosis. *American Journal of Psychiatry*, 167, 867.
- Terry-Short, L. A., Glynn Owens, R., Slade, P. D., & Dewey, M. E. (1995). Positive and negative perfectionism. *Personality and Individual Differences*, Vol 18(5), May 1995, 663-668.[http://dx.doi.org/10.1016/0191-8869\(94\)00192-U](http://dx.doi.org/10.1016/0191-8869(94)00192-U)
- Wang, K. T., Wong, Y. J., & Fu, C.-C. (2013). Moderation effects of perfectionism and discrimination on interpersonal factors and suicide ideation. *Journal of Counseling Psychology*, 60(3), 367–378. <https://doi.org/10.1037/a0032551>
- Wu, X. (2009). The dynamics of Chinese face mechanisms and classroom behaviour: a case study. *Evaluation & Research in Education*, 22(2-4), 87–105.
<https://doi.org/10.1080/09500790903487512>
- Yoon, J., & Lau, A. S. (2008). Maladaptive perfectionism and depressive symptoms among Asian American college students: Contributions of interdependence and parental relations. *Cultural Diversity and Ethnic Minority Psychology*, 14(2), 92–101.
<https://doi.org/10.1037/1099-9809.14.2.92>
- Yu, T.H. & Wen, W.C. (2003). Crisis Communication in Chinese Culture. *Asian Journal of Communication*, 13(2), 50–64.

Zhang, X., Cao, Q., & Grigoriou, N. (2011). Consciousness of social face: The development and validation of a scale measuring desire to gain face versus fear of losing face. *The Journal of Social Psychology, 151*(2), 129–149. <https://doi.org/10.1080/00224540903366669>

APPENDIX A

Informed Consent Form

We invite you to take part in a research study being conducted by Andrea Wong who is a student at Hampshire College, Amherst, MA, as part of her research study on psychological health in Asia. The study, as well as your rights as a participant, are described below.

Description: This study aims to better understand psychological health in Asian cultures. This in-person interview will entail reflecting on your experiences growing up in Asia in relation to psychological health. This interview will take approximately an hour.

Confidentiality: The records of this study will be kept private. The information you provide will be kept confidential. Your answers will not be associated with your name unless otherwise indicated. Rather, each participant will be given an identification number on the interviewer's sheet. In any report published, your information will not include any identifiable data. All identifying records will be destroyed after five years.

___ I Do/ ___ Do Not Agree to have my interview audio recorded by the researcher.

___ I Understand that research consented to may be published and available to the public indefinitely.

Risks & Benefits: There are minimal to no risks to your safety posed by this study. If you ever feel uncomfortable during the study, you may stop at any time. Contact information of the mental health resources available at Hampshire College as well as those available to the Five College community will be provided at the end of the interview.

Freedom to Withdraw or Refuse Participation: You have the right to stop at any time, to refuse to answer any of the interviewer's questions at any time, and to withdraw from the project at any time without prejudice from the investigator.

Grievance Procedure: If you have any concerns or are dissatisfied with any aspect of this study, you may report your grievances anonymously if desired to the Human Subjects Institutional Review Board, c/o Dean of Faculty Office, Hampshire College, Amherst, MA 01002, 413-559-5676.

Questions? Please feel free to ask the investigator any questions before signing the consent form or at any time during or after the study.

Principal Investigator: Andrea Wong, Division III student, Hampshire College, andw13@hampshire.edu; Faculty Supervisor: Rachel Conrad, School of Critical Social Inquiry, Hampshire College, [559-5394].

Informed Consent Statement

I, _____, agree to participate in this research project. The study has been explained to me and my questions answered to my satisfaction. I understand my right to withdraw from participating or refuse to participate will be respected and that my responses and identity will be kept confidential unless indicated otherwise above. I give this consent voluntarily.

Participant Signature:

Signature

Date

Investigator Signature:

Signature

Date

APPENDIX B**Semi-structured Interview Questions**

1. I am curious about what school was like growing up in an Asian culture for you? What most stands out for you about your school experience?
 - a. What aspects were most positive or enjoyable to you?
 - b. What aspects were least enjoyable or most challenging for you?
2. What were your family and home life like growing up in Asia?
 - a. What aspects were most positive or enjoyable to you?
 - b. What aspects were least enjoyable or most challenging for you?
3. Tell me about your experiences dealing with expectations from others (parents, teachers, peers)?
 - a. What did you think about the expectations people had of you?
 - b. What did it make you feel about yourself?
 - c. How did you behave in school or home as a result of expectations?
4. Tell me about a time you experienced a setback either at school or at home. What did you feel about it and what did you do?
 - a. Did you seek out any support from others?
 - b. Did you speak with adults or peers about how you felt?
 - c. Were there any supports that existed in your school or home or community?
 - d. What were the messages, if any, you received about what it meant to need or want emotional support?
5. Tell me about how you saw yourself in school and at home.
 - a. Was it important to you what others thought of you? Tell me more about your experience with this.
 - b. What did you do, if anything, to affect how other people saw you?
 - c. How did doing this impact you?
 - i. Maybe ask more about feelings, decisions, thoughts, behavior, daily life, etc.
6. Now that you are studying in the U.S., what, if anything, has changed for you?
 - a. What about in terms of how you view yourself?
 - b. What has changed in the expectations on you?
 - c. What has changed, if anything, in your need to [affect how other people saw you]?
7. Is there anything else you would like to talk about?

**Explore experiences, thoughts, or opinions surrounding:*

- a. *Meeting or setting expectations (from self, peers, or family).*
- b. *Failure or making mistakes and how they dealt with it.*
- c. *Maintaining a self-image - concealing flaws or presenting as perfect.*
- d. *Asking or not asking for help.*