



The Impact of Cultures of Origin on Attitudes Toward Mental Health Treatment

Kimberleigh Morris
Monmouth College, 2011

This study examined the cultural influences of individualism and collectivism on participants' responses to directive and non-directive counseling styles. Previous research shows that cultural differences can affect how counseling is perceived and which styles are preferred. Participants from the United States and Singapore completed an online survey that included questions about reasons for seeking counseling and their impressions on the profession. Participants also read scenarios and were asked to recommend treatments for two patients and rate two therapists on four qualities using a Likert Scale. Data analysis showed collectivist participants found the directive therapist to be significantly more intrusive than individualist participants. In addition, nearly half the Singaporeans identified themselves as collectivist, suggesting that country of residence and culture are not synonymous groups in the counseling field.

Counseling practices are viewed much differently in individualist and collectivist cultures. In individualist cultures like the United States, counseling is seen as an acceptable form of treatment for both minor and major problems. Going for outside help is often seen as better than going to family. By seeking a third party input, the client is able to maintain his or her independence from family, but still work through his or her problems. In collectivist cultures like Singapore, family is an important part of the culture and is the focus of many lives. Instead of branching out and moving half way across the country to start a new life and a new family, many young adults stay in their house and live with their parents, grandparents, and, when they have them, their own children (Williams et al., 1999). Families may buy larger houses so multiple generations can live under the same roof. Since families are very important to the people in collectivist cultures, this study will look at whether or not individuals in both collectivist and individualist cultures would seek counseling for help or turn to their families. This study will also look at what are acceptable reasons for seeking counseling and what counseling methods are preferred in each culture.

In collectivist cultures, where family is the center, individual family

members hold their beliefs below the beliefs of the family or community. In Asian cultures, the families are tight-knit and each family member's opinion is valued when making decisions. Collectivist cultures are known for an "in-group"/"out-group" community (McCarthy, 2005). Families, churches, and close friends are all in the "in-group" while everyone else is in the "out-group." Since counseling services and mental health professionals fall into the "out-group," they are highly mistrusted and families usually doubt their accuracy (McCarthy, 2005). There is even a clear boundary between friends and family as an effort to save face as research by Adrian Kok and Susan Liow show. In their case studies, women turned first to their parents and siblings for support while few turned to friends (Kok, Liow, 1993).

If an individual is having a problem, he or she tends to go to family members, church leaders, or elders for advice and support, so a person is often discouraged from using professional psychological services for cultural reasons (McCarthy, 2005). Asian cultures value "avoidance of shame, hierarchical relationships, and collectivistic orientation" as well as "emotional self-control, conformity to norms, family recognition through achievement, filial piety, and humility" (Kim, 2007). Since a person does not want to bring shame to his or her family and want to portray a high level of emotional self-control, he or she is highly unlikely to seek professional counseling.

Previous studies have shown that the more closely tied to Asian values a person is, the less likely he or she is to seek counseling and be willing to participate in a counseling session (Kim, 2007). In traditional Asian cultures, the people relate closely with social aspects of life such as "need for affiliation, sensitivity to rejection, and a sense of self-worth based on family life" (Williams, 2003). In addition, counseling values such as "self-determination, independence, and self-expression are in direct conflict with traditional Chinese values of obedience to parents, respect for elders, exercise of control, and emotional restraint" (Tan, 2009). Also, since collectivist cultures prefer indirect communication for personal relationships and rely on communication with elevated context to get their point across, counseling sessions are uncomfortable, especially if it is a client-based session and the counselor is not directive. That type of situation is unsettling for the client and could ruin the counseling relationship (Williams, 2003). However, research by Wai-Yung Lee showed that Chinese families opened up easily to a consultant in an interview setting and they were reported not to express face-saving behavior, which contradicts any other previous research (Lee, W. 2002).

In individualist cultures, the self develops "an identity that's separate and autonomous from the family" and during the adolescent years it goes through its most important social change, the relationship with the individual's parents (Le, Stockdale, 2005). There are two types of changes the adolescent self makes: adaptive changes of self reliance and separation changes of non-cooperation with authority (Le, Stockdale, 2005). Individualist cultures see problems as conflicts within the self. It is not a situational factor, but instead, it is an internal personality factor (Williams, 2003). Since counseling in the United States is mainly directed towards individualistic counseling, clients tend to

see their problems as their own. Whatever is wrong is within the self, and it does not affect anyone else. Counselors tend to fall into the fundamental attribution error and decide that the client's issues are part of themselves and situational factors are of no concern (Williams, 2003). This may not be the actual case, but with individualistic influences, it is commonly seen this way. Clients feel that since it is a problem within themselves, seeking counseling is a sign of weakness and failure. They expect the counseling sessions to be short and direct (McCarthy, 2005) because they want to fix the problem and leave. They expect that counselors act as counselors and not friends; clients are looking for their counselor to act in an advisory role (McCarthy, 2005).

When counselors see that clients are too dependent on another individual or group, which is extremely common in collectivist cultures, they recommend their clients go through a period of individuation. Clients learn how to be independent and make their own decisions without having to consult anyone else. Clients then gain self-control and start to feel a sense of self-worth (Williams, 2003). Studies have shown that in individualist cultures, people with higher personal self-control have lower levels of depression (Williams, 2003). The flaw of counseling in an individualist culture is that since counselors see their clients' problems as internal character flaws, they are unable to see the multicultural perspectives with clients and their issues.

Previous research has looked at counseling preferences between Singaporean students and American students all studying in the United States. The research showed that those from Singapore were thought to prefer direct counseling when they actually preferred indirect counseling. They disliked direct counseling practices, but were indifferent to indirect practices (D'Rozario & Romano, 2000). The Singaporean students may have responded this way because they prefer a longer counseling session with the counselor acting as an indirect friend instead of an advisor. American students, on the other hand, preferred direct counseling (D'Rozario & Romano, 2000). This could be because American students from the individualist culture wanted a quick counseling session that got right to the point and the counselor acted as an advisor. According to Bryan Kim (2007), there are several clear differences between American and Singaporean cultures that have effects on the counseling relationship. American values include things such as independence, directness, youth orientation, competition, and change (Kim, 2007). Singaporean values include interdependence, indirect expression, elder reverence, harmony, and tradition (Kim, 2007). These values could affect the counseling relationship and what type of counselor clients will prefer based on their individualistic or collectivist preferences.

Other research has shown that out of the four social support systems in Singapore (families, friends/neighbors, professionals, and religion), families were the most likely to find additional help for a single-parent family member (Kok, Liow, 1993). Since three of the four social support systems are in the "in-group," it is not surprising that professionals are not the most likely source of help for the single parent. Since families are considered very important in collectivist culture, it is also no surprise that they are the most likely source of

help for a single-parent family member.

The research in this current study will explore how collectivist culture in Singapore differs in views and approaches to counseling with comparison to an individualist culture in the United States. This study will look at how the collectivist cultures influences openness to seeking counseling and which theories of counseling are preferred.

Method

Participants

An initial voluntary sample of fifteen college students, eighteen to twenty-two years of age, were selected by the researcher from Monmouth College. At the end of their participation in the study, participants were asked to forward the online survey to two additional people in the United States who were also asked to do the same. This generated the random sample from the population of the United States. Fifteen college students, eighteen to twenty-two, were also selected in Singapore and the same method of collecting participants was followed. This created the random sample of the population of Singapore.

Materials

Participants are e-mailed a link to an online survey containing demographic questions and opinion questions regarding counseling practices. One portion of the survey includes a series of two client backgrounds and two counseling session descriptions with questions pertaining to each. One client background on the questionnaire describes a stressed client and the other describes a client with a psychological disorder. Participants are asked to read the two descriptions and check the boxes for the actions they think the client should take. The first counseling session on the questionnaire uses a non-directive therapist using client-centered therapy while the other counseling session uses a more directive approach. The participants are asked to rate the therapist on four characteristics to interpret their perceptions of the therapists. Both client background descriptions and therapy session descriptions are written to describe opposites to determine a preference towards one or the other. The survey was designed by the researcher and pre-tested by eight students at Monmouth College to check for reliability. It was designed to look for differences between reasons for seeking counseling and the type of therapy that is preferred. See Appendix for the survey.

Design and Procedure

The participants were e-mailed a link to an online survey containing demographic information and opinion questions about counseling practices.

Before proceeding to the survey, the participants were required to check a box stating that they had read and agreed to the informed consent. The participants then went through a series of pages asking questions, which took no more than twenty minutes to complete. Following the completion of the survey, a debriefing page appeared to remind participants of the researcher's contact information and to ask them to send the survey on to two additional people. Forwarding the survey was not a requirement of participation.

Results

Of the fifty participants from the United States, thirty-nine considered themselves to be individualist and eleven to be collectivist. Of the thirty Singaporean participants, fourteen were individualist and sixteen were collectivist. In total, there were fifty-three individualist and twenty-seven collectivists in the sample; because of this, all data analyses were run on both the country of residence variable and the culture group variable, providing for four groups (See Figure 1). Descriptive statistics in Table 1 show the breakdown of each group with the percentages of their responses.

Looking at the nine reasons for seeking counseling (anxiety, depression, psychological disorders, relationship problems, school/work problems, family problems, trauma, abuse, and addiction) on the country variable, only two showed statistical significance using a *t* test. For depression, Singaporeans ($M=3.900$, $SD=0.845$) were more likely than Americans ($M=3.24$, $SD=1.32$) to seek counseling ($t(77) = -2.73$, $p = 0.008$). For Trauma, Singaporeans ($M=3.967$, $SD=0.999$) were more likely than Americans ($M=3.34$, $SD=1.33$) to seek counseling ($t(74) = -2.39$, $p = 0.020$). However, when looking at the culture variable, seeking counseling for depression was not statistically significant between individualist ($M=3.36$, $SD=1.29$) and collectivists ($M=3.741$, $SD=0.984$) $t(66) = -1.48$, $p = 0.145$. Seeking counseling for trauma was significantly different with collectivists ($M=4.037$, $SD=0.898$) being more likely than individualists ($M=3.34$, $SD=1.34$) $t(72) = -2.76$, $p = 0.007$. On the culture variable, collectivists ($M=4.259$, $SD=0.944$) were also more likely than individualists ($M=3.46$, $SD=1.36$) to seek counseling for a psychological disorder $t(70) = -3.04$, $p = 0.003$. Additionally, collectivists ($M=3.96$, $SD=1.09$) were more likely than individualists ($M=3.31$, $SD=1.4$) to seek counseling for abuse $t(65) = -2.29$, $p = 0.026$. Seeking counseling for psychological disorders was not significant on the country variable between the United States ($M=3.54$, $SD=1.42$) and Singapore ($M=4.069$, $SD=0.961$) $t(74) = -1.97$, $p = 0.052$. Furthermore, abuse was also not significant on the country variable between the United States ($M=3.46$, $SD=1.33$) and Singapore ($M=3.66$, $SD=1.37$) $t(57) = -0.62$, $p = 0.540$. Anxiety, relationship problems, school/work problems, family problems, and addiction showed no significant difference on the country or culture variable using both *t*-tests and analysis of variance tests. In addition, of the five types of counseling options listed (individual, group, family, martial, and other), there were not statistically significant differences on the country or culture variable for any of them using both *t* tests and analysis of variance

tests.

However, using a *t* test, both the culture and country variables showed differences when asked who would be most likely to seek counseling for the individual. Individualists ($M=2.00$, $SD=1.15$) were more likely than collectivists ($M=1.538$, $SD=0.811$) to have their grandparents recommend counseling to them $t(66) = 2.01$, $p = 0.049$ and similarly Americans ($M=2.04$, $SD=1.12$) were more likely than Singaporeans ($M=1.481$, $SD=0.849$) to be recommended to counseling by grandparents as well $t(66) = 2.43$, $p = 0.018$. Moreover, close friends and co-workers were more likely to recommend counseling in collectivist cultures ($M=3.889$, $SD=0.892$) than individualist cultures ($M=3.16$, $SD=1.20$) $t(67) = -3.02$, $p = 0.004$. Additionally, co-workers were more likely to recommend counseling in collectivist cultures ($M=2.778$, $SD=0.892$) than individualist cultures ($M=2.18$, $SD=1.10$) $t(63) = -2.58$, $p = 0.012$. Nonetheless, these statistical differences did not hold true when run on the country variable with close friends not being more likely to recommend counseling in the United States ($M=3.43$, $SD=1.21$), than in Singapore ($M=3.39$, $SD=1.07$), $t(62) = 0.13$, $p = 0.893$. Furthermore, co-workers were not more likely to recommend counseling in the United States ($M=2.31$, $SD=1.10$) than in Singapore ($M=2.536$, $SD=0.999$) $t(59) = 0.03$, $p = 0.354$.

Examining the ratings of the directive and non-directive therapist, there were no statistically significant differences between countries or cultures on how they rated Therapist D, the non-directive therapist (see Appendix) on the four qualities (quiet, directive, passive, intrusive) using a *t* test. However, for Therapist F, the directive therapist, more collectivists ($M=4.200$, $SD=0.764$) than individualists ($M=3.731$, $SD=0.888$) $t(54) = -2.39$, $p = 0.020$ found Therapist F to be more intrusive. There was no significant difference between the United States ($M=3.875$, $SD=0.914$) and Singapore ($M=3.897$, $SD=0.817$) $t(64) = -0.11$, $p = 0.915$ on how intrusive they rated Therapist F.

Discussion

An interesting aspect is that Singapore has been labeled as a collectivist country by previous research, even identified as more collectivist than Asia as a whole (Hofstede, 2009). However, the western influences in Singapore may add more of an individualist perspective on counseling, which can be seen by the way Singaporean participants identified themselves culturally (M.M. Lin, personal communication, June 16, 2010). Of the Singaporean participants, forty-seven percent identified themselves as an individualist while twenty-two percent of the participants from the United States identified themselves as collectivist. This finding suggests that an entire country cannot be labeled as individualist or collectivist; instead, the population needs to be evaluated on these aspects separately. Another interesting finding is that none of the Singaporean collectivists preferred the directive counselor; instead most preferred the non-directive counselor, which supports previous research (D'Rozario & Romano, 2000). The majority of the participants from the United States and the majority of the individualists from Singapore preferred neither the directive nor the non-

directive therapist which contradicts previous research saying that Americans prefer directive counseling (D'Rozario & Romano, 2000). Previous research also suggested that individualists wanted the counselor to play an advisory role with a short and directive counseling session (McCarthy, 2005), but the findings from the study suggest neither individualists or Americans completely prefer directive counseling. This could imply that one counseling approach cannot be used alone, and instead, the counselor should integrate combinations of both directive and non-directive approaches to help the client progress in therapy.

Additionally, findings from the study suggest that less than half of Singaporeans would tell their families they were in counseling; however, over half of their families would be supportive if they found relatives in counseling which also contradicts previous research which said that mental health professionals fall in the "out-group" and are highly mistrusted (McCarthy, 2005). These findings include both collectivist and individualist Singaporeans, which counters the previous research on both collectivism and Singaporeans as a whole in this regard.

Also, this research looked at the reasons for seeking counseling in hopes of recognizing openness towards seeking counseling for various reasons. While seeking counseling for anxiety was not different between countries or cultures, there was a difference with depression between the countries. Singaporeans were more likely to seek counseling for depression, but there was no difference between the collectivists and individualists. This observation shows that although Singapore is made up of both a collectivist and an individualist culture, its overall societal views may find depression as a problem needing to be supported by counseling. Seeking counseling for trauma, which was seen significantly more in Singaporean and collectivist participants could imply that a specific event or crisis is necessary for seeking counseling to be acceptable by society, especially given that stress from school, work, family, and relationships did not show this same significant country or culture difference.

Limitations in this study include a small sample size in both the United States and Singapore. Also, some data was collected in nominal form, but by changing the wording or format, better results may have been collected for a clearer analysis. Future research in this area is necessary to fully understand all aspects included in the counseling field and by supplementing this study with more in-depth questions, greater country and culture differences may be seen.

The conclusion from this study is that therapists must take into account each client's individual perspectives without generalizing them to the country or culture in which he or she lives. By keeping in mind clients' own perspectives on the counseling approaches, what acceptable reasons for seeking counseling are, and how they perceive the counseling field in general, the therapist is able to utilize the best counseling approach. This may mean just using a directive or non-directive approach independently or finding the best combination available for their client. Overall, these findings help increase understanding of the cross-cultural and international differences in the counseling field.

Sources

- Collectivism. (n.d.). In Merriam-Webster online. Retrieved from <http://www.merriam-webster.com/dictionary/collectivism>
- D'Rozario, V., & Romano, J. (2000). Perceptions of counsellor effectiveness: A study of two country groups. *Counselling Psychology Quarterly*, 13(1), 51-63.
- Hofstede, G. (2009). *Geert Hofstede™ Cultural Dimensions: Singapore*. Retrieved November 22, 2010 from http://www.geert-hofstede.com/hofstede_singapore.shtml
- Kim, B. (2007). Adherence to Asian and European American cultural values and attitudes toward seeking professional psychological help among Asian American college students. *Journal of Counseling Psychology*, 54(4), 474-480.
- Kok, A., & Liow, S. (1993). Case studies of help seeking behaviour among Asian single parents in Singapore. *Counselling Psychology Quarterly*, 6(4), 303-316.
- Le, T., & Stockdale, G. (2005). Individualism, collectivism, and delinquency in Asian American adolescents. *Journal of Clinical Child and Adolescent Psychology*, 34(4), 681-691.
- Lee, W. (2002). One therapist, four cultures: Working with families in Greater China. *Journal of Family Therapy*, 24(3), 258-275.
- McCarthy, J. (2005). Individualism and Collectivism: What Do They Have to Do With Counseling? *Journal of Multicultural Counseling and Development*, 33(2), 108-117.
- Tan, E. (2009). Counselling in a multicultural context: The Singapore perspective. *International handbook of cross-cultural counseling: Cultural assumptions and practices worldwide* (pp. 209-220). Thousand Oaks, CA US: Sage Publications, Inc.
- Williams, B. (2003). The worldview dimensions of individualism and collectivism: Implications for counseling. *Journal of Counseling & Development*, 81(3), 370-374.
- Williams, L., Mehta, K., & Lin, H. (1999). Intergenerational influence in Singapore and Taiwan: The role of the elderly in family decisions. *Journal of Cross-Cultural Gerontology*, 14(4), 291.

Appendix

Participant Survey

Background Information

1. What age group best describes you?
 - 18-24 years old
 - 25-32 years old
 - 33-40 years old
 - 41+ years old
2. Which gender best describes you?
 - Male
 - Female
3. Where do you currently live?
 - The United States
 - Singapore
4. Which group best describes you? (As defined by Merriam-Webster Dictionary)
 - Collectivist (emphasis on collective [group] rather than individual action or identity)
 - Individualist (emphasis on individuals and their accomplishments)

Counseling Opinions

1. Have you ever been in counseling?
 - Yes
 - No
 - Prefer not to answer
2. Has anyone close to you ever been in counseling?
 - Yes
 - No
 - Prefer not to answer

3. For which of the following reasons would you hypothetically seek counseling? Rate your preference.

	Very Unlikely	Unlikely	Neutral	Likely	Very Likely
Anxiety					
Depression					
Diagnosed Psychological Disorder					
Relationship Problems					
School/Work Problems					
Family Problems					
Trauma					
Abuse					
Addiction					

4. Which type of counseling would you seek? Rate your preference.

	Strongly Prefer					
	Prefer					
	Neutral					
	Don't Prefer					
	Strongly Don't Prefer					
		Individual	Group	Family	Marital	Other

5. How often do you think you would seek counseling?
 -More than once a week
 -Once a week
 -Once every other week
 -Once a month or less
6. Who would be most likely to seek help for you? Rate your preference.

	Very Un-likely	Unlikely	Neutral	Likely	Very Like-ly
YourselF					
Parents					
Grandparents					
Brother/Sister					
Spouse					
Child					
Close Friend					
Co-Worker					
Other					

7. Would you tell your family you were seeking counseling?
 - Yes
 - No
 - Prefer not to answer

8. Would your family be supportive of you going to counseling?
 - Yes
 - No
 - Prefer not to answer

9. What is the impression you have of counseling?
 - Positive
 - Negative
 - Neutral
 - Don't Know

10. What is the impression your family has of counseling?
 - Positive
 - Negative
 - Neutral
 - Don't Know

11. What is the impression your society has of counseling?
 - Positive
 - Negative
 - Neutral
 - Don't Know

Counseling Opinions Part 2

1. Miss A is experiencing stress at school. She is feeling overwhelmed by her schoolwork, family responsibilities, and extracurricular involvement. She feels like she has little time to herself and cannot find time to relax. What should Miss A do in her situation? Check all that apply.
 - Seek Counselor
 - Seek help from another medical professional
 - Learn to cope without help from others
 - Other: _____

2. Mr. B has been having problems with his family. When he attends dinners he cannot help but focus on all the imperfections and needs to fix them. Instead of socializing with his family, he straightens the table settings, cleans up anything out of place in the kitchen, and repeatedly washes his hands. His family cannot communicate with him because he is too distracted to listen. What should Mr. B do in his situations? Check all that apply.

- Seek Counselor
- Seek help from another medical professional
- Learn to cope without help from others
- Other: _____

3. Mrs. C has recently lost her husband in a fatal car accident. She was referred to Therapist D for grief counseling to help her deal with her feelings. Therapist D was mostly quiet during her session and only made reflective statements. Mrs. C led the conversation during the entire session. How would you describe Therapist D?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Quiet					
Directive					
Passive					
Intrusive					

4. Mr. E has been experiencing marital problems after his wife caught him having an affair. He was referred to Therapist F to save his marriage by his wife. Therapist F quickly dove into major details and asked lots of questions. Some questions were more personal in nature, and that Mr. E could not see how they were relevant to his problem. Therapist F would also offer advice throughout the session. How would you describe Therapist F?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Quiet					
Directive					
Passive					
Intrusive					

5. If you were seeking counseling, which therapist from the above descriptions would you prefer?
- Therapist D
 - Therapist F
 - I would prefer neither

Table 1.
Percentages of Background Information

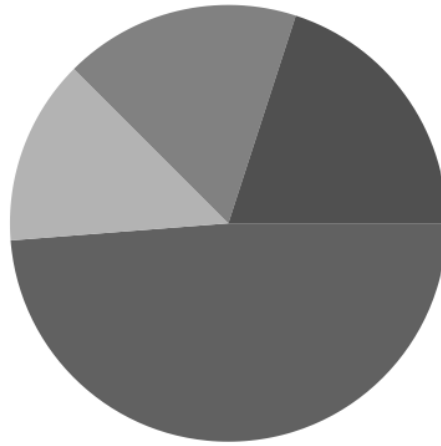
Data Code	Have you ever been in counseling?	Has anyone close to you ever been in counseling?	How often do you think you would go to counseling?	Would you tell your family you were seeking counseling?
	1=Yes 2=No 3=Prefer not to answer	1=Yes 2=No 3=Prefer not to answer	1=Once a month or less 2=Once every other week 3=Once a week 4=More than once a week	1=Yes 2=No 3=Prefer not to answer
United States Individualist	<i>N</i> =39 1=21% 2=79% 3=0%	<i>N</i> =39 1=59% 2=41% 3=0%	<i>N</i> =39 1=15% 2=36% 3=49% 4=0%	<i>N</i> =39 1=69% 2=31% 3=0%
United States Collectivist	<i>N</i> =11 1=27% 2=73% 3=0%	<i>N</i> =11 1=73% 2=27% 3=0%	<i>N</i> =11 1=36% 2=27% 3=27% 4=9%	<i>N</i> =11 1=82% 2=9% 3=9%
Singapore Individualist	<i>N</i> =14 1=7% 2=93% 3=0%	<i>N</i> =14 1=43% 2=57% 3=0%	<i>N</i> =13 1=8% 2=38% 3=54% 4=0%	<i>N</i> =14 1=36% 2=64% 3=0%
Singapore Collectivist	<i>N</i> =16 1=19% 2=81% 3=0%	<i>N</i> =16 1=44% 2=50% 3=6%	<i>N</i> =16 1=25% 2=19% 3=56% 4=0%	<i>N</i> =15 1=47% 2=47% 3=7%

Table 2.
Percentages of Participant Opinions

	Would your family be supportive of you going to counseling?	What is the impression you have of counseling?	What is the impression your family has of counseling?	What is the impression your society has of counseling?	If you were seeking counseling, which Therapist would you prefer?
Data Code	1=Yes 2=No 3=Prefer not to answer	1=Negative 2=Neutral 3=Positive 4=Don't Know	1=Negative 2=Neutral 3=Positive 4=Don't Know	1=Negative 2=Neutral 3=Positive 4=Don't Know	1=Therapist D 2=Therapist F 3=Neither
United States Individualist	N=39 1=90% 2=8% 3=3%	N=39 1=10% 2=21% 3=59% 4=10%	N=38 1=13% 2=16% 3=45% 4=26%	N=39 1=38% 2=23% 3=26% 4=13%	N=39 1=28% 2=36% 3=36%
United States Collectivist	N=11 1=100% 2=0% 3=0%	N=11 1=27% 2=18% 3=55% 4=0%	N=11 1=9% 2=18% 3=45% 4=27%	N=11 1=45% 2=18% 3=27% 4=9%	N=11 1=18% 2=27% 3=55%
Singapore Individualist	N=14 1=71% 2=29% 3=0%	N=14 1=14% 2=57% 3=29% 4=0%	N=14 1=50% 2=21% 3=7% 4=21%	N=14 1=43% 2=7% 3=14% 4=36%	N=14 1=14% 2=29% 3=57%
Singapore Collectivist	N=16 1=69% 2=25% 3=6%	N=16 1=13% 2=25% 3=63% 4=0%	N=16 1=25% 2=19% 3=25% 4=31%	N=16 1=63% 2=19% 3=6% 4=13%	N=16 1=63% 2=0% 3=38%

Note. Therapist D=Non-Directive, Therapist F=Directive.

Figure1.
Number of participants from each country and culture



- United States Individualists
- United States Collectivists
- Singapore Individualists
- Singapore Collectivists