

Towards Ethical Artificial Intelligence in Universities: ChatGPT, Culture, and Mental Health Stigmas in Asian Higher Education Post COVID-19

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Abstract

Mental health can be interpreted as a social taboo in Asia, ensuring that students with mental health stigmas (SWMHS) face complex educational journeys that impact their wellbeing. This article provides a conceptual interdisciplinary commentary that illustrates how in Asian higher education (HE) settings, the psychosocial phenomena of face culture, a sociolinguistic blend of high-context power relations, sense-making, and cultural capital, defines human-to-human (HTH) dialogue. It suggests that human-to-computer-interaction (HCI) through artificial intelligence (AI) technologies, such as ChatGPT, could improve university wellbeing strategies in Asia. The article situates AI discussion into the sociolinguistic features of face culture in Thailand and China through an ethnographic postmodernist lens. The article concludes with a modest conceptual model, considering cultural dimensions and student wellbeing in universities, alongside the ethical implications of using AI to improve mental health in post COVID-19 Asian HE.

Aim & Scope: Emerging, Experimental and Current Topics Relevant to Technology in Counselor Education, Supervision and Practice

Keywords: Asia, student wellbeing, ChatGPT, artificial intelligence, face culture, stigma, cyberpsychology

Twenty percent of university students yearly suffer from a mental health issue (Dessauvague et al., 2022). Meanwhile, Artificial Intelligence (AI) in mental health research often relates to clinical training, assessment and decision-making, rather than educational and ethical deployment of AI for universities. Ethical questions arise when using AI as a mental health support agent (Luxton, 2014; 2015). Systematic reviews show research is concerned with how AI usage needs new policy to shape clinical practices. In an analysis of fifteen *Artificial Intelligence in Medicine* (AIME) conferences over 30 years, it was found that knowledge engineering dominated the first decade before shifting towards machine learning and big data analytics (Peek et al., 2015). Across this research, both themes contributed to 51% of article dialogue, and the rest fell on guidelines for AI protocols in healthcare (Peek et al., 2015). Research has lacked in a sociological analysis of students, AI and interdisciplinary discourse of cultural stigmas related to mental health treatment, and justifications for using AI tools to support students with mental health stigmas (SWMHS). Although AI mental health research articles have surged in the last decade (Graham et al., 2019), new approaches to treating student mental health through the use of AI in Higher Education (HE) are still emerging, often around ‘chatbot style’ human-to-computer-interaction (HCI) tools. These socio-technical discourse systems respond to users through machine learning, to repeated key phrases or expressions. This article contends that a central focus for the

future of higher education (HE) is the deployment of AI in universities.

However, sophisticated, data-driven, and ‘deep’ mental health AI solutions, such as analysis of psychiatric problems, are large-scale, expensive and out of reach of everyday people, especially students, at present. Few related big data sets are publicly available for review; machine learning, used for treating mental health, is reliant on funding and technical knowhow, so is often inherently privatized, hence managed as a business. Universities, therefore, do seem best placed for experimenting with new cross-disciplinary workflows and ethical paradigms that incorporate AI tools to support student wellbeing. Yet, a review of the field finds a gap, mostly filled by symbolic studies of AI, which dominate a futurist perspective and do little to help us understand the ethics, social features and nuances of deploying AI in Higher Education Institutes (HEIs). Consequently, questions unfold about how, where and why AI could fit into clinical practice, but less about university life, in particular amongst students in Asia, who face complex mental health challenges, and a complex cultural system whereby considerable stigma is still attached to mental health (Waters & Day, 2022a).

The Problem

Mental illness can be seen as a taboo in Asia and this extends into university leadership culture, which influences policy decisions (Waters & Day, 2022a). Stigma comes in many

forms, including from families, which are highly collectivist in China (Dessauvagie et al., 2022). Asian degree study has a range of influences that include filial piety commitments, such as students caring for parents, or young children, due to earlier marriage as young adults themselves, alongside a brutal hazing subculture (Waters & Day, 2022b).

Unique cultural factors, therefore, affect student mental health. This was notable during COVID-19 quarantine protocols in Asia, which impacted the mental health of students for far longer than their peers globally (Chinna et al., 2021; Fu et al., 2021). Consequently, unique sociolinguistic and socio-cultural nuances need to be understood to deploy AI successfully in universities and move HE policy to recognize mental health stigmas amongst Asian university students. Such students need not even be limited to study in Asia. In a clinical study of 20 interviews, Chinese students studying in UK universities described talking about mental health as a taboo, linking this to cultural stereotypes and practices in their home societies (Cogan et al., 2022).

Hence, it is clear that Asian students have unique cultural, language and communication barriers when talking about mental health. The World Health Organization has stressed the slow emergence of treatment protocol in South-East Asia (WHO, 2023). Naturally, this article aligns to timely current discussion about more open uses of AI, as evident in Chat Generative Pre-Trained Transformer (ChatGPT) that garnered media attention for its human-like textually driven responses, after a new release in 2022. ChatGPT offers a symbolic glimpse at the potential future of AI in mental health, with tangible implications for a sociological impact on academia as well; it is a chatbot system built on top of OpenAI's language modeling protocol trained via social interaction and large data sets, including those related to medicine, health and wellbeing. It uses data analytics to mimic human conversation; *The New York Times* was quick to position the potential applications for therapy (Roose, 2022). However, ChatGPT's lack of empathy shows the limits of machine-only contextual understanding, reflecting alleged racial prejudices towards certain groups, or 'computational hallucination' of verbose quotes that introduce fallacies, un-truths and errors missed by non-specialist readers (Elkins & Chun, 2020).

In universities, millions of university-age students suffer from mental health issues and a large number often feel depression, anxiety or stress, without well-developed university support systems (Fulmer et al., 2018; Snyder et al., 2016; Zivin et al., 2009). Technological tools, such as AI chatbots, could be a step towards refinement and improvement of this. Student mental health disorders have been suggested to stem, at least in some cases, from prolonged isolation from family, cultural pressures, relationship difficulties and challenges faced during academic study (Hunt & Eisenberg, 2010; Newman et al., 2011). In particular, students are limited in their help-seeking behaviors, which make them reluctant to seek help from people with counseling responsibility in universities

(Fulmer et al., 2018; Fulmer, 2019). Mental health AI technology, such as ChatGPT, might enable individually-led cognitive behavior modification and self-coping strategies in the future. Therefore, two research questions emerge:

1. What cultural features related to mental health in Asia prevent students from seeking mental health support?
2. How might AI tools and technologies potentially enable universities to improve their mental health and wellbeing systems?

To form a tentative answer towards these questions, three ethical considerations for deploying AI responsibly in Asian universities will be considered. At the core of these considerations is the shared view that questions facing AI developers, and university policy developers creating therapy tools, might include why mental health is seen as a social taboo and stigma. This cannot be solved, or understood, in AI technological isolation; Asian cultures are often termed 'high-context' societies, whereby language and emotion are scrutinized. In global societies, evidence exists of 'social' AI discussion emerging about preserving languages (Low et al., 2020). Yet, discussion is less directed towards considering how AI might bolster Asian student's emotional and mental wellbeing in universities. Technology, the Web, culture, language, power and society are sociologically interwoven (Mackenzie & Wacjman, 1999). Interdisciplinary flexibility helps cover these diverse factors in a hybridization of human and non-human things (Hendler et al., 2008). Social mediation, use and agency, therefore, are at the core of any new technology; understanding the sociological implications alongside technical ones is helpful in creating more pro-human development of technologies (Mackenzie & Wacjman, 1999).

Theoretical Framework

Web Science, as a theoretical framework, calls for us to blend different disciplinary perspectives, to critically weigh the impact of technology on society, and vice versa, towards striking a balanced view of futurist dialogues (Hendler et al., 2008). This article deploys a Web Science perspective, which recognizes that critical discussion and future development of technology first requires sociological synthesis to comprehend the design parameters of any subsequent approach (Halford et al., 2010). Hence, in following Web Science as a theoretical framework, the article strives to enable socio-technical discussion of student mental health, wellbeing and AI tool adoption in the future of Asian focused universities, towards understanding better the ethical implications of new Web technologies on society (Berners-Lee & Fischetti, 1999). The aim of the article is to provide a stronger rationale for revising current models and policies for understanding ethical, educational cultural dimensions of AI and mental health, thereby enabling early-intervention for students, in their future education. Therefore, the article offers a theoretical essay based on a literature review driven by lived experience (participant observation).

The underpinning approach engaged a review to create an interdisciplinary synthesis that would support a critical commentary, as a researcher situated in Asia, who has worked across HE in universities in Thailand, Myanmar and China during 2020-2022. A more traditional, systematic literature approach was excluded; there are sociological grounds for doing so, echoed in grounded theory, proposed initially by Glaser and Strauss, as an inductive interpretation that seeks to treat a wider range of data sources, including literature, in a flexible way. As such, research need not always operate from pre-formed conclusions, hypotheses or empirical objectives (Bryant & Charmaz, 2007; Charmaz, 2003; Corbin & Strauss, 2008).

Rather, conceptual perspectives can be shaped into narrative commonality whilst combining ideas, which Myers suggests require creativity and an 'open mind' to research methodology (Myers, 2013). There are, of course, limitations to a theoretical postmodernist approach, which will be considered further in discussion, notably the presence of preconceived interpretations by the researcher, which inclines bias. Not all Asian countries have the same culture, of course, but this issue has not stopped Hofstede's 'cultural compass' from encouraging a desired sense of generalization, a point noted below (Hofstede, 2001). Through reflective vantage, a researcher can draw upon their experience to explain subtle themes, customs, cultural dimensions and value-sets not noticed by those away from the context (Katz & Csordas, 2016).

As a theoretical framework, Web Science is inherently postmodern. It views society and technology as a heterogeneous system across the globe (Berners-Lee et al., 2008; Berners-Lee et al., 2006a; 2006b). It cautions that non-human things have power but lack human empathy; the Web, for example, has no concept of moral position, of neither politics nor personal ambition (Berners-Lee et al., 2001; Hendler et al., 2008). It cannot be shaped, nor policed effectively, because there is no singular force that defines it. It therefore falls to different Web Scientists to shape narrative towards understanding pitfalls of future technologies (Day et al., 2021).

Mental Health Culture in Asian HE

This article frames three considerations drawn from conceptual reasoning, supported by literature, to offer theoretical vantages for future policy makers in universities to create safer and ethically sound deployment of AI technologies. Promoting, then, understanding of ethical and cultural values is needed because Computer Science discourse often dominates the field, focusing on technological evolution rather than empathy and ethics towards pro-human usage (Day et al., 2015). The issue, of course, underpinning this article is that HE students, unlike older generations, are born into digital technologies as normal, so are digital citizens from a very young age; this nativity brings with it untapped opportunities, and ethical obligations for university policy makers, who seek to harness such competency in universities. The dangers of not doing this can be observed in Asia during COVID-19, when

it was noted that social media played a negative role in influencing mental health related to the pandemic, and universities failed to deploy effective policies during the large-scale student protests leading to academic freedom imprisonments (Day & Skulsuthavong, 2019; 2022).

Consideration one: Lacking cultural dimensions when studying Asian higher education wellbeing and stigma

The recent period of COVID-19 global crisis, in particular isolated quarantine and prolonged home-stay, has accelerated mental health issues faced by Asian students (Cogan et al., 2022). HE wellbeing becomes more complex when students are in a nation-state facing civil unrest, such as in Myanmar across 2021 (Day & Skulsuthavong, 2022). This complexity requires an interdisciplinary perspective of cultural dimensions, as related to social and political systems, such as views of mental health, technology, as a tool to treat it, and human biology, as a constructing source of mental illness. Treating such complex mental illness focuses around use of conversational dialogue (Ly et al., 2017). As machine learning has grown in complexity and natural linguistic responses become more adapt, and will continue to do so, over the last decade, it is possible machines could one day replace humans in leading therapeutic dialogues (Hamet & Tremblay, 2017).

Yet, to reach this, an inter-related view of biology, thought, technology and mental health is needed, an idea is in fact, felt across numerous well-known behavioral studies by prominent scholars that explore the relationship (Hofstede, 2011; Hofstede et al., 2010; Halliday & Hasan, 1989; Lakoff, 2012; Nguyen, 2017a). Reconciling these author's views, however, is equally complex, especially when viewed as a postmodernist. Work by Hofstede (2011) and Hofstede et al. (2010) represents a structured statistical approach to studying culture; Hofstede's *Cultural Dimensions Theory* suggests that we can model the variances in cultures across countries, essential to discern decision-making and inclination as variation occurring differently across national cultures, creating dimensions that affect their business choices. Hofstede's (2011) notion is that culture is a form of 'software that shapes and conditions the mind'. For Nguyen (2017a; 2017b) this does not capture the biological depth interwoven into culture as shaping identity and choice, determined through ancestry. This article, meanwhile, positions that through being so regimented, and seeking to essentially diffuse culture to something that can be read on a numerical scale, Hofstede's (2011) work has unintentionally neglected ethnographic from deeper integration with particular cultures, as a more general survey toolkit, hence this insight drives this paper. Namely, that it is vital we grasp cultural views of mental health and stigma as a concept interwoven with national identity. Stigma, and tolerance, strangely, is absent from Hofstede's six *cultural compass dimensions*, the framework used to trace cultural predispositions. Mental health and prejudice are bound in both national identity, society and business, yet Hofstede seeks to measure high-low power distance, individualism-collectivism, masculinity-femininity, long/short term orientation, indulgence-restraint and uncertainty avoidance,

all as polar features scored to measure dimensions of a national sense of culture (Hofstede, 2011). This seems to fall victim to similar uses of seeking to understand stigma in mental health research; it is an idea, ‘taken at face value’ rather than interpreted as a relational, socio-technical phenomenon, interwoven and connected to new technologies and social ideas.

We can position vulnerability in Hofstede et al. (2010) and Figure 1. offers a revision, to include stigma as a dimension against tolerance. After all, views of stigma can be modeled, so measured, as a polar concept in different Asian cultural contexts, via testing cultural views about mental health. Furthermore, central to Hofstede’s (2011) position is that culture, and consequently social tolerance, bias, or prejudice, with respect to a particular dimension, is socially learnt. Hence, indoctrinated into thinking, through educative mechanisms, be them family or formal, as cognitive ideas shaped by environmental, community and ancestral forces. These inclinations, in the view of others, actually reshape biological processes, which are also often driven through practice in community, work and education (Nguyen, 2017b). Re-envisioned in Figure 1. from their original form, we can interpret Hofstede’s work as in a process that paints an image of culture, whereby stigma vs. tolerance is shown as representational force determining a culture’s collective view towards mental health. Indeed, one study that deployed Hofstede’s toolkit into studying student engagement and experience Asian HE observed mental wellbeing issues, alongside cultural rituals and high power distance, driven by national ideology towards self-image (Waters & Day, 2022a). The authors, however, were unable to measure mental health perception, stigma or tolerance, despite student responses that such issues were relevant to both their culture and learning experience, because Hofstede’s ‘cultural compass’ tool, a popular one for sociological studies in universities, has no feature for stigma-tolerance. This is possibly because it was created for international business environment studies in settings such as IBM, and stigma, loss of face, and tolerance in business culture is identified as a delicate issue to study and gain insight regarding, in Asia (Beamer & Varner, 2001; Brunner & You, 1988; Cardon & Scott, 2003; Dong & Lee, 2007; Huang et al., 2022).

Stigma, as a concept, can be seen as a significant mental health issue, in a large-scale survey of over 2,500 people, whereby race, culture, gender and family history played roles in creating not only clinical predisposition, but also social taboos and self-discrimination, towards mental health (Read & Baker, 1996). In the study, 34% of respondents with psychiatric issues felt they had been dismissed, or compelled to resign, from a job, due to their mental health, and suggested issues in securing medical acceptance, alongside family support (Read & Baker, 1996). In addition, another more recent study established, through analysis of 92 patients, that belief other people will show negative or critical views, not tolerance, of mental health problems, impacted treatment adherence in young people of study age, suffering with depression (Sirey et al., 2001).

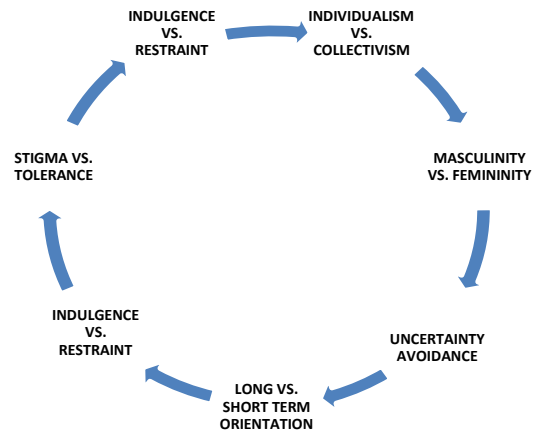


Figure 1. Hofstede’s (2011) Cultural Dimensions Revised to Include Stigma and Tolerance

By lacking deployable research tools, university policy makers miss important insights with respect to predispositions and alignments concerning student acceptance of mental health. The issue of mental stigma is not a new one; nor is it disconnected from social theory or culture, rather intrinsic to both. After all, the concept of stigma, with respect to mental wellbeing, has been present since the 1500s, where it was connected to supernatural beliefs (Rivera & Antonio, 2017). Hence, socially mediated relationships informed by faith, community and groups influenced cultural practices surrounding mental health and its treatment, stigma or tolerance. This is a theme that dominates across Michel Foucault’s (1965) *Madness and Civilization: A History of Insanity in the Age of Reason*, which highlights how mental health is interwoven into ancestry, family and community.

In the view of Foucault (1965 pp.275-277), into the 19th and 20th centuries, stigma was present, and people, as well as their families, would go to great lengths to avoid being associated with mental illness, which was suggested to increase the popularity of the lunatic asylum as a place to imprison people with mental illnesses. The concept of ‘lunacy’ as a term derives from a common belief, which lasted into the 1700s, that people suffering from psychiatric disorders were influenced by the phases of the lunar moon. Over the subsequent 100 years, psychiatric methods of mental health treatment became more common in clinical practices, turning a corner when Sigmund Freud’s work made mental illnesses more socially understood; prior to this, it was comprehended only insofar as a sense of biological abnormality. As Foucault argues (1965, p.277), before Freud:

...the victim of mental illness is entirely alienated in the real person of his doctor, the doctor dissipates the reality of mental illness in the critical concept of madness. So that there remains, beyond the empty forms of positivist thought, only a single

concrete reality: the doctor-patient couple in which all alienations are summarized, linked and loosened.

Put another way, stigma can exist even within clinical settings, a point remarked on in one study of mental health in South-East Asia, whereby mental health prejudice shaped modern clinical interactions between patients and doctors (Abdullah & Brown, 2017). Even in western settings, prejudice about mental health influences the profiling of criminals, in particular those from racial groups (Teplin, 1984). Stigma is seen differently, but is interwoven with culture, in the same context as identity and ancestry; cultural signs, semiotic meanings and social behaviors, alongside belief structures, determine what is, or is not, seen as normal, mentally ill, or even good, and bad, in a given society. For this reason, mental illness, a psychobiological feature, is bound within social culture such as found in a family unit, which is a feature of Asian student life, far more prominently than in other cultural groups (Waters & Day, 2022b).

Limited recognition of mental health stigma in Asian HE due to face culture

As Rivera and Antonio (2017, p.20) exemplify, "...in Filipino culture, having mental illness is viewed as a family's mental illness." Indeed, in Filipino culture, as seen in others across South-East Asia, the sociological concept of 'loss of face' drives much decision making and can incline a reluctance to seek professional help because 'face culture' affects not just the individual patient, but decision making for those around them (Rivera & Antonio, 2017; Yu et al., 2017; Zhang et al., 2020). A cultural theme across Asian HE settings is the phenomena of 'face culture' that extends into a social practice of dialogue, agency and decision-making in universities. Some studies have gone so far to explain it as a sense of capital, which determines self-esteem (Cogin & Coggin, 2001; Hu, 1944).

Within China, for example, one systematic literature study indicated over 100 million active cases of Chinese citizens suffering with psychiatric disorders, 100,000 cases of schizophrenia each year, and a significant number of citizens who discriminated against mental health disorders due to issues related to face culture (Yu et al., 2017; Zhang et al., 2020). Discrimination and stigma was also reported in aligned studies regarding China, which suggested family members went so far as to distance themselves from other family members with mental illnesses (Chang & Chen, 2021; Kung, 2004; Yu et al., 2017). Stigma, then, has been reported as a prevailing factor in Chinese society that prevents uptake of mental health treatment (Kung, 2004). Within Chinese language, *lien* and *mien-tzŭ* both mean 'face' and the former reflects morality and the latter prestige tied to social circumstances, which are used in discourse surrounding wellbeing of communities and personal esteem (Hu, 1944). Face culture, at its core, is a cultural construction, a dimension of personal emotion and self-esteem, which itself governs conduct, language and interaction across community behavior, shaping influence.

Within cross-cultural interactions, the concept of face lends itself to a notion of secrecy, as to fully comprehend someone's cultural face one must know the signs, signals and unique semiotic signifiers of a culture. In what is sometimes termed a 'high context' society, where all interaction is scrutinized, it is often done so by determining face, a common feature of Asian interaction. So, face can be seen to translate into cultural encoding, interpreted with secrecy, by the perceiver, to avoid their own loss of face in complex social situations (Simmel, 1906). Moreover, as discussed, cultural practices shape bio-cognitive development. This, then, influences collective behavior; environments, or cultural communities, shape the economic, familial and choice-making agency of people, and collective psychologies, which give way to repeated cultural practices that, in reply, determine an environment. Cultural stigmas can thus define cognitive mental structures through experience (Nguyen, 2017a; 2017b). Put another way, stigma, and mental health, are neither just biological, nor only genealogical, but technological and ancestral. This can be biological ancestry, but also bio-political, a sociological theory featured in Foucauldian discourses regarding social views of madness (Foucault, 1965). For example, regarding face culture practice in Thailand, few substantial cultural or political studies are found to explain face culture and its social impact; it is a sensitive topic. Ethnographically, however, Thais have been shown to often attribute cultural value to five face attributes, or dimensions, which are encapsulated in Thai words scrutinized during social interaction for behavioral signage of, or sociolinguistic recognition towards, face (Persons, 2008).

Whether implicit, or explicit, recognition of such traits creates cultural capital in Thai agency (Persons, 2016). Hence, Thai dialogue, and culture, develops through high-context face-culture relationships. Each of five attributes of Thai face, described in these words, are functional polysemiotic signs, which double as linked social constructions, hence incorporate culturally specific gestures, actions, conversations and behaviors' in their implementation (Zlatev, 2019). In Thai, the word *saksi* correlates very loosely to the idea of 'self-esteem/honor', *kiat*, to 'virtuous authority', *chuesiang*, to 'acclaim', *barami*, to 'charismatic virtue', and *nata*, to 'appearance of good face' (Persons, 2008; 2016). Each offer a dimension of face, suggesting face is not one cultural concept in Asia, despite many mental health studies using it as such; connectively, the words reflect multi-layered dimensions, agency and etiquette in Thai society. Applied to the context of university life, for students, each brings a dimension to study, and mental health, because the process of learning is not simply about self-discovery, or critical thinking. Indeed, education is viewed as an extension of face capital, which shapes relationships between students, their teachers and learning institution.

Regarding *saksi*, we find a sense of self-worth, aligned in essence to the psychological notion of ego, which promotes a culture whereby Thais will try, with determination, to avoid loss of face, and will interpret gaining it as a loss

personally, such as to affect their mental wellbeing (Persons, 2008). This is relevant in Thai HEIs, which are situated in Thailand, a society noted as being high in collectivist cultural dimensions, which impact an individuals' relationship with a learning community that are also often under royal patronage (Waters & Day, 2022b). Hence, any action that leads to a loss of *saksi* creates a situation whereby a person feels their worth is not only damaged but their community and ties to notable Thai figures are as well. Hence, why in one Asian culture there is unwillingness to seek mental health and clinical help (Burnard & Naiyapatana, 2006; Wynaden et al., 2005; Zlatev, 2019). Thai HE students are supported in study by their families, or have to work to support their families, whilst being in education, dependent on their economic status (Waters & Day, 2022a). Therefore, any sense of loss, within an educational setting such as being graded with a low mark, might decline *saksi*, damaging to not only a student, but their relationship to family, cohort, friends and even teachers in the learning community. Face culture in Thailand works both ways; it is semiotic, so biopolitical from a giver to a receiver and back again (Persons, 2016; Foucault, 1965). Meanwhile *kiat* determines a sense of honor and authority, reflecting traits of traditional values in a conservative, Buddhist and Confucian descended nation. Indeed, belief systems in Thailand exist whereby people are 'born' into statuses reflective of their past-lives accomplishments, fame, or lack thereof, an idea connected to powerful families and of high social status in Thailand (Day & Skulsuthavong, 2022).

Conveyed into HE, *kiat* suggests a patron-client system whereby educators, known by the honorary title *Ajarn* in university settings, a title that is also shared as a title of respect also with Buddhist monks, who are seen as moral figures, and whose *kiat* is greater than everyday citizens, creating power distance and disequilibrium in the classroom. This also creates a situation whereby those with power, such as educators, determine what students interpret as socially, perhaps even morally, right, or wrong, because of their connection to *kiat* and high-status universities, which often operate under patronage from royalty. Hence, a degree from such a university is a face cultural extension of approval from powerful figures within Thailand. In this sense, we can see *kiat* as interwoven to *chuesiang* and *barami*, which reflect values that are difficult to expect from students, yet are inevitably part of the Thai psychology in HEI learning (Persons, 2008; 2016). Both place a sense of expectation onto the student to help others; be it teachers, fellow students or the community. *Chuesiang*, for example, for a student, creates the expectation to publically announce, or reflect, successes greatly to society, in turn recognizing the value of a community (Day et al., 2022). This cultural practice is very prominent in Thai HE learning communities during elaborate, day-long graduation ceremonies, which often begin at 4am, and was felt during the 2021 student protests, as some figures leading universities spoke against their student's rights to free speech as 'damaging the nation' (Day & Skulsuthavong, 2022). Therefore, a setting emerges whereby SWMHS may feel compelled to do everything, or,

indeed, anything, asked of them by those in power within the Thai HE community, believing they are 'helping' to build *barami*. Meanwhile, the sense of self-promotion implied within *chuesiang* reflects a sense of competitiveness, rivalry and amplification of accomplishments, or a potentially negative expectation in the student to achieve and succeed not for self-growth, but to manipulate a communal sense of self-image. In two ethnographic studies of Thai culture, personal failure, error, weakness or legal conflict, written in the public domain via media reporting, or communal discourse, was seen as a considerable loss of face, an idea that carries over into mental health, as suggestive of creating a heightened sense of anxiety regarding slander, across an entire culture (Persons, 2008; 2016).

Each face dimension constructs *nata*, the overarching sense of good image within Thai society, which is at the forefront of decision-making and discourse. Consider the challenge of providing meaningfully summative, or formative, feedback within a student's coursework; instead of learning processes, framed in the above we find a 'face' practice, alongside an educational one. Complex interactions are scrutinized in the core of a Thai student's face over, for example, coursework. A single grade is deeply carried into even the family and community. By expressing negativity, and verbalizing it to a student, we find an educator's cultural paradox. Namely, offering criticism that a Thai student did badly, for example in an assessment, is not so straightforward to motivate change or offer constructive direction. This is because, in the terms described, the receiver (a student) interprets this, through face culture, as saying they are not good as a person, or are morally inadequate. This is because it reduces *saksi*, disrupts the teacher-student relationship (as the student believes they failed the teacher) and creates rejection of identity overall. Within the cultural practice of Thai face, this is because *nata* has been broken, as the relationship shifts to a diminishment in positivity from the educator. Consequently, this raises interesting implications for universities, who could deploy AI to manage assessment, moderation and marking with students, with less face-cultural implications.

Ethically gathering and deploying data on student's cyberpsychology

Consequently, Thai educational systems, as an example of Asian HE, have complex mental health implications. It is not uncommon for reports that suggest violence, systematic abuse at a regional level amongst educators, corporal punishment, videos of teachers beating young children in schools, and dangerous university hazing games, nicknamed *rabnong*, in Thai, which worsened during the pandemic and are tied to cultural practices encouraging hierarchy and order (Bangkok Post, 2022; 2020; Yale, 2020). Mental health is also a cultural and spiritual belief system in Thailand. Traditional 'local' mental health practices include holistic treatments that are widely popular, because, across Thai ancestral myths, mental wellbeing has a relationship to the influence of ghosts or otherworldly spirits, which are Buddhist animist concepts, which creates increased scrutiny when someone within

Thai culture identifies mental health issues (Burnard & Naiyapatana, 2006; 2004).

The concept of face is far-reaching, not only defined by national setting. One study of Asian expatriates, who moved to Australia, showed reasons for not seeking help from public mental health services included self-shame, family reputation, and community embarrassment affective of face (Wynaden, 2005). In two studies of culture and communication in Thai mental health clinical practice, researchers noted cultural issues and interpersonal communication nuances tied to face (Burnard & Naiyapatana, 2006; 2004). Approximately 75% of mental disorders begin in young people by their mid-twenties, so university age, yet across South-East Asia there is an observation of low university mental health literacy, a lack of on-site counseling services in universities, and prevalence of stigma across university groups (Dessauvague et al., 2022). Amongst Asian students studied, there was a frequency of occurrence of approximately 29% for depression, 42% for anxiety, 16% for stress and 14% for eating disorders, with a presence of self-harm found in 7% of students demonstrating psychiatric commodity, and low willingness to seek help (Dessauvague et al., 2022). Such help is, itself, not free of stigma; a study of professionally trained support workers found cultural values shaped their accounts and behaviors, tied again to face culture and preconceived stigmas, which impacted support (Hamilton & Manias, 2006).

Treatment rates of students in South-Asia are low, in part because students prefer informal help, with less face-to-face contact (Dessauvague et al., 2022). Clearly, it is ambitious to hope that Asian HE could deploy AI effectively, let alone ethically. Likewise, university lack clear protocols and processes for managing the use of AI, as well as perhaps large-scale intervention approaches to student mental health in Asia. This produces implications for both data security, and student privacy. Naturally, we might turn towards prominent areas of research to help guide this thinking. However, there are no common codes of practice for mental health treatment, through AI, in university settings in Asia. Even those issued by prominent organizations, such as the *American Psychological Association*, the *American Counseling Association* and the *American Associate for Marriage and Family Therapy*, we find limitations in addressing the philosophical and ethical dimensions of machine therapy (AMAFT, 2017; ACA, 2014; APA, 2017).

Applied to Asia, this is not that surprising; long before the pandemic and subsequent civil unrest, within Thailand, for example, there were prevalent issues in securing clinical mental health services. One study noted per (100,000 population) there were only 1.4 psychiatric beds, 0.6 psychiatrists, 2.7 psychiatric nurses, 0.2 psychologists and 0.6 social workers, whilst in nearby Myanmar per (100,000 population) there were only 0.23 psychiatric beds, 0.04 psychiatrists, 0.01 psychiatric nurses, 0.05 psychologists and 0.01 social workers (Maramis et al., 2011). Yet, if Asian universities are going to deploy AI to help students in

settings with limited mental health and wellbeing resources, this raises new ethical problems, related to the use of technologies, their policies and practices (Fulmer et al., 2021; Heikkero, 2012; Klugman et al., 2018). There are many potential points of application for AI to support Asian students. One, most likely to be deployed, based upon current interest and growth in the area, is chatbot technologies in university settings. For example, in one study of ‘TESS’, an integrative CBT AI tool for young people with depression, showed reductions in depressive traits as a result of participation with text messaging tool (Fulmer et al., 2018). Another study deployed ‘WOEBOT’, a similar text-chat application, which also reduced depression, anxiety and promoted engagement with mental health services amongst 70 students studying in a higher education setting, aged 18-28 (Fitzpatrick et al., 2017).

Across literature reviewed, it was felt there was not a clear picture of what constitutes AI, which makes it problematic to deploy in already complex cultural setting, such as universities in Asia influenced by face culture (Anderson & Anderson, 2006; 2007; Fulmer et al., 2021). Use of computational agents in self-help therapy is not new, but their presence in universities presents an interesting future potential development, which brings with it many ethical implications not helped by low competency with respect to cyberpsychology (Patel et al., 2009). The relationship between mental health and computational chatbots towards a cyberpsychological approach in mental health was first observed in ‘ELIZA’ and ‘PARRY’, created by Joseph Weizenbaum in 1966 and Kenneth Colby in 1972. ELIZA sought to emulate conversation via a psychotherapist script, and PARRY sought to emulate a patient suffering with schizophrenia (Anderson & Anderson, 2006). Colby later went on to study machine learning and mental health as a focal concern because they believed stigmatization was one of the challenges that technology could overcome (Washington Post, 2001). Colby (1999, p.9) once remarked an interdisciplinary rationale:

I am neither a computational linguist nor an AI linguist nor a linguist of any kind. I am a psychiatrist interested in using computer programs to conduct psychotherapy — traditionally called talk-therapy, harking back to Socrates who remarked ‘the cure of the soul has to be effected by certain charms — and these charms are fair words.

Embedded in this view is that cultural dimensions, language and discourse shapes mental health and mental health, in turn, shapes language, decision-making and agency. University stakeholders have an array of available tools to base policy around, which include ChatGPT, as a symbolic image of future therapy mechanisms. Such technologies also provide in-the-moment data for universities to conduct research with. However, this data inevitably becomes big, and as such produces storage, security and privacy implications. Greater consideration is needed in Asian HEIs about how we might actually develop ethical review board processes as part of meaningful policy and process for

deploying AI tools, like ChatGPT or its future iterations more effectively into learning, and the workflow of university student life.

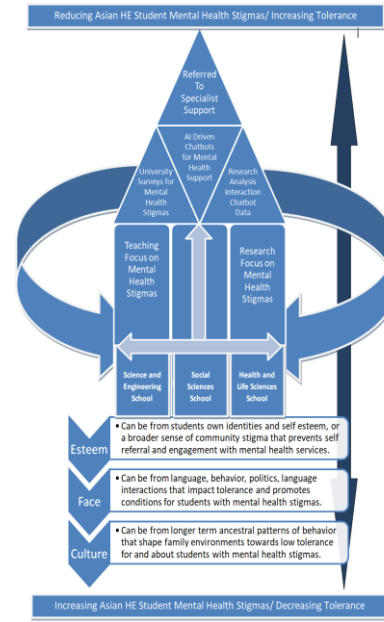
Figure 2 offers one approach, a cyberpsychological circuit for university leaders to consider in Asia. To explain Figure 2., an Asian student arrives in a HEI with high stigma, or perhaps low tolerance for those with mental health issues. Study is the focus of their time; inevitably academic, yet, from the moment of commencement, students have complex social, cultural, political and ancestral dimensions shaping face culture and cultivating stigma, whilst reducing tolerance within them, and from university peers. These communal forces push them ‘further away’ from engaging in intervention, back towards the base of Figure 2., for any number of reasons that include loss of face, fear, embarrassment or lack of effective university mental health treatment. In learning, then, universities focus them not as ‘humans’ but technical agents, ‘students who learn’. Because of this, they are socio-technical actors, whose trajectory is performance based. A change in approach comes from cultivating an ethos of mental wellbeing in disciplinary schools, through teaching and research, whereby intervention strategies deployed through chatbots that can be accessed, by students and, perhaps, via recommendation of academic advisors, pastoral leaders or supervisors of study.

This creates the basis of an AI chatbot policy whereby therapeutic intervention will be accessed, influencing the learning climate. It, arguably, would create a force of momentum that moves students closer to the top of Figure 2, so towards tolerance, and less stigma. Automated artificial intelligence chatbot tools, then, need to be both visible, and accessible, supported by a HE broader culture of promoting discussion about mental health as a journey, shown in the model. Based on a case offered, doctoral research students would perhaps need to be automatically enrolled in AI driven therapy tools. These can promote research analysis and inform teaching practice, because therapy chatbot computational interaction creates data, which can be analyzed in anonymous data sets, via part teaching practice or research culture, hence the curve arrows that redistribute knowledge. AI mental health tools, then, create a ‘trickle down’ effect that promotes a catalyst of enquiry across schools, whose faculty can access this available data, for study, or to guide, constantly, if conduct codes can be written. For students with more complex needs, these can be uncovered more readily, and as students’ progress up Figure 2, the process creates a dampening effect on a culture of stigma.

Figure 2 reflects a cyberpsychological circuit, describing how cultural influences might occur during their study to push/pull students, perhaps even back to the base of the model. This builds on the thinking of this article, to create a foundational policy visualized for HE leaders to consider for directing universities to think critically about the traversal effect of AI, mental health and the data security implications of a wide-scale distribution of AI into HE learning culture in

Asia. By engaging a sociological viewpoint, drawing upon dimensions of both cultural and sociolinguistic theory, this article has shown the deeper dimensions affective of student learning, welfare and wellbeing. There are profound implications for the social sciences as AI begins to become widely engaged with across learning environments.

Figure 2. Cyberpsychological Circuit Model for Asian HE Stigma/Tolerance Mental Health Development



As a community focused around the development of critical thinking, it is important for higher educational policy makers to begin to critically establish, consider and plan for the adoption of AI within and beyond the classroom. Operating on the framework and models developed here, then, offers one tangible direction towards improving early intervention strategies for students in universities facing mental health stigma, and as the complexity of their study increases, so do the features and triggers of mental illness, which adds to the challenge. However, it also highlights a profound and ethically important narrative: can AI machines make sound judgments for student welfare, and how much oversight is required by university leaders about the advice, guidance and systems they suggest to students struggling with complex emotional issues and how will such data be secured, on site?

Meanwhile, it is important to consider the subsequent human resources capital that would need to be deployed to establish more effective AI mental health provision in universities. Currently, expertise with respect to AI technologies is limited, and often restricted to those in Computer Sciences. To this end, greater investment by universities in continued professional development will be required in order to shape a more effective and distributed system of learning at an institutional level. Isolated practices or experiments with AI technologies, driven by departments, will need to be merged

towards a culture of sharing innovation and best practices, operated across schools and college settings.

Conclusion

The models offered are idealized, the outcome of a conceptual review. Yet, self-driven therapy has been shown to be an effective early intervention strategy for mental wellbeing (Greenberg, 2002). Consequently, through engaging AI based tools in the future, such as shown in recent advances in Chat GPT, a HE system can emerge whereby the power relations and dynamics surrounding mental health stigma are addressed openly, for the benefit of students. This article has demonstrated potential symbolic discussion of how AI has a role in the management of students with mental health stigmas (SWMHS) situated within Asian HEIs. It has addressed that a taboo culture surrounds acknowledgement of mental health in Asia. Using an interdisciplinary perspective, various sociological and cultural theories have demonstrated how one psychosocial phenomenon known as ‘face culture’ is a multifaceted dimensional concept shaping mental health. It was not well addressed in toolkits exploring cultural dimensions (See Figure 1) Studies considered also neglected discussion of sociolinguistic high-context power relations, sense-making and cultural capital, which limits successful human-to-human therapy, for Asian students, hence requires new approaches (See Figure 2).

In summary of this perspective and expanding upon Table 1 below, the article has offered three central considerations that must be explored by institutions towards using AI to support student learning. Recommendations are offered in the table, which are related to each consideration, beyond the models constructed. Consequently, this article has sought to extend discussion that enables future researchers to design better systems of evaluation, wellbeing and mental health, by creating a socio-technical lens drawn across disciplinary thinking. It offers insight for researchers revising models for understanding Asian HE cultural dimensions and mental health. It suggests a transversal approach to student mental health intervention strategies in universities, by calling for a practice focused, AI centered management strategy of mental health stigma.

The article has sought to demonstrate how students in Asian HE are shaped by loss of face, isolation and cultural practice in Asia, which can limit two-way human dialogue and engagement with therapy as an intervention strategy. Naturally, therapy has been for a long time, and still is, a main treatment approach of counseling. Meanwhile, student mental health is argued, within Asian HE and as positioned in this article, as shaped by cultural power dichotomies, discourse patterns and cultural stigmas. This article, therefore, offers recommendations and a conceptual model for Asian HE to adopt, which promotes connecting research, teaching and early-intervention strategies to improve student mental wellbeing and promote tolerance in higher educational settings. A significant limitation of the paper, of course, is a lack of clarity as to how effective AI driven chatbot tools, such as ChatGPT, will be in actually offering advice, guidance and counseling support to students. This necessitates greater research and participatory engagement with a student body, in Asian HE, in order to offer tangible direction towards meaningful data. It is presumed, based on literature, within this article, those students reluctant to engage with other people, due to face culture, would be more willing to engage with technical agents such as AI, towards supporting their mental health. Literature has indicated, in some studies highlighted, a successful uptake of counseling and support of students towards their learning.

However, further study is needed to consider the actual effectiveness of this approach, and the deployment of the models described. Whilst an interdisciplinary approach to learning and teaching is naturally experimental, many disciplines and schools operate in silos, isolated from their practices and without assured collaboration. Hence, institutional development and strategy will be required, with greater investment in AI technologies and their subsequent experimentation within the learning environment. Likewise, the positioning of this article through offers a viewpoint influenced heavily by the researcher’s experience, which may not be generalizable to all of Asian HE, especially given the diversity and scope of practice.

Consequently, as we move towards a more digitally mediated future for teaching and learning in higher educational settings, it is important to critically consider the

Table 1: Core Reflection	Summary of Issues	Policy Recommendations
1. Greater University Mental Health Research and Refined Cultural Dimensions for Stigma	<ul style="list-style-type: none"> • Shown to be affective of mental health engagement, especially amongst students. • Stigma operates from within, across communities and via families. • No clear connection to technology solutions. 	<ul style="list-style-type: none"> • Promote interdisciplinary research practices through postmodern traditions. • Connect more university department research regarding social stigma towards technology and virtual therapies.
2. Policy Development for AI, Chatbots and Data Analytics for Therapy in Universities	<ul style="list-style-type: none"> • Symbolic. • Not fully understood in the context of cultural dimensions. • No real Asian HE policies exist that are defined. 	<ul style="list-style-type: none"> • Leverage university expertise to plan for larger scale deployment of AI technologies. • Begin to establish protocols and policies for use of student mental health data sets from technologies.
3. Implications for Student Privacy and Tolerance of Mental health	<ul style="list-style-type: none"> • Complex systems of power influence culture. • Cultural and biopolitical dimensions define teacher-student relationships. • Poor Asian mental health policy and support. 	<ul style="list-style-type: none"> • Incorporate more sociological, linguistic and psychology approaches into understanding higher education and HE research practice. • Develop and invest in mental health provision at a school, not only university, level, promoting through disciplines.
4. Face Culture/ Cultural Dimensions in Asian Higher Ed.	<ul style="list-style-type: none"> • Face culture is multifaceted and defined not just in a singular sense. • Has profound impact on mental health. 	<ul style="list-style-type: none"> • Promote more refined thinking on cultural dimensions and view from a multifaceted lens. • Consider revising Hofstede's dimensions to include consideration of stigma and tolerance across cultures, as a deep indicator of a particular cultural predisposition.
5. Ignoring Complexity of Cultural Sociolinguistics in Developing Policy	<ul style="list-style-type: none"> • Shapes behavior, action and agency of a culture. • Not understood in the context of mental health. 	<ul style="list-style-type: none"> • Use case studies to extrapolate explanations for mental health practices, stigmas and taboos.
6. Reduced Outcomes for Students in Asian HE Due to Lack of Resources	<ul style="list-style-type: none"> • Significant research, but overall low solutions for mental health policy. • As complexity of study increases, so does isolation, which impacts mental health of students and supervisors. 	<ul style="list-style-type: none"> • Implement mandatory components of postgraduate research experience to include therapy and support tools, promoting inclusivity and tolerance. • Cyberpsychological Circuit Model for overcoming stigma/promoting tolerance.

impact of AI technologies on that environment. Meanwhile, we need to begin to identify points of policy and problematization, in order to navigate the changes that AI will bring to learning. Given considerable emphasis is focused, upon writing, on the dangers and disruptions to learning that tools such as ChatGPT will bring to the classroom, perhaps we should instead think more about the pro-human mechanisms that we might deploy, in order to begin to shape and structure positive changes towards mental health and wellbeing in university environments.

This article set out to reflect and answer two questions:

1. What cultural features related to mental health in Asia prevent students from seeking mental health support?
2. How might AI tools and technologies potentially enable universities to improve their mental health and wellbeing systems?

In asking these questions, the article highlighted how Asian students of different cultures, albeit with a specific focus on

Thailand and China, have unique cultural, sociological and linguistic features. These features shape their engagement and openness towards mental health. These features are not easily set aside. Rather, they are deeply integrated within the identity and sense-of-self that determine the performance of identity. In Asia, this identity is rooted in values very different from the west. Yet, an increasingly globalized higher education now is rooted in collaborative and dual-culture learning, for example as seen in partnerships to set up international universities, as well as students who now access courses of study not in their home countries overseas. As such, understanding these features and how they impact mental health is very important, and must be understood by those leading within HEIs. AI tools and technologies might play a significant role in helping to overcome cultural differences, taboos and stigmas towards promoting a more integrated, inclusive and supportive university setting. Consequently, it requires us now to build these tools into the very foundation of university culture, creating the potential for early intervention and effective support of mental health in the future.

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