

Mixed Methods Analysis of Multicultural Identity and Psychological Help Seeking
Beliefs in College Students

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Jeffrey P. Walter

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Advisor: Thomas M. Skovholt, Ph.D.

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Abstract

Research on the psychological help-seeking beliefs and behaviors of college students has provided evidence for differences among students based on demographic factors, with different variables being salient for different cultural groups. This mixed methods study focuses on understanding how common psychological help-seeking variables, including the role of one's social network, predict help-seeking beliefs, while triangulating these results with students' responses to questions about psychological help-seeking. Two hundred sixty-nine students from an urban, nonresidential, state university in the Midwest participated in the study, completing a questionnaire comprised of 2 scales, several demographic questions, and a variety of open-ended questions about seeking psychological help. Cultural dimensions of sociorace, gender and social class were combined to examine students' beliefs about psychological services by multicultural identity. Differences were found between groups when contrasting students who had previously sought help and those who had not previously sought help and also when contrasting European American and Racial/Ethnic Minority students. These differences were understood in light of qualitative responses which emphasized both the importance of being familiar with what psychological services have to offer and the confidence that psychological services could be helpful to someone from a similar cultural background. Suggestions for psychological professionals are discussed.

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Chapter 1

Introduction

Understanding factors that affect the beliefs and behaviors of those who may benefit from psychological services (e.g., counseling, career, social work and psychiatric services) continues to be an important area of research. It is widely noted that there is extensive underutilization of these resources (e.g., Addis & Mahalik, 2003; Leong, Wagner, & Tata, 1995). When considering underutilization in the general public, Wang et al. (2005) found that it “is greatest in traditionally underserved groups, including elderly persons, racial-ethnic minorities, those with low incomes, those without insurance, and residents of rural areas” (p. 629). Yet, when considering this underutilization on college campuses, some of these groupings seem irrelevant, such as income-related barriers, especially as professional psychological services are often available free of charge to students. Also, incoming students are commonly introduced to these services during orientation presentations, and campus-wide campaigns focus on destigmatizing use of this help. Other groupings remain potentially quite relevant, such as being a member of a racial-ethnic minority (REM) group.

In the United States, the most recent survey of counseling center directors found that 10.4% of students used their services (International Association of Counseling Services, 2010). This problem is not unique to the United States; Raunic and Xenos (2008) pointed out that this phenomenon is also true internationally, with rates of usage

commonly found between 2% and 4% in universities throughout the world. These percentages fall significantly below the percentage of students who are actively distressed; for example, data from U.S. college students in fall semester 2010 show that 28.4% endorsed feeling “so depressed that it was difficult to function” sometime in the last 12 months (American College Health Association, 2011), and Stallman and Shochet (2009) report results that indicate increased stress levels in the second semester of an academic year, with a figure of 53% in an Australian college student sample.

Understanding the underlying mechanisms of underutilization is important not only in helping to promote mental health but also in promoting academic success. One of the fundamental goals of higher education is the development of human potential, not only for the individual, but also in service of community needs; yet, the development of human potential can be critically hindered by not maintaining mental health and not connecting individuals with sources that are in place to promote health. Connor (2001) emphasized this point in stating, “Campuses are increasingly recognizing that mental health is a critical factor in students’ academic success” (¶ 5). With numerous attempts to understand students’ beliefs about and use of formal psychological services both in the United States and internationally, it is important to consider the role of demographic variables as well as the role of one’s social network, previous use of these services, and distress level.

The current study focuses on how beliefs about psychological services are influenced by one’s multicultural identity. In this study, differences will be examined by a.) two sociorace groupings: European American (EA) and Racial/Ethnic Minority (REM) groupings (see Helms & Richardson, 1997), b.) male and female gender

groupings, and c.) whether one has categorized themselves as coming from a low or high social class standing. Furthermore, this study focuses on incorporating both quantitative and qualitative measures to help add both clarity and depth to the understanding of how students perceive, form beliefs about and use psychological services.

Variables Associated with Help-Seeking Beliefs

Demographic Variables Associated with Help-Seeking Beliefs.

Gender differences in help-seeking attitudes and behaviors are one of the most distinct research findings reported in this literature (Fischer & Farina, 1995; Fischer & Turner, 1970; Nam et al., 2010), with females holding more positive attitudes toward psychological help-seeking. Research indicates that this finding also holds true for behavior; for example, women, across demographic variables, are more likely to seek professional psychological help (Addis & Mahalik, 2003). Leong and Zachar (1999) also cite extensive research that supports this finding both internationally and across ethnic and racial groups.

Studies have focused on understanding factors that influence psychological help-seeking attitudes and behaviors in diverse racial and ethnic populations (e.g., Cruza-Guet, Spokane, Caskie, Brown, & Szapocznik, 2008; Gloria, Castellanos, Park, & Kim, 2008; Townes, Chavez-Korell, & Cunningham, 2009). Cultural variables influence psychological help-seeking attitudes and behaviors (Leong et al., 1995), and Leong et al.'s review of ethnic and racial variations in psychological help-seeking behaviors and attitudes indicated important characteristics in three minority groups: African Americans, Asian Americans and Hispanic Americans. Examples of reasons given for differences in attitudes and use of services in these groups included foregoing help due to bias in the

mental health system, help-seeking attitudes being related to one's level of acculturation, and financial constraints.

Recently, studies have used the technique of path analysis, an approach that uses multiple regression analyses to understand causal dependencies that predict help-seeking attitudes and behavior. For example, Cramer (1999) found that social support and self-concealment, defined as a tendency to conceal personal negative information from others (Larson & Chastain, 1990), predicted one's level of distress and attitude toward counseling, which in turn influenced one's intent to seek counseling. Studies that have focused on specific paths to psychological service use have suggested differences between ethnic groups. For example, Liao, Rounds, and Klein (2005) found that adherence to Asian values and one's level of acculturation were associated with Asian American's attitudes toward counseling, and Obasi and Leong (2009) found that the help-seeking attitudes of Americans of African descent were affected not only by distress level but also by valuing maintenance of cultural values perceived to be potentially threatened, i.e. the family feeling shamed, through use of such services. In order to further understand cultural variables, the impact of sociorace is examined in the present study.

Examining the Role of SES and Social Class in Help-Seeking.

With studies finding mixed results about the role of SES and social class in predicting help-seeking attitudes and behavior, current research has avoided measuring this construct, yet the importance of this construct in the context of seeking help can readily be imagined. For example, help-seeking habits and the need for adequate insurance or ability to pay out of pocket can seriously hamper seeking formal psychological services. Leong et al. (1995) indicated that financial barriers are among the

top barriers for ethnic and racial minorities. Though college students are often imagined to be on a more even playing field when it comes to access to services, explicit examination of this variable is warranted. Perhaps a focus on socially just practice, e.g. practice that addresses the impacts of unjust institutions, racism, heterosexism, poverty and sexism as discussed by Albee (1996), could lead to greater utilization of services by majority and minority cultures alike. Authors, such as Smith, Chambers and Bratini (2009), offer examples for providing socially just mental health services in community settings. Likewise, university and college counseling centers may find that different approaches and modifications to the typical therapy model, with services tailored to the unique needs of the institution's student body, could be of great value to students.

Smith (2008, 2009) expands on this notion, indicating that it is not enough to focus on multicultural competence while ignoring social class and poverty. She suggested ways that counselor supervisors might enhance their training and practice by keeping issues of social class and poverty in mind, and her recommendation can be applied when reviewing the help-seeking literature. As Pieterse, Evans, Risner-Butner, Collins and Mason (2009) also indicate, a closer examination of the concepts of multiculturalism and social justice could help in understanding how to not only advocate for understanding and acceptance of those who are marginalized and oppressed but also for advocacy and change because of the impact marginalization and oppression have on people. Studies that address issues of social class and poverty, in addition to important cultural differences, help to better understand the help-seeking behavior of ethnic minority college students and might very well lead to substantial improvements in the services provided and consumed in ever-diversifying cultural contexts across the United States.

Furthermore, research has not clearly distinguished between SES measures and social class measures. In an effort to address this lack of distinction and to assess the importance of social class, the current study will heed to Liu et al.'s (2004) advice and will measure subjective social class in addition to a common measure of SES (income by number of household members).

The Effect of Previous Psychological Service Use.

Komiya and Eells' (2001) study of help-seeking attitudes among international students highlighted three factors related to a positive attitude: being female, being emotionally open, and having previously sought psychological help. Kahn and Williams (2003) and Cramer (1999) studied models for seeking psychological help, and Kahn and Williams specifically examined whether or not there were different paths (using path analysis) for those who previously sought psychological help versus those who had not. They concluded that a single path for help-seekers could be used, regardless of whether or not psychological help was used in the past. Though this study gives initial support for the efficient use of a model for understanding predictors of help-seeking behavior, it is limited by studying a sample that is largely traditionally aged, EA and female. The effect of previous psychological service use is examined in the present study.

The Role of Social Norms and One's Social Network in Psychological Help-Seeking.

Understanding social norms and the influence of one's social network could provide additional insight into help-seeking beliefs and behavior. Studies (e.g., Angermeyer, Matschinger & Riedel-Heller, 2001; Rickwood & Braithwaite, 1994) have emphasized how one's social network plays an important role in this decision to seek

formal sources of psychological help, often after having attempted to solve problems on one's own or after consulting with family and friends. Vogel, Wade, Wester, Larson, and Hackler (2007) researched one's social network and its impact on seeking professional psychological help. They studied the effects of having a relationship with an individual who had either sought help or who recommended seeking help. In the first of two studies, these two social network variables were compared with expectations about mental health services, and these two social network variables were found to relate positively to holding affirmative expectations regarding mental health services. In the second of their studies, these two social network variables (having relationships with people who either have sought help themselves or recommend seeking help) were compared with attitudes toward seeking psychological help, using the shortened version of the ATSPPH (Fischer & Farina, 1995); they were found to relate positively to attitudes toward help-seeking. Furthermore, Vogel, Wade et al. found that help-seekers had high rates of having someone recommend help (75%) and high rates of knowing someone who had sought help for themselves (94%).

Vogel, Wade et al.'s (2007) study helps in beginning to understand how one's social network affects those people considering seeking psychological help. This research supports previous findings (see Angermeyer et al., 2001; Rickwood & Braithwaite, 1994) suggesting that one's attitude toward seeking professional psychological help is affected through the influence of family and friends. With family and friends of students offering different support and advice regarding help-seeking, psychoeducational interventions might contribute to changing attitudes for those without positive social networks who might not otherwise consider seeking psychological help. However, it is important to

acknowledge the limitation that the Vogel, Wade et al. study was conducted with a largely European American (EA) sample of Midwestern, traditionally-aged college students. Thus, it is not known how the social networks of Racial and Ethnic Minority (REM) students affect this decision and their beliefs regarding psychological services.

Research Questions

The current study seeks to examine more closely one's multicultural identity, one's social network, one's distress level, and the contextual factors that affect one's beliefs about psychological services. In doing so, the following questions will be explored: What variables are most important for holding positive help-seeking beliefs for those who have previously sought help from psychological services, for those who have not previously sought this help, and for students from different socioracial groups? What themes are present for students by multicultural identity groups when looking at responses to questions pertaining to the context of seeking psychological services?

Chapter 2

Literature Review

Historical Background

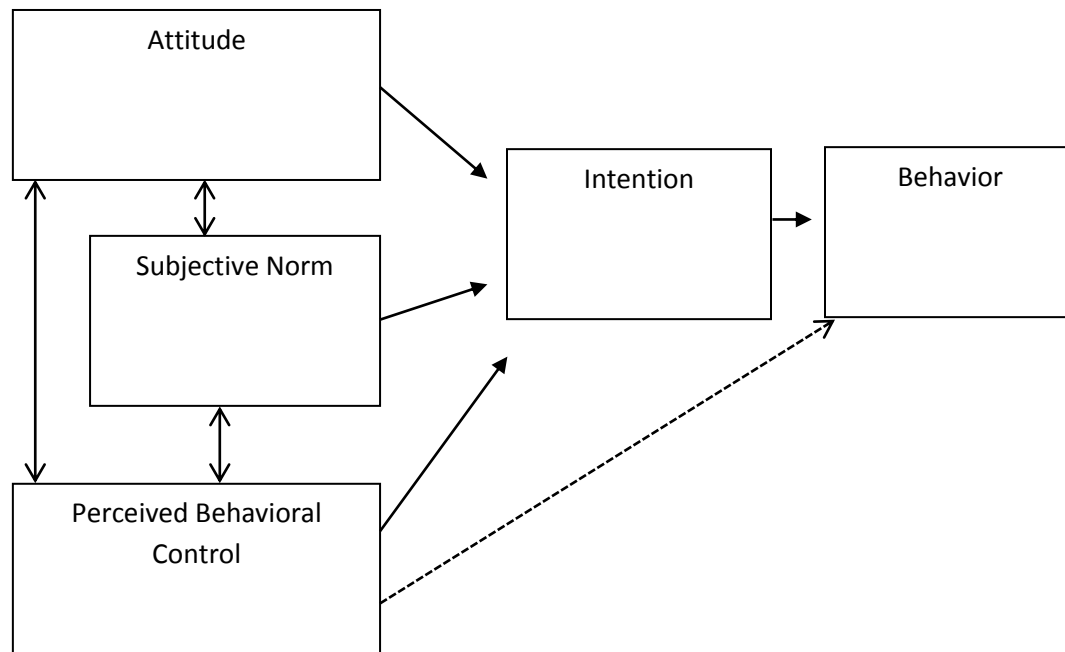
Psychological services are largely underutilized, especially voluntarily, across college students of diverse backgrounds (Kim, 2009; Raunic & Xenos, 2008). This underutilization of psychological services represents a potentially unethical situation for psychologists in regard to the aspirational ethics of beneficence, responsibility and justice. If the field of psychology hopes to ethically engage with populations that are reluctant to use or unaware of these services, both understanding the context of reluctant help-seeking along with active promotion of how these services could benefit these populations is indicated.

Theory Relevant to Research Questions/Hypotheses

The Theory of Planned Behavior (see *Figure 1*; Ajzen, 1991) serves as a helpful way to think about seeking help, as it usefully frames a context for help-seeking. When applied to the concept of seeking psychological services, the theory indicates that one's attitude toward seeking help, one's social norms regarding help seeking, and one's perceived behavioral control over seeking this help all influence one's intention to seek help. The intention to seek help in turn influences one's actual help-seeking behavior. Given that the formation of formal psychological services are rooted in Western culture and context, paying attention to these theoretical factors and how they dynamically affect help seeking behavior may be useful as we explore the help-seeking attitudes and behavior of three racial and ethnic minority (REM) groups. African American college

students' attitudes toward seeking psychological help are reviewed first, with reviews of Asian American and Mexican American college students following.

Figure 1. Ajzen's (1991) Theory of Planned Behavior



African American College Student Attitudes Toward Help-Seeking

Leong et al. (1995) reviewed literature on help-seeking attitudes among African American, Asian American, and Hispanic American minority groups in the United States. An overview of this research can be helpful in situating the closer analysis of racial and ethnic variations in help-seeking attitudes among the college student population. In the following sections, salient issues for each minority group will be noted. In Leong et al.'s review of help-seeking attitudes among African Americans, the authors indicated that

African Americans tend to overutilize mental health services. This fact is especially notable when comparing the prevalence rates of mental illness to the proportion of African Americans in the population. The authors indicate that this overutilization is related to higher levels of stress in social, economic and occupational arenas. Though services by-and-large are noted as being overutilized, these services are used differently than by majority clients. For example, Leong et al. found that African Americans might resist using formal help-seeking options until distress levels are relatively high or might use counseling centers differently, such as a source for referral. Furthermore, African American attitudes toward help-seeking are affected by rich sources of support through religious and other social networks. A lack both of counselors who hold similar worldviews and who are racially similar further alienates African Americans from seeking formal psychological help. Using this backdrop, let us examine recent studies that focus on the help-seeking attitudes of African American college students.

In an effort to understand counseling help-seeking behaviors of African American students, So, Gilbert, and Romero (2005) studied help-seeking attitudes as related to students' number of college credits and year in school. So et al. sampled 134 African American students at a historically Black, private university on the East Coast. Students were undergraduates enrolled in a psychology course and were asked to complete the Attitudes Toward Seeking Professional Psychological Help scale (ATSPPH; Fischer & Turner, 1970) and a brief demographic questionnaire that asked participants to share their gender and the number of credits they had achieved in college. The authors analyzed the subscales of the ATSPPH; these subscales measure four factors: recognizing the need for

help, tolerance for stigma, interpersonal openness, and having confidence in mental health professionals.

Using a correlational analysis with an alpha level of .05, So et al. found that African American college students held positive attitudes toward help-seeking when they recognized that they could use help, as indicated by higher scores on a subscale of the ATSPPH, and when they had a high degree of confidence in mental health professionals. They found that an increased number of college credits was associated with more positive attitudes toward seeking professional psychological help. The authors suggested that having more college credits represented an increase in knowledge about the mental health services offered on college campuses and recommended that college counseling services be promoted early in students' college experiences.

So et al.'s (2005) study has some limitations. First, gender differences, as measured by the ATSPPH, were not analyzed; therefore, it is not known whether their finding about number of college credits correlating with confidence in the mental health profession is moderated by gender. Second, this study is limited in generalizability beyond African American students of traditional age at a historically Black college. For example, the authors acknowledged that the participants' awareness that the counselors at the institution were predominantly black might have led to the reporting of more positive attitudes toward help-seeking. Third, it is unknown whether students are more exposed to counseling services over time in a fashion that would lead to more positive attitudes toward help-seeking. Perhaps age is simply affecting this change in attitudes, but since this variable was not accounted for in the current study, other factors could be responsible for this relationship. Fourth, the results in this study might be influenced by using a self-

report measure without checking for socially desirable responding. Finally, studies have questioned the factor structure of the subscales of the ATSPPH, recommending that only the overall score be used (Fischer & Farina, 1995).

Townes, Chavez-Korell, and Cunningham (2009) studied preference for a Black counselor in relation to racial identity, cultural mistrust and help-seeking attitudes. Townes et al. argued that to best understand preferences and attitudes for a Black counselor it was essential to only have participants who have not previously had counseling experience. Therefore, of the 204 initial participants, only 168 participants' data were used, as 36 had previous counseling experience. The sample of 204 participants was composed of 128 Black college students and 76 Black community members not enrolled in college. The average age of participants in the sample was 22.0 years old. Participants completed a demographic questionnaire and four measures. These measures included the ATSPPH-SF (Fischer & Farina, 1995), the Cultural Mistrust Inventory (CMI; Terrell & Terrell, 1981), the Cross Racial Identity Scale (CRIS; Vandiver et al., 2000), and a modified version of the Counselor Preference Scale (CPS; Parham & Helms, 1981). The six subscales of the CRIS were used to predict the CPS; the CRIS subscales are titled Pre-Encounter Assimilation, Pre-Encounter Miseducation, Pre-Encounter Self Hatred, Immersion-Emersion Anti-White, Internalization Afrocentricity, and Internalization Multiculturalist Inclusive.

The authors analyzed their data with bivariate correlations and a hierarchical, multiple regression analysis. The bivariate correlations revealed a strong correlation between having hatred and disdain for White people and preference for a Black counselor. Also, participants with high cultural mistrust toward White society, culture

and people had a strong preference for meeting with a Black counselor. Expression of self-hatred due to one's race correlated with holding stereotypes about Black culture and Black people. Additionally, participants who had elevated levels of cultural mistrust for White people also had high levels of pro-Black and anti-White attitudes.

In the first step of their two-step hierarchical regression analysis, the authors used education level to predict preference for a Black counselor. Education level was not a significant predictor of preference for a Black counselor but was used in the second step with all other predictors to control for any variation related to this factor. The second step significantly predicted preference for a Black counselor ($p < .001$), with three variables serving as significant predictors: the racial identity attitudes of Pre-Encounter Assimilation and Internalized Afrocentricism, and cultural mistrust attitudes. In other words, greater assimilation predicted less of a preference for a Black counselor; whereas, a greater Afrocentric attitude and more cultural mistrust predicted a greater preference for a Black counselor. Participants' help-seeking attitudes were unrelated to preference for a Black counselor. The authors suggested interpreting the results with awareness that it is rarely the case that Black clients have a chance to choose a Black counselor at a 50/50 rate due to the low numbers of Black counselors working in the profession. They noted Atkinson, Jennings, and Liongson's (1990) study which supported the notion that ethnic minority college students are prevented from seeking psychological help when neither ethnically or racially similar nor culturally sensitive counselors are available.

Townes et al.'s (2009) study has a few limitations. This study was conducted in what the authors describe as a "hypersegregated mid-southern city" (p. 335), and these results might not be generalizable to African Americans living in different geographic

locations. It should also be kept in mind that participants in this study were people who have no previous counseling experience. Additionally, these findings might be difficult to extend to African American college students beyond those African Americans who attend predominantly White public universities in the southern United States. Another limitation of this study includes the use of a modified version of the CPS. Though the authors piloted the new version in this study with adequate reliability, validating the instrument would lend support to their findings.

Duncan and Johnson (2007) also studied the help-seeking attitudes and counselor preference of Black undergraduate students. In particular, Duncan and Johnson examined the relationships between SES, gender, cultural mistrust, and African self-consciousness as predictors of attitudes toward counseling. Additionally, they examined the relationship between SES, gender, cultural mistrust, African self-consciousness, prior counseling experience and preference for an ethnically similar counselor for concerns in three domains: personal, environmental, and vocational/educational. Three hundred fifteen Black, traditionally aged college students from 3 Midwestern universities and 1 Southern university participated in the study, with 88% of the sample coming from campuses with predominantly Black students. Participants completed a demographic questionnaire and five instruments. These five instruments included the ATSPPH (Fischer & Turner, 1970), the African Self Consciousness Scale (ASC; Baldwin & Bell, 1982), the Cultural Mistrust Inventory (CMI; Terrell & Terrell, 1981), a modified version of Hollingshead's (1971) Four Factor Index of Social Status, and a modified version of the Counselor Preference Items scale (CPI; Thompson & Cimboric, 1978). The modified version of Hollingshead's index uses McAdoo's (1978) suggestion of weighting education more heavily than

occupation prior to categorizing participants into 1 of 5 categories ranging from major business/professional to unskilled laborers. The authors' modified version of the CPI included the addition of environmental concerns to the previous categories of personal and vocational/educational concerns. Also, separate scales for sex and racial preference for counselors were introduced.

Duncan and Johnson's (2007) study found that gender, cultural mistrust, and SES were statistically significant predictors of counseling attitudes. Specifically, they found that more positive attitudes toward help-seeking were related to being female, coming from a lower socioeconomic status and having lower cultural mistrust. Canonical correlation analyses for counselor preference variables (race and gender) and participant attribute variables for vocational, environmental and emotional concerns were conducted. Students with high African self-consciousness and cultural mistrust tended to prefer a Black counselor. Male students with low levels of African self-consciousness preferred male counselors for personal concerns. Female students with higher levels of African self-consciousness were more likely to have a preference for a Black female counselor.

This study had some limitations. The modified version of Hollingshead's (1971) SES measure has some theoretical support but has not been psychometrically validated. Recent literature on social class and an updated SES measure could add clarity to the relationship of SES and help-seeking attitudes. Furthermore, the authors' construction of a new version for measuring students' counselor preference needs to be tested for its psychometric properties. Also, the sample was taken from a combination of predominantly White and predominantly Black university settings. The availability of Black counselors on each of these campuses might be related to students' intentions and

attitudes toward using services based on this availability; future studies would benefit from controlling this variable.

Barksdale and Molock (2009) recently studied the relationship between perceived norms and the mental health help-seeking of African American college students. Two hundred nineteen African American students in urban metropolitan area were recruited online from both private and public universities, with 144 of the 219 participants being female. The authors were looking to test a model for African American help-seeking (Molock et al., 2007) that focuses on the influence of perceived subjective norms, including family norms and peer norms. Participants completed an online survey in which they responded to demographic questions and completed two instruments. The instruments used in this study were the Intentions to Seek Counseling Inventory (ISCI; Cash et al., 1975; Ponce & Atkinson, 1989) and a subscale from the Survey of Student Attitudes and Intentions Regarding Psychological Counseling (SSAIRPC; Goddard et al., 2000).

Multiple regression analyses were conducted to examine the relationship between help-seeking intentions and perceived norms (family and peer). Females' intentions to seek psychological help were more negatively influenced by family norms than peer norms. Both perceived norms--family and peer--were significantly negatively related to intentions to seek help. When analyzed together, help-seeking intentions were only found to be negatively related to negative family norms. Results from this study partially support Molock et al.'s (2007) help-seeking model for African Americans, with these findings emphasizing the important role of social norms in predicting help-seeking attitudes and behaviors.

This study was limited by not controlling for access to Black counselors, and it was further limited by using online solicitation of participants in a way that might have biased the results. For example, the response rate to the email solicitation was not reported, and there might have been important differences between those who chose to participate in the study and those who did not participate. Additionally, the role of age in moderating the relative importance of peer or family norms cannot be interpreted from this study due to its cross-sectional design. Further studying the role of age as it relates to the importance of social norms should be researched in future studies. Lastly, the authors indicate that they focused exclusively on negative norms; the role of positive norms in help-seeking remains unclear from this study.

Duncan (2003) examined the help-seeking attitudes of Black male college students. Participants in this study included 131 Black male undergraduate and graduate students from two predominantly White, Midwestern universities and two historically Black universities, with more than 70% of participants from the historically Black universities. Participants completed a demographic questionnaire in addition to three other instruments assessing cultural mistrust, African self-consciousness and help-seeking attitudes. These three instruments included the Cultural Mistrust Inventory (CMI; Terrell & Terrell, 1981), the African Self-Consciousness scale (ASC; Baldwin & Bell, 1982), and the Attitudes Toward Seeking Professional Psychological Help scale (ATSPPH; Fischer & Turner, 1970).

Duncan (2003) analyzed the correlations between age, SES, cultural mistrust, African self-consciousness and help-seeking attitudes; additionally, he used the variables of age, SES, cultural mistrust and African self-consciousness to predict help-seeking

attitudes. Results of the correlational analysis showed significant relationships between ASC and CMI, ATSPPH and both CMI and SES, and age and both ATSPPH and SES at the .05 alpha level. Results of the multiple regression analysis showed age and SES to be the only significant predictors of ATSPPH at the .05 level, accounting for 10% of the variance in help-seeking attitudes. Duncan's findings indicate that older African American male college students with lower SES hold more positive attitudes toward help-seeking than other participants. Duncan's study is important in its attempt to factor in SES when understanding African American's help-seeking attitudes and behaviors, especially when previous research has been inconsistent when studying the relationship between SES, service use and help-seeking attitudes.

Duncan's (2003) study also had some limitations. Participants in this study volunteered for the study through a self-selection process, and participants were overwhelmingly representing the historically Black universities. Both of these factors limit the generalizability of this study. Additionally, this study is limited by the small amount of variability in help-seeking attitudes accounted for in the study, 10%. Though in this study cultural variables were not direct, significant predictors of help-seeking attitudes, perhaps these variables are indirectly related to help-seeking attitudes and behavior. Other important variables, such as distress, level of self-concealment and self-disclosure, and support network variables were not measured. Studying these variables both in addition to the variables analyzed in this study and in concert with a help-seeking model could clarify the role of these cultural variables. Last, participants' attitudes toward help-seeking might have been affected by access to, or lack of access to, Black faculty and counselors.

Wallace and Constantine (2005) studied African American students' cultural values, self-concealment and help-seeking attitudes. Participants in this study were 251 African American students at a large, Northeastern university in the U.S. with predominantly White students. Participants were asked to complete a demographic questionnaire as well as four instruments measuring Africentrism, help-seeking attitudes, perceived counseling stigma and self-concealment. The four instruments used were the Africentrism Scale (AS; Grills & Longshore, 1996), the Attitudes Toward Seeking Professional Psychological Help scale – short form (ATSPPH-S; Fischer & Farina, 1995), the Stigma Scale for Receiving Psychological Help (SSRPH; Komiya, 2000), and the Self-Concealment Scale (SCS; Larson & Chastain, 1990).

Wallace and Constantine (2005) conducted multivariate multiple regression analyses to test the role of Africentrism in predicting help-seeking attitudes, stigma and self-concealment. Since the authors found significant differences between responses by gender in an initial analysis (e.g. women in the study had significantly more positive attitudes toward help-seeking), further analyses were conducted separately by gender. The female participants' level of Africentrism was found to significantly predict stigma and self-concealment; the higher the AS score predicted higher SSRPH scores and higher SCS scores. AS scores did not significantly predict ATSPPH-S scores. The male participants' level of Africentrism was also found to significantly predict stigma and self-concealment in a similar fashion, with AS scores not significantly predicting ATSPPH-S scores. Adhering to Africentric values appears to predict greater stigma and self-concealment regardless of gender, though it does not in turn predict help-seeking attitudes. The authors also used multiple regression analyses to test the role of help-

seeking attitudes and perceived counseling stigma as moderators for Africentrism predicting level of self-concealment. These analyses, completed separately by gender, revealed no moderation of participants' Africentric adherence in relation to self-concealment.

There are a few limitations to this study. This study focused on African American college students of traditional age at a predominantly White university, and it is difficult to generalize these findings beyond this population. This study focused on a subset of factors relevant to help-seeking attitudes and behavior; the inclusion of other cultural variables (as well as variables measuring intent, previous help-seeking and social norms) could be used in future studies to clarify a path model for African American students. Finally, this study is limited by the possibility of students either responding in socially desirable ways to the survey instruments or predicting the intent of the research by reflecting on the instruments used in the study.

Collectively, research focused on African American college students' attitudes toward help-seeking offers a variety of insight into this populations' help-seeking behaviors. Let us consider implications of this research for future research and practice.

Findings from these studies lend support to important variables related to help-seeking behaviors and whether a Black counselor is preferred. African Americans who hold hatred or disdain for White people, who have high cultural mistrust for White society, whose racial identity is less assimilated to White culture, and who hold high African self-consciousness show preferences for meeting with a Black counselor. Furthermore, African American males with less African self-consciousness show a preference for meeting with a male counselor regardless of counselor ethnicity, and

African American females with high African self-consciousness show a preference for meeting with a Black, female counselor.

African Americans who hold positive help-seeking attitudes have greater confidence in mental health professionals, have an increased recognition of the usefulness of this help, and tend to be familiar with the mental health services offered by the college or university. A variety of variables have been found to predict African Americans' positive help-seeking attitudes: older age, low SES, low cultural mistrust, and being female. Negative help-seeking attitudes were predicted directly by the presence of negative family norms about seeking psychological help. Additionally, higher levels of Africentrism were predictive of holding higher levels of self-concealment and higher levels of perceived stigma about counseling for both male and female African American college students.

Though many salient variables have been found to predict help-seeking behaviors, some of the key points mentioned in Leong et al.'s (1995) review have been overlooked, especially factors such as level of distress and how one's support network affects help-seeking attitudes and behaviors.

Additionally, few studies have systematically considered models of African American help-seeking behaviors. With initial support for Molock et al.'s (2007) African American mental health seeking model, in combination with general behavioral prediction models described in Eagly and Chaiken's (1993) text, studies that consider a combination of variables and how these variables affect one another are suited to advance knowledge in this area. Finally, though authors such as Duncan (2003) have attempted to clarify the role of SES in the help-seeking behaviors of African American college

students, others have not done so. Could SES or social class play an important role in understanding the help-seeking attitudes and behaviors of African Americans?

What are the implications for practice? Further study of both approach and avoidance factors related to help-seeking attitudes and behaviors could be clarified, with approach variables being exemplified by level of distress and presence of adequate services and avoidance variables being exemplified by either the stigma related to seeking help outside one's immediate community and difficulty in finding adequate services. For African American college students, avoidance factors might play a large role in help-seeking. With the history of slavery and lack of civil rights, the factor of cultural mistrust is especially salient when considering the relative scarcity of African American counselors and the presence of strong social norms that advocate seeking help within the family or community. Institutions wishing to bridge the service gap for African American clients must be aware of these various factors and train counselors to be sensitive to these cultural factors when working with African American clients. Clinicians should also consider ways to reach out to the African American community while acknowledging the barriers to professional help-seeking. Developing relationships with community and religious resources may also be helpful, as African American clients might use counseling services more as a referral resource or as a place to receive help for educational concerns than as a place to work on concerns of a personal or emotional nature.

Asian American College Student Attitudes Toward Help-Seeking

Leong et al. (1995) reviewed help-seeking attitudes among Asian Americans. In their review, Leong et al. reported underutilization of mental health services by Asian

Americans, though numerous studies report that Asian Americans face a variety of problems. There is great variation between different Asian American groups, and numerous variables need to be considered when working with an Asian American client. For example, Leong et al. cite factors from social class and stage of ethnic/cultural identity to geographic location and level of acculturation. Of these factors, Leong et al. note distinct findings for Asian Americans having a direct relationship between help-seeking attitudes and level of acculturation.

When considering factors that are most influential in Asian Americans' attitudes toward help-seeking, Leong et al. (1995) noted factors that keep Asian Americans from making contact with professional psychological services and factors that lead Asian Americans to prematurely drop out of counseling. One factor credited with keeping Asian Americans from making contact with professional psychological services was the distinctly different value systems adhered to by the Asian collectivist tradition versus the American individualist tradition. With a strong emphasis on prioritizing others' needs and finding help within the family, many Asian Americans do not use formal mental health services that emphasize prioritizing one's individual needs through consultation with a stranger. Traditional Asian distinctions between in-group and out-group membership also serve to limit contact; openly discussing problems with an out-group member comes with fears of bringing shame on one's family. In regard to factors that help avoid prematurely dropping-out from counseling, credibility of the service provider appears vital. Sue and Sue (1990) defined credibility as, "the constellation of characteristics that makes certain individuals appear worthy of belief, capable, entitled to confidence, reliable and trustworthy" (p. 87). Credibility might be found in counselors who conceptualize client

problems and a resolution for those problems congruently with clients. An additional issue is that research on counselor/client ethnic matching with Asian American clients has led to inconsistent findings. Overall, it appears as though counselor characteristics are influential in creating positive attitudes toward help-seeking among Asians. The credibility, ethnicity, attitudes and educational level of the counselor play important roles. This constellation of factors will be considered when reviewing recent studies in the help-seeking attitudes of Asian American college students.

Ting and Hwang (2009) researched help-seeking attitudes of Asian American students, looking to understand what influenced the generally less favorable attitudes and lower utilization rate of these students as compared to European American students. Participants in this study were 107 traditionally aged Asian American college students; the participants were 35 Chinese, 20 Vietnamese, 15 Japanese, 12 Taiwanese, 10 Korean, 11 from other Asian ethnicities and 4 of mixed Asian ethnicities respectively. Participants included 36 men and 71 women, with 60% of the population being born in the United States. The goal of the study was to test whether or not Andersen's Sociobehavioral Model (SBM; 1995), a model for understanding help-seeking, applied to an Asian American population and whether or not culture related variables improved the understanding of help-seeking beyond SBM. Participants completed an online survey that consisted of a demographic questionnaire as well as five instruments. These five instruments included the Attitudes Toward Seeking Professional Psychological Help – Short Form (ATSPPH-S; Fischer & Farina, 1995), the Brief Symptom Inventory (BSI; Derogatis & Melisaratos, 1983), the Social Interaction Scale (SIS; Kessler et al., 1994), the Vancouver Index of Acculturation (VIA; Ryder, Alden, & Paulhus, 2000), and the

stigma tolerance subscale from the ATSPPH (Fischer & Turner, 1970). This study used the BSI's global severity index to measure distress and used the SIS to measure both social support and social conflict. Stigma tolerance was measured using a modified version of the subscale found in the ATSPPHS.

This study used a three block, hierarchical multiple regression analysis to test hypotheses. The first hypothesis tested support for the SBM. The model was given support in that the linear combination of distress, gender, age, social support and social conflict were significantly related to help-seeking attitudes. Of these predictors though, only age was positively associated with favorable attitudes toward help-seeking. The second hypothesis tested whether acculturation or enculturation would add significantly to the model. These variables did not significantly add to the model. The final hypothesis tested whether stigma tolerance added significantly to the model. Stigma tolerance significantly explained additional variability in this model. This study lends support to stigma tolerance as adding predictive power to a help-seeking model beyond that predicted by distress level. The authors believed that the lack of gender differences observed in the study might be related to both female and male Asian American college students experiencing similar levels of stigmatization and fear of shaming one's family. Additionally, acculturation was not found to predict help-seeking attitude. The authors discussed how this finding might be related to the poor reliability and validity of popular measures of acculturation that focus on behavioral aspects of acculturation rather than items that focus on cultural values.

Ting and Hwang's (2009) study has a few limitations. Though Ting and Hwang intended to lend support to Andersen's Sociobehavioral Model, they failed to study

enabling resources, one of the three components (distress level, demographic characteristics, and enabling resources) that they mentioned as part of this model. The authors assumed that the availability of free resources on campuses meant that measuring variables such as income, social class or SES were unnecessary and left them out of their analysis. Another limitation to this study is found in their use of an instrument that has not been psychometrically validated; the authors changed the terminology used in the stigma tolerance subscale of the ATSPPH to create a new instrument. This study is also limited by a limited range of acculturation and enculturation scores, with participants neither scoring low on acculturation nor enculturation measures. With limited variation on these measures, these findings might not generalize to those Asian Americans with lower scores on acculturation and enculturation measures. Furthermore, the subscale of the ATSPPH used to measure stigma tolerance is part of the source material for the ATSPPH-S that it is predicting in this study. It is possible that the relationship between these variables is related to this common source of questions.

Kim and Omizo (2006) examined behavioral acculturation and enculturation as it related to the psychological functioning of Asian American college students. While examining the relationship of acculturation and enculturation with several variables (e.g. collective self-esteem, cognitive flexibility, and acculturative stress), Kim and Omizo noted inconsistent results in previous studies that examined the relationship between acculturation, enculturation and attitudes toward help-seeking and sought clarification. One hundred fifty-six traditionally aged Asian American college students in an Asian American studies class at a West Coast university participated in the study. There were 96 women and 60 men, with 46 Chinese, 30 Korean, 22 Filipino, 18 multiethnic, 13

Taiwanese, 12 Japanese, 6 Vietnamese, 3 Cambodian, 1 Asian Indian, 1 Hmong, 1 Indonesian, and 3 others respectively participating in the study. Participants completed a demographic questionnaire and six instruments. The two instruments relevant to this review include the Asian American Multidimensional Acculturation Scale (AAMAS; Chung, Kim, & Abreu, 2004) and the ATSPPH-S (Fischer & Farina, 1995).

The results of the study showed no significant relationship between either acculturation or enculturation and attitudes toward help-seeking. The authors indicated that increased enculturation approached a significant relationship with positive attitudes toward help-seeking. They explained that though this result is inconsistent with some previous research regarding attitudes toward help-seeking, it is also consistent with Gim, Atkinson, and Whiteley's (1990) finding that higher levels of enculturation are related to greater willingness to see a counselor.

This study improved upon previous studies by using a bidimensional measure that distinguishes between participants who are integrated (high acculturation and high enculturation), assimilated (high acculturation and low enculturation), separated (low acculturation and high enculturation) and marginalized (low acculturation and low enculturation). The AAMAS does not confound those participants who are integrated with those who are marginalized as previous measures have. Despite this improved measurement, no relationship was found between the measures of acculturation, enculturation and help-seeking attitudes. The authors indicated that their study was limited by not having enough power to detect a small effect size, recommending that future studies would benefit from studying acculturation and enculturation in a similar fashion. This study might be difficult to generalize beyond the geographic location and

the ethnic/racial groups represented. Also, students who enroll in an Asian American studies class might differ from those students who do not enroll in similar courses.

Kim (2007) recently examined Asian American college students' help-seeking attitudes and adherence to both Asian and European American cultural values. Participants in the study included 146 Asian American college student volunteers participating in introductory psychology classes. Participants were of traditional college age, largely 1st and 2nd generation immigrants ($\approx 94\%$), attending a large university on the East Coast. Kim administered a demographic questionnaire (that included a yes/no question in regard to having previous help-seeking with a personal, career or academic counselor) and three measurement instruments used to measure enculturation, acculturation and help-seeking attitudes. These three instruments included the Asian Values Scale (AVS; Kim, Atkinson & Yang, 1999), the European American Values for Asian Americans (EAVS-AA; Wolfe, Yang, Wong, & Atkinson, 2001), and the ATSPPH-S (Fischer & Farina, 1995). Asian cultural value variables were taken from a previous factor analysis of the AVS that included six factors: "collectivism, conformity to norms, emotional self-control, family recognition through achievement, filial piety, and humility" (p. 476).

Kim (2007) tested three hypotheses: acculturation will be directly related to help-seeking attitudes, enculturation will be inversely related to help-seeking attitudes, and there will be an interaction between enculturation and acculturation such that participants who are highly acculturated and minimally enculturated would be related with more positive help-seeking attitudes. Since the author had found a significant difference in ATSPPH-S scores between participants who had previous counseling experience, this

variable was included in the main analysis. The authors used a three-step, hierarchical linear regression analysis, with an alpha level of .05, to test the hypotheses. In the first step, previous counseling significantly predicted ATSPPH-S scores, but accounted for only 4% of the variance in help-seeking attitudes. In the second step, enculturation (AVS) and acculturation (EAVS-AA) variables were added to the model. Previous counseling and AVS scores significantly predicted ATSPPH-S scores, with previous counseling relating positively with help-seeking attitudes and enculturation relating negatively with help-seeking attitudes. Together, 10% of the variance was accounted for when predicting help-seeking attitudes. In the final step, an interaction between AVS and EAVS-AA was added to the model. AVS and previous counseling remained significant predictors of ATSPPH-S, with the interaction term adding no additional statistical explanation for variance in help-seeking attitudes. These results indicated support for differences in help-seeking attitudes based on previous counseling experience and participants' level of enculturation; previous counseling experience predicted positive help-seeking attitudes, and more enculturated participants held less favorable attitudes toward help-seeking. Support was not observed for acculturation having a direct effect on participants' help-seeking attitudes. In a separate analysis of cultural variables, Kim found that six factors significantly predicted ATSPPH-S scores at the .05 level, accounting for 11% of the variance found in these scores, with higher scores on the six cultural factors (listed previously) correlating with less favorable help-seeking attitudes. When looking at these factors individually, none of the six factors independently predicted help-seeking attitudes.

Kim's (2007) study had some limitations. As the author noted, nearly 50% of participants in this study cited previous counseling experience. The findings in this study might not specifically apply to personal counseling attitudes, as participants might have responded to instruments in regard to academic or vocational counseling experiences. The study is also limited in generalizability to 1st and 2nd generation Asian American students, predominantly of Chinese, Asian Indian, Korean and Filipino heritage. Additionally, the six cultural factors analyzed in the study had low coefficient alpha scores, for the Emotional Self-Control (.40) and Filial Piety (.40) subscales in particular. This measurement error limits our ability to interpret results of this portion of the analysis. Also, this study was limited by the low amount of variability accounted for by traditional quantitative measures.

Shea and Yeh (2008) also recently examined how cultural values, stigma and relational self-construal relate to help-seeking attitudes of Asian American college students. Participants in this study were 219 Asian American graduate and undergraduate students from various private colleges and universities in the Northeast. There were 76 males and 143 females participating in the study. The vast majority of participants were of Chinese (45.7 %) and Korean (24.7%) heritage, with other ethnicities represented to a lesser extent: Japanese (8.7%), Taiwanese (7.3%), Indian (4.6%), Vietnamese (1.8%), Filipino (1%), other (3.2%), and did not report (3.2%). Participants completed a demographic questionnaire and four other instruments: measures of cultural values, stigma related to counseling, relational interdependence and attitudes toward help-seeking. These four instruments included the Asian Value Scale (AVS; Kim et al., 1999), the Stigma Scale for Receiving Psychological Help (SSRPH; Komiya, Good & Sherrod,

2000), the Relational-Interdependent Self-Construal scale (RISC; Cross, Bacon & Morris, 2000), and the ATSPPH-S (Fischer & Farina, 1995).

Shea and Yeh (2008) tested five hypotheses in their study. 1) They predicted that Asian cultural values would correlate inversely with help-seeking attitudes. The authors found a significant inverse correlation between these variables ($p < .01$), lending support to this hypothesis. 2) They predicted that stigma would correlate inversely with help-seeking attitudes. The authors found a significant inverse correlation between these variables ($p < .01$). 3) They predicted that female participants would hold more positive attitudes toward help-seeking than male participants in a multiple regression analysis. The authors found that females indeed held significantly more positive attitudes toward help-seeking ($p < .01$). 4) They predicted that Asian cultural values would be a direct significant predictor of help-seeking attitudes even when part of a linear model with all other variables (age, gender, stigma and interdependence). The authors found that Asian cultural values significantly predicted help-seeking attitudes such that greater adherence to Asian cultural values predicted less favorable attitudes toward help-seeking ($p < .01$). 5) Finally, they predicted that stigma would mediate the relationship between adhering to Asian cultural values and attitudes toward help-seeking. The authors did not find support for this hypothesis.

Sheh and Yeh's (2008) study had two notable limitations. The participants in this study were sampled by convenience, with participants largely comprised of Chinese Americans and Korean Americans. Additionally, all measures in this study were self-report and are subject to the potential of socially desired responses.

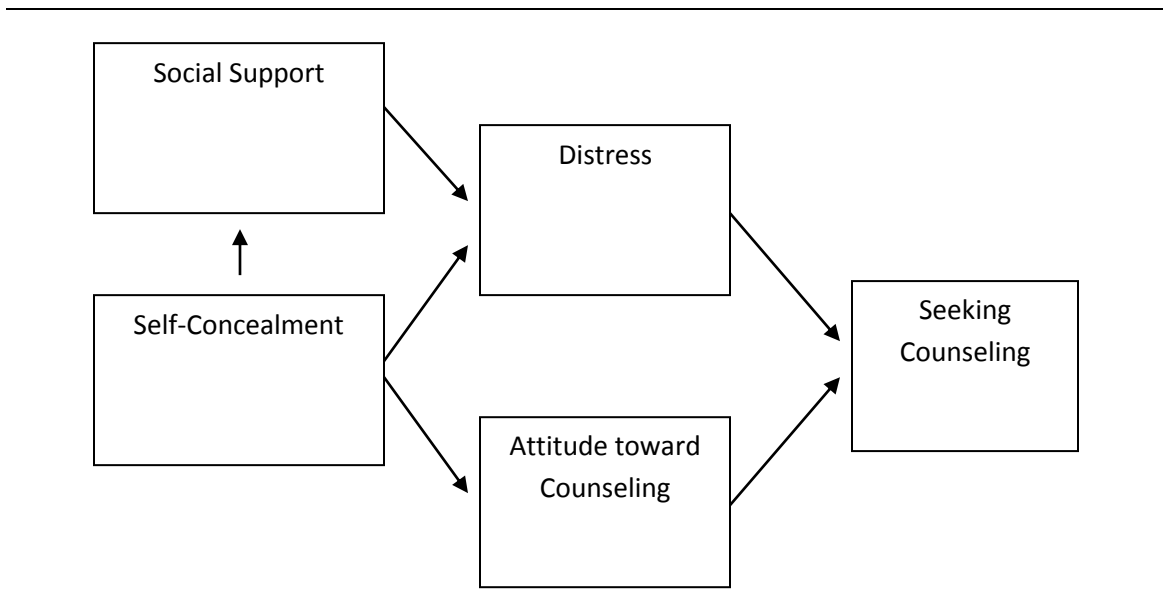
Liao et al. (2005) examined Cramer's (1999) help-seeking model and the effects of acculturation in an Asian and Asian American college student population. Liao et al. analyzed measures of acculturation and help-seeking in 202 Asian and Asian American participants while also analyzing help-seeking measures in 336 White participants. White and Asian/Asian American samples were initially taken from a predominantly White, Midwestern university's educational psychology department. Additional Asian/Asian American participants were recruited from locations around the campus, with these participants given \$5 to participate, in comparison to other participants receiving course credit. Of the 202 Asian participants, there were 72 men and 130 women. The sample consisted of 24.8% Chinese, 21.8% Korean, 17.8% Taiwanese, 10.9% Filipino, 8.4% Asian Indian, 5.9% Japanese, 2% Vietnamese, 1.5% Thai, 0.5% Cambodian, 0.5% Iranian, 0.5% Singapore, 3.4% biracial Asian/Asian American, and 2% unknown ethnicities respectively. Of the 336 White participants, there were 158 men and 178 women.

All participants completed a demographic questionnaire and four additional instruments measuring interpersonal support, self-concealment, help-seeking attitudes and personal problems. Asian and Asian American participants completed two additional instruments measuring behavioral acculturation and Asian cultural values. The six instruments used in this study included the Interpersonal Support Evaluation List (ISEL; S. Cohen, Mermelstien, Kamarack, & Hoberman, 1985), the Self-Concealment Scale (SCS; Larson & Chastain, 1990), a revised version of the ATSPPH (Fischer & Turner, 1970), and a modified version of the Personal Problem Inventory (PPI; Gim et al., 1990) used by all participants, and the Suinn-Lew Asian Self-Identity Acculturation Scale (SL-

ASIA; Suinn, Rickard-Figueroa, Lew, & Vigil, 1987) and the Asian Value Scale (AVS; Kim et al., 1999) used by Asian and Asian American participants. The revised version of the ATSPPH used in this study is the version suggested by Tata and Leong (1994), and the modified version of the PPI was constructed by the authors with feedback from colleagues working at university counseling centers.

Liao et al. (2005) tested Cramer's (1999) help-seeking model to see if it could be extended to a population of Asians and Asian Americans. Cramer's model can be seen in *Figure 2*.

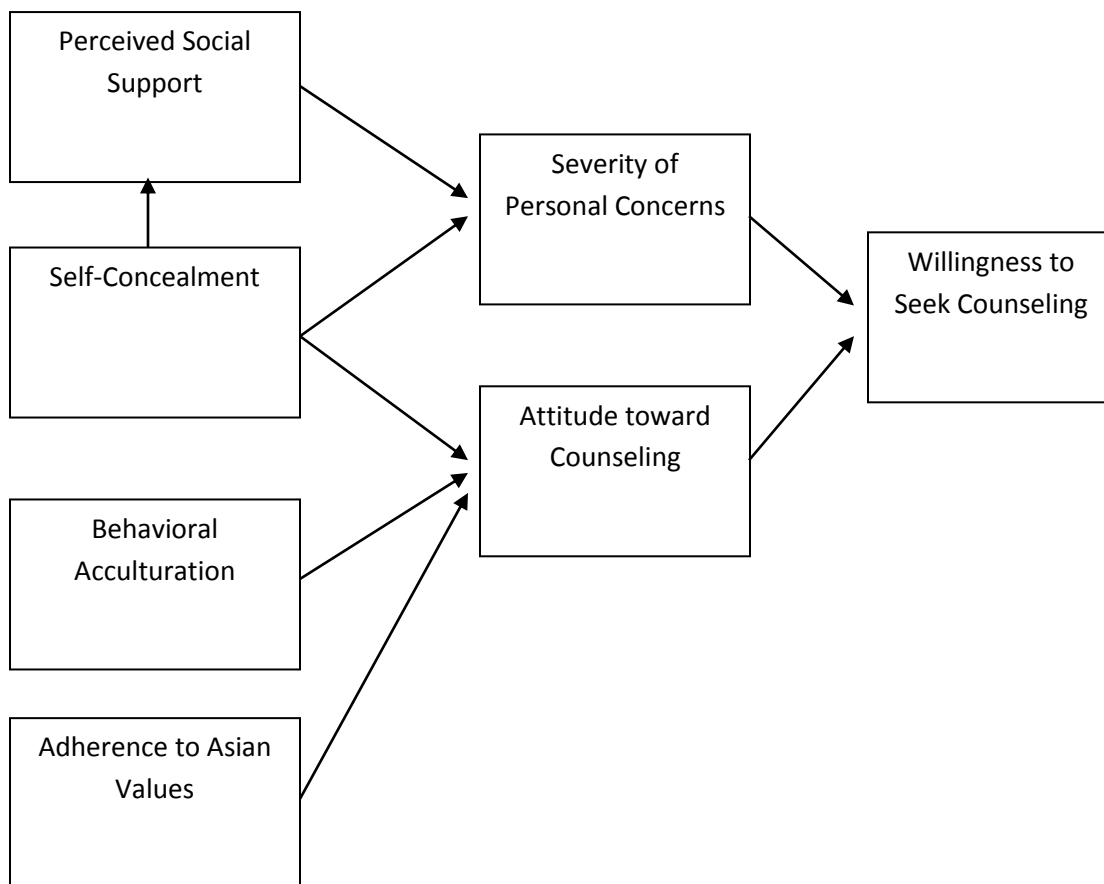
Figure 2. Cramer's (1999) Model for Help-Seeking



Additional models were tested to explore the role of acculturation in a model of Asian and Asian American help-seeking. Results of Liao et al.'s path analyses lend support to extending this model to Asian and Asian Americans, though self-concealment, defined as

a tendency to conceal personal negative information from others (Larson & Chastain, 1990), was responsible for the greatest variation in the Asian/Asian American group when compared to the White group in this study. When testing help-seeking models for Asian/Asian Americans, acculturation significantly contributed to a better model fit than Cramer's model which uses self-concealment alone to predict attitude toward counseling. The model where help-seeking attitudes mediate acculturation measures when predicting willingness to seek counseling showed statistically significant improvement when using a chi-square difference test ($p < .01$) (see *Figure 3*).

Figure 3. An Asian/Asian American Model for Help-Seeking (Liao et al., 2005)



Other models, with acculturation being moderated by problem severity or directly affecting participants' willingness to seek counseling, did not show a statistically significant model fit. These results lend further support to the importance of enculturation as a factor in help-seeking attitudes, with the path coefficient for AVS ($p < .01$), which represented enculturation, showing a stronger relation to ATSPPH scores than the SL-ASIA ($p < .05$), which represented behavioral acculturation.

Liao et al.'s (2005) study also had some limitations. The generalizability is limited by the inclusion of international students in the sample. As the authors indicate, acculturation and enculturation might function differently for those studying abroad, coming from a distinct culture of origin, in comparison to students who are 1st, 2nd, or 3rd generation Asian Americans, and beyond. Furthermore, this sample of Asian and Asian American students was recruited in two ways in comparison to the one way that White participants were recruited, causing potentially different effects between groups. Finally, neither the presence of culturally competent counseling center staff nor the presence of staff of color was assessed in the study. A final limitation is that a more parsimonious model may be found by studying other variables not considered in this study.

Though important variables have been found to predict help-seeking attitudes, these studies have not consistently addressed notable areas pointed out by Leong et al. (1995). For example, both credibility of counseling services and ethnic counselor match were not addressed in these studies. Similar to the literature review for African American college students, the availability of ethnically similar or otherwise credible counselors could affect the help-seeking behavior of Asian American college students.

Additionally, there is limited literature examining models for Asian American help-seeking behaviors. Two studies in this review have done so, with differing results. Ting and Hwang's (2009) study supports Andersen's Sociobehavioral Model (SBM, 1995), with age and stigma tolerance serving as significant predictors; Liao et al.'s (2005) study supports a modified version of Cramer's (1999) model, with higher levels of enculturation playing a vital role in predicting less favorable help-seeking attitudes. Findings in this literature review support using acculturation and enculturation as separate measures rather than opposite ends of one continuum. Finally, authors studying Asian American help-seeking behaviors have not considered the role of social class in college students' help-seeking attitudes. Could social class play an important role in understanding the help-seeking attitudes and behaviors of Asian Americans?

Collectively, research focused on Asian American college students' attitudes toward help-seeking offers a variety of insight into this population's help-seeking behaviors. Let us consider implications of this research for future research and practice.

Findings from these studies lend support to important variables to study related to help-seeking behaviors among Asian Americans. There is support for increased age and increased stigma tolerance predicting a positive relationship with help-seeking attitudes. There is also support for higher levels of enculturation in Asian Americans predicting less favorable help-seeking attitudes. Previous counseling has been found to positively predict help-seeking attitudes, and increased levels of perceived stigma predict less favorable help-seeking attitudes. For Asian Americans there is mixed support for gender differences, with one study finding that perceived stigma predicted help-seeking differences significantly and finding no gender differences; whereas, other studies have

found distinct gender differences, with Asian American females holding more favorable help-seeking attitudes. Further study of this difference is warranted.

Implications for practice can also be derived from this review. Further study of both approach and avoidance factors related to help-seeking attitudes and behaviors could be clarified, with approach variables exemplified by level of distress and presence of adequate services and avoidance variables exemplified by the stigma related to seeking help outside one's family. For Asian American college students, cultural value differences and level of enculturation appear to be important factors to consider. Outreach by professionals that includes meeting with Asian American college students' parents is a novel approach that could lead to more positive help-seeking behavior. Initial assessments of clients' level of enculturation might also be helpful; an earlier focus on discussing how counseling could benefit Asian American clients and how to understand and label presenting problems could also be beneficial to positive outcomes.

Mexican American College Student Attitudes Toward Help-Seeking

In Leong et al.'s (1995) review of ethnic and racial variations in attitudes toward help-seeking, three factors were highlighted as the primary influences on Hispanic American help-seeking attitudes and underutilization of psychological services. These factors included financial constraints, institutional barriers and cultural barriers. Financial constraints include lacking the ability to pay for services out of pocket or lacking access to adequate insurance. Example of institutional barriers that Leong et al. note include focusing on intrapsychic problems as opposed to systemic problems, no provision of child care, not using indigenous approaches to mental health, and absence of community input. Cultural barriers might include inadequate services in the client's preferred

language and lack of understanding the effects of the client's level of acculturation. With limited research across all the Hispanic American groups, here we will consider these factors when reviewing studies that have focused specifically on Mexican American college student help-seeking attitudes because there are more studies on this particular group.

Miville and Constantine (2006) examined Mexican American college student help-seeking attitudes and behavior. Miville and Constantine analyzed how the variables of acculturation, enculturation, cultural congruity and perceived social support predicted the help-seeking attitudes and behaviors of 162 college students. These college students were undergraduates from a large, predominantly White university, with ages ranging from 18 to 25 years old. One hundred three of the participants were female and 59 of the participants were male. Participants were asked to complete a demographic questionnaire and four instruments: the Stephenson Multigroup Acculturation Scale (SMAS; Stephenson, 2000); the Cultural Congruity Scale (CCS; Gloria & Robinson Kurpuis, 1996); the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet & Farley, 1988); and the ATSPPH-S (Fischer & Farina, 1995). The SMAS consisted of two subscales: one measuring acculturation and one measuring enculturation. The MSPSS consisted of three subscales that measured support from family, friends and a significant other, respectively. Help-seeking behavior was measured by a single question in the demographic questionnaire, asking if participants had sought professional psychological help for mental health concerns in the past year.

The authors' analysis showed that having higher cultural congruity, lower perceived family social support and higher significant other social support predicted a

positive attitude toward help-seeking. The authors hypothesized that having support from one's significant other might approximate the type of sharing one might do in individual counseling, explaining this significant, positive relationship. Significant predictors of help-seeking behavior included being more highly acculturated into the dominant society, having lower perceived family social support and having lower perceived social support from friends.

Miville and Constantine's (2006) study has some limitations. The Cronbach's alpha for the enculturation measure was .66, and interpreting a measure with this low level of reliability is questionable. This study found no relationship between help-seeking behavior and help-seeking attitude; perhaps the importance of level of distress or other factors, such as the known presence of culturally competent counselors, might relate to this finding. Furthermore, additional demographic variables such as socioeconomic status and generational status were not collected. Lastly, the Mexican American college student population measured in this study, situated geographically in the Southwestern United States, could limit the generalizability of these findings beyond this demographic.

Ramos-Sanchez and Atkinson (2009) also researched Mexican American help-seeking attitudes and intentions. Ramos-Sanchez and Atkinson used both hierarchical regression analyses and a multivariate analysis to clarify predictors of Mexican American community college students' attitudes toward help-seeking and help-seeking intentions. In this study, 262 participants from three community colleges in central California completed a demographic questionnaire and five instruments. The five instruments used in this study were the Acculturation Rating Scale of Mexican Americans-II (ARSMA-II; Cuellar, Arnold, & Maldonado, 1995), the Multiphasic Assessment of Cultural

Constructs-Short Form (MACC-SF; Cuellar, Arnold, & Gonzalez, 1995), the Religiosity Index (Neff & Hoppe, 1993), the ATSPPH-S (Fischer & Farina, 1995), and the Modified Personal Problems Inventory (MPPI; Ponce & Atkinson, 1989). The ARSMA-II assesses multiple axes of acculturation; in this study, only the Mexican Orientation Subscale (MOS) and American Orientation Subscale (AOS) were used. The MACC-SF consists of five subscales that measure the constructs of familism, fatalism, folk illness, machismo, and personalismo. Due to low internal reliability of the fatalism and personalismo subscales, these two were excluded from the analyses.

In their analysis of predictors for help-seeking attitudes, the authors discovered that MOS scores (enculturation) and gender were the only significant predictors. Females and those participants who had higher levels of Mexican enculturation held more positive attitudes toward seeking professional psychological help. In their analysis of predictors for willingness to address personal problems with a counselor, hierarchical regression procedures indicated that only one's generational status was a significant predictor, with an increase in generational status leading to less willingness to seek help. Variables added in later steps, such as acculturation, enculturation and the interaction between these two factors, did not contribute significant variance toward participants' willingness to discuss personal problems with a counselor. In their final analysis comparing gender, the authors found that women held more positive attitudes toward seeking help and were more willing to see a counselor for personal problems than men. Overall, the authors' findings support the idea that institutional barriers are more important than cultural barriers, as adhering to Mexican cultural values was related to more positive help-seeking attitudes in this study.

Ramos-Sanchez and Atkinson's (2009) study also had some limitations. Given low internal consistency on measures of fatalism and personalismo, these cultural variables were excluded from the analysis. Also, this study focused on community college students, limiting the study's generalizability to traditionally aged college students. Finally, though this study focused on important cultural variables, understanding the importance of financial and institutional barriers was not directly addressed.

Collectively, research focused on Mexican American college students' attitudes toward help-seeking offers insight into this populations' help-seeking behaviors. Let us consider implications of this research for future research and practice.

Findings from these studies lend support to important variables to study related to help-seeking behaviors among Mexican Americans. There is support for gender differences in help-seeking behavior. Increased levels of cultural congruity, receiving support from one's significant other, and a higher level of enculturation have been found to predict help-seeking attitudes. There is support for higher levels of acculturation, lower levels of family support, and lower levels of social support predicting greater help-seeking behavior. Finally, there is support for lower generational status predicting an increased willingness to seek help.

Though important variables have been found to predict help-seeking attitudes and behavior for Mexican Americans, variables such as level of distress and having access to culturally competent services have not been thoroughly studied.

Additionally, there is limited literature examining models for predicting Mexican American help-seeking behaviors. Could a modified version of Cramer's (1999) model

that includes the addition of cultural variables fit well for Mexican Americans? Perhaps variables that measure avoidance factors, such as institutional barriers and financial constraints, as pointed out by Leong et al. (1995), could further explain the service gap for Mexican American college students. Findings in this literature review support enculturation being positively related to help-seeking attitudes, but future studies are needed to confirm this relationship to understand what promotes the approaching of help-seeking due to this fact. This literature review also revealed an interesting discrepancy between help-seeking attitudes and behaviors, with no support for a relationship between the two. Considering Cramer's (1999) and Ajzen's (1991) models, one might predict a relationship between attitudes and behaviors that is influenced by level of distress and moderated by one's intent to seek help. Future studies would benefit from further examining these relationships. Perhaps the unexamined level of distress serves as a greater predictor for Mexican American college students than previously predicted. Finally, authors studying Mexican American help-seeking behaviors have not considered the role of social class in college students' help-seeking attitudes. Could social class play an important role in understanding the help-seeking attitudes and behaviors of Mexican Americans?

Implications for practice can also be derived from this review. Clinicians may benefit from understanding how both approach and avoidance factors related to help-seeking attitudes affect Mexican American college students' help-seeking attitudes and behavior. Approach variables are exemplified by one's level of distress and the presence of adequate services. Avoidance variables are exemplified by the cost of services and having inadequate insurance, though these variables are presumably less salient for

college students. Clinicians also need to consider the role of institutional barriers and find ways to overcome the barriers mentioned in Leong et al.'s review which are:

geographic inaccessibility, transportation difficulties, lack of child care, failure to use indigenous therapies and therapists, focus on intrapsychic problems, adherence to formal procedures, adherence to strict time schedules, and absence of community input (p. 428).

Furthermore, clinicians on college campuses could connect with community organizations and leaders to promote the positive use of counseling services. Initial assessments of clients' level of acculturation and enculturation might also be helpful.

The Role of Distress in Help-Seeking

Though research supports recognition of cultural differences, research has also supported level of distress as an important predictor of college students' help-seeking behaviors, and the importance of this variable might very well differ by ethnic and racial group. In a study that focused on understanding the connection between help-seeking attitudes and observed help-seeking behavior, Rosenthal and Wilson (2008) researched disparities in the use of mental health services in a diverse group of college students. They focused on differences in use of services based on sex, SES, ethnicity, and level of psychological distress. Participants in this study were 1,773 students: 1,207 female and 566 male students. In this study, SES was measured by combining household income and mother's education, and psychological distress was measured by a 25-item scale of dysphoria taken from a trauma inventory. Use of mental health services was measured by asking about the use of counseling services. They found that the vast majority of these students had not sought counseling during the previous six months. SES, sex and ethnicity were not found to be related to the use of counseling services, though within group ethnic differences were not examined. Sex was found to be related to level of

psychological distress, with women having higher levels of distress, but SES and ethnicity were not found to be related to level of distress. When psychological distress was statistically controlled, using ANCOVA, no significant relationships were found between the use of counseling services and the three demographic variables, with only distress serving as a significant predictor of actual help-seeking. This study supported the general assumption that counseling services are underutilized, but this underutilization appeared to be unrelated to variables that are commonly associated with seeking help (gender, SES and ethnicity). The authors suggested that recruitment efforts be focused on those students who are experiencing distress.

The Use of a Theory or Model in Understanding Help-Seeking

Would research in help-seeking attitudes benefit from the consistent use of a theoretical model? Many studies have found initial support for a plethora of variables that relate to help-seeking attitudes, but as Eagly and Chaiken (1993) note in their review of attitudinal impacts on behavior, there are important considerations to keep in mind when using models to predict behavior from attitudes. Theories, such as Ajzen's (1991) theory of planned behavior, could be used with greater consistency to understand the relationship between the many variables studied.

As observed across the reviews of African American, Asian American and Mexican American help-seeking studies, severable variables unique to each cultural group are found to significantly predict help-seeking attitudes and behavior.

To make sense of this literature, a more sophisticated approach to understanding the relationship between these variables, such as a model, would be beneficial. As offered in a handful of these studies, path models that predict help-seeking behavior appear to be

a promising way to test the influence of combined variables. Perhaps Cramer's (1999) model, discussed initially on pp. 6-7, or another parsimonious model can be used that can capture important variables across cultural groups. Using a unified model and testing for how different variables might hold more or less sway as predicted by cultural groups could serve as an important contribution to the help-seeking literature across racial and ethnic groups. Similarly, using either qualitative or mixed method approaches to studying this problem could be quite beneficial, offering rich and meaningful insight into the disparity between those who do not use psychological services but could benefit from using them and those who actually use these services.

Conclusion

This review has pointed out areas of importance when studying the help-seeking behaviors of African American, Asian American, and Mexican American college students. Though recent studies have found important variables and relationships between these variables, few studies have looked to comprehensively understand the relationships between these variables. The use of path models to understand these relationships is a promising route to take, but researchers examining such models may do more productive work if they consider the contexts related to the help-seeking behaviors of minority college students. Comprehensively analyzing the help-seeking context for specific cultural groups, with a critical eye toward the effects of SES and social class, distress and one's social network, could greatly advance research and practice for ethnic majority and ethnic minority college students when considering help-seeking attitudes and behaviors. This review attests to the need for a closer and more thorough analysis of ethnic and

racial variations in help-seeking to help make formal psychological services a relevant, useful and desirable resource for improving the lives of these students.

Chapter 3

Methodology

Design

A mixed methods approach was used in order to examine both the relative importance of help-seeking variables and the contexts of help-seeking for different cultural groupings. This approach allowed for an examination of the role that social class, distress and perceptions of psychological services play in the beliefs of a sample of nontraditional college students. As clarified by Hanson, Creswell, Plano Clark, Petska and Creswell (2005), the approach used in this study was a concurrent triangulation design. This design prioritizes the quantitative and qualitative analyses equally and separately, with triangulation of results occurring at the end of this process.

Research Questions

Question 1: After the effects of the demographic variables (i.e., sociorace, gender, age, years in school, and household income per number of household members) are controlled, what are the effects of one's perceived stress level, one's previous use of psychological services and one's social network on beliefs about psychological services?

Sub-question 1a: For those participants who have previously used psychological services, does one's rating of their experience using this psychological service alter the relative importance of predictors for help seeking beliefs?

Sub-question 1b: For those participants who have never previously used psychological services, after the effects of demographic variables are controlled, what effect does one's social network and one's perceived stress level have on help seeking beliefs?

Sub-question 1c: What differences exist by sociorace in examining the effects of the demographic variables, one's previous help seeking, and one's social network related to beliefs about psychological services?

Question 2: What themes emerge when analyzing students' responses to questions about psychological help seeking, e.g. questions such as the following:

- What barriers, if any, keep you from seeking the help of a psychological professional?
- What benefits do you perceive when seeking the help of a psychological professional?
- In the community where you grew up, how did people feel about using psychological services?
- What psychological service options are you aware of in your community?

Sub-question 2a: When looking at these themes by groupings based on multicultural identity, what themes appear to be most prominent?

Participants

The participants included 334 college students attending one urban, nonresidential, state university in the Midwest. This university is largely comprised of nontraditionally aged and ethnically diverse students. A total of 354 surveys were distributed, with 334 students participating and responding to the survey. Sixty-four of the participants who responded to the survey did not complete all of the items, and their responses were excluded from the analysis. Additionally, 1 participant identified as transgender and was excluded from the analysis based on too few members of this grouping present for meaningful analysis. As a result, a total of 269 participants'

responses were included. This represents a participation rate of 94% and a usable return rate of 81%. The sample consisted of 113 males and 156 females. The mean age was 33.04 years ($SD = 9.73$). There were 181 (67.0%) White / Caucasian, 41 (15.2%) African American / Black, 24 (8.9%) Asian / Pacific Islander, 4 (1.5%) Hispanic/Latino, 2 (.7%) Native American / Alaskan Native, and 17 (6.3%) Multiracial participants. Due to the relatively small number of participants in various minority groups, the responses of 88 participants who endorsed an REM group status were pooled and coded as REM group members during the analysis. Table 1 on p. 51 summarizes other characteristics of participants in the study.

Table 1. Characteristics of Participants

Variable	<i>N (%)</i>	Total (n=269)	EA Participants (n=181)	REM Participants (n=88)
Gender				
Male		113 (42.0)	73 (40.3)	40 (45.5)
Female		156 (58.0)	108 (59.7)	48 (54.5)
Age	<i>M (SD)</i>	33.0 (9.7)	33.1 (9.9)	32.9 (9.4)
Years in school				
Post-Secondary		1 (0.0)	0 (0.0)	1 (1.1)
Freshman		13 (4.8)	9 (5.0)	4 (4.5)
Sophomore		27 (10.0)	10 (5.5)	17 (19.3)
Junior		89 (33.1)	64 (35.4)	25 (28.4)
Senior		114 (42.4)	83 (45.9)	31 (35.2)
Post-Baccalaureate		25 (9.3)	15 (8.3)	10 (11.4)
Income (household/family members)				
0 ~ \$15,000		92 (34.2)	47 (26.0)	45 (51.1)
\$15,001 ~ \$30,000		85 (31.6)	57 (31.5)	28 (31.8)
\$30,001 ~ \$45,000		55 (20.4)	44 (24.3)	11 (12.5)
\$45,001 ~ \$60,000		19 (7.1)	16 (8.8)	3 (3.4)
\$60,001 or greater		18 (6.7)	17 (9.4)	1 (1.1)
Previous use of psychological services				
No		151 (56.1)	90 (49.7)	61 (69.3)
Yes		118 (43.9)	91 (50.3)	27 (30.7)
Family and friends encouraged psychological help-seeking				
No		165 (61.3)	100 (55.2)	65 (73.9)
Yes		104 (38.7)	81 (44.8)	23 (26.1)
Family and friends' previous use of psychological services				
No		80 (29.7)	36 (19.9)	44 (50.0)
Yes		189 (70.3)	145 (80.1)	44 (50.0)
Perceived Stress Scale		16.1 (6.7)	16.1 (6.5)	16.3 (6.9)
Beliefs About Psychological Services		79.0 (15.0)	81.1 (15.0)	74.7 (14.3)
Subjective Social Class Ladder		5.3 (1.7)	5.5 (1.6)	4.9 (1.9)

Procedure

In an attempt to find a sample that was representative of the student population, instructors from the urban university's 5 colleges and 1 school were emailed by the author. All classes at the urban university that were held during the summer session and met in person were solicited for participation. Instructors for classes that met in person, vs. online, during the summer session of 2010 were contacted. The instructors were given initial information about the study and were asked if they were willing to allow the investigator approximately 20 minutes of class time to perform the study. The researcher attended these classes and gave a brief introduction to the study, reviewed the informed consent procedure and asked those students who were willing to participate to completely fill out the surveys. When students who participated in the study completed the forms, they put their completed surveys into a security envelope supplied with their forms to ensure confidentiality. Participation in the study was completely optional, with no compensation given for participation.

Materials

The materials used in this study included a subjective social class measure (The MacArthur Scale of Subjective Social Status; Adler & Stewart, 2007), the Beliefs About Psychological Services (BAPS; Aegisdottir & Gerstein, 2009) survey, the Perceived Stress Scale – 10 Item (Cohen & Williamson, 1988), and a questionnaire that included demographic questions as well as open ended questions about help-seeking.

MacArthur Scale of Subjective Social Status. The MacArthur Scale of Subjective Social Status (Adler & Stewart, 2007) was developed by the MacArthur Network on SES and Health in order to quickly measure a common sense understanding

of one's social position and socioeconomic status. It was developed to examine the relationship between SES, social class, and health outcomes. In the present study, the SES ladder (Adler, Epel, Castellazo & Ickovics, 2000) and a modified version of education level and family income indicators were used. The SES ladder has empirical support for its ability to predict health outcomes beyond traditional measures of SES (e.g., income, job status, and education level; see Adler et al., 2000). The questions used in the present study asked about one's standing overall in the U.S., level of education achieved, income level and size of household.

Beliefs About Psychological Services. The Beliefs About Psychological Services (BAPS) is an instrument developed by Aegisdottir and Gerstein (2009) comprised of 18 items that give a total score (with a range from 18-108) and scores on three subscales: intent to seek psychological help, stigma tolerance, and expertness. This tool was developed to improve upon the widely used Attitudes Toward Seeking Professional Psychological Help (ATSPPH) scale in both its original (Fischer & Turner, 1970) and shortened (Fischer & Farina, 1995) forms. The subscales of both forms of the ATSPPH have been called into question, with researchers suggesting that only the total score be used. The BAPS improves upon these measures by more completely covering the domain of help-seeking while providing evidence for the independent use of its three subscales. The 18 statements on the BAPS are rated on a scale that ranges from 1 to 6 with 1 being “strongly disagree” and 6 being “strongly agree.”

Perceived Stress Scale. The Perceived Stress Scale – 10 Item (PSS-10; Cohen & Williamson, 1988) is an instrument that is used to ask participants to rate perceptions of their stress in the last month. It was developed to measure the latent aspects of stress that

cannot be readily observed when simply measuring events known to cause stress. Rather, it intends to focus on how an individual reacts to these events. The total score is used for this instrument. Participants were asked to rate how often they experienced statements such as, “In the last month, how often have you felt confident about your ability to handle your personal problems.” Participants’ choices ranged from “0=never” to “4=very often.” Internal reliability for this instrument was measured at alpha coefficient = .78.

Questionnaire. The questionnaire used in this study consisted of 15 questions. These questions asked participants to respond to demographic questions (e.g., age, ethnicity, gender) as well as specific questions about previous help seeking, perceived benefits and drawbacks of psychological help seeking, and the people and things they use for support when distressed (see Appendix 1 on pp. 192-203).

Statistical Hypotheses

There were several statistical hypotheses posed in this study. It was hypothesized that gender differences would be found on BAPS scores, with women holding more favorable attitudes than men. It was also hypothesized that age would be related to one’s score on the BAPS, with age positively relating to psychological help-seeking attitudes. It was also hypothesized that EA students would hold more positive beliefs as measured on the BAPS than REM students. Income was hypothesized to relate to one’s score on the BAPS, with students whose families had higher incomes per number of family members being positively correlated with BAPS scores. It was also hypothesized that participants with higher levels of education or years in school would score higher on the BAPS. Additionally, it was hypothesized that those students who had previously sought help from a psychological professional would score higher on the BAPS. It was hypothesized

that those students who had a friend or family member who had sought psychological help would also score higher on the BAPS. It was also hypothesized that one's level of distress would be positively related to one's score on the BAPS. It was predicted that one's subjective social class ranking would be positively correlated with scores on the BAPS. It was hypothesized that subjective social class and distress would serve as statistically significant predictors of help-seeking beliefs. It was also hypothesized that the intersection of ethnicity/race, social class and sex would predict help-seeking beliefs. Furthermore, it was hypothesized that for those participants who had previously sought psychological help, ratings of this previous experience would predict help-seeking beliefs and would vary with ethnicity/race.

Quantitative Analysis

A statistical analysis of the quantitative data was completed using a multiple regression model. Subjective social class, family income, education level, perceived stress, age, sex, ethnicity, previous help-seeking behavior, family or friends' help-seeking encouragement and family or friends' help-seeking behavior were examined as predictors for the BAPS. Interactions between these variables were also tested by adding their interaction to the model. The interactions between sex and ethnicity, sex and social class, and social class and ethnicity were added to the model. As these predictors were not significant, they were removed from the final analysis.

An additional analysis was completed to examine predictors for those participants who had previously sought help through psychological services. This analysis had the advantage of being able to add a rating of this previous use of psychological services to examine the prediction of help-seeking beliefs. The interaction between this rating of the

service and ethnic/racial identity was examined; as this interaction term was not significant, it was removed from the final analysis.

Additionally, a t-test was conducted to examine for differences in EA and REM identity as a predictor of ratings on the experience of psychological service use.

Qualitative Analysis

A qualitative content analysis was performed on the 7 open-ended questions in the questionnaire. Following guidelines suggested by the Taylor-Powell and Renner (2003) and Morgan (1993), content was examined for themes that emerged from the open-ended questions. Each of the 7 open-ended questions served as the domain, and categories were developed under each domain which the author then developed into themes. After completing this categorization process, themes were noted, and these themes were subsequently analyzed by gender, sociorace, subjective social class and multicultural identity, defined as the combination of these groupings. For the first open-ended question, participants who had previously sought psychological help provided feedback about their experience in using psychological services, and this feedback was categorized by participants who either had a positive experience or a negative experience. For the six other open-ended questions, all participants' responses were categorized under each domain before having the themes analyzed by gender, sociorace, subjective social class and multicultural identity. The author used an auditor, a doctoral candidate with experience researching and authoring a peer-reviewed article on help seeking beliefs, to ensure both consistent categorizations of responses as well as clear development of themes based on these responses.

Triangulation of Concurrent Quantitative and Qualitative Results.

Finally, the quantitative and qualitative results were integrated. Triangulating the results of the quantitative and qualitative portions of this study allow for a bigger picture of the data. This includes both an immediate overview of significant predictors for holding positive beliefs about psychological services (a snapshot based on the quantitative results) and a more in-depth look at how one's multicultural identity is related to holding beliefs about psychological services (a portrait based on the qualitative results; see Hanson, Creswell, Plano Clark, Petska & Creswell, 2005; Haverkamp, Morrow & Poneterotto, 2005).

Chapter 4

Results

This chapter is comprised of two sections: quantitative and qualitative results. The first section focuses on results from the quantitative portion of the survey that focused on predictors of beliefs about psychological services. The second section focuses on results from the qualitative portion of the survey that focused on participants' written responses to questions about psychological help seeking.

Section One: Quantitative analysis

A power analysis was computed to help determine the sample size necessary for small, medium and large effect sizes. To detect a small effect size for 10 predictors, power of 0.95, alpha level of .05 and effect size of 0.02, the sample size would need to be 1229 participants. To detect a medium effect size for 10 predictors, power of 0.95, alpha level of .05 and effect size of 0.15, the sample size would need to be 172 participants. To detect a large effect size for 10 predictors, power of 0.95, alpha level of .05 and effect size of 0.35, the sample size would need to be 80 participants. Using G*Power software (Buchner, Erdfelder, Faul, & Lang, 2006) estimates, with 269 useable participants in the quantitative portion of this study, a medium effect size is able to be determined in the present study.

Prior to performing analyses, the data were tested for adherence to multivariate normality. Dichotomous variables present in this study (socioeconomic status, gender, previous help seeking, family/friends encouragement to seek help and family/friends previous help

seeking) were dummy coded prior to analysis. Cronbach's α for BAPS and PSS scores in this sample were .89 and .88 respectively.

Multiple Regression Analysis for All Participants

Using the BAPS scores as the dependent variable, a multiple regression analysis was conducted to examine the effect of demographic variables, previous help-seeking, social network variables, perceived stress and subjective social class. Demographic variables were sociorace, gender, age, years in school, and household income divided by number of members in household. The social network variables were defined as having family and/or friends who encouraged psychological help-seeking and who previously used psychological services. To address the concern of high correlations among independent variables, the variance inflation factor (VIF) statistic was examined across independent variables to check for the presence of multicollinearity. Based on results where the highest VIF statistic was 1.71, a number smaller than the standard cutoff of 10, these numbers (see Table 2 on p. 60) suggest there was no multicollinearity problem.

Table 2. Results of Multiple Regression Analyses on Beliefs About Psychological Services by All Participants.

Variables	All Participants (n=269)		
	<i>B</i>	<i>SE</i>	<i>VIF</i>
Demographic variables			
Sociorace ¹	2.516	1.887	1.212
Gender ²	6.898***	1.702	1.091
Subjective Social Class	-0.155	0.518	1.250
Age	.135	.086	1.088
Year in school	-0.096	.701	1.038
Income by Number in Household	0.000	0.000	1.205
Perceived Stress Scale	-.362**	.133	1.214
Previous use of psychological services ³	7.753***	2.070	1.632
Family and friends encouraged psychological help-seeking ³	.500	2.16	1.711
Family and friends' previous use of psychological services ³	5.858**	1.983	1.271
R ²		.26	
Adjusted R ²		.23	
Total F		8.90	

* p < .05, ** p < .01, *** p < .001

¹REM participants were dummy coded as 0, and European American participants were dummy coded as 1.

² Male participants were dummy coded as 0, and female participants were coded as 1.

³ "No" answers were dummy coded as 0, and "Yes" answers were coded as 1.

The results of a multiple regression analysis predicting the BAPS scores are displayed in Table 2 on p. 60. The sole demographic variable for all participants that predicted BAPS scores was gender, with females holding more positive attitudes. Perceived stress was a significant predictor with lower levels of stress correlating with more positive BAPS scores. One's previous use of psychological services significantly predicted BAPS scores as well, with those that previously sought help having more positive beliefs, and of the social network variables, only having family and/or friends' who previously used psychological services significantly correlated with BAPS scores, with positive beliefs being predicted by this previous use by one's social network. The final model with all variables explained approximately 26% of the variance of BAPS scores.

Multiple Regression Analysis by Previous Help-Seekers

To compare effects of independent variables on beliefs about psychological services by those who had previously sought psychological help, the sample was narrowed to those who had used psychological services in the past and had given a rating for their experience based off of this use. The dependent variable was the BAPS scores, and the same independent variables were used, except the yes/no question about previous help-seeking was eliminated. Results of the multiple regression analysis using a simultaneous method are presented in Table 3 on p. 62. Results of the analysis using help-seekers (n = 118) showed that significant predictors of positive beliefs were gender, positive rating of previous psychological service use and European American sociorace. The model explained approximately 58% of the variance in BAPS scores.

Table 3. Results of Multiple Regression Analyses on Beliefs About Psychological Services by Participants Who Have Previously Sought Help from Psychological Services.

Variables	All Participants (n=118)	
	<i>B</i>	<i>SE</i>
Demographic variables		
Sociorace ¹	4.619*	2.330
Gender ²	8.044***	2.170
Subjective Social Class	-0.053	0.607
Age	0.077	0.100
Year in school	-0.387	0.856
Income by Number in Household	0.000	0.000
Perceived Stress Scale	0.089	0.140
Rating of Psychological Service Use	7.598***	0.657
Family and friends encouraged psychological help-seeking ³	0.326	2.260
Family and friends' previous use of psychological services ³	-0.734	2.970
R ²	.583	
Adjusted R ²	.544	
Total F	14.967	

* p < .05, ** p < .01, *** p < .001

¹REM participants were dummy coded as 0, and European American participants were dummy coded as 1.

²Male participants were dummy coded as 0, and female participants were coded as 1.

³ "No" answers were dummy coded as 0, and "Yes" answers were coded as 1.

Multiple Regression Analysis by Participants Not Previously Seeking Help

To compare effects of independent variables on beliefs about psychological services by those who had never previously sought psychological help, the sample was narrowed to those participants indicating that they had never previously used psychological services. The dependent variable was the BAPS scores, and the same independent variables were used, except the yes/no question about previous help-seeking was eliminated. Results of the multiple regression analysis using a simultaneous method are presented in Table 4 on p. 64. Results of the analysis using participants who had not previously sought help (n=151) showed that significant predictors of positive beliefs toward psychological services included gender, level of perceived stress, and having a family member or friend who had previously used psychological services. The model explained approximately 31% of the variance in BAPS scores.

Table 4. Results of Multiple Regression Analyses on Beliefs About Psychological Services by Participants Who Have Never Previously Sought Help from Psychological Services.

Variables	All Participants (n=151)	
	<i>B</i>	<i>SE</i>
Demographic variables		
Sociorace ¹	1.702	2.103
Gender ²	9.219***	1.859
Subjective Social Class	0.055	0.610
Age	0.167	0.102
Year in school	0.395	0.788
Income by Number in Household	0.000	0.000
Perceived Stress Scale	-0.699***	0.174
Family and friends encouraged psychological help-seeking ³	1.734	2.858
Family and friends' previous use of psychological services ³	5.311*	2.054
R ²	.311	
Adjusted R ²	.267	
Total F	7.082	

* p < .05, ** p < .01, *** p < .001

¹REM participants were dummy coded as 0, and European American participants were dummy coded as 1.

²Male participants were dummy coded as 0, and female participants were coded as 1.

³“No” answers were dummy coded as 0, and “Yes” answers were coded as 1.

Analysis of Rating of Psychological Service Use by Sociorace

To compare whether or not there were reported differences in ratings of psychological service use between socioracial groups, a t-test was conducted for participants who had previously used psychological services. Results of this analysis indicated a mean rating of psychological service use for EA participants (n=91) at 4.46 (sd=1.537) and REM participants (n=27) at 4.41 (sd=1.421). There was no statistically significant difference between these means.

Multiple Regression Analysis by REM Participants

To compare effects of independent variables on beliefs about psychological services by all REM participants (n=88), an analysis was completed that was similar to the previous analyses while excluding the sociorace predictor. The BAPS scores remained as the dependent variable. Results of this multiple regression analysis using a simultaneous method are presented in Table 5 on p. 66. Results of the analysis showed that significant predictors of positive beliefs toward psychological services included gender alone. The model explained approximately 25% of the variance in BAPS scores.

Table 5. Results of Multiple Regression Analyses on Beliefs About Psychological Services by REM Participants.

Variables	REM Participants (n=88)	
	<i>B</i>	<i>SE</i>
Demographic variables		
Gender ¹	7.480*	3.067
Subjective Social Class	-0.346	0.840
Age	0.116	0.156
Year in school	-1.248	1.043
Income by Number in Household	0.000	0.000
Perceived Stress Scale	-0.360	0.235
Previous use of psychological services ²	6.672	4.192
Family and friends encouraged psychological help-seeking ²	-1.253	4.368
Family and friends' previous use of psychological services ²	5.966	3.302
R ²	.249	
Adjusted R ²	.163	
Total F	2.878	

* p < .05, ** p < .01, *** p < .001

¹Male participants were dummy coded as 0, and female participants were coded as 1.

²“No” answers were dummy coded as 0, and “Yes” answers were coded as 1.

Multiple Regression Analysis by EA Participants

To compare effects of independent variables on beliefs about psychological services by all EA participants (n=181), an analysis was completed as previously described for the REM participants. The results of this multiple regression analysis using a simultaneous method are presented in Table 6 on p. 68. Results of the analysis showed that significant predictors of positive beliefs toward psychological services included gender, previous help seeking, and having a friend or family member that has previously sought psychological services.

Table 6. Results of Multiple Regression Analyses on Beliefs About Psychological Services by EA Participants.

Variables	EA Participants (n=181)	
	<i>B</i>	<i>SE</i>
Demographic variables		
Gender ¹	7.239***	2.142
Subjective Social Class	-0.087	0.692
Age	0.140	0.107
Year in school	1.036	1.010
Income by Number in Household	0.000	0.000
Perceived Stress Scale	-0.322	0.173
Previous use of psychological services ²	8.113**	2.446
Family and friends encouraged psychological help-seeking ²	0.695	2.586
Family and friends' previous use of psychological services ²	6.542*	2.611
R ²	.234	
Adjusted R ²	.193	
Total F	5.796	

* p < .05, ** p < .01, *** p < .001

¹Male participants were dummy coded as 0, and female participants were coded as 1.

²“No” answers were dummy coded as 0, and “Yes” answers were coded as 1.

Section Two: Qualitative analysis

As explained by Hanson, Creswell, Plano Clark, Petska and Creswell (2005), this study used a concurrent nested design. Using this design, quantitative and qualitative data are collected at the same time; however, priority was given to quantitative data to help in distinguishing groups of interest. After these groups were determined through the quantitative analyses, the codes developed through analysis of the qualitative data were used to help highlight important aspects of these groups and their experiences and perceptions related to seeking psychological help.

Domain 1: Rating of overall experience if having used psychological services.

Students participating in this study were initially asked whether or not they had ever used psychological services. If they responded in the affirmative, they were asked to rate this experience on a 6-point Likert scale, with a range from 1 = “Strongly Negative” to 6 = “Strongly Positive.” There was no neutral option; for example, 3 = “Slightly Negative” and 4 = “Slightly Positive.” For the purpose of readily comparing those who had positive versus negative experiences when using psychological services, these responses were categorized into either positive or negative experiences for comparison.

Table 7. Responses for Domain 1: Rating of overall experience if having used psychological services.

	N	Positive Experience	Negative Experience
All Participants	118	95 (80.5%)	23 (19.5%)
EA	91	72 (79.1%)	19 (20.9%)
REM	27	23 (85.2%)	4 (14.8%)
Female	80	61 (76.25%)	19 (23.75%)
Male	38	34 (89.5%)	4 (10.5%)
HSSC	62	49 (79.03%)	13 (20.96%)
LSSC	56	46 (82.14%)	10 (17.86%)
EA, F, HSSC	36	28 (77.78%)	8 (22.22%)
EA, F, LSSC	26	19 (73.08%)	7 (26.92%)
EA, M, HSSC	15	12 (80%)	3 (20%)
EA, M, LSSC	14	13 (92.86%)	1 (7.14%)
REM, F, HSSC	6	4 (66.67%)	2 (33.33%)
REM, F, LSSC	12	10 (83.33%)	2 (16.67%)
REM, M, HSSC	5	5 (100%)	0
REM, M, LSSC	4	4 (100%)	0

EA = European American, REM = Racial/Ethnic Minority, F = Female, M = Male, HSSC = High Subjective Social Class, LSSC = Low Subjective Social Class

All participants.

When looking at the results of all participants in the study, it can be seen that 118 of 269 (43.9%) participants had previously used psychological services. Of those participants who used psychological services, 95 of the 118 (80.5%) had positive experiences while 23 of the 118 (19.5%) had negative experiences.

EA and REM participants.

When looking at the results of EA participants, it can be seen that 91 of the 118 (77.1%) people who used psychological services were EA. Of these 91 who had previously used psychological services, 72 (79.1%) had positive experiences while 19 (20.9%) had negative experiences.

When looking at the results of REM participants, it can be seen that 27 of the 118 (22.9%) people who used psychological services were REM. Of these 27 who had previously used psychological services, 23 (85.2%) had positive experiences while 4 (14.8%) had negative experiences.

Female and Male participants.

When looking at the results of female participants, it can be seen that 80 of the 118 (68.8%) people who used psychological services were female. Of these 80 who had previously used psychological services, 61 (76.25%) had positive experiences while 19 (23.75%) had negative experiences.

When looking at the results of male participants, it can be seen that 38 of the 118 (32.2%) people who used psychological services were male. Of these 38 who had previously used psychological services, 34 (89.5%) had positive experiences while 4 (10.5%) had negative experiences.

Participants reporting High or Low Subjective Social Class Standing.

When looking at the results of High Subjective Social Class (HSSC) participants, it can be seen that 62 of the 118 (52.54%) people who used psychological services rated as holding this status. Of these 62 who had previously used psychological services, 49 (79.03%) had positive experiences while 13 (20.96%) had negative experiences.

When looking at the results of Low Subjective Social Class (LSSC) participants, it can be seen that 56 of the 118 (47.46%) people who used psychological services were female. Of these 56 who had previously used psychological services, 46 (82.14%) had positive experiences while 10 (17.86%) had negative experiences.

***Breakdown of Participant Rating of Previous Psychological Service Use
by Multicultural Identity.***

EA females who identified as HSSC represented 36 of the 118 participants who had previously used psychological services. Of these 36 participants, 28 rated their experiences as positive and 8 rated their experiences as negative.

EA females who identified as LSSC represented 26 of the 118 participants who had previously used psychological services. Of these 26 participants, 19 rated their experiences as positive and 7 rated their experiences as negative.

EA males who identified as HSSC represented 15 of the 118 participants who had previously used psychological services. Of these 15 participants, 12 rated their experiences as positive and 3 rated their experiences as negative.

EA males who identified as LSSC represented 14 of the 118 participants who had previously used psychological services. Of these 14 participants, 13 rated their experiences as positive and 1 rated his experience as negative.

REM females who identified as HSSC represented 6 of the 118 participants who had previously used psychological services. Of these 6 participants, 4 rated their experiences as positive and 2 rated their experiences as negative.

REM females who identified as LSSC represented 12 of the 118 participants who had previously used psychological services. Of these 12 participants, 10 rated their experiences as positive and 2 rated their experiences as negative.

REM males who identified as HSSC represented 5 of the 118 participants who had previously used psychological services. All 5 of these participants rated their experiences as positive.

REM males who identified as LSSC represented 4 of the 118 participants who had previously used psychological services. All 4 of these participants rated their experiences as positive.

Overall, and across all sub-classifications, the sample group reported high positive satisfaction with psychological services, with 81% of all participants reporting a positive experience and a range of 67% to 100% positive experiences reported among the multicultural identity groupings.

Domain 2: Barriers, if any, that keep students from seeking the help of a psychological professional.

Students participating in this study were asked the following question: “What barriers, if any, keep you from seeking the help of a psychological professional?” Responses to this question were analyzed for content, and 7 themes were found.

The first of the 7 themes was that there were indeed *no barriers* to seeking the help of a psychological professional. Responses that were categorized into this theme included responses such as, “None,” “No barriers,” and “There aren’t any.” Additionally, those students who left the space for this response blank, while completing other responses, were categorized in this theme.

The second of the 7 themes was that *cost and/or insurance* concerns served as a barrier to seeking the help of a psychological professional. Responses that were categorized into this theme included responses such as, “I would say the only barrier would be finance,” “Poor insurance too much out of pocket,” “they’re expensive,” “No health insurance,” “\$,” “Money!,” and “Cost.”

The third of the 7 themes was that a barrier to seeking the help of a psychological professional was *doubt that the professional could actually help* and fear associated with receiving help. Examples of fears mentioned included fear of being judged, fear of medications being recommended too readily, fear of confidentiality not being assured, and a general lack of trust. Additionally, included in this category were responses that reflected the previous poor experiences of students who had seen a psychological professional in the past. Responses that exemplify this theme include the following: “worry the psychologist wouldn’t be any good,” “felt as if she was judging me,” “unknown of actual effectiveness,” “a lot of them seem like crack-pots,” “a horrible experience makes it so I won’t ever go back to anyone even if I feel I should,” “They don’t really help people get over their problems,” “I don’t want somebody telling me how to think,” and “The chance that it will not help the situation and nothing will change.” One respondent had a particularly critical statement, “I don’t agree with the eagerness to medicate. I also strongly believe that at least 90% of the psychological diagnoses are incorrect. I think your field is a money grab and most psychologists are dishonest at best, mostly criminal.”

The fourth of the 7 themes was that finding the *time* and overcoming the challenge of figuring out where to go serve as barriers to seeking the help of a psychological professional. Typical responses categorized under this theme include, “a busy schedule,” “time,” “time constraints,” “it takes so long to get in with someone,” “inconvenient,” “not knowing how to find the right psychologist would be frustrating,” “NOT MANY AVAILABLE IN THE EVENINGS,” “it is a time commitment requiring several (6+) sessions.”

The fifth of the 7 themes was that *religious and cultural differences*, as well as greater comfort in seeking help from other sources and difficulty in finding a “match”, serve as barriers to seeking the help of psychological professionals. Examples of responses that were categorized under this theme include the following: “My faith & religion is what Barriers me from needing to seek professional help,” “Not culturally specific,” “coming from a collective group background,” “cultural,” “Because of a personal relationship with God,” “I look to a higher power for emotional healing (Jesus),” “I seek help from my pastors,” “Religion barriers, because according to my faith only God and medical doctors could help you about any kind of problems that you have,” “It is difficult to find a good match personality wise,” and “I am a Christian and would only consider a Christian counselor.”

The sixth of the 7 themes was that *stigma, fear of disclosure and feeling like a personal failure* serve as barriers to seeking the help of a psychological professional. Examples of responses that were categorized under this theme include, “the barrier would be stigmatization,” “stigma attached to mental and psychological help,” “embarrassment,” “I would not want anyone, outside of close family and friends, to know I went,” “feeling weak in the mind,” “I don’t like to open up and share personal feelings,” and “People jump to conclusions and automatically assume if you seek psychological help, then you must be crazy.”

The final thematic barrier to seeking help from a psychological professional was that this *level of intervention was not warranted* to help with concerns. Responses categorized under this theme included examples such as, “I feel that I have not come to a situation yet that I will need a psychologist’s help,” “don’t believe my issues can’t be

handled on my own,” “I feel like I can handle things myself. Not everybody needs outside assistance to deal with personal problems,” “I feel it’s only necessary in extreme situations such as depression or mood altering situations that I cannot overcome alone,” and “I don’t feel they are needed.”

Table 8. Responses for Domain 2: Barriers, if any, that keep students from seeking the help of a psychological professional.

	Themes	1	2	3	4	5	6	7
	N	No Barriers	Cost/Insurance Concerns	Doubt/Fear	Logistics	Religious/Cultural Differences	Stigma/ Fear of Disclosure	Level of Intervention Not Warranted
All Participants	269	85 (31.60%)	78 (29.00%)	35 (13.01%)	34 (12.64%)	20 (7.43%)	34 (12.64%)	87 (32.34%)
EA	181	55 (30.39%)	58 (32.04%)	24 (13.26%)	25 (13.81%)	7 (3.87%)	21 (11.60%)	58 (32.04%)
REM	88	30 (34.10%)	20 (22.73%)	11 (12.50%)	8 (9.10%)	13 (14.77%)	13 (14.77%)	29 (32.95%)
Female	156	50 (32.05%)	45 (28.85%)	17 (10.90%)	23 (14.74%)	13 (8.33%)	16 (10.26%)	45 (28.85%)
Male	113	35 (30.97%)	33 (29.20%)	18 (15.93%)	10 (8.85%)	7 (6.19%)	18 (15.93%)	42 (37.17%)
HSSC	134	43 (32.09%)	36 (26.87%)	15 (11.19%)	17 (12.69%)	9 (6.72%)	18 (13.43%)	43 (32.09%)
LSSC	135	42 (31.11%)	42 (31.11%)	20 (14.81%)	16 (11.85%)	11 (8.15%)	16 (11.85%)	44 (32.59%)
EA, F, HSSC	63	21 (33.33%)	20 (31.75%)	6 (9.52%)	10 (15.87%)	2 (3.17%)	7 (11.11%)	17 (26.98%)
EA, F, LSSC	45	15 (33.33%)	15 (33.33%)	7 (15.56%)	7 (15.56%)	3 (6.67%)	3 (6.67%)	13 (28.89%)
EA, M, HSSC	34	9 (26.47%)	9 (26.47%)	4 (11.76%)	5 (14.71%)	2 (5.88%)	6 (17.65%)	13 (38.24%)
EA, M, LSSC	39	10 (25.64%)	14 (35.90%)	7 (17.95%)	3 (7.69%)	0	5 (12.82%)	15 (38.46%)
REM, M, HSSC	20	6 (30%)	6 (30%)	4 (20%)	1 (5%)	2 (10%)	3 (15%)	6 (30%)
REM, M, LSSC	20	10 (50%)	4 (20%)	3 (15%)	1 (5%)	3 (15%)	4 (20%)	8 (40%)
REM, F, HSSC	17	7 (41.18%)	1 (5.88%)	1 (5.88%)	1 (5.88%)	3 (17.65%)	2 (11.76%)	7 (41.18%)
REM, F, LSSC	31	7 (22.58%)	9 (29.03%)	3 (9.68%)	5 (16.13%)	5 (16.13%)	4 (12.90%)	8 (25.81%)

EA = European American, REM = Racial/Ethnic Minority, F = Female, M = Male, HSSC = High Subjective Social Class, LSSC = Low Subjective Social Class

All participants.

When examining these 7 themes with all participants, overall trends among these themes can be observed, with some themes being much more commonly endorsed than others. For all participants, the top theme reported was the final theme, indicating that the level of intervention that psychological professionals embody is not warranted. Of the 269 participants completing the survey, 87 (32.34%) endorsed Theme 7 (Level of Intervention Not Warranted). The second most endorsed theme was Theme 1 (No Barriers); 85 (31.60%) of the 269 participants indicated that they perceived no barriers. The third most endorsed theme was Theme 2 (Cost/Insurance Concerns); 78 (29.00%) of the participants indicated that cost and financial barriers kept them from seeking the help of a psychological professional.

Rounding out the rest of the endorsed themes shows that Theme 3 (Doubt/Fear) was endorsed 35 (13.01%) times, Theme 4 (Logistics: time, inconvenience, and challenges in finding where to go serve as barriers to seeking psychological services) was endorsed 34 (12.64%) times, Theme 6 (Stigma/Fear of Disclosure) was endorsed 34 (12.64%) times, and Theme 5 (Religious/Cultural Differences) was endorsed 20 (7.43%) times.

EA and REM participants.

When looking at Theme 1 (No barriers to seeking the help of a psychological professional), 55 of 181 (30.39%) EA participants endorsed this theme; whereas, 30 of 88 (34.10%) REM participants endorsed this theme.

When looking at Theme 2 (Cost and/or insurance concerns served as a barrier to seeking the help of a psychological professional), 58 of 181 (32.04%) EA participants endorsed this theme; whereas, 20 of 88 (22.73%) REM participants endorsed this theme.

When looking at Theme 3 (Doubt that the professional could actually help and having fear associated with receiving help serving as a barrier), 24 of 181 (13.26%) EA participants endorsed this theme; whereas, 11 of 88 (12.50%) REM participants endorsed this theme.

When looking at Theme 4 (Finding the time and overcoming the challenge of figuring out where to go serve as barriers to seeking the help of a psychological professional), 25 of 181 (13.81%) EA participants endorsed this theme; whereas, 8 of 88 (9.10%) REM participants endorsed this theme.

When looking at Theme 5 (Religious and cultural differences, greater comfort in seeking help from other sources, and difficulty in finding a “match” serve as barriers to seeking the help of psychological professionals), 7 of 181 (3.87%) EA participants endorsed this theme; whereas, 13 of 88 (14.77%) REM participants endorsed this theme.

When looking at Theme 6 (Stigma, fear of disclosure and feeling like a personal failure serve as barriers to seeking the help of a psychological professional), 21 of 181 (11.60%) EA participants endorsed this theme; whereas, 13 of 88 (14.77%) REM participants endorsed this theme.

Finally, when looking at Theme 7 (The level of intervention is not warranted to help with my concerns), 58 of 181 (32.04%) EA participants endorsed this theme; whereas, 29 of 88 (32.95%) REM participants endorsed this theme.

Female and Male participants.

When looking at participants thematic responses according to gender, the following results can be examined by theme.

For Theme 1 (No barriers to seeking the help of a psychological professional), 50 of 156 (32.05%) female participants endorsed this theme; whereas, 35 of 113 (30.97%) male participants endorsed this theme.

For Theme 2 (Cost and/or insurance concerns served as a barrier to seeking the help of a psychological professional), 45 of 156 (28.85%) female participants endorsed this theme; whereas, 33 of 113 (29.20%) male participants endorsed this theme.

For Theme 3 (Doubt that the professional could actually help and having fear associated with receiving help serving as a barrier), 17 of 156 (10.90%) female participants endorsed this theme; whereas, 18 of 113 (15.93%) male participants endorsed this theme.

For Theme 4 (Finding the time and overcoming the challenge of figuring out where to go serve as barriers to seeking the help of a psychological professional), 23 of 156 (14.74%) female participants endorsed this theme; whereas, 10 of 113 (8.85%) male participants endorsed this theme.

For Theme 5 (Religious and cultural differences, greater comfort in seeking help from other sources, and difficulty in finding a “match” serve as barriers to seeking the help of psychological professionals), 13 of 156 (8.33%) female participants endorsed this theme; whereas, 7 of 113 (6.19%) male participants endorsed this theme.

For Theme 6 (Stigma, fear of disclosure and feeling like a personal failure serve as barriers to seeking the help of a psychological professional), 16 of 156 (10.26%) female participants endorsed this theme; whereas, 18 of 113 (15.93%) male participants endorsed this theme.

Finally, for Theme 7 (The level of intervention is not warranted to help with my concerns), 45 of 156 (28.85%) female participants endorsed this theme; whereas, 42 of 113 (37.17%) male participants endorsed this theme.

Participants reporting High or Low Subjective Social Class Standing.

When looking at participants thematic responses according to subjective social class rating, the results can be observed by the following themes.

For Theme 1 (No barriers to seeking the help of a psychological professional), 43 of 134 (32.09%) HSSC participants endorsed this theme; whereas, 42 of 135 (31.11%) LSSC participants endorsed this theme.

For Theme 2 (Cost and/or insurance concerns served as a barrier to seeking the help of a psychological professional), 36 of 134 (26.87%) HSSC participants endorsed this theme; whereas, 42 of 135 (31.11%) LSSC participants endorsed this theme.

For Theme 3 (Doubt that the professional could actually help and having fear associated with receiving help serving as a barrier), 15 of 134 (11.19%) HSSC participants endorsed this theme; whereas, 20 of 135 (14.81%) LSSC participants endorsed this theme.

For Theme 4 (Finding the time and overcoming the challenge of figuring out where to go serve as barriers to seeking the help of a psychological professional), 17 of 134 (12.69%) HSSC participants endorsed this theme; whereas, 16 of 135 (11.85%) LSSC participants endorsed this theme.

For Theme 5 (Religious and cultural differences, greater comfort in seeking help from other sources, and difficulty in finding a “match” serve as barriers to seeking the help of psychological professionals), 9 of 134 (6.72%) HSSC participants endorsed this theme; whereas, 11 of 135 (8.15%) LSSC participants endorsed this theme.

For Theme 6 (Stigma, fear of disclosure and feeling like a personal failure serve as barriers to seeking the help of a psychological professional), 18 of 134 (13.43%) HSSC participants endorsed this theme; whereas, 16 of 135 (11.85%) LSSC participants endorsed this theme.

Finally, for Theme 7 (The level of intervention is not warranted to help with my concerns), 43 of 134 (32.09%) HSSC participants endorsed this theme; whereas, 44 of 135 (32.59%) LSSC participants endorsed this theme.

***Breakdown of Participant Rating of Previous Psychological Service Use
by Multicultural Identity.***

EA females who identified as HSSC represented 63 of the 269 participants who completed the survey. Of these 63 participants, 21 (33.33%) endorsed Theme 1, 20 (31.75%) endorsed Theme 2, 6 (9.52%) endorsed Theme 3, 10 (15.87%) endorsed Theme 4, 2 (3.17%) endorsed Theme 5, 7 (11.11%) endorsed Theme 6, and 17 (26.98%) endorsed Theme 7.

EA females who identified as LSSC represented 45 of the 269 participants who completed the survey. Of these 45 participants, 15 (33.33%) endorsed Theme 1, 15 (33.33%) endorsed Theme 2, 7 (15.56%) endorsed Theme 3, 7 (15.56%) endorsed Theme 4, 3 (6.67%) endorsed Theme 5, 3 (6.67%) endorsed Theme 6, and 13 (28.89%) endorsed Theme 7.

EA males who identified as HSSC represented 34 of the 269 participants who completed the survey. Of these 34 participants, 9 (26.47%) endorsed Theme 1, 9 (26.47%) endorsed Theme 2, 4 (11.76%) endorsed Theme 3, 5 (14.71%) endorsed Theme 4, 2 (5.88%) endorsed Theme 5, 6 (17.65%) endorsed Theme 6, and 13 (38.24%) endorsed Theme 7.

EA males who identified as LSSC represented 39 of the 269 participants who completed the survey. Of these 39 participants, 10 (25.64%) endorsed Theme 1, 14 (35.90%) endorsed Theme 2, 7 (17.95%) endorsed Theme 3, 3 (7.69%) endorsed Theme 4, 0 (0%) endorsed Theme 5, 5 (12.82%) endorsed Theme 6, and 15 (38.46%) endorsed Theme 7.

REM females who identified as HSSC represented 17 of the 269 participants who completed the survey. Of these 17 participants, 7 (41.18%) endorsed Theme 1, 1 (5.88%) endorsed Theme 2, 1 (5.88%) endorsed Theme 3, 1 (5.88%) endorsed Theme 4, 3 (17.65%) endorsed Theme 5, 2 (11.76%) endorsed Theme 6, and 7 (41.18%) endorsed Theme 7.

REM females who identified as LSSC represented 31 of the 269 participants who completed the survey. Of these 31 participants, 7 (22.58%) endorsed Theme 1, 9 (29.03%) endorsed Theme 2, 3 (9.68%) endorsed Theme 3, 5 (16.13%) endorsed Theme 4, 5 (16.13%) endorsed Theme 5, 4 (12.90%) endorsed Theme 6, and 8 (25.81%) endorsed Theme 7.

REM males who identified as HSSC represented 20 of the 269 participants who completed the survey. Of these 20 participants, 6 (30%) endorsed Theme 1, 6 (30%) endorsed Theme 2, 4 (20%) endorsed Theme 3, 1 (5%) endorsed Theme 4, 2 (10%) endorsed Theme 5, 3 (15%) endorsed Theme 6, and 6 (30%) endorsed Theme 7.

REM males who identified as LSSC represented 20 of the 269 participants who completed the survey. Of these 20 participants, 10 (50%) endorsed Theme 1, 4 (20%) endorsed Theme 2, 3 (15%) endorsed Theme 3, 1 (5%) endorsed Theme 4, 3 (15%) endorsed Theme 5, 4 (20%) endorsed Theme 6, and 8 (40%) endorsed Theme 7.

Domain 3: Perceived benefits of seeking the help of a psychological professional.

Participants were asked to answer the following question: “What benefits do you perceive when seeking the help of a psychological professional?” Responses to this question were analyzed, and categories were constructed from these responses. Four themes emerged from participants responses, creating the categories. These themes included the following:

Theme 1 – There are no perceived benefits to seeking the help of a psychological professional.

Examples of responses that were categorized under this theme include the following: items that were left blank, “N/A”, “none,” “I don’t know,” “Don’t have much faith in psychological professionals helping anyone,” and “Absolutely none. Maybe getting out of work would be the only benefit.”

Theme 2 – Seeking the help of a psychological professional provides the context for confidentiality, the ability to talk openly, a chance to vent, unbiased perspective, and the potential for gaining referral options.

Examples of responses that were categorized under this theme include the following: “the benefits are that everything is kept confidential,” “anonymity,” “safe, confidential environment,” “able to express feelings and concerns,” “Confidentiality – ability to say things you don’t want to talk with others about,” “someone who will listen, for those that don’t have that at home,” and “medications (if needed).”

Theme 3 - Seeking the help of a psychological professional puts you in contact with a person who is nonjudgmental, holds expertise, has advanced training, and can offer perspective and new ideas.

Examples of responses that were categorized under this theme include the following: “neutral parties have better perspectives & see potential underlying issues,” “advice from someone without personal interest in your situation,” “you can talk without them judging you,” “having the perspective of a highly educated person to gain perspective to my problems,” “empathetic, skilled, well-trained, objective & experienced, etc. Doctorate in psychology,” “educated help with personal situations,” and “psychologists are not judges, and do not judge you critically.”

Theme 4 - Seeking the help of a psychological professional results in positive outcomes, e.g., problem solved, feeling of relief, level of stress drops, healing occurs, root causes of problems are found, more self-awareness is developed, and quality of life is improved.

Examples of responses that were categorized under this theme include the following: “better quality of life,” “emotional support/direction,” “less stress,” “psychologists can help you with the uncertainty that you may have,” “better self-esteem, less stress or worry over problems,” “happiness; good health/relationships,” “understanding the current situation and solutions for dealing with it,” “confront my problems – don’t push past them,” “guidance with how to handle different situations,” “helping me understand more clear what the truth is about my problem,” and “self awareness.”

Table 9. Responses for Domain 3: Perceived benefits of seeking the help of a psychological professional.

	Themes	1	2	3	4
	N	No Perceived Benefits	Provides Context for Confidentiality	Puts you in Contact with Nonjudgmental Expert	Results in Positive Outcomes
All Participants	269	32 (11.90%)	86 (31.97%)	37 (13.76%)	114 (42.38%)
EA	181	16 (8.84%)	68 (37.57%)	31 (17.13%)	66 (36.46%)
REM	88	16 (18.18%)	18 (6.82%)	6 (6.82%)	48 (54.55%)
Female	156	9 (12.81%)	48 (30.77%)	25 (16.03%)	64 (41.03%)
Male	113	13 (11.50%)	38 (33.63%)	12 (10.62%)	50 (44.25%)
HSSC	134	14 (10.45%)	47 (35.07%)	20 (14.93%)	53 (39.55%)
LSSC	135	18 (13.33%)	39 (28.89%)	17 (12.59%)	61 (45.19%)
EA, F, HSSC	63	6 (9.52%)	22 (34.92%)	11 (17.46%)	24 (38.10%)
EA, F, LSSC	45	3 (6.67%)	16 (35.56%)	8 (17.78%)	18 (40.00%)
EA, M, HSSC	34	2 (5.88%)	17 (50.00%)	6 (17.65%)	9 (26.47%)
EA, M, LSSC	39	5 (12.82%)	13 (33.33%)	6 (15.38%)	15 (38.46%)
REM, F, HSSC	17	5 (29.41%)	1 (5.88%)	3 (17.65%)	8 (47.06%)
REM, F, LSSC	31	5 (16.13%)	9 (29.03%)	3 (9.68%)	14 (45.16%)
REM, M, HSSC	20	1 (5%)	7 (35%)	0	12 (60%)
REM, M, LSSC	20	5 (25%)	1 (5%)	0	14 (70%)

EA = European American, REM = Racial/Ethnic Minority, F = Female, M = Male, HSSC = High Subjective Social Class, LSSC = Low Subjective Social Class

All participants.

When looking at the responses across all participants, the themes were endorsed by participants in the following numbers: Theme 1 was endorsed by 32 (11.90%) of the 269 participants. Theme 2 was endorsed by 86 (31.97%) of the participants. Theme 3 was endorsed by 37 (13.76%) of the participants. Theme 4 was endorsed by 114 (42.38%) of the participants. For this domain, combinations of responses were common. There were 22 (8.18%) participants who answered with a combination of Themes 2 & 3. There were 41 (15.24%) participants who responded with an endorsement for Themes 2 & 4 together. There were 38 (14.13%) participants who answered with a combination of Themes 3 & 4, and there were 16 (5.95%) who responded with a combination of Themes 2, 3 & 4.

EA and REM participants.

EA and REM participants' responses fell into the categories in the following way:

For Theme 1 (There are no perceived benefits to seeking the help of a psychological professional.), EA participants (n=181) endorsed this theme 16 (8.84%) times; whereas, REM participants (n=88) endorsed this theme 16 (18.18%) times.

For Theme 2 (Seeking the help of a psychological professional provides the context for confidentiality, the ability to talk openly, a chance to vent, unbiased perspective, and the potential for gaining referral options.), EA participants endorsed this theme 68 (37.57%) times; whereas, REM participants endorsed this theme 18 (20.45%) times.

For Theme 3 (Seeking the help of a psychological professional puts you in contact with a person who is nonjudgmental, holds expertise, has advanced training, and can offer perspective and new ideas.), EA participants endorsed this theme 31 (17.13%) times; whereas, REM participants endorsed this theme 6 (6.82%) times.

For Theme 4 (Seeking the help of a psychological professional results in positive outcomes, e.g., problem solved, feeling of relief, level of stress drops, healing occurs, root causes of problems are found, more self-awareness is developed, and quality of life is improved.), EA participants endorsed this theme 66 (36.46%) times; whereas, REM participants endorsed this theme 48 (54.55%) times.

Of those participants who endorsed a combination of Themes 2 & 3, 18 of 181 (9.94%) EA participants responded in this way; whereas, 4 of 88 (4.55%) REM participants responded in this way.

For participants who endorsed a combination of Themes 2 & 4, 32 of 181 (17.68%) EA participants responded in this way; whereas, 9 of 88 (10.23%) REM participants responded in this way.

Of those participants who endorsed a combination of Themes 3 & 4, 30 of 181 (16.57%) EA participants responded in this way; whereas, 8 of 88 (9.09%) REM participants responded in this way.

Finally, for those participants who endorsed a combination of Themes 2, 3 & 4, 13 of 181 (7.18%) EA participants responded in this way; whereas, 3 of 88 (3.41%) REM participants responded in this way.

Female and Male participants.

Female and male responses fell into the categories in the following way:

For Theme 1 (There are no perceived benefits to seeking the help of a psychological professional.), females (n=156) endorsed this theme 19 (12.18%) times; whereas, males (n=113) endorsed this theme 13 (11.50%) times.

For Theme 2 (Seeking the help of a psychological professional provides the context for confidentiality, the ability to talk openly, a chance to vent, unbiased perspective, and the potential for gaining referral options.), females endorsed this theme 48 (30.77%) times; whereas, males endorsed this theme 38 (33.63%) times.

For Theme 3 (Seeking the help of a psychological professional puts you in contact with a person who is nonjudgmental, holds expertise, has advanced training, and can offer perspective and new ideas.), females endorsed this theme 25 (16.03%) times; whereas, males endorsed this theme 12 (10.62%) times.

For Theme 4 (Seeking the help of a psychological professional results in positive outcomes, e.g., problem solved, feeling of relief, level of stress drops, healing occurs, root causes of problems are found, more self-awareness is developed, and quality of life is improved.), females endorsed this theme 64 (41.03%) times; whereas, males endorsed this theme 50 (44.25%) times.

Of those participants who endorsed a combination of Themes 2 & 3, 13 of 156 (8.33%) females responded in this way; whereas, 9 of 113 (7.96%) males responded in this way.

For participants who endorsed a combination of Themes 2 & 4, 21 of 156 (13.46%) females responded in this way; whereas, 20 of 113 (17.70%) males responded in this way.

Of those participants who endorsed a combination of Themes 3 & 4, 27 of 156 (17.31) females responded in this way; whereas, 11 of 113 (9.73%) males responded in this way.

Finally, for those participants who endorsed a combination of Themes 2, 3 & 4, 12 of 156 (7.69%) females responded in this way; whereas, 4 of 113 (3.54%) males responded in this way.

Participants reporting High or Low Subjective Social Class Standing.

Participants who rated themselves either high (HSSC) on the subjective social class ladder or low (LSSC) responded in the following way:

For Theme 1 (There are no perceived benefits to seeking the help of a psychological professional.), HSSC participants (n=134) endorsed this theme 14 (10.45%) times; whereas, LSSC participants (n=135) endorsed this theme 18 (13.33%) times.

For Theme 2 (Seeking the help of a psychological professional provides the context for confidentiality, the ability to talk openly, a chance to vent, unbiased perspective, and the potential for gaining referral options.), HSSC participants (n=134) endorsed this theme 47 (35.07%) times; whereas, LSSC participants (n=135) endorsed this theme 39 (28.89%) times.

For Theme 3 (Seeking the help of a psychological professional puts you in contact with a person who is nonjudgmental, holds expertise, has advanced training, and can offer perspective and new ideas.), HSSC participants (n=134) endorsed this theme 20 (14.93%) times; whereas, LSSC participants (n=135) endorsed this theme 17 (12.59%) times.

For Theme 4 (Seeking the help of a psychological professional results in positive outcomes, e.g., problem solved, feeling of relief, level of stress drops, healing occurs, root causes of problems are found, more self-awareness is developed, and quality of life is improved.), HSSC participants (n=134) endorsed this theme 53 (39.55%) times; whereas, LSSC participants (n=135) endorsed this theme 61 (45.19%) times.

Of those participants who endorsed a combination of Themes 2 & 3, 9 of 134 (6.72%) HSSC participants responded in this way; whereas, 13 of 135 (9.63%) LSSC participants responded in this way.

For participants who endorsed a combination of Themes 2 & 4, 24 of 134 (17.91%) HSSC participants responded in this way; whereas, 17 of 135 (12.59%) LSSC participants responded in this way.

Of those participants who endorsed a combination of Themes 3 & 4, 22 of 134 (16.42%) HSSC participants responded in this way; whereas, 16 of 135 (11.85%) LSSC participants responded in this way.

Finally, for those participants who endorsed a combination of Themes 2, 3 & 4, 9 of 134 (6.72%) HSSC participants responded in this way; whereas, 7 of 135 (5.19%) LSSC participants responded in this way.

***Breakdown of Participant Rating of Previous Psychological Service Use
by Multicultural Identity.***

EA females who identified as HSSC represented 63 of the 269 participants who completed the survey. Of these 63 participants, 6 (9.52%) endorsed Theme 1, 22 (34.92%) endorsed Theme 2, 11 (17.46%) endorsed Theme 3, 24 (38.10%) endorsed Theme 4, 5 (7.94%) endorsed the combination of Themes 2 & 3, 11 (17.46%) endorsed the combination of Themes 2 & 4, 13 (20.63%) endorsed the combination of Themes 3 & 4, and 6 (9.52%) endorsed the combination of Themes 2, 3, & 4.

EA females who identified as LSSC represented 45 of the 269 participants who completed the survey. Of these 45 participants, 3 (6.67%) endorsed Theme 1, 16 (35.56%) endorsed Theme 2, 8 (17.78%) endorsed Theme 3, 18 (40.00%) endorsed Theme 4, 5 (11.11%) endorsed the combination of Themes 2 & 3, 6 (13.33%) endorsed the combination of Themes 2 & 4, 6 (13.33%) endorsed the combination of Themes 3 & 4, and 4 (8.89%) endorsed the combination of Themes 2, 3, & 4.

EA males who identified as HSSC represented 34 of the 269 participants who completed the survey. Of these 34 participants, 2 (5.88%) endorsed Theme 1, 17 (50.00%) endorsed Theme 2, 6 (17.65%) endorsed Theme 3, 9 (26.47%) endorsed Theme 4, 3 (8.82%) endorsed the combination of Themes 2 & 3, 9 (26.47%) endorsed the

combination of Themes 2 & 4, 6 (17.65%) endorsed the combination of Themes 3 & 4, and 1 (2.94%) endorsed the combination of Themes 2, 3, & 4.

EA males who identified as LSSC represented 39 of the 269 participants who completed the survey. Of these 39 participants, 5 (12.82%) endorsed Theme 1, 13 (33.33%) endorsed Theme 2, 6 (15.38%) endorsed Theme 3, 15 (38.46%) endorsed Theme 4, 5 (12.82%) endorsed the combination of Themes 2 & 3, 6 (15.38%) endorsed the combination of Themes 2 & 4, 5 (12.82%) endorsed the combination of Themes 3 & 4, and 2 (5.13%) endorsed the combination of Themes 2, 3, & 4.

REM females who identified as HSSC represented 17 of the 269 participants who completed the survey. Of these 17 participants, 5 (29.41%) endorsed Theme 1, 1 (5.88%) endorsed Theme 2, 3 (17.65%) endorsed Theme 3, 8 (47.06%) endorsed Theme 4, 0 endorsed the combination of Themes 2 & 3, 0 endorsed the combination of Themes 2 & 4, 3 (17.65%) endorsed the combination of Themes 3 & 4, and 1 (5.88%) endorsed the combination of Themes 2, 3, & 4.

REM females who identified as LSSC represented 31 of the 269 participants who completed the survey. Of these 31 participants, 5 (16.13%) endorsed Theme 1, 9 (29.03%) endorsed Theme 2, 3 (9.68%) endorsed Theme 3, 14 (45.16%) endorsed Theme 4, 3 (9.68%) endorsed the combination of Themes 2 & 3, 4 (12.90%) endorsed the combination of Themes 2 & 4, 5 (16.13%) endorsed the combination of Themes 3 & 4, and 1 (3.23%) endorsed the combination of Themes 2, 3, & 4.

REM males who identified as HSSC represented 20 of the 269 participants who completed the survey. Of these 20 participants, 1 (5%) endorsed Theme 1, 7 (35%) endorsed Theme 2, 0 endorsed Theme 3, 12 (60%) endorsed Theme 4, 1 (5%) endorsed

the combination of Themes 2 & 3, 4 (20%) endorsed the combination of Themes 2 & 4, 0 endorsed the combination of Themes 3 & 4, and 1 (5%) endorsed the combination of Themes 2, 3, & 4.

REM males who identified as LSSC represented 20 of the 269 participants who completed the survey. Of these 20 participants, 5 (25%) endorsed Theme 1, 1 (5%) endorsed Theme 2, 0 endorsed Theme 3, 14 (70%) endorsed Theme 4, 0 endorsed the combination of Themes 2 & 3, 1 (5%) endorsed the combination of Themes 2 & 4, 0 endorsed the combination of Themes 3 & 4, and 0 endorsed the combination of Themes 2, 3, & 4.

Domain 4: Perceived drawbacks of seeking the help of a psychological professional.

Participants were asked to answer the following question: “What drawbacks do you perceive when seeking the help of a psychological professional?” Responses to this question were analyzed, and categories were constructed from these responses. Six themes emerged from participants responses, creating the categories constructed with the following themes:

Theme 1 – Worldview/Fit: Difficulty in finding the right fit or having a counselor impose their worldviews serves as a drawback when seeking the help of a psychological professional.

Examples of responses categorized under this theme included the following: “finding the right one,” “Perhaps the problem if you don’t like them,” “my religion teaches me to seek the help from God during a difficult time and not another human,” “finding a good connection w/professional,” “uncomfortable (no rapport),” “different personal views b/t psychologist & patient/client,” “the person does not have the proper frame of reference,” “have different worldviews from psychologist,” and “finding a psychologist who understands my particular problems.”

Theme 2 – Fear: Fear serves as a drawback when seeking the help of a psychological professional

Examples of responses categorized under this theme included the following: “stigmatization,” “Can I trust this person,” “Being viewed as part of classic symptoms,

rather than treated as a unique individual,” “societal stigma if the situation is ‘minor’,” “the danger of the psychologist releasing confidential information for economic reasons relating to him or her,” “depending on the situation they are not authorized to keep ‘everything’ confidential,” “that they might not keep it as a secret,” “Stigma. Loss of rights if it is found out. (All the government that asks if you have psych problems) for instance buying guns,” and “The stigma of you can’t handle life.; The feeling of worthlessness – how stupid of you not to be able to cope with _____.”

Theme 3 – Cost: Cost serves as a drawback when seeking the help of a psychological professional

Examples of responses categorized under this theme included the following: “The cost involved. Some people require help but do not have the means in which to support therapy needed,” “\$ Insurance won’t cover it!,” “Time, money & effort to get to the appt. on an already tight budget/schedule,” “Having to explain everything again,” “Cost, time,” “being broke,” and “I think it takes time to trust another human with your inner most thoughts & feelings. I am not willing to spend hundreds of dollars to get to that point.”

Theme 4 – Not helpful: The perception that seeking help will actually not be helpful at all serves as a drawback when seeking the help of a psychological professional

Examples of responses categorized under this theme included the following: “wrong advice,” “advice more theoretical than practical,” “sometimes they cannot help,” “They are just people, and don’t necessarily have the answers one might be seeking,” “quick to suggest medication,” “I might be told what I already know,” “someone that just

listens and does not provide answers,” and “They are not able to help everyone get to the same level of understanding and the people they are helping need to be open to the help being offered.”

Theme 5 – Logistics: Not knowing about availability and other pieces of general information serves as a drawback when seeking the help of a psychological professional

Examples of responses categorized under this theme included the following: “should do a reference check,” “lack of understanding roles of psychiatrist, psychologist, therapist and social worker and how they should work together,” “we don’t have psychological services in my community,” “availability,” “scheduling,” “finding one in the first place; who to go to,” and “being able to see one in a timely fashion.”

Theme 6 – No drawbacks: There are no drawbacks perceived when seeking the help of a psychological professional.

Examples of responses categorized under this theme included the following: items that were left blank, “None,” “None, because psychologists have a purpose,” “none if necessary,” “N/A,” “Can’t think of any really,” and “I haven’t seen any drawbacks.”

Table 10. Responses for Domain 4: Perceived drawbacks of seeking the help of a psychological professional.

	Themes	1	2	3	4	5	6
	N	Difficulty in Finding Worldview Fit	Fear	Cost	Not Helpful	Logistics	No Drawbacks
All Participants	269	33 (12.27%)	110 (40.89%)	102 (37.92%)	74 (27.51%)	11 (4.09%)	67 (24.91%)
EA	181	24 (13.26%)	80 (44.20%)	78 (43.09%)	51 (28.18%)	9 (4.97%)	39 (21.55%)
REM	88	9 (10.23%)	30 (34.09%)	24 (27.27%)	23 (26.14%)	2 (2.27%)	28 (31.82%)
Female	156	21 (13.46%)	66 (42.31%)	55 (35.26%)	44 (28.21%)	6 (3.85%)	35 (22.44%)
Male	113	12 (10.62%)	44 (38.94%)	47 (41.59%)	30 (26.55%)	5 (4.42%)	32 (28.32%)
HSSC	134	18 (13.43%)	51 (38.06%)	50 (37.31%)	31 (23.13%)	9 (6.72%)	38 (28.36%)
LSSC	135	15 (11.11%)	59 (43.70%)	52 (38.52%)	43 (31.85%)	2 (1.48%)	29 (21.48%)
EA, F, HSSC	63	11 (17.46%)	24 (38.10%)	28 (44.44%)	13 (20.63%)	5 (7.94%)	15 (23.81%)
EA, F, LSSC	45	4 (8.89%)	23 (51.11%)	17 (37.78%)	18 (40%)	0	6 (13.33%)
EA, M, HSSC	34	4 (11.76%)	13 (38.24%)	14 (41.18%)	10 (29.41%)	3 (8.82%)	10 (29.41%)
EA, M, LSSC	39	5 (12.82%)	20 (51.28%)	19 (48.72%)	10 (25.64%)	1 (2.56%)	8 (20.51%)
REM, F, HSSC	17	1 (5.88%)	8 (47.06%)	1 (5.88%)	2 (11.76%)	0	7 (41.18%)
REM, F, LSSC	31	5 (16.13%)	11 (35.48%)	9 (29.03%)	11 (35.48%)	1 (3.23%)	7 (22.58%)
REM, M, HSSC	20	2 (10%)	6 (30%)	7 (35%)	6 (30%)	1 (5%)	6 (30%)
REM, M, LSSC	20	1 (5%)	5 (25%)	7 (35%)	4 (20%)	0	8 (40%)

EA = European American, REM = Racial/Ethnic Minority, F = Female, M = Male, HSSC = High Subjective Social Class, LSSC = Low Subjective Social Class

All participants.

When looking at the tally of these themes with all participants, we find the following numbers. Of the 269 participants, 33 (12.27%) endorsed Theme 1, 110 (40.89%) endorsed Theme 2, 102 (37.92%) endorsed Theme 3, 74 (27.51%) endorsed Theme 4, 11 (4.09%) endorsed Theme 5, and 67 (24.91%) endorsed Theme 6. For all participants, the pattern of responses reflects an overall ranking of these categories in the following order: Themes 2 (Fear), 3 (Cost), 4 (Not helpful), 6 (No drawbacks), 1 (Fit) and 5 (Logistics) respectively.

EA and REM participants.

When looking at how themes were endorsed differently, by EA and REM participants, the following numbers were found: EA participants (n=181) endorsed Theme 1 (Fit) 24 (13.26%) times; whereas, REM participants (n=88) endorsed this theme 9 (10.23%) times. EA participants endorsed Theme 2 (Fear) 80 (44.20%) times; whereas, REM participants endorsed this theme 30 (34.09%) times. EA participants endorsed Theme 3 (Cost) 78 (43.09%) times; whereas, REM participants endorsed this theme 24 (27.27%) times. EA participants endorsed Theme 4 (Not helpful) 51 (28.18%) times; whereas, REM participants endorsed this theme 23 (26.14%) times. EA participants endorsed Theme 5 (Logistics) 9 (4.97%) times; whereas, REM participants endorsed this theme 2 (2.27%) times. Lastly, EA participants endorsed Theme 6 (No drawbacks) 39 (21.55%) times; whereas, REM participants endorsed this theme 28 (31.82%) times.

Female and Male participants.

When looking at how themes were endorsed differently, by female and male participants, the following numbers were found: females (n=156) endorsed Theme 1 (Fit) 21 (13.46%) times; whereas, males (n=113) endorsed this theme 12 (10.62%) times. Females endorsed Theme 2 (Fear) 66 (42.31%) times; whereas, males endorsed this theme 44 (38.94%) times. Females endorsed Theme 3 (Cost) 55 (35.26%) times; whereas, males endorsed this theme 47 (41.59%) times. Females endorsed Theme 4 (Not helpful) 44 (28.21%) times; whereas, males endorsed this theme 30 (26.55%) times. Females endorsed Theme 5 (Logistics) 6 (3.85%) times; whereas, males endorsed this theme 5 (4.42%) times. Females endorsed Theme 6 (No drawbacks) 35 (22.44%) times; whereas, males endorsed this theme 32 (28.32%) times.

Participants reporting High or Low Subjective Social Class Standing.

When looking at how themes were endorsed differently, by high (HSSC) or low (LSSC) subjective social class standing, the following numbers were found: HSSC participants endorsed Theme 1 (Fit) 18 (13.43%) times; whereas, LSSC participants endorsed this theme 15 (11.11%) times. HSSC participants endorsed Theme 2 (Fear) 51 (38.06%) times; whereas, LSSC participants endorsed this theme 59 (43.70%) times. HSSC participants endorsed Theme 3 (Cost) 50 (37.31%) times; whereas, LSSC participants endorsed this theme 52 (38.52%) times. HSSC participants endorsed Theme 4 (Not helpful) 31 (23.13%) times; whereas, LSSC participants endorsed this theme 43 (31.85%) times. HSSC participants endorsed Theme 5 (Logistics) 9 (6.72%) times; whereas, LSSC participants endorsed this theme 2 (1.48%) times. Lastly, HSSC

participants endorsed Theme 6 (No drawbacks) 38 (28.36%) times; whereas, LSSC participants endorsed this theme 29 (21.48%) times.

***Breakdown of Participant Rating of Previous Psychological Service Use
by Multicultural Identity.***

EA females who identified as HSSC represented 63 of the 269 participants who completed the survey. Of these 63 participants, 11 (17.46%) endorsed Theme 1 (Fit), 24 (38.10%) endorsed Theme 2 (Fear), 28 (44.44%) endorsed Theme 3 (Cost), 13 (20.63%) endorsed Theme 4 (Not helpful), 5 (7.94%) endorsed Theme 5 (Logistics), and 15 (23.81%) endorsed Theme 6 (No drawbacks).

EA females who identified as LSSC represented 45 of the 269 participants who completed the survey. Of these 45 participants, 4 (8.89%) endorsed Theme 1 (Fit), 23 (51.11%) endorsed Theme 2 (Fear), 17 (37.78%) endorsed Theme 3 (Cost), 18 (40%) endorsed Theme 4 (Not helpful), 0 endorsed Theme 5 (Logistics), and 6 (13.33%) endorsed Theme 6 (No drawbacks).

EA males who identified as HSSC represented 34 of the 269 participants who completed the survey. Of these 34 participants, 4 (11.76%) endorsed Theme 1 (Fit), 13 (38.24%) endorsed Theme 2 (Fear), 14 (41.18%) endorsed Theme 3 (Cost), 10 (29.41%) endorsed Theme 4 (Not helpful), 3 (8.82%) endorsed Theme 5 (Logistics), and 10 (29.41%) endorsed Theme 6 (No drawbacks).

EA males who identified as LSSC represented 39 of the 269 participants who completed the survey. Of these 39 participants, 5 (12.82%) endorsed Theme 1 (Fit), 20 (51.28%) endorsed Theme 2 (Fear), 19 (48.72%) endorsed Theme 3 (Cost), 10 (25.64%)

endorsed Theme 4 (Not helpful), 1 (2.56%) endorsed Theme 5 (Logistics), and 8 (20.51%) endorsed Theme 6 (No drawbacks).

REM females who identified as HSSC represented 17 of the 269 participants who completed the survey. Of these 17 participants, 1 (5.88%) endorsed Theme 1 (Fit), 8 (47.06%) endorsed Theme 2 (Fear), 1 (5.88%) endorsed Theme 3 (Cost), 2 (11.76%) endorsed Theme 4 (Not helpful), 0 endorsed Theme 5 (Logistics), and 7 (41.18%) endorsed Theme 6 (No drawbacks).

REM females who identified as LSSC represented 31 of the 269 participants who completed the survey. Of these 31 participants, 5 (16.13%) endorsed Theme 1 (Fit), 11 (35.48%) endorsed Theme 2 (Fear), 9 (29.03%) endorsed Theme 3 (Cost), 11 (35.48%) endorsed Theme 4 (Not helpful), 1 (3.23%) endorsed Theme 5 (Logistics), and 7 (22.58%) endorsed Theme 6 (No drawbacks).

REM males who identified as HSSC represented 20 of the 269 participants who completed the survey. Of these 20 participants, 2 (10%) endorsed Theme 1 (Fit), 6 (30%) endorsed Theme 2 (Fear), 7 (35%) endorsed Theme 3 (Cost), 6 (30%) endorsed Theme 4 (Not helpful), 1 (5%) endorsed Theme 5 (Logistics), and 6 (30%) endorsed Theme 6 (No drawbacks).

REM males who identified as LSSC represented 20 of the 269 participants who completed the survey. Of these 20 participants, 1 (5%) endorsed Theme 1 (Fit), 5 (25%) endorsed Theme 2 (Fear), 7 (35%) endorsed Theme 3 (Cost), 4 (20%) endorsed Theme 4 (Not helpful), 0 endorsed Theme 5 (Logistics), and 8 (40%) endorsed Theme 6 (No drawbacks).

Domain 5: How participants felt about using psychological services in their home community.

Participants were asked to answer the following question: “In the community where you grew up, how did people feel about using psychological services?” Responses to this question were analyzed, and categories were constructed from these responses. Four themes emerged from participant responses; these themes were:

Theme 1 – Positive: Community members where I grew up felt positive about using psychological services

Examples of responses categorized under this theme included: “It was looked at as a positive step in dealing with the struggles of one’s life,” “It was encouraged, it was like so many people were going to one,” “It did not carry with it a stigma of any kind,” “Fine,” “Seemed to be a fairly common thing,” and “It was a very accepted thing. Like I wrote earlier when I went during my childhood I was never made fun of or harassed for going. That made it easier!”

Theme 2 – Negative: Community members where I grew up felt negative about using psychological services

Examples of responses categorized under this theme included: “You are considered to have a mental problem,” “As mentally unstable,” “In my community people who sought out help were viewed as crazy, Nuts, looney – but that was back in the 1980’s,” “They didn’t use them!,” “Never heard or talked about. Considered taboo,” “They think you’re crazy or a lunatic,” “Something must be wrong with the person,”

“People just didn’t have the resources. Psychological help was viewed as a luxury that only crazy white people could get,” “In school, students in Special Ed Courses were stigmatized and teased by other students,” “It wasn’t talked about – small town MN. I’m sure people used psychological services but no one knew about it. It was like some dirty little secret,” and “That it meant you were weak.”

Theme 3 – Mixed: Community members where I grew up had mixed feelings about using psychological services

Examples of responses categorized under this theme included: “Some of the uneducated might of thought you were a wack job. For the most part it was a positive outlook,” “Some people fully supported it however others think that is associated as being crazy,” “They were only for crazy people but my mom was a counselor @ the high school so due to that I didn’t see it as the same thing,” “It depends on the situation,” “helpful but thought you were crazy if you went,” “Most are positive about using psychological services. Usually only think it’s necessary when problems become very serious. So, if needing to see a psychologist, then the situation must be dire,” and “Older people saw it as stigmatizing, younger people were ok with it. Many of my friends saw psychologists because their parents were divorced.”

Theme 4 – Neutral: Community members where I grew up did not have strong feelings either way about using psychological services

Examples of responses categorized under this theme included: blank responses, “come from a very nonjudgmental community,” “It was rarely discussed,” “N/A,”

“unknown,” “Never really thought about it,” “?”, “Indifferent,” “I have no memory of this being an issue,” “We used drugs,” “Small town, no such services,” “No one talked about it,” “unsure,” “Not sure, my parents they are not from America,” “I didn’t grow up in a community,” and “I don’t know.”

Table 11. Responses for Domain 5: How people felt about using psychological services in the community where participants grew up.

	Theme	1	2	3	4
	N	Positive	Negative	Mixed	Neutral
All Participants	269	31 (11.52%)	102 (37.92%)	23 (8.55%)	113 (42.01%)
EA	181	25 (13.81%)	61 (33.70%)	21 (11.60%)	74 (40.88%)
REM	88	6 (6.82%)	41 (46.59%)	2 (2.27%)	39 (44.32%)
Female	156	20 (12.82%)	57 (36.54%)	13 (8.33%)	66 (42.31%)
Male	113	11 (9.73%)	45 (39.82%)	10 (8.85%)	47 (41.59%)
HSSC	134	12 (8.96%)	52 (38.81%)	14 (10.45%)	56 (41.79%)
LSSC	135	19 (14.07%)	50 (37.04%)	9 (6.67%)	57 (42.22%)
EA, F, HSSC	63	8 (12.70%)	24 (38.10%)	6 (9.52%)	25 (39.68%)
EA, F, LSSC	45	8 (17.78%)	14 (31.11%)	6 (13.33%)	17 (37.78%)
EA, M, HSSC	34	3 (8.82%)	9 (26.47%)	6 (17.65%)	16 (47.06%)
EA, M, LSSC	39	6 (15.38%)	14 (35.90%)	3 (7.69%)	16 (41.03%)
REM, F, HSSC	17	0	6 (35.29%)	1 (5.88%)	10 (58.82%)
REM, F, LSSC	31	4 (12.90%)	13 (41.94%)	0	14 (45.16%)
REM, M, HSSC	20	1 (5%)	13 (65%)	1 (5%)	5 (25%)
REM, M, LSSC	20	1 (5%)	9 (45%)	0	10 (50%)

EA = European American, REM = Racial/Ethnic Minority, F = Female, M = Male, HSSC = High Subjective Social Class, LSSC = Low Subjective Social Class

All participants.

When looking at how themes were endorsed in response to this question across all participants, the following numbers were found: 31 (11.52%) of the 269 participants endorsed Theme 1 (Positive); 102 (37.92%) endorsed Theme 2 (Negative); 23 (8.55%) endorsed Theme 3 (Mixed); and 113 (42.01%) endorsed Theme 4 (Neutral).

EA and REM participants.

When comparing participants' responses by EA or REM group membership, the following numbers were found:

For Theme 1 (Positive), 25 (13.81%) of the 181 EA participants endorsed this theme; whereas, 6 (6.82%) of the 88 REM participants endorsed this theme.

For Theme 2 (Negative), 61 (33.70%) EA participants endorsed this theme; whereas, 41 (46.59%) REM participants endorsed this theme.

For Theme 3 (Mixed), 21 (11.60%) EA participants endorsed this theme: whereas, 2 (2.27%) REM participants endorsed this theme.

For Theme 4 (Neutral), 74 (40.88%) EA participants endorsed this theme; whereas, 39 (44.32%) REM participants endorsed this theme.

Female and Male participants.

When comparing participants' responses by female and male participants, the following numbers were found:

For Theme 1 (Positive), 20 (12.82%) of the 156 females endorsed this theme; whereas, 11 (9.73%) of the 113 males endorsed this theme.

For Theme 2 (Negative), 57 (36.54%) females endorsed this theme; whereas, 45 (39.82%) males endorsed this theme.

For Theme 3 (Mixed), 13 (8.33%) females endorsed this theme: whereas, 10 (8.85%) males endorsed this theme.

For Theme 4 (Neutral), 66 (42.31%) females endorsed this theme; whereas, 47 (41.59%) males endorsed this theme.

Participants reporting High or Low Subjective Social Class Standing.

When comparing participants' responses by high (HSSC) and low (LSSC) subjective social class standing, the following numbers were found:

For Theme 1 (Positive), 12 (8.96%) of the 134 HSSC participants endorsed this theme; whereas, 19 (14.07%) of the 135 LSSC participants endorsed this theme.

For Theme 2 (Negative), 52 (38.81%) HSSC participants endorsed this theme; whereas, 50 (37.04%) LSSC participants endorsed this theme.

For Theme 3 (Mixed), 14 (10.45%) HSSC participants endorsed this theme: whereas, 9 (6.67%) LSSC participants endorsed this theme.

For Theme 4 (Neutral), 56 (41.79%) HSSC participants endorsed this theme; whereas, 57 (42.22%) LSSC participants endorsed this theme.

***Breakdown of Participant Rating of Previous Psychological Service Use
by Multicultural Identity.***

EA females who indicated HSSC endorsed themes in the following way: 8 (12.70%) of the 63 participants endorsed Theme 1 (Positive); 24 (38.10%) endorsed Theme 2 (Negative); 6 (9.52%) endorsed Theme 3 (Mixed); and 25 (39.68%) endorsed Theme 4 (Neutral).

EA females who indicated LSSC endorsed themes in the following way: 8 (17.78%) of the 45 participants endorsed Theme 1 (Positive); 14 (31.11%) endorsed Theme 2 (Negative); 6 (13.33%) endorsed Theme 3 (Mixed); and 17 (37.78%) endorsed Theme 4 (Neutral).

EA males who indicated HSSC endorsed themes in the following way: 3 (8.82%) of the 34 participants endorsed Theme 1 (Positive); 9 (26.47%) endorsed Theme 2 (Negative); 6 (17.65%) endorsed Theme 3 (Mixed); and 16 (47.06%) endorsed Theme 4 (Neutral).

EA males who indicated LSSC endorsed themes in the following way: 6 (15.38%) of the 39 participants endorsed Theme 1 (Positive); 14 (35.90%) endorsed Theme 2 (Negative); 3 (7.69%) endorsed Theme 3 (Mixed); and 16 (41.03%) endorsed Theme 4 (Neutral).

REM females who indicated HSSC endorsed themes in the following way: 0 of the 17 participants endorsed Theme 1 (Positive); 6 (35.29%) endorsed Theme 2

(Negative); 1 (5.88%) endorsed Theme 3 (Mixed); and 10 (58.82%) endorsed Theme 4 (Neutral).

REM females who indicated LSSC endorsed themes in the following way: 4 (12.90%) of the 31 participants endorsed Theme 1 (Positive); 13 (41.94%) endorsed Theme 2 (Negative); 0 endorsed Theme 3 (Mixed); and 14 (45.16%) endorsed Theme 4 (Neutral).

REM males who indicated HSSC endorsed themes in the following way: 1 (5.00%) of the 20 participants endorsed Theme 1 (Positive); 13 (65.00%) endorsed Theme 2 (Negative); 1 (5.00%) endorsed Theme 3 (Mixed); and 5 (25.00%) endorsed Theme 4 (Neutral).

REM males who indicated LSSC endorsed themes in the following way: 1 (5.00%) of the 20 participants endorsed Theme 1 (Positive); 9 (45.00%) endorsed Theme 2 (Negative); 0 endorsed Theme 3 (Mixed); and 10 (50.00%) endorsed Theme 4 (Neutral).

Domain 6: Preferences of things/people when seeking help for psychological concerns.

Participants were asked to do the following: “When you are feeling psychological distress, which **activities/things** and/or **people** do you turn to for help in resolving your distress. Please list in order of preference. (Fill in as many spaces as apply.)” For use in this study, the top answers given by participants were noted and themes were developed in order to categorize these responses. The following themes emerged from their responses:

Theme 1 – Nothing: No response was given or an uncategorizable response was offered

Examples of responses categorized under this theme included blank spaces and responses such as, “People when they are in trouble in difficult times are facing with the challenges,” “None,” and “when my son acts up.”

Theme 2 – Religion/God: A reference to God, faith or religion was endorsed as top choice.

Examples of responses categorized under this theme included: “the church,” “God,” “religious leader,” “faith,” “prayer/Jesus Christ/Bible,” “God, i.e. prayer,” and “priest.”

Theme 3 – Healthy Activities: Activities that had clearly positive connotations

Examples of responses categorized under this theme included: “exercise,” “walking,” “turn on soft music,” “go for a walk,” “play w/ my dog,” “slow down and

think,” “running,” “cleaning,” “writing,” “bike riding,” “step back and rethink things,” “busy myself with tasks,” and “I meditate.”

Theme 4 – Unhealthy activities: Activities that could have negative connotations as top choice when distressed

Examples of responses categorized under this theme included: “lots of eating,” “drinking,” “smoking,” “smoke weed (if I am very honest),” “beer,” “driving fast/racing,” and “cigarettes.”

Theme 5 – Family: Turning to a family member, other than one’s spouse, as the top choice when distressed

Examples of responses categorized under this theme included: “family,” “mom,” “sisters,” “parents,” “aunts,” and “brother.”

Theme 6 – Friend: Turning to a friend, or a person in general when not indicated, as the top choice when distressed

Examples of responses categorized under this theme included: “best friend,” “friend,” “talk to someone,” “talk with close friends,” and “friend (sponsor).”

Theme 7 – Significant Other: Turning to one’s spouse or significant other as the top choice when distressed

Examples of responses categorized under this theme included: “boyfriend,” “girlfriend,” “husband,” “wife,” “significant other,” “spouse,” “I turn to my husband,” “talk to wife,” and “partner.”

Theme 8 – Professional/Outside Help: Turning to a professional or some other form of outside help as the top choice when distressed

Examples of responses categorized under this theme included: “AA – my sponsor,” “AA/NA meetings,” “My therapist,” “counselor,” and “doctor.”

Table 12. Responses for Domain 6: Preferences of things/people when seeking help for psychological concerns.

	N	Nothing	Religion/ God	Healthy Activities	Unhealthy Activities	Family	Friend	Significant Other	Professional/ Outside Help
All Participants	269	11 (4.09%)	21 (7.81%)	89 (33.09%)	9 (3.35%)	52 (19.33%)	38 (14.13%)	44 (16.36%)	5 (1.86%)
EA	181	3 (1.66%)	7 (3.87%)	61 (33.70%)	6 (3.31%)	37 (20.44%)	31 (17.13%)	32 (17.68%)	4 (2.21%)
REM	88	8 (9.09%)	14 (15.91%)	28 (31.82%)	3 (3.41%)	15 (17.05%)	7 (7.95%)	12 (13.64%)	1 (1.14%)
Female	156	3 (1.92%)	16 (10.26%)	53 (33.97%)	3 (1.92%)	32 (20.51%)	23 (14.74%)	23 (14.74%)	3 (1.92%)
Male	113	8 (7.08%)	5 (4.42%)	36 (31.86%)	6 (5.31%)	20 (17.70%)	15 (13.27%)	21 (18.58%)	2 (1.77%)
HSSC	134	3 (2.24%)	7 (5.22%)	48 (35.82%)	2 (1.49%)	26 (19.40%)	19 (14.18%)	24 (17.91%)	5 (3.73%)
LSSC	135	8 (5.93%)	14 (10.37%)	41 (30.37%)	7 (5.19%)	26 (19.26%)	19 (14.07%)	20 (14.81%)	0
EA, F, HSSC	63	0	2 (3.17%)	27 (42.86%)	1 (1.59%)	13 (20.63%)	9 (14.29%)	8 (12.70%)	3 (4.76%)
EA, F, LSSC	45	1 (2.22%)	5 (11.11%)	10 (22.22%)	1 (2.22%)	10 (22.22%)	10 (22.22%)	8 (17.78%)	0
EA, M, HSSC	34	1 (2.94%)	0	10 (29.41%)	1 (2.94%)	5 (14.71%)	6 (17.65%)	10 (29.41%)	1 (2.94%)
EA, M, LSSC	39	1 (2.56%)	0	14 (35.90%)	3 (7.69%)	9 (23.08%)	6 (15.38%)	6 (15.38%)	0
REM, F, HSSC	17	1 (5.88%)	3 (17.65%)	4 (23.53%)	0	4 (23.53%)	2 (11.76%)	3 (17.65%)	0
REM, F, LSSC	31	1 (3.23%)	6 (19.35%)	12 (38.71%)	1 (3.23%)	5 (16.13%)	2 (6.45%)	4 (12.90%)	0
REM, M, HSSC	20	1 (5%)	2 (10%)	7 (35%)	0	4 (20%)	2 (10%)	3 (15%)	1 (5%)
REM, M, LSSC	20	5 (25%)	3 (15%)	5 (25%)	2 (10%)	2 (10%)	1 (5%)	2 (10%)	0

EA = European American, REM = Racial/Ethnic Minority, F = Female, M = Male, HSSC = High Subjective Social Class, LSSC = Low Subjective Social Class

All participants.

For all participants (N=269), the themes were endorsed in the following fashion: 11 (4.09%) endorsed Theme 1 (Nothing), 21 (7.81%) endorsed Theme 2 (Religion/God), 89 (33.09%) endorsed Theme 3 (Healthy Activities), 9 (3.35%) endorsed Theme 4 (Unhealthy Activities), 52 (19.33%) endorsed Theme 5 (Family), 38 (14.13%) endorsed Theme 6 (Friend), 44 (16.36%) endorsed Theme 7 (Significant Other), and 5 (1.86%) endorsed Theme 8 (Professional/Outside Help).

EA and REM participants.

When looking at EA (n=181) and REM (n=88) participants, the following numbers can be seen: For Theme 1 (Nothing), 3 (1.66%) EA participants endorsed this theme; whereas, 8 (9.09%) REM participants endorsed this theme. For Theme 2 (Religion/God), 7 (3.87%) EA participants endorsed this theme; whereas, 14 (15.91%) REM participants endorsed this theme. For Theme 3 (Healthy Activities), 61 (33.70%) EA participants endorsed this theme; whereas, 28 (31.82%) REM participants endorsed this theme. For Theme 4 (Unhealthy Activities), 6 (3.31%) EA participants endorsed this theme; whereas, 3 (3.41%) REM participants endorsed this theme. For Theme 5 (Family), 37 (20.44%) EA participants endorsed this theme; whereas, 15 (17.05%) REM participants endorsed this theme. For Theme 6 (Friend), 31 (17.13%) EA participants endorsed this theme; whereas, 7 (7.95%) REM participants endorsed this theme. For Theme 7 (Significant Other), 32 (17.68%) EA participants endorsed this theme; whereas, 12 (13.64%) REM participants endorsed this theme. For Theme 8 (Professional/Outside

Help), 4 (2.21%) EA participants endorsed this theme; whereas, 1 (1.14%) REM participants endorsed this theme.

Female and Male participants.

When looking at female (n=156) and male (n=113) participants, the following numbers can be seen: For Theme 1 (Nothing), 3 (1.92%) females endorsed this theme; whereas, 8 (7.08%) males endorsed this theme. For Theme 2 (Religion/God), 16 (10.26%) females endorsed this theme; whereas, 5 (4.42%) males endorsed this theme. For Theme 3 (Healthy Activities), 53 (33.97%) females endorsed this theme; whereas, 36 (31.86%) males endorsed this theme. For Theme 4 (Unhealthy Activities), 3 (1.92%) females endorsed this theme; whereas, 6 (5.31%) males endorsed this theme. For Theme 5 (Family), 32 (20.51%) females endorsed this theme; whereas, 20 (17.70%) males endorsed this theme. For Theme 6 (Friend), 23 (14.74%) females endorsed this theme; whereas, 15 (13.27%) males endorsed this theme. For Theme 7 (Significant Other), 23 (14.74%) females endorsed this theme; whereas, 21 (18.58%) males endorsed this theme. For Theme 8 (Professional/Outside Help), 3 (1.92%) females endorsed this theme; whereas, 2 (1.77%) males endorsed this theme.

Participants reporting High or Low Subjective Social Class Standing.

When looking at participants whose subjective social class standing was either High (HSSC; n=134) or Low (LSSC; n=135), the following numbers can be seen: For Theme 1 (Nothing), 3 (2.24%) HSSC participants endorsed this theme; whereas, 8 (5.93%) LSSC participants endorsed this theme. For Theme 2 (Religion/God), 7 (5.22%) HSSC participants endorsed this theme; whereas, 14 (10.37%) LSSC participants

endorsed this theme. For Theme 3 (Healthy Activities), 48 (35.82%) HSSC participants endorsed this theme; whereas, 41 (30.37%) LSSC participants endorsed this theme. For Theme 4 (Unhealthy Activities), 2 (1.49%) HSSC participants endorsed this theme; whereas, 7 (5.19%) LSSC participants endorsed this theme. For Theme 5 (Family), 26 (19.40%) HSSC participants endorsed this theme; whereas, 26 (19.26%) LSSC participants endorsed this theme. For Theme 6 (Friend), 19 (14.18%) HSSC participants endorsed this theme; whereas, 19 (14.07%) LSSC participants endorsed this theme. For Theme 7 (Significant Other), 24 (17.91%) HSSC participants endorsed this theme; whereas, 20 (14.81%) LSSC participants endorsed this theme. For Theme 8 (Professional/Outside Help), 5 (3.73%) HSSC participants endorsed this theme; whereas, no LSSC participants endorsed this theme.

***Breakdown of Participant Rating of Previous Psychological Service Use
by Multicultural Identity.***

EA females who indicated HSSC endorsed themes in the following way: 0 of the 63 participants endorsed Theme 1 (Nothing); 2 (3.17%) endorsed Theme 2 (Religion/God); 27 (42.86%) endorsed Theme 3 (Healthy Activities); 1 (1.59%) endorsed Theme 4 (Unhealthy Activities); 13 (20.63%) endorsed Theme 5 (Family); 9 (14.29%) endorsed Theme 6 (Friend); 8 (12.70%) endorsed Theme 7 (Significant Other); and 3 (4.76%) endorsed Theme 8 (Professional/Outside Help).

EA females who indicated LSSC endorsed themes in the following way: 1 (2.22%) of the 45 participants endorsed Theme 1 (Nothing); 5 (11.11%) endorsed Theme 2 (Religion/God); 10 (22.22%) endorsed Theme 3 (Healthy Activities); 1 (2.22%)

endorsed Theme 4 (Unhealthy Activities); 10 (22.22%) endorsed Theme 5 (Family); 10 (22.22%) endorsed Theme 6 (Friend); 8 (17.78%) endorsed Theme 7 (Significant Other); and 0 endorsed Theme 8 (Professional/Outside Help).

EA males who indicated HSSC endorsed themes in the following way: 1 (2.94%) of the 34 participants endorsed Theme 1 (Nothing); 0 endorsed Theme 2 (Religion/God); 10 (29.41%) endorsed Theme 3 (Healthy Activities); 1 (2.94%) endorsed Theme 4 (Unhealthy Activities); 5 (14.71%) endorsed Theme 5 (Family); 6 (17.65%) endorsed Theme 6 (Friend); 10 (29.41%) endorsed Theme 7 (Significant Other); and 1 (2.94%) endorsed Theme 8 (Professional/Outside Help).

EA males who indicated LSSC endorsed themes in the following way: 1 (2.56%) of the 39 participants endorsed Theme 1 (Nothing); 0 endorsed Theme 2 (Religion/God); 14 (35.90%) endorsed Theme 3 (Healthy Activities); 3 (7.69%) endorsed Theme 4 (Unhealthy Activities); 9 (23.08%) endorsed Theme 5 (Family); 6 (15.38%) endorsed Theme 6 (Friend); 6 (15.38%) endorsed Theme 7 (Significant Other); and 0 endorsed Theme 8 (Professional/Outside Help).

REM females who indicated HSSC endorsed themes in the following way: 1 (5.88%) of the 17 participants endorsed Theme 1 (Nothing); 3 (17.65%) endorsed Theme 2 (Religion/God); 4 (23.53%) endorsed Theme 3 (Healthy Activities); 0 endorsed Theme 4 (Unhealthy Activities); 4 (23.53%) endorsed Theme 5 (Family); 2 (11.76%) endorsed Theme 6 (Friend); 3 (17.65%) endorsed Theme 7 (Significant Other); and 0 endorsed Theme 8 (Professional/Outside Help).

REM females who indicated LSSC endorsed themes in the following way: 1 (3.23%) of the 31 participants endorsed Theme 1 (Nothing); 6 (19.35%) endorsed Theme 2 (Religion/God); 12 (38.71%) endorsed Theme 3 (Healthy Activities); 1 (3.23%) endorsed Theme 4 (Unhealthy Activities); 5 (16.13%) endorsed Theme 5 (Family); 2 (6.45%) endorsed Theme 6 (Friend); 4 (12.90%) endorsed Theme 7 (Significant Other); and 0 endorsed Theme 8 (Professional/Outside Help).

REM males who indicated HSSC endorsed themes in the following way: 1 (5.00%) of the 20 participants endorsed Theme 1 (Nothing); 2 (10.00%) endorsed Theme 2 (Religion/God); 7 (35.00%) endorsed Theme 3 (Healthy Activities); 0 endorsed Theme 4 (Unhealthy Activities); 4 (20.00%) endorsed Theme 5 (Family); 2 (10.00%) endorsed Theme 6 (Friend); 3 (15.00%) endorsed Theme 7 (Significant Other); and 1 (5.00%) endorsed Theme 8 (Professional/Outside Help).

REM males who indicated LSSC endorsed themes in the following way: 5 (25.00%) of the 20 participants endorsed Theme 1 (Nothing); 3 (15.00%) endorsed Theme 2 (Religion/God); 5 (25.00%) endorsed Theme 3 (Healthy Activities); 2 (10.00%) endorsed Theme 4 (Unhealthy Activities); 2 (10.00%) endorsed Theme 5 (Family); 1 (5.00%) endorsed Theme 6 (Friend); 2 (10.00%) endorsed Theme 7 (Significant Other); and 0 endorsed Theme 8 (Professional/Outside Help).

Domain 7: Participants knowledge of psychological service options in their community.

When completing the survey, participants were asked to, “List psychological service options in your community.” Responses to this question were analyzed, and categories were constructed from these responses. Five categories emerged from participants responses; these themes were:

Theme 1 – No awareness: The participant was not aware of any psychological service options in his/her community

Examples of responses categorized under this theme included: blank responses, “not sure about any,” “none,” “?”, “I’m not aware of any,” “None – really,” “Never researched this, so none,” “0,” “no idea,” and “I don’t know.”

Theme 2 – Vaguely aware of one option: The participant was vaguely aware of one psychological service option in his/her community

Examples of responses categorized under this theme included: “Schools offer some counseling?,” “Employee Assistance Programs,” “Pastor/Minister,” “Support network through employer,” “Don’t really know of any – there are hotlines but I don’t know the number. I’d probably look in a phone book to find psychological services,” “Psychologists,” “Clinics,” and “?Google?”

Theme 3 – Vaguely aware of at least 2 options: The participant was vaguely aware of at least two psychological service options in his/her community

Examples of responses categorized under this theme included: “I am sure there are services at HCMC and Fairview,” “Religious practice; connect with your family and community,” “I really don’t know any. Would have to check on the internet or w/ my health insurance,” “At my clinic; the battered women’s shelter; school,” “Career; Mental,” “School counselors. Community non-profits. Veterans admn.,” and “Anger counselors; PTSD military services; Psychiatrists; therapists.”

Theme 4 – Aware of one specific option: The participant was aware of one specific psychological service option in his/her community

Examples of responses categorized under this theme included: blank responses, “Hospitals; medical Arts Building where I saw a psychologist,” “Anoka County Children’s mental health,” “The Community University Health Clinic has Somali Therapist,” “Community Action Counsel,” “Counseling services at Metro State,” “My neighbor is a Dr. of psychiatry, I would get a recommendation from him,” “MN Workforce Center,” and “AHRMS worker.”

Theme 5 – Aware of at least two specific options: The participant was aware of at least two specific psychological service options in his/her community

Examples of responses categorized under this theme included: “Wilder Foundation; Lutheran Social Services,” “Anoka Psychological Services; Chrysalis,” “VA Medical Center; HP Psychological Services,” “Metro State; MNSCU Services; Free clinic services (Model Cities); Aspen Medical Group; Insurance covered services,” “Metro State offers counseling; VA offers counseling,” “Wilder Foundation; Lao Family

Services,” and “local clinic psych services; Emily Program; Annex clinic – free counseling.”

Table 13. Responses for Domain 7: Participants knowledge of psychological service options in their community.

	N	No Awareness	Vague Awareness of One Option	Vague Awareness of More Than One Option	Specific Awareness of One Option	Specific Awareness of More Than One Option
All Participants	269	125 (46.47%)	35 (13.01%)	62 (23.05%)	33 (12.27%)	14 (5.20%)
EA	181	72 (39.78%)	27 (14.92%)	51 (28.18%)	24 (13.26%)	7 (3.87%)
REM	88	53 (60.23%)	8 (9.09%)	11 (12.50%)	9 (10.23%)	7 (7.95%)
Female	156	60 (38.46%)	22 (14.10%)	41 (26.28%)	26 (16.67%)	7 (4.49%)
Male	113	65 (57.52%)	13 (11.50%)	21 (18.58%)	7 (6.19%)	7 (6.19%)
HSSC	134	49 (36.57%)	22 (16.42%)	35 (26.12%)	18 (13.43%)	10 (7.46%)
LSSC	135	76 (56.30%)	13 (9.63%)	27 (20.00%)	15 (11.11%)	4 (2.96%)
EA, F, HSSC	63	15 (23.81%)	10 (15.87%)	25 (39.68%)	10 (15.87%)	3 (4.76%)
EA, F, LSSC	45	20 (44.44%)	7 (15.56%)	7 (15.56%)	9 (20.00%)	2 (4.44%)
EA, M, HSSC	34	15 (44.12%)	7 (20.59%)	7 (20.59%)	3 (8.82%)	2 (5.88%)
EA, M, LSSC	39	22 (56.41%)	3 (7.69%)	12 (30.77%)	2 (5.13%)	0
REM, F, HSSC	17	7 (41.18%)	2 (11.76%)	3 (17.65%)	4 (23.53%)	1 (5.88%)
REM, F, LSSC	31	18 (58.06%)	3 (9.68%)	6 (19.35%)	3 (9.68%)	1 (3.23%)
REM, M, HSSC	20	12 (60%)	3 (15%)	0	1 (5%)	4 (20%)
REM, M, LSSC	20	16 (80%)	0	2 (10%)	1 (5%)	1 (5%)

EA = European American, REM = Racial/Ethnic Minority, F = Female, M = Male, HSSC = High Subjective Social Class, LSSC = Low Subjective Social Class

All participants.

When looking at how themes were endorsed in response to this question across all participants, the following numbers were found: 125 (46.47%) of the 269 participants endorsed Theme 1 (None); 35 (13.01%) endorsed Theme 2 (One Vague); 62 (23.05%) endorsed Theme 3 (Many Vague); 33 (12.27%) endorsed Theme 4 (One Specific); and 14 (5.20%) endorsed Theme 5 (Many Specific).

EA and REM participants.

When comparing participants' responses by EA or REM group membership, the following numbers were found:

For Theme 1 (None), 72 (39.78%) of the 181 EA participants endorsed this theme; whereas, 53 (60.23%) of the 88 REM participants endorsed this theme.

For Theme 2 (One Vague), 27 (14.92%) EA participants endorsed this theme; whereas, 8 (9.09%) REM participants endorsed this theme.

For Theme 3 (Many Vague), 51 (28.18%) EA participants endorsed this theme; whereas, 11 (12.50%) REM participants endorsed this theme.

For Theme 4 (One Specific), 24 (13.26%) EA participants endorsed this theme; whereas, 9 (10.23%) REM participants endorsed this theme.

Lastly, for Theme 5 (Many Specific), 7 (3.87%) EA participants endorsed this theme; whereas, 7 (7.95%) REM participants endorsed this theme.

Female and Male participants.

When comparing participants' responses by female and male participants, the following numbers were found:

For Theme 1 (None), 60 (38.46%) of the 156 females endorsed this theme; whereas, 65 (57.52%) of the 113 males endorsed this theme.

For Theme 2 (One Vague), 22 (14.10%) females endorsed this theme; whereas, 13 (11.50%) males endorsed this theme.

For Theme 3 (Many Vague), 41 (26.28%) females endorsed this theme: whereas, 21 (18.58%) males endorsed this theme.

For Theme 4 (One Specific), 26 (16.67%) females endorsed this theme; whereas, 7 (6.19%) males endorsed this theme.

Lastly, for Theme 5 (Many Specific), 7 (4.49 %) females endorsed this theme; whereas, 7 (6.19%) males endorsed this theme.

Participants reporting High or Low Subjective Social Class Standing.

When comparing participants' responses by high (HSSC) and low (LSSC) subjective social class standing, the following numbers were found:

For Theme 1 (None), 49 (36.57%) of the 134 HSSC participants endorsed this theme; whereas, 76 (56.30%) of the 135 LSSC participants endorsed this theme.

For Theme 2 (One Vague), 22 (16.42%) HSSC participants endorsed this theme; whereas, 13 (9.63%) LSSC participants endorsed this theme.

For Theme 3 (Many Vague), 35 (26.12%) HSSC participants endorsed this theme; whereas, 27 (20.00%) LSSC participants endorsed this theme.

For Theme 4 (One Specific), 18 (13.43%) HSSC participants endorsed this theme; whereas, 15 (11.11%) LSSC participants endorsed this theme.

Lastly, for Theme 5 (Many Specific), 10 (7.46%) HSSC participants endorsed this theme; whereas, 4 (2.96%) LSSC participants endorsed this theme.

***Breakdown of Participant Rating of Previous Psychological Service Use
by Multicultural Identity.***

EA females who indicated HSSC endorsed themes in the following way: 15 (23.81%) of the 63 participants endorsed Theme 1 (None); 10 (15.87%) endorsed Theme 2 (One Vague); 25 (39.68%) endorsed Theme 3 (Many Vague); 10 (15.87%) endorsed Theme 4 (One Specific); and 3 (4.76%) endorsed Theme 5 (Many Specific).

EA females who indicated LSSC endorsed themes in the following way: 20 (44.44%) of the 45 participants endorsed Theme 1 (None); 7 (15.56%) endorsed Theme 2 (One Vague); 7 (15.56%) endorsed Theme 3 (Many Vague); 9 (20.00%) endorsed Theme 4 (One Specific); and 2 (4.44%) endorsed Theme 5 (Many Specific).

EA males who indicated HSSC endorsed themes in the following way: 15 (44.12%) of the 34 participants endorsed Theme 1 (None); 7 (20.59%) endorsed Theme 2 (One Vague); 7 (20.59%) endorsed Theme 3 (Many Vague); 3 (8.82%) endorsed Theme 4 (One Specific); and 2 (5.88%) endorsed Theme 5 (Many Specific).

EA males who indicated LSSC endorsed themes in the following way: 22 (56.41%) of the 39 participants endorsed Theme 1 (None); 3 (7.69%) endorsed Theme 2 (One Vague); 12 (30.77%) endorsed Theme 3 (Many Vague); 2 (5.13%) endorsed Theme 4 (One Specific); and 0 endorsed Theme 5 (Many Specific).

REM females who indicated HSSC endorsed themes in the following way: 7 (41.18%) of the 17 participants endorsed Theme 1 (None); 2 (11.76%) endorsed Theme 2 (One Vague); 3 (17.65%) endorsed Theme 3 (Many Vague); 4 (23.53%) endorsed Theme 4 (One Specific); and 1 (5.88%) endorsed Theme 5 (Many Specific).

REM females who indicated LSSC endorsed themes in the following way: 18 (58.06%) of the 31 participants endorsed Theme 1 (None); 3 (9.68%) endorsed Theme 2 (One Vague); 6 (19.35%) endorsed Theme 3 (Many Vague); 3 (9.68%) endorsed Theme 4 (One Specific); and 1 (3.23%) endorsed Theme 5 (Many Specific).

REM males who indicated HSSC endorsed themes in the following way: 12 (60.00%) of the 20 participants endorsed Theme 1 (None); 3 (15.00%) endorsed Theme 2 (One Vague); 0 endorsed Theme 3 (Many Vague); 1 (5.00%) endorsed Theme 4 (One Specific); and 4 (20.00%) endorsed Theme 5 (Many Specific).

REM males who indicated LSSC endorsed themes in the following way: 16 (80.00%) of the 20 participants endorsed Theme 1 (None); 0 endorsed Theme 2 (One Vague); 2 (10.00%) endorsed Theme 3 (Many Vague); 1 (5.00%) endorsed Theme 4 (One Specific); and 1 (5.00%) endorsed Theme 5 (Many Specific).

Chapter 5

Summary, Discussion, Implications and Conclusion

Summary

In order to understand the factors that influence help seeking beliefs of nontraditional-age college students, this study explored the help-seeking beliefs, reported past help-seeking behaviors and ratings, demographic variables, perceived stress level and students' social networks. Quantitative and qualitative responses were analyzed in an attempt to answer the following questions:

Quantitative Research Questions.

Question 1: After the effects of the demographic variables (i.e., sociorace, gender, age, years in school, and household income per number of household members) are controlled, what are the effects of one's perceived stress level, one's previous use of psychological services and one's social network on beliefs about psychological services?

Sub-question 1a: For those participants who have previously used psychological services, does one's rating of their experience using this psychological service alter the relative importance of predictors for help seeking beliefs?

Sub-question 1b: For those participants who have never previously used psychological services, after the effects of demographic variables are controlled, what effect does one's social network and one's perceived stress level have on help seeking beliefs?

Sub-question 1c: What differences exist by sociorace in examining the effects of the demographic variables, one's previous help seeking, and one's social network related to beliefs about psychological services?

Qualitative Research Questions.

Question 2: What themes emerge when analyzing participants' responses to the following questions:

- If you previously used psychological services at any point in the past, what is your rating of your overall experience?
- What barriers, if any, keep you from seeking the help of a psychological professional?
- What benefits do you perceive when seeking the help of a psychological professional?
- What drawbacks do you perceive when seeking the help of a psychological professional?
- In the community where you grew up, how did people feel about using psychological services?
- What psychological service options are you aware of in your community?
- When you are feeling psychological distress, which **activities/things** and/or **people** do you turn to first when seeking help in resolving your distress?

Sub-question 2a: When looking at these themes by groupings based on multicultural identity, what themes appear to be most influential?

Discussion

Quantitative Results.

The quantitative results showed that for all participants, 4 of the 10 variables were significant predictors of one's score on the BAPS instrument: gender, perceived stress level, previous use of psychological services, and family and friends' previous use of psychological services. Given these findings, a summary profile of someone who holds positive beliefs about psychological service use is: a woman with few stressors who has previously used psychological services and whose family members have also previously used psychological services.

The findings from the analysis with all participants is consistent with Walter, Yon and Skovholt's (2012) finding. Walter et al.'s study used similar variables when examining help seeking beliefs, though they did not examine one's perceived stress level, one's rating of their experience when seeking psychological help, family income that takes into consideration the number of people living off of that income, or one's subjective social class ranking. Though these measures were added to the current study, quite similar results were found. For example, gender, previous use of psychological services and having friends or family members who had previously used psychological services were common significant predictors between studies. In the current study, the addition of one's perceived stress level proved useful in predicting beliefs about psychological services, though not in the expected direction. Whereas other studies have

found that one's perceived stress level was positively correlated with help seeking beliefs (e.g., Kuo, Kwantes, Towson & Nanson, 2006), results here indicate that lower perceived stress levels correlated with positive beliefs about seeking help. This finding, however, seems to be consistent with Cramer's (1999) model; his model showed that distress level directly predicts help seeking behavior but not help seeking attitudes. In the current study, with perceived stress being used to predict help seeking beliefs, perhaps the perceived stress measure could be considered a proxy for emotional openness, which Cramer found to be negatively correlated with help seeking attitudes. In other words, the more emotionally open one is, the more one has positive beliefs about seeking psychological help. In future studies, a measure of emotional openness could be used to investigate this further.

For those participants who had previously sought the help of psychological services, the variables that significantly predicted positive beliefs about psychological service use included rating this previous experience as positive, being female, and being from a European American background. In short, for those participants who had previously used psychological services, the profile of someone most likely to have positive beliefs about using these services would be a European American woman who had an overall positive experience when seeking help in the past.

When considering the analysis of those participants who had previously sought psychological help, these results seem consistent with Walter et al.'s (2012) study. Walter et al.'s study completed separate analyses by sociorace and did not measure one's rating of previous psychological service use. In that study, gender was a significant predictor for

REM participants and not for EA participants, and previous use of psychological services was a significant predictor for EA participants and not for REM participants. Walter et al. concluded that even positive experiences in using psychological services might not be enough to convince REM participants to hold more positive beliefs about psychological services. Examining the qualitative results for this group could clarify this finding.

For those participants who had never previously sought help from a psychological professional, the variables that significantly predicted positive beliefs about psychological services included gender, perceived stress and having a family member or friend who had previously used psychological services. In short, for those participants who had never previously used psychological services, the profile of someone most likely to have positive beliefs about using these services would be a woman with few perceived stressors who knows a family member or friend who has previously used psychological services.

The finding that participants who previously sought psychological services hold more positive beliefs than those who had never sought this help is consistent with finding for both EA participants and REM participants in Walter et al.'s (2012) study and other previous studies (e.g. Kim, 2007; Komiya & Eells, 2001).

When examining differences in participants' beliefs by sociorace, the current study shows mixed support for earlier findings about EA participants by Walter et al. (2012). For example, in the Walter et al. study, significant predictors of beliefs for EA participants included previous use of services, encouragement of family and friends to seek services, and previous use of services by family and friends. In the current study,

gender was a significant predictor whereas friends' and family members' encouragement was not, with previous use and friends' and family members' previous use remaining significant.

The current study also showed mixed support for earlier findings about REM participants by Walter et al. (2012). For example, in the Walter et al. study, significant predictors of beliefs for REM participants included gender and having family members or friends who had previously used psychological services. In the current study, gender was the only significant predictor of beliefs for this group, with family and friends' previous use narrowly missing statistical significance. These results again raise the question about whether or not REM students are receiving culturally competent psychological services, as it appears as though previous psychological service use by REM participants does not change beliefs about using psychological services for these students.

Qualitative Results.

The qualitative results were first analyzed for themes among all participants. These themes were then analyzed for relative influence among participants in various groups according to multicultural identity. First, let us see what these themes suggest for all participants by each of the questions posed to participants.

Question 1: If you previously used psychological services at any point in the past, what is your overall rating of your experience?

All participants. The results for this question suggest that those participants who had previously sought psychological help overwhelmingly had positive

experiences. This finding is consistent with research that examines the effectiveness of psychological interventions (e.g., Lambert & Ogles, 2004; Wampold , 2001).

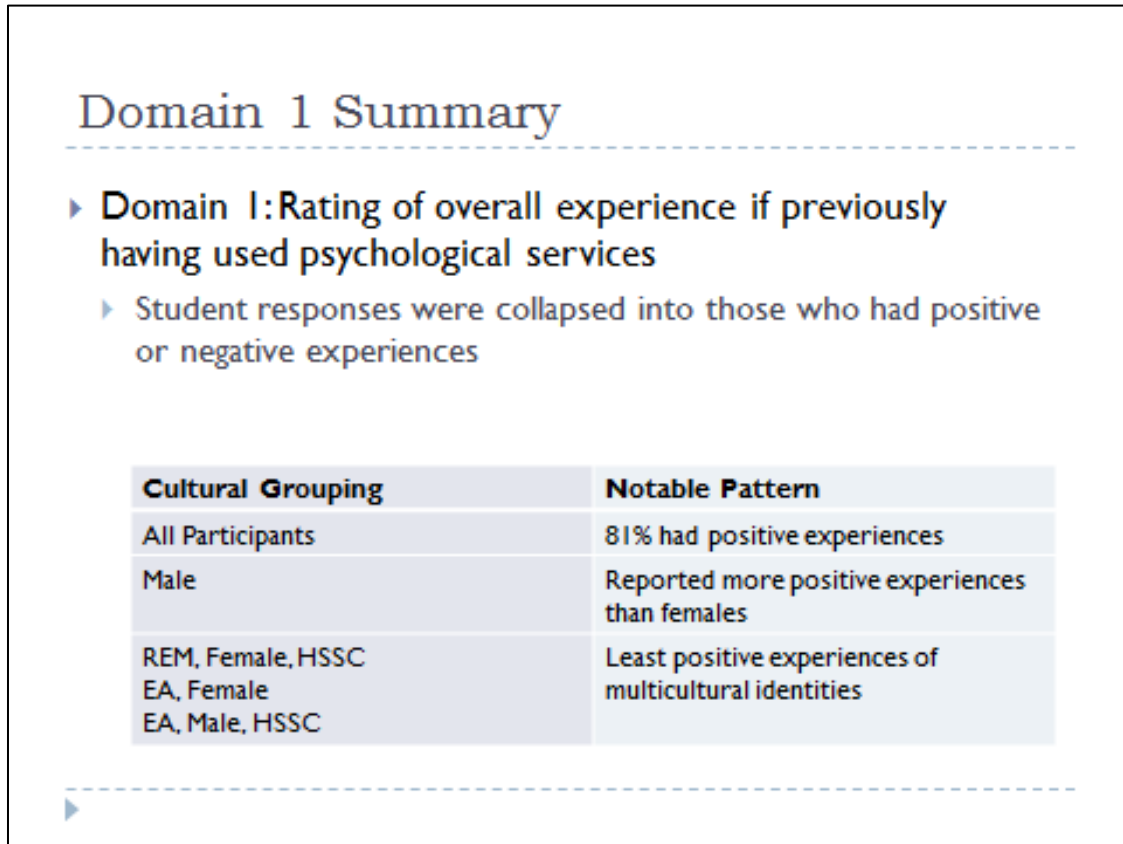
Sociorace. When comparing REM and EA participants' ratings of previous counseling use, we see that the number appear relatively equivalent, suggesting that those who sought help, regardless of sociorace, had overwhelmingly positive experiences.

Gender. When comparing male and female participants' ratings of previous counseling use, we see that men, somewhat surprisingly, have overwhelmingly positive experiences when they seek help. Though women's ratings are similarly high, the fact that 90% of males had positive experiences is a statistic that other men might be curious to realize.

Social Class. When comparing the ratings of participants by their own assessment of social class standing, we find that those that were categorized as low or high seemed to respond in a similar fashion, roughly 80% of each group having positive experiences.

Multicultural Identity. Participants were examined for themes that stood out for them by intersection of multicultural identity: male or female, REM or EA, and High (HSSC) or Low (LSSC) Subjective Social Class statuses. REM females from HSSC, EA females, and EA males from HSSC had smaller percentages of members experiencing positive experiences. Is there something about being a member of a HSSC group, especially for females, that leads to greater risks for poorer experiences? Understanding the circumstances that lead to these negative experiences should be considered for future studies.

Figure 4. Summary of Domain 1 Findings



Question 2: What barriers, if any, keep you from seeking the help of a psychological professional?

All participants. When examining this theme across all participants, it can be seen that the most popular theme among participants was that either seeking help from a psychological professional did not feel warranted or that there were in fact no barriers to seeking help. Among responses that indicated an actual barrier, financial barriers that included either no money for the expense or poor insurance coverage for these services. A second tier of barriers was found. Among these barriers, participants named doubt that the professional could help, inconvenient timing and location of services, and stigma as

important barriers to seeking help. Religious and cultural barriers were endorsed as a barrier, but percentage-wise it fits in its own third tier.

Sociorace. Socioracial differences among barriers included more EA participants endorsing cost as a barrier than REM participants. REM participants were more prevalent in endorsing religious and cultural barriers than EA participants.

Gender. When comparing these themes by gender, the most notable differences are seen among men and women who endorsed doubting the professional could help, finding the time and location of services, fearing stigma, and feeling the level of intervention is not warranted. Of these themes men were more likely to find barriers in stigma, not feeling the level of intervention is warranted, and doubting the professional could offer help. Women more commonly responded with finding the time and location as a barrier to seeking help.

Social Class. When comparing these themes by subjective ranking of social class, we can see notable discrepancies in endorsement of cost/insurance serving as a barrier. As expected, participants who rated themselves lower in subjective social class felt that cost/insurance was a more problematic barrier to seeking psychological services.

Multicultural Identity. Participants were examined for themes that stood out for them by intersection of multicultural identity: male or female, REM or European American, and High or Low Subjective Social Class statuses.

REM – M – L

For this group, themes that overwhelmingly stood out included feeling that there were either no barriers or that the level of intervention was not warranted.

REM – F – L

For this group, themes that stood out included cost/insurance as a barrier and that the level of intervention is not warranted.

REM – M – H

For this group, themes that stood out included feeling that there were no barriers, that the level of intervention was not warranted, and that cost/insurance serve as barriers.

REM – F – H

For this group, themes that overwhelmingly stood out included feeling that there were either no barriers or that the level of intervention was not warranted.

EA – M – L

For this group, themes that stood out included feeling that there were no barriers, that the level of intervention was not warranted, and that cost/insurance serve as barriers. There was no endorsement of religious or cultural barriers to seeking psychological services.

EA – F – L

For this group, themes that stood out included feeling that there were no barriers, that the level of intervention was not warranted, and that cost/insurance serve as barriers.

EA – M – H

For this group, themes that stood out included feeling that there were no barriers and that cost/insurance serve as barriers. Overwhelmingly, this group felt that the level of intervention was not warranted.

EA – F – H

For this group, themes that stood out included feeling that there were no barriers, that the level of intervention was not warranted, and that cost/insurance serve as barriers.

Figure 5. Summary of Domain 2 Findings

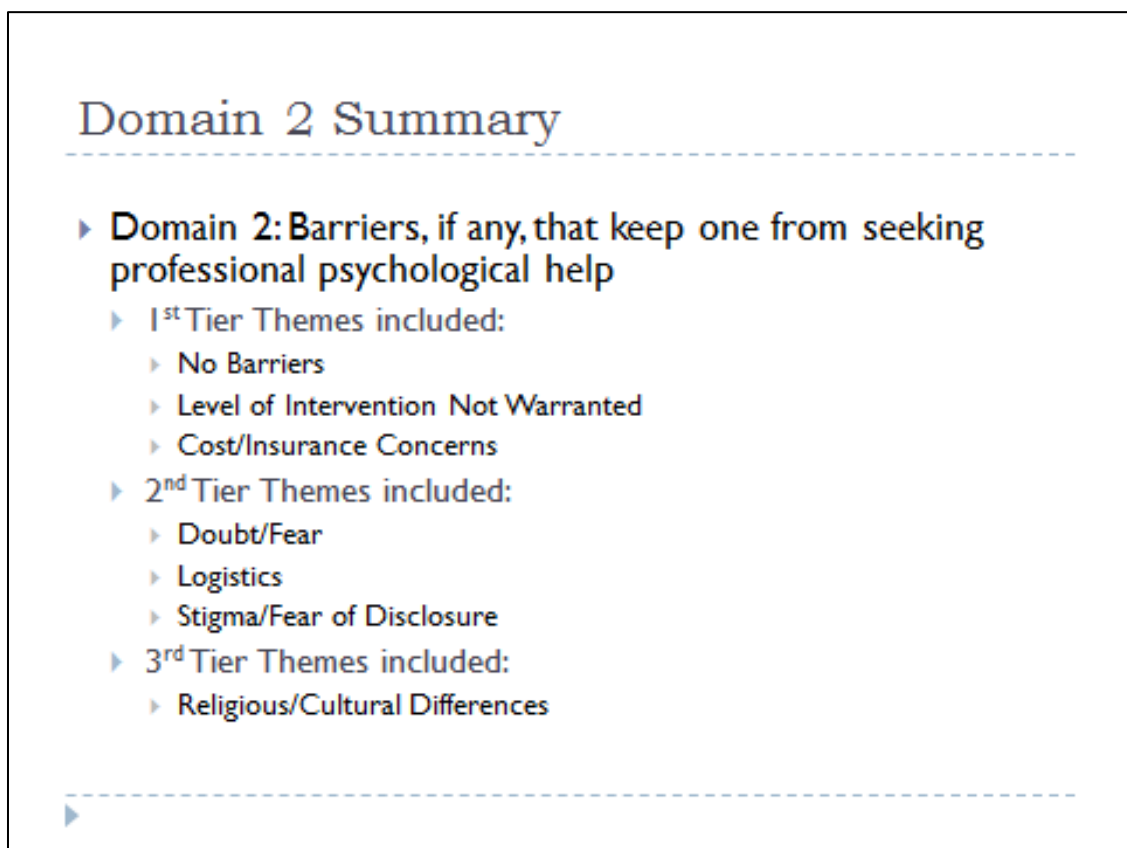


Figure 5.1 Summary of Domain 2 Findings Continued

Domain 2 Summary (Continued)

▶ **Domain 2: Barriers, if any, that keep one from seeking professional psychological help**

Cultural Grouping	Notable Pattern
All Participants	Three tiers evident
EA	Cost
REM	Religious/cultural barriers
Female	Time/Location
Male	Stigma & Doubt the Professional Could Help
LSSC	Cost
EA, Male, LSSC	No mention of religious/cultural barriers

▶

Question 3: What benefits do you perceive if you were to seek the help of a psychological professional?

All Participants. There were two dominant themes in response to this question across all participants. These themes were having a context where one was assured of confidentiality and able to speak freely as well as seeking help resulting in a positive outcome, such as the resolution of one's problems or developing greater self-awareness.

Sociorace. When comparing responses of participants by sociorace, we see that the theme of no perceived benefits when seeking psychological help was

endorsed more than twice as often for REM participants than EA participants. The themes of benefitting from psychological services by being offered the context for confidential help and of benefitting from being in contact with a nonjudgmental person were endorsed roughly twice as often by EA participants. Lastly, more than half of REM participants endorsed the theme that a positive outcome would result from seeking psychological help.

Gender. When comparing responses by gender, most themes were endorsed in similar numbers. The largest difference in thematic responses was found in women endorsing the benefit of being in contact with a nonjudgmental person with greater frequency.

Social Class. When comparing responses by social class standing, there was general similarity in thematic responses.

Multicultural Identity.

REM-M-L

The prevalent theme for this group was that you would benefit from seeking psychological help because you would have a positive outcome.

REM – F – L

For this group, the themes of benefitting from a confidential context and having a positive outcome as a result were dominant.

REM – M – H

For this group, the dominant theme was that seeking psychological help would result in a positive outcome.

REM – F – H

For this group, there were two dominant themes: that there were no benefits to seeking this help and that a benefit would be that a positive outcome would occur as a result of seeking help.

EA – M – L

Context for confidentiality and results in a positive outcome are dominant

EA – F – L

Context for confidentiality and results in a positive outcome are dominant

EA – M – H

Prevalent theme is that seeking this help allows for a context of confidentiality

EA – F – H

For this group, there were two dominant themes: that there were no benefits to seeking this help and that a benefit would be that a positive outcome would occur as a result of seeking help.

Figure 6. Summary of Domain 3 Findings

Domain 3 Summary

- ▶ **Domain 3: Benefits perceived if seeking the help of a psychological professional**
 - ▶ Four categories of responses were found
 - ▶ No perceived benefits
 - ▶ Provides context for confidentiality
 - ▶ Puts you in contact with nonjudgmental expert
 - ▶ Results in positive outcomes

▶

Figure 6.1 Summary of Domain 3 Findings Continued

Domain 3 Summary (Continued)

▶ **Domain 3: Benefits perceived if seeking the help of a psychological professional**

Cultural Grouping	Notable Pattern
All Participants	Top categories were Context for Confidentiality and Results in Positive Outcome
EA	Confidentiality & Benefitting from a Nonjudgmental Expert
REM	Noted No Perceived Benefits 2xs as often Endorsed Positive Outcome more frequently
Female	Benefitting from a Nonjudgmental Expert

▶

Question 4: What drawbacks do you perceive when seeking the help of a psychological professional?

All Participants. The top themes across all participants were fear of receiving psychological help and the cost associated with receiving the help that serve as the greatest drawbacks for seeking professional psychological help.

Sociorace. When comparing this theme across participants' socioracial status, EA participants endorsed Fear and Cost more readily than REM participants. REM participants endorsed the theme of no drawbacks more readily than EA participants.

Gender. When comparing this theme across participants by gender, most themes were endorsed at rather equal rates, with the exception of men endorsing the theme of Cost more readily than women.

Social Class. When comparing this theme across participants by social class standing, most themes were endorsed relatively equally. However, participants who subjectively rated themselves as coming from a higher social class standing more readily endorsed the thematic drawback of psychological services being logistically difficult to schedule while also more readily endorsing the theme of no drawbacks. Participants who subjectively rated themselves as coming from a lower social class standing endorsed the thematic drawbacks of the services not being helpful and holding fear towards seeking help more readily.

Multicultural Identity.

REM-M-L

The themes most readily endorsed by this group included cost and no drawbacks most frequently.

REM – F – L

The themes most readily endorsed by this group included fear and not being helpful if seeking psychological help.

REM – M – H

For this group, cost stood out as the most frequently endorsed theme.

REM – F – H

For this group, the themes of fear and no drawbacks were most frequently endorsed when considering drawbacks to seeking help.

EA – M – L

For this group, fear and cost stood out as the most frequently endorsed drawbacks.

EA – F – L

For this group, fear, not helpful and cost stood out as frequently endorsed themes.

EA – M – H

For this group, fear and cost stood out as the most frequently endorsed themes.

EA – F – H

For this group, cost and fear stood out as the most frequently endorsed themes when considering drawbacks to seeking psychological help.

Figure 7. Summary of Domain 4 Findings

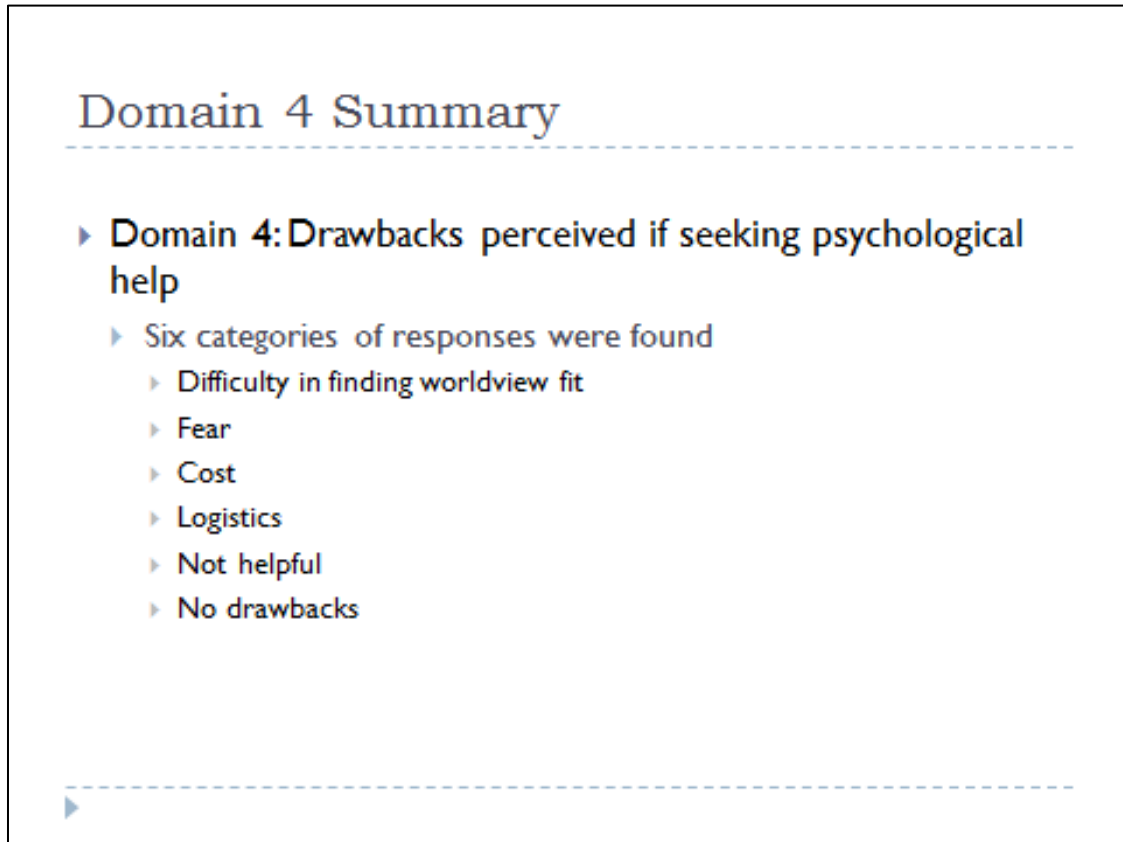


Figure 7.1 Summary of Domain 4 Findings Continued

Domain 4 Summary (Continued)

▶ **Domain 4: Drawbacks perceived if seeking psychological help**

Cultural Grouping	Notable Pattern
All Participants	Fear of Receiving Help & Cost of Help
EA	Fear & Cost
REM	No Drawbacks
Male	Cost
HSSC	No Drawbacks & Logistic Difficulties
LSSC	Fear & Services Not Helpful

▶

Question 5: How did people in the community where you grew up feel about using professional psychological services?

All Participants. When looking at how all participants responded to this question about the community's reaction to seeking psychological help, the dominant themes were that seeking this help was either something looked upon with a degree of neutrality or with some degree of negativity.

Sociorace. When looking at this domain between socioracial groups, we find that EA group members endorsed the themes of positive or mixed perceptions;

whereas, we find that REM group members endorsed the themes of negative or neutral categories with greater frequency.

Gender. When looking at this domain across participants' responses by gender, we see relative equivalence in themes endorsed.

Social Class. When comparing the responses of participants by either high or low subjective social class standing, we find that people from low subjective social class standing endorsed the theme of having positive perceptions in the community more frequently, and we find that people from high subjective social class standing endorsed the theme of having mixed perceptions in the community more frequently.

Multicultural Identity.

REM-M-L

Members of this group overwhelmingly endorsed the themes of either having a community that perceived these services as negative or neutral.

REM – F – L

Members of this group overwhelmingly endorsed the themes of either having a community that perceived these services as negative or neutral.

REM – M – H

Members of this group overwhelmingly endorsed the theme of having their community perceive receiving psychological help as negative.

REM – F – H

Members of this group overwhelmingly endorsed the theme of having their community perceive receiving psychological help as neutral.

EA – M – L

The predominant themes for this group were having their community perceive services as either negative or neutral.

EA – F – L

The predominant themes for this group were having their community perceive services as either negative or neutral.

EA – M – H

The predominant theme for this group was having their community experience psychological services as being neutral.

EA – F – H

The predominant themes for this group were having their community perceive services as either negative or neutral.

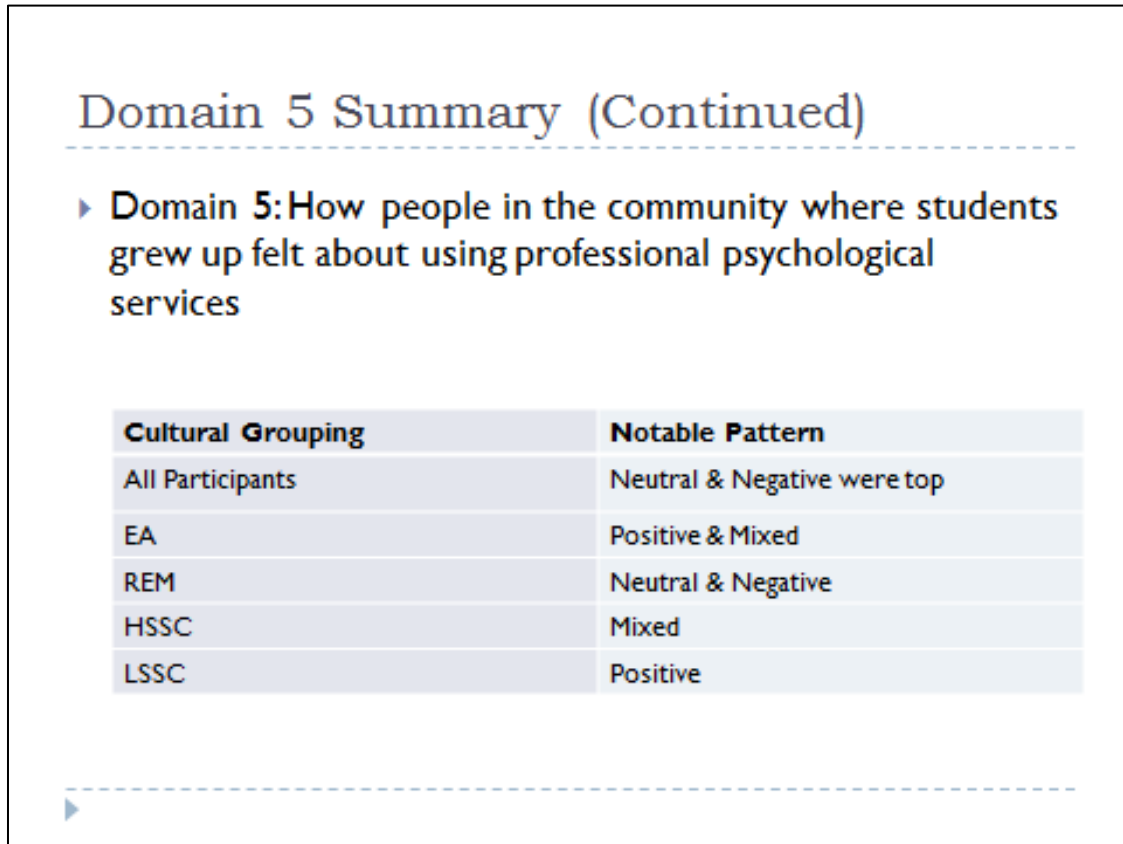
Figure 8. Summary of Domain 5 Findings

Domain 5 Summary

- ▶ **Domain 5:** How people in the community where students grew up felt about using professional psychological services
 - ▶ Four categories of responses were found
 - ▶ Positive
 - ▶ Negative
 - ▶ Mixed
 - ▶ Neutral

▶

Figure 8.1 Summary of Domain 5 Findings Continued



Question 6: When seeking help for psychological concerns, what is your preference for either things or people that you would first turn to for help in dealing with the concern?

All Participants. When looking at this domain across all participants, the theme most strongly endorsed was turning to a healthy activity with this theme being followed by relatively equal endorsement for turning to one's significant other, family members and friends.

Sociorace. When looking at what themes were endorsed under this domain by participants from EA or REM groupings, it can be seen that EA participants endorsed

the themes of nothing, friends, and significant others more readily, and it can be seen that REM participants endorsed the theme of turning toward religion/God more frequently.

Gender. When looking at how participants responded to this domain by gender, it can be seen that men endorsed the themes of nothing, unhealthy activities, and significant others more frequently than women; whereas, it can be seen that women endorsed the theme of family more frequently than men.

Social Class. When looking at how participants responded to this domain by subjective social class standing, it can be seen that members of LSSC standing endorsed the themes of nothing, God, and unhealthy activities more frequently. It can be seen that members of HSSC standing endorsed the themes of healthy activities, significant others, and professional help more frequently.

Multicultural Identity.

REM-M-L

The dominant themes endorsed by this group included nothing and healthy activities.

REM – F – L

The dominant themes for this group included healthy activities followed by the themes of turning to religion/God and one's family.

REM – M – H

Healthy activities and family were the two sources most frequently endorsed for this group.

REM – F – H

For this group, the themes of healthy activities and family were endorsed most frequently but were followed closely by the themes of religion/God and significant others.

EA – M – L

For this group, the dominant theme was to turn to healthy activities, and this theme was closely followed by turning to one's family.

EA – F – L

For this group, turning to friends, family and healthy activities were endorsed equally.

EA – M – H

For this group, healthy activities and significant others were the themes most readily endorsed.

EA – F – H

Turning to healthy activities was the theme most readily endorsed by this group.

Figure 9. Summary of Domain 6 Findings

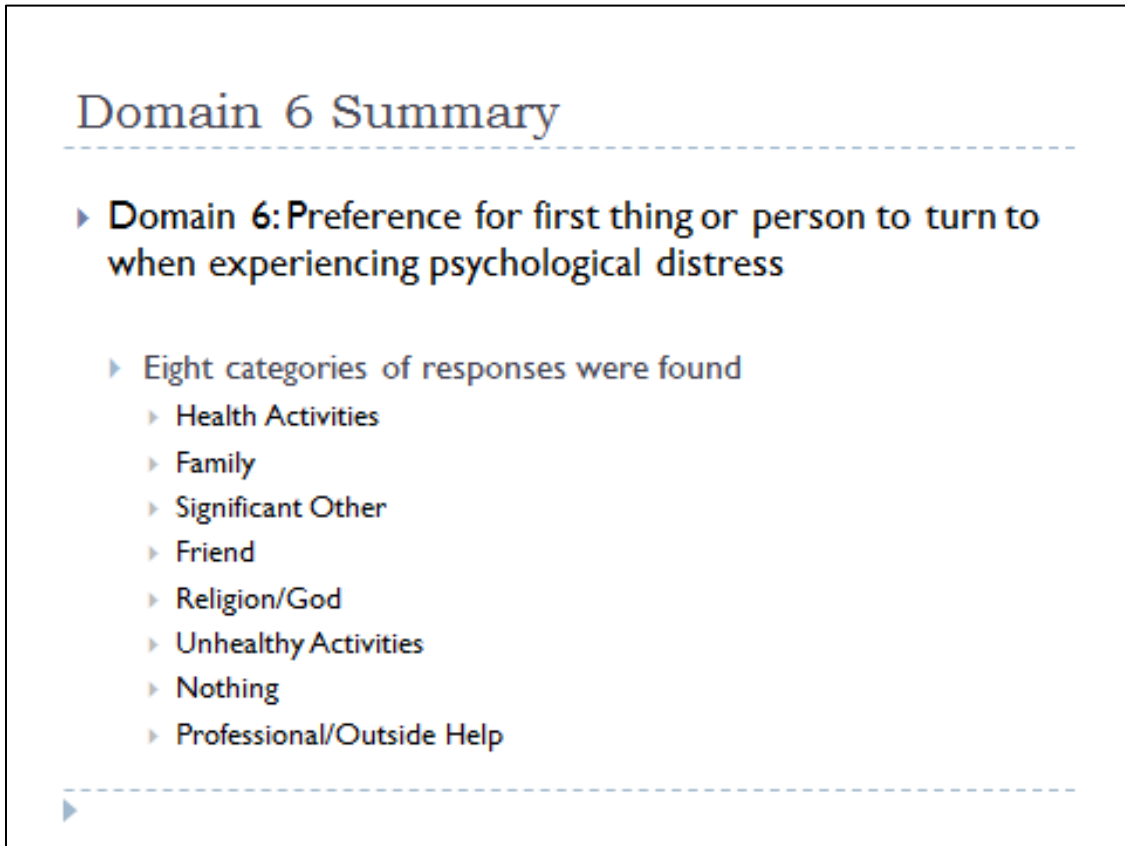


Figure 9.1 Summary of Domain 6 Findings Continued

Domain 6 Summary (Continued)

▶ **Domain 6: Preference for first thing or person to turn to when experiencing psychological distress**

Cultural Grouping	Notable Pattern
All Participants	Healthy Activity was top; Closely followed by Sig. Other, Family Members & Friends
EA	Nothing, Friends & Sig. Other
REM	Religion/God
Female	Family
Male	Nothing, Unhealthy Activities & Sig. Other
HSSC	Healthy Activities, Sig. Other & Professional Help
LSSC	Nothing, Religion/God & Unhealthy Activities
REM, Female	Religion/God

▶

Question 7: What psychological service options are you aware of in your community?

All Participants. When looking at how all participants responded to the domain of the service options that they were aware of in their community, we see that the dominant theme endorsed is that participants are aware of no psychological service options in their community.

Sociorace. When looking at awareness of psychological service options by socioracial groupings, we see that REM participants predominantly endorsed being aware of none but also were aware of more many specific options than EA participants. EA

participants were found to more readily endorse knowing one vague or many vague psychological service options.

Gender. Males endorsed being aware of no psychological service options more frequently than females, and females endorsed being aware of many vague and one specific psychological service options more frequently than males.

Social Class. LSSC standing participants endorsed being aware of no psychological service options more frequently than HSSC standing participants, and HSSC standing participants endorsed being aware of many specific, many vague and one vague service option more frequently than LSSC standing participants.

Multicultural Identity.

REM-M-L

Members of this group overwhelmingly endorsed being aware of no psychological service options.

REM – F – L

Members of this group endorsed being aware of no psychological service options most readily while also endorsing being aware of many vague resources with relative frequency.

REM – M – H

Members of this group endorsed being aware of no psychological service options most readily while also endorsing being aware of many specific and one vague psychological service option with relative frequency.

REM – F – H

Members of this group endorsed being aware of no psychological service options most readily while also endorsing being aware of one specific and many vague psychological service option with relative frequency.

EA – M – L

Members of this group endorsed being aware of no psychological service options most readily while also endorsing being aware many vague psychological service options with relative frequency.

EA – F – L

Members of this group endorsed being aware of no psychological service options most readily while also endorsing being aware of one specific, one vague, and many vague psychological service options with great frequency.

EA – M – H

Members of this group endorsed being aware of no psychological service options most readily while also endorsing being aware of one vague and many vague psychological service options with great frequency.

EA – F – H

The dominant theme for this group was being aware of many vague psychological service options.

Figure 10. Summary of Domain 7 Findings

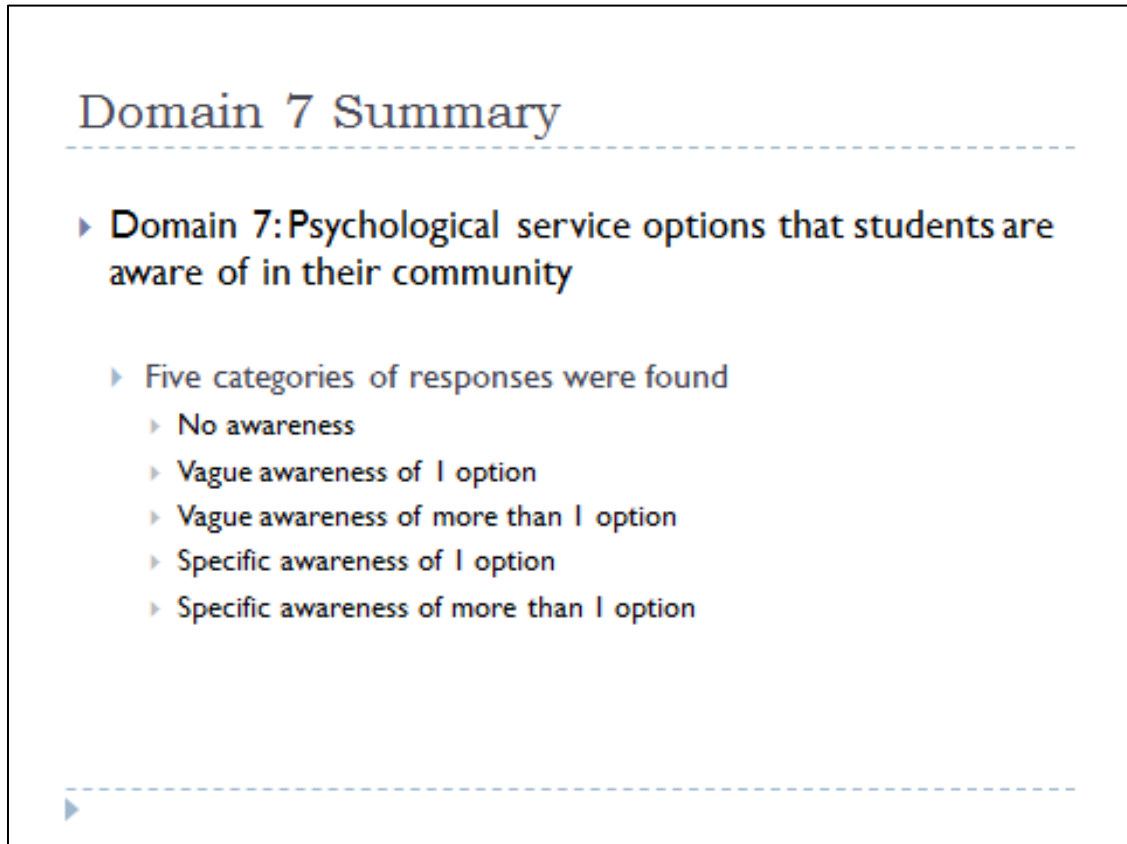


Figure 10.1 Summary of Domain 7 Findings Continued

Domain 7 Summary (Continued)

▶ **Domain 7: Psychological service options that students are aware of in their community**

Cultural Grouping	Notable Pattern
All Participants	No Awareness was top
EA	1 Vague, Many Vague
REM	No Awareness
Female	1 Vague & 1 Specific
Male	No Awareness
HSSC	1 Vague, Many Vague, 1 Specific
LSSC	No Awareness

▶

Collection of Qualitative Themes by Gender

When comparing male and female participants' ratings of previous counseling use, it can be seen that men, somewhat surprisingly, have overwhelmingly positive experiences when they seek help. Though women's ratings are similarly high, the fact that 90% of males had positive experiences is a study result that is different than other research.

When asked about barriers to seeking psychological services, the most notable differences are seen among men and women who endorsed doubting the professional could help, finding the time and location of services, fearing stigma, and feeling the level

of intervention is not warranted. Of these themes men were more likely to find barriers in stigma, not feeling the level of intervention is warranted, and doubting the professional could offer help. Women more commonly responded with finding the time and location as a barrier to seeking help.

When asked about benefits of seeking the help of psychological services, most themes were endorsed by both genders in similar numbers. The largest difference in thematic responses was found in women endorsing with greater frequency the benefit of being in contact with a nonjudgmental person.

When asked about drawbacks to seeking the help of psychological services, most themes were endorsed at rather equal rates, with the exception of men endorsing the theme of Cost more readily than women.

When asked about their communities' perception of seeking psychological services, we see relative equivalence in themes endorsed.

When asked about where they turn when experiencing psychological distress, I found that men endorsed the themes of nothing, unhealthy activities, and significant others more frequently than women; whereas, I found that women endorsed the theme of turning to family more frequently than men.

Finally, when asked about psychological services they were aware of in their community, males endorsed being aware of no psychological service options more frequently than females, and females endorsed being aware of many vague and one specific psychological service options more frequently than males.

Collection of Qualitative Themes by Sociorace

When comparing REM and EA participants' ratings of previous counseling use, it can be seen that the numbers appear relatively equivalent, suggesting that those who sought help, regardless of sociorace, had overwhelmingly positive experiences.

Socioracial differences among barriers included more EA participants endorsing cost as a barrier than REM participants. REM participants more frequently endorsed religious and cultural barriers than EA participants.

We see that the theme of no perceived benefits when seeking psychological help was endorsed more than twice as often for REM participants than EA participants.

The themes of benefitting from psychological services by being offered the context for confidential help and of benefitting from being in contact with a nonjudgmental person were endorsed roughly twice as often by EA participants; whereas for REM participants, more than half endorsed the theme that a positive outcome would result from seeking psychological help.

When considering drawbacks, EA participants endorsed Fear and Cost more readily than REM participants; whereas, REM participants endorsed the theme of no drawbacks more readily than EA participants.

When asked about their communities' perceptions of seeking psychological services, we find that EA group members endorsed the themes of positive or mixed perceptions; whereas, we find that REM group members endorsed the themes of negative or neutral categories with greater frequency.

When asked about where they turn when experiencing psychological distress, I found that EA participants endorsed the themes of nothing, friends, and significant others

more readily than REM participants, and I found that REM participants endorsed the theme of turning toward religion/God more frequently than EA participants.

When looking at awareness of psychological service options, we see that REM participants predominantly endorsed being aware of none but also were aware of more specific options than EA participants. EA participants were found to more readily endorse knowing one vague or many vague psychological service options.

Collection of Qualitative Themes by Subjective Social Class

For those who had previously used psychological services, we find that those that were categorized as LSSC or HSSC seemed to respond in a similar fashion with roughly 80% of each group having positive experiences.

When asked about barriers to seeking psychological services, we can see notable discrepancies in endorsement of cost/insurance serving as a barrier. As expected, participants who rated themselves lower in subjective social class felt that cost/insurance was a more problematic barrier to seeking psychological services.

When asked about benefits of seeking psychological services, there was general similarity in thematic responses.

When asked about drawbacks to seeking psychological services, most themes were endorsed relatively equally. However, HSSC participants more readily endorsed the thematic drawback of psychological services being logistically difficult to schedule while also more readily endorsing the theme of no drawbacks. LSSC participants endorsed the thematic drawbacks of the services not being helpful and holding fear towards seeking help more readily.

When asked about their communities' perceptions of seeking psychological services, we find that people from low subjective social class standing endorsed the theme of having positive perceptions in the community more frequently, and we find that people from high subjective social class standing endorsed the theme of having mixed perceptions in the community more frequently.

When asked about where they turn when experiencing psychological distress, I found that LSSC members endorsed the themes of nothing, God, and unhealthy activities more frequently than HSSC members. I found that HSSC members endorsed the themes of healthy activities, significant others, and professional help more frequently than LSSC members.

Finally, when asked about psychological service options they were aware of in their community, LSSC participants endorsed being aware of no psychological service options more frequently than HSSC participants, and HSSC participants endorsed being aware of many specific, many vague and one vague service option more frequently than LSSC participants.

Collection of Qualitative Themes by Multicultural Identity

EA, F, HSSC

For this group, 28 of 36 members who previously used psychological services rated their experiences as positive. When asked about barriers, themes that stood out included feeling that there were no barriers, that the level of intervention was not warranted, and that cost/insurance serve as barriers. Benefits of seeking psychological services were most prevalently perceived as either having no benefit or that there would be a positive outcome as a result of seeking help. For this group, cost and fear stood out

as the most frequently endorsed themes when considering drawbacks to seeking psychological help. Their communities predominantly perceive seeking psychological services as either negative or neutral. When feeling distressed, members frequently turn to healthy activities. Group members endorsed being aware of many vague psychological service options.

EA, F, LSSC

For this group, 19 of 26 members who previously sought psychological services experienced it as positive. When asked about barriers, group members responded most readily that there were no barriers, that the level of intervention was not warranted, and that cost/insurance serve as barriers. Context for confidentiality and results in a positive outcome were dominant. For this group, fear, not helpful and cost stood out as frequently endorsed thematic drawbacks. Their communities perceived receiving psychological services as either negative or neutral. Turning to friends, family and healthy activities were equally endorsed options when feeling psychological distress. Overall, members of this group endorsed being aware of no psychological service options most readily while also endorsing being unaware of psychological service options.

EA, M, HSSC

For this group, 12 of 15 participants who previously used psychological services rated their experiences as positive. When asked about barriers, overwhelmingly this group felt that the level of intervention was not warranted though the themes of feeling that there were no barriers and that cost/insurance serve as barriers were also readily endorsed. This group noted that the context of confidentiality was the most notable benefit. Concerning drawbacks when seeking psychological services, fear and cost were

the most frequently endorsed themes. Their communities perceived psychological service use as being neutral. When experiencing psychological distress, members turn to healthy activities and significant others most readily. Predominantly, members of this group endorsed being aware of no psychological service options while some members endorsed being aware of either one vague or many vague psychological service options.

EA, M, LSSC

For members of this group, 13 of 14 people who had previously used psychological services experienced it as positive. When asked about barriers to seeking psychological services themes that stood out included feeling that there were no barriers, that the level of intervention was not warranted, and that cost/insurance serve as barriers. It was notable that for this group, there was no endorsement of religious or cultural barriers to seeking psychological services. When asked about perceived benefits, members of this group endorsed that the context provides confidentiality and results in a positive outcome. For this group, fear and cost stood out as the most frequently endorsed drawbacks. Community members of theirs' perceived the use of psychological services to be either negative or neutral. When feeling psychological distress, members predominantly turn to healthy activities and then to one's family. Members of this group endorsed being aware of no psychological service options most readily while also endorsing being aware many vague psychological service options with relative frequency.

REM, F, HSSC

For this group, 4 of 6 members who had previously used psychological services found the experience to be positive. When asked about barriers to seeking psychological

services, this group overwhelmingly endorsed feeling that there were either no barriers to seeking help or that the level of intervention was not warranted. When asked about perceived benefits, there were two dominant themes: there are no benefits to seeking this help and that positive outcomes occur as a result of seeking help. For this group, when asked about drawbacks the themes of fear and there being no drawbacks were most frequently endorsed. Members of this group overwhelmingly endorsed the theme of having their community perceive receiving psychological help as neutral. When describing what resources they turn to when experiencing psychological distress, the themes of healthy activities and family were endorsed most frequently but were followed closely by the themes of religion/God and significant others. Members of this group endorsed being aware of no psychological service options most readily while also endorsing being aware of one specific and many vague psychological service option with relative frequency.

REM, F, LSSC

For this group, the vast majority of women (10 of 12) who had previously used psychological services had positive experiences. When asked about barriers to seeking psychological help, students indicated that cost/insurance was a significant barrier and that the level of intervention was not warranted. The dominant benefits perceived when seeking psychological services included benefitting from a confidential context and having a positive outcome as a result of attending. The thematic drawbacks most readily endorsed by this group included fear and the service not being helpful if seeking psychological help. When asked about how their community in which they group up thought of psychological services, members of this group overwhelmingly endorsed the

themes of it being perceived as either negative or neutral. When experiencing psychological distress, this group most commonly cited turning to healthy activities first and then turning to religion/God and one's family. Members of this group endorsed being aware of no psychological service options most readily while also endorsing being aware of many vague resources with relative frequency.

REM, M, HSSC

For this group, 5 out of 5 people who had previously sought psychological services rated their experiences as positive. For this group, thematic barriers endorsed included feeling that there were no barriers, that the level of intervention was not warranted, and that cost/insurance serve as barriers. The dominant benefit perceived when seeking psychological help by this group was that it would result in a positive outcome. For this group, cost stood out as the most frequently endorsed drawback to receiving psychological services. Members of this group overwhelmingly endorsed the theme of having their community perceive receiving psychological help as negative. When experiencing psychological distress, group members most readily endorsed turning to healthy activities and family members for support. Members of this group endorsed being aware of no psychological service options most prevalently while also endorsing being aware of many specific and one vague psychological service option with relative frequency.

REM, M, LSSC

For this group, men who had previously used psychological services all had positive experiences (4 of 4). When asked about barriers to seeking psychological help, they overwhelmingly endorsed either feeling that there were no barriers or that the level

of intervention was not warranted. When asked about benefits they perceived if they were to use psychological services, they responded by indicating that they would benefit from this service due to having a positive outcome. The thematic drawbacks most readily endorsed by this group included the cost of such services while often indicating that there were no drawbacks. When asked about how their community in which they grew up thought of psychological services, members of this group overwhelmingly endorsed the themes of these services being perceived as either negative or neutral. When experiencing psychological distress, this group most commonly cited having nothing to turn to and turning to healthy activities. Members of this group overwhelmingly endorsed being aware of no psychological service options.

Discussion

Distinction between Those Who Previously Used Psychological Services and Those Who Have Not Previously Used Psychological Services.

For those who previously sought help, gender, socioeconomic status and the rating of their previous service use were the best predictors for holding positive beliefs about seeking psychological help. This finding is distinct when compared to those who have not previously sought psychological services; for this group, gender, perceived stress level and family and friends' previous use of psychological services were the best predictors. Given this discrepancy, we can envision two scenarios.

In the first scenario, it can be seen that the person who has previously used psychological services can depend on their own knowledge and experience to inform a decision about seeking psychological help. In the second scenario, we see that a person

without previous help has positive beliefs about seeking this help if they were to have someone in their social network who can inform them about seeking this help through their personal experience or if they are personally experiencing low levels of stress. Given that higher levels of stress are a common antecedent of seeking psychological services, it appears important to have someone in one's social network with some credibility who can refer a person to these services at that time of need. Interestingly, we see that there are large numbers of men, REM group members and people from LSSC who have never previously sought help or had friends and family members who have previously sought help. Given this lack of crucial support network members who are familiar with the benefits of psychological services, it does not seem surprising that there continues to be a discrepancy in both positive beliefs and actual usage of these services.

Furthermore, we can look at participants' ratings of their previous psychological service use by group identity. Across the board, we see that the vast majority of those who used psychological services had positive experiences. When comparing these ratings by sociorace, we see that there is relative equivalence in these positive ratings. When comparing these ratings by gender, we see that men and women both rated their experiences as positive, but men, on average, more frequently rated their experiences as positive. When comparing by subjective social class, we see very similar numbers between high and low groups with slightly more positive experiences reported by those who reported themselves as low social class standing.

The nearly overwhelmingly positive nature of people's experiences in counseling, especially by men and members of low subject social class standing is somewhat

surprising given men's reluctance to seek help and talk about their emotional lives openly (Komiya, Good & Sherrod, 2000) and members of lower social class standing being perceived to run into more obstacles in receiving help (Leong et al., 1995). These results seem to suggest that the positive experience of seeking psychological services is a well-kept secret; perhaps one that could benefit many others if shared more broadly and openly.

Unfortunately, it appears quite difficult to understand the causal circumstances that bring those who are unlikely to seek psychological services to seek help, though the picture is starting to become clearer. Being mandated or so distressed that others pick up on the need for help might often be the trigger to receiving help for these students. Knowing that males who have higher stress levels and don't have a social network that has previously used services makes for a person who is likely to have poor beliefs about seeking psychological help. Perhaps information could be targeted to this group, telling them about how helpful such services can be and about the positive experiences of their peers.

Distinction between Male and Female Students in Beliefs about Seeking Psychological Services.

It is noteworthy that gender remained a significant predictor of BAPS scores across all quantitative analyses and that gender differences in qualitative responses were prominent. McCarthy and Holliday (2004) examined the traditional male gender role and noted how many aspects of this identity might be perceived to be compromised by using psychological services. They called for the mental health field to view working with men

from a “cross-cultural and multicultural perspective” (p. 29). This request to view men as a cultural group is done, in part, as a way to create culturally acceptable ways for men to seek help, and making counseling more acceptable and more attractive to men has been a long-term issue in the mental health fields (e.g., Skovholt, 1993).

Distinction between EA and REM Students in Beliefs about Seeking Psychological Services.

Separate quantitative analyses for these groups showed persistent differences in important help-seeking beliefs. For EA students, gender (female), perceived stress level (low) and a social network that has previously used psychological services were important. For REM students, gender alone predicted positive beliefs. Though the results differ in some ways from Walter et al.’s (2012) study, similar conclusions could be considered. For example, EA students are more likely to have a social network that has previously used psychological services, and there is perhaps greater comfort among EA members when it comes to seeing psychological services as a credible, comfortable source of help to turn to when indicated. For REM students it is interesting to note that having a social network that has previously used services or having used the services themselves, while overwhelmingly reporting positive experiences to boot, is still not strong enough sources to impact beliefs about psychological services. Only the most constant of the help-seeking variables (i.e. gender) remains a significant predictor. The qualitative responses can shed some light on these results.

Again, it is notable that while students overwhelmingly have a positive experience when seeking psychological help, this study showed evidence of REM participants

reporting greater numbers of positive experiences and fewer numbers of negative experiences after having sought help. REM and EA students both reported having either no barriers to seeking psychological services or the level of intervention not being warranted as the predominant themes. Cost and finding the time to access services were more heavily endorsed by EA students while REM students more heavily endorsed stigma and religious and cultural barriers. When asked about perceived benefits of help-seeking, the predominant theme for EA students was that it provided the context for confidential help; whereas, the overwhelmingly predominant theme for REM students was that seeking help results in positive outcomes. With the next top theme for EA students being that a benefit is being in contact with a person who is nonjudgmental and expert and the next top theme for REM students being that there are no perceived benefits, it appears to potentially be the case that EA students tend to be more aware of specific ways this intervention could be helpful while REM students either perceive the help to be generally positive or not helpful at all. Perhaps there is a gap in specific knowledge about what psychological services entail that halts the persistence of seeking this help among REM students.

In continuing to look at differences among the qualitative themes examined, we see differences in the drawbacks perceived by EA and REM students. No drawbacks and having some fear of seeking psychological services were the dominant themes for REM students. Fear of seeking psychological services, as well as cost of these services, were dominant themes for EA students. When comparing these responses, it seems possible that REM students have less specific knowledge about what drawbacks to seeking

psychological help could be; whereas, EA students readily recognize drawbacks and name these drawbacks more specifically when asked.

Differences can also be seen when EA and REM students described how the community in which they grew up thought of using psychological services. For REM students, their communities viewed seeking this help as predominantly negative while neutral feelings were a close second. For EA students, having communities that were neutral was the dominant theme. Notably, many more EA students reported having communities that either had mixed feelings or positive feelings about this resource. It might be the case that greater familiarity with the resource allows for more detail in EA students' responses when noting their community's reaction.

More differences can be seen when examining EA and REM students' top preference for getting support when experiencing psychological distress. While turning to a healthy activity or family member served as the top two resources for both groups, we see that the next most common theme for EA students was turning to one's significant other and for REM students was turning to religion or God. With anecdotal evidence in this study noting that psychology sometimes appears to be at odds or competing with religion, it is not a surprise that seeking professional psychological help is sought only after exhausting other options for REM students.

The last difference noted between EA and REM students can be seen when asked about the psychological service options they are aware of in their community. Clearly for REM students, there was an overwhelming lack of knowledge of psychological service options in their community. For EA students, while lack of awareness was the most

popular response, there were far more that showed at least vague awareness of resources in their community than REM students. Overall, it appears unlikely at best that an REM student will make a knowledgeable decision about seeking psychological services voluntarily.

Social Class as a Predictor of Beliefs about Seeking Psychological Services.

Social class did not serve as a statistically significant predictor when analyzed along with other quantitative variables, but some notable differences can be seen in the qualitative responses. Equal numbers of HSSC and LSSC students had positive experiences when seeking psychological services. More LSSC students reported cost as a barrier. Perceived benefits were similar. When considering drawbacks, HSSC students noted that there were either no drawbacks or that the logistics of scheduling were a challenge; whereas, LSSC students noted drawbacks of being fearful of the help and that the services wouldn't be helpful. HSSC students reported more mixed feelings from their communities; whereas, LSSC students reported more positive perceptions of seeking help in their communities. When distressed, LSSC students noted the themes of nothing, God and unhealthy activities more frequently than HSSC students, and HSSC students noted the themes of turning to healthy activities, significant others and professional help more readily than LSSC students. Lastly, LSSC students appeared more likely to not be aware of psychological service options when compared to more knowledgeable HSSC students.

Implications

When looking at the combination of all the findings in the current study, we see an interesting collection of thoughts about help seeking in relation to one's multicultural identity.

One thematic note is that there appears to be overwhelmingly positive experiences by people across the board when seeking psychological services. Though this is the case, it is still a minority of people who use these services when actively distressed (e.g., Gallagher, n.d.). There appears to be a gap in knowledge about how helpful these services can be, and perhaps there is a gap in knowledge about how culturally sensitive and competent these services are.

Research has focused on individual characteristics that affect the seeking of professional psychological services. Perhaps it is time to consider that the onus for enhancing knowledge about psychological services depends on those in the profession itself. We might consider it the duty of the profession to inform students about both the positive experiences and the positive outcomes that the majority of help-seekers have.

Some students are already quite familiar with this positive information, with greater numbers of those who are acquainted being from EA and HSSC backgrounds. It appears imperative to spread this information to REM students and to LSSC students with the message: "Counseling services are offered for free at your college; they are effective, and people with a similar cultural identity have benefited from these services."

With identified differences in beliefs about psychological services by multicultural identity, counselors should consider targeting messages to specific groups, such as men, REM students, and LSSC students. These messages could be tailored to their specific group to enhance students' beliefs about psychological services. Recent studies have focused on understanding how brochures targeted to specific populations could potentially increase the use of counseling services (e.g., Hammer & Vogel, 2010). Brochures or video clips targeted to potential clients on the basis of the influence of one's social network and one's gender could help increase the use of these services, and future studies could test the effectiveness of such interventions. Furthermore, the use of REM testimonials seems to be a promising mode of promoting counseling services. Perhaps it could be possible to ask clients for permission to use de-identified testimonials about their experiences in counseling services to promote use among their peers.

Komiya and Eells (2001) noted the importance of counselors realizing that a number of the traditional approaches to counseling might not apply to people who are not part of the dominant culture, and seeking counseling might be seen as a lower ranked option, only after friends, family, and professors have been unable to help resolve the issue. This sentiment reflects the need for counselors to look for creative ways to connect with REM students on campus. It seems crucial to establish relationships and consult with leaders of REM student groups and inquire about ways to be supportive in their community. Actively visiting these student organizations and offering outreach programming (e.g., racism, racial microaggressions, and racial identity development) that addresses the needs of REM students could be particularly helpful. Perhaps nontherapy

support groups could also be developed for REM students, and, more globally, counselors could get involved in the campus community through such opportunities as facilitating peer counselor or mentee programs, consulting with student groups, and participating in clubs or organizations on campus; consequences of these efforts might include the promotion of psychological services as a credible source of help.

Furthermore, counselors should look for opportunities to promote their services by offering a clear description of important aspects of counseling that are often misunderstood or inaccurately perceived, such as confidentiality, cost of services, and severity of problems necessary before seeking help. Vogel, Wester, and Larson (2007) noted the importance of addressing the barriers to seeking help and emphasized how outreach attempts might focus on explaining how counseling works, what the counselor will do and what is expected of clients, especially along the lines of self-disclosure necessary to work effectively.

Findings in this study suggest that socioracial and social class differences could also be used to inform practices for approaching students and their support networks in unique ways. Because REM and LSSC students might have social networks that are less supportive and less informed about formal psychological services, special effort by counselors to offer additional support to these students' social networks could be warranted. As Vogel and Armstrong (2010) suggested, connecting with students' family and friends could be especially important in affecting stigma, impressions of support, and ideas of self-concealment. For example, introducing parents to evidence of the

connection between students' mental health and academic success could be especially important.

When counselors are accessed by REM, male, and LSSC students, the ability to convey a capacity to be scientifically minded, to have specific cultural expertise, and to use dynamic sizing (generalizing and individualizing appropriately) is vital (see Sue, 1999). Specifically for REM students, further examination of what happens after they initiate contact with psychological services is needed, given that studies suggest that the number of sessions attended by REM students is often considerably fewer than that of EA students (e.g., Kearney, Draper, & Barón, 2005). The current study suggests that previous counseling did not equate to more positive beliefs about psychological services for REM students, with the positive experience potentially considered an isolated incident. Perhaps materials tailored toward the concerns of family and friends could be made available to share with students who might consider both reading this literature and passing it on to members of their support network.

Limitations.

Although this study suggests important considerations for understanding help-seeking beliefs about psychological services, there are also limitations. REM participants were pooled into one group in this analysis, so generalization of findings to specific racial/ethnic groups should be done with extreme caution. Social network variables in the study are limited because of the yes/no nature of these questions. For example, if a participant responded with a "yes" to the question about encouragement to seek psychological services, there are many unknowns. Perhaps encouragement by a respected

family member or friend contributes significantly to this decision, which we are not able to see through this simplified response.

Assessing how students' beliefs and experiences are related is important to understand, and because this study was correlational in nature, focusing on beliefs rather than actual behavior, future studies would benefit from studying this connection. Longitudinal designs that examine the causality of previous use of services and the influence of one's social network on actual service use need to be explored. Additionally, this study is based on largely non-traditional-age college students at a Midwestern state university, and caution should be used when generalizing results beyond this population.

Conclusions

Future Research.

The challenge of further understanding help-seeking beliefs and behaviors remains, but studying this topic appears essential to ethical practice and access to this beneficial source for managing distress and promoting wellness as well as academic excellence. Suggestions for future studies include the following:

- Future research could compare the level of knowledge that students have about psychological service options and then examine whether or not this equivalent knowledge bears equivalent help-seeking behaviors between groups based on their cultural identity.

- Studies might offer a pretest about psychological services and what it entails to students prior to receiving treatment and see how these expectations affect either the outcome or whether or not they had a positive or negative experience.
- Research that extends findings by Hammer and Vogel (2010) could be done that uses specific messages tailored to specific groups. These brochures, for example, could be tailored using the information from studies that examine the help-seeking process in a similar way to this current study.
- Consistent with Ajzen's (1991) Theory of Planned Behavior, perhaps a video tutorial that leads a college or university's psychological services' website could walk students through the process of accessing services and describing what to expect when using these services to help improve students' perceived behavioral control seeking psychological help.

Where quantitative studies have been limited in recent years in expanding our knowledge about the process students engage in to seek help, methodological diversity could help expand this knowledge. Qualitative and mixed method analyses of the help-seeking process might extend our insight into this perplexing discrepancy between those who could benefit from psychological services and those who actually use these services. Perhaps some of the insights noted in the current study can be used as springboard for further understanding how psychological services are perceived differently and accessed differently depending on one's multicultural identity.

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Student Questionnaire
About
Psychological Help Seeking

Instructions: This questionnaire will take approximately 15 minutes to complete. Please respond to each question. When asked to write a response, please respond fully and clearly. If you have any questions, please ask!

Jeff Walter, M.A.

Perceived Stress Scale

Instructions: The questions in this scale ask you about your feelings and thoughts during the last month. In each case, please indicate with a check how often you felt or thought a certain way.

1. In the last month, how often have you been upset because of something that happened unexpectedly?

0 = Never	1 = Almost never	2 = Sometimes	3 = Fairly often	4 = Very often

2. In the last month, how often have you felt that you were unable to control the important things in your life?

0 = Never	1 = Almost never	2 = Sometimes	3 = Fairly often	4 = Very often

3. In the last month, how often have you felt nervous and "stressed"?

0 = Never	1 = Almost never	2 = Sometimes	3 = Fairly often	4 = Very often

4. In the last month, how often have you felt confident about your ability to handle your personal problems?

0 = Never	1 = Almost never	2 = Sometimes	3 = Fairly often	4 = Very often

5. In the last month, how often have you felt that things were going your way?

0 = Never	1 = Almost never	2 = Sometimes	3 = Fairly often	4 = Very often

6. In the last month, how often have you found that you could not cope with all the things that you had to do?

0 = Never	1 = Almost never	2 = Sometimes	3 = Fairly often	4 = Very often

7. In the last month, how often have you been able to control irritations in your life?

0 = Never	1 = Almost never	2 = Sometimes	3 = Fairly often	4 = Very often

8. In the last month, how often have you felt that you were on top of things?

0 = Never	1 = Almost never	2 = Sometimes	3 = Fairly often	4 = Very often

Appendix 1

9. In the last month, how often have you been angered because of things that were outside of your control?

0 = Never	1 = Almost never	2 = Sometimes	3 = Fairly often	4 = Very often

10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

0 = Never	1 = Almost never	2 = Sometimes	3 = Fairly often	4 = Very often

Beliefs About Psychological Services

Please read the following statements and rate them using the scale provided. Place your ratings to the right of each statement by recording the number that most accurately reflects your attitude toward seeking psychological help. Ratings range from 1 = “strongly disagree” to 6 = “strongly agree.”

Statement	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
1. If a good friend asked my advice about a serious problem, I would recommend that he/she see a psychologist.	1	2	3	4	5	6
2. I would be willing to confide my intimate concerns to a psychologist.	1	2	3	4	5	6
3. Seeing a psychologist is helpful when you are going through a difficult time in your life.	1	2	3	4	5	6
4. At some future time, I might want to see a psychologist.	1	2	3	4	5	6
5. I would feel uneasy going to a psychologist because of what some people might think.	1	2	3	4	5	6
6. If I believed I was having a serious problem, my first inclination would be to see a psychologist.	1	2	3	4	5	6

Appendix 1

Statement	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
7. Because of their training, psychologists can help you find solutions to your problems.	1	2	3	4	5	6
8. Going to a psychologist means that I am a weak person.	1	2	3	4	5	6
9. Psychologists are good to talk to because they do not blame you for the mistakes you have made.	1	2	3	4	5	6
10. Having received help from a psychologist stigmatizes a person's life.	1	2	3	4	5	6
11. There are certain problems that should not be discussed with a stranger such as a psychologist.	1	2	3	4	5	6
12. I would see a psychologist if I were worried or upset for a long period of time.	1	2	3	4	5	6

Appendix 1

Statement	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
13. Psychologists make people feel that they cannot deal with their problems.	1	2	3	4	5	6
14. It is good to talk to someone like a psychologist because everything you say is confidential.	1	2	3	4	5	6
15. Talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.	1	2	3	4	5	6
16. Psychologists provide valuable advice because of their knowledge about human behavior.	1	2	3	4	5	6
17. It is difficult to talk about personal issues with highly educated people such as psychologists.	1	2	3	4	5	6
18. If I thought I needed psychological help, I would get this help no matter who knew I was receiving assistance.	1	2	3	4	5	6

Psychological Help Questionnaire

Question	Response					
1) Has a friend or family member encouraged you to seek help from a psychological professional for a personal problem?	Yes or No					
2) Has a friend or family member sought help from a psychological professional for a personal problem?	Yes or No					
3) Have you ever sought help from a psychological professional for a personal problem?	Yes			No		
	If “Yes,” please go to the next question.			If “No,” please skip ahead to question 6.		
4) If you answered “Yes” to question 3, please rate your overall experience.	Strongly Negative	Moderately Negative	Slightly Negative	Slightly Positive	Moderately Positive	Strongly Positive
	1	2	3	4	5	6
5) Please explain your rating in question 4 (then go to the next question).						

Appendix 1

6) What barriers, if any, keep you from seeking the help of a psychological professional?

7) What **benefits** do you perceive when seeking the help of a psychological professional?

8) What **drawbacks** do you perceive when seeking the help of a psychological professional?

9) In the community where you grew up, how did people feel about using psychological services?

Appendix 1

10) When you are feeling psychological distress, which **activities/things** and/or **people** do you turn to for help in resolving your distress. Please list in order of preference.
(Fill in as many spaces as apply.)

1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	

11) Please list psychological service options you are aware of in your community.
(Fill in only as many spaces as you are aware of.)

Sociodemographic Questionnaire

Question 1

Think of this ladder as representing where people stand in the United States.

At the **top** of the ladder are the people who are best off – those who have the most money, the most education and the most respected jobs. At the **bottom** are the people who are the worst off – who have the least money, least education, and the least respected jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

Where would you place yourself on this ladder?

Please place a large “X” on the rung where you think you stand at this time in your life, relative to other people in the United States.



Appendix 1

Question 2

What is your current grade (or year) in school? (Check one.)

High School	College	Graduate School
Freshman_____	Freshman_____	1 Year_____
Sophomore_____	Sophomore_____	2 Years_____
Junior_____	Junior_____	3 Years_____
Senior_____	Senior_____	4 + Years_____

Question 3

How many people are currently living in your household, including yourself?

- _____ Number of people
- _____ Of these people, how many are children?
- _____ Of these people, how many are adults?
- _____ Of the adults, how many bring income into the household?

Question 4

Rounding to the nearest \$1,000, please estimate your total combined family income for the past year.

_____ /year

Appendix 1

5) What is your age?	_____ years
6) What is your gender?	Male Female
7) What is your ethnic or racial background? (If biracial or multiracial, please check each corresponding box.)	<input type="checkbox"/> African American / Black <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Other (_____)
8) What is your major?	_____ If Undecided, please indicate

Please place your questionnaire in the security envelope provided, and . . .

Thank you for your time!