Acculturation, enculturation, stigma, and attitudes toward seeking psychological help among Eastern Europeans in the U.S

Andi Xhihani
University at Albany, State University of New York, Xhihani@gmail.com

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ACCULTURATION, ENCULTURATION, STIGMA, AND ATTITUDES TOWARD SEEKING PSYCHOLOGICAL HELP AMONG EASTERN EUROPEANS IN THE U.S.

by

Andi Xhihani

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Abstract

Although approximately 2.1 million Eastern European immigrants are presently living in the U.S (Migration Policy Institute [MPI], 2011), this population has received little attention in the mental health field. Eastern European immigrants face many challenges to adapting to a new culture, yet their process of acculturating has received little attention in counseling research. Based on Berry’s (1980) bidirectional model of acculturation as a framework, the present study examined the relationships of acculturation, enculturation, gender, and stigma of mental illness on Eastern European immigrants’ attitudes toward seeking professional psychological help. It was hypothesized that gender and stigma would moderate the relationship between level of acculturation and enculturation, and attitudes toward seeking professional psychological help.

Participants were 256 Eastern European immigrants and first generation Eastern European Americans. The majority of participants identified as being from Albania, Macedonia, Poland, Russia, Ukraine, and Bulgaria. Participants were contacted through e-mail, university listservs, and social media, including Facebook groups. The present study used the Attitudes Toward Seeking Professional Psychological Help Shortened Form (Fischer & Farina, 1995), the Mental Illness Stigma Scale (Day, Edgren, & Eshleman, 2007), and the Brief Acculturation Rating Scale for Mexican Americans (Cuellar, 2004) modified for Eastern European Americans. Two hierarchical regression analyses were used to test the hypotheses for acculturation and enculturation. Results indicated that gender and stigma did not significantly contribute to the relationship between acculturation and enculturation on attitudes toward seeking professional psychological help. Enculturation was also not a significant variable in predicting attitudes toward help seeking. However, acculturation was found to be significantly related to attitudes toward seeking professional psychological help. Although not hypothesized, less stigmatizing
views of mental illness and identifying as a woman were associated with more positive attitudes toward help seeking.

The present study represents one of the few acculturation studies focused on Eastern European participants. Future research should focus on the influence of acculturation on attitudes toward seeking professional psychological help among Eastern Europeans. Given the findings that acculturation and mental illness stigma were negatively associated, there may be mediating effects between acculturation and mental illness stigma. Therapists should focus outreach efforts on increasing awareness regarding professional psychological help, and destigmatizing mental illness and mental health treatment among Eastern European communities.
Chapter I

Introduction

Although Eastern Europeans have immigrated to the United States in greater numbers since the fall of communism in the early 1990’s, they represent an understudied group (Migration Policy Institute [MPI], 2011) in Counseling Psychology research. The guidelines on multicultural education, training, research, practice, and organizational change for psychologists of the American Psychological Association (APA, 2003) encourage psychologists to conduct research on diverse populations and increase their knowledge of the unique needs of various ethnic groups. Thus, studying the attitudes of psychological help seeking among Eastern European Americans not only reflects the APA guidelines on multicultural education, training, research, and practice, but also potentially increases the knowledge base and mental health needs of an understudied population.

Eastern Europeans face many challenges as a result of adapting to a new culture. These challenges include language acquisition, discrimination and prejudice, and barriers to meeting basic needs (Pumariega, Rothe, & Pumariega, 2005). Alarmingly, since immigration has faced a backlash in the U.S. in the past decade and a half, it has become increasingly politicized (Casas, 2010). Negative attitudes toward immigrants can have negative mental health consequences for the immigrant population, as well as negatively affect their acculturation process. The immigration process may also disrupt informal or traditional sources of mental health treatment, such as community members or immediate and extended family (Hulewat, 1996).

Despite Eastern Europeans arriving in the U.S. steadily since the 1990’s (U.S. Department of Homeland Security, 2014), there has been little research examining their adjustment to U.S. culture. Immigrants from Eastern European countries may find that
considering the need for mental health treatment in the U.S. is difficult due to their pre conceived views about mental health. The provision of mental health services to Eastern European immigrants can help them cope with the stress of acculturation and the lack of acceptance to their immigrant status.

Mental health in Eastern Europe, especially during the communist era, was characterized by an emphasis on the state exercising control over the mentally ill, authoritarian care, politicization, criminalization, and stigma toward the mentally ill (Tomov, 2001; Tomov, Voren, Keukens, & Puras, 2007). Thus, it is reasonable to speculate that the mental health system during the communist era in Eastern Europe may have contributed to Eastern European immigrants’ views on mental health and mental illness. Not only is the utilization of mental health services in the U.S. by Eastern European Americans understudied, but the few studies that have been conducted suggest that mental health services are underutilized by this group, especially by men (Chow, Jaffee, & Choi, 1999).

Another factor affecting use of mental health services by recent immigrants are the dual processes of acculturation and enculturation as they adapt to a new host culture (Berry, 1980). Acculturation is the process where individuals undergo cultural change as a result of contact with a second culture (Graves, 1967), whereas enculturation is the process of adherence to the individual’s culture of heritage (Kim, 2007). Research has shown that levels of both acculturation and enculturation are predictors of psychological help seeking (Kim, 2007; Sanchez & Atkison, 2009; Yoon, Langhrer, & Ong, 2011). In general, greater acculturation has been associated with a greater likelihood of psychological help seeking, for groups who have migrated to the U.S. (Ponterotto et al., 2001; Zhang & Dixon, 2003). For some groups, such as Asian Americans, evidence suggests that greater enculturation is associated with lower
likelihood of psychological help seeking (Kim & Omizo, 2003; Wong, Tran, Kim, Kerne, & Calfa, 2010).

Although it is unclear whether Eastern Europeans’ values and attitudes about mental health treatment are similar to those of mainstream U.S. citizens, research has shown that immigrant groups’ adaptation to their new host culture influences their willingness to seek psychological help (Ponterotto et al., 2001; Yoon, Langhrer, & Ong, 2011; Zhang & Dixon, 2003). Similarly, it stands to reason that in order to receive its benefits, immigrants must familiarize themselves with mental health treatment in the U.S.

In addition to acculturation and enculturation, mental health stigma also seems to influence Eastern European immigrants’ processes of familiarizing themselves with and using mental health care as they adapt to mainstream culture (Derr, 2015). Mental health stigma can be defined as negative stereotypes and beliefs held by the general public regarding people who suffer from a mental illness (Corrigan & Penn, 1999). Often mental health treatment may not be the norm for Eastern European families, and the stigma associated with mental health could impede an individual’s openness to seeking treatment (Vogel, Wester, & Larson, 2007). More acculturated individuals might be more familiar with formal mental health services in the U.S. and have more positive attitudes toward seeking psychological help, especially if they hold less stigmatizing views of mental illness (Rojas-Vilches, Negy, & Reig-Ferre, 2011).

Similarly, levels of acculturation, enculturation, and willingness to seek professional help are likely to be influenced by gender (Chang, 2007; Chow, Jaffee, & Choi, 1999; Ponterotto et al., 2001; Yeh, 2002). In particular, men tend to be less willing than women to seek psychological help, especially men who adhere closely to the values of their native culture (Chang, 2007; Chow, Jaffee, & Choi, 1999; Ponterotto et al., 2001; Yeh, 2002). Further research
is needed to assess the potential moderating effects of stigma and gender on the relationships between acculturation, enculturation, and attitudes toward psychological help seeking. Thus, the present study explored the moderating factors of gender and mental illness stigma on acculturation/enculturation and attitudes toward psychological help seeking among Eastern European Americans.
Chapter II

Review of Literature

This chapter provides a review of the relevant literature on immigration, acculturation, enculturation, and mental illness stigma as it relates to Eastern European immigrants’ attitudes toward seeking mental health services. A brief description is provided of Eastern European Americans’ unique characteristics, and their common views of mental illness and mental health. The literature on acculturation research is also reviewed, which highlights the process of acculturation as bidirectional.

Eastern Europeans

Eastern European American immigrants are an understudied group in counseling psychology research. Although Eastern Europe is comprised of many ethnicities, nations, and languages they share some common history, including being largely influenced by Russia and the Orthodox Christian Church (Ramet, 1998). Most recently, Eastern Europe has been influenced by the legacy of the communist bloc, which impacted many institutions, including mental health (Tomov, 2001; Tomov et al., 2007; Schwartz & Bardi, 1997). For the purposes of the present study Eastern Europe is defined as including countries between the Baltic and Aegean sea, and includes the following present-day countries: Albania, Belarus, Bosnia & Herzegovina, Bulgaria, Czech Republic, Croatia, Estonia, Hungary, Kosovo, Latvia, Lithuania, Macedonia, Moldova, Montenegro, Poland, Romania, Russia, Serbia, Slovakia, Slovenia, and Ukraine (Ramet, 1998). In the past two decades, Eastern Europeans represent a growing immigrant population in the U.S. In fact, in 2011 around 2.2 million foreign-born residents of the U.S. were born in Eastern Europe, which is more than half of the total foreign-born European population (U.S. Department of Homeland Security, 2014).
In general, newly arrived immigrants to the U.S. have unique mental health needs as a result of the acculturative process and stressors associated with adapting to a new culture (Rogers-Sirin, Ryce, & Sirin, 2014). Since Eastern Europeans are a large, understudied population, it is important to understand how their cultural lens influences their views of mental illness and attitudes toward seeking mental health services in the U.S.

Eastern Europeans’ unique political and religious history has contributed to their typical view of mental health and mental health seeking, views that may be distinct from western countries (i.e., Western Europe and the U.S.). The different historical paths of Western Europe and Eastern Europe have uniquely shaped their cultures. For example, the majority of Orthodox Christians in the world reside in Eastern Europe (Schwartz & Bardi, 1997). This difference in religion is one of the main factors that characterize Eastern Europeans as a group.

**Mental Health among Eastern Europeans**

Eastern Europeans’ unique history has influenced their views of mental health. More specifically, communist rule directly influenced the system of mental health in those countries. Because of the socio-cultural influence of communism, mental health providers in Eastern Europe tended to place more emphasis on institutionalization rather than individualized treatment for people with mental illness. The emphasis on institutionalization resulted in the alienation and stigmatization of mental health patients (Tomov, 2001).

Not surprisingly, alienation and stigma experienced by Eastern Europeans with mental illness has greatly influenced their views of their own mental health. In a study of health behavior, emotional well-being, and risk assessment, Steptoe and Wardles (2001) found that Eastern Europeans reported significantly less social support, were less satisfied with their social support, reported more depressive symptoms, and had a greater external locus of control related
to their health compared to Western Europeans. These results highlight how some of the beliefs held by people of Eastern European origin may influence their views on psychological help seeking, and on health in general. Compared to Eastern Europeans, Western Europeans tend to be more aware of the harm that institutions can cause on psychiatric patients and the positive effects of integrating individuals with psychiatric disorders into the community (Tomov, 2001).

**Psychological Help Seeking**

Although Eastern European Americans are an understudied population, there has been some research outside the field of counseling psychology with respect to psychological help seeking with this population. These studies highlight some of the cultural norms regarding psychological help seeking among Eastern Europeans and Eastern European Americans. The studies also highlight a pattern of underutilizing psychological services.

The views of mental health institutions held by members of former communist bloc countries could contribute to their distrust and reluctance to seek psychological help. Shor (2007) described these views in a comparative study of Jewish immigrant adults from the former Soviet Union living in Israel and Jewish adults living in Russia. In both groups there was a reluctance to seek professional help from psychiatrists and social workers due to distrust or lack of information. Shor (2007) suggested that this reluctance could reflect a culturally based distrust toward formal sources of help due to participants’ experiences living in the Soviet Union. Although this study was conducted in Israel, it highlights some of the cultural norms associated with psychological help seeking among immigrants from a former communist bloc country.

Some evidence suggests that after the fall of communism, mental health concerns continued to go unidentified, and in fact mental health services are still underutilized in Eastern Europe. In Kleinberg, Aluoja, and Vasar’s (2013) study of adults in Estonia, it was found that
among the 343 individuals experiencing depression, 65.9% did not seek professional help. Furthermore, 24.2% of the participants with depression sought help from a general practitioner for their mental health concerns (Kleinberg et al., 2013). These results suggest that a majority of individuals seeking help for their depression did not seek specialized mental health services.

Similarly, in a study examining psychiatric help seeking and referrals among 162 Albanian children and adolescents who were seen by general practitioners, only half of the general practitioners recognized the need for mental health counseling or psychiatry (Alikaj, Vyshka, Spaho, Skendi, & Suli, 2011). In addition, a gender difference was found with respect to the interval between parents first noticing a problem and seeking care. On average, girls saw a psychiatrist roughly 22 weeks after initiating care with a general medical practitioner, compared to 60 weeks for boys. Alikaj et al. (2011) concluded that parents and general practitioners lacked the knowledge to effectively diagnose the problems the children faced as psychiatric in nature. Alikaj et al. (2011) also reported different interval rates for different psychiatric disorders, with anxiety having the shortest interval for care. It is possible that gender might have influenced the parent’s and general practitioners accurate diagnosis of psychopathology among the children.

Taken together findings suggest that Eastern Europeans tend to either underutilize mental health services or do not recognize the need for such services. These results also suggest a possible gender difference in psychological help seeking behaviors among Eastern Europeans, as there is in the U.S (Alikaj et al. 2011; Leong & Zachar, 1999). Reluctance to seek formal sources of psychological help could be detrimental to Eastern European immigrants due to the stressors associated with the immigration experience. The process of moving to a new country can be psychologically stressful, which suggests the need for these immigrants, like other immigrants,
to seek psychological help. For Eastern Europeans, adjustment difficulties can be a common a
source of distress and family conflict (Buchwald, Klacsanzky, & Manson, 1993).

Although seeking psychological help can be beneficial for the well-being of newly
arrived immigrants, evidence suggests that due to cultural norms, for some Eastern Europeans,
seeking professional psychological help is a less attractive option than seeking informal help. In
a qualitative study of nine Polish adolescent immigrants in the UK (Selkirk, Quayle, & Rothwell,
2012), it was found that using formal services for assistance with mental health concerns was
incongruent with traditional Polish cultural values. Participants who strongly identified with
Polish culture tended to reject seeking professional psychological help, whereas participants who
did not identify as strongly with Polish culture reported being more open to seeking help
(Selkirk, Quayle, & Rothwell, 2012).

From the few studies published on Eastern Europeans, it appears that the views of mental
health under communist rule have had a lasting impact. In general, Eastern Europeans do not
easily recognize symptoms of psychological distress, and tend to underuse formal mental health
services (Kleinberg et al., 2013; Selkirk et al., 2012). Since this population is understudied, it is
important to consider how the acculturation process has influenced their views of mental health
and psychological help seeking within the U.S.

**Acculturation, Enculturation, and Help-Seeking**

Given that views on psychological help seeking can change over time (Mackenzie,
Erickson, Deane, & Wright, 2014), the acculturation process is an important phenomenon when
considering the psychological help seeking views of Eastern European Americans. One of the
first authors to conceptualize acculturation from a psychological perspective was Graves (1967),
who defined it as changes that occur in an individual influenced by the external culture and one’s
cultural group. Teske and Nelson (1974) described acculturation as including changes in traits, patterns of behavior, norms, values, and institutional changes.

Berry (1980) was the first author to discuss acculturation as a bidirectional process, in that an individual can be simultaneously oriented toward the host culture (i.e., acculturation) and/or toward culture of heritage (i.e., enculturation). In a quadratic model, Berry highlighted four distinct strategies of adapting to a new culture based on the relationship between an individual’s level of acculturation and enculturation: Integration, assimilation, separation, and marginalization. The process of acculturation occurs between groups and within individuals. At the individual level, acculturation results in behavioral change and a shift in cultural identity. The process is said to be universal for all cultural groups that make contact with each other (Berry, 1980).

By contrast, in the traditional model of acculturation, changes to one’s cultural identity occur linearly and in one direction. In other words, as people become more acculturated, they simultaneously become less enculturated (Kim, 2007; Knight et al., 2009; Miller, 2007; Miller et al., 2011; Yoon et al., 2011; Yoon et al., 2013). In the unidirectional model, more traditional values are “shed” as a person assimilates toward the new culture. The unidirectional model is considered to be insufficient for describing the acculturative process because it ignores the person’s role in integrating two cultures (Berry, 2003).

Alternatively, in the bidirectional model, acculturation and enculturation are reasoned to occur simultaneously, in that a person can be competent in both cultures (Berry, 2003). Acculturation and enculturation are comprised of two dimensions: values and behaviors. In addition, the acculturation and enculturation processes can occur at different rates on each dimension (Miller et al., 2011; Yoon et al., 2011). The bidirectional model is inherently more
complete because it recognizes a person’s need to navigate the world through the old cultural lens and highlights the process of developing a new cultural lens. For example, an Eastern European American might be highly acculturated to the American value of individuality, but highly enculturated in terms of Eastern European behaviors, e.g., eating only authentic cuisine from his or her country of birth.

Many factors influence the acculturation process in individuals, such as length of stay, language acquisition, gender, and generational status. According to Berry (1980), immigrant groups who are more culturally and linguistically distant to the host culture tend to have more difficulty adapting to the host culture. A person’s generational status has also been found to influence the rate of acculturation, as well as conflict between family members who acculturate to the new culture at different rates (Knight et al., 2009; Miller et al., 2011).

Most research on acculturation and enculturation has been conducted with Asian and Latino participants in the U.S. Since the process of acculturation is said to be universal for all groups coming in contact with a new cultural group, the findings on acculturation and enculturation should have some pertinence to the experiences of identified immigrant groups such as Eastern Europeans. To the extent that the findings derived from Asian/Asian American and Latino/a samples are relevant for East European Americans, the literature suggests that the acculturation process may affect Eastern European Americans’ mental health and their views on psychological help seeking.

For Asian Americans, evidence suggests that acculturation alone is associated with more positive attitudes toward seeking psychological help (Atkinson & Gim, 1989; Zhang & Dixon, 2003). For example, Zhang and Dixon (2003), found that acculturation was positively associated with help seeking attitudes among 170 international college students from Asia. The authors
reported that acculturation accounted for 9% of the variance in psychological help seeking. Similarly, in a study using a sample of 557 Asian American students, high acculturation was associated with a greater likelihood to use psychological help and less reported stigmatizing views toward seeking psychological help, regardless of participants’ ethnicity and gender (Atkinson & Gim, 1989). Similarly, a study on acculturation and mental help seeking among Mexican Americans reported comparable results. Well, Golding, Hough, Burnam, and Kano (1989) found that acculturation level was positively associated with rates of physical and mental health help seeking among 1055 Mexican Americans.

For Asian Americans, evidence suggests that enculturation, or adherence to Asian cultural values, is associated with less likelihood of seeking professional psychological help. In a study with 242 Asian American college students, for example, enculturation was negatively associated with willingness to seek psychological help (Kim & Omizo, 2003). Similarly, Wong et al. (2010) found that enculturation was inversely associated with seeking professional psychological help in a study that sampled 223 Asian Americans.

Although high acculturation and low enculturation tend to be associated with positive attitudes toward seeking psychological help, evidence on the influence of both acculturation and enculturation on these attitudes has been somewhat mixed. Miller et al. (2011), for example, found that higher acculturation and lower enculturation values were associated with Asian American students’ willingness to seek professional help, but in another study with Asian American college students, Kim (2007) found that regardless of acculturation level, enculturation was negatively associated with seeking help. In contrast, Miville and Constantine (2006) found that acculturation, but not enculturation, predicted Mexican American college students’ positive attitudes toward seeking psychological help.
Some unique factors characterize acculturation for Eastern Europeans in the U.S. In particular, evidence suggests that length of time spent in the host country plays a role in level of acculturation and enculturation. Birman and Trickett (2001), for example, found a generational difference in the adherence of Russian culture between 144 adolescent and 67 adult Russian refugees living in the U.S. Although the length of time in the U.S. contributed to more acculturation and less enculturation for both groups, there was a gap in enculturation between groups, with adolescents being reportedly more enculturated than adults.

In terms of individual differences, Birman and Tyler (1994) found a gender difference in the process of acculturation in a study of 49 Jewish refugees from the former Soviet Union in the U.S. For women, assimilation to U.S. culture was related to the length of stay in the U.S., and was positively associated with adherence to American culture and behavior. Female participants indicated feeling more alienated when they tried to adhere to both Russian and American cultures. Furthermore, women who tended to be more assimilated were not only more acculturated to American culture, but were also less enculturated to Russian culture. Birman and Tyler also reported that higher rates of assimilation were associated with less alienation for women. On the other hand, for men, length of stay was associated with adherence to Russian culture. Male participants tended to identify with both Russian and American cultures, without reporting alienation from either culture. Birman and Tyler (1994) speculated that gender might influence acculturative strategies, such that men would have less societal pressure to assimilate than women, and thus experience less alienation than women. Although the research is scant, results suggest a gender difference for Eastern Europeans, such that men who may be highly acculturated may report less conflict than women.
Since the process of acculturating to a majority culture tends to be challenging and psychologically stressful, many acculturation studies are concerned with immigrant adjustment, well-being, and willingness to seek professional help. Yoon et al. (2011), for example, found that high acculturation was associated with some negative mental health outcomes, such as higher rates of depression and anxiety, but also some positive outcomes, including higher self-esteem. On the other hand, high enculturation was only associated with negative mental health outcomes. Yoon et al. (2011) speculated that the relationship between enculturation and negative mental health outcomes could occur when a person experiences hostility from members of the majority culture. Thus, a possible negative consequence of enculturation could be the experience of discrimination.

For Eastern Europeans who migrated to western countries, the specific country of origin may play a role in adjustment and mental health, especially in rates of reported mental health symptoms (Blomstedt, Johansson, & Sandquist, 2007). For instance, Blomstedt et al. (2007), reported that immigrants to Sweden from Poland and other Eastern European countries reported psychiatric illness and somatic complaints at higher rates than immigrants from the former Soviet Union. However, it is not clear whether stigma of reporting mental illness or some other factor contributed to the difference in reported mental illness rates.

There are some unique characteristics of Eastern European immigrants compared to other immigrants groups such as Asian and Latinos. Eastern Europeans who arrived in the U.S. and in other Western countries tend to be well educated (Baider, Ever-Hadani, & DeNour, 1996; Miller et al. 2006; Nesteruk, 2010; Remennick, 2004;Robila, 2007 ). The recent wave of immigrants from Eastern Europe occurred largely as a result of the fall of Communism, which made it politically possible for people to leave these countries, and contrasts with earlier waves of
immigration that were characterized by poverty or a desire to escape economic/ecological disasters (Robila, 2007). Often immigrants from Eastern Europe face economic challenges that they did not face in their host country (Baider et al.; Robila, 2007). Without language acquisition, relying on the education that Eastern Europeans obtained in their host countries can be difficult and does not serve as a protective factor against psychological distress and alienation (Baider et al., 1996; Vinokurov, Birman, & Tricket 2000).

Although Eastern Europe has been characterized as less egalitarian than Western Europe (Tomov, 2001), Eastern European countries can vary in terms of their level of traditionalism with respect to marriage and cultural values regarding family (Robila & Krishnakumar, 2004). Since Eastern Europe covers a vast area and is comprised of many different cultural and ethnic groups, ethnic group differences are to be expected. However, little research has been conducted that highlight differences among Eastern European countries and their rates or levels of acculturation (Robila & Krishnakumar, 2004).

For Eastern Europeans, generational status, community of settlement within the host country, and type of acculturation are also important factors to consider (Nesteruk, 2010; Remennick, 2004). For instance, language acquisition, a behavioral form of acculturation, is affected by the presence of an ethnic community within the host nation (Nesteruk, 2010; Remennick, 2004). In communities where there is a strong ethnic presence, newly arrived immigrants from Eastern Europe do not have many incentives to learn the host language, especially if they are working within that community (Nesteruk, 2010; Remennick, 2004). Level of education and having children also have a positive relationships with language acquisition among Eastern European immigrants (Nesteruk, 2010; Remennick, 2004; Vinokurov et al., 2000). The presence of an ethnic community can either hinder or accelerate host language
acquisition. In addition to community and contextual influences, length of stay and age of arrival also seem to influence language acquisition (Vinokurov, et al. 2000).

Older adults generally have lower rates of language acquisition, and length of stay is generally positively associated with language acquisition (Birman & Trickett, 2001; Nesteruk, 2010). Generational differences have also been reported with regard to language acquisition and retaining heritage language. For adult Eastern European immigrants, language acquisition and behavioral acculturation are additive, whereas for children they are more polarizing, where acquiring the host language or behavior compromises children’s retention of heritage language and culture (Birman & Trickett, 2001; Nesteruk, 2010). Interestingly, Birman and Trickett (2001) found that Russian adolescents, when compared to adults, identified more with their native heritage than their adult counterparts, despite being more behaviorally acculturated.

Finally, the main difference between Eastern European immigrants and other immigrant groups in the U.S. has to do with race. Racially, Eastern European immigrants are white and do not face the same forces and barriers of assimilation faced by immigrant groups from Latin America, Africa, and Asia. The interaction between race and acculturation was highlighted by Sussman, Truong, and Lim (2007), who found that Eastern European women’s acculturation level was positively associated with poor body image and development of eating disorders, in contrast to Afro-Caribbean and Chinese women. Since Eastern Europeans are white, their race might make it easier for them to assimilate and identify with the majority U.S. culture than some other immigrant groups from other continents.

Taken together, most empirical findings suggest that being acculturated to U.S. values and engaging in behaviors that reflect U.S. culture tend to be associated with a greater willingness to seek psychological help (Atkinson & Gim, 1989; Birman & Tyler, 1994; Miller et
al. 2011; Miville & Constantine, 2006; Well et al., 1989; Zhang & Dixon, 2003). For some cultural groups, higher enculturation seems to contribute to less favorable attitudes toward seeking psychological help (Kim, 2007; Kim & Omizo, 2003; Wong et al. 2010). Because psychological counseling is a common way in U.S. culture for people to relieve psychological distress, immigrants who have adopted American values and behaviors may be more likely to seek formal sources of help for psychological distress.

The Stigma of Mental Illness

In the U.S., the stigma of mental illness is a barrier to initiating mental health treatment for people of all age groups (Corrigan, 2004; Corrigan, Corrigan, Druss, & Perlick, 2015; Mak, Poon, Pun, & Cheung, 2007). Stigma is defined as the extent to which an individual endorses negative stereotypes held by the general public about people with mental illness that are characterized by fear and motivate people to fear, avoid, and discriminate those with a mental illness (Corrigan & Penn, 1999). Since the available research suggests that Eastern European Americans tend to refrain from seeking mental health services (Kleinberg et al., 2013; Selkirk, et al. 2012; Shor, 2007), it is important to understand the impact of mental health stigma, and its interaction with acculturation and enculturation, in predicting mental health seeking behaviors.

Mental illness stigma may negatively influence willingness to seek mental health treatment (Corrigan & Kleinlein, 2005). The stigma associated with mental illness has many implications for members of the mental health profession as well as for people who suffer from mental illness. Both public and self-stigma need to be understood as different processes. Public stigma refers to the process by which members of the general public label and stereotype people with a mental illness (Corrigan & Penn, 1999). Self-stigma occurs when an individual with mental illness internalizes stigmatizing beliefs regarding mental illness held by the general public
(Corrigan & Watson, 2002). On the other hand, public stigma is associated with a lack of willingness to seek mental health services and generally worse treatment outcomes (Angell, Cooke, & Kovac, 2005; Parcesepe & Cabassa, 2012).

In a study of public stigma and willingness to seek counseling, Vogel, Wade, and Hackler (2007) found that only 11% of participants who reported a diagnosable psychological problem sought outpatient mental health services. Moreover, these authors found that public stigma was positively associated with self-stigma, which in turn was negatively associated with a willingness to seek professional help. In a study examining contact with people with mental illness and stigmatization attitudes, Alexander and Link (2003) reported several consequences arising from stigma toward mental illness. These consequences included having discriminatory experiences, such as being denied housing, encouraged to have lowered expectations, being turned down for jobs, and denied insurance.

For many immigrant groups in the U.S., reluctance to seek mental health treatment is often due to the stigma of the mentally ill (Saechao et al., 2012). Although studies are sparse on the stigma of mental illness and Eastern European American mental health seeking, some research is relevant to the present study. For example, Rojas-Vilches et al. (2011) found that individuals of Puerto Rican and Cuban descent who were more acculturated tended to have less negative views about mental illness and were more likely than their parents to seek psychological help. In a study of 66 Asian American students in a community college, Han and Pong (2015) found that stigma toward the mentally ill was associated with significantly less willingness to seek mental health services. It was also reported that the degree of identification with U.S. culture and knowledge of mental health services were positively associated with seeking mental health services (Han & Pong, 2015). Do, Pham, Wallick, and Nastasi (2014), who compared
Vietnamese nationals and Vietnamese Americans’ views on the mentally ill, reported that both groups held stigmatizing views toward the mentally ill and showed a lack of understanding about mental illness. These studies illustrate that stigma of mental illness is prevalent in many cultures and influences willingness to seek psychological help.

For some Eastern European immigrants, stigma of the mentally ill still remains problematic and is likely to be a barrier to accessing care. In a qualitative study, semi-structured interviews with 12 Albanian immigrants were conducted at a southwestern U.S university (Dow & Woolley, 2011). The authors found that although participants had a good understanding of mental health and mental illness in the U.S., they reported that mental illness stigma was a large part of the Albanian culture. According to Dow and Woolley (2011), stigma toward the mentally ill stemmed from Albanian pride and honor in the family due to the shame that mental illness brings to the community when a family member has mental illness. The participants in this study also described the family as the primary source of support in coping with a variety of problems, including mental illness. Mental illness stigma, however, can be so strong that mental health concerns are kept hidden from family members in an attempt to place the needs of the family before the needs of the individual (Dow & Woolley, 2011).

Mental illness as a source of shame was also prevalent among other Eastern European groups. Polyakova and Pacquia, (2006), for example, found that among 37 elderly immigrants from the former Soviet Union, mental health symptoms were minimized as everyday life struggles and admitting to having mental illness was a sign of personal weakness. Stress or family death were seen as common occurrences that should be dealt with within the family. People with mental illness who became too much for the family to handle were seen as bringing shame to the family, as well as being morally weak, incurable, and having given up on life
(Polyakova & Pacquia, 2006). Mental illness as a source of shame to the family was also found among immigrant groups from Pakistan, India, and China living in the U.K.; however, for these immigrant groups, the source of stigma and explanations for mental illness were religious in nature (Knifton, 2012).

In terms of the interaction of stigma and acculturation/enculturation, stigmatizing beliefs and stereotypes of the mentally ill (e.g., people are responsible for their own mental illness or the mentally ill are dangerous) are still prevalent in U.S. society and can be a deterrent to seeking care (Gary, 2005). For highly acculturated individuals, stigma toward the mentally ill may influence attitudes toward seeking psychological help and may hinder positive attitudes toward seeking professional help. Alternatively, if highly enculturated individuals may have negative attitudes toward seeking psychological help in their native culture, stigma may not be influential on their pre-existing negative attitudes.

**Gender and Attitudes Toward Seeking Help**

Gender is an important factor in predicting attitudes toward seeking psychological help (Leong & Zachar, 1999; Nam et al., 2010). A meta-analysis by Nam et al. (2010) illustrated the trend of gender on attitudes toward seeking psychological help in the U.S. Twelve of the 16 studies in the analysis showed a significant relationship between gender and attitudes toward seeking professional psychological help. That is, women were significantly more likely than men to have favorable attitudes toward seeking professional psychological help, regardless of race and ethnicity. Nam et al. (2010) noted that the gender difference for attitudes toward seeking professional psychological help, was more pronounced among the white racial group. Except for a few dissertation studies, there is sparse published research on Eastern European Americans, with respect to gender and attitudes toward seeking psychological help.
A few published studies suggest a gender difference in Eastern Europeans’ professional psychological help seeking (Alikaj et al., 2011). For example, a study conducted in Tirana, Albania found a gender difference between the lengths of time that parents sought psychiatric help for their children, with girls receiving psychiatric referrals more quickly than boys (Alikaj et al., 2011).

Although few studies have been conducted with Eastern European Americans, gender, and attitudes toward seeking psychological help, some relevant literature exists concerning other immigrant and ethnic groups (Ang, Lim, Tan, & Yau, 2004; Chang, 2007; Yeh, 2002). Ponterotto et al. (2001) sampled Greek and Italian college students and found gender to be an important factor in these participants’ attitudes toward mental health counseling, but only for the most highly acculturated participants. These findings are understandable due to the gender gap in attitudes toward seeking psychological help in U.S. culture (Leong & Zachar, 1999). If the values of highly acculturated Eastern European Americans mirror American cultural values, then gender differences in attitudes towards mental health seeking are likely prevalent in this population as well. In a study with Taiwanese students, for example, Yeh (2002) found that female students were more likely to have positive attitudes toward seeking professional psychological help than male students, and gender accounted for nearly 3% of the variance in predicting professional help seeking. Yeh (2002) concluded that men were less likely to have positive attitudes toward seeking professional help, which could be due to help seeking and emotional expression being less socially acceptable for men in Taiwanese culture. Chang (2007) studied gender and Taiwanese student attitudes toward seeking professional psychological help. Psychological distress and attitudes toward seeking professional help was moderated by gender. That is although women tended to be more depressed than men, and higher rates of depression
were associated with less positive attitudes toward seeking professional psychological help, the female participants were more likely to report positive attitudes toward seeking professional psychological help than their male counterparts (Chang, 2007).

Ang et al. (2004) studied the effects of gender and sex role orientation on attitudes toward seeking professional psychological help in Singapore. The relationship of gender to overall help seeking was significant, with female students having more positive attitudes toward professional psychological help than male students. Moreover, female students were more likely to recognize the need to seek professional psychological help than male students (Ang et al, 2004).

Due to the lack of published literature on Eastern European American mental health seeking, it is difficult to determine the influence that gender has on psychological help seeking in this specific population. However, there is evidence of gender differences in psychological help seeking for other ethnic groups, and the U.S. population as a whole. In general, women tend to have more positive views of psychological help seeking than men in both American and immigrant populations, especially women who are highly acculturated (Ponterotto et al., 2001; Sun, Hoyt, Brockberg, Lam, & Tiwari, 2016).

Previous research has shown that women have more positive attitudes toward help seeking in general, compared to men (Nam et al., 2010; Wendt & Shafer, 2016). In the U.S. gender role construction plays a role in help-seeking, and ideas about masculinity and strength influence men’s attitudes toward asking for help (Courtenay, 2000). In general, masculinity tends to promote rigidity in gender roles among men, and emphasizes help seeking as a sign of weakness (Courtenay, 2000). Evidence suggests that men have more difficulty seeking help than women, which affects their attitudes toward mental health seeking (Wendt & Shafer, 2016). Research suggests that Eastern Europeans tend to have more well-defined separation of gender
roles than in the U.S. (Dimitrov, 2004). However, the process of adapting to U.S. culture affects Eastern Europeans views on gender roles, leading to the adoption of more egalitarian gender roles (Dimitrov, 2004). Since gender plays a more pronounced role in attitudes toward seeking professional psychological help for Caucasians than for any other group (Nam et al., 2010) in the U.S., it is reasonable to assume that it would also influence the attitudes of Eastern Europeans Americans, who are predominantly Caucasian (Ramet, 1998).

Acculturation, Enculturation, Stigma, and Gender on Attitudes Toward Seeking Psychological Help

Although no research to date has examined the relations of acculturation, enculturation, stigma, and gender on attitudes toward seeking psychological help among Eastern Europeans in the U.S., some conclusions can be drawn from the available research. Since evidence suggests that being highly acculturated to U.S. culture, being female, and having less stigma toward the mentally ill are associated with positive attitudes toward seeking psychological help (Miller et al. 2011; Nam et al. 2010; Ponterotto et al., 2001; Rojas-Vilches et al., 2011; Zhang & Dixon 2003), it is reasonable to conclude that highly acculturated Eastern European American women with less stigmatizing views of the mentally ill would have the most positive attitudes toward seeking psychological help than any other group in the present study. Furthermore, since highly acculturated individuals tend to generally have favorable views toward psychological help seeking (Atkinson & Gim, 1989; Birman & Tyler, 1994; Miller et al. 2011; Miville & Constantine 2006; Well et al. 1989; Zhang & Dixon, 2003), gender and stigma toward the mentally ill could determine the degree to which those views are favorable. For highly acculturated Eastern European Americans with less mental illness stigma, gender could be the determining factor regarding the most favorable attitudes toward psychological help seeking in
this study. However, men and women who are highly acculturated and have high mental illness stigma would have less favorable attitudes toward seeking psychological help than highly acculturated men and women with low stigma (Han & Pong, 2015).

Regarding the relationship between enculturation, and attitudes toward seeking psychological help, gender and stigma could play an important role in determining positive attitudes. Since high enculturation has generally been associated with reluctance to seek psychological help and negative attitudes toward seeking psychological help (Dow & Woolley, 2011; Polyakova & Pacquia, 2006), being female and having low mental illness stigma might determine the extent of having negative attitudes toward seeking psychological help. Similarly, for Eastern European Americans who are highly enculturated and hold stigmatizing views of mental illness, gender could determine the extent of negative attitudes toward psychological help seeking, but not positive attitudes. Due to high stigma being associated with unfavorable attitudes toward psychological help seeking (Angell, Cooke, & Kovac, 2005; Parcesepe & Cabassa, 2012), it was reasonable to predict that Eastern European Americans with stigmatizing views of mental illness would generally have negative attitudes toward seeking psychological help. For Eastern European Americans who report being less enculturated, gender and stigma toward mental illness might play a greater role in determining favorable attitudes toward seeking psychological, than for more enculturated Eastern European Americans.

**Statement of the Problem**

Relative to the many studies on the processes of acculturation and enculturation with Asian Americans and Latino Americans, there have been few investigations of Eastern European Americans (Yoon et al., 2011). Not only are Eastern European Americans an understudied population, they are also a unique population whose values tend to be different from those of
Western countries (Schwartz & Bardi, 1997). In particular, Eastern European Americans tend to have different views on mental illness due to the approach to mental health treatment that was prevalent in Eastern Europe under communist rule. Therefore, it was reasoned that levels of acculturation and enculturation are related to Eastern European immigrants’ attitudes toward seeking psychological help. High acculturation would be associated with more positive attitudes toward seeking psychological help whereas high enculturation would be associated with negative attitudes toward seeking help.

Although an increasing number of Eastern Europeans have been steadily arriving in the U.S. since the 1990’s, there has been no research regarding their adjustment to U.S. culture. Since new immigrants face many challenges while adapting to a new culture, Eastern European Americans may face unique challenges in receiving psychological help. Since existing methods of coping with mental health concerns may be disrupted by adapting to a new culture, it is imperative to understand how the acculturative process influences Eastern European Americans’ attitudes toward seeking psychological help in the U.S.

The influence of the moderating factors of gender and stigma are also important to consider in the relationship between the acculturative process and psychological help seeking attitudes, since these factors can influence those attitudes positively or negatively. Therefore, this study examined the moderating effects of gender and stigma on the relations of acculturation and enculturation to attitudes toward seeking psychological help among Eastern European Americans.

**Hypothoses**

Based on the literature review, several hypotheses were tested in a sample of Eastern European immigrants living in the U.S. The acculturation hypotheses were as follows:
(1A) Gender and mental illness stigma will moderate the relationship between acculturation and attitudes toward seeking psychological help, such that highly acculturated women with less stigmatizing views of the mentally ill will report more positive attitudes toward seeking psychological help than less acculturated Eastern European men with higher stigmatizing views.

(1B) Gender will moderate the relationship between acculturation and attitudes toward seeking psychological help such that highly acculturated women will report more positive attitudes toward seeking help than less acculturated men.

(1C) Mental illness stigma will moderate the relationship between acculturation and seeking psychological help, such that participants who are more acculturated with less mental illness stigma will have more positive views about seeking psychological help than participants who are less acculturated and report more mental illness stigma.

(1D) Acculturation will be positively associated with attitudes toward seeking psychological help.

The enculturation hypotheses, were as follows:

(2A) Gender and mental illness stigma will moderate the relationship between enculturation and attitudes toward seeking psychological help, such that highly enculturated men with more stigmatizing views of the mentally ill will report less positive attitudes toward seeking psychological help than less enculturated women with less stigmatizing views.

(2B) Gender will moderate the relationship between enculturation and attitudes toward seeking psychological help such that highly enculturated men will report less positive attitudes toward seeking help than less enculturated women.
(2C) Mental illness stigma will moderate the relationship between enculturation and seeking psychological help, such that participants who are more enculturated with more mental illness stigma will have less positive views toward seeking psychological help than participants who are less enculturated with less stigmatizing views.

(2D) Enculturation will be negatively associated with attitudes toward seeking psychological help.
Chapter III

Method

Participants and Sample Size Analysis

Two hundred and fifty-six participants were eligible for the study. Participants included immigrants and first generation American (children of immigrants) adults from various post-communist Eastern European countries, defined as including a strip of countries from the Baltic to the Aegean Sea, i.e., Albania, Belarus, Bosnia & Herzegovina, Bulgaria, Czech Republic, Croatia, Estonia, Hungary, Kosovo, Latvia, Lithuania, Macedonia, Moldova, Montenegro, Poland, Romania, Russia, Serbia, Slovakia, Slovenia, and Ukraine (Ramet, 1998). To avoid potential confounding variables, only participants born in and/or whose parents were both born in one of these countries were eligible to participate in the study. The other inclusion criteria for participation were age (18 years or older) and English proficiency.

Demographic characteristics and country of origin are provided in tables 1 and 2. Most of the participants identified their country of origin as Albania ($N = 159, 62.1\%$), followed by Poland ($N = 34, 13.3\%$), Macedonia ($N=16, 6.3\%$), Russia ($N = 12, 4.7\%$), Ukraine ($N = 10, 3.9\%$), and Bulgaria ($N = 6, 2.3\%$). Participant’s age ranged from 18 to 83, with almost 50\% of participant aged 18 to 36. Immigrants comprised the majority of the sample at roughly 85\%, while first generation Americans comprised the rest of the 15\%. Of the participants that were not born in the U.S., no one reported being in the country for less than two years. Length of stay for participants ranged from 2 to 58.5 years. The majority of participants identified as Muslim (39\%), followed by no religious affiliation (20\%), and Catholic (11\%). Approximately 63\% of participants reported a household income of $50,000 or more. The sample was also relatively well educated, and 61\% of participants reported having completed 16 years of school or more.
Approximately 81% of participants reported that they had not sought professional psychological help, while 18% reported that they had. Finally, participants were predominantly female ($N = 173$, 67.75%).

A power analysis was conducted to determine the sample size required for 80% statistical power with a study-wise alpha level of .05, as suggested by Cohen (1988). Literature on the two way interactions between acculturation and gender, and acculturation and stigma on attitudes toward seeking psychological help yielded small correlations, with $r$’s ranging from .16 to .24 (Leong, Kim, & Gupta, 2011; Ramos-Sanchez & Atkinson, 2009; Shea & Yeh, 2008). Based on Cohen’s (1992) formula, these test statistics were converted to $r^2$ effect sizes. The effect sizes for the main effects of enculturation, stigma, and gender similarly ranged between $r^2 = .03$ to .05 (Ramos-Sanches & Atkinson, 2009; Shea & Yeh, 2008). The effect size for acculturation was reported to be $r^2 = 0.11$, and the interaction between acculturation and stigma was reported to be $r^2 = .05$ (Leong et al., 2011). To date, no published studies had assessed the three-way interactions (acculturation, gender, and stigma; and enculturation, gender, and stigma).

Cohen’s (1992) formula that converted effect sizes to $f^2$, resulted in $f^2 = .05$. Using an effect size $f^2 = .05$ and $\alpha = .025$ for each hierarchical regression analysis with four predictor variables (acculturation, enculturation, gender and stigma), the minimum number of participants needed to maintain 80% power of detecting an effect was 285. Data collection concluded when responses from 312 participants were collected, and the final analyses were conducted with 256 participants.

**Design**

The study used an ex-post facto design to determine the extent to which stigma and gender moderate the relationship between (1) acculturation and (2) enculturation on attitudes
toward seeking psychological help. The two continuous independent variables were acculturation and enculturation, measured by the Revised Brief Acculturation Rating Scale for Mexican Americans-II (Cuellar, 2004), and the dependent variable was attitudes toward seeking psychological help, measured by the Attitudes Toward Seeking Professional Psychological Help Shortened Form (Fischer, & Farina, 1995). Gender, measured by a demographic questionnaire, and stigma, measured by the Mental Illness Stigma Scale (Day et al., 2007), were the two moderator variables.

**Instruments**

**Attitudes Toward Seeking Professional Psychological Help Shortened Form.**

The Attitudes Toward Seeking Professional Psychological Help Shortened Form (ATSPPH-SF; Fischer & Farina, 1995; see Appendix A). The ATSPPH-SF is a 10-item scale that was modified from the longer version of the ATSPPH developed by Fischer and Turner (1970). The ATSPPH-SF uses a 4-point Likert scale (0 = disagree, 1 = partly disagree, 2 = partly agree, 3 = agree), with higher scores indicating more favorable attitudes toward seeking psychological help. (Items 2, 4, 8, 9, and 10 are reverse scored). Sample items include, “The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts” and “I would want to get psychological help if I were worried or upset for a long period of time.” The original ATSPPH has four dimensions; recognition of the need for psychological help, stigma tolerance, interpersonal openness, and confidence in mental health professionals.

The ATSPPH-SF was selected because it is shorter than the original ATSPPH, while retaining adequate validity and reliability. The ATSPPH-SF demonstrated convergent validity ($r = .87$) with the original ATSPPH. Fischer and Farina (1995) reported an internal consistency
estimate of .84, and a test-retest reliability of .80 after a one-month period in a sample of college students. In the present sample, the Cronbach alpha for the ATSPPH-SF was .72.

Although the ATSPPH-SF was developed for use with a college student population, it has been used in several studies with adults. In a study assessing the reliability and validity of the ATSPPH-SF in 296 college students and 389 medical patients, Elhai, Schweinle, and Anderson (2008) found that the ATSPPH-SF total score was significantly correlated with age ($r = .23$), and years of schooling ($r = .14$). Higher scores on the ATSPPH-SF were significantly associated with recent use of mental health services in both the college sample and medical patients.

In a study with an immigrant sample, Jang, Kim, Hansen, and Chiriboga (2007) examined the attitudes of 472 Korean Americans toward seeking psychological help. Jang et al. found that years of residency ($\beta = .11$) and depressive symptoms ($\beta = -.12$) were significant predictors of these attitudes. Vogel et al. (2003) reported a significant correlation of -.13 between public stigma and attitudes toward counseling in a sample of 676 undergraduate students.

Findings from these studies support the validity and use of ATSPPH-SF with a wide range of populations. In the present study, total scores on the ATSPPH-SF were used. Items 2, 4, 8, 9, and 10 were reverse scored, and all items were added together and divided by 10 to obtain the mean score.

**Modified Brief Acculturation Rating Scale.** A modified version of the Brief Acculturation Rating Scale for Mexican Americans – II (Brief ARSMA-II; Cuellar, 2004) scale was used in the present study to measure acculturation and enculturation of Eastern European American participants. The Brief ARSMA-II is the shortened version of the original ARSMA-II Scale.
The original ARSMA-II scale (ARSMA-II; Cuellar, Arnold, & Maldonado, 1995) is a 48-item measure of acculturation and enculturation that was designed for Mexican Americans. The ARSMA-II has two subscales, the Anglo Orientation Scale (AOS) and the Mexican Orientation Scale (MOS), which can be used independently or together to provide a total score of acculturation. The total score of acculturation is calculated by subtracting the MOS mean from AOS mean (Jimenez, Gray, Cucciare, Kumbhani, & Gallagher-Thompson, 2010). The AOS has 30 items measuring adherence to Anglo culture (e.g. “My thinking is done in the English language”), and MOS has 18 items that measure adherence to Mexican culture (e.g., “My thinking is done in the Spanish language”).

The Brief ARSMA-II, a 12-item scale developed by Cuellar (2004), is comprised of an AOS subscale with 6 items, and an MOS subscale with 6 items. Cuellar’s (2004) study of 2,422 Latino adolescent demonstrated acceptable internal consistency reliability of .91 for the AOS scores, and .71 for the MOS scores. The concurrent validity between the Brief ARSMA-II and the original was reported at .89. Bauman (2005) tested the reliability and validity of the Brief ARSMA-II with 288 female students in grades 6 through 8, and reported coefficients alphas of .93 and .69 for the MOS and AOS scores, respectively. The Brief ARSMA-II has been used in acculturation research and has demonstrated validity for use with adolescents, adults, intergenerational Mexican Americans, and Asian American populations (Miller, 2007).

Since there are no published acculturation scales used with Eastern Europeans, the Brief ARSMA-II was modified for use in the present study. Four counseling psychology doctoral students, and a faculty member were involved in the revision of the scale (see Appendix B). The only changes were the words “Spanish” or “Anglos”. The word “Spanish” was changed to “native language,” e.g., “I speak Spanish” became “I speak my native language.” Items with the
word “Anglos” were changed to “American,” such that the item, “My friends are of Anglo origin,” was changed to “My friends are of American origin”, and item 6 was changed from “I enjoy Spanish language TV” to “I enjoy music in my native language.” (Changing item 6 was necessary because the availability of television stations in different Eastern European languages in the U.S., would be lower than the availability of Spanish language television).

After the changes to the Brief ARSMA-II were made, it was administered in January, 2014, to 11 Eastern European Americans from Albania. These individuals filled out the revised scale and provided feedback regarding the content and readability of the items. Their feedback indicated no confusion on any item, and the participants reported being able to understand the questions and answer them appropriately.

For greater clarity, the MOS will henceforth be referred to as the EEOS (Eastern European Orientation Scale). For the present study, the means for the EEOS and AOS subscales were 3.6 ($SD = .94$) and 4.00 ($SD = .72$), respectively. Cronbach’s alpha for the EEOS subscale was .90, and .82 for the AOS subscale. The revised AOS and EEOS subscales was used as a measure of acculturation and enculturation, respectively, for Eastern European Americans. The mean scores for the EEOS and AOS subscales of the Brief ARSMA-II were used. The alpha coefficients in the present study were .84 for the EEOS, and .87 for the AOS subscales.

**Mental Illness Stigma Scale.** The Mental Illness Stigma Scale (MISS; Day et al., 2007; see Appendix C) is a 28-item measure of attitudes toward people with mental illness. This instrument was chosen because it was designed to measure the general public’s views on mental illness and can be used to measure self-stigma and public stigma. The scale consists of seven subscales: Anxiety, Relationship Disruption, Hygiene, Visibility, Treatability, Efficacy, and Recovery. Sample items include, “I feel anxious and uncomfortable when I’m around someone
with a mental illness” (Anxiety), “There is little that can be done to control the symptoms of mental illness” (Treatability), “People with mental illness will remain ill for the rest of their lives” (Recovery).

Day et al. (2007) reported internal consistency reliability estimates of the 7 factors: .90 (Anxiety), .84 (Relationship Distrust), .83 (Hygiene), .78 (Visibility), .71 (Treatability), .86 (Efficacy), and .75 (Recovery) based on a sample of 249 psychology students. Using a second sample (42 college students with no mental illness and 20 psychiatric patients), Day et al. (2007) found that the psychiatric patients reported more anxiety and disruption than those college students without mental illness. The Cronbach alpha for the current sample was .91.

A single score for general mental illness stigma was obtained from the overall scale. To obtain a single score, the scoring procedure outlined by Michalak et al. (2014) were used. First, items 1, 7, 9, 23 and 28 will be reversed scored. Then, the mean of the total score was obtained, with a range from 1-7, with higher scores indicating greater levels of stigma.

**Demographic questionnaire**: A demographic form (see Appendix D) was used to gather information about participants’ age, gender, generational status, years in the U.S., country of origin, socio-economic status, education level, religious affiliation, and whether participants have reported psychological treatment in the past.

**Procedure**

Participants, with Approval from the University at Albany Institutional Review Board, were recruited through social media outlets such as Facebook, Facebook groups, the investigator’s personal and e-mail contacts, and University at Albany listserv. Participants were also asked to forward the recruitment announcement to their friends or relatives who were
eligible to participate. Community centers on the east coast, in areas with Eastern European Americans, were contacted via e-mail and asked to forward the message to community residents.

The demographic form and research measures were hosted on the secure survey website Psychdata. A brief description of the study, confidentiality and informed consent were displayed on the first page. Participants were informed that the survey was confidential and voluntary, and that they had the right to stop at any time. Participants who agreed to the informed consent moved on to the next page. Participants were given the investigator’s e-mail address and the contact information of the Institutional Review Board at the University at Albany, should they have any questions or concerns. After completing the survey participants were invited to enter a drawing to win 1 of 20 Amazon certificates worth twenty-five dollars. To enter the drawing, participants exited the survey window, and sent their name and contact information to the investigator.
Chapter IV

Results

Preliminary Analysis

**Missing Values.** A total of 312 participants initiated the survey, of whom 57 either did not initiate or partially completed the survey questions; these cases were deleted. Out of the 258 remaining cases, two were deleted because they did not meet the inclusion criteria of having both parents born in an Eastern European country. The data was analyzed with 256 cases.

A missing value analysis was conducted to determine if the remaining missing values were missing completely at random using Little’s MCAR test (Little, 1998). Little’s (1998) MCAR test (Little, 1998) indicated 52 missing values, and they were missing completely at random \( \chi^2(3904) = 3646.91; p = .999 \). Expectation maximization was used to impute the missing values, as outlined by Tabachnick and Fidell (2007).

**Data Screening**

The data were screened to determine if the assumptions of multiple regression were met. Cohen’s (2003) procedures were used to test the assumptions of normality, linearity, homoscedasticity, and independence. Linearity and heteroscedasticity were assessed by visually examining the plot of the residuals. Examination of the p-p plots of the residuals indicated that the assumption of normality was met. The assumption of independence of the residuals was assumed met due to the independence of observations.

Outliers were examined using Cook’s distance statistic, Mahalanobis distance, and examining the leverage value statistic to determine if any values were unduly influencing the regression equation. Cook’s distance indicated that no individual case was influencing the raw score regression coefficient. However, examination of leverage and Mahalanobis distance
indicated that there are possible outliers. Cohen et al. (2003) puts forth a cut off point for leverage as $2(k+1)/n$. A maximum leverage value was observed as .493 for the analysis with Acculturation and .193 for the Enculturation analysis, above the cutoff of .047. No outliers were deleted for the present study.

Potential multicollinearity was assessed using variance inflation tolerance (VIF) and tolerance. Cohen et al. (2003) suggest that multicollinearity is problematic with a tolerance value of .10 or less and a VIF of 10 or higher. Although the main effects indicated that multicollinearity was not problematic, VIF and tolerance were high in the moderation models. Since the moderation terms correlate with the main effects that comprised them, multicollinearity is not problematic.

Bivariate correlations were conducted on the main study variables. Table 3 shows the means and standard deviations of the predictor variables and the dependent variable. Gender was coded as male = 0, and female = 1, and as such the results indicate that women reported a positive attitude toward seeking professional psychological than men. There were several significant correlations. Most notable, acculturation was negatively correlated with stigma $r = - .18$, and negatively associated with enculturation $r = -.36$.

**Major Analyses**

To test the different hypotheses, two regression analyses were conducted with acculturation and enculturation as predictors. Interaction terms were created using guidelines provided by Tix, Barron, and Frazier (2004). Each analysis was entered in a stepwise fashion with the main effects entered first, followed by the two moderators, and finally the three-way interaction. The results of these regression analyses can be found in Tables 4 and 5. The data
were centered to reduce the problem of multicollinearity. For the predictors, scores were centered by subtracting the sample mean from the raw score.

The regression analysis proceeded using Cohen’s (2003) suggestions for a multiple hierarchical regression. The first step of the analysis assessed the significance of the three centered predictor variables (acculturation, stigma, and gender). The second step assessed the significance of the moderator variables by entering two 2-way cross products (Acculturation X Stigma, Acculturation X Gender). During the third step the 3-way interaction effect (Acculturation X Stigma X Gender) was entered. A second analysis was conducted the same way as the first analysis, but with enculturation instead of acculturation as a predictor.

**Test of Hypotheses 1A through 1D.** The first hierarchical regression analysis was conducted with acculturation and other study variables. The overall model was significant ($R^2 = .202$, $F(1, 249) = 10.5$, $p = .00$). To test hypothesis 1A, that highly acculturated women with low mental illness stigma would have the most positive attitudes toward seeking professional psychological help, the third step of the first regression analysis was examined. Results indicated that the three-way interaction was not significant ($\beta = -.034$, $p = .869$, $sr^2 = .000$) and did not add significant predictive value to the model ($R^2 \text{ change} = .000$).

To determine whether Hypothesis 1B and 1C, that highly acculturated women and highly acculturated individuals with low stigma would hold the most positive attitudes toward seeking professional psychological help, step two of the first hierarchical regression model was examined. The overall model in step two of the hierarchical regression was significant ($R^2 = .202$, $F(2, 250) = 12.64$, $p = .000$), however, results indicated that the addition of the two moderator terms into the model were not significantly predictive of attitudes toward seeking psychological help above and beyond the main effects ($R^2 \text{ change} = .001$). The two-way
interaction terms for acculturation and stigma ($\beta = .031$, $p = .599$, $sr^2 = .001$), and acculturation and gender were not significant ($\beta = -.059$, $p = .768$, $sr^2 = .038$).

Examining step one of the first hierarchical regression indicated that there were significant main effects. The full model for the main effects was significant ($R^2 = .201$, $F(3,252) = 21.072$, $p = .000$). Results indicated that Hypothesis 1D, that acculturation will be positively associated with attitudes toward seeking professional psychological help, was supported. Acculturation accounted for unique variance in the prediction of attitude toward seeking professional psychological help ($\beta = .116$, $sr^2 = .016$, $p = .045$). Although not hypothesized, both stigma ($\beta = -.076$, $sr^2 = .154$, $p = .000$) and gender ($\beta = 1.570$, $sr^2 = .024$, $p = .013$) were also significantly predictive of attitudes toward psychological help seeking. These results suggest that being more acculturated, having less stigma toward mental illness, and being female were associated with more positive attitudes toward seeking psychological help in this sample of Eastern European Americans.

**Test of Hypotheses 2A through 2D.** The second hierarchical analysis was conducted with the predictor of enculturation, gender and mental illness stigma. The overall model was significant ($R^2 = .194$, $F(1, 249) = 9.98$, $p = .000$). Step three of the second hierarchical multiple regression analysis was examined to determine whether Hypothesis 2A was supported. The three-way interaction was not significant ($\beta = .235$, $p = .320$, $sr^2 = .004$) and did not add significantly to the prediction of attitudes toward seeking professional psychological help ($R^2$ change = .003). Thus, the hypothesis that gender and mental illness stigma would moderate the relationship between enculturation and attitudes toward seeking psychological help was not supported.
To determine whether hypotheses 2B and 2C, that highly enculturated men and highly enculturated individuals with higher levels of stigma would be associated with less positive attitudes toward seeking psychological help, the second step of the second hierarchical regression analysis was examined. The overall model for the two-way interactions was significant, but did not account for a significant difference in the variance on attitudes toward seeking psychological help ($R^2 = .001$, $F(2, 250) = 11.774, p = .000$). The interaction terms for enculturation and stigma ($\beta = -.099, p = .405, sr^2 = .003$), and enculturation and gender were not significant ($\beta = .111, p = .601, sr^2 = .001$). Thus, hypotheses 2B and 2C were not supported.

Examining step one of the second hierarchical regression analysis determined that Hypothesis 2D, that enculturation would be negatively associated with attitudes toward seeking psychological help was not supported. Although the overall F test for the main effects was significant ($R^2 = .188$, $F(3, 252) = 19.414, p = .000$), enculturation as a main effect was not ($\beta = .011, sr^2 = .000, p = .847$). Although not hypothesized, the main effects of gender ($\beta = .153, sr^2 = .028, p = .028$) and stigma ($\beta = -.410, sr^2 = .171, p = .000$) were significantly related to attitudes toward seeking professional psychological help in the second analysis. The results of the second analysis with enculturation reflect the findings of the analysis with acculturation, that being female and holding less stigma toward mental illness are associated with more positive attitudes toward help seeking.

**Mean Comparisons for different Ethnicities**

Since the sample in the present study was primarily Albanian (62%), a post-hoc test was conducted to determine whether ethnicity had any influence on attitudes toward seeking professional psychological help. Given that Eastern Europe is comprised of many different
cultures and ethnicities (Ramet, 1998; Robila, 2007), it was important to determine whether results were more indicative of ethnicity rather than the study variables. Only ethnicities which had significant numbers represented in the sample are reported, in this case only six ethnicities were represented with 2% or more (Albanian, Bulgarian, Macedonian, Polish, Russian, and Ukranian). An ANOVA was conducted with the different ethnicities on attitudes toward seeking professional psychological help and the results were not significant ($F(29,226) = 54.75, p = .991$). Table 6 provides information on the means and standard deviations for the ethnicity groups.
Chapter V
Discussion

The present study examined the effects of acculturation and enculturation on attitudes toward seeking professional psychological help among a sample of Eastern European Americans, predominantly in the Northeastern United States. This study represents one of the few studies exploring the importance of acculturation and enculturation with an Eastern European American population. The study aimed to apply Berry’s bidirectional model of acculturation (Berry, 1980). Acculturation and enculturation were examined separately for the present study.

It was hypothesized that gender and stigma toward mental illness would moderate the relationship between acculturation, and enculturation on attitudes toward seeking professional psychological help. It was found that higher acculturation, less stigmatizing views toward mental illness, and being female were associated with more positive attitudes toward seeking professional psychological help. There were six moderation hypotheses in total. Three hypotheses examined the relationship between acculturation, gender, and stigma, and three examined the relationship between enculturation gender and stigma, on attitudes toward seeking professional psychological help. None of the moderation hypotheses were supported by the present study. Although enculturation was hypothesized to have a negative relationship with attitudes toward seeking professional psychological help, the hypotheses was not supported.

Acculturation and Attitudes Toward Psychological Help Seeking

The findings of the present study suggest that level of acculturation is an important factor in attitudes toward seeking psychological help for Eastern European Americans. The present study found that greater acculturation was associated with more positive attitudes toward seeking professional psychological help. The present findings echo that of Zhang and Dixon (2003), and
Atkinson and Gim (1989), who found that acculturation was an important factor in psychological help seeking among Asian Americans. The findings in the present study, were similar to that of Well et al. (1989) who reported acculturation to be predictive of Mexican American attitudes toward seeking professional psychological help. Ponterotto et al. (2001) also found that acculturation predicted attitudes toward seeking professional psychological help, but only for women in his Greek American sample and not for Italian Americans. Although the findings of the current study are consistent with some previous research with different ethic groups, it is important to note that the amount of variance explained by acculturation on attitudes toward seeking professional psychological help was small, and should be interpreted with caution.

Despite the modest contribution of acculturation on attitudes toward seeking professional psychological help in the present study, it does provide some insight into Eastern Europeans. Mental health care in Eastern Europe was affected by communist rule, and had more authoritarian qualities, characterized by an emphasis on controlling patients and a lack of regard for quality of life, resulting in a greater degree of distrust among Eastern Europeans (Chtereva, Wade, & Ramsay-Wade, 2017; Tomov, 2001). It is likely that Eastern Europeans’ attitudes toward seeking professional psychological help becomes more positive and less distrustful as they acculturate to U.S. culture. Evidence also suggests that some Eastern Europeans lack knowledge regarding mental health and psychopathology (Alikaj et al., 2011). Acculturating to U.S. culture likely results in a better understanding of mental health care in the country, which could lead to more positive attitudes toward seeking professional psychological help. Evidence also suggests that Caucasian Americans have the most positive attitudes toward seeking professional psychological help than other racial groups (Nam et al., 2010). It is possible that as they adopt American cultural values, Eastern Europeans, who are largely Caucasian (Ramet,
would adopt similar attitudes toward psychological help seeking to other Caucasian Americans.

Given that Eastern Europeans are not a homogenous group, it is possible that this particular study did not fully capture the influence acculturation has on attitudes toward seeking professional psychological help for Eastern European Americans. It may be that the Brief ARSMA-II (Cuellar, 2004) may not fully capture unique cultural nuances that may be present in the acculturation process of Eastern Europeans. It is difficult to determine why gender and stigma did not moderate the relationship between acculturation and attitudes toward seeking professional help; however, it is possible that stigma, above and beyond gender and acculturation, is a more important predictor of attitudes toward seeking psychological help for Eastern Europeans.

**Enculturation and Attitudes Toward Psychological Help Seeking**

Results indicated that enculturation was not significantly predictive of attitudes toward seeking professional psychological help in this sample. The results of the present study contrast with other studies that have found a relationship between enculturation and attitudes toward seeking professional psychological help, especially among Asian Americans (Kim, 2007; Kim & Omizo, 2003; Miller, 2011; Miville & Constantine, 2006; Wong et al., 2010). Results also differ from that of Selkirk, Quayle, and Rothwell, (2012), who found that enculturation was predictive of negative attitudes toward seeking mental health services among a sample of Poles living in the U.K.

Although the results of enculturation on attitudes toward seeking professional psychological help were not significant, they were in line with results found by Sun et al. (2016) who reported that enculturation was not a significant predictor of attitudes toward seeking
professional psychological help among non-Asian ethnic groups in the U.S. Given that Eastern Europeans are not a homogenous group it is unlikely that there is a strong underlying and unifying cultural value that impacts their attitudes toward seeking professional psychological help. Unlike Asian Americans, whose attitudes toward seeking professional psychological help are underpinned by cultural values such as collectivism, and conformity to social norms (Sun et al. 2016), Eastern Europeans may not have a unique and pervasive world view that might affect their attitudes toward seeking psychological help. It is also possible that the EEOS, which was adopted for this study from the MOS (Cuellar, 2004), may be too broad to capture any cultural nuances among the present sample. It may be that stigma toward mental illness might be a more important predictor above and beyond level of enculturation for Eastern Europeans.

Stigma Toward Mental Illness

Although not hypothesized, stigma toward mental illness was a significant predictor of attitudes toward seeking professional psychological help. The findings of the present study are in line with other findings on the influence of stigma toward mental illness on attitudes toward seeking professional psychological help (Corrigan, 2004; Corrigan et al., 2015; Mak et al., 2007; Vogel et al., 2007). The findings are also similar to those of Rojas-Vilches et al. (2011), and Han and Pong (2015), who found that stigma toward mental illness influenced willingness to seek mental health services among a sample of Puerto Rican Americans and Asian Americans, respectively. The findings also echo those of Do et al. (2014) who found that stigma was a significant predictor of negative attitudes toward seeking professional psychological help, above and beyond immigration status. In general, Eastern Europeans tend not to seek mental health treatment (Kleinberg et al., 2013; Selkirk, et al. 2012; Shor, 2007), and stigma toward mental illness is a significant barrier toward seeking mental health services (Polyakova & Pacquia,
Although the present study did not measure willingness to attend mental health services, it lends support to the notion that mental illness stigma can serve as a significant barrier to mental health seeking among Eastern Europeans.

Mental illness stigma appears to be an important factor for the present sample of Eastern Europeans. In previous research, it has been suggested that Eastern Europeans prefer to resolve mental health issues within the family, and that mental illness is a source of shame for individuals and within families in Eastern European communities (Dow & Woolley, 2011; Chtereva et al., 2017; Polyakova & Pacquiao, 2006). Previous research also suggests that Eastern European views on mental health tend to be stigmatizing (Birman & Trickett, 2001; Chtereva et al., 2017; Chow et al., 1999; Polyakova & Pacquiao, 2006; Tomov et al., 2007). It appears that stigma toward mental illness is predictive of attitudes toward seeking professional psychological help, above and beyond cultural or gender factors for this sample of Eastern Europeans. It may be that views toward the mentally ill may have been shaped by a history of Communist rule in Eastern Europe (Birman & Trickett, 2001; Tomov et al., 2007) and these views might still be influencing this sample of Eastern Europeans, who were largely comprised of immigrants. Stigma toward the mentally ill might supersede other factors that influence attitudes toward seeking professional psychological help for the present sample, such that other factors might not be as important in comparison.

The finding that stigma is significantly and negatively associated with attitudes toward seeking professional psychological help is intuitive, since individuals who hold high stigmatizing views of mental illness would likely hold negative views for seeking psychological help. Although stigma toward mental illness did not moderate the relationship between enculturation and acculturation on attitudes toward seeking professional psychological help, it did correlate
negatively with acculturation. It may be possible that there is a mediating relationship between acculturation, stigma, and attitudes toward seeking professional psychological help. Meaning that as Eastern Europeans become more acculturated to U.S. culture, they tend to hold less stigmatizing views toward mental illness.

**Gender**

Gender was found to predict attitudes toward seeking professional psychological help for the present study, such that women were more likely to hold more positive attitudes. The findings of the present study are reflective of findings on the influence of gender on attitudes toward seeking professional psychological help in the U.S. (Angell et al., 2005; Leong & Zachar, 1999; Nam et al., 2010, Parcesepe & Cabassa, 2012). Similar to findings of the present study, research with Asians and Asian Americans (Ang et al., 2004; Chang, 2007; Yeh, 2002), have demonstrated that women are more likely to hold positive attitudes toward seeking professional psychological help. Findings in the present study are also in line with those of Ponterotto et al., (2001) who found that highly acculturated women had more positive attitudes toward seeking professional psychological help than men in a sample of Greek Americans.

Evidence suggests that for some Eastern Europeans, gender roles tend to be more patriarchal and less egalitarian than those in the U.S. (Dimitrov, 2004). It is likely that gender roles may influence attitudes toward asking for help similarly to how ideas of masculinity influences help seeking attitudes in the U.S. (Courtenay, 2000). It is also likely that as Eastern Europeans adopt U.S. cultural values, their ideas regarding gender roles might align more closely with U.S. gender roles (Dimitrov, 2004). However, gender roles might contribute to less favorable attitudes toward seeking professional psychological help among men in both Eastern Europe and the U.S. Previous research has demonstrated that gender roles may influence access
to mental health care for some Eastern Europeans (Alikaj et al., 2011). Nevertheless, gender had a modest contribution on attitudes toward seeking professional psychological help for the present sample. It may be that gender does not greatly influence attitudes toward seeking professional psychological help above that of stigma. Being that the variance accounted for by gender was small, it could explain why gender did not moderate the relationship between acculturation and enculturation on attitudes toward seeking professional psychological help.

**Implications for Future Research and Practice**

Although many of the hypotheses were not supported, the present study found that level of stigma toward mental illness, acculturation level, and gender played important roles in understanding psychological help seeking attitudes among Eastern European Americans. The present study contributed to the body of knowledge on acculturation with a relatively understudied population of Eastern European Americans. It has also provided support for the use of the Mental Illness Stigma Scale (Day et al., 2007), and the Brief Acculturation Rating Scale for Mexican Americans – Short Form (Cuellar, 2004), with Eastern European Americans.

The study provides some preliminary evidence that acculturation is an important factor for Eastern European Americans and their attitudes toward seeking psychological help. It would be important to replicate these findings in future research since there are so few studies that study the Eastern European American population. Furthermore, it is unclear how acculturation contributes to more positive attitudes toward seeking psychological help. Since there was a significant negative correlation between acculturation and stigma it could mean stigma toward mental illness could mediate the relationship between acculturation and attitudes toward psychological help seeking. Another area for future research is in determining the extent to which attitudes toward seeking professional psychological help translate to accessing mental health care.
health care. Relatively speaking, the percent of participants in the present study who reported accessing professional psychological help in the past is small. Again, the discrepancy between mental health seeking behavior and attitudes might suggest that stigma toward mental illness is an important factor. It would be important to determine the extent that stigma plays a role in Eastern European Americans access to mental health care.

Although not hypothesized in this study, the effect of gender, and stigma on seeking professional psychological help were significantly correlated. It would be important for future research to examine the extent and nature of these relationships. Stigma of mental illness on psychological help seeking appears to be especially important for this population. Previous studies have suggested that mental illness stigma is prevalent among the Eastern European population, and mental health is resolved within the family (Chtereva et al., 2017; Dow & Woolley, 2011; Polyakova & Pacquia, 2006). Although race was not a factor in this study, it would be important to compare racially different immigrants (e.g. Eastern Europeans and Asians) and the effects of acculturation on their attitudes toward seeking professional psychological help.

The findings of the present study have implications for clinicians working with Eastern Europeans in the United States. Since higher level of acculturation is associated with favorable views of seeking professional psychological help, it is likely that Eastern Europeans that are accessing mental health care may be more acculturated. It is important for clinicians to consider that for many Eastern Europeans professional mental health treatment is not the first option when dealing with mental health issues. For some Eastern European populations, mental illness might even be a source of shame or weakness (Polykova, & Pacquia, 2006). For recent Eastern European immigrants, the immigration process can be stressful and may even disrupt informal or
traditional sources of mental health treatment (Hulewat, 1996). Therefore, for those Eastern Europeans who have recently arrived or are less acculturated, mental health care might be needed but may not be seen as an option.

Clinicians working with Eastern European Americans should focus on increasing awareness of mental health services, and destigmatizing mental health care. For therapists who are seeing Eastern European Americans who are initiating therapy for the first time, it is important to assess any barriers that might prevent them from continuing treatment, such as stigma of mental illness. Clinicians should also assess whether their Eastern European clients have other sources of mental health care, including their family or the church, to determine whether professional mental health treatment would be the best option for them.

**Limitations and Conclusion**

There are several limitations that must be taken into consideration. A major limitation is that Eastern European Americans do not constitute a homogenous cultural group. That is, many ethnic, cultural, religious, and linguistic groups comprise Eastern Europe. Since the region itself includes over twenty countries, there is not one single identity of Eastern Europeans, but rather many ethnic identities that share a common historical background. Although there are unifying cultural influences, such as a history of communist rule, the geographical and cultural regions that were represented in the present study are diverse (Ramet, 1998). Given that Eastern Europeans are a diverse population, the acculturation and enculturation measure modified for this study might not be adequate in capturing their unique experiences. The current study modified the brief ARSMA-II (Cuellar, 2004), a measure developed for use with Latino/a populations, and without further examination of construct validity associated with the modification, the extent to which the findings might also be associated with measurement error is unclear. Another
limitation is that most participants in the present study identified themselves as immigrants or first generation Albanian Americans. Thus, the present study could be reflecting the views of Albanian Americans, above and beyond the rest of the Eastern European countries represented.

Other limitations are important to remember. For instance, since a snow-ball sampling strategy was used, self-selection bias in a nonrandom sample is an issue. It is assumed that participants solicited others to participate in the study who they deemed eligible. Since the measures were in English, it is unlikely that participants with poor English proficiency volunteered for the study or completed the survey. However, since there was no screen for English language proficiency, it is not clear whether individuals with poor English proficiency initiated the survey, and how well the questions were understood by those individuals. Since only self-report measures were used to collect data, mono-method bias is another limitation to the present study. In addition to language, computer literacy is another form of self-selection bias since participants who do not use the computer might have been unable, or have been discouraged to participate. Finally, the majority of the sample was comprised of immigrants, and was fairly well educated, which might not generalize to the entire Eastern European population in the United States.

To date the present study represents one of the few studies that examines acculturation among Eastern European Americans and their attitudes toward professional psychological help. Despite its limitations, the present study has provided some insight into Eastern European Americans attitudes toward seeking professional psychological help. Stigma toward mental illness, gender, and acculturation appear to be important variable that merit further study among Eastern European Americans. Researchers and clinicians who are interested in this population
should take into consideration the role that acculturation, gender roles, and mental illness stigma play in Eastern European Americans willingness to access mental health care.
References


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Saechao, F., Sharrock, S., Reichert, D, Livingston, D. J., Aylward, A., Whisnant, J., Koopman,


63


Table 1.

**Demographics**

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Table 3.

Descriptive Statistics and Pearson Correlations for Study Variables

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<td>-.36**</td>
<td>.08</td>
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Note: **p = <.01 ATSPPH = Attitudes Toward Seeking Professional Psychological Help, ACC = Acculturation, STG = Stigma, ENC = Enculturation. Bold indicates Cronbach’s Alpha.
Table 4.  
*Summary of Hierarchical Multiple Regression Analysis 1: Acculturation*

<table>
<thead>
<tr>
<th>Variable</th>
<th>$B$</th>
<th>$SE$</th>
<th>$β$</th>
<th>$p$</th>
<th>$sr$</th>
<th>$R^2$</th>
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</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
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<td>.201</td>
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<tr>
<td>ACC</td>
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<td>.059</td>
<td>.116</td>
<td>.045*</td>
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<tr>
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<td>.011</td>
<td>-.388</td>
<td>.000**</td>
<td>-.392</td>
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</tr>
<tr>
<td>GEN</td>
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<td>.628</td>
<td>.142</td>
<td>.013*</td>
<td>.156</td>
<td></td>
</tr>
</tbody>
</table>

| **Step 2** |     |      |     |     |      | .202  |
| ACC      | .175| .206 | .171| .397| .054 |       |
| STG      | -.074| .012 | -.381| .000**| -.377 |       |
| GEN      | 1.554| .631 | .140| .014*| .154 |       |
| ACC X STG | .001| .002 | .031| .599| .033 |       |
| ACC X GEN | -.036| .121 | -.059| .768| -.019 |       |

| **Step 3** |     |      |     |     |      | .202  |
| ACC      | .169| .210 | .165| .420| .051 |       |
| STG      | -.074| .012 | -.380| .000**| -.374 |       |
| GEN      | 1.539| .639 | .139| .017*| .151 |       |
| ACC X STG | .002| .007 | .064| .758| .020 |       |
| ACC X Gender | -.033| .123 | -.054| .791| -.017 |       |
| ACC X STG X GEN | -.001| .004 | -.034| .869| -.010 |       |

Note: *$p < .05$, **$p = < .01$. ACC = Acculturation. STG = Stigma. Gen = Gender. $sr$ = semi partial correlation. $R^2$ = proportion of variance accounted for.*
Table 5.  
*Summary of Hierarchical Multiple Regression Analysis 2: Enculturation*

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<th>SE B</th>
<th>β</th>
<th>p</th>
<th>sr</th>
<th>R2</th>
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<td>.000**</td>
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<td>.111</td>
<td>.601</td>
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<td>.005</td>
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</table>

Note: *p < .05, **p = <.01. ENC = Enculturation. STG = Stigma. Gen = Gender. sr = semi partial correlation. R2 = proportion of variance accounted for.
Table 6.

*Summary of Ethnicity Mean Comparisons on ATSPPH-SF.*

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<th>N</th>
<th>SD</th>
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<td>.41</td>
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<td>Polish</td>
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<td>34</td>
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<td>Russian</td>
<td>2.51</td>
<td>12</td>
<td>.70</td>
</tr>
<tr>
<td>Ukranian</td>
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</tr>
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</table>
Appendix A.

Attitudes Toward Seeking Professional Help

Please fill the blanks with a number from 0-3:

0 = Disagree 1 = Partly disagree 2 = Partly agree 3 = Agree

_____ 1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.

_____ 2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.

_____ 3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.

_____ 4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.

_____ 5. I would want to get psychological help if I were worried or upset for a long period of time.

_____ 6. I might want to have psychological counseling in the future.

_____ 7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.

_____ 8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.

_____ 9. A person should work out his or her own problems; getting psychological counseling would be a last resort.

_____ 10. Personal and emotional troubles, like many things, tend to work out by themselves.
Appendix B.

The Brief Acculturation Rating Scale for Mexican Americans – II (Modified)

*The word native is used here to mean you or your parents’ country of origin.

Please indicate how often each of the following items apply by writing the most appropriate number next to each statement.

Not at all     Very little     Moderate     Very often     Almost always
1  2  3     4  5

1) I speak my native language. _____
2) I speak English. _____
3) I enjoy speaking my native language. _____
4) I associate with Americans. _____
5) I enjoy movies in the English language. _____
6) I enjoy music in my native language. _____
7) I enjoy movies in my native language. _____
8) I enjoy reading books in my native language. _____
9) I write letters in English. _____
10) My thinking is done in the English language. _____
11) My thinking is done in my native language. _____
12) My friends are of American origin. _____
Appendix C.

Mental Illness Stigma Scale.

Please write in the most appropriate number from 1-7 for each statement.

1 2 3 4 5 6 7

*Completely Disagree*  *Completely Agree*

____ 1. There are effective medications for mental illnesses that allow people to return to normal and productive lives.

____ 2. I don’t think that it is possible to have a normal relationship with someone with a mental illness.

____ 3. I would find it difficult to trust someone with a mental illness.

____ 4. People with mental illnesses tend to neglect their appearance.

____ 5. It would be difficult to have a close meaningful relationship with someone with a mental illness.

____ 6. I feel anxious and uncomfortable when I’m around someone with a mental illness.

____ 7. It is easy for me to recognize the symptoms of mental illnesses.

____ 8. There are no effective treatments for mental illnesses.

____ 9. I probably wouldn’t know that someone has a mental illness unless I was told.

____ 10. A close relationship with someone with a mental illness would be like living on an emotional roller coaster.

____ 11. There is little that can be done to control the symptoms of mental illness.

____ 12. I think that a personal relationship with someone with a mental illness would be too demanding.

____ 13. Once someone develops a mental illness, he or she will never be able to fully recover.
from it.

14. People with mental illnesses ignore their hygiene, such as bathing and using deodorant.

15. Mental illnesses prevent people from having normal relationships with others.

16. I tend to feel anxious and nervous when I am around someone with a mental illness.

17. When talking with someone with a mental illness, I worry that I might say something that will upset him or her.

18. I can tell that someone has a mental illness by the way he or she acts.

19. People with mental illnesses do not groom themselves properly.

20. People with mental illnesses will remain ill for the rest of their lives.

21. I don’t think that I can really relax and be myself when I’m around someone with a mental illness.

22. When I am around someone with a mental illness I worry that he or she might harm me physically.

23. Psychiatrists and psychologists have the knowledge and skills needed to effectively treat mental illnesses.

24. I would feel unsure about what to say or do if I were around someone with a mental illness.

25. I feel nervous and uneasy when I’m near someone with a mental illness.

26. I can tell that someone has a mental illness by the way he or she talks.

27. People with mental illnesses need to take better care of their grooming (bathe, clean teeth, use deodorant).

28. Mental health professionals, such as psychiatrists and psychologists, can provide effective treatments for mental illnesses.
Appendix D.

Demographic Survey.

1. Gender: □ Male  □ Female  □ Other (please specify)_____________________

2. Age: ______

3. Country of origin of my family and me.

<table>
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<th>Belarus</th>
<th>Bosnia &amp; Herz.</th>
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<th>Hungary</th>
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</table>

4. Highest educational degree attained: _____

5. How long have you been living in the U.S.? (Approximate number of years and months) _____

6. Approximate yearly income of household:

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</table>

7. a) Were you born in the U.S.? Yes ☐ No ☐
   b) Were your parents born in the U.S.? Yes ☐ No ☐
   c) Were your grandparents born in the U.S.? Yes ☐ No ☐

8. Have you sought professional help for mental health concerns in the U.S. or elsewhere? Yes ☐ No ☐

9. What religion do you identify with?