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RESEARCH ARTICLE

From zen to stigma: Buddhism, Taoism, Confucianism, and their cross-cultural links to mental health

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Abstract

Stigma remains a significant barrier preventing individuals from seeking the support they need, particularly for individuals with East Asian heritages. To explore potential mechanisms, this study examined links from East Asian ideologies to mental health help-seeking attitudes and peace of mind across five cultural groups: 322 respondents in China, 400 in Japan, 362 in Taiwan, 319 Asian Americans, and 688 white Americans. The three teachings of East Asia accounted for 31%–85% of the cross-cultural differences in mental health attitudes and peace of mind. Empowering Confucian tenets (self-cultivation, leading by example, and human heartedness), Taoism, and Buddhism all uniquely predicted greater peace of mind across most of the groups. Empowering Confucianism also predicted lower mental health stigma whereas Buddhism predicted greater stigma. Finally, Restrictive Confucian tenets (e.g., interpersonal harmony, propriety, and relational hierarchy) predicted greater stigma and lower peace of mind. Implications for addressing stigma/resistance within treatment and for promoting mental health across cultures are discussed.

KEYWORDS

Buddhism, Taoism, Confucianism, help seeking, mental health

INTRODUCTION

Mental health conditions represent a global health crisis (Patel et al., 2018). In fact, depression is one of the leading causes of disability across the globe (World Health Organization [WHO], 2019). Unfortunately, around 30%–80% of people with mental illness or mental health concerns fail to receive any treatment (Kohn et al., 2004; WHO, 2019), leaving hundreds of millions of individuals struggling with untreated mental illness worldwide. There are several factors thought to attribute to this treatment gap, from systemic issues (e.g., shortage of qualified mental health providers; Patel et al., 2018), to structural barriers (e.g., financial concerns), and individual attitudinal barriers (e.g., low perceived need and perceived stigma; Mojtabai et al., 2011). Thus, some individuals might fail to receive treatment as it is simply not available whereas others might avoid seeking treatment due to the stigma involved even when it is available. This gap has been shown to be particularly concerning in East Asian cultures, with high levels of stigma associated with mental health disorders and counseling observed in those countries (Griffiths et al., 2006; Zhuang et al., 2017). As three major philosophies (i.e., Buddhism, Taoism, and Confucianism) shape the worldviews and daily lives of people living in East Asian countries, the current study examined those philosophies as cultural factors that might help to explain cultural differences in counseling stigma, likelihood of seeking mental health treatment, and individual peace of mind (a key component of well-being). Elucidating those links offers the possibility of more directly addressing cultural barriers to treatment and of improving the cultural sensitivity of counseling. As these three philosophies have spread worldwide, influencing the daily lives of people across the globe to varying degrees, this study recruited participants from various East Asia countries as well as the United States to obtain a more culturally diverse sample with broader generalizability.

Mental Health in East Asia and the United States

The development of current mental health services and policies in East Asia can be traced back to the late 19th century when Western modernization and civilization spread to the non-Western world through imperialism and colonization. This historical context, along with the more recent impacts of industrialization and globalization, as well as the influence of the United States, has contributed to the development of varied mental health systems in East Asian nations (Lewis & Minas, 2017). These mental health systems (particularly for China, Japan, and Taiwan) largely have drawn upon psychiatry and psychopharmacotherapy with most of the mental health services being provided in hospital settings and with established systems in place to train and license psychiatrists (Shinfuku, 2017; Wu & Cheng, 2017; Xu et al., 2022). More recently, these countries have developed systems to train and license psychologists, counselors, and social workers that can offer a wider range of counseling services (Wong, 2018). However, those mental health professionals are typically only available to people living in urban areas. With over 80% of the population of Taiwan living in urban areas (Worldometers, 2023), this makes opportunities for receiving counseling somewhat higher in that country. In contrast, Japan's system has historically focused more exclusively on psychiatric care in inpatient settings resulting in Japan having the largest number of psychiatric beds in the world and correspondingly lower availability of outpatient care (including counseling services; Shinfuku, 2017).

World Health Organization (WHO, 2023) data from 2015 to 2016 further clarify the impact of these historical trends, as the United States offers roughly 105 mental health clinicians per every 100,000 in population, with a majority of those (~90 per 100,000) focused on offering therapy (60.3 social workers and 29.9 psychologists). Although Japan offers 107 mental health clinicians per 100,000, a majority of those (~96) are focused on psychiatric care (11.9 psychiatrists and 83.8 psychiatric nurses) rather than therapy (WHO, 2023). In contrast, China only offers 7.6 mental health clinicians per 100,000 (WHO, 2023) and Taiwan offers 29.8 per 100,000 (Ji & Lin, 2022), offering more limited access to mental health services in those countries. Within the United States, most health insurance policies cover therapy for mental health disorders, making counseling affordable to 92% of individuals with insurance. In fact, 74% of consumers of mental health services in the United States reported the process of securing mental health treatment to be easy (America's Health Insurance Plans, 2022).

Help seeking and traditional healing across East Asia

The development of mental health professions in East Asia has been heavily influenced by cultural factors, social norms, and attitudes toward health, well-being, and traditional healing practices. Despite the worldwide popularization of Western methods in health and mental health, Eastern traditional health practices and approaches to healing, deeply influenced by Buddhism, Taoism, and Confucianism, remain integral in East Asia and among East Asian immigrant communities globally. Traditional Chinese medicine has developed and progressed over time in various East Asian regions including Japan and Taiwan. Over the centuries it has grown to include various treatments such as herbal medicine, acupuncture, moxibustion, cupping, and manual therapies, aimed at restoring the entire organism to a healthy state (Lhundup & Lake, 2018; Tan et al. 2013). At its core, this approach takes a holistic approach to individual health and well-being in contrast to the dualism observed in Western methods that treats the health of the mind/psyche as largely separate from the physical health of the body. Highlighting the advantages of such an approach, traditional East Asian medicine has helped individuals prevent, diagnose, and treat health and mental health issues for thousands of years (Park et al., 2012). In fact, traditional medicine was listed as one of the most mentioned alternative sources for people seeking mental health help in East Asia, in addition to folk religion and social support (Shi et al., 2020; Wong, 2018; Wu & Liu, 2014).

The holistic approach of traditional Chinese medicine is a part of a larger tapestry of East Asian healing practices grounded in the three teachings of East Asia (TTEA) that have been practiced and integrated into East Asian daily life over centuries, if not millennia (Moodley et al., 2018). These healing practices represent a broader approach to daily life, including contemplative practices like meditation, Qigong, and Tai Chi. Notably, although distinct in their philosophies, East Asian healing practices share a common emphasis on self-work. This includes liberating oneself by acting in accordance with the order of nature (Taoism), alleviating suffering by realizing the nature of mind and phenomenon of impermanence (Buddhism), and aspiring to become the best possible self to benefit broader communities and societies (Confucianism; Lin et al., 2021). East Asian healing practices encourage individuals to diligently engage in inner work, rather than solely seeking solutions from the external world, encouraging individuals to turn inward to seek freedom, self-acceptance, and self-cultivation. As a result, individuals of East Asian heritages demonstrate a preference for self-reliance in terms of health and mental health care, and a lower perceived need toward professional help (Haug et al., 1991; Shi et al., 2020).

Unfortunately, public health evidence suggests that the cultural alternatives to Western mental health care afforded by traditional East Asian medicine and more broadly by East Asian healing practices remain insufficient for the mental health needs of individuals in East Asian countries. Specifically, mental and substance use disorders remain the leading cause of disability in those countries (Whiteford et al., 2013), yielding estimated disability-adjusted life years (DALYs; made up of years of life lost to premature mortality [YLLs] and years lived with disability [YLDs]) from mental and substance use disorders at comparably high levels to those in

Western Europe and high-income North American countries (Murray et al., 2012).

Stigma of seeking mental health care

A common phenomenon

Negative stigmas are commonly held toward mental illness (Link et al., 1999) as seeking mental health treatment can be viewed as a personal failure, worthy of embarrassment and shame, leading to social rejection (Krendl & Pescosolido, 2020). Unfortunately, these stigmas have been identified as important factors reducing mental health help seeking globally (Clement et al., 2015; Corrigan, 2004; Thornicroft, 2008). In fact, it is estimated that worldwide, only 57% of individuals with major depressive disorder perceived the need of treatment, and only 17% receive treatment (Alonso et al., 2018; Thornicroft et al., 2017).

Mental health stigma among East Asians

Building on the understanding of East Asian healing traditions and the development of mental health care, it is important to consider how culture as integral whole extends to perception of mental health. As differences in the degree, form, and manifestation of stigma toward mental illness and treatment seeking have been documented across cultures (Clement et al., 2015; Krendl & Pescosolido, 2020), culture might not only shape the presentation and expression of psychopathology (Kirmayer & Ryder, 2016), but also shape attitudes, beliefs, biases, and stigmas associated with mental health treatment (Chen et al., 2020*)*. Despite the rich tradition in dealing with mental illness, individuals with East Asian heritage appear to be vulnerable to mental-health-related stigma. For instance, compared to their Australian counterparts, Chinese, Japanese, and Taiwanese showed a stronger stigma toward people diagnosed with depression and schizophrenia (Griffiths et al., 2006; Zhuang et al., 2017). Similarly, Asian American college students reported greater barriers to accessing mental health care (e.g., greater family stigma and higher perceived costs; Gee et al., 2020). Extending this work, East Asian families tended to use withdrawal as a coping strategy, actively isolating family members with mental health issues to avoid stigma from the community (Hanzawa, 2012; Xu et al. 2018). Correspondingly, Chinese and Taiwanese are more reluctant to reveal mental health concerns to close friends and family or use those individuals as social supports due to the associated stigma (Chin et al., 2015).

Linking East Asian ideologies to mental health stigma and well-being

Scholars have offered culturally grounded explanations for the differences observed in levels of mental health stigma and attitudes between countries (Lam et al., 2006, 2010), often drawing upon the teachings of Confucianism, Buddhism, and Taoism. These three primary teachings have intertwined with East Asian cultures over centuries, forming the basis for behavioral norms, social expectations, attitudes and beliefs, and conceptualizations of health (Lai & Surwood, 2009; Lam et al. 2010; see Lin et al., 2021 for an overview). Aspects of Confucian ideology (e.g., strict adherence to social norms/hierarchies, prioritizing interpersonal harmony over one's own needs, and pressure to maintain propriety) have been conceptually linked to mental health stigma in East Asian cultures (Yamashiro & Matsuoka, 1997; Yang 2007; Yip, 2005). Similarly, Buddhist teachings on karma can imply that suffering is inevitable and is caused by one's past deeds, potentially linking shame and guilt to the suffering of mental health problems (particularly if understood only at a rudimentary level; Wynaden et al., 2005; Yamashiro & Matsuoka, 1997). Finally, Taoism challenges people to see through daily hardships and transcend worldly concerns to acquire inner peace, reinforcing the idea of bearing difficulties by oneself (Yip, 2004).

Although the three teachings have not been directly examined as possible mechanisms underlying cultural attitudes toward mental health, over 200 studies of Asians and Asian Americans have demonstrated robust links between enculturation (i.e., aligning with one's culture of origin rather than incorporating the views and ideologies of the local dominant culture) and negative mental health-seeking attitudes (Sun et al., 2016). That negative association was stronger in studies in which the enculturation measures contained higher proportions of items related to cultural beliefs. Consistent with this, a study of 242 Asian American college students linked a broad measure of East Asian cultural beliefs (the Asian Values Scale, AVS; Kim et al., 1999) to more negative mental health help-seeking attitudes (Kim & Omizo, 2003).

Previous work has also linked East Asian ideologies and beliefs to individual functioning. A small number of studies have linked values like dialectical coping and non-attachment to greater well-being and peace of mind (Deng et al., 2022; Wang et al., 2016). However, previous studies have also uncovered a more nuanced pattern of results, linking East Asian values to both higher and lower levels of well-being, especially when those values were assessed while handling difficult and complex circumstances. For example, a study in 103 caregivers of individuals with cancer (Falb & Pargament, 2013) demonstrated that engagement in more positive aspects of Buddhist coping (e.g., meditation, mindfulness, right understanding, impermanence, interconnectedness, and loving kindness—as defined by those experimenters) was linked to a sense of greater personal accomplishment and spiritual well-being from faith and was linked to lower depersonalization. In contrast, engagement in more negative aspects of Buddhist coping (e.g., beliefs in both active and passive karma) was linked to lower senses of meaning and peace and higher levels of depressive symptoms. Similarly, a study of 133 Korean American college students (Hovey et al., 2006) demonstrated that stronger adherence to Asian values (assessed with the AVS) was associated with lower

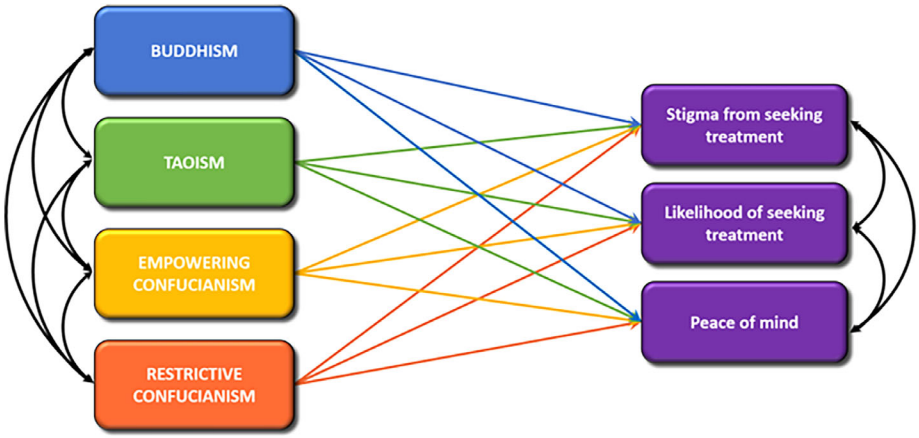

FIGURE 1 Structural equation modeling path model tested.

self-esteem and greater anxiety and depressive symptoms. Taken as a set, these findings highlight the potential benefits and individual costs of East Asian beliefs. In part, these mixed findings likely stem from the absence of a comprehensive measure for the TTEA, leading researchers to focus on different subsets of East Asian philosophies.

Conceptualization of East Asian ideologies

Building on the recently developed TTEA inventory (Lin et al., 2021), the current study conceptualized East Asian ideologies as four primary ideological domains representing Buddhism, Taoism, restrictive aspects of Confucianism, and empowering aspects. Buddhism was represented by blending items assessing common Buddhist tenets including not-self (i.e., Anattā), an active karmic view (belief in karma prompting one to strive to be their best self), a punishing karmic view (viewing karma as an inescapable punishment), interconnectedness (seeing oneself as part of a bigger whole), meditation practice, and impermanence (seeing life and suffering as transient). Taoism was assessed by blending items assessing the Taoist tenets of embracing contradiction (seeing the values of both sides of issues), non-interference (i.e., Wu-Wei; understanding that sometimes the best course of action is to do nothing), Zi-Ran (accepting oneself, others, and events as they come), cyclic nature (finding harmony by embracing life's cycles), and tranquility (the ability to remain calm and collected). Following the higher-order factor structure of the TTEA inventory, Confucianism was conceptualized as two distinct clusters of tenets: a set representing empowering beliefs promoting self-improvement (empowering Confucianism—blending items assessing self-cultivation, leading by example, and human heartedness) and a set of tenets imposing social restrictions on individuals to prioritize communal needs over individual needs (restrictive Confucianism—blending items assessing propriety pressure, intrinsic propriety, relational hierarchy, interpersonal harmony, and conforming to social norms; TTEA; Lin et al., 2021).

Purpose of the present study

Although work in this area has provided a solid foundation for the current study, previous work: (1) used limited conceptualizations of East Asian ideologies and values, often collapsing those down to a single global dimension representing overall enculturation (the AVS; Kim et al., 1999) or focusing on just one or two specific tenets (the Buddhist Coping Measure or BCOPE; Phillips et al., 2012), (2) was often conducted in only one or two distinct cultural groups/languages (Wang et al., 2016), (3) primarily explored enculturation as a source of stigma in immigrant populations or international students (Sun et al., 2016), and (4) identified cultural differences in well-being and help-seeking attitudes within East Asian American college student populations often without modeling the cultural mechanisms that might underlie those differences (Hovey et al., 2006). To address those limitations, the current study: (1) used the TTEA inventory as a richer and more comprehensive conceptual framework to represent the TTEA, (2) examined our hypotheses in five cultural groups across four languages and multiple countries (recognizing that the TTEA have influenced cultures to varying degrees worldwide), (3) examined our research questions in both East Asian populations and Asian Americans, and (4) modeled the four main components of the three teachings as cultural mechanisms that could explain cross-cultural differences. Thus, the current study aimed to advance our understanding of possible mechanisms that might help to shape individual peace of mind, mental-health-related stigma, and help-seeking attitudes. Our research questions were: (1) To what degree do individuals from our five cultural groups differ on the dimensions of mental health stigma, help-seeking attitudes, and peace of mind examined? (2) To what degree do the TTEA serve as cultural mechanisms explaining those group differences? (3) What are the unique associations between specific ideologies and the aspects of well-being and mental health stigma examined? (Figure 1), and (4) How stable are our findings across the various cultural groups examined?

METHODS

Procedure

The study was evaluated and approved as a minimal risk study by a university's institution review board (IRB), and all procedures were conducted in compliance with current ethical standards for human subject research. The survey was presented on the surveygizmo.com online platform. The survey and all study materials were curated and written first in English and were then translated and back translated by different sets of translators. Thus, the first webpage of the survey allowed respondents to select the language they preferred for completing the survey: English, Traditional Chinese, Simplified Chinese, or Japanese. Participants were then presented with an information sheet on the second webpage of the survey to obtain informed consent. Recruitment materials presented the study title (The Tenets of Life Study) and provided a link to the survey after emphasizing that the study was: (1) completely voluntary, (2) involved a 30–35 min online survey that was (3) confidential. The sample was recruited from a variety of different online sources: 18.2% from the Crowdworks platform, 23.5% from the ResearchMatch participant registry, 24.9% from the MTurk platform, 13.1% from the Witmart platform, 12.7% from the Pollster polling company, and 7.6% from other online sources with lower success rates. To be eligible, respondents needed to be at least 18 years old (to provide consent) and have a current nationality in one of the four sampled countries (the United States of America, China, Taiwan, or Japan). Respondents in the United States also needed to identify as either white or Asian American. East Asian nationals who had been living in the United States from childhood (i.e., since age 12 or younger) were classified as Asian Americans. This strategy along with the geographical focus of our recruitment (see Figure S1) resulted in the vast majority of respondents (95%) currently living in the countries corresponding to their cultural group in our analyses.

Participants

A total of 4347 potential respondents consented to the study, and 2508 of those completed at least 70% of the survey for a completion rate of 57.7%. We excluded another 249 of those 2508 respondents (9.9%) for excessively rushing through the survey (completing 27+ questions per minute, a rate three times higher than the median rate of 8.3 questions per minute). We finally excluded 168 respondents to focus on the five cultural groups of interest. The resulting 2091 respondents from five different cultural groups included 322 Chinese, 400 Japanese, 362 Taiwanese, 319 Asian Americans, and 688 White Americans. The sample was 69% female with average age of 32.4 (SD = 10.2). Within the Asian American sample, 88.4% were first- and second-generation immigrants and 86% were of East Asian descent (e.g., Chinese, Korean, Japanese, and Taiwanese). The sample was fairly educated, with 65% possessing bachelor's degrees or higher. A total of 1249 respondents (60%) were in romantic relationships and 12% were currently in counseling, with notably higher rates among White Americans (21%).

Measures

All scales were presented on common 6-point response scales (primarily either "never-rarely-occasionally-often-very often-always" or "not at all-a little-somewhat-quite a bit-very much-completely") and responses were averaged across the items so that higher scores reflected higher levels of the constructs being assessed. All Cronbach alphas presented were calculated within the current sample.

East Asian philosophies

Participants completed the 67-item TTEA inventory (Lin et al., 2021) on never to always and not at all to completely 6-point response sets. Given the permeation of those ideologies in cultures across the world, the TTEA was developed and normed for use in both East Asian and Western cultures. Responses were averaged across 21 items assessing various aspects of ***Buddhism*** (α = 0.94) including: Not-self (e.g., "Reminded myself that there is no I"), active karmic view (e.g., "Let my belief in karma push me to be my best possible self"), punishing karmic view (e.g., "I understood I must suffer for my past actions"), interconnectedness (e.g., "I recognize we are all interconnected and go through many of the same situations"), meditation (e.g., "I meditated to quiet my mind"), and impermanence (e.g., "Remembered that even negative things change and fade over time"). Responses were averaged across 18 items assessing aspects of ***Taoism*** (α = 0.80) including: embracing contradiction (e.g., "Different points of view can be equally valid"), non-interference (Wu-Wei; e.g., "Sometimes it's better not to do anything"), Zi-Ran (e.g., "I maintain inner peace by accepting things as they come"), cyclic nature (e.g., "You can gain harmony in life by understanding and embracing its cycles"), and tranquility (e.g., "I remain calm in all situations"). Responses were averaged across 12 items assessing the ***empowering*** components of ***Confucianism*** (α = 0.94) including: self-cultivation (e.g., "I try to cultivate the best in myself"), leading by example (e.g., "By being the best I can be, I hope to inspire others"), and human heartedness (e.g., "I strive to be kind and loving to the people in my life"). Finally, responses were averaged across 16 items assessing the ***restrictive*** components of ***Confucianism*** (α = 0.88) including: propriety pressure (e.g., "I feel guilty when I fail to act properly in public"), intrinsic propriety (e.g., "I act properly even when others around me have let loose"), relational hierarchy (e.g., "I defer to the wisdom of my elders even though I am more educated"), interpersonal harmony (e.g., "I keep silent about disagreements to avoid

conflict with others"), and conforming to social norms (e.g., "Following familial and social expectations is important").

Attitudes toward counseling

To assess perceived stigma associated with seeking mental health services, respondents answered the item, "In general, I would be deeply embarrassed getting professional help for emotional problems" and to assess likelihood of seeking mental health treatment, respondents answered the item, "In general, if you were struggling with emotional problems, how likely is it that you would seek professional help?" These two items were generated to be similar in content and form to items typically used to assess mental health treatment stigma and likelihood of seeking treatment (Komiya et al., 2000), thereby maximizing their face validity as well as their clarity for respondents. Similar to other scales, these two items were presented on a 6-point scale from not at all to completely. To allow us to examine stigma and likelihood of seeking treatment as distinct constructs, the responses to these items were entered as separate variables in all analyses.

Peace of mind

Respondents completed the five positively worded items (e.g., "My mind was free and at ease," "I had peace and harmony in my mind") of the Peace of Mind scale (PoM; Lee et al., 2013) on a 6-point scale from not at all to completely ($\alpha = 0.95$).

Statistical methods

Analytic plan

Data were prepared and analyzed primarily in SPSS 29. Preliminary analyses included: (1) estimating Cronbach alpha coefficients to ensure high levels of internal consistency in the scales, (2) descriptive statistics to characterize levels of individual functioning and endorsement of East Asian ideologies in the sample, (3) zero-order correlations among the main variables, (4) estimating variance inflation factors (VIF) for all variables to ensure appropriately modest levels of multivariate collinearity, and (5) examining P–P plots and scatter plots for the structural equation modeling (SEM) path analyses to ensure that the residuals met assumptions. As a set, the results of these analyses supported our analytic plan, with appropriately high Cronbach alphas, VIFs well below a threshold of 5.0 (indicating only moderate collinearity; Daoud, 2017), and P–P plots and scatter plots of residuals supporting linearity, normality, and a general lack of heteroscedasticity or skew.

First, we ran a series of Analysis of Variance (ANOVAs) testing differences across the cultural groups on the three outcome variables (likelihood of seeking treatment, stigma perceived from seeking treatment, and peace of mind). Significant main effects were followed up with Tukey post hoc analyses to identify meaningful group differences. To examine East Asian ideologies as cultural factors that might help to explain those differences, we ran a series of Analysis of Covariance (ANCOVAs) testing those same group differences after controlling for the four TTEA composites (i.e., Buddhism, Taoism, empowering Confucianism, and restrictive Confucianism). Thus, drops in the η^2 standardized effect sizes between the ANOVAs and ANCOVAs quantified the proportion of variance in those group differences explained by East Asian ideologies.

Second, we ran path models within a SEM framework using Mplus 7.11 to examine unique links between the four TTEA composites and the three outcomes (Figure 1), thereby uncovering how those ideologies might have contributed to culture-group differences. Missing data was exceedingly rare (0.6%) and was consistent with missing completely at random (Little's MCAR test: $\chi^2(949) = 958.0$, $p = 0.413$), and was therefore handled using full information maximum likelihood (FIML) estimation in these analyses. By estimating links between the ideologies and outcomes within comprehensive path models (as opposed to separate regressions), we were able to not only control for the associations among the ideologies (by correlating the exogenous/predictor variables in the model), but we were also able to control for the associations among the outcomes (correlating the endogenous variables). Thus, any paths emerging as significant would represent truly unique associations between an ideology and an outcome, demonstrating distinct effects. The model was fully saturated and therefore gave a perfect fit. To align with the cross-cultural nature of our data, we ran the path model as a multigroup model. Thus, we started by allowing the model to freely vary across all five culture groups (yielding a saturated multigroup model with perfect fit). We then constrained the predictive paths from the ideologies to the outcomes to be identical across the groups. This allowed us to evaluate the invariance of the predictive results across cultures, with a significant decrease in fit suggesting that the results varied meaningfully by culture.

Power

Sensitivity power analyses (G*Power 3.1) suggested that ANOVA analyses in 2091 respondents across five groups (setting power at 0.90 and an α error level at $p < 0.001$) would be sensitive for detecting effects as small as Cohen's $f = 0.115$ (i.e., a power of 0.90 for a detecting a change in eta-squared as small as 0.013 at $p < 0.001$). Additional sensitivity power analyses (Piface 1.76) suggested that path analyses at a power of 0.90 in groups of at least 319 respondents would be sensitive to detecting significant standardized path coefficients as small as 0.13 within each group at an alpha level of $p < 0.05$ assuming moderate collinearity (VIF = 2.0). Furthermore, our group sizes (ranging from 319 to 688) were all above the minimum 160 suggested per group

in multigroup modeling (Cheah et al., 2020), supporting the multigroup SEM models that evaluated the stability of our models across the five cultural groups. Thus, these analyses suggested that the current sample offered sufficient power.

RESULTS

Description of the sample

Individual functioning

As seen in Table 1, although respondents typically reported being "somewhat" or "quite a bit" likely to seek counseling if they were struggling with emotional problems, scores ranged widely on that item with roughly two thirds of the sample falling between "a little" and "very much." On average White Americans reported greater likelihoods of seeking therapy whereas Japanese reported the lowest likelihoods. Consistent with this, although the sample on average saw seeking therapy as only "a little" stigmatizing, Chinese and Asian Americans perceived somewhat higher levels of stigma. Respondents also reported "somewhat" feeling a sense of peace and comfort on a day-to-day basis, with Chinese and Asian Americans reporting the highest levels of peace of mind.

Culture group differences

One-way ANOVAs and subsequent Tukey post hoc analyses uncovered differences across the cultural groups on peace of mind and attitudes toward mental health. The η^2 estimates for the group differences that emerged suggested that those differences accounted for roughly 7% to 10% of the variability in those variables. As shown in the final three columns of Table 1, ANCOVA analyses controlling for the four ideology composites of the TTEA yielded group differences accounting for only 1% to 6% of the variance in those variables. Thus, controlling for the three teachings explained 2.6% of the total variance in stigma of therapy ($\Delta\eta^2 = 0.026$), 4.4% of the variance in likelihood of seeking treatment ($\Delta\eta^2 = 0.044$), and 6.0% of the variance in peace of mind ($\Delta\eta^2 = 0.060$). This begins to suggest that Buddhism, Taoism, and Confucianism might represent relevant cultural factors underlying those group differences as they explained from 31% to 85% of the variance in those group differences (31% for stigma of therapy, 46% for likelihood of seeking treatment, and 85% for peace of mind).

Endorsement of the three teachings of East Asia

Table 2 shows that, typically respondents reported "occasionally" aligning with Buddhist teaching in their daily lives, and "somewhat" or "quite a bit" endorsing Taoism and restrictive Confucianism tenets. Respondents reported strong alignment

TABLE 1 Differences across cultural groups.

Outcome variable	Statistic	Full sample	Cultural groups					Tests of cultural differences						
			Chinese	Japanese	Taiwanese	Asian Americans	White Americans	ANOVA				ANCOVA		
								F	*df*	*p*	η^2	*F*	η^2	$\Delta\eta^2$	% drop
Likelihood of seeking therapy	*M*	3.5	3.5^{B}	2.9^{D}	3.2^{C}	3.5^{B}	**4.1**^{A}	52.8*	4, 2022	<0.0005	0.095	27.2*	0.051	0.044	46
	(*SD*)	(*1.5*)	(*1.4*)	(*1.4*)	(*1.2*)	(*1.6*)	(1.6)								
Stigma of therapy	*M*	2.1	**2.5**^{A}	1.6^{D}	2.2^{B}	**2.7**^{A}	1.9C	46.7*	4, 2029	<0.0005	0.084	31.2*	0.058	0.026	31
	(*SD*)	(*1.3*)	(*1.3*)	(*1.0*)	(*1.2*)	(*1.5*)	(1.3)								
Peace of mind	*M*	3.1	**3.5**^{A}	2.5^{C}	3.3^{AB}	**3.5**^{A}	3.1B	39.3*	4, 2067	<0.0005	0.071	5.5*	0.011	0.060	85
	(*SD*)	(*1.3*)	(*1.2*)	(*1.2*)	(*1.2*)	(*1.4*)	(1.3)								

Note: This presents the results of ANOVAs examining differences across cultural groups on each of the outcome variables. All of the items of these scales used the same 6-point response scale: 1—not at all, 2—a little, 3—somewhat, 4—quite a bit, 5—very much, 6—completely. The superscripted letters next to each mean indicate the results of Tukey post -hoc analyses, with different letters between two means indicating a significant difference. The significantly largest means in each row have been bolded for ease of interpretation. The final three columns present the corresponding results of ANCOVA analyses in which scores representing Buddhism, Taoism, empowering Confucianism, and restrictive Confucianism were entered as covariates to determine the proportions of cultural differences explained by those ideologies (i.e., the % drop column presenting the proportion of shrinkage in η^2 estimates between the ANOVAs and the ANCOVAs). * significant at $p < 0.0005$.

TABLE 2 Correlations among the three teachings and the correlates.

Class of variables				Correlations among the variables					
CODE	**Specific scales**	***M***	***SD***	**B**	**T**	**EC**	**RC**	**Tx1**	**Tx2**
Ideology composite scores									
B	Buddhism	2.98	0.94						
T	Taoism	3.79	0.84	**0.64**					
EC	Empowering Confucianism	4.42	0.90	**0.42**	**0.49**				
RC	Restrictive Confucianism	3.60	0.72	**0.34**	**0.33**	0.27			
Correlates									
Tx1	Stigma of therapy	2.10	1.32	0.25	0.18	0.04	0.26		
Tx2	Likelihood of seeking therapy	3.53	1.53	0.14	0.16	0.28	0.03	−0.21	
MH1	Peace of mind	3.13	1.31	**0.39**	**0.44**	**0.35**	0.08	0.13	0.08

Note: Responses were averaged so that all means are on a common 1–6 scale corresponding to the 6-point response options provided. Given the large number of subjects, correlations with absolute values ≥0.05 were significant at $p < 0.01$. The strongest correlations in the matrix (i.e., those with absolute values ≥0.30) have been bolded for ease of interpretation.

with empowering Confucianism tenets, typically selecting "quite a bit" or "very much" responses on those items.

Bivariate correlations

The TTEA composites reflecting Buddhist, Taoist, empowering and restrictive Confucian ideologies were positively correlated with one another (particularly for Buddhism and Taoism) suggesting moderate communality among these philosophical traditions. The four East Asian ideologies were associated with greater peace of mind and were modestly associated with attitudes toward mental health help seeking.

Links between philosophies, perceptions of therapy, and peace of mind

Testing the stability of findings across cultural groups

As shown in Figure 1, we ran path analyses to uncover unique links between the ideologies and the outcomes examined. We first ran multigroup path models to determine if the unique predictive links between various East Asian ideologies and our outcomes would be consistent across the culture groups. The unconstrained multigroup model (allowing the predictive associations to differ across the cultural groups) was fully saturated and therefore demonstrated perfect fit. A second model was run constraining the predictive paths between the ideologies and outcomes to be identical across the groups. This model continued to give adequate fit ($\chi^2(48) = 105.2$, $p < 0.001$, CFI = 0.942, SRMR = 0.038, RMSEA = 0.053, 95% CI LL = 0.040, and UL = 0.067) thereby suggesting some consistency in prediction across cultures. However, the shifts in CFI (ΔCFI = 0.058) and RMSEA (ΔRMSEA = 0.053) suggested a significant worsening of fit, exceeding the thresholds of greater than minimal change (0.010 and 0.015, respectively) established for those indices (Chen, 2007) when compared to the unconstrained model. This indicated that some of the predictive paths meaningfully differed across culture groups. We therefore present the results of the unconstrained multigroup model in the remainder of this article, showing the unique predictive paths that emerged separately in each culture group.

Predicting mental health treatment stigma

As shown in the first set of rows within Table 3, after controlling for the other ideologies and the other outcomes, higher levels of restrictive Confucianism predicted greater perceived stigma for receiving mental health treatment ($\beta_{Chinese} = 0.319$***, $\beta_{Japanese} = 0.111$*, $\beta_{Taiwanese} = 0.243$***, $\beta_{AsianAm} = 0.269$***, and $\beta_{WhiteAm} = 0.221$***), consistent with the lower utilization of therapy demonstrated in East Asian cultures. Although this unique predictive association emerged as significant in all five cultural groups, that link was most pronounced within respondents living in China. In contrast, higher levels of empowering Confucianism were significantly linked to lower levels of mental health help-seeking stigma for all groups except the Japanese ($\beta_{Chinese} = -0.276$***, $\beta_{Japanese} = -0.060$, $\beta_{Taiwanese} = -0.147$*, $\beta_{AsianAm} = -0.225$***, and $\beta_{WhiteAm} = -0.188$***). Thus, valuing self-cultivation, striving to lead by example, and cultivating a kind and loving approach to others seemed to allow individuals to perceive less stigma (and potentially more value) in seeking out counseling. Stronger alignment with Buddhist teachings was uniquely linked to significantly higher mental health stigma in three of the five groups ($\beta_{Japanese} = 0.215$***, $\beta_{Taiwanese} = 0.140$*, and $\beta_{WhiteAm} = 0.164$***). After controlling for the other teachings, the distinct aspects of aligning with Taoist teachings (that were completely unrelated to the other ideologies) were not uniquely related to mental health stigma in any of the groups.

TABLE 3 Predictive links between the three teachings of East Asia and the correlates.

CORRELATE	Chinese		Japanese		Taiwanese		Asian Americans		White Americans	
Predictors	***β***	***p***	***β***	***p***	***β***	***p***	***β***	***p***	***β***	***p***
STIGMA OF MENTAL HEALTH TREATMENT										
Buddhism	0.088	0.186	**0.215**	**<0.0005**	**0.140**	**0.025**	0.085	0.300	**0.164**	**<0.0005**
Taoism	0.006	0.938	0.025	0.675	−0.032	0.627	0.155	0.070	<0.0005	0.992
Empowering Confucianism	−0.276	<0.0005	−0.060	0.346	**−0.147**	**0.015**	**−0.225**	**<0.0005**	**−0.188**	**<0.0005**
Restrictive Confucianism	**0.319**	**<0.0005**	**0.111**	**0.050**	**0.243**	**<0.0005**	**0.269**	**<0.0005**	**0.221**	**<0.0005**
LIKELIHOOD OF SEEKING MH TREATMENT										
Buddhism	**0.227**	**0.001**	0.107	0.063	0.091	0.150	0.171	0.046	−0.067	0.171
Taoism	0.094	0.189	**0.141**	**0.018**	0.124	0.060	−0.073	0.414	0.025	0.614
Empowering Confucianism	0.017	0.828	0.086	0.171	0.095	0.124	0.054	0.423	**0.193**	**<0.0005**
Restrictive Confucianism	0.023	0.721	0.041	0.474	−0.042	0.468	0.099	0.105	−0.033	0.400
PEACE OF MIND										
Buddhism	0.096	0.134	0.051	0.335	**0.158**	**0.005**	**0.306**	**<0.0005**	**0.097**	**0.029**
Taoism	**0.243**	**<0.0005**	**0.223**	**<0.0005**	**0.266**	**<0.0005**	**0.316**	**<0.0005**	**0.274**	**<0.0005**
Empowering Confucianism	0.037	0.609	**0.360**	**<0.0005**	**0.188**	**0.001**	0.089	0.111	**0.130**	**0.001**
Restrictive Confucianism	0.090	0.158	**−0.195**	**<0.0005**	−0.089	0.086	**−0.217**	**<0.0005**	**−0.163**	**<0.0005**

Note: The table presents the standardized path coefficients of a multigroup structural equation modeling path model in which the paths were allowed to freely vary across the five culture groups. The four ideology composites of the TTEA inventory were allowed to predict current levels of the three correlates simultaneously. To help focus the narrative on the effects accounting for the most unique predictive links (and correspondingly the most likely to replicate), the path coefficients that emerged as significant at $p \leq 0.05$ have been bolded for ease of interpretation.

Predicting likelihood of seeking treatment

In contrast to the findings for predicting stigma (which were more stable across groups), only three significant predictive effects emerged between the ideologies and self-reported likelihoods of seeking mental health treatment. Specifically, aligning with Buddhist tenets was linked to a significantly greater likelihood of seeking treatment in the Chinese respondents ($\beta_{\text{Chinese}} = 0.277^{**}$) but not in any of the other groups. Thus, valuing tenets like interconnectivity, impermanence, proactive karma, meditation, and not-self (Anattā) was particularly linked to a greater willingness to seek treatment when struggling with emotional issues for Chinese respondents. In contrast, alignment with Taoist tenets (i.e., embracing contradiction, non-interference, cyclic nature, Zi-Ran, and tranquility) predicted greater likelihoods of seeking treatment among Japanese respondents ($\beta_{\text{Japanese}} = 0.141^{*}$) whereas alignment with empowering Confucianism tenets (i.e., self-cultivation, leading by example, and human heartedness) predicted greater likelihoods of seeking treatment among White Americans ($\beta_{\text{WhiteAm}} = 0.193^{***}$). These culturally distinct findings begin to suggest that the same teachings may resonate to different degrees and possibly even take on different meanings in different cultures and contexts.

Predicting individual peace of mind

After controlling for other ideologies and outcomes, higher levels of endorsing Taoist teachings predicted greater peace of mind across all cultural groups, particularly in Asian Americans ($\beta_{\text{Chinese}} = 0.243^{***}$, $\beta_{\text{Japanese}} = 0.223^{*}$, $\beta_{\text{Taiwanese}} = 0.266^{***}$, $\beta_{\text{AsianAm}} = 0.316^{***}$, and $\beta_{\text{WhiteAm}} = 0.274^{***}$). Stronger alignment with Buddhist tenets predicted greater peace of mind in Taiwanese, Asian American, and White American respondents ($\beta_{\text{Taiwanese}} = 0.158^{**}$, $\beta_{\text{AsianAm}} = 0.306^{***}$, and $\beta_{\text{WhiteAm}} = 0.097^{*}$), with a particularly robust effect in Asian Americans. Similarly, the empowering aspect of Confucian teaching predicted greater peace of mind for Japanese, Taiwanese, and White Americans respondents ($\beta_{\text{Japanese}} = 0.360^{***}$, $\beta_{\text{Taiwanese}} = 0.188^{***}$, and $\beta_{\text{WhiteAm}} = 0.130^{***}$). In contrast, the restrictive aspects of Confucianism were linked to lower peace of mind in Japanese, Asian American, and White American participants ($\beta_{\text{Japanese}} = -0.195^{***}$, $\beta_{\text{AsianAm}} = -0.217^{***}$, and $\beta_{\text{WhiteAm}} = -0.163^{***}$). These findings therefore highlight links between the TTEA and individual peace of mind, contrasting adaptive links across most of the groups for Buddhism, Taoism, and the empowering components of Confucianism from the potentially disruptive links of the restrictive components of Confucianism.

DISCUSSION

Given the worldwide mental health crisis (Patel et al., 2018) and the alarmingly low rates of treatment delivery across most countries (Kohn et al., 2004; Wang et al., 2007; WHO, 2019), the current study sought to examine cultural factors that might

underly stigma with mental health and decreased likelihoods of seeking mental health treatment in a large cross-cultural sample. The current results revealed that the TTEA (i.e., Buddhism, Taoism, and Confucianism) helped to explain from 31% to 85% of the cross-cultural differences in mental health help-seeking attitudes and peace of mind in a manner consistent with previous conceptual work in this area (Yamashiro & Matsuoka, 1997; Yang, 2007). Thus, our results offer a new set of cultural factors to explain and deepen our understanding of how culture might shape help-seeking attitudes across four countries. The current findings then seek to translate such insights into guidelines for the future development of culturally sensitive treatments, community outreach services, and stigma reduction interventions.

Major patterns of findings and implications

Cross-cultural consistency

Individuals from Western and Eastern cultures demonstrate clear differences on the degree to which they incorporate Buddhism, Taoism, and Confucianism into their worldviews. The model invariance analyses in the current study further suggested that the predictive links from those three teachings to mental health stigma and individual peace of mind differed meaningfully across the five groups. Despite those cross-cultural differences, many of the significant links predicting stigma of mental health treatment and peace-of-mind emerged across most if not all of the five cultural groups, suggesting some cross-cultural stability in our findings. For example, embracing the restrictive tenets of Confucianism (propriety pressure, intrinsic propriety, relational hierarchy, prioritizing interpersonal harmony, and conforming to social norms) was linked to greater perceptions of stigma with mental health treatment across all five cultural groups. These results suggest that holding those beliefs is predictive of stigma regardless of the cultural context, yielding a similar attitudinal cost across cultures. Similarly, embracing the tenets of Taoism (embracing contradiction, non-interference, Zi-Ran, cyclic nature, and tranquility) was linked to greater peace of mind regardless of cultural context, suggesting that incorporating aspects of Taoism into one's worldview demonstrates similar benefits regardless of one's culture.

Although many of the predictive links may be stable across cultures, our findings suggest that the higher endorsement of restrictive Confucianism and Taoism in Chinese and Asian Americans might help to explain why respondents in those cultures tend to have greater stigma toward mental health treatment as well as greater peace of mind (via those predictive paths). Thus, the partial stability of our predictive findings across cultural groups does not imply that those individuals or cultures are identical to one another, but instead serves as a method of uncovering how they are different. The partial stability of our prediction simply suggests that embracing the three teachings often shapes attitudes toward mental health in individuals in a similar manner spanning multiple cultural contexts. As a result, the current results offer key insights to more specific barriers to treatment when working with East Asian clients or any individuals adhering to these teachings, as the findings speak to the lived experiences that might shape mental health stigma (Liu, et al., 2020).

Cultural differences also emerged

The TTEA assesses 19 key tenets of the three teachings, providing a reasonably rich representation of those ideologies. Despite the relative depth of that scale, the ideologies of Buddhism, Confucianism, and Taoism are deep, multifaceted, and fundamentally grounded within East Asian cultures. As a result, in addition to the prevalence of those ideologies varying across local regions, the interpretations of the texts from those three ideologies (as well as the focus on specific subsets of texts in the course of daily practice) can vary widely across distinct local cultures and different individuals. Although future research will be needed to explore some of the cultural differences that emerged in the current findings, we believe that differences in prevalence, interpretation, and focus of specific texts could offer compelling explanations for some of the culturally specific findings that emerged.

Differences across the three teachings

The complex effects of practicing Buddhism

The current findings revealed that Buddhism predicted greater peace of mind for Taiwanese, Asian Americans, and White Americans, aligning with previous findings that Buddhist practice can set one's mind at ease, helping individuals manage life changes and irritations more effectively (Chio et al., 2018; Wang et al. 2016). The current findings also align with previous findings linking the endorsement of Buddhist tenets with greater well-being in individuals living in Hong Kong (Yu et al., 2020) and in the United States (Phillips et al., 2012). Thus, the current findings replicate and extend those results cross-culturally. However, after controlling for the other ideological composites in the model, Buddhism failed to emerge as unique predictor for peace of mind among Chinese and Japanese. This suggests that the unique aspects of embracing Buddhist tenets (distinct from Taoist and empowering Confucian tenets) may not be a stronger predictor of greater peace of mind than embracing Taoist tenets in those two groups. Future studies should replicate this research and further explore the influence of Buddhist teachings on other aspects of well-being.

Despite its links to greater peace of mind in three of the groups, Buddhism also predicted stronger stigma for receiving mental health treatment in Japanese, Taiwanese, and White Americans. Future work is needed to uncover the mechanisms (and the specific tenets of Buddhism) underlying those associations. Thus, future studies could explore specific tenets of Buddhism that could be at odds

with modern forms of mental health treatment. For instance, future work could explore whether the concept of karma (i.e., the Buddhist teaching of causality) might encourage individuals to strive to make more ethically minded and value-driven choices even in difficult situations. However, it has also been suggested that karma could be taken to suggest that all suffering (including mental health issues) could be a consequence of previous transgressions, suggesting that the suffering is deserved and needs to be endured (Yamashiro & Matsuoka, 1997). Thus, future work could explore if embracing this tenet might potentially discourage individuals from seeking counseling as they might view suffering as paying off a karmic debt and therefore not something to be addressed with the help of others.

At a conceptual level, characterizing karma in this manner aligns the current work with the social determinants of mental health (SDMH; Lenz & Lemberger-Truelove, 2023). From this perspective, specific tenets of Buddhism like karma might function as midstream cultural factors, linking broad social–structural influences (shaping community infrastructure) to individual-level mental health experiences. Additionally, individual dispositions on those tenets could function as downstream factors, directly shaping individuals' daily experiences. Thus, future work could extend the current work by applying a systems approach, thereby promoting the development of interventions addressing issues from distal, broader factors to proximal, personal experience (Pester et al. 2023).

Taoism brings inner peace

Our findings reveal that practicing Taoist teachings predicted greater peace of mind across all five cultural groups. This cross-culturally substantiates previous research indicating that coping mechanisms in accordance with Taoism led to greater inner peace in Chinese and Taiwanese (Deng et al., 2022; Wang et al., 2016). Extending that work, meta-analytic findings suggest that Taoism-inspired cognitive therapy is effective in addressing depressive symptoms and promoting well-being among adults within Chinese communities (Ding et al., 2020). Taken as a set, this growing body of findings suggests that embracing a Taoist worldview (encouraging people to remain still, accept things as such, respect natural cycle of life, and value different viewpoints) might potentially promote a sense of inner harmony and tranquility, helping people make peace with life and themselves.

Endorsing Taoist teachings was also linked to a greater likelihood of seeking mental health treatment among Japanese respondents. Though the underlying mechanisms are unclear, future studies could potentially examine this matter from the perspective of cultural variations of emotion (how Japanese experience and express emotion; Ryff et al., 2014), their perception of well-being (Uchida & Kitayama, 2009), and the impact of dialectical thinking (which is addressed as the tenet of embracing contradictions in the current study; Spencer-Rodgers et al., 2010). Cultural constructs like those could help to explain how Taoist teachings might take on distinct connotations and salience in the Japanese culture, thereby promoting a greater individual willingness to engage counseling.

The benefits of empowering Confucianism

Empowering Confucianism was associated with lower perceived stigma in four of the five groups. This begins to suggest that focusing on continuously trying to improve oneself, striving to inspire others by one's own actions, and cultivating a deeper loving kindness toward others decreases individuals' concerns and sense of embarrassment over seeking professional help. These findings are aligned with previous work indicating greater self-transcendence (defined as a compassionate commitment to the well-being, understanding, and fair treatment of others and the planet) was associated with lower stigma for receiving psychological help (Lannin et al. 2020). In fact, in White Americans, endorsing empowering Confucianism predicted greater likelihoods of seeking mental health treatment in the current study.

Similarly, our finding shows that empowering aspects of Confucianism were significantly linked to greater peace of mind in three of the five groups (Japanese, Taiwanese, and White Americans). This begins to suggest that inspiring and benefitting others through cultivating one's own self-improvement, virtue, and kindness might offer additional paths toward deepening one's own inner calm, potentially augmenting the gains in peace of mind linked to holding Taoist beliefs for individuals engaging both ideologies. However, as those predictive links did not emerge as significant for all five groups, the current findings also highlight that these associations might be fairly sensitive and specific to the broader cultural context in which the empowering aspects of Confucianism are embraced.

The challenges of restrictive Confucianism

Restrictive Confucianism was linked to greater stigma toward help seeking, consistent with previous findings that endorsing certain aspects of Asian values (e.g., conforming to social norms, emotional control, and honoring family through academic achievement) were associated with greater perceived stigma for counseling (Kim & Omizo, 2003; Shea & Yeh, 2008). Taken together, these findings suggest that aligning strongly with an ideology that prioritizes adherence to social norms, uncritical respect for elders, and conformity (often including the suppression of personal needs and views) to maintain social harmony and stability could sensitize individuals to social norms, making them more reluctant to behave outside of those norms. Thus, our findings suggest that valuing socially prescribed behavioral rules and inhibiting one's voice in favor of the collective might cast mental health seeking in a negative light, encouraging individuals to view seeking counseling as a selfish and self-serving pursuit (Yamashiro & Matsuoka, 1997; Yang, 2007). Therefore, future studies might investigate whether the well-observed Confucian tenet (and widespread social practice) of relational hierarchy (i.e., respecting, trusting, and abiding by your elders' opinions even when they run contrary to your own) might prevent people from seeking

counseling as they might be discouraged by their elders' negative perceptions of counseling. Similarly, future studies could explore if prioritizing interpersonal harmony and upholding intrinsic propriety might add a sense of guilt and embarrassment as receiving professional help might disrupt the social equilibrium and potentially even violate moral expectations for appropriate behavior. However, contrary to previous studies (Kim & Omizo, 2003; Shea & Yeh, 2008), after controlling for the other ideologies and outcomes, restrictive Confucianism did not emerge as a significant predictor for lower likelihood of seeking mental health treatment in any of the cultural groups. If replicated, this begins to suggest that restrictive Confucianism is most proximally linked to shaping stigma toward mental health treatment and less directly linked to decisions about seeking treatment oneself. Restrictive Confucianism also predicted lower peace of mind for three of the five groups (Japanese, Asian, and White Americans), highlighting possible costs associated with setting one's own needs second to the broader community.

A dual approach of Confucianism to encouraging counseling

At a conceptual level, the distinction between empowering and restrictive Confucianism highlights both the self-cultivation and social responsibility implicitly demanded in Confucian teachings. The key to promoting positive attitudes toward mental health help seeking could potentially lie in the synergy created by these interlaced aspects of Confucianism. From this perspective, working on oneself is never a private practice of an individual but instead a "sharable experience that underlies common humanity" (Tu, 1985, p. 57). Therefore, clinicians trying to promote mental health seeking within East Asian populations might want to not only emphasize the self-improvement benefits of treatment but also that treatment could allow them to better contribute to the collective welfare of their community (i.e., allowing them to better meet their social responsibilities). Thus, public health campaigns could reframe mental health treatment as an important step individuals can take to uphold and promote social harmony and stability in communities strongly aligned with Confucian teachings.

Furthering cultural competency and humility in clinical practice

The current results not only highlight how the TTEA might be adopted and understood differently in various cultural contexts, but also how they might function as complementary forces (reinforcing each other's effects), or conflicting forces (counteracting each other's effects), and/or act individually to shape on people's attitudes (Lin et al., 2021). The current findings offer initial insights toward understanding why East Asians are inclined to solve emotional issues by themselves rather than seeking professional help (Nakamura et al., 2021; Shi et al., 2020). Hence, clinicians working with East Asian clients might want to familiarize themselves with these ideologies and explore their meanings with individual clients. For instance, actively discussing Taoism might not only promote a means to inner peace for East Asian clients, but also help to build rapport and convey a sense of cultural competence as it closely resonates with their cultural worldview. Such an approach would effectively be meeting clients where they are (i.e., engaging in aspects of their broader cultural context) instead of asking those clients to adopt the cultural perspective of their counselor (Smith, 2006).

A socioecological, culturally specific training model

Echoing recent updated guidelines of Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts et al., 2016), this study provides a foundation for taking a socioecological perspective when working with people of East Asian heritages. Thus, the current findings could help advance clinical training in the United States by going beyond collectivism/individualism cultural distinctions to provide more nuanced insights into some of the cultural factors (i.e., the three teachings) likely to have the strongest influences on mental health stigma and help seeking. Familiarizing trainees and supervisors on these teachings and their representations in day-to-day life could markedly enhance their ability to connect with and covey empathy for their East Asian clients and students (Chung & Bemak, 2002; Lee et al., 2022). The current results could provide a foundation for developing a culture-specific clinical training approach (Leung & Chen, 2009), thereby advancing the work that aligns with the concept of SDMH (Lenz & Lemberger-Truelove, 2023). Such an approach could also provide a contextualized model for clinical training in East Asia, highlighting these ideologies as potential points of intervention to address within treatment (thereby addressing sources of resistance).

Limitations and future research

The broader interpretation of the current results is limited by a number of factors. First, the study was cross-sectional, and therefore the directions of causality for the associations described remain unclear. Thus, future work is needed to explore these associations over time to help clarify directions of causality. Second, the study was entirely self-report, limiting the data collected to what individuals were willing and able (due to varying levels of insight) to share. Future work could extend the current findings by using additional informants. Third, a majority of the sample represented a community population, rendering the help-seeking question hypothetical. Future work could therefore build on the current findings by examining these same links in both clinical and community samples. Fourth, as the survey was given online, the sample was limited to individuals with internet access, which could have skewed the sample toward

individuals with greater income and education levels (i.e., higher SES). Future work could extend the current findings in more diverse samples across these countries. Fifth, single items were used to assess mental health stigma and likelihood of seeking mental health treatment as the length of the survey could not accommodate longer (multi-item) measures for those constructs. The use of single items limited the variability that we could observe on those constructs, thereby attenuating (i.e., weakening) our predictive analyses and therefore likely underestimating the strength of those predictive links. Thus, future work could extend this study by using multi-item scales to assess those constructs. Finally, although the TTEA offered a nuanced method of assessing Buddhist, Taoist, and both empowering and restrictive Confucian thought (grounded in 19 more specific tenets), those ideologies still represent a subset of the possible factors that might influence those outcomes. Thus, future work could build on the current findings by exploring additional factors that might shape these outcomes over time. Although future research will be needed to explore some of the cultural differences that emerged in the current findings, we believe that variations in prevalence, interpretation, and local focuses on specific texts/teachings across the three ideologies might offer compelling explanations for some of these culturally specific findings.

AUTHOR CONTRIBUTIONS

Yi-Ying Lin and Dena Phillips Swanson originally conceptualized the project. All three authors were involved in study design and in obtaining necessary human subjects approval. Yi-Ying Lin oversaw the translation and back-translation processes. Yi-Ying Lin and Ronald D. Rogge implemented the survey on SurveyGizmo.com. Yi-Ying Lin took primary responsibility in recruiting the samples. Yi-Ying Lin and Ronald D. Rogge took the lead in conducting the analyses and drafting the manuscript. Although Yi-Ying Lin took the lead in writing the manuscript, all three authors contributed to the content of the manuscript and affirmed the content and statistical findings presented.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

All study materials are freely available (and the data is available upon request) on the OSF platform (https://osf.io/mfa92/?view_only=3c6f776ee704497b99e9f066b55805c0).

ETHICS STATEMENT

The studies and all of their materials were evaluated and approved by the University of Rochester's IRB, and the study was conducted following those ethical guidelines. Informed consent was obtained on the first webpage of the survey via an information letter. IRB materials for the study have been made available at https://osf.io/rvpg3/ and data is available there upon request.

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SUPPORTING INFORMATION

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