

**Table 3. Positive and Negative Strategies for Alleviating Depressed Mood Among the Elderly (Unweighted Samples)**

Strategy	Number of Subjects	Percentage
<b>Positive</b>		
Hobbies/recreation	23	18.9
Talking with someone	13	10.7
Praying/religious activities	12	9.8
Walking/exercising	11	9.0
Thinking to accept the fact/fate	7	5.7
Treating physical problems	3	2.5
Visiting mental health professionals	0	0.0
<b>Negative</b>		
Doing nothing	20	16.4
Sleeping/resting	11	9.0
Denial (avoiding thinking)	9	7.4
Blaming others	5	4.1
House-keeping	4	3.3
Crying	2	1.6
Smoking	2	1.6
<b>Total</b>	<b>122</b>	<b>100.0</b>

planations for this finding include: (1) The subjects did not perceive the symptoms of their depressed mood as being serious enough to merit attention; (2) The subjects' depressed mood states had lasted more than 6 months before the interview; (3) The subjects might have sought help before but had since developed "learned helplessness"; (4) The subjects might have lacked adequate social support, i.e., there were no significant others available to help; (5) The subjects might have lacked the knowledge of how and where to seek help and (6) The subjects were unwilling to disclose personal information related to psychological problems or the use of mental health services. It was surprising to find that *none* of the elderly reported use of mental health services to reduce depressive symptoms. This finding is similar to previous literature regarding Chinese-American respondents with a psychological conceptualization who were not likely to seek professional services.<sup>12</sup>

The help-seeking behaviors were divided into "positive" and "negative" strategies (see Table 4). It was found that "doing hobbies/recreation" was the most common action undertaken by the elderly within the positive strategies category, while "doing nothing" was the most frequent action reported by the elderly

**Table 4. Help-seeking Strategies by Selected Factors (Unweighted Samples)**

Variable	Help-seeking strategies		Pearson Chi-square
	Negative N (%)	Positive N (%)	
Age			0.431
65-74	39 (45.3)	47 (54.7)	
75+	14 (38.9)	22 (61.1)	
Gender			5.049*
Female	41 (50.6)	40 (49.4)	
Male	12 (29.3)	29 (70.7)	
Education			2.549
Illiterate	30 (50.8)	29 (49.2)	
Literate	23 (36.5)	40 (63.5)	
Marital status			0.025
Married	33 (44.0)	42 (56.0)	
Other	20 (42.6)	27 (57.4)	
Religious belief			0.072
No	46 (43.0)	61 (57.0)	
Yes	7 (46.7)	8 (53.3)	
Depressed mood states			8.090*
None/seldom	22 (37.9)	36 (62.1)	
Sometimes	23 (62.2)	14 (37.8)	
Often	8 (29.6)	19 (70.4)	
Family concern			0.298
None or some	20 (46.5)	23 (53.5)	
Most	15 (40.5)	22 (59.5)	
All	18 (42.9)	24 (57.1)	

\*:  $p < 0.05$

within the negative strategies category. The relationships between help-seeking strategies and categorical demographic factors and other selected factors are shown in Table 4 along with the results of chi-square tests.

According to the results of bivariate analyses, only subjects' gender and depressed mood were related to subjects' help-seeking strategies. Among depressed male subjects, 71% used positive help-seeking strategies, while among female subjects, only 49% used positive help-seeking strategies. This gender difference might be partly due to the social norm of expressing and coping with emotional distress. For instance, using "crying" as a coping behavior is more acceptable for women than for men.

#### Subject's Perception of Cause of Depression

When asked for their opinions as to what causes depression, the subjects in the present study were most likely to cite physical problems, followed by children's