

**African American Perceptions of and Engagement with Formal and Informal  
Help-Seeking for their Relationships**

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### **Dedication**

I dedicate this paper to my parents, who have always believed that I could do anything.

## Project Abstract

The literature on couple help-seeking aims to clarify what drives people to seek help for their relationships, and what keeps them from seeking it. While this scholarship is growing, it has yet to fully address couple help-seeking processes in historically marginalized communities. Currently, there is only one article that explores couple help-seeking in African American couples. This is significant, insofar as the article highlights unique barriers that are not present in the broader literature.

The research presented here aims to address this gap using a mixed-methods approach. The first study is a quantitative analysis using an existing dataset of newlywed African American couples. Data analyzed were both dyadic and longitudinal, with 350 couples participating in three waves. A mediated logistic Actor Partner Interdependence Model (APIM) was run to explore how religiosity, experiences of discrimination, and racial identity relate to couple help-seeking behavior. The mediator of attitudes toward help-seeking from religious officials was used to identify a possible mechanism for understanding the relationship between the predictors (religiosity, experiences of discrimination, and racial identity) and the outcome variable (couple help-seeking). Results showed the importance of religiosity as a driving factor for African American couples' help-seeking. The analysis also highlighted the interdependent nature of help-seeking with multiple significant partner paths.

The second study employed a qualitative approach informed by grounded theory. Its goal was to better understand African American couples' help-seeking processes. Eleven ( $N = 11$ ) participants completed interviews regarding what they did when they felt there was a problem in their relationship and what unique barriers they faced in seeking

help. They were also asked about attending couple therapy. Couples who had done this were queried about their specific experiences in therapy. Couples who had not attended couple therapy they were asked about their thoughts/views about participating in such therapy. Five themes emerged from the data. Key takeaways from these themes include the significant role of race, alongside the important roles of religious and informal resources.

Collectively these studies provide a variety of significant research and clinical implications. Results support the idea that there are unique barriers that African American couples face when seeking help for their relationships. Findings also highlight potential points of intervention for providers related to religiosity. Partnerships with Black Churches and/or religious leaders may be a meaningful way of increasing African Americans' engagement with couple therapy.

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## **Introduction**

Relationship distress and divorce have a negative impact on people's mental and physical health (Amato, 2000; Whisman & Bruce, 1999; Whisman et al., 2006). One effective way of addressing such distress is through couple therapy (Lebow et al., 2021). However, current couple help-seeking literature is based on primarily White samples (Hubbard & Harris, 2020). At this point in time there is only one article that explores African American couple help-seeking (Vaterlaus et al., 2015). This is a significant gap as African American couples have high levels of distress and divorce (Broman, 2005; Dixon, 2009). These high rates of divorce and distress could fuel the mental- and physical- health disparities that are also found in the African American community.

One way of addressing the high rates of distress and divorce in the African American community is through couple therapy. However, African Americans engage in couple therapy at lower rates than other ethnicities (Dixon, 2009). Racism, cultural mistrust, and a variety of other attitudinal and logistical factors are likely fueling these patterns. Given the dearth of literature about this topic, it is important for researchers and clinicians to work toward better understanding(s) about what is preventing African American couples from engaging in couple therapy. The goal of this study is to address this gap, with the goal of increasing engagement with couple therapy.

## **Literature Review**

### **Formal Help-Seeking**

Formal help-seeking is conceptualized as seeking help from a professional (Hubbard & Harris, 2020). Couple therapy is the primary method of formal couple help-seeking, although there is also pre-marital counseling and marital enrichment/education.

Unfortunately, African American couples in strong relationships report a distrust of couple counseling (Vaterlaus et al., 2015). Specifically, participants in Vaterlaus et al.'s (2015) research reported feeling that couple therapists had their own issues/problems and because of those issues, could not help them with their problems. This mistrust may be part of what drives the lower rates of engagement in couple therapy for African American couples (Dixon, 2009). African Americans' mistrust of couple therapy could be related to a larger distrust of the physical and mental healthcare system, as well as continued experiences of racism and microaggressions across health care and everyday life.

Another potential factor affecting African American couple help-seeking is a lack of representation. The field of couple and family therapy (CFT) is comprised of predominately White therapists (Erolin & Wieling, 2020). This lack of representation and difficulty finding an African American couple therapist may prevent African American couples from seeking help. Mistrust may also fuel the desire for an African American therapist, as general mistrust of white society informs African Americans' interactions with White people, including therapists (Awosan et al., 2011). More information is needed to better understand African American couples' experiences and perceptions of White therapists when seeking help for their relationship.

Researchers have also found that a desire for privacy can act as a barrier for African Americans seeking help for their relationship (Vaterlaus et al., 2015) or their mental health (Tambling et al., 2021). Couples reported wanting to keep things private from professionals, family, and friends (Vaterlaus et al., 2015). The desire for privacy from professional resources can be attributed to historic oppression and abuses. The history of oppression and mistreatment has created a fear of judgement or fear of negative

consequences from those in power, and concerns that seeking help could make the problem worse (Murry et al., 2011). Given that African American children are disproportionately represented in the foster system (Kim et al., 2011), and African American adults are more likely to be misdiagnosed (Strakowski et al., 1992), these concerns are well founded.

The barriers outlined here are on-top of traditional obstacles such as structural hurdles, a lack of mental health literacy, and stigma (Langley et al., 2010). Another barrier that limits help-seeking is financial (Jensen et al., 2020). Financial concerns encompass insurance coverage, high co-payments (for those who do have insurance), and low income (Jensen et al., 2020). Uninsured African Americans are less likely to have access to mental health treatment than other ethnic groups (Cummings et al., 2014). African Americans are also overrepresented in the Medicaid system (Kaiser Family Foundation, 2013), with fewer providers accepting Medicaid (Chen & Rizzo, 2010). All these factors further limit access to treatment. This suggests that even common logistic barriers are uniquely impacted by race and ethnicity. Research is needed that identifies both logistic and attitudinal barriers that African Americans experience in the couple help-seeking process.

### **Informal Help-Seeking**

Informal couple help-seeking typically includes talking to family and friends and/or utilizing books or online resources (Hubbard & Harris, 2020) – none of which are well-studied. The broader mental health literature shows that African Americans are less likely to seek support for mental health or, if they do, to use only informal resources (Hays & Lincoln, 2017). These findings are consistent with the idea that kin and fictive

kin are significant supports for African American couples (Cherlin, 1996). The single study on African American couple help-seeking found family and friends were the most frequently sought resources of wives and the second most sought resources for husbands (Vaterlaus et al., 2015). It also seems that couples are intentional in their help-seeking processes from family and friends, seeking those they view as having strong marriages or shared values (Vaterlaus et al., 2015). Friends and family seem to serve a significant role in supporting African American romantic relationships.

Yet, while most people (73%) have acted as a confidant for someone about their romantic relationship, African Americans act as confidants less often than other ethnicities (Lind Seal et al., 2016). Similarly, African American couples recognize the importance of privacy from friends and family (Vaterlaus et al., 2015). Some African Americans report a belief that problems or issues in a marriage should stay between the couple, not being shared with anyone, including family and friends (Vaterlaus et al., 2015). It is important to clarify this conflicting idea, where there is both a value to getting help from friends and family and a desire for privacy in the African American couple help-seeking process.

Other informal resources include the use of books and online resources. Broader research on couple help-seeking has found that people are more likely to seek informal resources (such as a book) prior to seeking couple counseling (Doss et al., 2009). Factors that predict formal help-seeking, such as relationship distress or instability, also drive informal help-seeking (Hubbard & Anderson, 2020; Hubbard & Harris, 2020). However, the one study that has looked at African American couple help-seeking found books and online resources were one of the least used resources (Vaterlaus et al., 2015). Given these

differences between the broader literature, more information is needed on how African Americans use informal resources.

### **Religious Help-Seeking**

Faith-based and religious institutions are highly utilized resources for African Americans. African Americans seek religious resources for both mental health (Allen et al., 2010) and when addressing issues within romantic relationships (Vaterlaus et al., 2015). Being more religious is also associated with greater mental health help-seeking (Hays & Lincoln, 2017). Religious help-seeking is often a first step for African Americans seeking assistance for their mental health (Allen et al., 2010). While it makes sense that a parallel process may occur with religiosity and formal couple help-seeking, it has yet to be shown through empirical data. Understanding the role of religiosity is important, as it may highlight a point of intervention.

Understanding the religious help-seeking process is also critical, as religious resources are the primary resources sought by African American couples (Vaterlaus et al., 2015). Spiritual guidance is a commonly sought resource. African American couples also reported that they would be more likely to seek a professional resource if the therapist were Christian or incorporated the Bible into their treatment (Vaterlaus et al., 2015). However, there is not a complete picture of what drives African American couples to seek religious resources over formal or informal resources.

An important component of religious help-seeking is the role of religious leaders. African Americans typically seek support from religious leaders during moments of personal crisis (Allen et al., 2010). Similar to when they seek help from friends and family, there seems to be an intentionality in seeking help from religious leaders. One

study found that people would not seek help from their religious leader if they perceived that leader to be judgmental or if they did not view them as competent (Mattis et al., 2007). Help-seeking from religious leaders has historically been, and continues to be, common as they serve as gatekeepers for mental health care services (Allen et al., 2010). Given the important role of religious leaders, it is likely they have a role in the African American couple help-seeking process. More information is needed about the role of such leaders in the African American couple help-seeking process.

### **Theory**

Due to historic oppression and the continued marginalization of African Americans, a critical lens was used in the conceptualization and execution of this research project. I selected Critical Race Theory (CRT) as it focuses on making racism explicit and highlighting how systems and policies maintain white supremacy (Crenshaw et al., 1995). A key aspect of CRT is understanding the origins of group- and race-based hierarchies (Crenshaw et al., 1995). Consistent with this idea, CRT states it is critical to name the harm that is created by holding Whiteness as the standard of normalcy, while condemning Black and other people of color to a position of inferiority (Crenshaw et al., 1995). Most of the current literature on couple help-seeking has predominantly engaged White samples (Hubbard & Harris, 2020), which inadvertently centers Whiteness as a standard in this area of scholarship.

In addition to the key aspects of CRT outlined above, Solorzano et al. (2000) defined six key elements to CRT: centering race, the intersectionality of race with other forms of subordination, challenging the dominant ideology, commitment to social justice, centering experiential knowledge, and a transdisciplinary perspective. This project

attended to these aspects of CRT while also considering the origins of race-based hierarchies and the centering of Whiteness as a standard. To that end, this research project was intentional in acknowledging the roles of slavery and racism in how it conceptualized research questions and interpreted the findings. This project also centered race within the research questions and honored experiential knowledge. Understanding the African American couple help-seeking process can help to increase access and utilization. This will hopefully contribute to a reduction in health disparities by strengthening African American romantic relationships. This goal is consistent with CRT's commitment to social justice.

### **Present Studies**

This dissertation contains two studies aimed at addressing the gaps in literature on African American help-seeking that are outlined in the previous sections. CRT was used to develop the research questions in both studies. Study One is a quantitative study that uses a dyadic secondary dataset. This investigation explores the relationships between religiosity, racial identity, and discrimination with African American couple help-seeking behavior. I tested the following four hypotheses in this effort: (a) experiences of discrimination will have a negative association with formal help-seeking; (b) greater internalized racial identity will have a positive association with couple help-seeking; (c) more positive attitudes toward help-seeking from religious officials will have a positive association with informal and formal help-seeking; and (d) greater religiosity will have a positive association with all types of help-seeking. Study Two is a qualitative study, which seeks to clarify African American experiences and perceptions of couple therapy. The guiding questions used in the interviews included: (a) what are African Americans'

perceptions of and/or experiences with couple therapy? and, (b) what unique barriers do African Americans face in seeking couple therapy? These studies will significantly expand the literature on African American couple help-seeking and help clarify the role(s) of race, religion, and discrimination in help-seeking processes.

Article 1

**The Roles of Race and Religiosity in African American Couple Help-Seeking  
Behavior**

Aimee Hubbard, MS, LAMFT

Dissertation Article 1

Submitted in Partial Fulfillment of the Requirements of the  
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## Abstract

Romantic relationships can contribute to resilience for couples, buffering against negative experiences. This is especially important for African American couples who are coping with additional stressors related to race, including everyday instances of discrimination. However, there is little empirical research on how African American couples seek support for their relationships. What is known suggests that religion and religious resources are significant for African American couples. Using a longitudinal dyadic dataset of African American newlyweds, an Actor Partner Interdependence Model (APIM) was run to test how racial identity, discrimination, and religiosity related to three different couple help-seeking behaviors (formal, informal, and religious). Findings suggest that religiosity has a significant role in a variety of help-seeking behaviors for both husbands and wives. Significant partner effects were also present, highlighting the important role that partners play in help-seeking processes. Implications for clinicians, specifically related to religiosity and religious resources, are provided in conclusion.

Key words: *African American, couple help-seeking, couple therapy, informal health-seeking, religiosity*

## **The Roles of Race and Religiosity in African American Couple Help-Seeking Behavior**

Couple therapy is a proven and effective intervention to help distressed couples (Lebow et al., 2012; Shadish & Baldwin, 2003). However, not all couples who experience distress seek help from couple therapy (Doss et al., 2009; Lind Seal et al., 2016). This is especially true of African American couples who report they are more likely to seek help from clergy for interpersonal problems (Neighbors et al., 1998). There is still too much that is unknown about African American couples' help-seeking process. This is especially important to investigate, as researchers have found that African American couples' relationships can act as a buffer against the negative mental and physical effects of racism (McNeil et al., 2020).

Overall, African Americans engage with mental health services at lower rates than other ethnic groups (Snowden, 2001). Researchers attribute these low rates of help-seeking to slavery and historic abuses by the medical and research communities (Gamble, 1997; Savitt, 1982; Wailoo, 2018). This legacy of abuse impacts medical and mental health help-seeking, but also likely affects couple help-seeking. This history and ongoing racism may also explain why African American couples seek couple therapy at lower rates than other ethnic groups (Dixon, 2009). Discrimination and racial identity have both been cited as factors that influence African American help-seeking behavior (Mosley, 2014; Richman et al., 2006; Taylor et al., 2018). Factors related to race, such as experiences with discrimination and racial identity, may also impact couple help-seeking. It is important to understand how discrimination and racial identity relate to couple help-seeking behaviors, and if these factors are driving African Americans to seek certain

resources (e.g., religious or informal resources) instead of formal resources like couple therapy.

Currently, there is limited literature on informal couple help-seeking (Hubbard & Harris, 2020). The literature is even more limited for African American couples' help-seeking. A qualitative study on African American couples' help-seeking highlighted that couples were more likely to seek family and friends (informal resources) for help (Vaterlaus et al., 2015). Unfortunately, there are still many unknowns about what factors drive African American couples towards informal resources versus other resources. Clarifying when African American couples use informal resources could help identify entry points for implementing established interventions, such as a culturally adapted marital first responder intervention (Yeage & Doherty, 2021).

The literature suggests African American couples are less likely to seek help from couple therapists (Awosan et al., 2011), and more likely to seek help from their faith or religious leaders (Vaterlaus et al., 2015). Faith and spirituality are often strengths for African American couples (Boyd-Franklin & Franklin, 1998), and pastors are a commonly sought resource (Vaterlaus et al., 2015). Pastors seem to fill an important role in supporting African American relationships, yet there is still much to learn about how African Americans use these services and what factors drive African Americans towards religious help-seeking versus other types of resources. This study seeks to expand what is known about how factors such as religiosity and race (discrimination and racial identity) influence African American couples' help-seeking.

## **Literature Review**

Researchers do not clearly understand of African American couple help-seeking. Existing – albeit limited – scholarship about this topic suggests that a lack of trust and concern that White therapists will not understand their problems represent a significant barriers (Awosan et al., 2011; Hall & Sandberg, 2012; Vaterlaus et al., 2015). It is possible that factors related to race, such as experiences with discrimination, drive this distrust – which then reduces interest in formal help-seeking. Resources African American couples seek may also relate to racial identity (an individual’s sense of belonging to a particular racial group; Phinney, 1990). Experiences with discrimination and racial identity may negatively affect formal help-seeking (e.g., couple therapy), while positively affecting other forms of help-seeking (e.g., friends, family, religious leaders).

The Black Church has historically been a safe space for African Americans, and it is the most common entry point for mental health services (Allen et al., 2010). With this powerful connection to religious institutions, paired with a distrust of secular couple therapy (Vaterlaus et al., 2015), it is not surprising that African Americans are more likely to seek help from religious leaders than couple therapists (Vaterlaus et al., 2015). It makes sense that greater religiosity drives religious couple help-seeking. However, what is less well understood is how religiosity relates to other forms of help-seeking. It is possible that greater religiosity drives other types of help-seeking (both formal and informal). The study presented here seeks to address some of these gaps by expanding what is known about how religiosity and race (discrimination and racial identity) relate to African American couples’ help-seeking.

### **Formal Help-Seeking**

There is a limited literature on formal help-seeking among African Americans. Research on their experiences with the field of couple and family therapy show that African Americans have a cultural mistrust when seeking mental health services (Awosan et al., 2011; Hall & Sandberg, 2012). Mistrust of therapists is a common theme in the individual mental health literature (Hines-Martin et al., 2003), with African American women – for example – reporting that therapy is a “White” institution (Nicolaidis et al., 2010).

The theme of mistrust also appears in the one article which examines African American couple help-seeking (Vaterlaus et al., 2015). The study identified distrust of marriage professions as a barrier to help-seeking (Vaterlaus et al., 2015). Participants reported concerns about therapists’ ability to understand them, and that therapists had their own problems and thus could not help them (Vaterlaus et al., 2015). Participants also reported concerns about the secular nature of couple counseling, stating that they would be more likely to seek help if the professional was Christian. Instead of seeking couple therapy, African Americans in this study reported seeking help from friends, family, and their faith (Vaterlaus et al., 2015). The current literature suggests that there are significant barriers keeping African Americans from seeking couple therapy. Understanding predictors for the utilization of couple therapy, a formal resource, may help identify points of entry for clinicians and research.

### **Religious Help-Seeking**

While historically African Americans have been reluctant to seek help from formal- “White” institutions, this does not mean that African American couples are not seeking help for their relationships; rather, they are seeking help from different resources.

Historically, Black Churches emerged during the time of slavery and served as safe places to express cultural heritage, develop community, and organize (Allen et al., 2010). Religious help-seeking is important to consider, as African Americans are more religious than other ethnic groups (Chatters et al., 2009). Religiosity is often considered a strength for African American families (Taylor & Chatters, 1991), with religion/spirituality being the primary resource sought by couples (Vaterlaus et al., 2015). Recognizing the importance of religion and faith has been meaningful for community engagement, with religious partnerships facilitating recruitment for marital enrichment programs (Hurt et al., 2012). Understanding religious help-seeking is a key first step to creating meaningful partnerships between couple therapists and religious institutions.

### **Informal Help-Seeking**

Approaching family and friends for help with romantic relationships is common (Lind Seal et al., 2016). In the African American community, kinship – specifically connection and support – is a strength (Bell-Tolliver et al., 2011). When seeking help for a romantic relationship, family and friends were one of the primary resources African American couples sought (Vaterlaus et al., 2015). Participants also reported that they looked for specific qualities in family and friends when seeking help, such as marital status, religiosity, and similar cultural experiences (Vaterlaus et al., 2015). Conversely, concerns about family and friends' reactions are a common barrier to formal help-seeking (Awosan et al., 2011; Hall & Sandberg, 2012). Family and friends seem to be important resources for African American couples experiencing relationship distress. Future researchers should explore what factors drive couples to seek family and friends compared to other resources.

## **Discrimination**

Experiences with racism not only affect how African Americans view mental and physical healthcare (Hoffman et al., 2016; Snowden & Cheung, 1990), but also their relationships (Lavner et al., 2018). While 33% of the general population reports experiencing discrimination (Kessler et al., 1999), African Americans report a higher frequency of discrimination than their European American counterparts (Thompson, 2002). Researchers believe high rates of racism and discrimination are a contributing factor to lower rates of marriage and higher rates of divorce in the African American community (Dixon, 2009). One way to support African American relationships is through formal resources (e.g., couple therapy). However, concerns about discrimination and microaggressions are often barriers for African Americans considering seeking mental health services (Taylor et al., 2018). These concerns likely extend to seeking couples therapy and may fuel African Americans' distrust of couple counseling (Vaterlaus et al., 2015). Based on current literature, discrimination appears to be a stressor, in general, and a barrier to help-seeking.

## **Racial Identity and Help-Seeking**

Researchers conceptualize racial identity as an individual's sense of belonging to a particular racial group (Phinney, 1990). Racial identity can inform interpersonal beliefs, expectations for institutional interactions, and views of treatment (Richman et al., 2007). Racial identity can be measured as internalized or pre-encounter. Someone who has greater comfort with their racial identity has high internalized racial identity – whereas someone with a pre-encounter racial identity may devalue their identity and have little understanding of the sociopolitical implications of their racial identity (Helms, 1990).

Research on racial identity is mixed regarding how this relates to help-seeking behaviors. One study found that Black Americans, who reported greater internalized racial identity and experienced discrimination, were less likely to seek help than those with a lower racial identity (Richman et al., 2007). Other research found racial identity can also act as a protective factor (Wills et al., 2007), with undergraduate African American students internalizing racial identity as being more likely to seek help for their mental health (Mosley, 2014). Similarly, it is possible that African American couples who have higher internalized racial identities may be more likely to seek help for their relationship. However, researchers have not explored racial identity in relation to African American couple help-seeking.

### **Attitudes toward Seeking Help from Religious Officials**

While attitudes toward help-seeking have been linked to couple help-seeking behavior (Hubbard & Harris, 2019), researchers know less about how attitudes toward help-seeking from religious officials relate to couple help-seeking behavior. One study found African Americans endorsed both positive and negative attitudes around seeking help from religious officials (Hardy, 2012). Participants reported a lack of trust, concerns about bias, and a lack of confidence in clergy training drove negative attitudes toward help-seeking from religious officials (Hardy, 2012). Preference for religious care, and complementary use of such services, drove positive attitudes toward help-seeking from religious officials (Hardy, 2012). Understanding the role of attitudes toward help-seeking from religious officials is important, as positive attitudes could be a stepping-stone toward a variety of types of help-seeking. If a person has a more positive attitude toward

help-seeking from religious officials, they may also be more likely to seek other types of help.

## **Theory**

Given the context of the United States' history of oppression and structural racism, a critical lens, specifically critical race theory (CRT), was used to conceptualize and frame this study. CRT emerged from the legal system (Wing, 1997) to examine the role of persistent racism (Closson, 2010). There are six key elements to CRT: centering race, the intersectionality of race with other forms of subordination, challenging the dominant ideology, commitment to social justice, centering experiential knowledge, and a transdisciplinary perspective (Solorzano et al., 2000). CRT is a useful framework for understanding racial dynamics and connecting current inequalities to earlier overt acts of racial exclusion (Taylor, 1998). Authors of recent manuscripts have used CRT to highlight the role structural racism and other contextual factors play in creating specific healthcare disparities (Doll et al., 2018; Freeman et al., 2017). Consistent with CRT, this study seeks to center African American experiences of couple help-seeking. This study also explicitly looks at how racism (i.e., discrimination) relates to couple help-seeking behavior.

## **Present Study**

The present study seeks to identify predictors of African American couple help-seeking using Critical Race Theory. Based on the literature outlined above, I seek to test the following hypothesis: that greater religiosity will have a positive association with all types of help-seeking. I will also test three exploratory hypotheses rooted in broader literature (but that have not yet been tested in couple help-seeking scholarship). These

exploratory hypotheses are: (a) experiences of discrimination will have a negative association with formal help-seeking; (b) greater internalized racial identity will have a positive association with couple help-seeking; and (c) more positive attitudes toward help-seeking from religious officials will have a positive association with informal and formal help-seeking. Testing these hypotheses will provide a greater understanding of African American couple help-seeking and may help highlight likely points of intervention for researchers and clinicians.

## **Method**

### **Sample**

My analysis utilized data from a National Institute of Child Health and Human Development project entitled *A Study of African American Marriage and Health* (Chalandra M. Bryant, Principal Investigator). This dataset surveyed African American couples who lived in rural and urban areas of the Southeast United States. It includes three waves of dyadic data; the first wave of data was collected in 2005, the second wave was collected approximately one year later, and the last wave was collected two-and-one-half years after the first wave. Six hundred ninety-nine (699) couples completed time 1; 363 couples completed times 2 and 3.

### **Measures**

#### ***Racial Identity***

This measure was based on the Black Racial Identity Scale (RIAS-B; Helms, 1990). Items were based on the RIAS-B or taken directly from the RIAS-B, with one new item added by the PI of the study (“*Most of my close friends are African American.*”). The measure has two subscales: *Pre-Encounter* and *Internalization*. Both scales were re-

coded on a 1 to 5 Likert continua wherein a higher score meant greater endorsement (1 = “strongly disagree” to 5 = “strongly agree”). I validated the measure in this sample using a multiple group Confirmatory Factor Analysis (CFA), as it was an already established measure. I did not drop any items during this process (see CFA sub-section for more details). The reliability for the Pre-Encounter sub-scale was acceptable at 0.53 for husbands and 0.52 for wives at time 1. The reliability for the Internalization sub-scale was also acceptable at 0.67 for husbands and 0.65 for wives at time 1.

Based on the multiple group CFA, I included all original 14 items for both husbands and wives at time 1. The Pre-Encounter scale included the following items: “*Being African American has very little to do with how I feel about myself*”, “*African Americans do not speak as well as Whites*”, “*African Americans who make good grades in school are acting White*”, “*I often regret that I am African American*”, “*I wish my skin were lighter*”, “*White People look better than African American people*”, and “*Sometimes, I wish I were White*”. The Internalization sub-scale included the following items: “*Being African American is an important part of my self-image*”, “*I am more comfortable being around African American people than White people*”, “*In general, I feel close to African American people*”, “*Most of my close friends are African American*”, “*I feel good about African American people*”, “*I am happy that I am African American*”, and “*I believe that because I am African American I have many strengths*”.

### ***Discrimination***

This measure included 10 items and is based on the Experiences with Discrimination Scale (Murry et al., 2001). I validated the measure for the current study using a multiple group CFA. Based on that analysis, I dropped one item (see CFA sub-

section below for more details). The reliability for this validated measure was good for both husbands ( $\alpha = 0.83$ ) and wives ( $\alpha = 0.81$ ) at time 1. The measure asked participants to rate their experiences with various situations during the past year: “*How often has someone said something derogatory or insulting to you just because you are African American?*”, “*How often has a store owner, sales clerk, or person working at a place of business treated you in a disrespectful manner just because you are African American?*”, “*During the past year, how often have the police stopped you just because you are African American?*”, “*How often has someone suspected you of doing something wrong just because you are African American?*”, “*During the past year, how often has someone yelled a racial insult at you?*”, “*During the past year, how often has someone threatened to harm you physically just because you are African American?*”, “*How often have you been treated unfairly just because you are African American?*”, “*How often have you encountered anyone who did NOT expect you to do well just because you were African American?*”, and “*How often has someone ignored you or excluded you from some activity just because you are African American?*”. Items were measured on a 1 to 5 Likert scale and coded so that 1 = “*Never*” and 5 = “*More times than I can count*” so that a higher score meant a greater number of experiences with discrimination.

### ***Religiosity***

The original religiosity measures from this dataset included four sub-scales made up of 13 items. The first three subscales were part of a multidimensional measure of religiosity (Levin et al., 1995). Two additional items were added to create a spirituality sub-scale. I re-coded items so that a higher score meant a greater endorsement of that item (1= “*Never*” to 4 = “*Always*”). Given that this was an established measure, I

conducted a multiple group CFA to determine how the measurement worked in this dataset. The multiple group analysis CFA showed significant measurement variance when including all four sub-scales, and it did not improve with just the original three sub-scales. Based on these results, I only included the organizational religiosity sub-scale (see CFA sub-section for additional information). The organizational religiosity sub-scale includes three continuous items: “*How many church clubs or church organizations do you belong to or participate in?*”, “*Besides regular service, how often do you take part in other activities at your place of worship?*”, “*How often do you usually attend religious services?*” The reliability for the organizational religiosity sub-scale was good for both husbands ( $\alpha = 0.74$ ) and wives ( $\alpha = 0.73$ ) at time 1. I also included a single item from the subjective religiosity sub-scale. Theory informed this choice, as I wanted to know if simply viewing one’s self as religious informed how people seek help. The item included from the subjective religiosity sub-scale was: “*How religious would you say you are?*”

#### ***Attitudes toward Help-Seeking from Religious Officials***

This measure was created from two questions: “*If I ever had marital problems, I would talk to my pastor, priest, or spiritual leader about it*” and “*If my marriage is ever in trouble, I know that my pastor, priest, or spiritual leader could help me save it.*” I re-coded items so that a higher score meant a greater endorsement of that item. Participants’ responses to these questions were measured on a Likert scale from 1 to 5 (1 = “*strongly disagree*” to 5 = “*strongly agree*”). This variable was reliable for husbands ( $\alpha = 0.81$ ) and wives ( $\alpha = 0.77$ ) at time 2.

#### ***Help-Seeking Behavior***

This measure has three sub-scales that ask couples about their help-seeking behavior. Participants were asked if they had received, or are receiving, marriage counseling from: “*your pastor, minister, priest, or rabbi?*”, “*someone else in your church, synagogue, or mosque?*”, “*your parents or other family members?*”, “*your friends?*”, “*a seminar or workshop?*”, and “*a psychologist, counselor, or marriage therapist?*.” Each item was dichotomous (“*Yes*” or “*No*”). I re-coded all the items so that engaging in that behavior resulted in a greater help-seeking score ( $Y = 1$  and  $N = 0$ ). Each sub-scale was then re-coded to create a dichotomous variable because of the highly skewed and kurtotic nature of the data (see the “Preliminary Analysis and Analytical Plan” section for more details on skewness/kurtosis). At time 3, 6% of husbands engaged in formal help-seeking, 16% of husbands engaged in informal help-seeking, and 36% of husbands engaged in religious help-seeking. For wives at time 3, 7% engaged in formal help-seeking, 6% of wives engaged in informal help-seeking, and 33% of wives engaged in religious help-seeking. These low-levels of help-seeking are consistent with extant literature.

### ***Covariates***

I included four covariates in this analysis: global health, education, relationship dissatisfaction, and income. I selected education, relationship dissatisfaction, and income because previous research has connected them with couple help-seeking behavior (Doss et al., 2009; Hubbard & Harris, 2020). Global health was included as a covariant because worse health is associated with greater health care utilization (Hepworth & Paxton, 2007; Xu et al., 2018), and primary care providers are often an entry point to mental health care (Doherty & Kartalova-O’Doherty, 2010).

**Global Health.** This measure is made up of three items. Two of the items are: “*How would you rate your overall physical health?*” and “*How would you rate your overall mental health?*” Participants responded to the question using a Likert-type scale that ranged from 1 to 5 wherein 1 = “*Excellent*” and 5 = “*Poor.*” The third item asked: “*Would you say your overall physical health is better or worse than other people your age?*” Participants responded to this item using a Likert-type scale from 1 to 5, where 1 = “*Much Better*” and 5 = “*Much Worse.*” This measure was reliable for wives ( $\alpha = .96$ ) and husbands ( $\alpha = .65$ ) for the time point (time 1) used in this analysis.

**Education.** This is a single item question: “*What is the highest level of education you have completed?*” Participants had 10 response options (*grade school; some high school; high school; technical degree or trade school degree; some college; associate’s degree; bachelor’s degree; master’s degree; doctorate/Ph.D.; and medical doctor/M.D.*). I re-coded the responses so that a higher score meant a greater level of education. This question was asked at each wave (time 1, 3, and 3).

**Relationship Distress.** This is a single item question. Single item assessments are a valid assessment tool for relationship satisfaction (Fülöp et al., 2020). The item asked: “*All things considered, how happy are you with your marriage so far?*” Participants’ response to the question was measured on a Likert-type scale from 1 to 5. I re-coded responses so that 1 = “*Very Happy*” and 5 = “*Very Unhappy.*” This question was also asked at each wave.

**Income.** Income was assessed using a multi-part question. The first question asked participants if they made over or under \$40,000 per year, individually (“*Was your personal income from all sources (such as salaries and wages from all jobs, retirement,*

*government benefits) last year \$40,000 or more, or less than \$40,000?").* Based on the participants' response, they were asked to select their income ranges from a series of options. Participants who selected under \$40,000 had nine options (*no income; \$1 - \$4,999; \$5,000 - \$9,999; \$10,000 - \$14,999; \$15,000 - \$19,999; \$20,000 - \$24,999; \$25,000 - \$29,999; \$30,000 - \$34,999; \$35,000 - \$39,999*). Participants who selected over \$40,000 had five options (*\$40,000 - \$49,999; \$50,000 - \$59,999; \$60,000 - \$74,999; \$75,000 - \$100,000; more than \$100,000*). I re-coded items for those who selected over \$40,000 from a 1-5 scale to a 10-14 scale. This allowed me to combine both questions to create one item that assessed income for each partner on a 14-point scale, with a range of "no income" to "more than \$100,000". This new item was coded so a higher score reflected a higher income. Given that each participant was reporting on their own income, rather than a household income, I used both husbands' and wives' self-reported incomes as covariates for my analysis.

### **Preliminary Analysis and Analytical Plan**

To start my analysis, I assumed a normal distribution. However, the help-seeking variables were highly skewed and kurtotic. Items with an absolute value greater than 3 are considered extremely skewed, while items with an absolute value above 10 are considered extremely kurtotic (Kline, 2011). At least one item for each measure was over 3 for skewness and over 10 for kurtosis. Due to this, I transformed the outcome variables to be dichotomous as a logistic analysis would be more appropriate (Kline, 2011). Next, I assessed for outliers, homoscedasticity, multicollinearity, measurement validity, and missing data in SPSS (version 25) and Mplus (Muthén & Muthén, 2011). Finally, the primary assumptions of an actor partner interdependence model (APIM) are

interdependence and distinguishable dyads (Kenny et al., 2006). Dyadic data are deemed interdependent because the dyads share or develop similarities; they can thereby not be considered independent (Kenny et al., 2006). The dyads in my analysis are distinguishable dyads, and I used a within-dyad variable (sex) to differentiate them. Given that I met all the assumptions, I deemed it appropriate to move forward in my analysis. A more in-depth description of parts of the preliminary analyses are included below.

### ***Correlations***

The bivariate correlation results (see Tables 1 and 2) show significant relationships between the variables in the proposed model. Wives' experiences of discrimination were associated with informal help-seeking ( $r = .22, p < .01$ ). As expected, positive attitudes toward help-seeking from religious officials had a positive association with husbands' and wives' religious help-seeking. Both sub-scales of religiosity were associated with greater religious help-seeking for wives. Husbands' organizational religiosity was associated with wives' religious help-seeking ( $r = .15, p < .01$ ) and husbands' formal help-seeking ( $r = .19, p < .001$ ). The racial identity sub-scales were only significant for husbands' help-seeking. Based on these correlations, I deemed it appropriate to move forward with additional analysis.

### ***Attrition Analysis***

As expected with longitudinal data, attrition resulted in higher degrees of missingness at time 2 (29.1% to 36% missing) and time 3 (50.4% to 57.5% missing). The study ran out of funding between time 2 and time 3, so participants were not paid for the last wave; this may explain the higher rate of attrition. To understand if attrition would

affect the analysis, I completed an attrition analysis in Mplus 8.0 (Muthén & Muthén, 2011) using Full-Information Maximum Likelihood (FIML) to estimate patterns of missingness. Based on the recommendations of Collins et al. (2001), I took an inclusive approach, including auxiliary variables for income, education, and global health, relationship distress, and help-seeking at time 2. Auxiliary variables help control for factors associated with attrition and allow the data to perform better than if only FIML were used to handle the missingness (Eekhout et al., 2015). The analysis found that there were 412 missing data patterns, of which only two patterns repeated twice. Based on said patterns, it appeared there was no significant systematic missingness. However, I found it was not sufficient for my analysis because the model failed to converge, even with the inclusion of auxiliary variables. As a result, I decided to only use the data of participants who completed all three waves ( $N = 363$ ) and had data for the outcome variables ( $N = 350$ ). I also included auxiliary variables in the model as covariates to attend to factors that may have driven attrition.

**Table 1***Associations between Predictor and Outcome Variables: Correlations and Descriptive Statistics (N = 295 to 678, depending on the wave)*

Variables	1	2	3	4	5	6	7	8	9	10	11	12....
1. Discrimination, Wives T1	-											
2. Discrimination, Husbands T1	-.03	-										
3. Attitudes toward help-seeking from religious officials, Wives T2	.04	-.04	-									
4. Attitudes toward help-seeking from religious officials, Husbands T2	-.04	-.01	.11*	-								
5. Organizational religiosity, Wives T1	-.02	-.04	.22**	.22**	-							
6. Subjective religiosity item, Wives T1	-.03	.03	-.14*	-.14*	.59**	-						
7. Organizational religiosity, Husbands T1	.003	.01	.18**	.31**	.53**	-.31**	-					
8. Subjective religiosity item, Husbands T1	-.06	-.10	.05	-.22**	.21**	.25**	-.37**	-				
9. Internalization racial identity, Wives T1	.04	.03	.01	-.06	-.01	.02	-.05	.08	-			
10. Pre-Encounter racial identity, Wives T1	-.092	-.11	-.03	-.04	-.07	.11	.06	-.01	-.22**	-		
11. Internalization racial identity, Husbands T1	-.03	.18**	-.03	-.06	.06	.02	-.05	.07	.02	.003	-	
12. Pre-Encounter racial identity, Husbands T1	.01	-.03	-.11	-.01	-.10**	-.02	-.02	-.02	.02	.09	-.16**	-

*See Table 2 for other correlations.*

**Table 2***Continued Correlations and Descriptive Statistics (N = 223 to 350 depending on the missing data for measure/item)*

Variables Continued	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
13. Religious based help-seeking, Husbands T3	-.07	-.11	.12*	.24**	.22**	-.19**	.12	-.10	-.004	-.11	.07	-.08	-					
14. Informal help-seeking, Husbands T3	-.01	-.08	.08	.13*	.02	-.08	0.03	-.04	-.05	-.07	-.12*	.02	.39**	-				
15. Formal help-seeking, Husbands T3	-.05	-.06	.03	.03	.13	.02	.19**	-.06	-.03	.02	-.05	.10	-.005	.05	-			
16. Religious based help-seeking, Wives T3	.06	.14*	-.03	.16*	.25**	-.15**	.15*	-.05	.01	-.08	.07	.43**	.43**	.05	-.01	-		
17. Informal help-seeking, Wives T3	.22**	-.05	-.02	.04	-.05	.02	.03	-.002	.06	-.07	.03	.003	-.03	-.001	-.006	.13*	-	
18. Formal help-seeking, Wives T3	.04	.02	.04	.07	.03	.02	.09	.001	.02	-.04	.07	-.03	.08	.09	.43**	.07	.15*	-

**Table 3**

*African American Help-seeking Predictors and Covariates: Descriptive Statistics (N = 350)*

Variables	<i>M</i>	<i>SD</i>	Range	$\alpha$
Marital Dissatisfaction (W)	1.31	.69	1 – 5	
Marital Dissatisfaction (H)	1.22	.56	1 – 5	
Income (W)	7.03	.16	1 – 14	
Income (H)	8.29	.16	1 – 14	
Education (W)	4.30	1.59	1 – 7	
Education (H)	4.95	1.60	2 – 7	
Global Health (W)	5.70	2.04	3 – 13	.96
Global Health (H)	5.62	2.15	3 – 15	.65
Subjective Religiosity (W)	2.74	.74	1 – 4	
Subjective Religiosity (H)	2.64	.75	1 – 4	
Organizational Religiosity (W)	7.30	2.74	3 – 12	.73
Organizational Religiosity (H)	6.45	2.76	3 – 12	.74
Discrimination (W)	14.71	4.27	10 – 36	.81
Discrimination (H)	15.12	4.92	10 – 35	.83
Internalized Racial ID (W)	28.09	3.50	15 – 35	.65
Internalized Racial ID (H)	28.43	3.54	11 – 35	.67
Pre-Encounter Racial ID (W)	13.17	2.86	7 – 22	.52
Pre-Encounter Racial ID (H)	13.46	3.09	7 – 26	.53
Attitudes toward help-seeking from religious officials (W)	6.25	2.27	2 – 10	.77
Attitudes toward help-seeking from religious officials (H)	6.08	2.20	2 – 10	.81

*Note:* Due to the use of only participants who completed all three waves the ranges for husbands and wives are slightly different.



### ***Confirmatory Factor Analysis***

To assess the factor structure of the three predictor variables (religiosity, discrimination, and racial identity), I ran a Confirmatory Factor Analysis (CFA). CFA was chosen because each of these measures were validated previously. CFA assumes that items are measured continuously (Kline, 2011), which is why the outcome variables were not run. The religiosity measure had one dichotomous item that was also excluded from analysis for this reason. I evaluated good model fit via Chi-square ( $X^2$ ), comparative fit index (CFI), Tucker-Lewis Index (TLI), root mean square error approximation (RMSEA), and the standardized root mean square residual (SRMR). Based on having a sample of 350, I used a cutoff of .40 for my standardized loadings (Gagne & Hancock, 2006). Through this process, I found that the measures for husbands and wives were dropping unique items, which created a different total number of items for each sub-scale/ measure. Because of this, I ran multiple group CFAs to test for measurement invariance.

**Gender Invariance.** I ran a multiple group CFA of the religiosity measure and could not get good model fit (Hu & Bentler, 1999) for the unconstrained model. This result suggested the proposed factor structure did not fit well for husbands and wives. Due to the problematic fit, items used in this model were double-checked for skewness and kurtosis and found to be within acceptable ranges. Next, I examined factor loadings and dropped poorly loading items. This did not stabilize the model, so I examined modification indices, and implemented theoretically appropriate suggestions, but this did not improve the overall fit. I then theoretically considered which sub-scales were most important to answer the research question. I selected organizational and subjective

religiosity, as I hypothesized that people who are involved in a religious community would be more likely to seek help from a religious leader. Although the organizational religiosity subscale fit the data well (Hu & Bentler, 1999) with factor loadings above 0.60 on each item for both groups, the subjective religiosity items did not hang together. Based on these results, I choose to keep a single item, based on theoretical relevance (“*How religious would you say you are?*”) to represent this construct. Next, I tested the organizational religiosity sub-scale for measurement invariance across gender by sequentially constraining factor loadings across groups. These constraints did not significantly reduce the fit of the model (non-significant Chi-square difference tests), indicating that the factor loadings did not significantly vary by gender and that there is at least partial measurement invariance across groups (Steenkamp, & Baumgartner, 1998).

A multiple group CFA of the racial identity sub-scales resulted in no significant Chi-square difference tests on factor loadings across groups, suggesting partial measurement invariance. All factor loadings were also above 0.70, which in combination with good model fit, suggests these are valid measurement variables. A multiple group CFA of discrimination found poor model fit (Hu & Bentler, 1999). I removed an item that had a low factor loading and found that model fit significantly improved (“*How often has anyone discouraged you from trying to achieve an important goal just because you are African American?*”). The unconstrained model without this item had good fit (Hu & Bentler, 1999), and fully constraining the parameters of this CFA across groups did not significantly reduce the model fit (non-significant chi-square difference test). These results suggest there is at least partial measurement invariance. These results and high factor loadings on each item suggest the discrimination measure is valid.

## **Longitudinal APIM**

A longitudinal actor partner interdependence model (APIM) was selected for this analysis. APIM uses the couple as the unit of analysis (Kenny et al., 2006); I used sex to distinguish each member of the couple. I tested if husbands' and wives' religiosity, racial identity, and experience of discrimination related to their religious, informal, and formal couple help-seeking. The model was run as a longitudinal model as the dataset tracked the same couples over time, which allows for us to understand a more direct relationship between predictor (religiosity, racial identity, and discrimination) and outcome variables (religious, informal, and formal couple help-seeking).

This model also included a mediator (attitudes toward help-seeking from religious officials). A mediation models seek to explain mechanisms that underlie the relationship between predictor and outcome variable (Kline, 2011), creating a more comprehensive understanding of the relationships between variables. I included attitudes toward help-seeking from religious officials to test my hypothesis that more positive attitudes toward help-seeking from religious officials would increase religious, informal, or formal help-seeking through the prior effects of other predictors. Four control variables (relationship distress, income, education, and global health) were also included as they have previously been linked to help-seeking behavior.

Partner paths were included for all variables as part of the APIM analysis (Kenny et al., 2006; Peugh et al., 2013). I used unstandardized path coefficients, as this allows for comparisons across the husbands/wives (Kenny et al., 2006). I ran individual longitudinal APIMs for each of the three outcome variables. Items/measures that were significant, or approached significance, in the individual APIMs were included in the full model. Due to

missing values in my predictors, there were 328 observations out of a possible 350 in my final analysis.

## **Results**

Results of the longitudinal APIM are presented in Figure 1. To increase clarity, I only showed significant, or approaching significant, items/measures and paths. I also included unstandardized parameter coefficients in the figure, allowing comparison across groups (Kenny et al., 2006). Again, with dichotomous outcomes I ran the model as a logistic model, which – while not causal – shows the probabilities that an outcome increases because of the predictors via log-odds ratios. These ratios show that an increase of one in the independent variables increases the odds of the outcome at a constant rate (Kline, 2011).

In contrast to traditional SEM model fit, logistic model fit is determined by the loglikelihood and the Bayesian Information Criterion (BIC). Better fit is shown by lower loglikelihood and BIC values (Hilbe, 2011). I systematically dropped non-significant paths until BIC and loglikelihood increased. The model with the lowest loglikelihood and BIC was selected as the final model. The final model accounted for 13.3% of wives' and 14.9% of husbands' religious help-seeking, 24.1% of husbands' formal help-seeking, and 5.8% of wives' and 8.2% of husbands' attitudes toward help-seeking from religious officials. Given that I ran these predictors first with individual outcomes and then with covariates, I found that the results were stable; I found paths that were just significant or approaching significance dropped in the full model. This was most evident with the racial identity subscale losing all significant paths.

### **Actor Effects**

Actor effects are the direct effects of the individual's independent variables on his/her dependent variable. The actor effects for husbands showed that husbands' greater endorsement of organizational religiosity at time 1 was associated with having a more positive attitude toward help-seeking from a religious official at time 2 ( $\beta = 0.20, p < 0.001$ ). Husbands' attitude toward help-seeking from religious officials at time 2 was also positively associated with husbands' informal ( $\beta = 0.20, p < 0.05$ ) and religious help-seeking at time 3 ( $\beta = 0.29, p < 0.01$ ). Husbands' higher organizational religiosity was also positively associated with husbands' formal help-seeking ( $\beta = 0.39, p < 0.01$ ).

Wives' organizational religiosity was also positively associated with their attitudes toward help-seeking from religious officials ( $\beta = 0.17, p < 0.001$ ), and their religious help-seeking ( $\beta = 0.20, p < 0.001$ ). Wives' actor effects showed that their relationship distress at time 1 was associated with greater religious help-seeking at time 3 ( $\beta = 0.46, p < 0.05$ ). When wives experienced greater discrimination at time 1, they were more likely to seek informal help ( $\beta = 0.35, p < 0.01$ ). Interestingly, wives' attitude toward help-seeking from religious officials at time 2 was not associated with any type of help-seeking at time 3.

### **Partner Effects**

The partner effects are the direct effects of the individual's (husband or wives) independent variables on his/her partner's dependent variable. This model contained three significant partner effects. Wives' greater organizational religiosity at time 1 was associated with husbands' greater religious help-seeking at time 3 ( $\beta = 0.16, p < 0.01$ ). While wives' subjective religiosity at time 1 was positively associated with husbands' attitudes toward help-seeking at time 2 ( $\beta = 0.37, p < 0.05$ ). Husbands' greater education

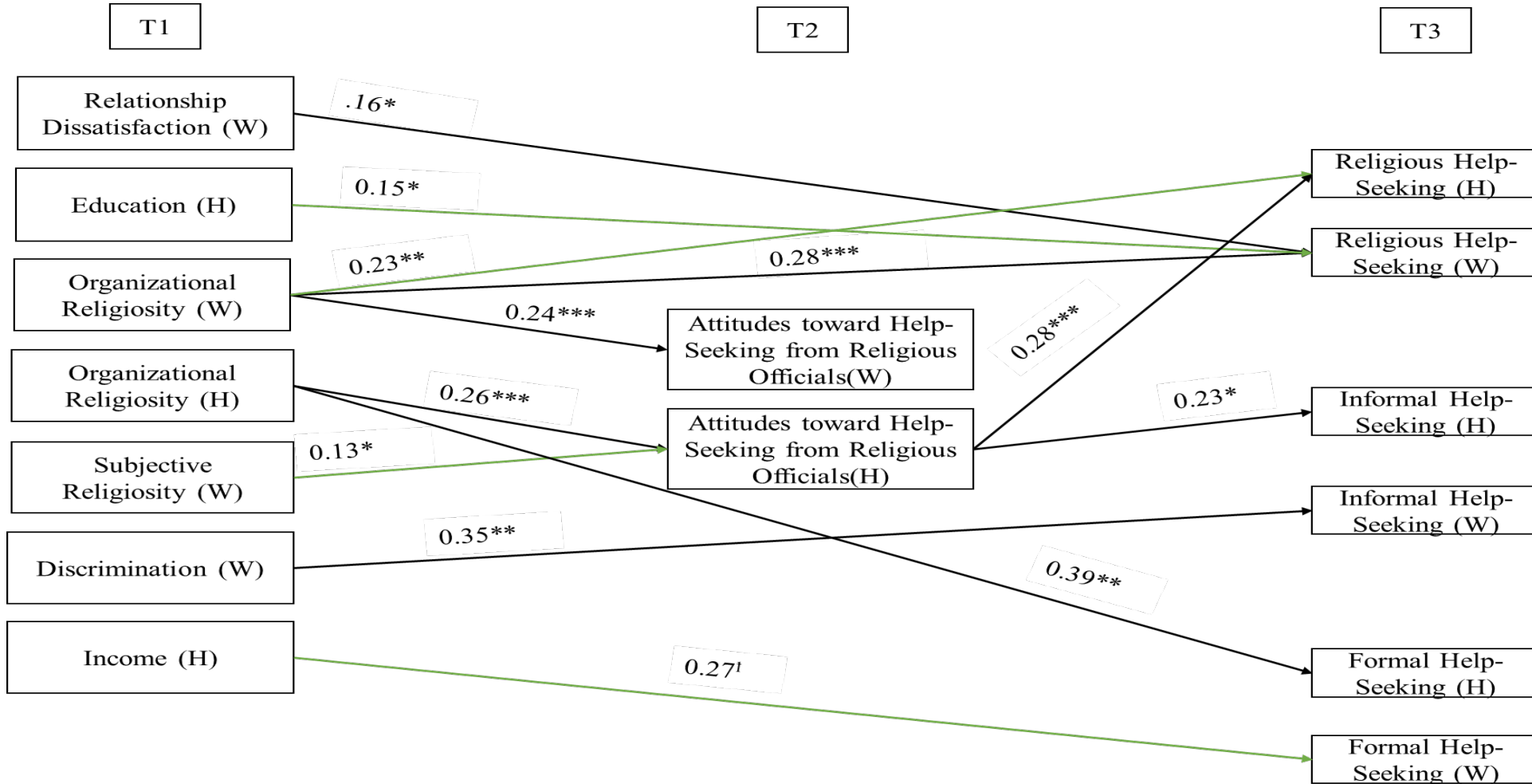
at time 1 was associated with wives' greater religious help-seeking ( $\beta = 0.16, p < 0.05$ ) at time 3. Finally, husbands had one partner effect that approached significance; their higher income approached a positively significant relationship with wives' formal help-seeking ( $\beta = 0.18, p = 0.06$ ).

### **Log-Odds**

The regression coefficient for each logistic regression is converted into separate odds ratios (Kline, 2011). Odds ratios estimate the difference in the odds of the outcome for a one-point difference in the predictor, while controlling for other predictors (Kline, 2011). In this analysis, the log-odds showed significant actor and partner effects. The log-odds are reported in Table 4. Notable from these results, the odds of both husbands and wives seeking help from a religious official are 1.2 times higher for every one-point increase in wives' organizational religiosity. Wives with higher relationship dissatisfaction were 1.6 times more likely to seek religious help. Wives were also 1.2 times more likely to seek help from religious officials for every one-point increase in husband's education. While husbands were 1.3 times more likely to seek help from a religious official for every one-point increase in their attitudes toward help-seeking from religious officials. Related to informal help-seeking, wives were 1.2 times more likely to seek informal resources for every one-point increase in their experiences of discrimination. Husbands were 1.2 times more likely to seek informal resources for every one-point increase in their attitudes toward help-seeking from religious officials. Finally, husbands were 1.3 times more likely to engage in formal help-seeking for every one-point increase in their organizational religiosity.

**Figure 1**

*Final longitudinal APIM model for African American help-seeking (N = 328)*



*Notes:* Coefficients represent unstandardized, to allow comparison across actor and partner. \* =  $p < 0.05$ ; \*\* =  $p < 0.01$ ; \*\*\* =  $p < 0.001$ . Black lines represent actor effects, while green lines represent partner effects.

**Table 4**  
*Significant Log-Odds Results (Standardized Solution, N = 328)*

Predictors	Outcomes	Estimate	SE	<i>p</i> value
(W) Organizational Religiosity	(W) Religious Help-Seeking	1.217	.069	.002
(W) Relationship Dissatisfaction	(W) Religious Help-Seeking	1.586	.276	.034
(W) Education	(W) Religious Help-Seeking	1.174	.086	.043
(W) Organizational Religiosity	(H) Religious Help-Seeking	1.179	.063	.004
(H) Attitudes toward help-seeking from religious officials	(H) Religious Help-Seeking	1.289	.085	.001
(W) Discrimination	(W) Informal Help-Seeking	1.169	.063	.007
(H) Attitudes toward help-seeking from religious officials	(H) Informal Help-Seeking	1.220	.097	.024
(H) Organizational religiosity	(H) Formal Help-Seeking	1.336	.149	.024

### **Indirect Effects**

I tested indirect paths with bootstrapping procedures (Preacher & Hayes, 2008).

Two indirect paths tested were significant; both were actor effects. The first showed that husbands' organizational religiosity → husbands' attitudes toward help-seeking from religious officials → husbands' religious help-seeking ( $\beta = .04, p < .05, CI .002 .078$ ).

The second showed that husbands' organizational religiosity → husbands' attitudes toward help-seeking from religious officials → husbands' informal religious help-seeking ( $\beta = .05, p < .01, CI .015 .081$ ). Using this last indirect pathway as an example, this result can be interpreted as a one standard deviation increase in husbands' organizational religiosity is associated with a .05 standard deviation increase in husbands' informal

help-seeking due to the prior effect of husbands' attitudes toward help-seeking from religious officials.

**Table 5**  
*Significant Indirect Effects (Standardized Solution, N = 328)*

Predictors	Mediator(s)	Outcomes	$\beta$	CI		<i>p</i> value
(H) Organizational Religiosity→	(H) Attitudes toward Help-seeking from Religious Officials→	(H) Informal Help-Seeking	0.040	.002	.078	0.040
(H) Organizational Religiosity →	(H) Attitudes toward Help-seeking from Religious Officials→	(H) Religious Help-Seeking	0.051	.015	.081	0.005

(W) = Wives; (H) = Husbands; Indirect paths tested with 2,000 bootstraps. CI = 95 % confidence interval.

### Discussion

This study expands the literature on African American couple help-seeking. Results of my analysis showed specific predictors of African American couple help-seeking while highlighting the interdependent nature of this process(es). Importantly, this study looked at how religiosity related to multiple forms of couple help-seeking. My study is also one of the first to look at how experiences with racial discrimination and racial identity relate to African American couple help-seeking. These results not only add to the literature, but also have meaningful clinical implications and highlight next steps for researchers.

### Religious Help-Seeking

While results were consistent with the primary hypothesis that religiosity was related to multiple types of help-seeking, there were gender differences in those paths. Wives' organizational religiosity was linked to their religious help-seeking, but no other types of help-seeking. Husbands' organizational religiosity had a direct relationship with husbands' formal help-seeking. Husbands' organizational religiosity was also indirectly linked to their informal and religious help-seeking, due to the previous effect of attitudes toward help-seeking from religious leaders. More religious people are more likely to use all kinds of help (Hays & Lincoln), yet that diversity in help-seeking was not seen in wives in my analysis. These gender differences bear further investigation. It is possible that previous research and my analysis did not include variables that may account for these gender differences. Given that this hypothesis was supported in husbands' help-seeking behavior, clinicians and researchers should consider church as a possible point of engagement with African American couples. Future research should explore how researchers and clinicians can effectively collaborate with Black Churches and clergy.

The most common type of help-seeking for both husbands and wives was religious help-seeking. This is consistent with literature showing that African Americans are more likely to seek help from a pastor or minister for personal crises (Davey & Watson, 2008) and relationship issues (Vaterlaus et al., 2015). Relationship distress is one of the main predictors of formal help-seeking (Hubbard & Harris, 2020). Similarly, I found that wives' relationship distress was associated with wives' greater religious help-seeking. It is possible that a parallel process is occurring for African American women, wherein African American women are more likely to seek help from religious sources when experiencing relationship. Overall, these results are not only consistent with the

literature (Vaterlaus et al., 2015), but they highlight the important role(s) that church plays in the African American couple help-seeking processes.

One unique result in this study related to the relationship between education and religious help-seeking. I included education as a control variable, as research has linked it to formal help-seeking (Hubbard & Harris, 2020). Unexpectedly, education was associated with religious help-seeking, with husbands' higher education associated with wives' religious help-seeking. Research has linked education to attitudes toward help-seeking (Hammer et al., 2013), so it is possible that husbands with higher educations also have more positive attitudes toward help-seeking, and/or that higher education may increase the likelihood of wives seeking help. Future research should explore if attitudes toward help-seeking more broadly act as a mechanism for understanding the relationship between husbands' education and wives religious help-seeking. This finding is also significant as previous literature has found that social determinates, such as income and education, do not relate to help-seeking behavior in African Americans (Ayalon & Young, 2005; Zimmerman, 2005). It may be that there is a unique relationship here between education and religious help-seeking. Clarifying the role of income and education in relation to religious help-seeking may help to identify an important mechanism in the religious couple help-seeking processes.

Paths from religiosity to religious help-seeking also highlighted the interdependence nature of couple help-seeking. Wives' organizational religiosity was associated with husbands' greater religious help-seeking, while husbands' education was associated with wives' religious help-seeking. Women typically attend church more frequently and are more engaged in church activities than men (Chatters et al., 1999), so

it is possible that, like formal help-seeking (Hubbard & Harris, 2020), wives drive religious help-seeking – meaning that men with lower levels of religiosity may seek help from religious leaders for their relationship because of their partners' high levels of religiosity. Understanding this interdependence could be a fruitful area to explore because, collectively, African Americans identify as more religious than other ethnic groups (Chatters et al., 2009). Detecting areas of interdependence related to religious help-seeking could identify points of intervention with either partner to increase engagement.

### **Informal Help-Seeking**

Participants sought informal help less frequently than religious help, with husbands seeking informal resources more frequently than their wives. The existing research on informal help-seeking in African American couples is mixed. Some African Americans in strong marriages report seeking family or friends who they trusted and believed had specific qualities that would make them a good confidant (e.g., older, married, trustworthy, or similar values; Vaterlaus et al., 2015). These findings are consistent with the belief that family, friends, the church, and the community can offer better support and more helpful solutions than formal resources (Thompson et al., 2004). Conversely, Boyd-Franklin (1989) highlighted that Black families often hold a belief that they should keep problems within the family. Similar to these findings, some African American couples in strong marriages stated marital problems were private and should thereby not be discussed outside of the marriage (Vaterlaus et al., 2015). Low rates of informal help-seeking support the idea that there is something private about marital problems. Interestingly, the rates of informal help-seeking differed by gender, with

husbands seeking the help of family and friends more frequently than wives. Future research should explore gender differences in how African American couples seek help from family and friends for their relationship. It is possible that the conflicting research is highlighting gender differences in how African American couples use informal resources.

### **Formal Help-Seeking**

Formal help-seeking was the least popular overall type of help-seeking. Formal help-seeking also had fewest significant paths in our analysis. Findings, and lack of findings, related to formal help-seeking are reflective of the low levels of African American engagement with formal resources (Dixon, 2009; Vaterlaus et al., 2015). Interestingly, wives engaged in formal help-seeking at approximately the same rate as they did in informal help-seeking. This is consistent with research showing that African American women were more likely than men to seek professional help if they were experiencing marital problems (Vaterlaus et al., 2015). The overall low level of engagement with formal resources is concerning when comparing formal help-seeking across ethnicities. White couples in strong marriages cite seeking marriage professionals when they experience problems (Tulane et al., 2011); African American couples in strong marriages cite seeking help from religious leaders (Vaterlaus et al., 2015). While my research is consistent with previous findings, future investigations should explore reasons for these differences.

My findings also showed that when husbands had higher organizational religiosity, they were more likely to seek formal help-seeking. Religious officials tend to have positive attitudes toward help-seeking for mental health (Gaffney, 2016). It is possible that engagement with religious officials creates a positive priming effect for

men. It is also possible that couples are attending churches with relationship resources, such as pre-marital counseling and marital enrichment courses. African Americans are more likely than other ethnic groups to engage in couple therapy if they have experience with pre-marital counseling (Williamson et al., 2014). This relationship also suggests a point of intervention. If African American couples who are more religious are also more likely to seek formal resources, it might be possible to increase African American engagement with formal resources by having couple therapists partner with Black Churches.

One path that approached significance was husbands' income with wives' formal help-seeking. Men in another study reported concern about the financial cost as a barrier to participating in couple therapy (Parnell & Hammer, 2018). It is possible that men's financial concerns (or lack of financial concerns) impact how wives engage with formal resources. The role of income as a barrier with African American couples is something future researchers should explore, especially given the wealth gap that exists between African Americans and other ethnic groups (Herring & Henderson, 2016).

This study supports literature showing African American couples are less likely to engage with formal resources (Awosan et al., 2011; Hall & Sandberg, 2012; Vaterlaus et al., 2015). However, it also adds important information related to the relationship of income and organizational religiosity with formal couple help-seeking in the African American community. Still, more research is needed to understand African American couples engagement, or lack of engagement, with formal resources. Specifically, greater clarity is needed about the unique structural and attitudinal barriers African American couples face when seeking help for their relationships.

## **Racial Identity and Discrimination**

Contrary to my hypothesis there were no significant paths for either racial identity sub-scale in the final model, when run as individual models, I found that husbands' pre-internalized racial identity was associated with wives' attitudes toward religious help-seeking. I also found that husbands' pre-internalized racial identity approach significance for husbands' formal and religious help-seeking. The lack of significant paths in the full model suggests that these associations are weak. This may be because the current method for measuring racial identity is limited. This measure had a lower, but acceptable, reliability in my sample. Other researchers have hypothesized that the lack of consistency found in this measure is because the measure represents a state versus a trait (Lemon & Waehler, 1996). Another explication is that I need a larger sample of informal and formal help-seeking to detect the impact of racial identity. Overall, additional research is needed to clarify if and how racial identity relates to couple help-seeking.

Discrimination is an important factor to consider when exploring African American couple help-seeking. Researchers have linked discrimination to wives' starting levels of marital quality and how their marital quality changes over time (Randolph et al., 2021). This is consistent with the idea of discrimination as a stressor which could drive couple help-seeking. Yet, discrimination can also act as a barrier for African Americans considering seeking mental health services (Taylor et al., 2018). Contrary to my hypothesis, discrimination did not act as a barrier to formal help-seeking. Rather, discrimination was associated with greater informal help-seeking for wives. Given a reported distrust of therapists (Vaterlaus et al., 2015), it is possible that when wives experience discrimination, they seek more trusted resources such as family and friends.

Discrimination is a stressor that seems to impact help-seeking. Future research should continue to explore this association with informal help-seeking. It would also be helpful to explore how measures specific to microaggressions or discrimination in healthcare relate to couple help-seeking.

### **Attitudes toward Help-Seeking from Religious Officials**

To the best of my knowledge, this is one of the first studies that explicitly looked at the role of attitudes toward help-seeking from religious leaders. Couple help-seeking research has historically focused on attitudes toward help-seeking from formal resources (Hubbard & Harris, 2020). However, religious leaders often act as a referral resource to more traditional mental health services (Allen et al., 2010). Given the literature, I hypothesized that attitudes toward help-seeking from religious leaders could drive a variety of couple help-seeking behaviors. The results of my analysis partially supported this hypothesis. I did not find any direct path between attitudes toward help-seeking from religious leaders and formal help-seeking, but there was a positive relationship between husbands' attitudes toward help-seeking from religious leaders and husbands' informal help-seeking. It is possible that having a more positive attitude toward help-seeking from religious leaders translated to a more positive attitude toward help-seeking overall. Yet, wives' attitudes toward help-seeking did not have any direct paths with couple help-seeking, religious or otherwise. Given the partial support for this hypothesis, future research should continue to explore the role of attitudes toward help-seeking from religious leaders and couple help-seeking behavior. Investigators should also explore the role of gender related to attitudes toward help-seeking from religious leaders in African American couples, as my analysis suggests there may be differences by gender.

Attitudes toward help-seeking from religious officials not only directly related to couple help-seeking; they also had indirect effects. Husbands' higher organizational religiosity increased their religious and informal help-seeking because of the prior effect of attitudes toward help-seeking from religious officials. Church has traditionally been a safe space, and one where African American men could take on leadership roles (Allen et al., 2010). It may be because of the safety and the roles husbands hold in their church that they feel empowered to seek help from not just religious officials, but also family and friends. Future research should explore the connection between organizational religiosity, attitudes toward help-seeking from religious officials, and couple help-seeking behavior. The ability to further clarify these paths and the mechanisms involved could identify additional points of intervention.

### **Clinical Implications**

The primary clinical implication from my findings relates to how clinicians can leverage religiosity and religious help-seeking to increase African American couples' engagement with formal resources. Religious help-seeking was the most popular resource for African American couples. I also found an association between organizational religiosity formal help-seeking. Building off these findings, it is possible that therapists could increase African American engagement through partnerships with Black Churches. Black Churches and outside agencies have successfully collaborated to create programming aimed at enhancing health and wellness (Dempsey et al., 2016). Research focused on outreach with Black Churches found that pastors will collaborate with secular mental health providers (Aten et al., 2010). Based on these findings, there seems to be potential to develop meaningful partnerships. As researchers consider possible collaborations, they

should also be mindful that while the Black Church can be a source of support for many African Americans (Allen et al., 2010; Mattis et al. 2007; Taylor et al. 2000), non-affirming religious communities can perpetuate harm (Okrey Anderson & McGuire, 2021). Additionally, there has been a bi-directional feeling of distrust between mental health professionals and pastors (Hardy, 2012). Because of this distrust and the high percentage of White therapists (Erolin & Wieling, 2020), it is especially important for therapists to be thoughtful in pursuing a collaboration with Black Churches. Creating partnerships with Black Churches could help increase engagement with formal help-seeking, but it should be done thoughtfully to avoid causing harm and fueling feelings of mistrust.

### **Limitations**

This study adds unique information to the literature on African American couple help-seeking. However, as with all research, there are limitations to my findings. One limitation of this study is that the sample was composed of newlyweds. Research has shown there is a delay in help-seeking for relationship problems, with couples waiting around 2.5 years after noticing a problem before seeking couple therapy (Doherty et al., in press). While the last wave of data collection occurred approximately 2.5 years after the first wave, it is possible that participants would have reported a higher frequency of help-seeking if data were collected later in their marriages. There were also some methodological limitations. For one, there was significant attrition from time 1 to time 3. While an attrition analysis and auxiliary variables were used, our results may have differed with less missing data. Additionally, my multiple group CFA showed significant measurement variance across husbands and wives for the religiosity sub-scales. It is

possible that because I could not fully capture the different aspect of religiosity that there are some associations I missed in my analysis. Finally, while this model used advanced statistical analysis to understand the interdependent nature of couple help-seeking, the data and analysis were not designed to determine causation.

### **Conclusion**

The study presented here provides a meaningful step forward in advancing literature about African American couple help-seeking. Results of my analysis supported my hypothesis that religiosity would relate to informal and formal help-seeking. Findings also partially supported the notion that attitudes toward help-seeking from religious leaders could drive informal and formal help-seeking. Overall, these data highlight the significant relationship that religiosity has with a variety of help-seeking behaviors. While contrary to my hypothesis, the results of this analysis show that discrimination has a relevant relationship with formal couple help-seeking behavior. The role of discrimination bears further investigation in relation to couple help-seeking. Importantly, my findings also highlighted the interdependent nature of the help-seeking process with multiple partner pathways. Future scholarship should continue to explore these relationships in more detail. Given extant literature regarding mistrust (e.g., Awosan et al., 2011; Hall & Sandberg, 2012), future researchers should explore how (mis)trust and discrimination relate to couple help-seeking behavior.

Article 2

**Understanding African American Help-Seeking for Romantic Relationships**

Aimee Hubbard, MS, LAMFT

Dissertation Article 2

Submitted in Partial Fulfillment of the Requirements of the  
Degree of Doctor of Philosophy  
in Family Social Science

University of Minnesota - Twin Cities

## **Abstract**

African American couples experience greater levels of relationship distress than other racial/ethnic groups, but they are less likely to seek formal couple counseling. Existing literature suggests that they encounter unique barriers to seeking such help, such as historic abuses and ongoing discrimination/racism. To better understand these barriers, I conducted a grounded theory informed qualitative study. Findings derived from interviews with 11 individuals in committed relationships revealed that mistrust plays a significant role in hindering efforts to seek out formal resources, and that friends, family, and religious resources contribute to accessing informal sources of support. These preliminary data add to current understandings about African American couple help-seeking and highlight important areas for future research. Clinical implications around said mistrust and leveraging informal and religious resources are described in conclusion.

*Key words:* African American, couple help-seeking, informal help-seeking, religious help-seeking

## **Understanding African American Help-Seeking for Romantic Relationships**

African American couples experience high rates of relationship distress (Broman, 2005) and divorce (Dixon, 2009). These rates are concerning as they suggest a relational health disparity, with African American couples experiencing worse relationship quality than other ethnic groups. These disparities have also been linked to negative mental and physical health outcomes (Amato, 2000; Gee & Ford, 2011; Sellers et al., 2009; Whisman et al., 2006). One evidenced-based way to improve marital quality is through couple therapy (Lebow et al., 2012). However, African Americans are less likely than other ethnic groups to seek such formal resources (Dixon, 2009). While evidence suggests there is a need for couple therapy in the African American community, it is being underutilized for reasons that are not yet well understood. This study seeks to address key gaps in literature about African American couple help-seeking.

There is only one study that specifically explores African American couple help-seeking (Vaterlaus et al., 2015). The researchers interviewed 39 couples, all self-identified as being in a strong and happy marriage for at least 10 years. Couples were asked specific questions about whom they had gone to for problems in their marriage, and who they would seek services from in the future. Results showed that African Americans couples in strong relationships do not frequently seek couple therapy as a resource for supporting their relationship (Vaterlaus et al., 2015). Participants reported concerns around the trustworthiness of couple therapists. However, a lack of engagement with couple therapy does not mean that African Americans are not seeking help for their relationships. Rather, these couples reported seeking help from other resources, especially religious resources.

While this work was significant in identifying resources used by African Americans to support their relationships, there are still important gaps that need to be addressed. For one, Vaterlaus et al. (2015) did not explicitly ask each couple about couple therapy, either related to their experiences with it or their perceptions of it. Another area to explore relates to questions regarding to race, attending to unique barriers that African Americans may face and the role of racism in African American couples' help-seeking. This study seeks to build off the limited literature and explore African Americans' views and experiences with couple therapy and identify unique barriers they experience in the help-seeking process.

### **Literature Review**

People who are in happy relationships are more likely to be happier overall (Mikucka, 2016). Couples in happy relationships likely use their relationship as a tool to promote resilience in the face of stress or adversity. Research supports this concept, with spousal support reducing the impact of racism on African Americans' mental and physical health (McNeil et al., 2020). However, African American couples engage with couple therapy at low rates (Dixion, 2009). Looking at couple and family therapy more broadly, there appear to be unique barriers that African Americans face in the help-seeking process – such as a concern about a lack of understanding and cultural differences (Awosan et al., 2011). Race and experiences with racism are critical factors to consider in the African American couple help-seeking process. Researchers have found that a significant barrier to African American help-seeking is that Black culture, values, and practices are considered inferior or not normal (Vereen, 2007). To better support African American relationships, research needs to expand the current knowledge of their

couple help-seeking process. To do this, researchers must seek a greater understanding of African Americans' experiences with and perceptions of couple therapy. Additionally, given the significant role of race, research should expand its scope to include unique barriers that African Americans face (e.g., the role of racism in the couple help-seeking process).

### ***Mistrust and Help-Seeking***

African Americans also have low rates of engagement with mental (Snowden, 2001) and physical health (Hoffman et al., 2016; Snowden & Cheung, 1990) services generally. It is likely that the barriers they experience in seeking help for their mental and physical health are also present when they seek couple therapy. Researchers have linked low rates of engagement in mental and physical health services with known historic medical and research abuses (Hardy, 2019; Savitt, 1982). For instance, the Tuskegee Study denied almost 400 Black men treatment for their syphilis so that researchers could study the progression of the disease; public health researchers believe this created a distrust of public health in the Black community (Gamble, 1997). This distrust is clear in mental health help-seeking (Nicolaidis et al., 2010) as well as couple help-seeking (Vaterlaus et al., 2015). Distrust of helping professionals, including couple therapists, could affect the African American couple help-seeking process.

### ***Trusted Resources***

If African American couples view formal help-seeking with a “healthy cultural suspicion” (Boyd-Franklin, 2003, p. 274), it is important to consider what resources African Americans trust. Primary resources reported include friends/family and religious resources (Vaterlaus et al., 2016).

**Family/Friends.** One of the appealing factors for seeking help from family and friends is that they have similar life experiences (Lincoln & Chea, 2010), and likely experience similar internal and external stressors (Marks et al., 2006). Strong African American couples reported seeking family and friends who shared similar marital status, religious beliefs, and cultural experiences (Vaterlaus et al., 2015). While friends and family seem to be an important resource, literature suggests that there is some divide in this sentiment. African American couples also reported a desire to solve relationship problems on their own (Vaterlaus et al., 2015), and report concern about family and friends' reaction to therapy (Awosan et al., 2011; Hall & Sandberg, 2012). Currently, researchers do not know what drives African American couples to keep things private versus seeking the counsel of family and friends.

**Religion.** The church represents a significant resource in the African American community, with the Black Church often serving as an entry point for mental health services of any kind (Allen et al., 2010). The church is also a common resource for couple help-seeking, with religious resources being frequently sought (Vaterlaus et al., 2015). Religious help-seeking can include a variety of activities, such as prayer, reading the Bible, seeking help from people within the congregation, or help from religious leaders (Vaterlaus et al., 2015). Spiritual guidance appears to be a top priority for African American couples, with some participants stating that a true belief in a Deity negated the need for outside help for marital problems (Vaterlaus et al., 2015). It is important to clarify further why African American couples seek these resources in lieu of formal help-seeking.

### ***Race and Discrimination***

Given that African American couples seek formal resources at lower rates than other groups (Dixon, 2009), it is important to consider what unique factors this community faces in the help-seeking process. The legacy of slavery, Jim Crow laws, and continued structural racism impact how African Americans experience the healthcare system, including the mental healthcare system (Gamble, 1997; Savitt, 1982; Wailoo, 2018). Unfortunately, racist beliefs within the medical and mental health communities continue to affect the quality of care that African Americans receive (Hoffman et al., 2016; Strakowski et al., 1992). High rates of racism and discrimination are believed to contribute to lower rates of marriage and higher rates of divorce within the African American community (Dixon, 2009). It is possible that discrimination not only adds stress to their relationships, but that concerns about experiencing discrimination from couple therapists create an additional barrier for African American couples.

**Legacy of Slavery and Racism.** On top of everyday experiences with discrimination, it is likely that African American culture affects the couple help-seeking process. Research has linked the legacy of slavery and racism to African American culture (Hardy, 2019; Savitt, 1982). For instance, one study found that African Americans cited historical expectations that life would be hard and that they would have to cope with that adversity, which they reported made it harder to seek help (Thompson et al., 2004). A quote from a participant in a qualitative study highlights the effort required for African Americans to seek help, “For a Black person to go seek professional help, the professional needs to know that you’re taking a stretch” (Mishra et al., 2008, p. 123). Participants from that same study also cited well-known incidences of research/medical abuses (e.g., Tuskegee study), racism generally, and specific experiences of disrespect in

healthcare as barriers to seeking mental health care (Mishra et al., 2008). While research thus far has focused on mental health more broadly, it is likely that the legacy of racism and slavery create unique barriers for African Americans considering couple help-seeking.

**Everyday Discrimination.** It is not just the legacy of racism that affects the help-seeking process for African Americans, but also everyday experiences with racism. Research has shown that discrimination and microaggressions act as barriers for African Americans seeking mental health services (Taylor et al., 2018). Greater experiences with everyday racism have been shown to increase participants' scores on a barrier to help-seeking scale (Powell et al., 2016). One specific barrier to help-seeking is fear. African American participants reported fears about being misdiagnosed and even being brainwashed (Thompson et al., 2004). While these fears may seem extreme, they are in fact grounded in reality. African Americans are more likely to be misdiagnosed with schizophrenia, while mood disorders often go underdiagnosed (Strakowski et al., 1992). Experiences with racism create additional barriers to help-seeking, including the need to self-protect, hide vulnerabilities, be self-sufficient, and present oneself in a certain way (Mishra et al., 2008). It is not just the legacy of racism that acts as a barrier to help-seeking; it is also current and everyday experiences of racism.

### ***Stigma and Help-Seeking***

Research has established stigma as a significant barrier to accessing both mental health services (Freeman et al., 2017) and couple therapy (Hubbard & Harris, 2020). Investigators suggest that couples may believe seeking help could threaten their relationship (Fleming & Córdova 2012). One qualitative study found that men were

afraid of judgement, specifically that seeking help would be an admission that their relationship was failing (Parnell et al. 2018). Unfortunately, there have been no studies explicitly looking at African Americans' views on stigma related to couple help-seeking (Hubbard & Harris, 2020). Based on the mental health literature, African Americans who sought help noted that the stigma, shame, and embarrassment associated with mental illness were significant barriers (Thompson et al., 2004). Greater stigma is also linked to worse help-seeking attitudes for African Americans (Masuda et al., 2012). A focus group of African Americans reported they felt several myths fueled the stigma around seeking help for mental health (Mishra et al., 2008). These myths included the idea that mental illness is contagious, and that there is shame and dishonor in having mental health issues (Mishra et al., 2008). It is possible that there are comparable myths fueling stigma around formal help-seeking in the African American community.

## **Theory**

The legacy of slavery, along with continued structural and systemic racism, call for the use of a critical lens when considering an explanation for why African Americans seek formal help for their relationships at lower levels than other groups. I used Critical Race Theory (CRT) to conceptualize and frame this study. CRT helps examine the role of persistent racism (Closson, 2010). There are six elements to CRT: centering race, the intersectionality of race with other forms of subordination, challenging the dominant ideology, commitment to social justice, centering experiential knowledge, and a transdisciplinary perspective (Solorzano et al., 2000). I choose CRT because it is a valuable framework to better understand the role of racial dynamics, and to connect how current disparities relate to overt acts of racial exclusion (Taylor, 1998). This study seeks

to center African American experiences of couple help-seeking and the unique barriers they experience. Consistent with the social justice goal of CRT, this project seeks to better understand African American couple help-seeking, with the goal of reducing current disparities in couple help-seeking.

### **Present Study**

There is a clear need for additional research on African American couple help-seeking (Hubbard & Harris, 2020). This article aims to add to that literature by answering two key questions: (a) What are African Americans' perceptions of and/or experiences with couple therapy?, and (b) What unique barriers do African Americans face in seeking couple therapy? Answering these questions will enable both researchers and clinicians to address the low rates of African Americans' engagement in couple therapy (Dixon, 2009). I took a qualitative approach to data analysis and collection. Grounded theory principles informed my analysis. One goal of grounded theory is to ensure that themes reflect what the participants have said in their interviews (Charmaz, 2006; Denzin & Lincoln, 2011). Given its emphasis on staying close to the data, I felt that grounded theory would help reduce the likelihood that I imposed my views or biases on the data (Charmaz, 2006). This emphasis on accurately reflecting the participants' own stories is also consistent with critical race theory's goal of centering the narratives of African Americans (Solorzano et al., 2000). While I could not use true grounded theory, due to limitations with recruitment (for more information, see Methods section) the principles outlined above were key components of my analysis.

## **Method**

I applied a grounded theory approach to this project. I selected this approach because it provides a way to not only learn about African American help-seeking but to create linked variables around African Americans' experience seeking help for their relationships (Charmaz, 2006). The guiding principles of grounded theory include memoing, coding (e.g., line-by-line focused, and axial), trustworthiness, and saturation (Bowen, 2006; Charmaz, 2006); these informed my approach. Applying these principles is also consistent with my use of Critical Race Theory (CRT). Grounded theory focuses on using the words of the participants to center their stories. To attend to bias, I used peer debriefing and memoing (see below for more details). A team of three undergraduate researchers assisted with coding and analyses; they were also a part of the peer debriefing process, and completed memos to track their own experiences and reactions to the data. Unfortunately, I could not use true grounded theory because of difficulties with recruitment (see "Sampling & Data Collection" section below), this would have allowed for us to create a theoretical conceptualization of African Americans' views toward and experiences with couple help-seeking.

### **Reflexivity**

An important aspect of grounded theory is that the researcher is the primary instrument in both data collection and analysis (Charmaz, 2006). Due to this, both data collection and analysis are influenced by the researchers' positionality, values, context, and perceptions. One way to attend to this is through the process of reflexivity.

Reflexivity is a process that involves monitoring prior assumptions and views, and how

they influence the research process (Charmaz, 2006). Engaging in reflexivity also increases the rigor of the research (Hall & Callery, 2001).

### ***My Reflexivity Statement***

I identify as a White cis-gender heterosexual woman in her thirties. Professionally, I identify as both a researcher and a clinician (couple and family therapist). Given that I am not African American, it was essential that I examine my own values, biases, and positionality. It was important to understand why I was engaging in this research, especially as I did not want to engage in “white saviorism,” wherein individuals seek to liberate African American couples without acknowledging their own culpability in maintaining Whiteness as a standard (Matias et al., 2014).

My motivation to do this research originated in a review of the literature on couple help-seeking. I noticed some studies had samples that were 90% or more White with limited research on the Black, Indigenous, People of Color (BIPOC) community (Hubbard & Harris, 2020). The one study that I found on African American couple help-seeking stood out to me, especially the participants’ views of couples therapy and therapists. At that time, I was also working at a private practice in a suburb of a major metro and reflected that none of the couples I saw at the clinic were African American. These experiences prompted me to read more about African American help-seeking and I learned more about the impacts of slavery, structural and systemic racism, and discrimination on the help-seeking process. My privilege as a White person allowed me to learn late in my life the extent to which the legacy of slavery and continued experiences discrimination affect African Americans’ mental and physical health. My primary motivation for engaging in this research is a belief that couple therapy is

effective, and the hope that this research could help make sure it is accessible and effective for more people. I need to continue to attend to what drives my research interests to ensure that my motivation does not take on the role of a rescuer.

Part of this process is acknowledging my role in centering Whiteness. My research prior to this project inadvertently centered Whiteness, partly because of my lack of awareness and partly because the literature centered Whiteness as a standard. Similarly, my clinical work centered Whiteness in part due to my choice to work in a private practice in a primarily White suburb. This made it so that my clinical work was primarily with White individuals, couples, and families. Even as I started working on this project, I often compared African American help-seeking to White help-seeking, centering White help-seeking as the norm. I continue to learn more about ethically conducting research in a community I do not belong to, and I recognize that this will be an ongoing process.

Part of being reflexive is acknowledging assumptions that could bias my work. One assumption I went into this project with, and that I must continue to be vigilant about, is my belief that couple therapy is a helpful way of addressing relationship distress. Given the literature, it seems likely that many African Americans do not share this belief. In fact, it is important for me to acknowledge that for some couples, seeking help could be harmful. To attend to this bias, I was intentional in the interviews to ask about other resources sought, as to not assume that couple therapy was the only viable resource being used by African American couples.

To attend to my positionality and the power I held in my different identities (White, cis-gender, researcher, and heterosexual), I used memos. In my memos I wrote

my thoughts, experiences, and expectations of interviews, as well as my reactions to coding and emerging themes. Additionally, I worked to stay faithful to what the participants were saying. Line-by-line coding helped me represent the experiences of the participants, rather than my own views. Once I created higher-level themes (focused codes), I met regularly with my research team to discuss findings. Unfortunately, it is impossible to state that these processes ensured that I attended to all biases. It is important to acknowledge this as an inherent limitation of this project.

### ***Memoing***

Memos provide a critical link between data, theory development, and writing of the paper (Charmaz, 2006). The goal of memos is to stop and analyze thoughts and ideas about codes and any ideas the researchers are having related to the coding process (Glaser, 1998). I used memoing throughout data collection and analysis. After each interview, I completed memos of emerging themes and my experiences/reactions. A team of undergraduate research assistants transcribed the interviews and completed memos about their reactions and thoughts to the interviews. The research team also used memos during the coding process to highlight themes, thoughts, and reactions to the codes. Each member of the research team kept individual memos throughout the axial and focused coding to attend to emergent themes and connections between open codes, as well as their own reactions. I discussed these memos with the rest of the team during our meetings.

**Peer-Debriefing.** Three undergraduates worked with me transcribing, coding, and analyzing the interviews. Two of the above-described undergraduates that assisted me in this research identified as White women; one identified as an African American male. I

worked to seek African American students to ensure that someone from the African American community was a part of the research team to include voices from the African American community. The four of us separately coded the transcripts using line-by-line coding. After coding, the team engaged in peer debriefing. Peer debriefing is a process of checking and interrogating the respective researchers' coding, categorizing, and theorizing with the goal of ensuring codes and themes remain close to the data (Fassinger, 2005). I used this process to increase the trustworthiness of the data and attend to bias. To address implicit bias, another person on the research team reviewed each team member's codes. When moving from open coding to axial and focused codes, I also used research meetings to allow each team member to discuss their memos as we created axial and focused codes. Through this process, I worked to ensure that we kept codes and themes as close to the data as possible. However, I also acknowledge that because of the racial composition of my team, which was still predominately White, I cannot say for sure that implicit biases did not influence the results.

### **Sampling and Data Collection**

Initially, I attempted to recruit participants using Amazon's Mechanical Turk (Mturk). I created a brief survey that assessed basic demographic information, history of attending counseling, and religiosity. At the end of the survey, I asked participants if they would be interested in completing an interview on African American relationships that would take about an hour, and for which I would compensate them with a \$20 Target gift card. Participants who reported they were interested were given the option to provide an email address and schedule an appointment using a free service (Calendry). I advertised this survey on Mturk as a Human Intelligence Task (HIT) on African American romantic

relationships, and participants self-selected to complete the survey. I compensated participants who completed the HIT for their time with \$0.10. An Institutional Review Board (IRB) approved this protocol prior to implementation.

A total of 150 participants completed the HIT on Mturk. While the survey stated the survey was for African Americans, a significant portion of the responses were not valid because of participants did not identify as African American. Out of those who met inclusion criteria (African American, and in a committed relationship with another African American for at least three years), only one participant completed an interview. Due to the challenges experienced with this recruitment strategy, I revised my IRB application to include social media/email recruitment and snowball sampling.

After receiving IRB approval for this modification, I shared a document using the same language from the HIT advertisement and included a link to the survey with colleagues within and outside of my institution. Colleagues shared with peers, students, and on social media. I also shared the information with a community partner and a financial planning group that primarily serves African Americans. The director of this group shared the study information and link as part of a regular e-mail newsletter sent out clients. Finally, I reached out to the president of the local chapter of Association of Black Psychologists (ABPsi), who also shared the document and survey link. I also asked each participant who completed an interview if they knew anyone else who would be interested in participating at the end of each interview (snowball sampling). Due to the changes outlined above, recruitment took longer than anticipated, with almost five months (July to November 2020) of the project dedicated to recruitment of participants.

Other research has shown recruitment difficulty in trying to reach historically marginalized groups, like African Americans, across disciplines (Otado et al., 2015; Spence & Oltmanns, 2011). Researchers highlight that a significant barrier to recruitment and engagement in the African American community relates to distrust (Otado et al., 2015; Spence & Oltmanns, 2011; Yancu et al., 2012). Researchers often attribute this distrust to the historic abuses and mistreatment of African Americans (Gamble, 1997), but is likely also fueled by ongoing experiences of racism in both the healthcare system and everyday life. Based on this history of distrust, I believed that in-person recruitment would be a best practice, allowing for relationship building and greater clarity regarding the research process. However, because of the COVID-19 pandemic, I had to adapt the recruitment strategy from community-based recruitment and in-person interviews to online recruitment and video/phone interviews. Due to the nature of online recruitment, I did not have the same opportunities for building trust within the community. I can attribute most of the interviews conducted to including a community insider and the outreach efforts of the president of ABPsi. It seems likely that these partners could not only reach participants, but their connection to the study may have helped establish some trust in my study. Other researchers have established the importance of community support when trying to access an African American sample (Otado et al., 2015), and my experience with recruitment during this project suggests it is also important with online recruitment.

### **Participants**

I completed interviews with 11 African Americans who reported being in a relationship for at least three years. Interviews were conducted using a HIPPA compliant

version of Zoom, and participants had the option to complete the interviews by calling in or doing a video chat. The interviews lasted 49 minutes on average. The average relationship length for participants was 7.3 years, with a range of 3 to 30 years. Overall, participants were primarily middle-aged, with an average age of 36.5 year (ages ranged from 24 to 47 years old). Participants were predominately female, 10 identified as such. The sample was also highly educated (eight participants completed at least some grad school) and had a higher income (six participants had annual incomes over \$80,000). Participants reported varying religiosity levels, with three reporting they were not religious, four reporting low levels of religiosity, two reporting moderate levels of religiosity, and two reporting high levels of religiosity. Most participants (nine) also reported having attended some form of counseling before completing the interview. Out of the 11 interviewees, two couples participated, meaning both individuals from the couple completed an interview. Of the two couples, one was heterosexual, and the other was a same-sex relationship. The remaining seven interviews were with individual members of a couple, meaning their partner did not participate. When interviewing couples, I interviewed each individual separately. I assessed for privacy during these interviews using a room scan during video conferencing. For couples, I also asked that they not discuss the interview with their partner until after their partner had completed their interview.

## **Instruments**

### ***Demographics***

To obtain information related to gender, income, race/ethnicity, partners race/ethnicity, relationship status, relationship length, level of education, and history of

counseling, participants completed a brief survey that I created. I selected items for the survey based on research linked to couple help-seeking behavior (Doss et al., 2009; Hubbard & Harris, 2020; Vaterlaus et al., 2015). See Appendix B for a copy of this survey.

Participants were given open-response options to enter their age, gender, and relationship length. For relationship status, participants could select from 8 options (“*Single*”, “*Single, casually dating but not in a relationship*”, “*In a relationship (but it is not exclusive)*”, “*In a relationship (exclusive)*”, “*Living together, but not engaged, married, or divorced*”, “*Engaged*”, “*Married*”, or “*Divorced*”). Only participants who selected “*In a relationship (exclusive)*”, “*Living together, but not engaged, married, or divorced*”, “*Engaged*”, or “*Married*” with a relationship length of three years or longer were contacted about participating in the interview.

Regarding ethnicity, participants were asked “Are you African American?” and given the option of “*Yes*” or “*No*.” Participants who answered “*Yes*” were then asked “Is your partner African American?”, with response options of “*Yes*” or “*No*.” Only participants who responded that both they and their partners were African American were invited to participate in the interview. Participants were also asked to report their household income with six response options (“*Below \$20,000*”, “*\$20,000-\$40,000*”, “*\$40,000-\$60,000*”, “*\$60,000-\$80,000*”, “*\$80,000-\$100,000*” and “*Over \$100,000*”). For education, participants were asked to report on their highest level of education, with 10 response options ranging from “*no high school*” to “*doctorate*.” Finally, participants were asked if they had ever seen a psychologist, counselor, or marriage counselor with four response options: “*Yes*”, “*No*”, “*Not sure*”, and “*I do not want to answer*”.

## ***Religiosity***

Religiosity was assessed in the demographic survey that I created based on the organizational religiosity sub-scale from a multidimensional measure of religiosity (Levin et al., 1995). This measure contains three questions (“*How often do you usually attend religious services?*”, “*How many church-sponsored groups, clubs, or organizations do you belong to or participate in?*”, and “*Besides regular services, how often do you take part in other activities at your place of worship?*”). Response options were on a 1 to 5 Likert scale, where a higher response was associated with greater endorsement of the item. During the interview, I also asked participants a follow-up question: “*How religious would you say you are?*” to identify subjective religiosity.

## ***Interview Questions***

Using a grounded theory informed approach, I started my interview protocol with a broader question that asked participants what they would do if they noticed an issue or problem in their relationship. Afterward, I asked follow-up questions about seeking help from sources outside their relationship, and what unique barriers they face seeking such help as African Americans. Based on participants’ responses to these initial questions, I asked follow-up questions based on existing literature. The initial questions and follow-up questions are outlined in Appendix C.

## ***Analysis***

### ***Open Coding***

Line-by-line coding is the first step of coding in grounded theory (Charmaz, 2006). This coding is focused on participants’ language at the line level (Glaser, 1978). In this study, I used a qualitative coding software Nvivo (Release 1.4). My undergraduate

research team and I created individual codes for each line of data. Each line of data received at least one code, with some lines having multiple codes depending on the content. Team members coded two to three transcripts and then engaged in peer-debriefing. After everyone coded and debriefed, I created a master list of all the codes across all the transcripts in Excel. The research team then met to discuss all the codes and memos created during the coding process.

### ***Focused and Axial Coding***

Focused codes are more selected and conceptual (Glaser, 1978). These codes help the researchers sift through data. The goal with focused codes is to create codes that encompass the entirety of the data (Charmez, 2006). One way I organized my focused codes was by listing them all in an Excel document and using clustering (Charmaz, 2006). Clustering helped us conceptualize how the codes fit together as themes. As the themes emerged, the research team discussed what made them distinct. Finally, the research team explored key components of the categories and started developing axial codes. Axial codes specify the properties and dimensions of categories (Charmez, 2006). See Figure 2 for a visual representation of axial codes. These axial codes are preliminary, as I could not explore themes with additional participants to gain clarity about them. More interviews would need to be conducted to ensure conceptual precision and build the findings out to the level of theory.

### ***Saturation and Trustworthiness***

Saturation and trustworthiness are interconnected concepts that emerge from grounded theory (Charmaz, 2005). Research has suggested that trustworthiness can be judged by how researchers use evidence from interviews to support their main points

(Gee, 2005). Some believe that saturation shows the trustworthiness of the coding (Damschroder et al., 2007), while others state saturation is directly connected to how codes are created, so it may not be an independent measure (Saunders et al., 2018). I align with the idea that trustworthiness reflects saturation and reflects the rigor/process used to code my data.

Saturation is met when gathering fresh data no longer sparks new theoretical insights (Charmaz, 2005). Ideally, I would have used theoretical sampling so that I continued with interviews to explore emerging themes, continuing until no new theoretical insights were going to be gained. This would have allowed us to raise themes to an abstract level while still preserving their connectedness to the data (Charmaz, 2006). Due to limitations in recruitment, I focused on assessing saturation by ensuring that themes had sufficient depth (code frequency) and by outlining my process in detail so that others could track my code process and category development. Clearly, the small sample size impacted my ability to achieve total saturation of themes from the data. This limitation will be discussed later in the paper.

## **Results**

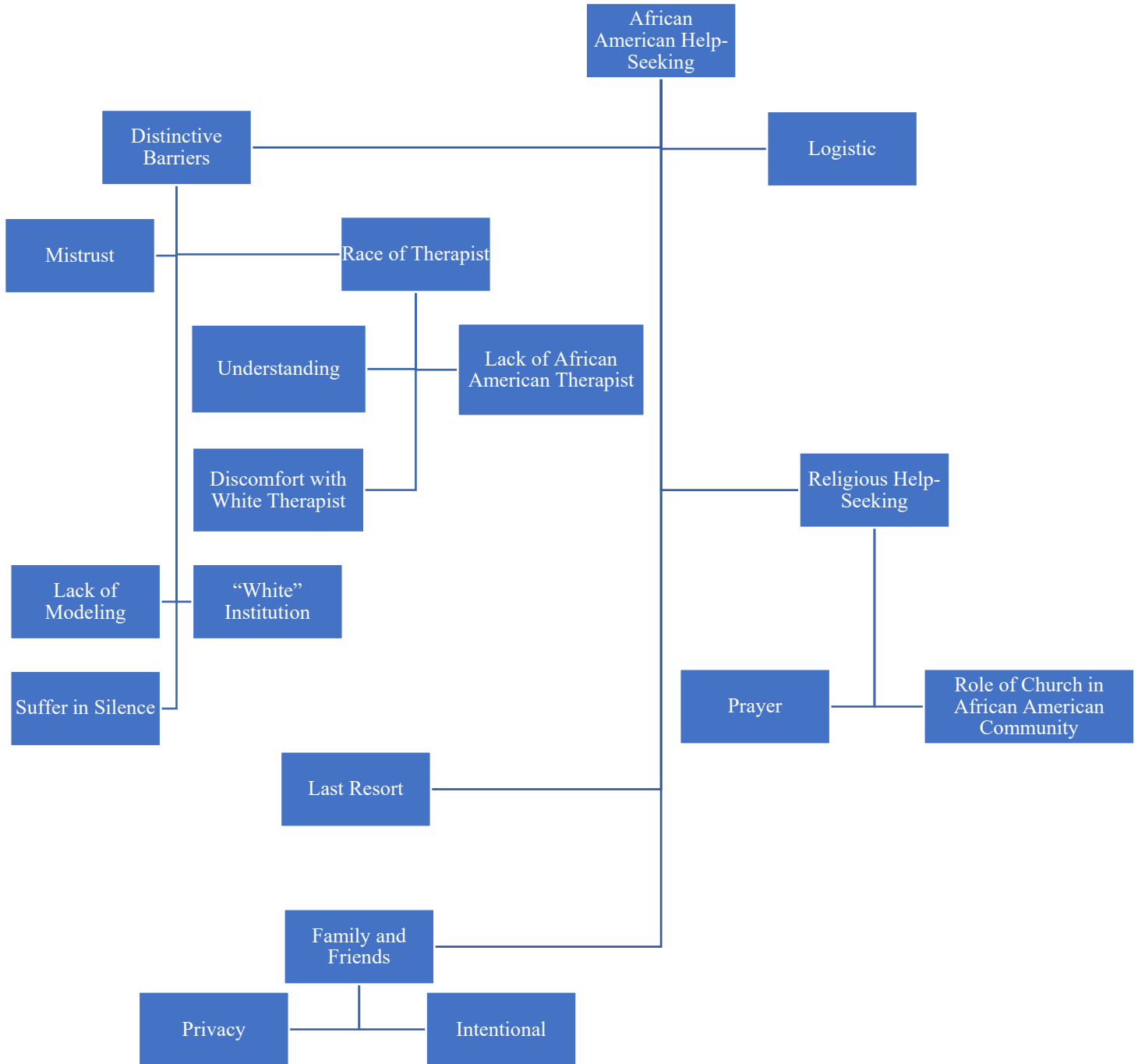
Five key themes emerged around African American couple help-seeking. These themes include barriers distinctive to African American couple help-seeking, logistic barriers, therapy as a last resort, religious help-seeking, and turning to friends and family. Distinctive barriers highlight barriers that are not seen in the broader couple help-seeking literature. However, it is important to note that systemic oppression and racism are still likely showing up in the ways that African Americans experience the other barriers

(logistic, therapist as a last resort, religious help-seeking, and turning to friends and family).

A visualization of themes and sub-themes was created (see Figure 2) in place of a theoretical model. This was done as I did not have the interviews required to take the findings any further and create a theoretical model of African American couple help-seeking. In this visual, African American couple help-seeking encompasses all the themes. There are branches for each of the five main themes outlined above. These themes all represent components of African American couple help-seeking that were present in the interviews. Sub-themes represent distinct aspects of the theme. Logistic barriers and therapy as a last resort are the only two themes that do not have sub-themes branching out from them. One sub-theme (Race of Therapist) has additional components within it.

**Figure 2.**

*Visualization of Primary Themes and Sub-Themes.*



## **Barriers Distinctive to African American Couple Help-Seeking**

### ***Mistrust***

An important barrier to seeking professional resources was mistrust. Participants reported a lack of trust related to couple therapy. Some participants explicitly mentioned the Tuskegee experiments and the negative impacts these have had on African Americans' trust. When asked about why she or other African Americans did not seek couple therapy, Louise, who was 39 and married for 10 years, said:

Gosh, man. That's a good question. Um, that is a really good question. I don't know why we don't. I could guess... I could speculate and say, maybe when historically when we've gone to people...how we've been burned. We can't trust everybody and I'm not referencing therapy with that; I'm referencing, like, the Tuskegee experiment.

More generally, participants discussed that therapy involved a lot of upfront trust. It is possible these two ideas are connected, i.e., that there is a historic mistrust of professionals (include couple therapists) and the therapeutic process requires a certain level of trust from the start.

### ***Lack of Modeling***

Outside of mistrust of therapy, participants reported that they did not see others seeking couple therapy. Participants reported on the significant impact of not seeing elders or peers engaging in couple therapy. Kathy, a married 46-year-old woman stated, "You know, like when I think about my parents. They never went to therapy, and they had a lot of issues, but they stayed married, and you know they would just pray about it."

Participants reported that not only were relationship problems not talked about, but that if they were present, couple therapy was not a resource they thought to seek. Louise stated,

Like, I know in Black households like even my parents like .... I mean my parents never really had problems that I could see in their marriage, but Black people that do have problems, like the older ones, they did not seek stuff [couple therapy] like that.

Not only did participants not see others engaging in couple therapy, but some also reported a lack of modeling of healthy relationships. When asked about unique barriers for African Americans, Collette, a 39-year-old that has been married six years, stated, “What’s unique is that I don’t really know anybody that’s married, and the people that I knew they were married, they got divorced. I don’t know if they sought therapy.”

### *Suffer in Silence*

Suffering in silence was a theme that emerged from participants reporting that they expected to struggle. Part of that expectation was that the struggle was private and not to be talked about with others. Julie, a 33-year-old who has been married for seven years, said, “for Black people we have this, there’s this thing like I don’t need anybody’s help with my with my lives, except you know we struggle.” Crystal, a 33-year-old who has been married for seven years, shared a similar idea related to individual help-seeking when speaking of a friend who suffered a loss. She said,

Well, you know, I think she’s suffering in silence. I said she needs to go to therapy, and she [friend] said yeah, but you know Black people, we don’t go to therapy.

Connected to this idea, Dan, a 31-year-old who was married for three years said, “I think it shows up in them not doing it [seek couple therapy] or keeping it within the family.” He went on to speak about how some African American couples stay married, even if unhappy, to provide a two-parent household for their children.

### ***Therapy is a “White” Institution***

Participants did not explicitly state that racism was a barrier to couple therapy; they did not report concerns about experiencing racism, or their experiences with racism as barriers to seeking help. However, several participants stated that couple therapy and therapy more broadly was a “White” institution or for White people. Kathy shared, that “[Couple therapy] is... something White people do, it [couple therapy] is not for Black people when they have relationship issues.” Crystal shared a similar sentiment: “In my opinion people believe that you only seek it [couple therapy] when something is wrong, and it is only for crazy people or only quote unquote something white people do.”

A challenge in understanding the role of racism in the help-seeking process is giving language to experiences. Several participants asked for a minute to think about this question before responding. When I asked Collette how racism impacted their help-seeking process, they said: “Racism is so sneaky and is so intertwined with everything in being a Black person.” When Jamie, a 46-year-old that has been married for 29 years was asked the same question, she replied,

If you’ve been in America for you know most of your adult life racism is just what it is. So while I think it may touch your life, I don’t think it is as salient, because it’s always there, there is always the underlying current of racism.

Participants knew racism was showing up but could not name how it impacted the help-seeking process or did not think it was significant in the help-seeking process. There are likely more ways that racism is showing up in the African American help-seeking process that are difficult to articulate.

### ***Race of Therapist***

When talking about seeking professional resources, including couple therapy, participants were consistent in their preference for a Black therapist. Often this preference seemed link to both a distrust of White therapists and a feeling that there would be greater understanding with a Black therapist.

**Understanding.** A significant reason reported for wanting an African American therapist was that they could understand the participant more easily. Participants reported it was important to have a shared understanding, especially related to race and experiences of racism. Audrey, a 35-year-old who has been with her partner for five years, expressed this sentiment in stating, “I feel as though somebody of my culture can identify with some things that I’m going through, you know, raising African American children . . . I think, but I think it’s more beneficial.” Other participants talked about how there is less they have to explain if the therapist is African American, with another saying that an African American therapist could speak the same language. Nicole, a 27-year-old married for three years, said it was even more basic, that “sometimes when you go to therapy you want someone that looks like you.” Throughout these examples, it was clear participants found value in having a Black therapist.

**Lack of African American Therapists.** While participants reported a desire for an African American therapist, they also reported that it was difficult to find one. A

participant who was currently in couple therapy reported that she had to do a lot of work to find an African American couple therapist. Along a similar line, Louise stated, “It’s challenging I’m guessing to find a therapist that is Black, and kind of someone you can really feel like can understand some of those shared experiences.” While another participant who was going to school to be a therapist reported that part of her desire to become one is because of the lack of African American therapists in her area. Difficulty finding an African American therapist appears to be a barrier that runs parallel to the desire for an African American therapist.

**Discomfort with White Therapists.** Another component of this theme is discomfort/ mistrust of White therapists. At times, participants’ discomfort was fueled by others’ experiences in therapy, with one participant talking about a friend’s negative experience with individual mental health care. Part of the discomfort seems connected to a lack of understanding; Dan highlighted this idea in saying this about his feelings about White therapists: “I’m not here to give you a degree in my version of ‘Black’.” Similarly, Crystal reported concerns about being judged by a White therapist, saying, “They [Black therapists] are not going to look at me funny, versus somebody who is White who might have this preconception about me when they see me.” A more intense version of that mistrust was evident from Mary, a 27-year-old who has been with her partner for three years: “White people don’t even like Black people and then you want me to go and talk to somebody. You want me to talk to a White woman or a White man about my relationship and they don’t give a fuck about us.” The discomfort and mistrust of White therapists seems to be a common barrier to engaging in couple therapy.

***Relationship Offers Support for Coping with Racism***

While not specifically related to couple help-seeking, another theme emerged that is still important to note. During the interviews, participants were asked how racism impacted their decision to seek couple therapy. Often when responding to this question, participants disclosed incidences of racism that they experienced in their day-to-day lives. When this occurred, they often reported that their partners were significant sources of support in coping with those experiences. Louise described an experience where her husband was walking down the street and a White woman clutched her bag when walking past him. After telling the story she stated,

I don't understand . . . I've never done anything to these people . . . I don't even know these people and stuff like that, so . . . that plays a role I think in black relationships. Where husbands and wives may deal with issues outside the marriage and they're able to confide in each other about them . . . about hurt and things like that [racism] that happen.

The interviewer then asked for clarity around what happens next when the participant and her husband talk about these incidents. The participant reported, "I think it's his way of decreasing tensions . . . because it actually . . . it's making me cry now, but it hurts him [starts to cry]." In this example and other examples, romantic partners were a significant source of support in coping with experiences of racism.

### **Logistic Barriers**

When asked about experiences with or perceptions of couple therapy, participants reported various logistic barriers. Logistic barriers had to do with practical or tangible concerns (e.g., scheduling issues). Participants most frequently reported cost as a barrier. Some participants referenced this in relation to insurance, specifically a lack of insurance

coverage for couple therapy. Louise had sought couple therapy through her Employee Assistance Program (EAP); she said the following when asked why she felt other African Americans she knew might not seek help:

The only thing that I probably can think of is like financial reasons. I mean we were able to go because of the insurance I had at my job. We probably would not have gone if I had to pay out of pocket because I would think it was expensive and I couldn't afford it.

Nicole was in the process of becoming a therapist (LICSW), and when asked what drove her to become a therapist, she reported that in her previous work she was often trying to connect African American clients with therapy – but that logistic barriers, including cost, transportation, and therapist availability often kept clients from following through. She said,

I would see a lot of the therapists or the mental health specialists or whatever they were, they weren't in the area where the parent was and I knew that transportation was a barrier and then in addition to that, if they did have it [therapist] in the area. It was like, all, "Well, I can't take anyone until like next year." Like, it was almost like it was just so like their case load was so full.

Crystal was currently attending couple therapy, and she talked about the difficulty in scheduling appointments because of her commute. She described how switching to telehealth due to the COVID-19 pandemic had made attending couple therapy easier.

### **Last Resort**

Many participants reported that they viewed couple therapy as a helpful resource for those who needed it. These participants also reported that seeking couple therapy would be a last resort or take a high level of distress. Collette described her previous experience with couple therapy being brought up:

I used to be married. I was, I was married once, and I was in a very long-term relationship after my marriage. Both times it wasn't until the relationship was ending that therapy was even brought up.

When asked why she thought others sought couple therapy, Anna, a 46-year-old who had been married for three years, said, "Well, I guess, I assume most of the time people seek counseling, like they don't want to get divorced, for things that are really bad." When asked what it would take to seek help, Nicole said, "Like if we start to get to a really bad place, if it is like I want out or like he wants out of just the whole relationship." While many participants noted couple therapy as a helpful resource, they also reported that it would take a significant threat to their relationship to seek these services out.

### **Turning to Family and Friends**

Almost every participant referenced the role of family and friends in their help-seeking process. Who participants sought help from among their family and friends also appeared to be an intentional process – seeking help from some and not others. Another concept connected to friends and family that came up in just a few interviews was that of caretaking. One participant referenced how it was expected to care for family members when physically unwell. It is possible this caretaking culture extended to mental and relational health. Future research should explore how a culture of caretaking may both

create stress on couples (having to care for family) while also acting as a resource (family caring for them).

***Intentional.*** A variety of factors were related to who people sought help from. However, the common factor was that confidants were intentionally chosen. Jamie, who is highly religious, reported that they intentionally sought people who shared similar religious values, stating “they’re going to give us probably Godly counsel.” Several participants highlighted the importance of having shared experiences; Crystal said,

I have this belief that a person cannot coach me. They cannot tell me something and expect me to listen to it, if they have not experienced it and they have not passed it. Basically, if you haven’t done it, you can’t tell me about it.

Participants also reported intentionally seeking friends over a family member because they viewed their friends as less judgmental. Having a long history with friends was also reported as a reason for seeking that person out. This was often linked to having a high level of trust in this person. Trust seems like it might be a significant part of this intentionality, with people seeking people they trust, or who they trust can help them.

### ***Privacy***

Participants often reported concerns about privacy, in particular when seeking help from friends and family. When asked why she did not talk to friends or family about issues in her relationship Louise said, “I mean personally I don’t like sharing a lot of information about myself, so I don’t get close to very many people even when I go to work. I try not to share.” In a similar vein, Dan said,

You have definitely got Black folks arguing, cheating on each other, fighting, but not going to therapy. It’s not something that we see and then

because it is a private thing. It is not something that a lot of folks talk about.

The desire for privacy appears intentional and functional. Participants reported keeping relationship issues private from family and friends because they might hold a grudge against their partner. As Anna said, “So, like, when I’m not mad at him anymore, the family still mad.” It is possible that privacy is also connected to the theme of suffering in silence. However, more interviews are needed to determine if privacy is more closely aligned with suffering in silence or seeking help from friends and family.

### **Religious Help-Seeking**

My sample had participants who were at a variety of religious levels.

Interestingly, even those participants who were not religious reported they felt religious resources were important (if not for them, then for other African American couples). Multiple participants discussed the importance of being involved in their religious communities. They described church as both a spiritual and social resource. Anna reported that her religious community provided a social outlet and relational resource:

They have a lot of different resources in my community with the different churches. They would have singles’ night. They would have couples’ night. Things like that where you just, like, go. So, you just go and mingle; wasn’t a Bible study . . . Just so you, it forces you to kind of spend time [and] unwind from the hard week.

Some participants’ engagement with their church involved seeking help for their relationship from their pastor or religious leader. Dan was very involved in his church and stated that, “I talked to my pastor on a regular basis.” Participants also reported

seeking pastors not only for current problems, but also for pre-marital counseling. Crystal said, “I know before we got married, we were both on the same page about going to our pastor for marriage counseling.” Involvement in their religious community seems to connect participants with resources like pastors, as well as community members who share their values.

### ***Prayer***

One of the most cited religious tools used when seeking help for relationship problems was prayer. Prayer was often used as a way for couples to connect. Anna explained how they used prayer, “I think because we pray and read together, I find strength in that and like I said there has a way of life just drawing you and connecting you.” Other couples talked about using prayer to resolve conflict; Jamie said, “We pray for one another. And it’s really hard to be upset with somebody that you’re praying for.” Prayer appears to be a meaningful way for some African American couples to address problems in their relationships.

**God.** This theme did not meet saturation but is important to mention because of its connection to prayer. Participants who mentioned God reported the important role He played in their relationship. Anna said, “You seek God for your problems, or whatever, you turn to God and He has the answers, and He can do anything.” Like prayer, participants reported that their belief in God was another way to for them to connect. Both prayer and God seem to be resources that promote connection and problem solving for African American couples.

### ***Role of the Church in the African American Community***

Participants also reported that the Black Church was significant within the African American community. Participants who were not religious still reported an awareness of the significant role the church played in their community. Jamie said, “We go to church and whenever there’s a problem.” Anna echoed this:

You seek God for your problems or whatever, you turn to God and He has the answers, and He can do anything. And so, we were taught that from a very young age. And so, I think that a lot of times be reliant on that, as opposed to counseling, I think it has more to do with cultural diversity and cultural traditions, as opposed to anything else, and maybe because culturally we’ve been raised in those and around those types of practices and traditions.

It is not only individual faith; it seems to also be tied to culture. When explaining her thoughts on low engagement, Nicole said, “They grew up in a home where they’re, like, you better, like, go pray, or you know we can just schedule a meeting with the pastor.” It seems that the church plays a significant role in the African American community, and by proxy impacts African Americans’ views about what resources to seek for relational problems.

## **Additional Findings**

### ***Positive Experiences with Therapy***

Participants who had attended couple therapy were asked a series of questions about their experience (see Appendix C for questions). In this sample, most participants had experience with the mental health system, and several had attended couple therapy previously. Participants who had engaged with couple therapy reported that they felt it was helpful, overall, and that they learned new skills through it. Most often participants

reported enjoying having a neutral third party. Louise stated, “I actually like going because it’s a way for you to talk about your problems with a person that really doesn’t know anything about either one of you.” It is important to note that even though there is mistrust and apprehension about couple therapy, the participants from this study reported positive experiences with couple therapy.

### ***Other African Americans Experiences with Therapy***

This is a sub-theme that did not meet saturation, and thereby necessitates further investigation. It was specifically about how other African Americans’ experiences with professional resources impacted participants’ perceptions of couple therapy. Two participants reported on how others’ experiences with therapy informed their own views of therapy. One spoke about how her son was seeing a White therapist; during a session her son used the n-word and the therapist repeated the word. She stated while it had not been okay with her; it did not significantly affect her view of therapy. However, her husband had been more upset about it, and she reported it negatively affected his view of therapy. Another participant told the story of a friend who sought help to cope with a recent experience of discrimination, and how his White therapist froze when he cried in session. Given these stories, it is possible that further interviews would yield more data on this topic.

### ***Digital Resources and Books***

When asked about informal resources such as online resources or blogs, the most significant findings were the lack of findings. Participants often reported not engaging in these resources, or passively engaging in them (e.g., being gifted a book, but not reading it). While some participants reported following certain social media accounts, watching

documentaries, or reading books, they then also reported not finding these resources particularly helpful. When asked about these informal resources, Julie stated, “I looked up some blogs, but none that were really concrete or really helpful . . . just googling things.” The lack of findings around engagement with online resources and books seems telling; more research is needed.

### **Discussion**

This study expands upon the limited literature on African American couple help-seeking (Vaterlaus et al., 2015). Findings confirm previous results and provide new data related to African American couples’ help-seeking processes. A key take-away is that African American couples are facing unique barriers to seeking formal sources of support and help.

Several of the themes found are likely related to the legacy of slavery, ongoing structural racism, and everyday experiences of discrimination. One way racism presented itself was in the participants’ views that couple therapy is a White institution. A variety of factors could be contributing to this view from cultural beliefs and faith. However, another important reason for viewing couple therapy as a White institution could be feelings of mistrust. Mistrust was a significant theme in the findings, which is consistent with the single study on African American couple help-seeking (Vaterlaus et al., 2015) and broader literature around mistrust and African American help-seeking (Tambling et al., 2021). Based on this literature and the reports of participants described herein, couple therapy appears to be viewed as a White institution and, by proxy, a mistrusted one.

Results also suggest a discomfort and mistrust of White therapists, specifically. Participants reported feelings ranging from disconnection to outright distrust related to

talking to a White therapist. These findings are consistent with the individual mental health literature (Thompson et al., 1994). African Americans who reported higher levels of distrust were less willing to disclose to a White therapist (Thompson et al., 1994). In the individual mental health literature, mistrust of White therapists contributed to underutilization of services by African Americans (Townes et al., 2009). It may be helpful for future researchers to clarify if it is larger mistrust of the system, or a specific mistrust of White therapists, that is fueling lower engagement among African American couples.

Mistrust of couple therapy may also be part of what fuels a lack of modeling. Participants in the study reported not seeing family or friends seek couple therapy, and this impacted their own views of couple therapy. These observations about a lack of African Americans' engagement are consistent with the literature on African American couple help-seeking (Dixon, 2009). Use of couple therapy does not seem to be seen or talked about in the African American community. Rather than passing down a use of formal resources, religious coping skills such as prayer are passed down through the generations (Allen et al., 2010). It is possible that historic abuses and mistreatment fueled an aversion to formalized resources, such as couple therapy, and strengthened African Americans' religious help-seeking.

Results of this study also suggest there may be an expectation for African Americans to suffer in silence. Given the gender breakdown of my sample, this idea may relate to the race-gender schema of the "Strong Black Woman." This schema promotes strength, self-reliance, and self-silencing during stress (Watson & Hunter 2015). It is critical for researchers and clinicians to be cognizant of this schema, given that this way

of coping increases African American women's risk of psychological distress (Watson & Hunter, 2015). These findings could also be significant as the broader couple help-seeking literature shows that women primarily drive help-seeking behavior (Hubbard & Harris, 2020); if African American women strongly endorse the schema of strong Black women, they may be less likely to initiate couple help-seeking. Future researchers should continue to explore how suffering in silence is related to this schema, especially as it has yet to be investigated in relation to couple help-seeking.

Participants in this study also reported beliefs that couple therapy was a last resort. Research shows that the idea of couple therapy as a last resort is not unique to African Americans (Walcott, 1986). However, there may be unique cultural factors that make it a last resort for African American couples. For instance, in the individual mental health literature, seeking help for depression is often viewed as a last resort option (Nicolaidis et al., 2010; O'Conner et al. 2010). Mistreatment by the system (Savitt, 1982) and mistrust of the mental health care system (Thompson et al., 1994) may fuel the idea that seeking couple therapy is a last resort. It may also be related to the idea of seeking religious assistance as a first option (Allen et al., 2010). The idea of couple therapy as a last resort may also be something for clinicians to think about when working with African American couples, as these findings suggest that a higher level of distress must be present before these couples seek services. To have more precise recommendations for clinicians, more research needs to be done on this topic. Future research should thereby explore what fuels the belief that couple therapy is a last resort, identifying if it presents in a unique in different ethnic groups.

The legacy of discrimination and systemic racism related to education has also impacted African American couple help-seeking. Participants reported the desire for an African American therapist, along with a lack of African American couple therapists, as barriers to seeking services. This is likely related to the fact that African Americans have one of the lowest retentions and degree completion rates (Johnson-Ahorlu, 2013) among all racial groups. Previous racist policies within the education system contributed to disparities in college graduation rates for African Americans (Palmer & Maramba, 2011). Disparities in college education are significant as couple and family therapy and other counseling careers all require graduate degrees. Thus, lower graduation rates for African Americans (Johnson-Ahorlu, 2013) are probably contributing to lower enrollments/graduations of African Americans from graduate programs. These disparities contribute to the fact that larger counseling disciplines (e.g., psychology, social work) and the field of couple and family therapy are still predominately White (Erolin & Wieling, 2020).

Many participants reported they felt an African American therapist could understand them more easily. This suggests a lack of understanding by therapists of other races. This concern was also reported by participants in Vaterlaus et al. (2015) in relation to both informal and formal help-seeking. The importance of cultural understanding has also been reported in the individual literature, too (Thompson et al., 2004). A belief that someone has shared experiences and understanding of what it means to be African American matters in the couple help-seeking process. Future scholars may want to explore the role of cultural understanding for African American clients in couple therapy.

It would be helpful to identify if greater cultural understanding improves outcomes and if that cultural understanding varies by the ethnicity of the therapist.

On top of the barriers outlined above, African Americans also experience logistic barriers. Multiple participants reported concerns about cost or having insurance cover couple therapy. The broader couple help-seeking literature shows cost as a barrier (Hubbard & Harris, 2020). However, cost and insurance may also represent a unique barrier for African Americans. Researchers have found there is a significant wealth gap between African Americans and Whites (Herring & Henderson, 2016), which may increase the likelihood of cost being a barrier. African Americans are also less likely to have insurance than other ethnic groups (Kaiser Family Foundation, 2020). Lack of insurance further amplifies cost, as they would have to pay out of pocket for services. Even for those who have insurance, they have to find a therapist who takes it. This may be more challenging for African Americans, as they are more likely to be on Medicaid than other groups (Kaiser Family Foundation, 2013), which is accepted by fewer providers (Chen & Rizzo, 2010). Lack of insurance and cost may be uniquely showing up in this way for African American couples.

This study looked at African American help-seeking overall, including not only formal help-seeking, but also exploring informal and religious help-seeking. Most participants reported seeking help from a friend or family member for issues in their relationship. These findings are consistent with recent research showing that most African Americans are talking to friends and family about problems in their relationships (Yeager & Doherty, 2021). This is significant, as there are programs (e.g., Marital First Responders; Lind Seal et al., 2016) to support confidants such as friends and family.

MRF's program was adapted to better serve the African American community and is effective (Yeager & Doherty, 2021). This is significant as it offers a less formalized entry point for African American couples to seek relationship help.

When participants sought family and friends, they were also intentional in who they sought. Participants reported seeking people who were not judgmental or had similar values/experiences. These findings are consistent with what Vaterlaus et al. (2015) found in their study on African American couple help-seeking. Being intentional is also likely related to seeking people they believe will be helpful. One study found that being a good listener and understanding are two of the most helpful responses when seeking help from family and friends (Lind Seal et al, 2016). It is possible that due to mistrust that African Americans commonly feel, they will get greater understanding from friends and family.

While participants sought friends and family, they were also intentional in who they did not seek help from. For instance, some people reported seeking one specific friend or family member but keeping relationship problems private from everyone else. The idea of privacy is consistent with the findings by Vaterlaus et al. (2015). This level of intentionality and focus on privacy may be tied to historic oppression and the fear that seeking help will end up making things worse (Murry et al., 2011). General mistrust, mistrust of White therapists (Townes et al., 2009), and a desire for understanding (Vaterlaus et al., 2015) may fuel African American couple help-seeking from friends and family members.

Findings from this study support the significant role of religion and religious help-seeking for African American couples. These findings are consistent with larger literature (Allen et al., 2010; Neighbors et al. 1998). The Black Church is significant beyond

religious reasons, providing important social outlets (Chaney, 2008). Participants in this study reported that the Church provided opportunities to connect with their partner through church activities. Chaney (2008) found that African Americans reported a variety of positive benefits to church engagement outside of faith and fellowship. The Black Church is a significant part of African Americans' social lives (Allen et al., 2010). It is possible that these social aspects of religious communities' help strengthen romantic relationships. It is also likely that being more socially involved in religious organizations provides greater opportunities to engage in help-seeking from religious leaders or other members of the religious community.

Consistent with the broader literature, pastors were an important resource for couples. A study by Mattis et al. (2007) found that African Americans most often sought help from pastors for relationship counseling (premarital counseling, divorce, relationship guidance), but avoided seeking problems for marital conflict (adultery or marital disputes). I did not ask participants about which problems they sought or did not seek help for via pastoral counseling. However, one participant reported seeking help from a different pastor due to concerns about how their primary pastor would see them. It would be helpful for future researchers to explore these decision-making processes – clarifying how, when, and what African Americans seek relational help from their pastors.

An interesting finding related to religious help-seeking was the important role of prayer. Participants discussed using prayer as a way to connect with their partner, strengthen their relationship, and as a way of solving relationship problems. Vaterlaus et al. (2015) also found that prayer was a common form of African American couple help-seeking. Using prayer may be related to the cultural idea of a “prayer warrior,” which

emphasizes the importance of dedicated prayer during times of stress (Costen, 1993). Prayer is one of the primary ways used to relieve pain and suffering in the Black Church (Allen et al., 2010). Given these findings, it is not surprising that culturally relevant relationship education programs include prayer, and that participants report high satisfaction with those programs (Mikle & Gilbert, 2019). Given these findings and the broader literature, it may be helpful for researchers to learn more about the possible mechanisms for prayer as a tool for coping with relationship issues – especially in the African American community. Understanding if prayer is a means of connection (to the partner or a Deity), or if it helps people to self-regulate, could have meaningful clinical applications for both individual and couple therapists.

### **Clinical Implications**

There are two significant clinical implications based on these results. One is the importance of cultural awareness in White therapists; the second is the importance of religious resources. Participants reported feelings of mistrust and concerns that White therapists would not be understand them. These findings are consistent with findings from Awosan et al. (2011). Ensuring that White therapists have training related to working with African American couples may help to reduce these concerns. In a therapeutic relationship, White therapists hold layers of power; they hold power in their role as a therapist and they hold power as a White person. Hardy and Laszloffy (2002) recommend that the person with the most power carries the greatest responsibility in the relationship. Due to this, African American clients may want their therapist to take the first step in bringing up race and discrimination (Sue et al., 2019). This is consistent with recommendations from Bean et al. (2002), who also recommend that therapists address

concerns about having a White therapist and ask about how issues of racism affect clients' lives. More recent research has highlighted the importance of White therapists getting uncomfortable as they confront their own racism (Comb, 2019). Another study stated the importance of White therapists learning the implications (historical and contemporary) of being White, both as an individual and as a therapist (Baima & Sude, 2020).

Religious resources are another area for potential clinical intervention. Vaterlaus et al. (2016) found that African American couples would be more likely to seek couple counseling if they thought that the counselor shared their religious values. Bean et al. (2002) included involving/consulting with religious leaders and using religious materials in their recommendations for working with African American clients. Clinicians could also consider how to use prayer in their work with African Americans. Religious communities are often a source of support in the African American community (Allen et al., 2010; Mattis et al. 2007; Taylor et al. 2000). More research is needed to clarify best practices in using religious resources as part of secular couple therapy.

Another clinical implication that should be explored is the role of relationship education. Previous research has found that pre-marital counseling can have a positive priming effect, increasing the likelihood of seeking couple therapy later (Williamson et al., 2014). Additionally, new online interventions provide equal benefits to couples across ethnicities (Georgia et al., 2018). Recent research has also found no difference in retention rates by ethnicity (Bulling et al., 2020). It is possible that relationship education may be a formal resource that African American couples are willing to engage in. Future research should assess whether this could be helpful, especially in light of other research

that suggests online relationship programs could be integrated into couple therapy as a first step or be used to reduce its duration (Le et al., 2021). It is possible this integrated approach might also help be more appealing to African American couples, but more research is needed.

### **Limitations**

The findings from this study are important and expand the current knowledge about African American couple help-seeking, but they are not without limitations. One of the main limitations of this study is that more interviews were needed to ensure that conceptual precision of the themes was found. The transition from community to online recruitment had a significant impact on study enrollment. It could be that mistrust of the institution (research/mental health), layered with other factors such as my positionality as a White woman, further suppressed participation. Difficulty in recruitment limited my ability to engage in true grounded theory, as it is an iterative process that requires additional interviews to clarify themes (Charmaz, 2006). These findings need to be taken in the context that I could not do additional interviews to clarify themes.

While this study intended to sample for participants who attended couple therapy and had not attended, I ended up with a significant portion of the sample having attended couple therapy before. Almost everyone in the study had attended individual therapy (if not couple therapy). Due to this, results are more representative of African Americans who already have some willingness to engage with couple help-seeking. Future research should focus on understanding the perceptions of couple therapy from African American couples who have not attended either individual or couple therapy.

Finally, this study does not fully capture the diversity within the African American community. When considering intersectionality, other factors such as income, education, gender identity, sexual identity, or location (rural/urban) could create unique differences in how African American couples seek help. It is also important to consider immigrants and refugees, and they can experience discrimination/racism like African Americans – but who may have other cultural barriers that keep them from seeking couple therapy. Future research should attempt to address the role(s) that these different identities and factors may have on African American couple help-seeking.

### **Conclusion**

African Americans are experiencing unique barriers when they seek formal resources for their relationships. It is important that the field of couple and family therapy consider how it can address issues related to mistrust. African American couples seem to use informal and religious resources in lieu of formal resources. More information is needed to clarify the role of these resources and if couple and family therapists can support or partner with them. While this study contributes to extant literature about African American couple help-seeking, more research is needed to clarify and expand upon current findings.

## **Project Conclusion**

Findings from these two studies provide important insights regarding African American couple help-seeking. Both investigations highlight the important role that religion plays for African American couples. Results suggest that exploring this may be helpful to expand the current knowledge about how couple therapy can responsibly partner with religious resources. Data from this project also show that structural and systemic racism impact African American couples' help-seeking processes. The quantitative results linked discrimination to greater informal help-seeking, and participants in the qualitative study verified the important role of friends and family in supporting their relationships. Given that literature on African American couple help-seeking is still quite limited, there are still more questions than answers. While there are limitations to the new findings presented here, they meaningfully contribute to literature and offer valuable next steps across both research and clinical arenas.

## References

- Allen, A. J., Davey, M. P., & Davey, A. (2010). Being examples to the flock: The role of church leaders and African American families seeking mental health care services. *Contemporary Family Therapy*, 32(2), 117-134.  
<https://doi.org/10.1007/s10591-009-9108-4>
- Aten, J. D., Topping, S., Denney, R. M., & Bayne, T. G. (2010). Collaborating with African American churches to overcome minority disaster mental health disparities: What mental health professionals can learn from Hurricane Katrina. *Professional Psychology: Research and Practice*, 41(2), 167-173.  
<https://doi.org/10.1037/a0018116>
- Awosan, C. I., Sandberg, J. G., & Hall, C. A. (2011). Understanding the experience of Black clients in marriage and family therapy. *Journal of Marital and Family Therapy*, 37(2), 153-168. <https://doi.org/10.1111/j.1752-0606.2009.00166.x>
- Ayalon, L., & Young, M. A. (2005). Racial group differences in help-seeking behaviors. *Journal of Social Psychology*, 145(4), 391-404.  
<https://doi.org/10.3200/socp.145.4.391-404>
- Bean, R. A., Perry, B. J., & Bedell, T. M. (2002). Developing culturally competent marriage and family therapists: Treatment guidelines for non-African-American therapists working with African-American families. *Journal of Marital and Family Therapy*, 28(2), 153-164. <https://doi.org/10.1111/j.1752-0606.2002.tb00353.x>
- Bell-Tolliver, L., & Wilkerson, P. (2011). The use of spirituality and kinship as contributors to successful therapy outcomes with African American

families. *Journal of Religion & Spirituality in Social Work*, 30(1), 48-70.

<https://doi.org/10.1080/15426432.2011.542723>

Baima, T., & Sude, M. E. (2020). What white mental health professionals need to understand about whiteness: A Delphi study. *Journal of Marital and Family Therapy*, 46(1), 62-80. <https://doi.org/10.1111/jmft.12385>

Boyd-Franklin, N., & Franklin, A. J. (1998). African American couples in therapy. In Alan S. Gurman (Ed.). *Clinical Handbook of Couple Therapy* (pp. 681-697). Guildford Press.

Bulling, L. J., Baucom, K. J., Heyman, R. E., Slep, A. M. S., Mitnick, D. M., & Lorber, M. F. (2020). Predicting program retention in a flexibly-delivered relationship education program for low-income, unmarried parents. *Journal of Family Social Work*, 23(3), 234-256. <https://doi.org/10.1080/10522158.2019.1681337>

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. SAGE.

Chatters, L. M., Taylor, R. J., Bullard, K. M., & Jackson, J. S. (2009). Race and ethnic differences in religious involvement: African Americans, Caribbean blacks and non-Hispanic whites. *Ethnic and Racial Studies*, 32(7), 1143-1163.

<https://doi.org/10.1080/01419870802334531>

Chatters, L. M., Taylor, R. J., & Lincoln, K. D. (1999). African American religious participation: A multi-sample comparison. *Journal for the Scientific Study of Religion*, 38(1), 132-145. <https://doi.org/10.2307/1387589>

- Chen, J., & Rizzo, J. (2010). Racial and ethnic disparities in use of psychotherapy: Evidence from US national survey data. *Psychiatric Services, 61*(4), 364-372. <https://doi.org/10.1176/appi.ps.61.4.364>
- Closson, R. B. (2010). An exploration of critical race theory. In V. Sheared, J. Johnson-Bailey, S. Colin, E. Peterson, and S. Brookfield (Eds.) *Handbook of Race and Adult Education* (pp.173-216). American Association for Adult and Continuing Education
- Collins, L. M., Schafer, J. L., & Kam, C. M. (2001). A comparison of inclusive and restrictive strategies in modern missing data procedures. *Psychological Methods, 6*(4), 330-351. <https://doi.org/10.1037/1082-989x.6.4.330>
- Combs, G. (2019). White privilege: What's a family therapist to do? *Journal of Marital and Family Therapy, 45*(1), 61-75. <https://doi.org/10.1111/jmft.12330>
- Conner, K. O., Lee, B., Mayers, V., Robinson, D., Reynolds III, C. F., Albert, S., & Brown, C. (2010). Attitudes and beliefs about mental health among African American older adults suffering from depression. *Journal of Aging Studies, 24*(4), 266-277. <https://doi.org/10.1016/j.jaging.2010.05.007>
- Cummings, J. R., Wen, H., Ritvo, A., & Druss, B. G. (2014). Health insurance coverage and the receipt of specialty treatment for substance use disorders among US adults. *Psychiatric Services, 65*(8), 1070–1073. <https://doi.org/10.1176/appi.ps.201300443>
- Davey, M. P., & Watson, M. F. (2008). Engaging African Americans in therapy: Integrating a public policy and family therapy perspective. *Contemporary Family Therapy, 30*(1), 31-47. <https://doi.org/10.1007/s10591-007-9053-z>

- Damschroder, L. J., Pritts, J. L., Neblo, M. A., Kalarickal, R. J., Creswell, J. W., & Hayward, R. A. (2007). Patients, privacy and trust: Patients' willingness to allow researchers to access their medical records. *Social Science & Medicine*, 64(1), 223-235. <https://doi.org/10.1016/j.socscimed.2006.08.045>
- Dempsey, K., Butler, S. K., & Gaither, L. (2016). Black churches and mental health professionals: Can this collaboration work? *Journal of Black Studies*, 47(1), 73-87. <https://doi.org/10.1177/0021934715613588>
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (2011). *The Sage handbook of qualitative research*. SAGE.
- Dixon, P. (2009). Marriage among African Americans: What does the research reveal? *Journal of African American Studies*, 13(1), 29-46. <https://doi.org/10.1007/s12111-008-9062-5>
- Doherty W., Harris S., Hall E., & Hubbard, A. (in press) How long do couples wait before seeking therapy? A research note. *Journal of Marital and Family Therapy*. <https://doi.org/10.1111/jmft.12479>
- Doherty, D. T., & Kartalova-O'Doherty, Y. (2010). Gender and self-reported mental health problems: predictors of help seeking from a general practitioner. *British Journal of Health Psychology*, 15(1), 213-228. <https://doi.org/10.1348/135910709x457423>
- Doll, K. M., Snyder, C. R., & Ford, C. L. (2018). Endometrial cancer disparities: A race-conscious critique of the literature. *American Journal of Obstetrics and Gynecology*, 218(5), 474-482. <https://doi.org/10.1016/j.ajog.2017.09.016>

- Doss, B. D., Rhoades, G. K., Stanley, S. M., & Markman, H. J. (2009). Marital therapy, retreats, and books: The who, what, when, and why of relationship help-seeking. *Journal of Marital and Family Therapy*, 35(1), 18-29.  
<https://doi.org/10.1111/j.1752-0606.2008.00093.x>
- Eekhout, I., Enders, C. K., Twisk, J. W., de Boer, M. R., de Vet, H. C., & Heymans, M. W. (2015). Analyzing incomplete item scores in longitudinal data by including item score information as auxiliary variables. *Structural Equation Modeling: A Multidisciplinary Journal*, 22(4), 588-602.  
<https://doi.org/10.1080/10705511.2014.937670>
- Erolin, K. S., & Wieling, E. (2020). The experiences of couple/marriage and family therapists of color: A survey analysis. *Journal of Marital and Family Therapy*, 47(1), 3-20. <https://doi.org/10.1111/jmft.12456>
- Fülöp, F., Bóthe, B., Gál, É., Cachia, J. Y. A., Demetrovics, Z., & Orosz, G. (2020). A two-study validation of a single-item measure of relationship satisfaction: RAS-1. *Current Psychology*, 1-13. <https://doi.org/10.1007/s12144-020-00727-y>
- Freeman, R., Gwadz, M. V., Silverman, E., Kutnick, A., Leonard, N. R., Ritchie, A. S., Reed, R., & Martinez, B. Y. (2017). Critical race theory as a tool for understanding poor engagement along the HIV care continuum among African American/Black and Hispanic persons living with HIV in the United States: a qualitative exploration. *International Journal for Equity in Health*, 16(1), 1-14.  
<https://doi.org/10.1186/s12939-017-0549-3>

- Fassinger, R. E. (2005). Paradigms, praxis, problems, and promise: Grounded theory in counseling psychology research. *Journal of Counseling Psychology*, 52(2), 156-166. <https://doi.org/10.1037/0022-0167.52.2.156>
- Gaffney, E. D. (2016). *African American clergy's perception of mental illness*. [Doctoral dissertation, Walden University]. ProQuest.
- Gagne, P., & Hancock, G. R. (2006). Measurement model quality, sample size, and solution propriety in confirmatory factor models. *Multivariate Behavioral Research*, 41(1), 65-83. [https://doi.org/10.1207/s15327906mbr4101\\_5](https://doi.org/10.1207/s15327906mbr4101_5)
- Gamble, V. N. (1997). Under the shadow of Tuskegee: African Americans and health care. *American Journal of Public Health*, 87(11), 1773-1778. <https://doi.org/10.4324/9781315664033-47>
- Gee, J. P. (2005). *An introduction to discourse analysis: Theory and method*. Routledge.
- Gee, G. C., & Ford, C. L. (2011). Structural racism and health inequities: Old issues, New Directions1. *Du Bois Review: Social Science Research on Race*, 8(1), 115-132. <https://doi.org/10.1017/S1742058X11000130>
- Georgia Salivar, E. J., Roddy, M. K., Nowlan, K. M., & Doss, B. D. (2018). Effectiveness of the online OurRelationship program for underserved couples. *Couple and Family Psychology: Research and Practice*, 7(3-4), 212-226. <https://psycnet.apa.org/doi/10.1037/cfp0000110>
- Glaser, B. G. (1978). *Theoretical sensitivity*. Sociology Press.
- Gregorio, J. D., & Lee, J. W. (2002). Education and income inequality: New evidence from cross-country data. *Review of Income and Wealth*, 48(3), 395-416. <https://doi.org/10.1111/1475-4991.00060>

- Hall, W. A., & Callery, P. (2001). Enhancing the rigor of grounded theory: Incorporating reflexivity and relationality. *Qualitative Health Research, 11*(2), 257-272.  
<https://doi.org/10.1177/104973201129119082>
- Hall, C. A., & Sandberg, J. G. (2012). "I shall overcome": A qualitative exploratory study of the experiences of African Americans who overcame barriers to engage in family therapy. *American Journal of Family Therapy, 40*(5), 445-458.  
<https://doi.org/10.1080/01926187.2011.637486>
- Hammer, J. H., Vogel, D. L., & Heimerdinger-Edwards, S. R. (2013). Men's help seeking: Examination of differences across community size, education, and income. *Psychology of Men & Masculinity, 14*(1), 65-75.  
<https://doi.org/10.1037/a0026813>
- Hardy, K. M. (2012). Perceptions of African American Christians' attitudes toward religious help-seeking: Results of an exploratory study. *Journal of Religion & Spirituality in Social Work: Social Thought, 31*(3), 209-225.  
<https://doi.org/10.1080/15426432.2012.679838>
- Hardy, K. V. (2019). Toward a psychology of the oppressed: Understanding the invisible wounds of trauma. In M. McGoldrick and K. V. Hardy (Eds.), *Revisioning family therapy: Addressing diversity in clinical practice* (3rd ed., pp. 133-148). Guilford Press.
- Hays, K., & Lincoln, K. D. (2017). Mental health help-seeking profiles among African Americans: Exploring the influence of religion. *Race and Social Problems, 9*(2), 127-138. <https://doi.org/10.1007/s12552-017-9193-1>

- Helms, J. E. (1990). *Black and White racial identity: Theory, research, and practice*. Greenwood Press.
- Hepworth, N., & Paxton, S. J. (2007). Pathways to help-seeking in bulimia nervosa and binge eating problems: A concept mapping approach. *International Journal of Eating Disorders*, 40(6), 493-504. <https://doi.org/10.1002/eat.20402>
- Herring, C., & Henderson, L. (2016). Wealth inequality in black and white: Cultural and structural sources of the racial wealth gap. *Race and Social Problems*, 8(1), 4-17. <https://doi.org/10.1007/s12552-016-9159-8>
- Hilbe J. M. (2011) Logistic regression. In M. Lovric (Ed.), *International encyclopedia of statistical science* (pp.755- 758). SAGE.
- Hines-Martin, V., Malone, M., Kim, S., & Brown-Piper, A. (2003). Barriers to mental health care access in an African American population. *Issues in Mental Health Nursing*, 24(3), 237-256. <https://doi.org/10.1080/01612840305281>
- Hoffman, K. M., Trawalter, S., Axt, J. R., & Oliver, M. N. (2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proceedings of the National Academy of Sciences*, 113(16), 4296-4301. <https://doi.org/10.1073/pnas.1516047113>
- Hu, L. T., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling: A Multidisciplinary Journal*, 6(1), 1-55. <https://doi.org/10.1080/10705519909540118>

- Hubbard, A., & Harris, S. (2020). A critical review of help-seeking for couple therapy: Clinical implications and next steps. *Contemporary Family Therapy*, 42(2), 152-162. <https://doi.org/10.1007/s10591-019-09521-w>
- Hurt, T. R., Beach, S. R., Stokes, L. A., Bush, P. L., Sheats, K. J., & Robinson, S. G. (2012). Engaging African American men in empirically based marriage enrichment programs: Lessons from two focus groups on the ProSAAM project. *Cultural Diversity and Ethnic Minority Psychology*, 18(3), 312-315. <https://doi.org/10.1037/a0028697>
- Jensen, E. J., Wieling, E., & Mendenhall, T. (2020). A phenomenological study of clinicians' perspectives on barriers to rural mental health care. *Journal of Rural Mental Health*, 44(1), 51–61. <https://doi.org/10.1037/rmh0000125>
- Johnson-Ahorlu, R. N. (2013). “My biggest challenge is stereotypes”: Understanding stereotype threat and the academic experiences of African American undergraduates. *Journal of Negro Education*, 82(4), 382-392. <https://doi.org/10.7709/jnegroeducation.82.4.0382>
- Kaiser Family Foundation. (2013). *Medicaid enrollment by race/ethnicity*. <https://www.kff.org/medicaid/state-indicator/medicaid-enrollment-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>
- Kaiser Family Foundation. (2020). *Changes in health coverage by race and ethnicity since the ACA, 2010-2018*. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/changes-in-health-coverage-by-race-and-ethnicity-since-the-aca-2010-2018/>

- Kenny, D. A., Kashy, D. A., & Cook, W. L. (2006). *Dyadic data analysis*. Guilford Press.
- Kessler, R. C., Mickelson, K. D., & Williams, D. R. (1999). The prevalence, distribution, and mental health correlates of perceived discrimination in the United States. *Journal of Health and Social Behavior, 40*(3), 208-230.  
<https://doi.org/10.2307/2676349>
- Kim, H., Chenot, D., & Ji, J. (2011). Racial/ethnic disparity in child welfare systems: A longitudinal study utilizing the Disparity Index (DI). *Children and Youth Services Review, 33*(7), 1234-1244. <https://doi.org/10.1016/j.childyouth.2011.02.021>
- Kline, R. B. (2011). *Principles and practice of structural equation modeling*. Guilford Press.
- Lavner, J. A., Barton, A. W., Bryant, C. M., & Beach, S. R. (2018). Racial discrimination and relationship functioning among African American couples. *Journal of Family Psychology, 32*(5), 686-691. <https://doi.org/10.1037/fam0000415>
- Le, Y., Rothman, K., Christensen, A., & Doss, B. D. (2021). Integrating the online OurRelationship program into a stepped-care model of couple therapy. *Journal of Family Therapy, 43*(2), 215-231. <https://doi.org/10.1111/1467-6427.12321>
- Lebow, J. L., Chambers, A. L., Christensen, A., & Johnson, S. M. (2012). Research on the treatment of couple distress. *Journal of Marital and Family Therapy, 38*(1), 145-168. <https://doi.org/10.1111/j.1752-0606.2011.00249.x>
- Lemon, R. L., & Waehler, C. A. (1996). A test of stability and construct validity of the Black Racial Identity Scale, Form B (RIAS-B) and the White Racial Identity

Attitude Scale (WRIAS). *Measurement and Evaluation in Counseling and Development*, 29(2), 77-85. <https://psycnet.apa.org/record/1996-05286-002>

Levin, J. S., Taylor, R. J., & Chatters, L. M. (1995). A multidimensional measure of religious involvement for African Americans. *Sociological Quarterly*, 36(1), 157-173. <https://doi.org/10.1111/j.1533-8525.1995.tb02325.x>

Lind Seal, K., Doherty, W. J., & Harris, S. M. (2016). Confiding about problems in marriage and long-term committed relationships: A national study. *Journal of Marital and Family Therapy*, 42(3), 438-450. <https://doi.org/10.1111/jmft.12134>

Masuda, A., Anderson, P. L., & Edmonds, J. (2012). Help-seeking attitudes, mental health stigma, and self-concealment among African American college students. *Journal of Black Studies*, 43(7), 773-786.

<https://doi.org/10.1177/0021934712445806>

Mattis, J. S., Mitchell, N., Zapata, A., Taylor, R. J., Chatters, L. M., Neighbors, H. W., et al. (2007). Uses of ministerial support by African Americans: A focus group study. *American Journal of Orthopsychiatry*, 77(2), 249–258.

<https://doi.org/10.1037/0002-9432.77.2.249>

McNeil Smith, S., Williamson, L. D., Branch, H., & Fincham, F. D. (2020). Racial discrimination, racism-specific support, and self-reported health among African American couples. *Journal of Social and Personal Relationships*, 37(3), 779-799.

<https://doi.org/10.1177/0265407519878519>

Mikle, K. S., & Gilbert, D. J. (2019). A systematic review of culturally relevant marriage and couple relationship education programs for African-American

- couples. *Journal of Ethnic & Cultural Diversity in Social Work*, 28(1), 50-75.  
<https://doi.org/10.1080/15313204.2019.1570892>
- Mikucka, M. (2016). The life satisfaction advantage of being married and gender specialization. *Journal of Marriage and Family*, 78(3), 759-779.  
<https://doi.org/10.1111/jomf.12290>
- Mishra, S. I., Lucksted, A., Gioia, D., Barnet, B., & Baquet, C. R. (2009). Needs and preferences for receiving mental health information in an African American focus group sample. *Community Mental Health Journal*, 45(2), 117-126.  
<https://doi.org/10.1007/s10597-008-9157-4>
- Mosley, T. M. (2014). *The impact of help seeking attitudes, perceived racism, and racial identity on intentions to seek counseling amongst African American undergraduate college students*. [Doctoral dissertation, Georgia State University]. ScholarWorks.
- Murry, V. M., Brown, P. A., Brody, G. H., Cutrona, C. E., & Simons, R. L. (2001). Racial discrimination as a moderator of the links among stress, maternal psychological functioning, and family relationships. *Journal of Marriage and Family*, 63(4), 915-926. <https://doi.org/10.1111/j.1741-3737.2001.00915.x>
- Muthén, L. K., & Muthén, B. O. (2011). *Mplus user's guide. 1998–2011*. Muthén and Muthén.
- Neighbors, H. W., Musick, M. A., & Williams, D. R. (1998). The African American minister as a source of help for serious personal crises: Bridge or barrier to mental health care? *Health Education & Behavior*, 25(6), 759-777.  
<https://doi.org/10.1177/109019819802500606>

- Nicolaidis, C., Timmons, V., Thomas, M. J., Waters, A. S., Wahab, S., Mejia, A., & Mitchell, S. R. (2010). "You don't go tell white people nothing": African American women's perspectives on the influence of violence and race on depression and depression care. *American Journal of Public Health, 100*(8), 1470-1476. <https://doi.org/10.2105/ajph.2009.161950>
- Okrey Anderson, S., & McGuire, J. K. (2021). "I feel like God doesn't like me": Faith and Ambiguous loss among transgender youth. *Family Relations, 70*(2), 390-401. <https://doi.org/10.1111/fare.12536>
- Otado, J., Kwagyan, J., Edwards, D., Ukaegbu, A., Rockcliffe, F., & Osafo, N. (2015). Culturally competent strategies for recruitment and retention of African American populations into clinical trials. *Clinical and Translational Science, 8*(5), 460-466. <https://doi.org/10.1111/cts.12285>
- Palmer, R. T., & Maramba, D. C. (2011). African American male achievement: Using a tenet of critical theory to explain the African American male achievement disparity. *Education and Urban Society, 43*(4), 431-450. <https://doi.org/10.1177/0013124510380715>
- Parnell, K. J., & Hammer, J. H. (2018). Deciding on couple therapy: The role of masculinity in relationship help-seeking. *Psychology of Men & Masculinity, 19*(2), 212-222. <https://doi.org/10.1037/men0000098>
- Peugh, J. L., DiLillo, D., & Panuzio, J. (2013). Analyzing mixed-dyadic data using structural equation models. *Structural Equation Modeling: A Multidisciplinary Journal, 20*(2), 314-337. <https://doi.org/10.1080/10705511.2013.769395>

- Phinney, J. S. (1990). Ethnic identity in adolescents and adults: Review of research. *Psychological Bulletin*, 108(3), 499-514. <https://doi.org/10.1037/0033-2909.108.3.499>
- Powell, W., Adams, L. B., Cole-Lewis, Y., Agyemang, A., & Upton, R. D. (2016). Masculinity and race-related factors as barriers to health help-seeking among African American men. *Behavioral Medicine*, 42(3), 150-163. <https://doi.org/10.1080/08964289.2016.1165174>
- Preacher, K. J., & Hayes, A. F. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Methods*, 40(3), 879-891. <https://doi.org/10.3758/brm.40.3.879>
- Randolph, C., Hubbard, A., Gray, C., & Bryant, C. (2021). *Discrimination as a predictor of class membership for relationship distress in African Americans*. [Manuscript in preparation]. Family Social Science, University of Minnesota.
- Richman, L. S., Kohn-Wood, L. P., & Williams, D. R. (2007). The role of discrimination and racial identity for mental health service utilization. *Journal of Social and Clinical Psychology*, 26(8), 960-981. <https://doi.org/10.1521/jscp.2007.26.8.960>
- Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: exploring its conceptualization and operationalization. *Quality & Quantity*, 52(4), 1893-1907. <https://doi.org/10.1007/s11135-017-0574-8>
- Sanders Thompson, V. L., Bazile, A., & Akbar, M. (2004). African Americans' perceptions of psychotherapy and psychotherapists. *Professional Psychology: Research and Practice*, 35(1), 19-26. <https://doi.org/10.1037/0735-7028.35.1.19>

- Savitt, T. L. (1982). The use of blacks for medical experimentation and demonstration in the Old South. *Journal of Southern History*, 48(3), 331-348.  
<https://doi.org/10.2307/2207450>
- Shadish, W. R., & Baldwin, S. A. (2003). Meta-analysis of MFT interventions. *Journal of Marital and Family Therapy*, 29(4), 547-570. <https://doi.org/10.1111/j.1752-0606.2003.tb01694.x>
- Sellers, S. L., Bonham, V., Neighbors, H. W., & Amell, J. W. (2009). Effects of racial discrimination and health behaviors on mental and physical health of middle-class African American men. *Health Education & Behavior*, 36(1), 31-44.  
<https://doi.org/10.1177%2F1090198106293526>
- Snowden, L. R. (2001). Barriers to effective mental health services for African Americans. *Mental Health Services Research*, 3(4), 181-187.  
<https://doi.org/10.1023/a:1013172913880>
- Solorzano, D., Ceja, M., & Yosso, T. (2000). Critical race theory, racial microaggressions, and campus racial climate: The experiences of African American college students. *Journal of Negro Education*, 69, 60-73.  
<https://www.jstor.org/stable/2696265>
- Spence, C. T., & Oltmanns, T. F. (2011). Recruitment of African American men: Overcoming challenges for an epidemiological study of personality and health. *Cultural Diversity and Ethnic Minority Psychology*, 17(4), 377-380.  
<https://doi.org/10.1037/a0024732>

- Steenkamp, J. B. E., & Baumgartner, H. (1998). Assessing measurement invariance in cross-national consumer research. *Journal of Consumer Research*, 25(1), 78-90.  
<https://doi.org/10.1086/209528>
- Strakowski, S. M., McElroy, S. L., Keck Jr, P. E., & West, S. A. (1996). Racial influence on diagnosis in psychotic mania. *Journal of Affective Disorders*, 39(2), 157-162.  
[https://doi.org/10.1016/0165-0327\(96\)00028-6](https://doi.org/10.1016/0165-0327(96)00028-6)
- Sue, D. W., Sue, D., Neville, H. A., & Smith, L. (2019). *Counseling the culturally different: Theory and practice* (8th ed.). Wiley.
- Taylor, E. (1998). A primer on critical race theory: who are the critical race theorists and what are they saying?. *Journal of Blacks in Higher Education*, 18, 122-124.  
<https://doi.org/10.2307/2998940>
- Taylor, R. J., & Chatters, L. (1991). Religious life. In J. S. Jackson (Ed.), *Life in Black America*. (pp. 105-123). SAGE.
- Taylor, R. J., Ellison, C. G., Chatters, L. M., Levin, J. S., & Lincoln, K. D. (2000). Mental health services in faith communities: The role of clergy in black churches. *Social Work*, 45(1), 73-87. <https://doi.org/10.1093/sw/45.1.73>
- Taylor, R. E., & Kuo, B. C. (2018). Black American psychological help-seeking intention: An integrated literature review with recommendations for clinical practice. *Journal of Psychotherapy Integration*, 29(4), 325-337.  
<https://doi.org/10.1037/int0000131>
- Thompson, V. L. S. (2002). Racism: perceptions of distress among African Americans. *Community Mental Health Journal*, 38(2), 111-118.  
<https://doi.org/10.1023/a:1014539003562>

- Thompson, V. L. S., Bazile, A., & Akbar, M. (2004). African Americans' perceptions of psychotherapy and psychotherapists. *Professional psychology: Research and Practice*, 35(1), 19-26. <https://doi.org/10.1037/0735-7028.35.1.19>
- Thompson, C. E., Worthington, R., & Atkinson, D. R. (1994). Counselor content orientation, counselor race, and Black women's cultural mistrust and self-disclosures. *Journal of Counseling Psychology*, 41(2), 155-161. <https://doi.org/10.1037/0022-0167.41.2.155>
- Tulane, S., Skogrand, L., & DeFrain, J. (2011). Couples in great marriages who considered divorcing. *Marriage & Family Review*, 47(5), 289-310. <https://doi.org/10.1080/01494929.2011.594215>
- Vaterlaus, J. M., Skogrand, L., & Chaney, C. (2015). Help-seeking for marital problems: Perceptions of individuals in strong African American marriages. *Contemporary Family Therapy*, 37(1), 22-32. <https://doi.org/10.1007/s10591-014-9324-4>
- Wailoo, K. (2018). Historical aspects of race and medicine: The case of J. Marion Sims. *Journal of the American Medical Association*, 320(15), 1529-1530. <https://doi.org/10.1001/jama.2018.11944>
- Whisman, M. A., & Bruce, M. L. (1999). Marital dissatisfaction and incidence of major depressive episode in a community sample. *Journal of Abnormal Psychology*, 108(4), 674-678. <https://doi.org/10.1037/0021-843X.108.4.674>
- Whisman, M. A., Uebelacker, L. A., & Bruce, M. L. (2006). Longitudinal association between marital dissatisfaction and alcohol use disorders in a community sample. *Journal of Family Psychology*, 20(1), 164-167. <https://doi.org/10.1037/0893-3200.20.1.164>

- Williamson, H. C., Trail, T. E., Bradbury, T. N., & Karney, B. R. (2014). Does premarital education decrease or increase couples' later help-seeking?. *Journal of Family Psychology, 28*(1), 112-117. <https://doi.org/10.1037/a0034984>
- Wills, T. A., Murry, V. M., Brody, G. H., Gibbons, F. X., Gerrard, M., Walker, C., & Ainette, M. G. (2007). Ethnic pride and self-control related to protective and risk factors: Test of the theoretical model for the strong African American families program. *Health Psychology, 26*(1), 50-59. <https://doi.org/10.1037/0278-6133.26.1.50>
- Wing, A. K. (Ed.). (1997). *Critical race feminism: A reader*. New York University Press.
- Xu, D., Zhao, M., Huang, L., & Wang, K. (2018). Overactive bladder symptom severity, bother, help-seeking behavior, and quality of life in patients with type 2 diabetes: A path analysis. *Health and Quality of Life Outcomes, 16*(1), 1-7. <https://doi.org/10.1186/s12955-017-0829-z>
- Yancu, C. N., Lee, A. K., Witherspoon, D. D., & McRae, C. D. (2012). Participant recruitment of African American college students at an historically black college and university (HBCU): Challenges and strategies for health-related research. *Journal of Health Disparities Research and Practice, 5*(1), 55-64. <https://digitalscholarship.unlv.edu/jhdrp/vol5/iss1/5/>
- Yeager, C., & Doherty, W. J. (2021). African American marital confiding relationships: A national survey and a test of an educational intervention. *Journal of Marital and Family Therapy*. On-line / pre-publication. <https://doi.org/10.1111/jmft.12506>
- Zimmerman, F. J. (2005). Social and economic determinants of disparities in professional help-seeking for child mental health problems: Evidence from a national

sample. *Health Services Research*, 40(5p1), 1514-1533.

<https://doi.org/10.1111/j.1475-6773.2005.00411.x>

## **Appendix A Consent and Debriefing Statements**

### **Consent for Survey and Interview**

**PROJECT TITLE:** African American Couple Help-Seeking

**APPROVAL DATE OF PROJECT:** June 12th, 2020

**EXPIRATION DATE OF PROJECT:** May 31st, 2021

**PRINCIPAL INVESTIGATORS:** Steven Harris, PhD

**CO-INVESTIGATORS:** Aimee Hubbard

**CONTACT NAME AND PHONE FOR ANY PROBLEMS/QUESTIONS:** Aimee Hubbard, 290 McNeal Hall, 1985 Buford Ave, Saint Paul Minnesota, 5510, Phone: 612-293-9220, email:

**IRB CONTACT INFORMATION:** This research has been reviewed and approved by an IRB within the Human Research Protections Program (HRPP). To share feedback privately with the HRPP about your research experience, call the Research Participants' Advocate Line at 612-625-1650 (Toll Free: 1-888-224-8636) or go to [z.umn.edu/participants](http://z.umn.edu/participants). You are encouraged to contact the HRPP if:

- Your questions, concerns, or complaints are not being answered by the research team. · You cannot reach the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research participant.
- You want to get information or provide input about this research.

**PURPOSE OF THE RESEARCH:** The purpose of this research is to better understand the unique factors involved in how African Americans seek help for their relationships. It is expected that the results of this study will help researchers and clinicians more effectively engage African American couples in couple therapy.

**PROCEDURES:** The current study includes the independent completion of an online survey, **which asks questions about you and your relationship with your current partner/spouse (i.e. what is your relationship status?)**. The initial survey will take approximately 5 to 10 minutes to complete, and if you are selected to complete the follow-up interview, that will take approximately 60 minutes. As part of this interview we will ask you about your experience and thoughts about seeking help for your relationships, such as "If you noticed your relationship had problems what would you do about it/them?" Together, both the survey and interview will take approximately 65-70 minutes to complete.

**RISKS/DISCOMFORTS:** Participating in this research study is NOT expected to expose anyone to any significant discomfort or risk. It is possible that some people will find that answering questions about their relationship, life stressors, couple interactions, and attitudes toward seeking help might make them feel somewhat uncomfortable. However, it will probably not be any more uncomfortable than talking about these same things with a close friend. If you experience any distress please call the numbers for

national counseling and support services that are provided at the end of the survey and interview.

**BENEFITS:** There are no direct benefits to study participation. Potential benefits to participating in this study include a greater awareness of the beliefs, attitudes, and behaviors that are currently happening in your relationship. In addition, the knowledge gleaned from this study is expected to advance my current understanding of how African American couples think about seeking help for their relationship. By knowing more about how African Americans seek help for their relationships, relationship care providers can more specifically target services and outreach efforts to an African American population.

**COMPENSATION:** By agreeing to participate in the study, you will be compensated for your time (\$0.10). Please talk to your Amazon Mechanical Turk contact for specifics regarding compensation related to the survey. If you are selected for the interview you will be sent a \$20 Target gift card, through the mail or online, after you complete the interview. If you have any concerns about the status of your compensation for the interview, please follow up with Aimee Hubbard (ahubbard@umn.edu), one of the co-researchers on this project.

**EXTENT OF CONFIDENTIALITY:** Protecting your anonymity during this process is a high priority for us. To start you will be given the option to create a pseudonym (fake name) to use during the interview. Any identifiable information collected (i.e. e-mail addresses or phone numbers) for the interview and interview payment will be stored separately from the collected research data and it will be deleted/destroyed after study payment has been provided to protect the anonymity of participants. All de-identified information will be stored on a secured computer server to which only the researchers will have access. You will also be sent a written summary of the results from this study to ensure you are being accurately represented and that we do not use any information that you do not wish us to use.

**VOLUNTARY NATURE OF THE STUDY:** Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of Minnesota. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships. **I verify that clicking 'next' below indicates that I have read and understand this consent form and willingly agree to participate in this study under the terms described.** (*Participants consented during the survey and were sent another hard copy of the consent form if they agreed to participate in an interview.*)

#### **Debriefing Statement**

Thank you for participating in the study “African American Couple Help Seeking.” By completing this study, you have contributed to a project that will add to my understanding of African Americans’ unique experiences in seeking help for their relationships. The knowledge gleaned from this study is expected to inform couples’ education and intervention programs. If you have any questions about the study, or would like to receive a report of this research when it is completed, please contact Aimee

Hubbard at 612-293-9220 or ahubbard@umn.edu. Below you will find additional resources that may be helpful for you, your partner, or your relationship. Again, thank you for your participation!

Additional Resources Links to Find Resources across the U.S.:

- The Association of Black Psychologists:
  - <https://www.abpsi.org/find-psychologists/>
- To Locate a Couple and Family Therapist in the United States, Canada or Overseas:
  - [www.therapistlocator.net/index.asp](http://www.therapistlocator.net/index.asp)
- To Locate an Experienced Therapist in the United States Specializing in Working with Couples:
  - [www.marriagefriendlytherapists.com](http://www.marriagefriendlytherapists.com)
- The National Directory of Emergency Crisis Hotlines and Helplines:
  - [www.findcounseling.com/help/hotline](http://www.findcounseling.com/help/hotline)

## Appendix B

### Demographic Survey

1. How old are you? (*open response*)
2. What is your gender? (*open response*)
3. What is your relationship status? *Selecting (a), (b), (c), or (h) took participants to the end of the survey.*
  - a. Single
  - b. Single, casually dating but not in a relationship
  - c. In a relationship (but it is not exclusive)
  - d. In a relationship (exclusive)
  - e. Living together, but not engaged, married, or divorced
  - f. Engaged
  - g. Married
  - h. Divorced
4. How long have you been with your current partner? (*open response*)
5. Are you African American? *Selecting (b) took the participant to the end of the survey.*
  - a. Yes
  - b. No
6. Is your partner African American? *Selecting (b) took the participant to the end of the survey.*
  - a. Yes
  - b. No

7. Have you seen a psychologist, counselor, or marriage counselor?
  - a. Yes
  - b. No
  - c. Not sure
  - d. I do not want to answer
  
8. What is your household income?
  - a. Below \$20,000
  - b. \$20,000-\$40,000
  - c. \$40,000-\$60,000)
  - d. \$60,000-\$80,000
  - e. \$80,000-\$100,000
  - f. Over \$100,000
  
9. What is your highest level of education?
  - a. No high school
  - b. Some high school
  - c. High school graduate
  - d. Technical training
  - e. Associate's degree
  - f. Some college
  - g. Bachelor's degree
  - h. Some graduate school
  - i. Master's degree
  - j. Doctorate

10. How often do you usually attend religious services?

- a. Never
- b. Sometimes
- c. Often
- d. Always
- e. I do not want to answer

11. How many church-sponsored groups, clubs, or organizations do you belong to or participate in? In other words, at the church you attend, how many groups, committees, boards, etc. are you involved with?

- a. None
- b. One
- c. Two
- d. Three or more
- e. I do not want to answer

12. Besides regular services, how often do you take part in other activities at your place of worship?

- a. Never
- b. Sometimes
- c. Often
- d. Always
- e. I do not want to answer

13. Are you interested in participating in a follow-up interview? The interview will take about an hour and we would pay you with a \$20 Target gift card. (Note: We

may not be able to interview everyone interested in participating in this component of the study.)

- a. Yes (*participants who selected yes completed the remaining questions*)
- b. No (*participants who selected no were taken to the debriefing statement at the end of the survey*)

14. Thank you for your interest in my survey. Can you provide an e-mail address?

We need your email address to assist with scheduling the follow-up interview.

*(open response)*

15. Please provide us with a name we can call you during the interview? It does not have to be your legal name. *(open response)*

16. Please use the following link to let us know your availability. We will reach out to you to confirm an appointment time that works for both you and the research team. *(no response option)*

- a. <https://calendly.com/umn-ahubbard/60min>

## Appendix C

### Interview Protocol

- If you noticed a problem in your relationship, what would you do about it/them?
  - What are your thoughts about seeking outside help for your relationship? (i.e. family, friends, pastor, therapist)
  - What kind of things might impact your decision about how or where you seek help for your relationship?
  - What is unique about seeking help for your relationship as an African American couple?

#### *Follow-up Questions*

- How happy would you rate your relationship? (1-10 scale, 1=miserable; 10=the happiest)
- Is there anyone specific you would seek help from?
  - What is it about that person that makes them helpful (or more helpful than someone else)?
- Are there specific resources, like the internet or books, you have found helpful?
  - What do you like about that resource?
  - What did you get out of it?
    - Did anything in your relationship change based on that?
- What do you think about couple therapy?
  - Have you ever attended couple therapy?
  - If yes:
    - Was it for your current relationship?

- How long ago was it?
- What was your experience?
  - What did you like about it?
  - Was there anything you didn't like about it?
  - What was it like setting up that first appointment?
    - Did anything make easier/harder to set up that first appointment?
    - What about on-going appointments, did anything make it easier or hard to continue to go to therapy?
  - How did you decide to stop attending?
- What would need to be happening in your relationship for you to consider going again?
  - What would factor into that decision?
- If no:
  - What would have to be going on in your relationship for you to consider going to couple therapy?
  - Why do you think other couples go to couple therapy?
  - Why not go to couple therapy?
  - What might prevent you or others you know from going to couple therapy?
- Would your experience in therapy (or thoughts about going to couple therapy) be different if you could see a Black therapist?
  - What would be different about it?

- How would therapy with a Black therapist be different?

How does racism impact your decision to go to couple therapy?