

# Culture and Social Support: Who Seeks It and Why?

Shelley E. Taylor  
University of California, Los Angeles

David K. Sherman and Heejung S. Kim  
University of California, Santa Barbara

Johanna Jarcho, Kaori Takagi, and Melissa S. Dunagan  
University of California, Los Angeles

Are Asians and Asian Americans more or less likely to seek social support for dealing with stress than European Americans? On the one hand, the collectivist orientation of Asian countries might favor the sharing of stressful problems; on the other hand, efforts to maintain group harmony might discourage such efforts. In 2 studies, Koreans (Study 1) and Asians and Asian Americans in the United States (Study 2) reported using social support less for coping with stress than European Americans. Study 3 examined potential explanations for these effects and revealed that relationship concerns accounted for the cultural differences in use of support seeking. Discussion centers on the potential benefits and liabilities of seeking social support.

Research on stress and coping has shown that one of the most effective means by which individuals cope with stressful events is through social support. There is substantial evidence showing the benefits of many forms of social support for both mental and physical health (Seeman, 1996; Thoits, 1995). To date, however, there has been little consideration of how the patterns of social relationships that are assumed and practiced in a given sociocultural context affect the use and effectiveness of social support. That is, how people decide to solicit and receive support is likely to depend heavily on the nature of the relationships they have with their social networks. Even two equally supportive social networks might differ in the norms that guide interactions and the shared expectations of how a person and the network are connected to

each other. Consequently, decisions to seek social support are likely to be affected by these norms and expectations.

Research in cultural psychology has shown that the norms that govern the nature of relationships differ greatly across cultures. For example, individuals are encouraged to promote and maintain their distinctiveness and act according to their own volitions in more independent cultures, such as in North America and Western Europe. In contrast, individuals are encouraged to focus on their relationships and act to maintain harmony within a group in more interdependent cultures, such as in East Asia (Markus & Kitayama, 1991; Triandis, 1989). These differences in expectations and norms about relationships between a person and the social network are likely to affect how and whether individuals seek and use social support.

Thus, the present research examined cultural differences in how European Americans and Asians and Asian Americans<sup>1</sup> cope with stressors by examining to what extent these groups call on their social support networks in times of stress. Cultural differences in the use of social support may inform an understanding of the meaning and measurement of this construct. We addressed two primary questions in our cultural analysis of the use of social support. First, how do cultural backgrounds affect how people use social support? And second, how is the use of social support interconnected with cultural norms about relationships?

## Research on Social Support

*Social support* is defined as the perception or experience that one is loved and cared for, esteemed and valued, and part of a

Shelley E. Taylor, Johanna Jarcho, Kaori Takagi, and Melissa S. Dunagan, Department of Psychology, University of California, Los Angeles (UCLA); David K. Sherman and Heejung S. Kim, Department of Psychology, University of California, Santa Barbara.

Kaori Takagi is now at the Department of Psychology, University of British Columbia, Vancouver, British Columbia, Canada.

This research was supported by a UCLA Faculty Senate Grant and a UCLA International Studies and Overseas Programs grant to Shelley E. Taylor. David K. Sherman was supported by National Institute of Mental Health Training Grant 15750, and Kaori Takagi was supported by National Science Foundation Grant BCS-9905157. We are grateful to Qian Lu and Bimal Rajkomar for their thoughtful insights on these issues.

Correspondence concerning this article should be addressed to Shelley E. Taylor, Department of Psychology, University of California, Los Angeles, 1282A Franz Hall, Los Angeles, CA 90024, or to David K. Sherman or Heejung S. Kim, Department of Psychology, University of California, Santa Barbara, Santa Barbara, CA 93106. E-mail: taylors@psych.ucla.edu, david.sherman@psych.ucsb.edu, or kim@psych.ucsb.edu

<sup>1</sup> We use *Asians and Asian Americans* to refer to East Asian and East Asian Americans from Korea, Japan, Taiwan, China, and Hong Kong.

social network of mutual assistance and obligations (Wills, 1991). Taxonomies of social support have usually examined several forms. *Information support* occurs when one individual helps another to understand a stressful event better and to ascertain what resources and coping strategies may be needed to deal with it. *Instrumental support* involves the provision of tangible assistance such as services, financial assistance, and other specific aid or goods. *Emotional support* involves providing warmth and nurturance to another individual and reassuring the person that he or she is a valuable person who is cared about. Social support has long been known to mute the experience of stress, enhance well-being, reduce the severity of illness, and speed recovery from health disorders when they do occur (for reviews, see Seeman, 1996; Thoits, 1995).

A large psychological literature demonstrating these beneficial effects has typically examined social support in terms of specific transactions involving the seeking and receiving of help in the context of coping with specific stressors (e.g., Lazarus & Folkman, 1984; Wills, 1991). Considerable literature has implied, however, that social support need not be activated to be helpful. For example, a large sociological literature has examined social support using structural measures that assess the number of social relationships and roles in which an individual is involved and the structure of the interconnections among those relations (Thoits, 1995; Wills, 1998). The fact that social ties are associated with indicators of mental and physical health implies that merely having these ties may have benefits.

Moreover, research has suggested that at least under some circumstances, the perception of social support that remains unutilized is more beneficial than social support that is actually mobilized. For example, Wethington and Kessler (1986) found that perceived social support was a stronger predictor of adjustment to stressful life events than received support. There are several possible reasons for this finding. These include the fact that overly intrusive social support may exacerbate stress (Shumaker & Hill, 1991). Efforts to provide support to others may be perceived as controlling and interfering by the recipient (e.g., Lewis & Rook, 1999). The support that a network member provides may be different from that which is needed (e.g., Thoits, 1986), failing to match the needs of the recipient (e.g., Cohen & McKay, 1984; Cohen & Wills, 1985). In addition, Bolger, Zuckerman, and Kessler (2000) found that when people actually drew on specific members of their social support networks for help during stressful times, support seeking often served as an additional cause of distress, because expressing one's needs to others was esteem reducing, and/or drawing on another person for support was perceived to tax that other person's resources, such as time and attention.

Taken together, these findings suggest that as a resource, social support may sometimes be more beneficial in its perception than in its use. That is, it may be helpful or comforting to know that there are others who care for you during times of stress, and this fact alone may be more stress reducing than actually making use of one's relationships for specific help or comfort. As we suggest below, this distinction may be especially relevant to how social support is experienced in different cultures.

### Cultural Differences and Social Support

Research has suggested reliable cultural differences in how people view the self and their relationships that may have impli-

cations for whether or not they use social support to cope with stress. Westerners tend to view a person as independent and separate from other people, whereas Asians tend to view a person as fundamentally connected with others (Markus & Kitayama, 1991; Shweder & Bourne, 1984; Triandis, 1989). This difference might lead to the assumption that coping via social support would be especially common among Asians, because they place emphasis on interconnectedness with their social group. In fact, however, the opposite may be the case.

The idea that social support involves specific transactions whereby one individual enlists the help of another in service of his or her problems may be a particularly Western conceptualization of social support. The independent view of the self that is prevalent in the Western cultural context holds that individuals take actions that are oriented toward the expression of their opinions and beliefs, the realization of their rights, and the achievement of their goals (Fiske, Kitayama, Markus, & Nisbett, 1998; H. Kim & Markus, 1999). The conceptualization of social support in terms of explicit transactions presupposes that it is appropriate to enlist others in meeting those goals. Thus, stressed individuals may focus primarily on themselves and their goal of coping with the stress and recruit the time and attention of others in this process.

In contrast, Asians tend to view a person as primarily a relational entity, interdependent with others. In these cultural contexts, social relationships, roles, norms, and group solidarity typically are more fundamental to social behavior than an individual's needs. This interdependent view of the self holds that a person should conform to social norms and respond to group goals by seeking consensus and compromise; as such, personal beliefs and needs are secondary to social norms and relationships (Fiske et al., 1998; H. Kim & Markus, 1999). In Asian cultural contexts, because emphasis is placed on maintaining harmony within the social group, any effort to bring personal problems to the attention of others or enlist their help may risk undermining harmony and/or making inappropriate demands on the group.

There is some research on social support transactions and their effects in Asian countries. The research has largely focused on specific stressors, such as managing a mentally retarded child (Shin, 2002) or caring for an elderly parent (Ng, 2002). Many of these studies are exploratory surveys that provide descriptions of support needs without examining cultural influences. Nonetheless, several findings are consistent with the above reasoning. Research shows that European Americans are more likely to report needing and receiving social support than are Asians and Asian Americans (Hsieh, 2000; Shin, 2002; Wellisch et al., 1999). Moreover, one study (Liang & Bogat, 1994) found that received social support had negative buffering effects for Asians (i.e., it made Asians feel more stressed).

### Overview

Taken together, the above lines of research suggest that people from more interdependent cultures may be unlikely to respond to stressors by explicitly enlisting the help of their social support networks compared with those from more independent cultures. We sought to test this prediction in a series of studies. Study 1 examined the hypothesis that Asians are less likely to solicit social support for coping with stress than are European Americans. Using an open-ended format, we compared the coping strategies reported by a sample of Korean college students and a sample of American college students. Study 2 examined how a U.S. sample of Euro-

pean Americans and Asians and Asian Americans responded to academic and social stressors, using a standardized measure of social support. In both studies, we hypothesized that Asians and Asian Americans would rely less on social support for coping with stressors than European Americans. Study 3 tested whether cultural differences in relationship norms could account for this difference.

### Study 1

In Study 1, we examined strategies for coping with stress in a sample of Korean college students and a sample of American college students, using an open-ended questionnaire. By adopting an open-ended measure in which people from different cultures spontaneously generated responses, we could be certain that the findings would not be a result of demand characteristics and would instead assess the most salient and prevalent means used to cope with stressful events within each culture.

### Method

**Participants.** One hundred twelve participants, ranging in age from 17 to 23 years, took part in the study. Fifty-six European American college students (23 men and 33 women) from a large California university and 56 Korean college students (25 men and 31 women) from Seoul, South Korea, filled out the questionnaire. The Korean sample was older ( $M = 21.28$  years) than the European American sample ( $M = 18.94$  years),  $t(92) = 7.95, p < .01$ .<sup>2</sup> Both groups of participants were recruited from psychology classes.

**Procedure.** Participants responded to an open-ended question that probed for commonly used coping strategies: "What are the kind of things you do to relieve stress?" This question was originally written in English and translated into Korean for Korean participants. The questionnaires were administered in classes in the United States and Korea by the instructors, who were unaware of the hypothesis of the study. It took approximately 10 min for participants to fill out the questionnaire.

Once the responses were collected, all responses were transcribed. To ensure the accuracy of the translation, a bilingual research assistant translated Korean responses into English, and another bilingual research assistant translated them back into Korean. After all the responses were transcribed and translated, the responses were identified only by subject numbers, so that the cultural origin of responses would not be known to researchers during development of coding schemes or coding.

We constructed a comprehensive coding scheme based on the responses generated. Coping strategies generated by respondents were combined according to conceptual similarities. The combined measures were Organizing (organizing, cleaning), Emotional Relief (crying, screaming, laughing), Substance Use (drinking, smoking), Activities (singing, dancing), Exercise (walking, exercising), Entertainment (movie, music, reading), Self Care (pampering body, eating, sleeping, relaxing), and Using Social Support (talking with others, being with friends, being with family). Each combined category was rated on a binary scale (yes or no) as to whether each respondent mentioned any of the specific strategies. If a respondent mentioned at least one of the specific strategies (e.g., being with friends), it was coded "yes." Thus, the means in Table 1 and in the *Results* section refer to percentage of responses that mentioned the given coping strategy. Two coders (one Korean and one American) who were unaware of the cultural origin of the responders' answers coded the responses according to the coding scheme.

### Results

**Coder reliability.** The intercoder reliability was high (96.59%). According to Cohen's coefficient of concordance, cod-

Table 1  
*Cultural Differences in Strategies for Coping With Stress in Study 1*

Coping strategy	European Americans ( <i>n</i> = 56)	Koreans ( <i>n</i> = 55)
Using Social Support	57.1	39.3*
Organizing	10.7	10.9
Emotional Relief	8.9	12.7
Substance Use	8.9	25.0*
Activities	5.4	16.1†
Exercise	42.9	23.2*
Entertainment	51.8	50.9
Self Care	44.6	40.0

*Note.* The entries indicate the percentage of participants who reported using the given strategy.

†  $p < .10$ . \*  $p < .05$ .

ings were highly reliable ( $\kappa = .87$ ). Disagreements in coding were resolved by discussion between coders.

**Number of responses.** The average numbers of coping strategies generated by Korean and European American respondents did not differ. On average, Korean respondents listed 3.29 strategies, and European American respondents listed 3.82 strategies,  $t(109) = 1.53, ns$ . This lack of difference suggests that respondents from both cultures were similarly engaged in the task and that any culturally divergent patterns of responses were not due to cultural difference in the propensity to report a large or small number of coping strategies.

**Cultural differences in coping strategies.** As predicted, there was a significant cultural difference in Using Social Support. Specifically, European Americans (57.1%) were more likely to mention Using Social Support as a coping strategy than Koreans (39.3%),  $\chi^2(1, N = 111) = 4.00, p < .05$  (see Table 1).

Otherwise, the results suggest that spontaneously generated coping strategies overlap heavily in Korea and the United States. Most strategies were found in both cultures with at least some regularity. A series of independent chi-square tests revealed that there were no significant cultural differences in Organizing, Emotional Relief, Entertainment, and Self Care (all  $\chi^2$ 's  $< 1$ ).

Korean and American respondents differed significantly in the use of Exercise and Substance Use, with American respondents (42.9%) mentioning Exercise as a coping strategy more frequently than Korean respondents (23.2%),  $\chi^2(1, N = 111) = 4.61, p < .05$ , and Korean respondents reporting Substance Use (25.0%) more frequently than American respondents (8.9%),  $\chi^2(1, N = 111) = 5.34, p < .05$ . To see if the non-use of social support as a coping strategy might encourage maladaptive strategies for coping, such as substance use, we intercorrelated the coping strategies. There was a positive rather than a negative correlation among Asians between social coping and substance use,  $r(56) = .38, p = .004$ , and also among European Americans,  $r(56) = .30, p < .03$ , suggesting that both groups were drinking socially to deal with stress. There was also a marginally significant cultural difference in Activities, because Korean respondents (16.1%) reported that they use Activities to relieve stress more often compared with American respondents (5.4%),  $\chi^2(1, N = 111) = 3.49, p < .07$ .

<sup>2</sup> There were no significant or suggestive patterns by age.

Gender differences were also examined, and the only strategy that showed gender difference was Substance Use: Male respondents (25%) mentioned it more frequently than female respondents (8.9%),  $\chi^2(1, N = 111) = 5.34, p < .05$ .

## Discussion

Contrary to an intuitive prediction based on the nature of relationships in independent and interdependent cultures, the present results suggest that people from the interdependent Korean culture rely on social support for coping with stress less than people from the more independent U.S. culture. However, given that we did not specify the type of stressors to which the participants were responding, it is possible that the participants from the different cultures might have generated the different coping strategies because they were thinking about different stressors. Thus, Study 2 controlled for the specific stressors and examined whether Asians and Asian Americans and European Americans differed in their reliance on social support.

## Study 2

Study 2 explored these issues in a sample of European Americans and Asians and Asian Americans (which included Asian immigrants and visiting Asian students) to see if the findings uncovered in Study 1 would be found when individuals were responding to equivalent stressors. In addition, Study 2 made use of a standardized coping measure for assessing coping.

## Method

**Participants.** The participants were 72 college students from a large California university (48 women and 24 men) ranging from 18 to 37 years of age. Twenty-six students came from European American backgrounds, all at least second-generation Americans. Forty-six students came from Asian backgrounds; 20 were immigrants (average age at immigration = 6.5 years; China,  $n = 5$ ; Japan,  $n = 3$ ; Korea,  $n = 3$ ; Vietnam,  $n = 5$ ; Taiwan,  $n = 3$ ; Indonesia,  $n = 1$ ), and 26 were second-generation Asian Americans with at least one immigrant parent (China,  $n = 7$ ; Japan,  $n = 2$ ; Korea,  $n = 8$ ; Vietnam,  $n = 3$ ; Taiwan,  $n = 2$ ; Indonesia,  $n = 1$ ; Thailand,  $n = 3$ ). All participants were volunteers.

**Materials and procedures.** To ascertain if Asians and Asian Americans and European Americans were experiencing the same types of events as stressful, participants first completed a questionnaire in which they were asked, "Think over the past three months. What stressors have you encountered? Please list the top four stressors you have experienced during this time period."

Next they were asked to describe the greatest social (or academic) stressor they had recently encountered and to complete questions regarding how they had coped with the stressor. (Each participant rated both types of stressors, and the order in which social and academic stressors were described and rated was counterbalanced.) For the social stressor, participants read the following:

Most people encounter social stressors on a fairly regular basis. You might have had roommate problems, difficulties with a boyfriend or girlfriend, conflicts with your parents, a falling out with a friend, or just plain be lonely. Think back over the last three months and identify the greatest social stressor you faced. Describe it briefly in the space below.

Instructions for the academic stressor read as follows:

Most students encounter academic stressors on a fairly regular basis. You might have several papers due at once; perhaps you received a

poor grade on an important piece of work; a course may be too difficult; or perhaps you just have too much to do. Think back over the last three months and identify the greatest academic stressor you faced. Describe it briefly in the space below.

After describing each type of stressor, participants completed the Brief COPE (Carver, 1997). The Brief COPE measures the use of different coping strategies in response to stress. These strategies include Emotional Support (e.g., "I got comfort and understanding from someone"), Instrumental Support (e.g., "I tried to get advice or help from other people about what to do"), Planning (e.g., "I tried to come up with a strategy about what to do"), Active Coping (e.g., "I concentrated my efforts on doing something about the situation"), Positive Reframing (e.g., "I tried to see it in a different light, to make it seem more positive"), Denial (e.g., "I refused to believe that it happened"), Self-Blame (e.g., "I criticized myself"), Behavioral Disengagement (e.g., "I gave up trying to deal with it"), Substance Use (e.g., "I used alcohol or drugs to make myself feel better"), Self-Distract (e.g., "I turned to work on other activities to take my mind off things"), Religion (e.g., "I tried to find comfort in my religion or spiritual beliefs"), Acceptance (e.g., "I accepted the reality of the fact that it happened"), and Humor (e.g., "I made jokes about it") (Carver, 1997). Because our interest was chiefly in social support, we supplemented the Brief COPE social support items with additional items from the long form of the COPE (Carver, Scheier, & Weintraub, 1989). Participants rated each coping statement in terms of how much they had used it to manage this stressful event, on 5-point scales. Following the completion of the materials concerning either the social or the academic stressor, participants completed the same packet for the other stressor.

Next, participants rated, on 7-point scales, how successfully resolved the stressor was; how much help their family provided in dealing with the stressor; how much help their friends provided in dealing with the stressor; how much their own personal efforts helped them deal with the stressor; and which was more helpful in dealing with the stressor, the help and support from others or their own personal efforts. At the close of the study, participants completed a questionnaire assessing gender, age, cultural background, and when their family had located to the United States, if at all.

## Results

**Preliminary analyses.** Each of the top four stressors participants reported encountering over the past 3 months were coded as academic (e.g., difficult course load, bad grade), social (e.g., problems with significant other, friends, roommate, family), personal (e.g., problems with health, money, concerns about the future), and miscellaneous. Mean number of stressors in each category were tested for cultural differences using analysis of variance. European Americans ( $M = 2.15$ ) reported more personal stressors than Asians and Asian Americans ( $M = 1.63$ ),  $F(1, 70) = 4.82, p < .05$ , but otherwise, there were no significant differences. In particular, Asians and Asian Americans and European Americans reported the same types of academic and social stressors equally often.<sup>3</sup>

**Use of social support.** Responses to academic and social stressors were averaged for the COPE scales and the coping outcome

<sup>3</sup> Note that this analysis controls only for type of stressor. We did not administer life events or hassle scales to this sample to address whether the Asians and Asian Americans and European Americans differed in overall levels of stress. In related research with samples from the same population, however, we have found that Asian and Asian American participants report slightly more stress than European Americans, potentially because they are coping with more difficult circumstances, such as family pressure to achieve and stressors related to immigration and/or low socioeconomic status.



questions to obtain a single overall coping response score for each outcome variable. A composite scale was constructed to assess reliance on Social Support for Coping (made up of the Emotional Support and Instrumental Support subscales from the long form of the COPE). Consistent with our hypotheses and with the results of Study 1, Asians and Asian Americans relied less on social support ( $M = 3.02$ ), as measured by the Social Coping composite, than European Americans ( $M = 3.47$ ),  $F(1, 70) = 4.31, p < .05$ . This outcome was driven largely by Asians and Asian Americans seeking less Emotional Support ( $M = 3.08$ ) than European Americans ( $M = 3.63$ ),  $F(1, 70) = 6.65, p < .02$ . The trend was in the same direction for instrumental support, because Asians and Asian Americans sought it less ( $M = 2.97$ ) than European Americans ( $M = 3.31$ ), albeit nonsignificantly,  $F(1, 70) = 1.87, ns$ . Consistent with the cultural pattern, Asians and Asian Americans reported receiving less help from their family for dealing with stressors ( $M = 2.53$ ) than did European Americans ( $M = 3.83$ ),  $F(1, 70) = 11.94, p = .001$  (see Table 2).

The idea that Asian cultural norms discourage the explicit use of social support leads to the prediction of differences by generational status in the use of social support, such that Asian nationals and immigrants may report less use of social support compared with later generation Asian Americans. Consistent with this prediction, Asian Americans reported more help from their family in coping with stress ( $M = 2.98$ ) than did Asian nationals and immigrants ( $M = 1.95$ ),  $F(1, 44) = 6.89, p < .02$ .

There were other cultural differences in coping that were not found in Study 1 and hence were unanticipated (see Table 2). European Americans relied more on planning ( $M = 4.06$ ) than did Asians and Asian Americans ( $M = 3.38$ ),  $F(1, 70) = 15.57, p < .01$ . European Americans also used active coping strategies ( $M = 4.17$ ) for coping with stressors to a greater extent than did Asians and Asian Americans ( $M = 3.59$ ),  $F(1, 70) = 15.00, p < .01$ . Asians and Asian Americans used acceptance ( $M = 3.92$ ) for coping with stressors more than European Americans ( $M = 3.49$ ),  $F(1, 70) = 6.24, p < .02$ . In terms of gender differences, when faced with a stressor, men tended to use positive reframing strategies ( $M = 3.27$ ) more than women ( $M = 2.82$ ),  $F(1, 70) = 4.51, p < .05$ .

Table 2  
*Cultural Differences on COPE Subscales in Study 2*

Subscale	Asians and Asian Americans	European Americans
Social Coping	3.02	3.47*
Emotional Support	3.08	3.63*
Instrumental Support	2.97	3.31
Planning	3.38	4.06**
Active Coping	3.59	4.17**
Positive Reframing	2.95	3.01
Denial	1.34	1.23
Self-Blame	2.59	2.72
Behavioral Disengagement	1.91	1.68
Substance Use	1.46	1.60
Self Distraction	3.01	2.84
Religion	1.93	1.62
Acceptance	3.92	3.49*
Humor	2.66	3.02

\*  $p < .05$ . \*\*  $p < .001$ .

## Discussion

Study 2 confirmed the findings of Study 1 in demonstrating that Asians and Asian Americans reported drawing on social support less than European Americans for dealing with stressful events. Cultural differences were stronger for emotional support than for instrumental support. Because respondents from both cultures rated the same types of stressors, these findings cannot be accounted for by differences in the stressful events the respondents experienced. Also consistent with the hypothesis, a comparison of the Asian nationals and immigrants with the second-generation Asian Americans found that second-generation Asian Americans were more likely to turn to their families for social support in coping with stress. This may be due to social norms, as we consider below, or it may also be that the parents of second-generation Asian Americans are in a better position to provide help than is true for the Asian immigrants and Asian nationals.

Unexpectedly, and in contrast to Study 1, European Americans reported using planning and active coping more than Asians and Asian Americans, and Asians and Asian Americans used acceptance more. Men used more positive reframing for coping with stress compared with women.

The question arises as to what accounts for the cultural differences in the use of social support for coping. We suggest above that cultural differences in norms regarding relationships may be implicated. To identify exactly what those norms are and to provide a basis for testing their mediational role in the use of social support for coping, we conducted a pilot study.

## Pilot Study 3a

To gain greater understanding of the cultural differences in the use of social support coping strategies, we conducted two focus groups with Asian and Asian American and European American participants. The first group included 24 undergraduate participants, 14 European Americans and 10 Asians and Asian Americans. The Asian American group included 5 Asian nationals (China/Taiwan,  $n = 2$ ; Cambodia,  $n = 1$ ; Philippines,  $n = 1$ ; Japan,  $n = 1$ ) and 5 second-generation Asian Americans (Chinese/Taiwanese,  $n = 3$ ; Thai,  $n = 1$ ; Japanese,  $n = 1$ ). The second focus group consisted of 9 participants, 4 of European American background and 5 of Asian and Asian American background (2 from China and 1 each from Korea, Japan, and India). In each group, the participants were told about the findings of the first two studies, and group members were asked to discuss reasons that might underlie the observed cultural differences. We asked the groups to focus in particular on what might account for the lesser use of social support by Asians and Asian Americans for coping with stress.

From the discussions, several explanations were generated that might account for Asians' and Asian Americans' lesser use of social support for coping: (a) the desire to maintain group harmony—harmony would be undermined by imposing one's personal problems on others; (b) a belief that telling others of one's problems would make the problems worse, because others will become overly concerned about them; (c) concern that sharing problems would result in criticism and poor evaluations by others; (d) the desire to save face and avoid feeling embarrassed; and (e) the cultural belief that each person has an obligation to others to discharge his or her own responsibilities and/or correct his or her mistakes rather than placing that burden on others.

### Study 3

Drawing on these pilot data, we designed a third study to examine whether these explanations account for the cultural differences in Studies 1 and 2. Study 3 replicated the procedures of Study 2 and instructed Asians and Asian Americans and European Americans to report how they had coped with a recent social stressor. We predicted that as in previous studies, Asians and Asian Americans would be less likely to report using social support than European Americans. We assessed the reasons for this pattern through a questionnaire that was constructed around the responses outlined above.

### Method

**Participants.** Participants were 157 college students (101 women and 56 men) ranging from 20 to 25 years old. Fifty students were from a small California liberal arts college, and 107 were from a large California university. Sixty-five students came from European American backgrounds, and 92 students came from Asian backgrounds (predominantly Chinese, Korean, Japanese, Taiwanese, and Filipino): 23 were immigrants, 49 were second generation, and 16 were later generation. Four participants did not report their generational status. Participants were recruited individually or in small groups and asked to complete questionnaires concerning how they had coped with a recent stressor. All participants were volunteers who earned credit for their psychology classes for participation.

**Materials and procedures.** The first part of the study was identical to Study 2. Participants completed a questionnaire packet in which they were first asked, "Think over the past three months. What stressors have you encountered? Please list the top four stressors you have experienced during this time period." Next they were asked to describe the greatest social stressor they had recently encountered. After describing the social stressor, participants completed the Brief COPE, supplemented with the social coping items from the long version of the COPE, as in Study 2. Participants rated each coping statement on 5-point scales in terms of how much they had used that strategy to manage the stressful event.

Next, participants completed a questionnaire designed to assess factors that might act to discourage the use of social support for coping. Participants responded to the following prompt:

Some people seek social support and help from friends and family when they are trying to cope with a stressor, while others choose not to seek social support. Please rate how important each of several concerns would be for you in deciding whether or not to seek or use social support or help from others in dealing with a stressor like the one you just named.

Participants then rated 38 items we constructed to map onto the five explanations described above.

This questionnaire assessed each of the categories of explanation offered by our Asian and Asian American respondents for why they might avoid seeking social support for coping with stressors: preserving the harmony of the social group (hereafter referred to as *Harmony*; e.g., "If something were bothering me, I would not want to disrupt my social group by sharing it."); belief that telling others would make the problem worse (*Make Worse*; e.g., "I would rather not tell the people I am close to my problems because they would blow them out of proportion"); concern that sharing problems would result in criticism or poor evaluations by others (*Criticism*; e.g., "I would rather keep my problems to myself than risk criticism from the people I am close to"); desire to save face and avoid embarrassment (*Save Face*; e.g., "It is better to keep one's concerns to one's self, rather than lose face in front of the people I am close to"); and the cultural belief that each person has an obligation to discharge his or her own responsibilities and correct mistakes (*Self-Reliance*; e.g., "I wouldn't tell my problems to the people I am close to because I'm responsible for solving them on my own").

### Results and Discussion

Study 3 sought first to replicate the findings of Studies 1 and 2, that Asians and Asian Americans would report using social support less for coping than European Americans. As predicted, Asians and Asian Americans reported using less instrumental social support (as assessed by the instrumental coping items on the COPE) to deal with their stressor ( $M = 3.47$ ) than European Americans ( $M = 3.87$ ),  $t(155) = 2.31$ ,  $p = .02$ , and less emotional support ( $M = 3.46$ ) than did European Americans ( $M = 3.79$ ),  $t(155) = 2.03$ ,  $p = .04$ .

We also examined whether there were generational differences in Asians' and Asian Americans' tendency to use social support for coping. Averaging across the social support items, we compared Asian immigrants ( $M = 3.28$ ) with U.S.-born Asian Americans ( $M = 3.52$ ) and European Americans ( $M = 3.87$ ),  $F(2, 142) = 3.56$ ,  $p < .05$ . As the means suggest, there was a trend such that Asian immigrants were less likely than U.S.-born Asians to draw on social support for coping with stress; however, only the Asian and Asian American versus European American comparisons are significantly different. Unlike Study 2, there were no cultural differences in other coping strategies.

Next we examined whether there are cultural differences in relationship norms that might account for why Asians and Asian Americans use social support less than European Americans. Our 38 items had a very high internal reliability ( $\alpha = .96$ ). Thus, our five categories of explanation were all highly intercorrelated. Table 3 illustrates the means for the five categories of relationship norms, as well as their alpha levels. Significant cultural differences emerged for all five. Specifically, compared with European Americans, Asians and Asian Americans were significantly more likely to report that seeking social support would disrupt group harmony, sharing problems would make one's problems worse, one has a responsibility to solve one's own problems, others may not understand one's problems, and sharing problems would elicit criticism and/or cause one to lose face.

Next, to determine whether there were any differential latent factors that accounted for the cultural variation explanations for the non-use of social support, we conducted a factor analysis using a principal-components analysis for the extraction of factors. Two interpretable factors emerged. The first factor had an eigenvalue of 15.56 and accounted for 40.95% of the variance. The second factor had an eigenvalue of 2.70 and accounted for 7.10% of the variance. To help interpret the factors, we correlated each factor with our five categories of explanation. The first factor is highly correlated

Table 3  
*Cultural Differences in Explanations for Non-Use of Social Support in Study 3*

Explanation	Asians and Asian Americans	European Americans
Harmony ( $\alpha = .88$ )	2.65	2.05**
Make Worse ( $\alpha = .85$ )	2.26	1.88**
Criticism ( $\alpha = .86$ )	2.29	1.82**
Save Face ( $\alpha = .89$ )	2.51	2.03**
Self-Reliance ( $\alpha = .89$ )	3.12	2.54**

Note. Alpha levels refer to the reliability of the specific subscale.  
\*\*  $p < .01$ .

with all five explanations ( $r_s = .74-.90$ , all  $p_s < .001$ ), and hence we call it *relationship concerns*. The second factor is most highly positively correlated with self-reliance ( $r = .39$ ,  $p < .01$ ) and most highly negatively correlated with fear of criticism ( $r = -.36$ ,  $p < .01$ ). Thus, this factor represents *independence concerns*.

Both relationship concerns and independence concerns could plausibly explain why Asians were less likely to rely on social support. That is, it may be that Asians do not seek social support because they are concerned about the effect it would have on their relationships, such as causing them to lose face or disturbing the harmony of the group. However, it may also be that Asians do not seek social support because they are primarily concerned with solving problems themselves independently and are less concerned with the views of others. On the basis of our analysis of the social norms of relationships in each culture, we predicted that relationship concerns would account for the effect of culture on seeking social support.

We examined whether relationship concerns or independence concerns could account for the cultural differences in use of social support. To do so, we conducted a series of regression analyses (following the mediational analysis format of Baron & Kenny, 1986), in which culture (European American vs. Asian and Asian American) was one predictor and use of social support for coping was the outcome. We then entered each of the potential explanations into the regression as a predictor to see whether it would account for the variance explained by the cultural differences. In the first step of the regression analysis, culture was a significant predictor of social coping,  $\beta(153) = -.18$ ,  $p = .02$ . Next we examined whether culture predicted each of the potential explanations. Culture significantly predicted relationship concerns,  $\beta(153) = .32$ ,  $p < .01$ . However, culture did not significantly predict independence concerns,  $\beta(153) = .08$ ,  $ns$ . Finally, we examined whether relationship concerns would reduce the direct link between culture and social coping. When both relationship concerns and culture were entered simultaneously as predictors, the relationship concerns factor was significant,  $\beta(153) = -.45$ ,  $p < .01$ , and culture was no longer significant,  $\beta(153) = -.04$ ,  $ns$  (see Figure 1). The Sobel test for significance in the reduction of the direct path was significant ( $z = -3.46$ ,  $p < .01$ ). Independence concerns did not account for the relationship between culture and social coping, because when both were entered into the regression, culture remained significant,  $\beta(152) = -.19$ ,  $p = .02$ , but the independence concerns factor was not significant,  $\beta(152) = .06$ ,  $ns$ .

In sum, the results from Study 3 replicated the pattern of findings from earlier studies, showing that Asians and Asian Americans are less likely to seek social support than European

Americans. The results also show that Asians and Asian Americans are less likely to seek social support because they are concerned about the possible relational ramifications of seeking support, such as disturbing the harmony of the group, losing face, receiving criticism, and making the situation worse.

## General Discussion

Characterizations of Asian cultures as interdependent and Western cultures as independent might seem to suggest that Asians and Asian Americans would be more likely to enlist the help of their social support network in coping with stress, because the self is viewed as fundamentally connected to others (Markus & Kitayama, 1991; Triandis, 1989). Similarly, there are compelling reasons to believe that European Americans would be less likely to call on their support networks in times of stress, because in independent cultures, the self is seen as fundamentally separate from others (Markus & Kitayama, 1991); hence, those from independent cultures might perceive that they have a personal responsibility to solve problems individually and not through the assistance of others. In contrast to these seemingly self-evident predictions, the present research revealed exactly the opposite pattern.

In three studies, we found that Asians in their home countries and Asians and Asian Americans in the United States reported making less use of social support for coping with stress than European Americans. In Study 3, we explored the reasons underlying these effects and found that cultural norms regarding relationships accounted for the cultural differences in use of social support. East Asian cultural norms appear to discourage the active engagement of one's social support network for help in solving problems or for coping with stress.

This counterintuitive cultural pattern may be explained in terms of how individuals from different cultures value the goals of the self in relation to the goals of relationships. In individual cultural contexts, relationships may be seen as means for promoting individual goals, and as such, one may recruit explicit help or aid from those in one's social networks in order to achieve one's personal goals. In collectivist cultural contexts, individual goals may be seen as a means for promoting relationships. Pursuing the goals of the self may risk straining relationships if one calls on his or her social support network for aid (Markus, Mullally, & Kitayama, 1997). Thus, a person from an interdependent country may feel that he or she has less to gain personally than he or she can lose socially by calling on others for help. That is, if pursuing the goals of relationships is primary, then a person may prefer not to burden the social network and to solve problems individually instead. Thus, cultural differences in the relative weight of the self's goals and goals with respect to relationships may produce cultural differences in whether a person copes with stressors by enlisting the help of the social support network (Markus et al., 1997).

Each of the identified cultural patterns may have its respective benefits and liabilities. Extracting explicit support, as European Americans commonly do, may yield emotional solace and concrete information relevant to coping, but it can also be associated with costs. Explicitly drawing on the help of others may reduce self-esteem and/or it may lead to emotional distress over taxing the resources of others (cf. Bolger et al., 2000). Research has suggested that social support that remains unused can be more bene-

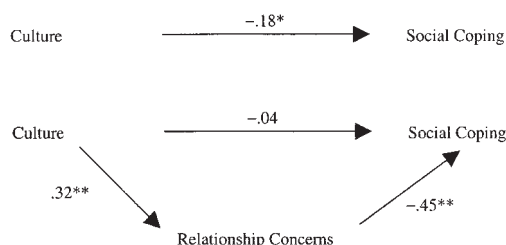


Figure 1. Relationship between culture and social coping as mediated by relationship concerns. \* $p < .05$ . \*\* $p < .01$ .



ficial than social support that is actually recruited for coping with stress (Wethington & Kessler, 1986).

By not explicitly eliciting social support from others for help in coping with stress, are Asians and Asian Americans potentially depriving themselves of a valuable resource that has demonstrable beneficial effects on well-being and health? For Asians and Asian Americans, the failure to explicitly engage support networks may not, in fact, be particularly costly. As noted, the mere perception of having socially supportive networks has long been known to be stress reducing, even when the social support network is not explicitly mobilized for dealing with stress (Thoits, 1995). Asians and Asian Americans may especially experience their social support from the recognition of being part of a harmonious, interdependent community to which they have responsibilities and obligations. Thus, the yield of social support may not necessarily be less for Asians and Asian Americans than is true for European Americans; the form may simply differ. On the other hand, there may be some costs of not explicitly engaging one's social support network in times of stress as well. Some of the benefits of utilized social support are quite real, such as tangible aid, information of which one was unaware, and suggestions as to how to cope that one might not think of on one's own. Not seeking social support may deprive a person of these benefits.

In this context, it is useful to note that mental health practitioners have long expressed concern that interventions to provide counseling and other forms of social support to those going through traumatic or stressful events have difficulty attracting Asian and Asian American participants (Futa, Hsu, & Hansen, 2001; Herrick & Brown, 1998; Matsuoka, Breaux, & Ryujin, 1997). Yet studies of social support have attested to the benefits that such interventions can have for Asians as well as Westerners (O. Kim, 1999; Noh & Avison, 1996; Park, 2001; Stopes-Roe & Cochrane, 1990). The present research is enlightening as to potential cultural factors that may account for Asians' lesser use of these services (Park, 2001).

In a similar vein, research on self-disclosure has demonstrated the positive health and psychological benefits that can occur from talking about one's problems (Silver, Boon, & Stones, 1983). For example, talking about an upsetting experience has been found to be beneficial in terms of both physical and mental health (for a review, see Pennebaker, 1999). Are Asians less likely to benefit from such interventions? It is important to note that these studies were conducted in a Western cultural context that values verbal expression (H. S. Kim & Markus, 2002). It is possible that in a cultural context that does not value expression to the same extent, disclosing one's problems could be associated with negative outcomes. Cultures differ in the value they place on talking (H. S. Kim & Markus, 2002). Where in American culture talking is seen as clarifying one's thinking in dealing with problems, in East Asian cultures, talking is seen as a disturbance from thinking (H. S. Kim, 2002). Talking about one's problems in this East Asian cultural context could be seen as amplifying problems rather than solving them. Writing about stressful events, however, has also been shown to be a therapeutic tool with mental and physical health benefits (Lepore & Smyth, 2003). This form of expression may have fewer, if any, cultural norms that discourage its use and thus may potentially be helpful as a means of managing stress, regardless of cultural origin.

We uncovered other cultural differences in the use of coping strategies. In Study 1, significant cultural differences were found in substance use for coping with stress (e.g., smoking, alcohol),

such that Koreans were more likely to report using such substances for coping. In addition to reporting greater use of social support for coping with stress, European Americans also reported high levels of individual coping methods, such as active coping and planning (Study 2 only). In the coping literature, substance use has been generally been regarded as a poor method of coping with stress, whereas social and individual coping strategies have been regarded as more adaptive coping strategies. Although this could in itself be construed as a cultural bias in evaluations of what constitutes good or poor coping strategies, it is important to note that substance use has been tied to hard health and mental health outcomes, such as an increased likelihood of psychological distress or health problems in response to stress. Potentially, then, the coping patterns observed among the Asians and Asian Americans may have maladaptive implications for health and mental health (cf. O'Connor & Shimizu, 2002). Recall, however, that substance abuse and social coping were positively correlated both among the Korean and the European American samples of Study 1. Thus, substance abuse may be consistent with, and not an alternative to, social coping.

### Limitations

There are limitations of the studies that bear mention. The Asian respondents in the three studies came heavily from Korea and China/Taiwan, and so the findings may not generalize to other Asian countries. Moreover, there are likely to be other cultural variations in the use of social support for coping that are not addressed by the current analysis. For example, Latin and Mediterranean interdependent cultural norms may not act to discourage social support use for coping in the same ways that are true of Asian cultural norms. A second limitation is that all three studies assessed respondents' reports of how they coped rather than observing respondents' coping behaviors. Although virtually all studies of coping share this weakness, it nonetheless remains a weakness.

There were also some inconsistencies in reported coping across the three studies. Most striking is the fact that in Study 2, European Americans reported using individual coping methods (planning, active coping) significantly more than Asian Americans, but this was not found in Studies 1 or 3. Because the samples in Studies 2 and 3 were similar and the problems reported were similar as well, there is not an obvious reason for this discrepancy.<sup>4</sup> However, the sample sizes were relatively small, and it is possible that the discrepant results may be due to sampling variability.

### Conclusions

In conclusion, our research highlights the importance of considering culture in order to understand why and how people seek the advice and comfort of others when facing stressors. It reveals that there are significant cultural differences in the use of an important resource for managing stressful events, namely, social support. Whereas European Americans explicitly recruit their social networks for help and solace in coping with stressful events, Asians and Asian Americans do so to a lesser extent. Our research

<sup>4</sup> Internal analyses showed that the Asians and Asian Americans from the liberal arts college were more likely to use individual coping than the European Americans from the same college, but the European Americans from the university were more likely to use individual coping than the Asians and Asian Americans from the university.



also shows that social support seeking takes place within a cultural context in which people by and large understand and live according to a particular view of their relationships. The decision to seek or not to seek social support is guided by the norms and concerns of a given culture. If what comes to a person's mind when he or she is considering seeking social support are the faces of concerned family and friends, then it may be a bit hard to say "help" out loud.

## References

- Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, 52, 1173-1182.
- Bolger, N., Zuckerman, A., & Kessler, R. C. (2000). Invisible support and adjustment to stress. *Journal of Personality and Social Psychology*, 79, 953-961.
- Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE. *International Journal of Behavioral Medicine*, 4, 92-100.
- Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, 56, 267-283.
- Cohen, S., & McKay, G. (1984). Social support, stress, and the buffering hypothesis: A theoretical analysis. In A. Baum, S. E. Taylor, & J. Singer (Eds.), *Handbook of psychology and health* (Vol. 4, pp. 253-268). Hillsdale, NJ: Erlbaum.
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98, 310-357.
- Fiske, A. P., Kitayama, S., Markus, H. R., & Nisbett, R. E. (1998). The cultural matrix of social psychology. In D. Gilbert, S. Fiske, & G. Lindzey (Eds.), *Handbook of social psychology* (pp. 915-981). New York: McGraw-Hill.
- Futa, K. T., Hsu, E., & Hansen, D. J. (2001). Child sexual abuse in Asian American families: An examination of cultural factors that influence prevalence, identification, and treatment. *Clinical Psychology: Science and Practice*, 8, 189-209.
- Herrick, C. A., & Brown, H. (1998). Underutilization of mental health services by Asian-Americans residing in the United States. *Issues in Mental Health Nursing*, 19, 225-240.
- Hsieh, C. (2000). Self-construals, coping, and the culture fit hypothesis: A cross-cultural study. *Dissertation Abstracts International*, 61 (1-B), 588. (UMI No. 95014-309)
- Kim, H. S. (2002). We talk, therefore we think? A cultural analysis of the effect of talking on thinking. *Journal of Personality and Social Psychology*, 83, 828-842.
- Kim, H., & Markus, H. R. (1999). Deviance or uniqueness, harmony or conformity? A cultural analysis. *Journal of Personality and Social Psychology*, 77, 785-800.
- Kim, H. S., & Markus, H. R. (2002). Freedom of speech and freedom of silence: An analysis of talking as a cultural practice. In R. Shweder, M. Minow, & H. R. Markus (Eds.), *Engaging cultural differences: The multicultural challenge in liberal democracies* (pp. 432-452). New York: Russell Sage Foundation.
- Kim, O. (1999). Mediation effect of social support between ethnic attachment and loneliness in older Korean immigrants. *Research in Nursing and Health*, 22, 169-175.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.
- Lepore, S. J., & Smyth, J. (Eds.). (2003). *The writing cure: How expressive writing influences health and well-being*. Washington, DC: American Psychological Association.
- Lewis, M. A., & Rook, K. S. (1999). Social control in personal relationships: Impact on health behaviors and psychological distress. *Health Psychology*, 18, 63-71.
- Liang, B., & Bogat, G. A. (1994). Culture, control, and coping: New perspectives on social support. *American Journal of Community Psychology*, 22, 123-147.
- Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review*, 98, 224-253.
- Markus, H. R., Mullanly, P. R., & Kitayama, S. (1997). Selfways: Diversity in modes of cultural participation. In U. Neisser & D. A. Jopling (Eds.), *The conceptual self in context: Culture, experience, self-understanding* (pp. 13-61). New York: Cambridge University Press.
- Matsuoka, J. K., Breaux, C., & Ryujin, D. H. (1997). National utilization of mental health services by Asian Americans/Pacific Islanders. *Journal of Community Psychology*, 25, 141-145.
- Ng, S. H. (2002). Will families support their elders? Answers from across cultures. In T. D. Nelson (Ed.), *Ageism: Stereotyping and prejudice against older persons* (pp. 295-309). Cambridge, MA: MIT Press.
- Noh, S., & Avison, W. R. (1996). Asian immigrants in the stress process: A study of Koreans in Canada. *Journal of Health and Social Behavior*, 37, 192-206.
- O'Connor, D. B., & Shimizu, M. (2002). Sense of personal control, stress, and coping style: A cross-cultural study. *Stress and Health*, 18, 173-183.
- Park, W. (2001). Acculturative stress, parental attachment, self-esteem, social support and psychological adjustment among Korean adolescents in the United States. *Dissertation Abstracts International*, 62 (2-A), 778. (UMI No. 3006062)
- Pennebaker, J. W. (1999). The effects of traumatic disclosure on physical and mental health: The values of writing and talking about upsetting events. *International Journal of Emergency Mental Health*, 1, 9-18.
- Seeman, T. E. (1996). Social ties and health: The benefits of social integration. *Annals of Epidemiology*, 6, 442-451.
- Shin, J. Y. (2002). Social support for families of children with mental retardation: Comparison between Korea and the United States. *Mental Retardation*, 40, 103-118.
- Shumaker, S. A., & Hill, D. R. (1991). Gender differences in social support and physical health. *Health Psychology*, 10, 102-111.
- Shweder, R. A., & Bourne, E. J. (1984). Does the concept of person vary cross-culturally? In R. A. Shweder & R. A. LeVine (Eds.), *Culture theory: Essays on mind, self, and emotion* (pp. 158-199). Cambridge, England: Cambridge University Press.
- Silver, R. L., Boon, C., & Stones, M. H. (1983). Searching for meaning in misfortune: Making sense of incest. *Journal of Social Issues*, 39, 81-101.
- Stopes-Roe, M. E., & Cochrane, R. (1990). Support networks of Asian and British families: Comparisons between ethnicities and between generations. *Social Behaviour*, 5, 71-85.
- Thoits, P. A. (1986). Social support as coping assistance. *Journal of Consulting and Clinical Psychology*, 54, 416-423.
- Thoits, P. A. (1995). Stress, coping and social support processes: Where are we? What next? *Journal of Health and Social Behavior*, 35, 53-79.
- Triandis, H. C. (1989). The self and social behavior in differing cultural contexts. *Psychological Review*, 96, 506-520.
- Wellisch, D., Kagawa-Singer, M., Reid, S. L., Lin, Y., Nishikawa-Lee, S., & Wellisch, M. (1999). An exploratory study of social support: A cross-cultural comparison of Chinese-, Japanese-, and Anglo-American breast cancer patients. *Psycho-Oncology*, 8, 207-219.
- Wethington, E., & Kessler, R. C. (1986). Perceived support, received support, and adjustment to stressful life events. *Journal of Health and Social Behavior*, 27, 78-89.
- Wills, T. A. (1991). Social support and interpersonal relationships. In M. S. Clark (Ed.), *Prosocial behavior* (pp. 265-289). Newbury Park, CA: Sage.
- Wills, T. A. (1998). Social support. In E. A. Blechman & K. D. Brownell (Eds.), *Behavioral medicine and women: A comprehensive handbook* (pp. 118-128). New York: Guilford Press.

Received July 6, 2003

Revision received October 31, 2003

Accepted November 10, 2003 ■