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Abstract

The roles of public stigma, self-stigma and mental health literacy have been found to be influential to the help-seeking process of college students. However, their particular influence has yet to be explored with African American male college students (AAMCS). The purpose of this dissertation is to explore whether public stigma, self-stigma and mental health literacy will significantly predict intentions to seek counseling amongst AAMCS. Research identifying factors for help-seeking amongst AAMCS have largely considered variables such as racial identity, self-concealment, cultural mistrust, Afrocentric values, and African Self-Consciousness. Whereas scholars perceive the help-seeking process of AAMCS with some salience to cultural identity, this dissertation is aimed to account for individual's construction of identity as a separate but influential factor to the help-seeking process. Hierarchical multiple regression analyses were the chosen methods for testing the predictive influence of public stigma, self-stigma, mental health literacy and self-construal on the help-seeking intentions of AAMCS. Results from the analysis revealed participants ($n=116$) intentions to seek counseling was significantly influenced by stigma. Mental health literacy and self-construal were not found to be influential to the help-seeking intentions of AAMCS. Future directions for counseling practice, education and research are further considered.

Keywords: stigma, self-construal, help-seeking, African American male students

EXAMINING INTENTIONS TO SEEK COUNSELING AMONGST AFRICAN AMERICAN
MALE COLLEGE STUDENTS

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Dissertation
Submitted in partial fulfilment of the requirements for the degree of
Doctor of Philosophy in *Counseling and Counselor Education*

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December 2020

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PREFACE

I would be remiss to not discuss the vested interest of my own position as a researcher while undertaking this study. I identify as a cisgendered, heterosexual, Christian, able-bodied, millennial, and African American. Although the list of identities does not define my experiences in totality, they are some of the most prominent and visible identities I possess. Based on my individual experience of help-seeking stigma and understandings of quantitative research, I decided to investigate the influence of stigma on African American men. While I recognize how my identity as African American peaked my individual curiosity, the statistical method of choice behind examining this complex issue does not fully encapsulate the experiences of individuals in my study. Race and ethnicity are portions of identity that affect help-seeking, but the hyper-focus on this subset of identity can perpetuate monolithic thinking. The nature of quantitative research has sparsely traversed the complexity of identity markers on help-seeking amongst those who look like me. Gender identity, sexual/affectional identity, ability status, age, socioeconomics, education, are all markers of influence in which can affect how one perceives and experiences the variables of interest in this study. My goal through this research is to shed light on an underexamined population, while also calling future researchers to critically examine their use of quantitative research into such complex topics. It is through this critical engagement that appropriate theories, models, and instruments can be developed to more accurately reflect the nuanced and meaningful lives of those like me.

Chapter I: Introduction

College students underutilize counseling services in the United States despite having the growing mental health, physical and academic stress needs as the same rates as the general population (Blanco, 2008; Hunt & Eisenberg, 2010; Eisenberg et al., 2009b, 2011; Vogel et al., 2006). Of college students presenting with mental health-related problems (e.g. disorder, stress), it is estimated 64% of college students choose not to seek professional counseling services for assistance (Eisenberg et al., 2011). Prolonged untreated mental health needs have been associated with greater risks of negative mental health, academic and social outcomes amongst college students (Breslau et al., 2008; World Health Organization, 2016). In efforts to address these needs, researchers have found support for students to benefit from counseling when faced with mental health or academic related stress issues (Choi et al., 2010; Niegocki & Ægisdóttir, 2019).

Within the college student population, racial and ethnic minority students tend to underutilize counseling services at significantly lesser rates than White or European American students, despite similar rates of presence of mental health disorders (Alvirdez et al., 2008; Cheng et al., 2013; Eisenberg et al., 2011; Sun et al., 2016). Investigators have found Black, Latino and Asian American students to seek counseling services at 10% of the rates of White/European students despite having similar rates of mental health concerns (Cheng et al., 2018; Loya et al., 2010). Compared to White students, racial and ethnic minorities have reported to have a higher premature termination rate and less-help-seeking attitudes (i.e. individual propensity to engage in professional counseling amid crises or in face of prolonged psychological distress) towards counseling (Ang et al., 2007; Sun et al., 2016). Racial and ethnic minority students who experience untreated mental health symptoms, and who choose not to

utilize counseling services for treatment have shown to exhibit negative physical, psychological, and academic-related stress outcomes (Cheng et al., 2013; Kam, et al., 2018; Miranda et al., 2015; Sun et al., 2016).

Underutilization of counseling services despite facing psychological stressors creates an opportunity to explore what factors perhaps influence racial and ethnic minority students' decisions to seek counseling services, or whether these students perceive these services as helpful for mental health, academic, and social-related issues. Research has highlighted racial and ethnic minority students to hold less than favorable attitudes about seeking counseling despite experiencing moderate to high mental health and academic related stressors as compared to White students (Cheng et al., 2018; Loya et al., 2010; Wallace & Constantine, 2005; Wu et al., 2017). In this context, research considering the impact of these specific factors on psychological help-seeking and marginalized populations can be used to teach counselor trainees to provide culturally responsive care and support to these populations (Brigg et al., 2014, 2011; Huffstead, 2019).

In the beginning of the chapter, I discussed factors that have been associated to the help-seeking process of racial and ethnic minority college students. The focus then shifted to African American male students and their respective help-seeking behaviors. The purpose of this shift was to provide context for understanding the help-seeking behaviors of a specific subpopulation of racial and ethnic minority students and potential within-group differences of these subpopulations. I presented factors which have been associated to the help-seeking process for these students, and potential areas for investigation.

African American Male College Students

Amongst racial and ethnic minority students, African American male college students (AAMCS) have been associated to have even lower intentions to seek professional counseling services than White students or African American female students in face of rising mental health needs (Duncan, 2003; Duncan & Johnson, 2007; Mushonga & Henneberger, 2020; Neacherou, et al., 2018; Ward & Besson, 2012). AAMCS appear to be less open to seeking counseling (e.g. individual, couples, family, etc.), due to holding more negative views about those who seek counseling as opposed to female students (Vogel et al., 2011). This finding about gender differences in help-seeking appears to be representative of a larger domain of masculine endorsed norms about seeking help (Lane & Addis, 2005; Mansfield et al., 2005; Wester, 2008). Common masculine norms in the United States include, that men should carry a stoicism with emotional control, and that they should be self-reliant, reluctant to seek assistance with any form of distress (Mahalik et al., 2003). It is also important to note from their study, AAMCS are known to embrace those norms than White/European men, which may contribute to their lower intentions to seek counseling (Vogel et al., 2011).

Another potential factor to consider in AAMCS help-seeking behaviors is the lack of institutional support in the form of recruitment and retaining diverse students, faculty and administration/staff (Planty et al., 2009). For example, Duncan and Johnson (2007) found Black students to prefer working with counselors of shared racial identity. Duncan and Johnson further suggest the recruitment and retention of these staff members can help mitigate levels of mistrust and increase help-seeking behavior. AAMCS have been found to have lower retention and graduation rates than college students as a whole at two to four-year colleges in the U.S. implicating institutions to examine how they are supporting the holistic development of these students (Greer & Chivaliz, 2007; Planty et al., 2009; Schwitzer et al., 2018). The holistic

support often comes in the form of both culturally responsive practice of educators and administrators as well as identity-shared representation of personnel in those roles (Brooks et al., 2013; Townes et al., 2009) Although the relationship between help-seeking and academic retention or graduation has not been investigated, there exists an opportunity to explore the disconnection between AAMCS and how institutional supports such as counseling centers and student affairs offices, can influence help-seeking in a positive direction. Despite the literature supporting the benefits of engaging in counseling on academic and mental health related needs (Eisenberg et al., 2009b; Gallagher, 2013; Schwitzer et al., 2018), it is unclear as to why AAMCS appear not to engage in utilizing such services. The exploration of intentions to seek counseling amongst AAMCS is important for understanding how colleges (e.g. administrators, educators, counselors etc.) provide support for this particular student sub-population.

The growing problems of mental health-related illness amongst the general college student population present further threats to retention and academic success (Eisenberg et al., 2009b). Higher education institutions are encouraged to provide support and access to services which encourage the holistic development of the student (American Council on Education, 1994a; 1994b). Research exploring factors related to why AAMCS tend to underutilize counseling services provide opportunity for higher education institutions to adjust practices to accommodate these students towards academic achievement as well as improving retention rate of historically underrepresented student populations.

Problem Statement

AAMCS appear to utilize counseling services at a significantly lower rate compared to their White and African American female student counterparts, which present potential threats to overall well-being of this population, leaving them a particularly vulnerable group. Researchers

have found prolonged untreated mental health symptoms can result in poorer academic and health related outcomes (Choi et al., 2010; Niegocki & Ægisdóttir, 2019). AAMCS who present greater risks to experience untreated mental health disorders such as depression and anxiety, are not experiencing the support they need for academic, physical and psychological wellness (Ward & Besson, 2012). As a means for providing support, it is important for institutions to consider the factors which may be associated as to AAMCS' underutilization of counseling services.

AAMCS's underutilization may be due to multiple factors including, perceived need of counseling services (Miranda et al., 2015), mental health related stigma (Cheng et al., 2013; Kam et al., 2018; Wu et al., 2017; Vogel et al., 2011), lack of culturally competent care (Townes et al., 2009; Wallace & Constantine, 2005), and spiritual coping (Ayalon & Young, 2005; Avent et al., 2015). These factors seem to reflect microcosms of greater disparities between the general African American population and counseling utilization. For example, the American Psychiatric Association (APA, 2017) reported African Americans have generally had similar mental health issues to that of the general U.S. population, however lack of culturally competent care, stigma related to mental health care, and lack of insurance all presented as barriers for treatment for mental health issues in African Americans (Miranda et al., 2015; Wallace & Constantine, 2005; Vogel et al., 2011). These factors have also been associated with a preference for spiritual or religious assistance in the face of mental health related issues amongst African American populations (Avent & Cashwell, 2015; Avent Harris et al., 2015; Barksdale & Molock, 2009; Harris et al., 2020). Although spiritual and religious assistance have been a preferred source of assistance, many African Americans have found these services to be limiting in addressing mental health related problems (Cashwell et al., 2010; Constantine et al., 2003).

Researchers have further suggested a relationship between negative help-seeking attitudes and negative mental health outcomes amongst AAMCS (Kam et al., 2018; Stansbury et al., 2011; Ward & Besson, 2012). AAMCS who held negative beliefs/attitudes about seeking counseling also posed a risk of long-term depression and institutional and academic stress (Eisenberg et al., 2009b; Kam et al., 2018). It is important for counselors, educators and administrators to understand the factors to the help-seeking process to learn how they can provide support and engage in competent practice to this population (CACREP, 2016; CAS, 2019).

Stigma, which can be broadly understood as the mark or flaw which comes from holding a label (see 'Defining Stigma, Mental Health Literacy & Self-Construal' section). Stigma has been further delineated into two components, public and self (Corrigan, 2000). *Public* stigma refers to the flaw in which society holds about a particular label (e.g. being labeled mentally ill). Whereas *self*-stigma refers to flaw one internalizes about having a label (Pescosolido & Martin, 2015). In particular, African American college students hold greater public stigma towards seeking counseling than White students (Masuda et al., 2012). In this context, public stigma refers to negative conceptualizations one has about others utilizing or seeking counseling services (Corrigan, 2004). Amongst racial and ethnic minorities, researchers have documented AAMCS to endorse greater public stigma as compared to female students, which has been associated with lower intention to seek counseling services (Bathje & Pryor, 2011; Golberstein et al., 2008). Both public and self-stigmas have been stated to deter African American students away from seeking counseling services, however these studies have focused on predominately female student samples (Bathje & Pryor, 2011; Barksdale & Molock, 2009; Vogel et al., 2011; Wu et al., 2017). Although stigma appears to be an influential factor to help-seeking process of

college students, it is possible this factor affects the help-seeking behavior of AAMCS differently than the general college student population. I aimed to document the factors which have been cited to influence help-seeking but have not been explored with AAMCS to provide context for the current study.

There are additional factors which have been cited as positive factors to increasing the help-seeking behaviors of college students such as mental health literacy (e.g. how one understands information related to mental health symptoms, diagnoses and treatment) (Bonabi et al., 2016; Cheng et al., 2013; 2018; Crowe et al., 2018) and self-construal (i.e., how an individual constructs meaning of the self; Hwang et al., 2019; Omori, 2007; Rogers-Sirin et al., 2017; Shea & Yeh, 2008; Shea et al., 2017; Song et al., 2019; Yalçin, 2016; Yeh, 2002). However, these factors have yet to be explored with AAMCS populations. Research has supported evidence of how inadequate knowledge about healthcare also can contribute to improving help-seeking attitudes towards mental health utilization (Cheng, et al., 2018). Similarly, research supports individuals who hold higher self-construal to have more favorable attitudes towards seeking counseling (Omori, 2007; Rogers-Sirin et al., 2017; Song et al., 2019). However, it is unclear whether these factors have influence on AAMCS intentions to seek counseling.

Although stigma, mental health literacy and self-construal have been shown to be significant to the help-seeking behaviors of the general college student population, these variables have not been given much attention on AAMCS populations (Cheng et al., 2015, 2018; Shea & Yeh, 2008; Vogel et al., 2007a, 2011). Taken collectively, the literature on the help-seeking behaviors of AAMCS has yet to consider how some of these more robust factors of stigma, mental health literacy and self-construal significantly impact the help-seeking process of AAMCS. Since it is yet to be investigated whether these three factors (stigma, mental health

literacy and self-construal) have an influence on help-seeking with AAMCS, I wish to address this gap by taking these factors and exploring whether these factors collectively impact whether AAMCS intend to seek counseling. Although stigma (i.e. public and self) and mental health literacy have been examined amongst help-seeking behaviors of the general college student population, this study aims to explore how those variables alongside self-construal impact the help-seeking behaviors of AAMCS. An investigation into stigma, mental health literacy and self-construal will potentially aid in educating professionals on areas to provide support for AAMCS. An exploration of these variables present areas for professional counselors to understand factors to help-seeking amongst a historical marginalized population, developing knowledge for culturally competent practice (CACREP, 2016; Ratts et al., 2016). Additionally, educators and administrators can benefit by learning ways to provide support for AAMCS's through understanding how these factors may affect their help-seeking behaviors.

There exists literature addressing help-seeking factors amongst AAMCS, however most of these studies have focused on individual's attitudes with the presumed assumption of saliency towards racial identity and interdependent values (Duncan, 2003; Duncan & Johnson, 2007; Ratliff et al., 2016; Townes et al., 2009; Wallace & Constantine, 2005). This suggests AAMCS to engage in help seeking in a monolithic pathway, without giving attention to how individuals construct their identities independently or interdependently. AAMCS help-seeking behaviors are then assumed to be influenced by racial identity and cultural mistrust, dismissing whether these factors are influenced by one's own meaning of defining self and knowledge of mental health-related issues (Shelton et al., 2017; Stansbury et al., 2011). At this point, no study has been conducted to examine how stigma, mental health literacy, and self-construal relate to the help-seeking behaviors of AAMCS. Regarding predicting help-seeking behavior amongst AAMCS, it

was my goal to incorporate factors which explore how each individual in this group understands meaning of the self, and its potential influences on individual intentions to seek counseling. Therefore, I have positioned Ajzen's (1991) Theory of Planned Behavior as a theoretical framework for this study, with the intention of exploring how the components of stigma and mental health literacy, and self-construal are potentially influential in predicting the help-seeking behaviors amongst AAMCS.

Theoretical Framework

The Theory of Planned Behavior (TPB) is derived from the Theory of Reasoned Action by Ajzen and Fishbein (1980). TPB supposes aspects of human behaviors are associated with particular factors, and those factors are closely influenced by one another. Ajzen (1991) concluded the purpose of TPB is not to predict all human behavior nor claim to explain behavioral variation across populations, but rather emphasize how specific factors are more influential to a behavior than general factors and character traits. An example of this would be someone's willingness to donate money to charity is perhaps influenced more by one's social context, perceived control and attitudes (specific factors) toward that behavior rather than one's ability to obtain money or get a job (general factors).

Purpose of the Study

The purpose of this study is to investigate the help-seeking intentions of AAMCS. Specifically, this study will explore relationships of stigma, mental health literacy, and self-construal with the help-seeking intentions of AAMCS. Research on the help-seeking process amongst AAMCS is sparse (Barksdale & Molock, 2009; Duncan, 2003; Wallace & Constantine, 2005). The majority of studies examining help-seeking amongst college student populations are conducted on a predominantly White and female student population. Although much attention

has been given to the help-seeking behaviors of college students (Cheng et al., 2013, 2015, 2018; Shea et al., 2019, Sun et al., 2016; Vogel et al., 2007a, 2011; Wu et al., 2017), little to no attention has been given to the help-seeking behavior of AAMCS on college campuses. This indicates that less information is publicly known about the psychological help-seeking behaviors for AAMCS.

Another goal is to determine the relationships amongst stigma, mental health literacy and self-construal as they relate to the help-seeking process. There exists literature implicating the role of public and self-stigma on the help-seeking behaviors of college students, however those samples focused on large, predominately White/European sample or small sample of African American college students (Cheng et al., 2018; Crowe et al., 2018; Vogel et al. 2006; 2007b). This study is designed to address this gap by focusing on how stigma (public and self) influence the help-seeking intentions of AAMCS. Similarly, researchers have suggested that improving education about mental health will result in greater positive intentions to seek and utilize professional counseling services amongst racial and ethnic minority college students (Barksdale & Molock, 2009; Eisenberg et al., 2011; Cheng et al., 2018; Wu et al., 2017). However, it is unclear to what degree mental health literacy affects AAMCS's intentions to seek counseling. In addition, researchers have found self-construal to positively influence whether one decides to seek counseling (Hwang et al., 2019; Rogers-Sirin et al., 2017; Shea & Yeh, 2008). However, much of that research is focused on an Asian international or Asian-American population, with very few sub-samples of African American college students. It is therefore my intention to explore whether stigmas (public or self), mental health literacy and self-construal implicate the help-seeking behaviors of AAMCS.

Research Questions

Goals of this dissertation are to examine whether (1) public stigma, self-stigma, mental health literacy and self-construal are significantly correlated amongst a sample of AAMCS, and (2) whether public stigma, self-stigma, mental health literacy, and self-construal will significantly predict intentions to seek counseling amongst AAMCS. As such, this dissertation is aimed at identifying whether specific factors associated with help-seeking in general college student populations, which largely consist of White, female college students (Vogel et al., 2006, 2007; 2011) are significant in the help-seeking behaviors of AAMCS. I present the following guiding research questions in the next section.

This dissertation is aimed at addressing the following research questions.

RQ1) Does public stigma predict AAMCS' intentions towards seeking counseling while controlling for demographic variables?

RQ2) Does self-stigma, along with public stigma, predict AAMCS' intentions towards seeking counseling while controlling for demographic variables?

RQ3) Does mental health literacy, along with stigma (public and self), predict AAMCS' intentions towards seeking counseling while controlling for demographic variables?

RQ4) Does self-construal (independent and interdependent), along with stigma (public and self) and mental health literacy, predict AAMCS' intentions towards seeking counseling while controlling for demographic variables?

Definition of Terms

Help-Seeking Attitudes

Help-Seeking Attitudes are defined as the positive or negative feelings directed towards seeking counseling services. According to TPB, attitudes represent one factor influencing help-seeking intentions. In effort to capture this attitude component of TPB, I position self-stigma as

the attitude reflected by AAMCS in this current study. Both public and self-stigma have been associated as negative help-seeking attitudes in help-seeking research (Loya et al., 2010; Sun et al., 2016).

Help-Seeking Intentions

Help-Seeking Intentions are defined as the intentions (positive and negative) one possesses towards seeking professional mental health services. This definition was adopted from studies on help-seeking behaviors (Mesidor & Sly, 2014; Shea et al., 2019). In addition, this definition is derived from conceptual framework for this dissertation, TPB. Although many help-seeking researchers have used help-seeking intentions and help-seeking behavior interchangeably (Barksdale & Molock, 2009; DeBate et al., 2018; Fripp & Carlson, 2017), within TPB, intentions and behaviors are treated as separate constructs which all work together to predict social behavior. In the context of this dissertation, help-seeking intentions will be viewed as a separate factor grounded in TPB.

Stigma

A contemporary definition of stigma is divided between two camps, Self/internalized and Public/perceived (Corrigan, 2004). *Self-stigma* or *internalized* stigma (Tucker et al., 2013) is when the individual holds the perception that they do not feel socially accepted. It is a belief that by participating in mental health services, the individual will have a decreased self-regard and overall self-worth (Corrigan, 2004; Vogel et al., 2006). An example of this attitude would be the statement, “I would feel inadequate if I went to a therapist for psychological help” (Vogel et al., 2007a, p. 42).

Public Stigma. Public or perceived stigma is the belief held by the individual that society perceives those who seek counseling as socially unacceptable or flawed. It is the individual’s

beliefs about how the public negatively perceives their psychological disorder (Busby Grant et al., 2016). It is sometimes also referred to as *social stigma* (Busby Grant et al., 2016; Vogel et al., 2006). An example of public stigma would be the individual negative belief that somebody with a mental illness is undervalued because of their present mental illness symptoms and needs for psychological treatment (Link, 1987; Vogel et al., 2007a). Researchers have found support for both public and self-stigma to be significantly negative factors to the help-seeking process with general college student populations (Barksdale & Molock, 2009; Vogel et al., 2006; Vogel et al., 2007a).

Self-stigma. Self-stigma is defined as the belief that by participating in mental health services, the individual will have a decreased self-regard and overall self-worth. Self-stigma has been documented as an influential factor to reduced counseling and psychological help-seeking (Clement et al. 2015; Tucker et al. 2013; Vogel et al., 2011). Although the impact of self-stigma perspectives on AAMCS' help-seeking behaviors is unclear, there is evidence to support the impact of self-stigma on college student help-seeking behaviors. Self-stigma has been assessed as impacting the help-seeking process of the general college student population more so than public stigma (Cheng et al., 2018; Vogel et al., 2006; Vogel et al., 2007a

Mental Health Literacy

The next factor of inclusion in this study is mental health literacy. *Mental health literacy* is derived from the larger context of health literacy within public health literature. Health literacy is defined as the abilities of people to understand and maintain health while also recognizing illness (Kutcher et al., 2016; World Health Organization, 2013; 2016). Mental health literacy refers to how one obtains and maintains positive mental health (Kutcher & Wei, 2014). Initially, mental health literacy was conceptualized as knowledge in which an individual is equipped in

their recognition and prevention of mental illness (Jorm et al., 1997). Jorm et al. (1997) further articulated how understanding of mental health literacy leads to the development of self-help strategies and aiding the help-seeking process. Recognition of diagnostic symptoms, psychoeducation, and low stigma of mental illness have all been metrics used to explore the construct of mental health literacy (Cheng et al., 2018; Crowe et al., 2018; Stansbury et al., 2011). Mental health literacy is additionally defined as one's ability to understand mental health disorders and therefore reduce stigma associated with mental illness (Kutcher et al., 2016). The latter half of the definition has led researchers to explore the relationship between self-stigma and mental health literacy (Cheng et al., 2018; Crowe et al., 2018).

Self-Construal

Self-construal is defined as how an individual constructs meaning of the self in any given context. Markus and Kitayama (1991) saw this concept emerge as they reviewed the difference between self-construal between American and Japanese cultures. American/Western cultures generally valued individual priorities as opposed to group. Individuals are encouraged to seek independence and value autonomy. Whereas in Japanese/Eastern Asian cultures, the group is prioritized, and individuals seek dependency and rely on interdependency with one another (Cross et al., 2011). Markus and Kitayama (1991) went on to further delineate self-construal to two sub-concepts: independent and interdependent.

Independent Self-Construal. Independent Self-Construal (IndSC) is defined as how people construct meaning of themselves independently of others. Individuals aspire to be unique and self-esteem is built through demonstrating one's uniqueness (Markus & Kitayama, 1991). IndSC fundamentally described how Europeans and Americans construe their concept of self from an individualist perspective (Cross et al., 2011; Markus & Kitayama, 1991). When

individuals are asking of themselves “Who am I?”, Markus and Kitayama (1991) described individuals with high IndSC to focus on internal traits that are secure across contexts (e.g. ambitious, outgoing, hard-working) or traits which separate oneself from others (e.g. critical thinker). Higher IndSC demonstrates one’s desire to display their uniqueness as a basis for constructing one’s self-esteem. Markus and Kitayama (1991) also noted individuals’ who demonstrate higher IndSC do not disregard interdependence or interpersonal relationships, but rather those relationships are a source of building one’s self-esteem through social comparison.

Interdependent Self-Construal. Interdependent Self-Construal (InterSC) is described as how individuals within communities construe their concept of selves as an interconnectedness with others (Cross et al., 2011; Markus & Kitayama, 1991). Markus and Kitayama (1991) further explained that individuals who possess high InterSC focus on the importance of relationships when posed with the “Who am I?” question. Individuals will likely refer to importance of relationships and identify with roles that represent connectedness (e.g. coworker, sibling, partner) or membership within a larger group context (e.g. Asian American). Self-esteem is determined by how an individual identifies with a group. In the presence of stress or challenge, it is a characteristic of those with InterSC to change behavior to respond and accommodate the demands needed to maintain harmony in group (Cross et al., 2011). Individuals with high InterSC are focused on interpersonal relationships and specifically how they benefit or help support the group. Similarly, to IndSC, individuals build their self-esteem through social comparison. However, social comparison in this context is transfixed on how they view themselves in respect to others (e.g. How can I be a better friend?).

Chapter Summary

By examining how stigma, mental health literacy and self-construal are associated with help-seeking intentions of AAMCS, counselors are then privy to information to address and broach when working with members of this population. Counselors may be working with members who do hold strong racial and cultural ties, who hold stigmas about seeking counseling and perhaps are uneducated about professional counseling. The findings from this research are to inform counselors and educators on target areas to address with AAMCS as well as advocate/educate the public about the counseling profession.

The roles of public stigma, self-stigma and mental health literacy have been implicated as being influential to the help-seeking process of college students. However, their particular influence has yet to be explored with AAMCS. The purpose of this dissertation is to explore whether stigma (public and self) mental health literacy and self-construal will significantly predict intentions to seek counseling amongst AAMCS. The inclusion of self-construal as a factor is to account for individual's construction of identity as a separate process rather than assume affinity to cultural saliency regarding help-seeking behaviors amongst AAMCS. Additionally, investigations into this area of inquiry will potentially provide ways of approaching counseling a minority student population that historically underutilizes counseling during distress. This study will provide more empirical literature on the relationship between public stigma and self-stigma with this particular population. Addressing whether these factors have similar relationships with help-seeking can lead to development of services for support, and/or more concise instruments to describe help-seeking experiences of AAMCS more accurately. I shall discuss the literature has done more of the latter than the former in the next chapter.

Chapter II: Literature Review

Public stigma along with self-stigma and mental health literacy been found to be significant factors of the help-seeking experiences amongst general college student samples (Bathje & Pryor, 2011; Cheng et al., 2018; Crowe et al., 2018). However, there is a need to explore whether these variables are a significant determinant of African American Male College Students' (AAMCS) help-seeking intentions. This dissertation addressed the degree of influence public stigma, self-stigma, mental health literacy, and self-construal engage on AAMCS's help-seeking intentions grounded in Theory of Planned Behavior (TPB; Ajzen, 1991). Researchers have found support on how public stigma negatively affects African American college students' intentions however, the majority of those students were primarily female (Barksdale & Molock, 2009; Eisenberg et al., 2009a; Mesidor & Sly, 2014). Additionally, there is no empirical support for how self-construal, (how AAMCS' construct meaning of themselves) is an influential predictor of help-seeking behavior among AAMCS.

The focus of this chapter is to contextualize the help-seeking intentions of AAMCS and explore the empirical literature around public stigma, self-stigma, mental health literacy, and self-construal. I reviewed the empirical literature around these specific factors and their relationship to help-seeking to provide grounding information for the dissertation. I began with discussing the guiding theoretical framework for this study, then review literature for the particular factors of inquiry for this dissertation (i.e. help-seeking intentions, public stigma, self-stigma, mental health literacy and self-construal). The chapter will conclude with a brief discussion on how this dissertation was aimed to contribute to the greater help-seeking literature; providing an exploration on how these factors ought to be explored with AAMCS.

Theory of Planned Behavior

Multiple theories and frameworks exist for discussing help-seeking behavior (Ajzen, 1991; Cauce et al., 2002; DeBate et al., 2018; Vogel et al., 2006). Models differ in terms of having more heuristic, theoretical or some combination of both origins (Ajzen, 1991; DeBate et al., 2018). Help-seeking theories differ by facets in which they focus on adaptive or non-adaptive practices that influence help-seeking behavior. Some theories are focused on aspects of an individual's ability to recognize a problem in order to improve one's ability to seek help (Cauce et al., 2002; DeBate et al., 2018). Others have focused on how an individual's intentions, control and perceived norms are crucial to improving help-seeking behaviors (Ajzen, 1991; Hashim, 2004).

For the purposes of this dissertation, I position the Theory of Planned Behavior (TPB; Ajzen, 1991) as the theoretical framework for guiding this research. The purposes for choosing this theory is its empirical validity amongst psychological help-seeking with college student populations as well as its emphasis on prediction of human behavior (Hess & Tracey, 2013; Mo & Mak, 2009; Shea et al., 2017). More specifically, this theory has also shown some validity amongst predicting help-seeking behaviors of racial and ethnic minority college students (Mesidor & Sly, 2014; Shea et al., 2019). This is significant because help-seeking research has been predominately conducted on White, female college student populations, and the use of models and frameworks which can speak to the diversity of college student demographics is encouraged (Cauce et al., 2002; Shea et al., 2019). Additionally, TPB suggests behavioral intentions are the primary determinant of help-seeking behavior (Ajzen, 1991). As a way to investigate potential behavior, an additional aim for this dissertation was directed at exploring the possible determinants of help-seeking intentions as it relates to AAMCS. A brief overview of the theory is presented in the next paragraph.

Ajzen (1991) developed a framework for predicting human behavior, which focused on understanding how general and specific factors influence observed behavior. TPB consists of three cognitive-based frames which influenced a fourth frame of predicted intentions, which in turn produces targeted behavior. The three frames are *attitude*, *subjective norm*, and *perceived behavioral control*. Attitude represents how an individual evaluates or perceives the specific behavior. Subjective norms represent the social norms and expectations of engaging in particular behavior as experienced by the individual. Perceived behavioral control represents the perception of difficulty or ease with engaging in the behavior. These three concepts operate independently to influence intentions, which is further hypothesized to influence behavior.

TPB is adaptable and has been utilized to test for predictions of mental health help-seeking behavior for racial and ethnic minority students in college settings (Mesidor & Sly, 2014; Shea et al., 2019; Song et al., 2019). Mesidor and Sly (2014) confirmed TPB and its subcategories to predict help-seeking behavior amongst African American and international students. Specifically, Mesidor and Sly (2014) confirmed the subjective norm and perceived behavioral control frames to significant predictors of help-seeking intentions of African American students. Mesidor and Sly explicitly aimed to confirm TPB as a predictive model for their study. They particularly used a convenient sampling method of recruiting African American college students ($n=111$) from an HBCU and a small liberal arts college in the Southeast United States. In alignment with TPB, stigma was seen as a subscale for attitudes towards behavior. This study did not examine whether mental health literacy of cultural identity affected some of these factors of TPB, which I hypothesize are a significant piece of the help-seeking process. Nor did it focus on how this model relates to the help-seeking behaviors of AAMCS explicitly. Rather, the sample size for AAMCS in this particular study was small ($n=51$). It is one of my objectives to

recruit and focus solely on how this framework can be applied to AAMCS. Although the findings have some limitations, the results from Mesidor and Sly create an area for which to explore help-seeking intentions with AAMCS from this theoretical perspective.

TPB offers a framework for considering how sociocultural norms influence help-seeking attitudes amongst racial and ethnically marginalized population. The theory is meant to consider how individual as well as social factors influence ones' intentions and behavior. TPB incorporates and defines conceptual components in a way that allows prediction and explanation testing of social and behavioral intentions. Shea et al. (2019) investigated the validity of TPB in a large sample of racial and ethnic minority college students ($n=524$). Although the majority of the sample identified as Latinx ($n=236$) and only 4% ($n=21$) identified as African American, the analysis indicated the students experienced stigma and cultural barriers as subjective norms which impeded their decision to seek counseling. Students who demonstrated knowledge about where to seek help and experienced less stigma, also experienced greater behavioral control to engage in help-seeking.

Considerations for TPB

There are a couple of areas to consider when using TPB framework. First, TPB supports a one-dimensional relationship between intentions and cognitive frameworks. Ajzen (1991) noted "Some applications have found only attitudes to influence intentions or two of the three cognitive concepts to influence intentions and behavior." The fluctuation between predictor variable influence are contrary to the original intent that all three concepts predict intentions. Second, there has been question regarding the distinction of cognitive categories, particularly between subjective norms and attitudes. The lack of clear distinction between categories suggests each of the concepts can be compiled into a single concept to explain behavioral disposition

(Ajzen, 1991). Third, although it is sufficient in predicting behaviors, it cannot infer causal relationships, such that attitudes, subjective norms or perceived behavioral control explicitly cause behavioral action or change. Fourth, it separates the concepts of intentions and behaviors which in regard to help seeking, both concepts are used interchangeably (Bathje & Pryor, 2011; Fripp & Carlson, 2017; Sun et al., 2016; Shea et al., 2019). Fifth, the model implies that behavior is caused by the presence of these factors due to the relationship between perceived control and intentions, disregarding factors outside of the individual's control (e.g. policy, legislation, government), which may enact a more systemic influence on behavior (Bronfenbrenner, 1979). Regarding the focus of this dissertation, the use of TPB is meant to serve as a guiding principle for empirical investigation. It is not my intention to confirm TPB as a theory, but to guide the language use and researcher's decision making for this dissertation.

Integration in Current Study

It is therefore one of my objectives to recruit and focus on how this model can be a guide to understanding the help-seeking process of AAMCS explicitly. Further, the use of stigma, knowledge and cultural variables create an additional opportunity to investigate how these relate to the TPB framework (see figure 1.1 below for conceptual model). For this dissertation I conceptualized both IndSC and self-stigma to operate as attitudes towards behavior. I chose to categorize these variables because of their focus on individual experiences and emotions which are directed towards help-seeking (Hwang et al., 2019; Vogel et al., 2007a). I conceptualized public stigma and InterSC as subjective norms, because they represent how the individual perceives cultural groups and what is socially acceptable (Barksdale & Molock, 2009; DeBate et al., 2018). Lastly, I conceptualize mental health literacy as perceived behavioral control because of its association to action towards help-seeking as determined by how the individual

understands mental health (Kutcher et al., 2016). Some scholars have utilized mental health literacy as a subjective norm (White & Casey, 2017), therefore, it is encouraged for researchers to define how their constructs fit into the framework especially if the goal is confirmation of the theory (Spiker & Hammer, 2019; Shea et al., 2019)

In this dissertation, I explored whether the specific factors of public stigma, self-stigma, self-construal, and mental health literacy are significant predictors of the help seeking intentions around counseling amongst AAMCS. I utilized TPB as a guiding framework for this dissertation, in which self-stigma and IndSC are conceptualized as individual attitudes, public stigma and InterSC are conceptualized as subjective norms and mental health literacy is conceptualized as perceived behavioral control. Further, I explicitly state that the focus of this dissertation is not aimed at confirming the constructs within the TPB framework but rather using TPB as a guide for my own decision-making and methodological design.

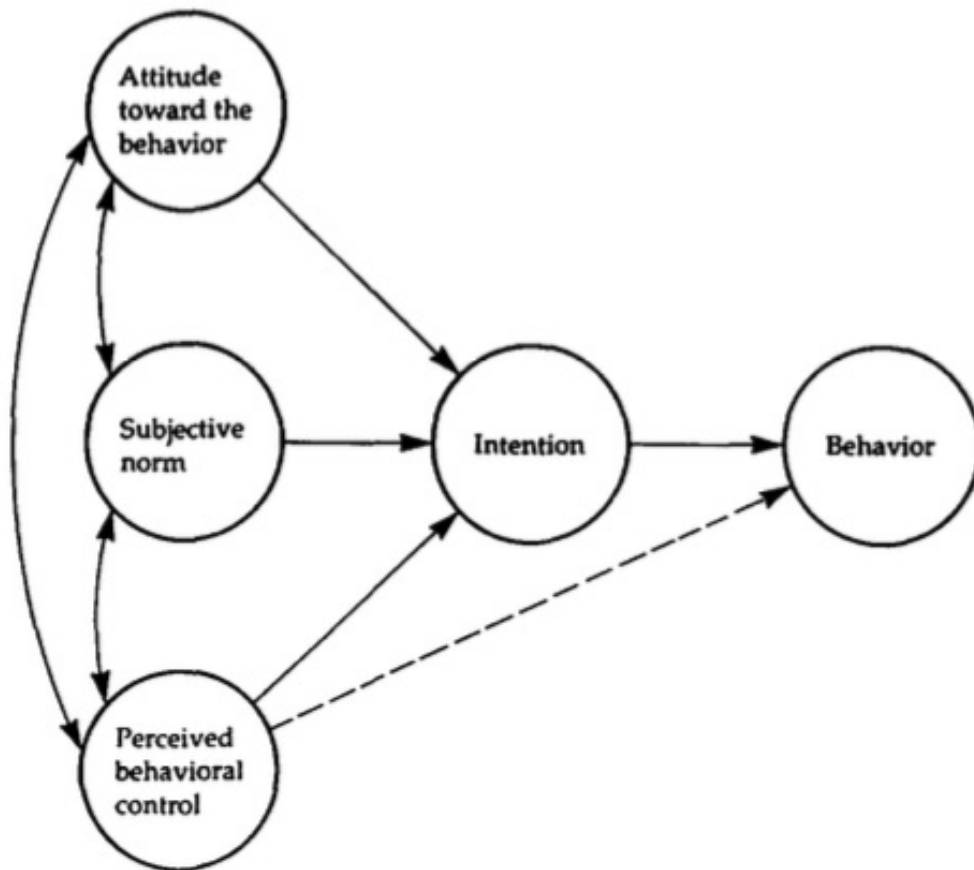


Figure 1.1. Theory of Planned Behavior Model (Ajzen, 1991)

Help-Seeking Intentions

The term help-seeking has been used to discuss tendency, attitudes, intentions and behaviors of populations, whether positively or negatively towards obtaining aid or health related services (Cheng et al., 2013; 2015; 2018; Eisenberg et al., 2009a; 2011; Shea et al., 2019; Sun et al., 2016; Vogel et al., 2007a; 2011; Wu et al., 2017). In their metanalysis, Sun et al. (2016) distinguished between negative and positive help-seeking attitudes. Positive help-seeking attitudes were the favorable perspectives towards seeking psychological help, whereas negative help-seeking attitudes are considered unfavorable towards seeking help (Sun et al., 2016).

Researchers have also distinguished help-seeking attitudes (reflecting emotions and feelings directed at counseling services) from help-seeking intentions and behavior (reflecting actions directed towards engaging in counseling services (Ajzen, 1991; Fripp & Carlson, 2017; Mesidor & Sly, 2014; Shea & Yeh, 2008; Shea et al., 2019; Vogel et al., 2007a). For this dissertation, help-seeking intentions is defined as the intentions (positive or negative) one possess towards seeking and engaging in counseling services. I adopted this definition from help-seeking researchers (Shea et al., 2019; Sun et al., 2016).

Though there has been increase in investigating the help-seeking intentions of college students, they typically reflect an overwhelming White population majority (Eisenberg et al., 2011; Vogel et al., 2006; 2007a). In addition of the research focused on racial and ethnic minorities, those studies reflect a majority of Asian American or Asian international student populations (Sun et al., 2016). The results of these studies unfortunately do not shed light on other racial ethnic minorities such African American students and their respective help-seeking intentions. Rather, in their metaanalyses about racial and ethnic minorities, Sun et al. (2016) revealed only 12.56% ($n=26$) of help-seeking studies focused on African Americans. It is also unclear how many of these studies focused on the help-seeking intentions of college students. Therefore, this dissertation was directed to investigate the help-seeking intentions amongst African American male college students (AAMCS). In an effort to explore the help-seeking intentions of AAMCS, I contextualized this population within the larger group of African American college students in the next section.

Amongst African American College Students

The growing presence of mental health disorders amongst AAMCS may be indicative of lower help-seeking intentions from African American men in community contexts (Briggs et al.,

2014; Ward & Besson, 2012). Researchers have documented African American men outside of the college context tend not to seek professional counseling and other mental health services (Alvirdez et al., 2008; Clement et al., 2015; Eisenberg et al., 2011). More specifically, Eisenberg et al. found White students to be three times as likely to go to counseling than racial and ethnic minority students. In comparison with African American students in particular, that number dropped to twice as likely. The disparities were similar across gender, with female students being twice as likely to use counseling services than male students.

Researchers have suggested some help-seeking factors such as stigma and mental health literacy are universally experienced despite cultural factors (Vogel et al., 2006; Wei et al., 2015). However, it is possible these same factors do not affect AAMCS the same way that they do the general population. Scholars have investigated whether public stigma, self-stigma and mental health literacy are predictive of help-seeking amongst college students, however, much of that research is validated on predominately White/European, female samples (Eisenberg et al., 2009a, 2011; Vogel et al., 2006, 2007a, 2011), or focus on a particular mental health disorder and population such as children with attention deficit hyperactivity disorder (ADHD; Waite & Tran, 2010), adolescents (Cauce et al., 2002; O'Connor et al., 2014) and severe mental health related issues such as suicide and depression (Ko, 2018; Maggaard et al., 2017; Seward & Harris, 2016). Conversely, these variables have had little exploration with African American samples, without exception for the AAMCS. These studies thus create a potential area for exploration of the predictive influence of these variables on help-seeking intentions of AAMCS.

The empirical evidence about AAMCS' help-seeking intentions is scarce (Duncan, 2003; Mesidor & Sly, 2014). This is perhaps due to most studies that include this demographic tend to have a larger female student population and a sparsity of male students (Barksdale & Molock,

2008; Duncan, 2003; Duncan & Johnson, 2007; Masuda et al., 2012; Wallace & Constantine, 2005). In studies that have investigated help-seeking amongst African American students there has been evidence that African Americans would seek help from spiritual clergy, friends and family for mental illness or psychological distress related issues (Anderson, 2018; Barksdale & Molock, 2009; Townes et al., 2009). However, these findings do not reflect the help-seeking behaviors of AAMCS explicitly. It was therefore an objective of this current dissertation to investigate factors that influence the help-seeking behaviors of AAMCS.

Along this help-seeking preference, it should be noted fear of being labeled mentally ill and stigmatization related to mental health have been considered factors against African American students seeking counseling services. Austin et al. (1990) suggested Black students to hold stigmas of being labeled mentally ill, and further hypothesized this as a factor of counseling underutilization. Although long suggest, Austin et al. did not investigate this claim, but rather offer their resource as a way for counselors to conceptualize help-seeking behaviors of African American college students. Austin et al. further hypothesize low help-seeking behaviors amongst Black students influenced more by cultural views towards counseling (e.g. cultural mistrust, unmatched counselor identity), and the high degree of access towards supports such as spiritual clergy. The preference for a spiritual help-seeking as opposed to mental health professional help-seeking presents a possible threat to the psychological well-being of these students. As African American students seek to go to spiritual clergy for mental health disorders or stress-related issues, there is a risk of not having psychological needs met by a trained clinical professional and experiencing spiritualization or psychological avoidance (Cashwell et al., 2010; Constantine et al., 2003). In an effort to investigate the hypothesis of stigma as shared by Austin et al. (1990), it

was the purpose of this dissertation to explore the predictive influence of both public and self-stigma on the help-seeking intentions of AAMCS.

Counseling services on college campuses are in unique positions to address the academic, personal and psychological challenges which African American students encounter. Brinson and Kottler (1995) offered a series of suggestions about help-seeking with African American students. They specifically argue for counselors and mental health professionals to engage in outreach practices to help improve the help-seeking intentions of African American students. Additionally, Rosenthal and Wilson (2008) further corroborated the low help-seeking behaviors of the African American students. Using a convenient sampling procedure of recruiting from two schools in New York City, Rosenthal and Wilson tested whether participants sex, race and social class would be associated with counseling utilization. They investigated the counseling utilization of 1,773 diverse undergraduate, of whom 49% ($n=868$) identified as Black/African American. However, of the total demographic of participants only 30% ($n=532$) identified as male, and the exact number of AAMCS is unknown. They were able to find although 83% ($n=1,479$) demonstrated moderate to severe clinical distress, roughly 90% ($n=1,593$) of the sample had never sought counseling for treatment of distress. Although these findings reveal severe underutilization of counseling amongst the total college student population, the suggestions for improving help-seeking behavior were not investigated. Rather Rosenthal and Wilson encourage future researchers to examine an individual's knowledge about where to obtain help, and how this may improve help-seeking behavior. For the purposes of this dissertation, it was my intention to investigate how individual knowledge about the counseling (i.e. mental health literacy) influences help-seeking behavior of AAMCS.

Influential Factors for AAMCS

In effort to explore some of those factors which may hinder help-seeking among African American college students, Barksdale and Molock (2009) explored how family norms may play a significant role in influencing help-seeking intentions of African American college students. They conducted their analyses under a framework in which stigma negatively impacted this populations' intentions to seek counseling services on campus, and negative familial norms (e.g. believing a family member who needs counseling to be perceived as weak) correlates with public stigma. The findings indicated across all participants, those who perceived negative peer and family norms, also had lower intentions to seek counseling. However, African American students possessed greater negative family and church norms towards seeking counseling. This perhaps sheds light on the preference of trust in community for help-seeking as opposed to seeking a mental health professional.

Although this study provides empirical support for help-seeking amongst African American college students, there exist some limitations, of which this dissertation is aimed at addressing. First, the findings indicate African American students engage in help-seeking behaviors with saliency to familial and religious norms. In order address the influence of norms, this dissertation was aimed to account for that by exploring how individuals construct meaning of themselves (i.e. self-construal) impacts the individual's decision to engage in help-seeking. Second, due to the majority presence of female students ($n=144$) as compared to male ($n=75$), these findings are then difficult to generalize to AAMCS. I therefore aim to address this gap by tailoring the sample to AAMCS, Lastly, although public stigma was found to correlate with familial norms, it was not examined in relationship to help-seeking. In order to address this gap, I investigated the predictive influence of public stigma on the help-seeking intentions of AAMCS.

Afrocentric Values

Wallace and Constantine (2005) investigated the relationships amongst cultural factors such as self-concealment, Afrocentric values (AS) and psychological help-seeking. Wallace and Constantine recruited a convenient sample of African American college students ($n=251$) from a predominately White institution in the northeastern region of the US. Within that sample, 41.4% ($n=104$) identified as male. As a result of their study, Wallace and Constantine (2005) found AS to positively predict both self-concealment and public stigma. Although AS was significant with public stigma, it was not found to be significant with help-seeking attitudes. Researchers have often conceptualized aspects of AS such as “The focus of keeping things within the family” as self-concealment (Barksdale & Molock, 2009; Larson & Chastain, 1990; Masuda et al., 2012). Wallace and Constantine documented how AS factors such as communalism and collectivism have served as resources for African Americans during times of psychological and emotional distress. Although AS did not appear significant to help-seeking behaviors of AAMCS, the values reflected within that construct showed how cultural factors can be associated to help-seeking factors. As a way to address this limitation, an aim of the present dissertation is to incorporate the factor self-construal rather than AS and self-concealment (see “Self-Construal from chapter 1) to account for cultural saliency. By incorporating self-construal, this dissertation was aimed at utilizing a factor which does not presume AAMCS to hold saliency towards Afrocentrism or self-concealment values, but perhaps construe their identity of themselves differently which affects their views on help-seeking.

Researchers have also found evidence for considering cultural contexts, such as institutional type, as factors which influence the help-seeking behaviors of African American college students (Duncan, 2003; Duncan & Johnson, 2007; So et al., 2005). Duncan and Johnson (2007) initially investigated the help-seeking attitudes towards counseling and counselor

preference amongst 315 Black undergraduate college students at Historically Black Colleges and Universities (HBCUs). Of the 315 students, 62.2% ($n=196$) identified as female and 37.8% ($n=119$) identified as male. Similar to Wallace and Constantine (2005), Duncan and Johnson considered how cultural mistrust, sex, and socioeconomic status (SES) perhaps predicted participants' help-seeking attitudes. Duncan and Johnson hypothesized ASC and cultural mistrust would be positively associated with preferential desire for an ethnically matched counselor. Findings indicated African American college students who had lower SES levels and lower cultural mistrust showed more favorable attitudes towards seeking counseling. Sex also proved to be a predictor as females possessed more favorable attitudes towards seeking counseling than males, which corroborated a result found in Wallace and Constantine (2005).

Similar to Wallace and Constantine (2005), Duncan and Johnson (2007) did not find AS to significantly predict help-seeking attitudes. However, cultural mistrust served as the cultural variable which negatively predicted help-seeking attitudes. Cultural mistrust though distinguished from AS, was reflected as a salient cultural variable amongst African Americans attending an HBCU. Findings from this study revealed cultural mistrust, sex and socioeconomic status to account for 11% of variance in predicting help-seeking attitudes. This finding indicates much of the variance for predicting help-seeking attitudes remains unexamined. Further, in reference to TPB, these variables would only account for predicted help-seeking attitudes rather than intentions or behavior. By incorporating self-construal and using TPB as a framework, I examined how this cultural factor, along with some significant factors from previous research, influence help-seeking intentions.

Although these findings suggest influential variables for the help-seeking process of Black college students, they are not without limitations. This study recruited participants from

HBCUs, which may have played an influential role into cultural saliency or affinity to cultural preference in counselor. Additionally, Duncan and Johnson focused on the help-seeking attitudes of African American college students at HBCUs. This creates an opportunity to recruit students who attend different institutional types (e.g. predominately White institutions, Hispanic-Serving institutions) or are enrolled in graduate program. The findings from Wallace and Constantine (2005) and Duncan and Johnson (2007) revealed no significant differences between African American college students and help-seeking attitudes at both a PWI and a HBCU. As a response to these findings, I did not restrict my recruitment to one single institutional make-up, but I accounted for it within my participants' demographics.

Self-Concealment

Masuda et al. (2012) further investigated the underutilization amongst African American college students. They particularly examined the relationship between help-seeking attitudes, mental health related stigma and self-concealment with this population. The researchers analyzed data from 163 participants who identified as African American college students. Of the 163 participants, 127 (78%) identified as female. It is important to note the researchers used the term *mental health stigma* to describe what is also termed public stigma (Corrigan, 2004). Through their study, Masuda et al. (2012) were able to uncover the negative influence of mental health stigma and self-concealment on help-seeking behavior of African American students. Both a negative belief about receiving counseling services and the decision to conceal one's issues made seeking professional counseling services unfavorable for African American college students. Additionally, self-concealment provided a possible connection to self-construal. Self-concealment, which has been stated to overlap with Afrocentric values reflects a collective harmonious and community alongside historical mistreatment of African Americans (Townes et

al., 2009; Wallace & Constantine, 2005), may align with aspects of self-construal (i.e. how individuals construct meaning independently or interdependently) considering the influence of race and culture amongst African Americans. In effort to account for the possible influence of self-concealment on help-seeking intentions of AAMCS, it was my goal for this dissertation, to incorporate self-construal as a possible predictive factor for help-seeking behaviors with this population.

Further findings from Masuda et al. (2012) suggest how mental health stigma and self-concealment are pieces of the help-seeking process, there are some limitations of which this dissertation is aimed at addressing. First, similar to Barksdale and Molock (2009), the sample was nearly 80% ($n=127$) African American female. This means there is still uncertainty around how these variables affect the help-seeking intentions of AAMCS. In an effort to address this limitation, the inclusion criteria for this study was focused solely on recruiting AAMCS. Second, the use of mental health stigma and self-concealment were not distinctively differentiated from public and self-stigma respectively. Given the influence of both public and self-stigma in the psychological help-seeking process, this dissertation addressed this limitation by examining the roles of public stigma and self-stigma on AAMCS help-seeking intentions. Third, the use of simultaneous regressions does not give indication as to which variable (stigma or self-concealment) was more impactful to the help-seeking process, but rather an attempt to explain total variance of change. This dissertation utilized hierarchical regression analysis to account for variance change, in effort to examine the influence of each factor entered into the analysis.

Factors for Current Study

Despite the evidence of factors on help-seeking process across college populations, there is little evidence to support if these factors affect intentions to seek counseling amongst AAMCS

populations as they do the general population. Taken collectively, the literature suggests factors such as public and self-stigma of seeking help (Bathje & Pryor, 2011; Crowe et al., 2018; Vogel et al., 2006; Vogel et al., 2007b; Wu et al., 2017) to be influential variables into the help-seeking process across genders in college student populations. This is especially pertinent given that African Americans have been shown to endorse greater public stigma than their White peers (Cheng et al., 2013). Additional variables such as mental health literacy (Cheng et al., 2013; Stansbury et al., 2011) and self-construal (Song et al., 2019) have been investigated to be influential to the help-seeking experiences of AAMCS. DeFreitas et al. (2018) cite mental health literacy as a factor for further investigation as to how it may impact stigma of seeking counseling with this specific population. Researchers have documented the significant relationship between self-stigma of seeking help, mental health literacy and attitudes towards seeking help amongst the general public (Crowe et al., 2018; Cheng et al., 2018; Ross et al., 2019).

Now that help-seeking factors have been discussed more broadly, it is important to turn to the purpose of this dissertation. The goal of this study was to explore how influential factors (i.e. public stigma, self-stigma, & mental health literacy) along with a less known factor (i.e. self-construal) influence the help-seeking intentions of AAMCS. I discussed these variables in more detail beginning with public stigma. The intention is to contextualize these factors individually, highlighting their respective influence in the literature of help-seeking intentions of college students, more specifically AAMCS.

Public Stigma

According to Corrigan (2000), the general public tends to infer mental illness from psychiatric symptoms, physical appearance, labels and social-skills deficits. These inferences are driving forces of public stigma towards mental health as it relates to the definition of public

stigma (Corrigan, 2004; Vogel et al., 2006). Corrigan (2004) defined public stigma as the perceptions of a person in need of mental health treatment is undesirable, which in turn lead to stereotyping, prejudice, discrimination of persons seeking mental health treatment. It is the belief that a person who needs to receive counseling services bears a negative social label of being flawed or dangerous (Pescosolido & Martin, 2015).

Research has tied stigma-related dimensions such as discrimination, fear, cultural mistrust, intolerance and exclusion to be included under the umbrella of public stigma (Henderson et al., 2013; Pescosolido et al., 2007; Vogel et al., 2007a). Unfortunately, studies exploring this public stigma rarely incorporate one or two of these dimensions in its definition (Clement et al., 2015; Pescosolido et al., 2007). Among these constructs which have been explored as dimensions related to public stigma, no single dimension explains public stigma in its fullness. Pescosolido and Martin (2015) articulate some issues with operational clarity surrounding the construct of public stigma. Operational clarity seems to arise from restrictions of finances, time, and participant engagement, and thus researchers are limited to utilizing one or two of these dimensions to explore public stigma (Pescosolido & Martin, 2015). From a researcher standpoint, operational clarity presents a threat to internal validity of the study, specifically around the construct of interest (Bellini & Rumrill, 1999). If the construct cannot be clearly defined, then the research runs the risk of not examining the intended construct of interest. However, despite the complexity regarding the dimensions of public stigma, researchers have been able to report consistent findings about the influence of public stigma on individual mental health (DeFreitas et al., 2018), help-seeking (Cheng et al., 2018; Vogel et al., 2007b) and treatment (Pescosolido & Martin, 2015).

Research has supported an association of public stigma towards mental illness as the predominant barrier to individuals' seeking mental health treatment (Ahmedani, 2011; Corrigan 2004; Henderson et al., 2013; Vogel et al., 2007b). Henderson et al. (2013) investigated how the presence of mental illness stigma correlated with experiences such as previous negative experiences with mental health professionals amongst a community sample of adults in the UK and Scotland ($n=1,717$). In this study, mental illness stigma was found to be more influential in individuals' desire to seek counseling services than accurate education about mental health. The interchangeable use of mental illness stigma and public stigma is an example of researchers contributing to the complexity of delineating the constructs of stigma (Clement et al., 2015; Masuda et al., 2012; Pescosolido & Martin, 2015). For the purposes of this dissertation, it was important then to document how the construct of public stigma was operationalized and how this operationalization had been explored in public health literature.

Public Stigma in Help-Seeking

Public stigma has been established as a key component of inhibiting the psychological help-seeking process (Vogel et al., 2006; Vogel et al., 2007a; Vogel et al., 2007b; Wu et al., 2017). Vogel et al. (2005) found public stigma along with psychological factors such as social support and social norms, negatively predicted attitudes towards seeking psychological help. Participants consisted of 354 undergraduate college students, of which 84% ($n=297$) identified as White or European American. In contrast, only five percent ($n=17$) identified as African American. This creates an opportunity to investigate the influence of public stigma on African American college students and particularly AAMCS. Further, this finding is consistent with research which has found how public stigma influences the help-seeking process (Cooper et al., 2003; Vogel et al., 2006). Results from this study suggest that as individuals maintained high

levels of public stigma, those levels negatively impacted their attitudes to seek help and therefore negatively affected their decisions to seek counseling. Regarding conceptual framework, Vogel et al. (2007a) used Theory of Reason Action (Ajzen & Fishbein, 1980) which hypothesizes attitudes is a more significant predictor of behavior as opposed to intentions and behavioral control. By focusing on how stigma predicted attitudes, Vogel et al. did not consider how individuals' norms and control may influence help-seeking behaviors. In effort to address this limitation, I utilized the Theory of Planned Behavior (TPB; Ajzen, 1991) framework in which public stigma operates as a subjective norm, and test whether public stigma predicts help-seeking intentions amongst AAMCS.

Wu et al. (2017) further expanded the link between public stigma and help-seeking attitudes. Their study explored the grouping of the large stigma domains (public and self) into profiles and how those profiles affected the help-seeking attitudes of college students in the United States. Stigma groups were profiled as *low self/low public*, *average self/high public* and *high self/high public*. Results indicated participants belonging to the last group, *high self/high public* were less likely to seek counseling as compared to the other two groups. Findings are also consistent with the influence of self-stigma on psychological help-seeking process. Additional research supports self-stigma has a more influential role on the help-seeking process than public stigma (Vogel et al., 2007a). Rather than utilizing stigma profiles, I explored the associations between public and self-stigma as defined by Corrigan (2000). More specifically, I explored if both stigmas are significantly correlated to one another within an AAMCS population. Building off these associational relationships, this dissertation was aimed at examining the predictive influences of both stigmas on the help-seeking intentions of AAMCS.

Variations Across Demographics. When comparing the impact of stigma across demographic variables such as race, ethnicity, gender, notable differences abound. Public stigma was less reported and experienced amongst help-seeking studies involving women as opposed to men (Clement et al. 2015; Vogel et al., 2011). Males on average reported more difficulty with engaging in mental health treatment due to public stigma in the form of disclosure to mental health professionals (Eisenberg et al., 2009a). This difficulty may be due to endorsement of gender stereotypes, such as abstaining from engaging in help-seeking behavior for fear of appearing to be “weak,” which could intersect with mental illness stereotypes (Vogel et al., 2011). Additionally, further demographic statuses such as identifying as a veteran poses some risk factors to mental health-related stigma. Veteran populations had more public stigma-related issues towards seeking mental health issues, more particularly stigma related in their employment experiences (Held & Owens, 2013).

Racial and ethnic minorities also show signs of endorsing public stigma against mental health (Clement et al., 2015). In their systematic review, Clement et al. (2015) found four out of 56 studies involving public stigma and help-seeking focused on African Americans. Within those four studies, three of them showed African Americans to endorse public stigma and for that stigma to negatively impact the help-seeking process. Further, results across racial demographics differed across methodological inquiry. In quantitative analyses, Asian Americana and Arabic minority populations had large negative associations of public stigma on mental health help-seeking, whereas African Americans had a low association. Rather, research rather supported how African American populations experienced public stigma via qualitative analysis (Alvridge et al., 2008; Ward & Besson, 2012). The qualitative findings are perhaps further corroborated by

studies in which scholars found African Americans to hold less public stigma about mental illness and using mental health services (Anglin et al., 2008; Mojtabai, 2007).

It has also been proposed racial and ethnic minorities experience a sense of double stigma with mental health (Clement et al., 2015). Gary (2005) theorized the racism experienced in the community and perhaps within mental health exacerbates the public stigma which also deters help-seeking of counseling services. To date, there exists no research to test this theory, however it provides a rationale for exploring the influences of stigma on help-seeking with racial and ethnic minority groups.

Across age demographics, younger adults were found to endorse more public stigma about mental issues than older adults (Barksdale & Molock, 2009; Wu et al., 2017). The endorsement of public stigma was negatively associated with help-seeking intentions. School-age youth (<18) were reported to be significantly deterred from mental health services by public stigma (Clement et al., 2015). Vogel et al. (2007a) found public stigma to be significantly correlated with self-stigma amongst a large college student sample ($n=612$). The results of this study and its gaps will be discussed in the coming sections). Findings from this study served as a rationale for this dissertation sample. Although public stigma is a robust factor in the help-seeking process, this has yet to be explored with AAMCS populations. Therefore, my intentions are to test the predictive influence of public stigma on help-seeking intentions of AAMCS.

Participants' previous experiences with mental health treatment is an additional variable which has emerged as a factor to help-seeking. In their metanalysis of mental health stigma and help-seeking, Clement et al. (2015) were able to conclude participants who had not experienced mental health treatment largely endorsed a sense of shame and embarrassment for receiving mental health services, which appears to correlate with public stigma. Participants who had

experience with mental health treatment were less likely to endorse public stigma, which suggests experience of mental health could further dissipate feelings of public stigma. In an effort to account for this factor in this dissertation, I assessed whether participants had received counseling in the previous 12 months, which is the amount of time recommended for assessment (Clement et al., 2015; Eisenberg et al., 2011). By incorporating this factor into the study, it was my belief that I controlled for a potentially confounding factor in the analysis.

Vogel et al. (2007a) conducted a study examining public stigma and intentions to seek counseling. They were exploring the potential mediating roles of self-stigma and attitudes towards seeking counseling using structural equation modeling (SEM) statistical analysis. Acknowledging the associational role of public stigma on college students' willingness to seek counseling and utilize those services, Vogel et al. (2007a) found self-stigma and attitudes towards seeking psychological help to fully mediate the role of public stigma. The findings indicate when participants experience high public stigma, they would likely experience high self-stigma and thus have low attitudes towards seeking psychological help. Although this finding was found in a large sample of college students ($n=680$), 90% ($n=612$) identified as European American, and only 4% ($n=27$) identified as African American. Although the findings found public stigma to negatively and significantly predict help-seeking intentions amongst college students, there is no evidence as to whether this was significant for an AAMCS population. Further, they incorporate a TRA framework, positioning attitudes as the significant predictor of intentions. Regarding TPB, attitudes is but one factor influential to predicting help-seeking intentions. Therefore, in effort to address this gap, I partially replicated this procedure with an AAMCS to determine the influence of public stigma on their specific help-seeking intentions from a TPB perspective.

In a similar study, Bathje and Pryor (2011) examined the effects of public stigma on intentions to seek counseling through exploratory factor analysis. In this study, public stigma was defined as the endorsement of general public beliefs about mental illness, while self-stigma was defined as the internalized beliefs which stemmed from the endorsed public beliefs (Bathje & Pryor, 2011). Although Bathje and Pryor were able to determine the predictive influence of both public and self-stigmas on help-seeking behaviors, they had similar limitations as those of Vogel et al. (2007a). First, their sample was 211 college students, of which 86% ($n=181$) identified as White/European American, as opposed to 10% ($n=21$) who identified as African American. Although the findings found both public and self-stigma to be significant predictors of help-seeking intentions of college students, the sample size was not large enough to generalize to AAMCS. In an effort to address this limitation, I recruited AAMCS and investigate whether public stigma is a significant predictor of help-seeking intentions with this population.

Integration in the Current Study

Taken collectively, the literature around public stigma and help-seeking in college student populations highlight a significant underrepresentation of AAMCS. More specifically, this makes the influence of public stigma on the help-seeking behaviors of AAMCS unclear. Although there are empirical findings of public stigma on the help-seeking attitudes of a diverse population of students, it is unclear if this barrier is the most significant to help-seeking behaviors of certain racial ethnic minorities given the additional support of variables such as familial/social norms (Barksdale & Molock, 2009), mental health literacy (Cheng et al., 2018), and cultural mistrust (Wallace & Constantine, 2005). Thus, this dissertation was aimed at investigating factors which may influence the help-seeking behaviors of AAMCS. By examining the role of public stigma, this study would corroborate the influence of public stigma on help-

seeking behavior and give professionals (i.e. counselors and educators) areas to target for improving help-seeking behavior.

Self-Stigma

Corrigan (1998; 2004) defined the other form of stigma as self-stigma. Self-stigma is the individual's perception as being socially unaccepted due to having a mark or flaw. It can also be referred to as *internalized* stigma in which one endorses and places prejudiced and stereotypical stigmatized beliefs on themselves (Boyd et al., 2014; Pescosolido & Martin, 2015; Wu et al., 2017). Researchers have identified this internalization or endorsement of stigmatized beliefs as *personal* stigma (Clement et al., 2015; Loya et al., 2010). Self-stigma is the internalized negative images in which society places on an individual who receives psychological help (Corrigan, 2004). This internalization thus impacts one's self-esteem and feelings of self-worth as they explore their own mental health (Clement et al., 2015). An example expressing feelings of shame or endorsing prejudices/stereotypes held against them for seeking mental health services, such as perceiving oneself to be "dangerous" or "fearful of themselves" (Corrigan & Rao, 2013).

Two Self-Stigmas

The model proposed by Vogel et al. (2006) suggests public stigma precedes self-stigma. This is largely because public stigma has been established to have a direct relationship on intentions to seek counseling (Link, 1987; Link & Phelan, 2001). Building off of this relationship between public stigma and help-seeking, Vogel et al. (2007a) investigated the relationship of self-stigma as a mediation variable between public stigma and attitudes towards seeking counseling. In this study, self-stigma in this study, played an even more powerful role in the help-seeking process than public stigma. This finding marked a foundation upon which more research began to account for self-stigma as a predictor of one's decision to seek counseling

(Bathje & Pryor, 2011; Cheng et al., 2013; Cheng, McDermott, & Lopez, 2015; Cheng et al., 2018; Crowe et al., 2018; Eisenberg et al., 2009a; Tucker et al., 2013; Wu et al., 2017).

Regarding its definition, self-stigma can be further delineated into two subcategories: Self-stigma of help seeking (Vogel et al., 2006) and Self-stigma of mental illness (Corrigan, Watson, & Barr, 2006; Watson et al., 2007).

Vogel et al. (2006) desired to explore the self-stigma due to the growing barriers to why college students do not utilize counseling services. Corrigan (2004) further articulated the negative images of psychological or mental illness in westernized culture greatly hindered self-worth and self-esteem and further influenced negative attitudes about seeking psychological help. This led to exploring the construct of self-stigma of help-seeking (Vogel et al., 2006). Self-Stigma of Help-Seeking (SSOSH) was derived from Corrigan's (2004) definition of self-stigma, particularly designed to measure how an individual's perception of seeking psychological help from a mental health professional impacted their self-esteem and self-worth (Vogel et al. 2006). The study concluded with the development and validated instrument to assess for self-stigma in the help-seeking process. For the greater help-seeking literature, this finding was significant given that the internalization of negative perceptions has been found to both decrease self-esteem (Link & Phelan, 2001) and increase depression (NIMH, 2005). Although the researchers examined self-stigma as it relates to help-seeking, it is important to distinguish it from self-stigma of mental illness, to alleviate any confoundment regarding the construct of self-stigma.

Self-Stigma of Mental Illness (SSOMI) is derived from a labeling modeling theory by Link (1987). According to Link, people initially develop a stigma towards mental illness from their childhood perceptions which reflect societal depictions about mental illness. The cultural context of the United States presents a greater likelihood for its people to have negative images

of mental illness. Adults who develop mental illness are more likely to internalize these beliefs because of the increasing likelihood of discrimination and devaluation (Link & Phelan, 2001). Corrigan et al. (2006) argue self-stigma begins when the individual agrees or endorses the stereotype. An example of this which Corrigan et al. (2006) identified is an individual believing themselves to be morally weak or dangerous because they possess a mental illness. Lastly, self-esteem decrement is aptly named because it occurs with the decrease of one's self esteem as long as they concur with the negative stigmatized beliefs. The researchers concluded that the first subscale, stereotype awareness, was more aligned with public stigma, and precedes the process of self-stigma.

Tucker et al. (2013) sought to explore the differences between the two self-stigmas Tucker et al. found self-stigma of seeking help to significantly predict intentions to seek counseling and attitudes of seeking help, rather than SSOMI. Researchers collected data from 217 college students experience a level of distress and 324 community members with a reported history of mental illness. The initial raw data of college students was 719 participants. However, through their scrubbing process, the research team had 30% ($n=217$) of the participants included in the study. Additionally, of the 217 college student participants only 3% ($n=7$) identified as African American. Although this research is particularly significant because it is the first empirical study to differentiate self-stigmas, the limited AAMCS population and unknown criteria through the scrubbing process create an opportunity to investigate the role of self-stigma on the help-seeking process of AAMCS. Further, the findings also revealed self-stigma specifically related to help-seeking to be more influential to the help-seeking process rather than self-stigma related to mental illness. In efforts to identify the role of self-stigma on help-seeking intentions of AAMCS, this dissertation adopted self-stigma as it relates to help-seeking as

defined by Vogel et al. (2006). I utilized the SSOSH as my operationalization of self-stigma to test its predictive role in help-seeking intentions of AAMCS.

Self-Stigma of Help-Seeking

The purpose of utilizing self-stigma is to determine its predictive influence in the help-seeking intentions of AAMCS. This portion of the literature is devoted to providing documentation of how SSOSH has been examined amongst college students, racial/ethnic minority students, African American students and lastly, AAMCS. The studies reviewed are mostly quantitative, primarily because the measures used to investigate self-stigma and help-seeking intentions have been developed and validated as psychometric instruments (Cash et al., 1975; Vogel et al., 2006). Further, by distilling my search to focus diverse participants and help-seeking, my results yielded a return of these five studies presented. By examining this portion literature, I addressed how this dissertation connected to these studies, and how it differentiates to provide original research. From there, I provided some findings from related qualitative literature which can guide future directions beyond this dissertation.

Vogel et al. (2011) explored the association of masculinity norms and self-stigma as predictors of help-seeking attitudes for men. Building off of prior research in which self-stigma predicts one's help seeking attitudes and intentions to seek counseling, they set out to understand if there was a statistically significant association between endorsement of masculinity norms and self-stigma. Their sample consisted of 4,773 college men in the US, with approximately 72% ($n=3,471$) identifying as European American and 4.7% ($n=226$) identifying as African American. Researchers utilized a convenient sampling adopted from a previous study about men's health, in which participants responded to internet surveys. Vogel et al. found self-stigma to mediate the role between masculine norms and attitudes, indicating self-stigma was more

significant to predicting help-seeking attitudes than endorsing masculine norms. Results from this study, revealed the role between masculine norms and self-stigma was weaker for AAMCS than any other racial group. This is important because AAMCS were found to embrace greater masculine norms than that of any racial group in this study. Although this study found self-stigma to be more influential to help-seeking attitudes, they did not investigate its role on help-seeking intentions with AAMCS. Within their conceptual framework, the influential role between self-stigma and help-seeking attitudes was the focus for predicting help-seeking behavior. Ajzen (1991) articulated attitudes are but one piece of the equation alongside subjective norms and perceived behavior control. In order to address this gap, an additional factor of this dissertation was focused on the direct relationship between self-stigma and help-seeking intentions with AAMCS through the lens of TPB. I specifically conceptualized self-stigma as attitudes within the framework of TPB.

Cheng et al. (2015) additionally utilized self-stigma in their study of help-seeking intentions on college students. Cheng et al. specifically examined the role of attachment influences on these individuals help-seeking intentions. Their study included 1,682 college students across the US, 42% ($n=713$) of whom were White, Non-Hispanic, 41% ($n=690$) identified as Latino and 2.3% ($n=39$) identified as African American. Participants were recruited using a convenient sampling procedure, where researchers disseminated an online survey to a large sampling pool of college students at a mid-sized university in the southwest US. Within this sample, self-stigma was found to be a predictor of help-seeking intentions. More specifically, self-stigma served as a partial mediator between attachment domains and help-seeking intentions. Although findings from this study concluded self-stigma significantly predicted help-seeking attitudes, the sample size for AAMCS cannot be determined, and the size of African

American students as a whole was very low ($n=39$). Although this study highlights the influence of self-stigma on help-seeking behavior, it does not reveal whether self-stigma is influential to the help-seeking behavior of AAMCS. Further, the sampling within a single university context makes it difficult to generalize results to populations outside of that context. Therefore, it is my goal for this dissertation to examine the predictive relationship of self-stigma on help-seeking intentions of AAMCS, while also not limiting recruitment to one university.

Cheng et al. (2018) investigated the role of mental health literacy on the help-seeking process. self-stigma was utilized as a predictor variable given its established validity. Their study consisted 1,535 college students, of whom 77% ($n=1,190$) were White/European American and 6.8% ($n=105$) identifying as African American. Similar to Cheng et al. (2015), this study utilized a purposeful sampling procedure in which an online survey was disseminated to a large pool of undergraduate students from a midwestern university in the US, but researchers collected the data of racial and ethnic minority students. Findings from this study revealed self-stigma to significantly and negatively predict one's help-seeking attitudes. However, as identified from TPB framework, attitudes are one portion of the help-seeking process, and this finding does not reveal whether self-stigma is influential to predicting help-seeking behavior. Further, the unidentified sample size of AAMCS, makes it difficult to generalize the results of this study to this particular population outside of this college context. Therefore, in order to address this gap, I recruited AAMCS and investigated the predictive influence of help-seeking behavior on AAMCS, while also not limiting recruitment to one university.

Crowe et al. (2018) conducted a similar study but explored the relationship between mental health literacy and self-stigma with participants integrated care settings. Crowe et al. utilized a convenient sampling procedure in which participants responded to an in-person survey

while waiting at an integrated healthcare clinic. Their study included 102 participants, of which 68% ($n=70$) identified as European American and 24.5% ($n=25$) identified as Black/African American. Although this is amongst a sample of community adults and not college students, this study was the first to explore how mental health literacy relates to self-stigma. Self-stigma and mental health literacy were found to be significantly related to one another in this study.

However, Crowe et al. did not explore whether self-stigma and mental health literacy predicted help-seeking attitudes or behavior, nor did it look at the relationships of these factors on a college student sample. This is important due to mental health literacy significantly related to low self-stigma and improve help-seeking behavior (Gulliver et al., 2010; Kutcher et al., 2016). In order to address these findings, this dissertation was focused on whether self-stigma and mental health literacy possess predictive value on help-seeking intentions of AAMCS.

Variations Across Demographics. Researchers have continued to explore the help-seeking experiences of racial and ethnic minorities in the US (Fripp & Carlson, 2017; Li et al., 2016; Lindsey et al., 2010; Loya et al., 2010). The relationship between self-stigma and help-seeking across diverse college student populations is necessary to uncover in order to discuss the influence of self-stigma on AAMCS. The next section is devoted to disseminating the findings of these studies, much of which include the influence of stigma on the help-seeking process for persons of color (Fripp & Carlson, 2017; Li et al., 2016; Lindsey et al., 2010).

Loya et al. (2010) investigated the influence of public and self-stigma on help-seeking attitudes for college students, specifically looking for differences between Caucasian and South Asian college student samples. Researchers recruited a purposeful sample of 128 college students, in which researchers limited participation to students identifying as either Caucasian or South Asian. Although not examining the help-seeking attitudes of AAMCS explicitly, Loya et

al. were able to find disparities in both personal and public stigmatizing views for both groups. Results indicated South Asian college students reported lower attitudes and greater unwillingness to seek counseling services for mental health needs. Participants who possessed higher levels of personal (self) stigma rather than public stigma, were also associated with lower attitudes of seeking help. Although these findings show a racial and ethnic minority student population to hold higher self-stigma than White students, this study did not include AAMCS. This creates an opportunity for this dissertation to investigate whether self-stigma affects the help-seeking intentions of AAMCS.

Wu et al. (2017) investigated the stigma profiles of a diverse college student sample across the US. Wu et al recruited participants from the national Healthy Minds Study, which conducts random sampling across 11 participating schools, resulting in a sample size of 8,285 college student participants. Within this sample 5.3% ($n=440$) identified as African American. The exact size of AAMCS is unknown, but in relation to self-stigma and help-seeking, this study provided the largest demographic of African American college students. Self-stigma was included as a stigma profile to explore how it impacts mental health utilization across diverse college student samples. Findings indicated racial and ethnic demographic variables were also influential to the help-seeking process. African Americans and Asian American students were more likely to have high stigma profiles associated with their respective reports of counseling utilization. African Americans, and specifically AAMCS, have been known to further endorse self-stigma and underutilize counseling and psychological services as compared to their White counterparts (Fripp & Carlson, 2017; Huffstead, 2019). In this study, Wu et al. found African American students who endorsed self-stigma also had low counseling utilization. Within this context, counseling utilization was the operationalization of help-seeking behavior. Although the

exact amount of AAMCS in this study is unknown, this result provides an opening for investigating whether this finding could be replicated to a population of AAMCS. Further, from a TPB perspective, the use of stigma profiles only present one factor to predict help-seeking behavior. In effort to address this limitation, I investigated the predictive influence of self-stigma on help-seeking intentions alongside additional factors of TPB such as subjective norms (public stigma and interdependent self-construal) and perceived behavioral control (mental health literacy).

Fripp and Carlson (2017) explored factors which inhibit persons of color from utilizing counseling services. The research specifically looked at how attitudes towards seeking help and stigma predicted one's intentions to seek counseling. Recruiting 129 African Americans and Latinx community participants, Fripp and Carlson found attitudes towards help seeking to be a significant predictor of intentions to seek counseling. In this study, attitudes towards seeking counseling were contrarily related to self-stigma. Findings from this study suggest both attitudes and self-stigma to be significant predictors of help-seeking intentions amongst African American and Latino populations. Findings from this study are consistent with additional research which support African Americans adults may avoid utilizing counseling and psychological service because of an internalization of stigma (Ward et al., 2013; Wu et al., 2017). However, these findings were extracted from a population of community adults, not college students. Additionally, 69% ($n=89$) identified as men. This subsample is further stratified across two racial/ethnic identities: African American and Hispanic/Latinos. Thus, the exact sample size of AAMCS is unable to be determined and the results should be generalized to this population with caution. In effort to address this gap, it is my intentions for this dissertation to investigate the influence of self-stigma on the help-seeking intentions of AAMCS.

Self-Stigma and College Students

College students continue to underutilize mental health services despite the rise of mental health challenges in the US (Niegocki & Ægisdóttir, 2019). Eagan et al. (2017) found college students are increasingly entering college with lower levels of emotional health. This is juxtaposed with rising mental health issues amongst college students. Researchers have found increasing levels of depression (American College Health Association, 2018) and anxiety (Gallagher, 2015). According to the Center for Collegiate Mental Health (2018) over 36% of college students have reported considering suicide at some point in their study. The presence of these factors supports the need for continual research of potential factors which may be barriers as to why AAMCS underutilize these services.

Factors such as self-stigma have been viewed as a barrier as to why college students do not seek counseling services (Cheng et al., 2013; Cheng et al., 2018; Ross et al., 2019; Tucker et al., 2013; Vogel et al., 2006; Vogel et al., 2007a; Vogel et al., 2007b; Vogel et al., 2011, Wu et al., 2017). However, much of the research on self-stigma has been conducted across a largely European American or Caucasian student sample (Vogel et al., 2006). Further corroborating the role of self-stigma on the help-seeking process, college students underutilize counseling services (Cheng et al., 2018; Eisenberg et al., 2009a; 2011). Disparities are even greater across gender, with male students reporting higher levels of stigma and lower intentions towards seeking counseling than female students (Eisenberg et al., 2009a; Vogel et al., 2011).

Taken collectively the literature reveals greater disparities amongst racial and ethnic minority students. In a study of 1,166 help-seeking college students, Kearny, Draper and Baron (2005) found European American students on average were 40 times more likely than African American, Latino and Asian American students to seek counseling services when faced with a

mental health-related issues. A significant factor which seems to affect help-seeking behaviors of college students are both public and self-stigma (Vogel et al. 2007a). Vogel et al. found self-stigma to be more significant to the help-seeking intentions of college students than public stigma. However, public stigma appears to be more significantly influential to the help-seeking process of African American college students, however in these studies, the sample size of AAMCS in the studies is not clear (Cheng et al, 2018; Wu et al., 2017). For example, Cheng et al. (2018) investigated the 1,535 racially and ethnically diverse college students, however of that sample, 106 identified as African American. Within that sample, it is not apparent as to how many identified as both African American and male.

Integration in the Current Study

Despite the sample size, it is important to note in Cheng et al. (2018) that self-stigma was found to be a negative influence on help-seeking behaviors. The unknown sample size of AAMCS in the Cheng et al. (2018) study present an opportunity to explore whether self-stigma is a significant factor in their help-seeking behaviors. Cheng and colleagues (2018) found college students who held high self-stigma had less favorable intentions and attitudes about seeing psychological help amidst crises. Fripp and Carlson (2017) found higher self-stigma scores resulted in negatives attitudes to seek counseling amidst crises amongst African American and Latino adults in community mental health settings. Although, this finding was among African American adults, this dissertation explored whether those same results can be replicated amongst an AAMCS sample. Further, Ward and Besson (2012) found through their dimensional analysis that African American men did not view stigma as a barrier to help seeking. This finding was found through a series of qualitative interviews conducted on 17 African American men in a community setting. This finding provides further rationale to explore whether stigma has

predictive influence on help-seeking behaviors or whether it is not significant to help-seeking at all. As researchers claim stigma to be a significant barrier to individuals seeking counseling, considering how both stigmas influence AAMCS intentions towards seeking counseling must be considered, which is one of the objectives for this dissertation.

Mental Health Literacy

Mental health literacy (MHL) was initially coined by Jorm et al. (1997) as the “knowledge and belief about mental health disorders which aid in their recognition, prevention and treatment.” MHL has a growing body of empirical literature with studies exploring its relation to the larger body of Health literacy (Vimalanathan & Furham, 2019) as well as its impact on mental health help-seeking (Cheng et al., 2018; Ross et al., 2018). MHL is a continually evolving construct. The evolution is largely in part due to the research on the association between mental health knowledge and stigma (Evans-Lacko et al., 2010). Researchers are called to consider the developmental appropriateness and its application across professional and social organizations (Kutcher et al., 2016).

MHL has extended from defining knowledge about mental disorders to engaging in action for maintaining good mental health (Jorm, 2012). The action piece is crucial because despite the growing mental health needs of counseling, many individuals recognize when they have a mental health issue or disorder (Gulliver et al., 2010). The investigation between MHL and actions to seeking counseling has been explored beyond the United States. Surveys of mental health conducted across communities in Australia, Canada, India, Japan, Sweden and the United Kingdom have shown under-recognition of clinical disorders such as Depression, to be a common finding (Dahlberg et al., 2008; Jorm et al., 2005; Jorm, 2012; Pescosolido et al., 2010; Wang et al., 2007).

For major physical health problems, it is widely believed the general public will benefit from learning about how to obtain and maintain health. However, such a view is not widely accepted about mental health issues. As indicated from the studies earlier listed, there is evidence of global deficiency in the public's ability to not only knowledge and recognition about mental disorders, but difficulty in engaging in self-help and treatment strategies to aid mental health concerns (Jorm 2012). In relation to TPB, I see this as an opportunity to categorize mental health literacy as perceived behavioral control because its notion is predicated on an individual's ability to understand mental health information and seek out resources. Further, researchers have found the failure to recognize and treat mental health disorders have had a deleterious effect on an individual's health (Altamura et al., 2010, 2008; Gulliver et al., 2010). Altamura et al. (2008) conducted a longitudinal study and found individuals whose serious mental health issues went untreated and had poorer health outcomes than those who were treated. Altamura et al. (2010) replicated the study, exploring individuals with Generalized Anxiety Disorder and with similar findings.

Although these studies indicate the association between mental health literacy and help-seeking behavior, they support provide a basis for investigating the role of mental health literacy on the help-seeking behaviors of AAMCS. First, the longitudinal design supports mental health literacy to have a significant predictive value on help-seeking behavior. Second, the focus on individuals with severe mental health issues, does not shed light on persons who are experience mental health issues. In effort to account for this gap, my dissertation sample was not limited to recruiting individuals who experience sever mental health issues. More specifically, I focused on whether mental health literacy has predictive influence on the help-seeking intentions of AAMCS.

Mental Health Literacy, Stigma and Help-Seeking

MHL entails scholars to explore its relationship with stigma-related and help-seeking-related research (Cheng et al., 2018; Crowe et al., 2018; DeBate et al., 2018; Ross et al., 2019; Stansbury et al., 2011; Wei et al., 2015). MHL has been hypothesized to have an integral association with public stigma, self-stigma, help-seeking behaviors (Kutcher et al., 2016).

DeBate et al. (2018), investigated the presence of poor mental health of men on college campuses. Specifically, their research examined the psychological help-seeking strategies of male college students using the Information-Motivation-Behavioral Skills (IMB) model. Their study consisted of a large sample of male college students ($n=1,242$), of which 8% ($n=100$) identified as African American. Participants were recruited from a larger study conducted at a large research university in the southern region of the US. The availability of these participants to researchers reveal this procedure to be a convenience sampling one (Michael, 2011).

According to the study, college males regardless of racial demographics were found to have low intentions towards seeking counseling as well as low to little understanding of MHL and unfavorable attitudes about seeking counseling as influenced by self-stigma. Although the findings were able to conclude the association between MHL and help-seeking intentions, the relationship between MHL and self-stigma was found to be marginally significant. This is perhaps because the researchers were utilizing a measurement of mental health literacy which perhaps was not best fit for college students (Jung et al., 2016). Additionally, reliability for this measurement was lower than the original study as which was not anticipated by researchers. The recent development of this instrument and limited empirical data surrounding are possible factors behind the low reliability in this study. In effort to address the concerns, I utilized the Mental Health Knowledge Schedule (MAKS; Evans-Lacko et al., 2010) to assess for MHL in my

dissertation. I also ran reliability measurements for this chosen metric for mental health literacy. The MAKS has been empirically investigated more robustly than that of Jung et al. (2016) and has a proven validity with correlating with stigma in help-seeking (Crowe et al., 2018). My goal of incorporating this instrument is to utilize a more robust measurement in testing the predictive influence of self-stigma and MHL on the help-seeking intentions of AAMCS. I am also interested in testing whether the findings of Crowe et al. can be replicated in a sample of AAMCS. However, as noted earlier, Crowe et al. examined health outcomes, whereas I am examining help-seeking intentions.

Ross et al. (2019) examined the relationships between both public and self-stigmas related to mental health and whether parental beliefs and MHL predicted the relationships amongst stigmas in a sample of 69 college students and 39 parents. Ross et al. utilized both convenience and snowball sampling techniques to recruit participants (Sprinthall, 2009). College students were recruited through their enrollment in an introduction to psychology course, whereas parents were recruited through referrals from the college student sample. The focus of this study was to investigate as to what factors influenced college students to hold stigma towards seeking mental health treatment. More specifically, the researchers examined whether MHL, self-stigma of mental illness and parent beliefs predicted stigma towards mental health treatment. Findings from this study supported the more education about mental disorders reported by students, the less public stigma they held towards mental illness. Findings also indicated parents' beliefs about public stigma negatively predicted students' self-stigma of mental illness. Further, although MHL in this context was associated with lower public stigma for college students, MHL was also associated with high levels of self-stigma with college students.

Although Ross et al found MHL to be associated with both public and self-stigma, there were some gaps which I aimed to address in this dissertation. The sample of the college students was small ($n=69$), with only 2% ($n=1$) identified as African American. This finding cannot be generalized to AAMCS when they were underrepresented in this current sample. The researchers utilized Self-Stigma of Mental Illness (SSOMI) rather than SSOSH to predict help-seeking behavior. Tucker et al. (2013) articulated Self-Stigma of Seeking Help (SSOSH) to be more influential to the help-seeking process than SSOMI. In effort to address this gap, I have identified SSOSH as my self-stigma construct in predicting help-seeking behaviors of AAMCS. Regarding conceptual framework, there was no reference to a specific theory about how to contextualize and conceptualize researchers' exploration of help-seeking. Lastly, MHL was measured based on "yes" or "no" about previous education of psychological disorders. It is possible this metric may have had some construct validity issues to measuring MHL, as people's knowledge about mental health may be specified to particular disorders (Evans-Lacko et al., 2010). As a way to address this gap, I incorporated a developed and validated metric for testing MHL amongst AAMCS populations.

Stansbury et al. (2011) recruited 54 African American college students to examine how MHL was associated with this populations' help-seeking attitudes. Participants were recruited using a convenience sampling procedure from a student organization at a university. Participants sat through two presentations of case vignettes, then completed a survey about MHL particularly focused on a case vignette recognizing depression-related symptoms and three additional questions related to stigma of mental health in African American culture. Within this study, 34 participants correctly identified depression as indicated by the vignette. Of those who correctly identified depression, approximately 82% ($n=28$) believed depression could be treated with

professional help. However, only 14 of those who correctly identified depression believed it was the best route of treatment. One third ($n=17$) of participants agreed mental health is stigmatized in African American culture, though approximately 89% ($n=48$) reported having knowledge about where to seek mental health information. Findings from the study indicated a significant portion of the African American college students in this sample had the ability to recognize depression but would not encourage others in seeking counseling for depression symptoms. Although findings indicated how MHL is related to help-seeking attitudes, the sample size was small ($n=54$), additionally only 26% ($n=14$) identified as AAMCS. Therefore, it remains unknown if these findings would hold up in a larger sample of AAMCS. Additionally, Stansbury et al. utilized case vignettes to assess for student's knowledge of depression and anxiety symptoms. Some researchers have critiqued against utilizing case vignettes for assessing MHL, because content often presented in vignettes are only salient to one specific disorder and symptom awareness (Crowe et al., 2018; Kutcher et al., 2016). In effort to account for these gaps, I recruited from an AAMCS population and tested whether MHL predicts their respective help-seeking intentions. I utilized a metric which has been developed and validated for testing MHL (Evans-Lacko et al., 2010).

Counseling Literature. Despite the robustness of MHL there is a dearth of literature addressing the relationship between MHL, self-stigma and help-seeking behaviors in the American Counseling Association (ACA) body of literature. Only one study published in the *Journal of Counseling and Development* addresses the relationship amongst self-stigma, MHL and help-seeking attitudes in counseling (Cheng et al., 2018). Another closely related study looks at the relationship of self-stigma and MHL on clinical outcomes, however not explicitly at help-

seeking behavior (Crowe et al., 2018). The results of these studies are presented to provide additional understanding behind the interaction of these variables.

Cheng et al. (2018) investigated how self-stigma and MHL predicted psychological help-seeking attitudes amongst a large diverse college student sample ($n=1,535$). Researchers utilized a convenient sampling protocol in which, participants were enrolled at a large midwestern university, and subsequently received an email to internet survey materials. MHL was assessed using case vignettes in which college students identified symptoms of anxiety and depression. Both MHL and self-stigma were found to be significant predictors of help-seeking attitudes. MHL was found to be positively associated with help-seeking attitudes, indicating as students recognized symptoms, they had higher attitudes towards seeking counseling services. Findings from this study also showed differences across gender and racial ethnic minorities, with males and Asian-American demographics documenting the highest levels views of self-stigma amongst the sample. Despite the significant findings, the number of AAMCS in the sample is unknown. African American students accounted for 6.8% ($n=105$) of the study sample, and there is no indication as how many males identified as African American. Similar to Stansbury et al. (2011), the researchers used recognition of symptoms related to anxiety and depression, which has been critiqued as an unreliable measure of MHL (Kutcher et al., 2016; Wei et al., 2015). Although Cheng et al. (2018) found both self-stigma and MHL to be significant predictors of help-seeking attitudes, help-seeking attitudes are one portion of the help-seeking process (Ajzen, 1991). Therefore, this finding does not reveal whether self-stigma or MHL is influential to predicting help-seeking behavior. Further, the unidentified sample size of AAMCS, makes it difficult to generalize the results of this study to this particular population outside of this college context. Therefore, in order to address this gap, I recruited AAMCS and investigated the predictive

influence of MHL on help-seeking behavior on AAMCS, while also not limiting recruitment to one university. I also aimed this dissertation at expanding on this research by using alternative measures for MHL, testing the associational relationship between MHL and self-stigma, and testing for prediction of help-seeking intentions in an AAMCS population.

Crowe et al. (2018) studied the relationships between self-stigma, MHL and health outcomes. Crowe et al. hypothesized there exists a statistically significant relationship between the two self-stigmas and mental health literacy and b) those relationships would differ based on clinical outcomes, perceived helpfulness of counseling and demographic variables. Utilized a convenient sampling procedure in which participants responded to an in-person survey while waiting at an integrated healthcare clinic, there was a total of 102 participants in this study, who were patients from an integrated care clinic. Regarding racial demographics, the largest group 68.6% ($n=70$) were White, followed by Black/African American participants at 24.5% ($n=25$). Participants who experienced high self-stigma, also experienced a low MHL. The researchers noted this study was the first to explore the relationship between self-stigma and MHL. Findings of the study indicated both self-stigmas were significantly associated to participants' mental health literacy. More specifically, both self-stigmas were negatively associated with participants MHL, suggesting the more self-stigma participants held towards help-seeking, the less accurate knowledge they held about mental health. Although this is not a direct examination of help-seeking behavior, this finding provides an opening for exploring the roles of self-stigma and MHL on help-seeking intentions. Crowe et al. (2018) explored how self-stigma and MHL predicted health outcomes, however they did not explicitly look at help-seeking intentions or behavior. Therefore, from a TPB perspective, there is no conclusion which can be drawn about predicting help-seeking behavior from this study. Additionally, the focus on community

members does not give any indication as to the number of college students in the study.

Generalizability of the study results to AAMCS is untenable. However, the study provides support for investigating these factors on the help-seeking intentions of AAMCS. Based on the results from this study, this dissertation was aimed at investigating the influence of self-stigma related to help-seeking and MHL on the help-seeking intentions of AAMCS.

Integration in Current Study

MHL has shown to be a significant predictor of help-seeking attitudes amongst college students, however, there is little evidence in which this assessment extends beyond attitudes and into help-seeking intentions or behavior. MHL is most widely conceptualized and utilized from a recognition of symptoms of clinical disorders (Jorm et al., 2012; Kutcher et al., 2015; Wei et al., 2015). However, there is little evidence for its predictive relationship on help-seeking intentions or behaviors for racial and ethnic minorities (Cheng et al., 2018).

Current research using racial and ethnic minorities face similar operationalization difficulties and generalizability limitations of MHL research using predominately White samples (Cheng et al., 2018; Stansbury et al., 2011). Cheng et al. (2018) examined the relationships of self-stigma, MHL and help-seeking among an Asian-American sample, whereas Stansbury et al. (2011) examined a predominant African American sample. The latter of these studies do not address specific help-seeking intentions of AAMCS, further providing little understanding as to how this factor is associated to the help-seeking behavior amongst AAMCS.

Cheng et al. (2018) found support for incorporating MHL into the help-seeking process alongside self-stigma as well. Song et al. (2019) articulated the knowledge about psychotherapy affected help-seeking as they represent individual's understanding about seeking professional services. The rationale being knowledge influences whether one has understanding enough to

take action towards positive help-seeking behaviors. Although this incorporation has not been empirically tested, this dissertation was directed to investigate whether MHL operates as an influential factor of the help-seeking intentions of AAMCS.

Self-Construal

When social psychologists began researching the concept of self, the results ultimately reflected the cultural assumptions and backgrounds of them as well (Geertz, 1975). As the decades passed, researchers, assumptions about the self and cultures have become increasingly diverse, indicating a need to explore how individual's make meaning of the self in an increasingly diverse world. Markus and Kitayama (1991) initially identified self-construal through their review of research which showed difference between European American and Asian cultural values. *Self-construal* was defined as how someone constructs meaning of the self in any given context. Markus and Kityama (1991) saw this concept emerge as they reviewed the difference between self-construal between American and Japanese cultures. American/Western cultures generally valued individual priorities as opposed to group. Individuals are encouraged to seek independence and value autonomy. Whereas in Japanese/Eastern Asian cultures, the group is prioritized, and individuals seek dependency and rely on interdependency with one another (Cross et al., 2011). Markus and Kityama (1991) went on to delineate self-construal to two sub-concepts: independent (IndSC) and interdependent (InterSC), further suggesting individuals further creates meaning of self independently or interdependently with respect to societal groups and norms.

IndSC and InterSC are not mutually exclusive traits. In fact, scholars have argued individuals possess traits of both self-construals, and rather the influence of culture/upbringing directs an individual to identify with one or the other firmly (Markus & Kitayama, 1991;

Singelis, 1994). Self-construal has been conceptualized as existing on an orthogonal plane in which both sub-concepts in which IndSC lies on one plane and InterSC on the other, and the individual (situated at the meeting point) being prompted by culture towards one plane or the other (Cross et al., 2011).

IndSC is stated to more likely to appear in westernized countries such as England, Italy, and the United States, whereas InterSC is more likely to be demonstrated in non-western countries/continents such as parts of Africa and Asia. As reviewed by Cross et al. (2011), the connections between individualism, collectivism and self-construal are nearly indistinguishable. Researchers have found values of IndSC and individualism to be so closely aligned, that there has been overlap in item measurement when assessing individualism-collectivism and self-construal (Brewer & Chen, 2007; Cross et al., 2011). However, one fact between self-construal and individualism-collectivism is that self-construal focuses on individual persons, whereas individualism-collectivism is about cultures (Cross et al., 2011).

The original review by Markus and Kitayama (1991) inspired researchers to investigate additional formations of self-construal (Brewer & Gardner, 1996; Kashima et al., 1995). Building off of Markus and Kitayama (1991), Kashima et al. (1995) articulated individual, collectivist, and relational concepts of the self were three separate entities worthy of empirical investigation. Whereas individualism-collectivism described cultural differences from East and West cultures, differences in race and gender documented a relatedness aspect which contributes to construction of the self (Cross & Madison, 1997; Cross et al., 2000).

It has been mentioned that individualism-collectivism is closely represented in the IndSC and InterSC dimension. This is also true of RelSC and InterSC. Scholars have noted difficulty in distinguishing RelSC from other constructs that study close relationships and InterSC (Aron et

al., 1991; Gabriel & Gardner, 1999). Gabriel and Gardner (1999) hypothesized RelSC was a sub-factor of InterSC. The other form of InterSC was labeled as group-oriented or Coll-InterSC. Using an US American sample, Gabriel and Gardner investigated whether men and women differ in terms of constructing identity in terms of both forms of InterSC. Their results revealed American men and women differ in terms of how they construe self in both forms of InterSC. In this study, men tend to have a more view of themselves as part of a group collective (Coll-InterSC) whereas women were more accustomed to RelSC characteristics. Although the question of this gendered dynamic exists, researchers have argued there is little empirical evidence for this distinction in self-construal research (Cross et al., 2011). With regard to Eastern-Western distinctions, Markus and Kitayama (1991) initially developed their understanding of InterSC to include how individuals view themselves in terms of close relationships and larger group membership. More current, Yuki et al. (2005) argued the East-Asian ties within larger groups were more focused on close relationships than western ones. They specifically found East Asian persons to primarily construe through RelSC while European American persons focus on group and collective membership (Coll-InterSC). Further, Brewer and Chen (2007) articulated InterSC and collectivism measures to focus much on interpersonal relationships rather than distinguishing the focus of collectivism to large, shared, group membership.

Given the debate between the two sub-factors of InterSC, Cross et al. (2011) identified InterSC as the superior category and both RelSC and Coll-InterSC as subcategories. Cross et al. (2011) also support the use of instruments and psychometrics based on InterSC to assess both relational and large collective memberships. However, Cross et al argue for further research on specifically distinguishing the two types of InterSC and the lasting consequences of self-construal on human development.

Proposed Impacts of Self-Construal

When Markus and Kitayama (1991) coined the idea of self-construal, they also proposed lasting implications on human development cross-culturally. Specifically, Markus and Kitayama focused on cognitive, emotional and motivational differences that the two self-construals are likely influence. Initially, Markus and Kitayama operated under the assumption that members of the East-Asia were InterSC and members of the West (e.g. Europe and The United States) as IndSC given their relative associations between collectivism and individualism respectively. It appears these ideas were proposed due to the large cultural distinctions between East and West (Markus & Kitayama, 1991). Although the association between self-construal and the individualism-collectivism spectrum is a foundational piece of Markus and Kitayama, researchers have encouraged distinguishing the concepts due to self-construal being focused on individuals (Cross et al. 2011).

Cognitive Effects. Markus and Kitayama (1991) proposed individuals who demonstrate InterSC were more prone to acknowledge others and give attention to social context. Individuals with InterSC find significance in self-esteem through being members of social groups, operating interdependently. Markus and Kitayama (1991) believed those with InterSC characteristic are more likely to incorporate cognitive images of themselves as beings as a large part of a given social context more so than individuals with IndSC. Lastly, in regard to abstract thinking, individuals with InterSC traits are thought to be more open to abstract reasoning (e.g. answering abstract question in an interview), and less concern about how their answer will be understood.

Emotional Effects. Emotions are thought to be integral to the self-construal experience (Markus & Kitayama, 1991). Similar emotions are expected, but ultimately IndSC and InterSC persons will experience a variety emotion differently. Markus and Kitayama (1991) argued the

difference between *ego-focused* and *other-focused* emotions. Ego-focused elicited personal and individualized afflicted emotions (e.g. anger), whereas other-focused emotions demonstrate an emotion with respect to one's interdependent relationships (e.g. shame). The assumption here is that individuals with IndSC will experience more ego-focused emotions, and those with InterSC will experience more other-focused emotions. Regarding the experience of emotions, intensity is assumed to be a significant factor. For example, individuals with IndSC will experience anger alongside those with InterSC, however, the intensity of that anger may manifest more exorbitantly on self as opposed to those with InterSC).

Motivational Effects. Concerning motivational effects, individuals with InterSC are assumed to be mostly motivated by social or other-focused goals (Markus & Kitayama, 1991). These individuals are not assumed to have a high need for being a member of a group, rather, they are motivated to fulfill respective roles as deemed fit for collaborative goal. Markus and Kitayama (1991) also noted individuals of both IndSC and InterSC experience a sense of personal control/self-efficacy development, labeled as agency. Both types of individuals are considered active agents in pursuit of self-efficacy, rather it manifests itself differently in each individual (e.g. A person with IndSC will be more likely to express internal needs in the face of pressure, whereas a person with InterSC will adjust their needs in the same circumstance). Lastly, Markus and Kitayama (1991) articulated the motivation for self-esteem differs between individuals of IndSC and InterSC respectively. Individuals of IndSC develop self-esteem from their desire to be unique or different. Contrarily, individuals of InterSC develop self-esteem from their desire to fit in. The pursuit of self-esteem for IndSC and InterSC present each side of members desiring inverse goals.

Cognitive, emotional and motivational affects are conceptual ways of how individuals engage in social behavior. An example of this behavior would be an individual with high InterSC focuses on harmony and refrain from dissonance, whereas IndSC poses the question about how to stand out and individualize. These conceptual frames influenced how I seek to integrate self-construal into this dissertation. From a Theory of Planned Behavior (TPB; Ajzen, 1991) standpoint, both self-construals affect subjective norms and attitudes (Cross et al., 2011). Individuals with higher IndSC will focus on more individualized attitudes which will in turn affect social behavior. Individuals with higher InterSC will be more focused on subjective norms and how those influence their social behavior. Therefore, for this dissertation, I integrated both self-construals, where IndSC contextualizes individual attitudes towards help-seeking intentions and InterSC contextualizes subjective norms towards help-seeking intentions in an AAMCS population.

Self-Construal and Help-Seeking

There is an increasing body of literature focused on the relationship between self-construals and psychological help-seeking (Hwang et al., 2019; Omori, 2007; Rogers-Sirin et al., 2017; Shea & Yeh, 2008; Song et al., 2019; Yalçın, 2016; Yeh, 2002). Although this represents a robustness of empirical data, it also reveals areas for exploring the relationships between self-construal and the help-seeking process. Most recent studies focused on the link between self-construals and psychological help-seeking have composed samples largely of international persons (Omori, 2007; Rogers-Sirin et al., 2017; Yalçın, 2016) and Asian-American college students (Shea & Yeh, 2008; Song et al., 2019; Yeh, 2002). The sample demographic largely corroborates the climate in which self-construal and individualism-collectivism are deeply intertwined, with Far East Asian populations showing a more connectedness toward InterSC

(Cross et al., 2011). It is also this same climate which has led researchers to explore how individuals' focus on group connectedness predicts their help-seeking attitudes towards psychological counseling (Omori, 2007; Song et al., 2019).

Researchers have hypothesized the differing self-construals to manifest differently when considering racial and cultural contexts (Christopher & Skillman, 2009; Cross et al., 2000). For example, Christopher and Skillman (2009) found African American students to hold higher views of IndSC as compared with Asian-American students. Christopher and Skillman (2009) further found African Americans who held high IndSC would more likely to not report social or psychological distress. However, these findings were not compared with members of other racial/ethnic identities. Researchers have hypothesized African American communities resemble more collectivistic values, and these values may influence how members within this community experience psychological distress (Christopher, 2004; Christopher & Skillman, 2009; Masuda et al., 2012). Further, although the Christopher and Skillman analyzed the self-construal levels of African American students, they did not explicitly look at help-seeking intentions. It therefore is unclear if there exists a significant relationship between self-construal and the help-seeking intentions or behavior of African American students, and therefore AAMCS. Given that AAMCS are a subset of members within African American communities, it is my intentions to investigate the association between self-construals and help-seeking intentions of AAMCS. Specifically, I included this construct to determine the predictive influence of self-construal on the help-seeking intentions of AAMCS. Previous research suggests counselors and educators who can target building self-construal can increase the help-seeking behaviors of college student populations (Christopher & Skillman, 2009; Christopher et al., 2006).

Omori (2007) for example, found through their study of 214 Japanese college students, the students who hold high self-concealment values also held negatively attitudes to seek counseling. InterSC predicted attitudes to seek counseling in a positive direction, indicating participants had more positive view about seeking counseling if they found it to be beneficial for their group membership. The purpose of the study was to explore the role of cultural self-construal and self-concealment on the help-seeking behaviors Japanese college students. Self-construal and self-concealment were found to be negatively associated with one another, which is contrary to previous hypotheses proposed by Masuda et al (2012). Participants were also asked about their likelihood to receive counseling from a university setting and their perceived social support. Results indicated participants' likelihood of seeking counseling was associated with InterSC. Participants who held high interdependent self-construal indicated a more likelihood to seek counseling, whereas self-concealment reflected negative views towards seeking counseling.

Omori's study (2007) had some limitations, which this dissertation is aimed to address. First, the study consisted of solely Japanese college students, which make generalizability to other racial/ethnic demographics such as AAMCS, untenable. Second, Omori examined the influence of self-construal on help-seeking attitudes rather than intentions or behavior, which does not give indication to the impact of this factor on help-seeking behavior. Lastly, the research does not account for factors which have been previously associated with improving help-seeking attitudes such as knowledge about mental health (MHL) and previous experience with counseling. In order to address these factors, I recruited from a sample of AAMCS, and tested the predictive relationship of self-construal on help-seeking intentions, while accounting for mental health knowledge and previous experience with counseling.

Yeh (2002) investigated the roles of InterSC, collective self-esteem, age and gender on the help-seeking attitudes of 594 Taiwanese urban junior high, high school, and college students. The results indicated both self-construals and collective self-esteem to influence help-seeking attitudes amongst an international student population. Gender also played an influential factor, with female students demonstrated more positive attitudes for help-seeking than male students. Directionality of the results were also reported. Findings indicated InterSC and IndSC to be positive predictors of help-seeking attitudes, suggesting whether students construe themselves individually or interdependently, they have positive attitudes about seeking help.

Although Yeh (2002) found IndSC and InterSC to be significant to help-seeking attitudes of high school students, there are multiple areas of limitations, which this dissertation was aimed to address. First, Yeh investigated these factors amongst a sample of Taiwanese junior high school student, which make generalizability to college students and other racial/ethnic demographics a cautious step. Second, the study examined help-seeking attitudes rather than intentions or behavior, which does not provide a confirmation of the role of self-construal on help-seeking behavior. Third, the researchers used stepwise regression, which has been critiqued as being atheoretical as the researcher can enter any variable into the equation based on researcher's individual rationale (Keith, 2015). Lastly, the study does not account control for additional factors which have been influential to the help-seeking process of East Asian students (e.g. public stigma, self-stigma and MHL). In efforts to address these differences, this dissertation utilized a college student sample, examining help-seeking intentions while controlling for factors such as stigma and MHL, and incorporating a hierarchical regression analysis to provide rationale for variable placement. By accounting for these areas, it was the

purpose of this dissertation to investigate the predictive influence of self-construal on the help-seeking intentions of AAMCS.

Rogers-Sirin et al. (2017) investigated how religiosity and cultural self-construal predicted help-seeking attitudes amongst Turkish Muslim populations. Rogers et al. analyzed data from 496 Turkish participants (i.e. professors and college students). Due to the presence of both Eastern and Western values in Turkey, they hypothesized cultural self-construal (InterSC) would be a mediating factor between religiosity and help-seeking attitudes. Results indicated participant's adherence to religiosity negatively predicted help-seeking attitudes. Family values whether through harmonious or hierarchical structures fully explained the relationship between religiosity and help-seeking attitudes. The moderation analysis revealed the factors IndSC and adherence to hierarchical family values better explained the relationship between religiosity and negative help-seeking attitudes. This finding indicates the participants who held strong religiosity values also held high InterSC and high family values (harmonious and hierarchical). Help-seeking attitudes was only positively correlated with IndSC amongst participants in this population, indicating individuals who independently construe their identity had positive help-seeking attitudes. Additionally, findings indicated those who held both strong hierarchical family values and IndSC also had lower help-seeking attitudes.

Though the researchers were able to find significant results, there are some key areas which this dissertation was aimed at addressing. First, the sample consisted of a Turkish international college student population. Although it is a racially and ethnically diverse sample of college students, it is difficult to generalize findings to include samples in the United States such as AAMCS. Second, Rogers-Sirin et al. examined help-seeking attitudes and not intentions or behavior. Intentions has been hypothesized to be a stronger predictor of behavior (Ajzen, 1991;

Vogel et al., 2007a). Although the study found self-construal to be a significant predictor of help-seeking attitudes, attitudes are but one portion of the help-seeking process. Future studies can be directed at addressing more explicitly how self-construal is associated to help-seeking intentions and behavior.

Amongst the international samples, only one study identified a significant relationship between self-construal and self-stigma on the help-seeking attitudes (Hwang et al., 2019). In their study of 209 Korean college students, Hwang et al. (2019) found college students with higher levels of independent self-construal were also significantly correlated with lower levels of self-stigma. This finding suggests as individuals build self-esteem through their uniqueness, they hold low internalized stigma about seeking help. Perhaps this is due to IndSC being a construct of building self-esteem and self-stigma is a negative reflection of how one views themselves. From a TPB framework, both of these variables were found to be linked to help-seeking attitudes, which informed my decision to conceptualize them as help-seeking attitudes in this dissertation.

In the United States, Shea and Yeh (2008) investigated how stigma, Asian cultural values and relational self-construal were associated with attitudes towards seeking counseling. The sample was composed of 219 Asian American college students (i.e. undergraduate and graduate). Through correlational and regression analyses, researchers found lower levels of public stigma, lower levels of adherence to Asian values and high RelSC positively predicted participants' attitudes to seek counseling. The researchers articulated the importance for investigating InterSC amongst Asian American students was due to the hypothesis that East Asian persons were more likely to avoid counseling due to maintaining group harmony and social connections. However, within-group hypotheses of difference amongst self-construal, cultural values and stigma led

them to investigate help-seeking practices in this population.

Shea and Yeh (2008) found their Asian American college students who define themselves in terms of close relationships (RelSC) to hold positive attitudes about seeking counseling. According to Shea and Yeh (2008) this finding indicated that although these students come from immigrant and first-generation Asian backgrounds, by living in the United States, the interdependent relationships (i.e. ethnic group loyalties) were not as strong as individual close relationships participants have. Though RelSC was found to be significant, the study was not without limitations. In which I believed this dissertation can begin to fill some of the gaps. First, the study sample consisted of solely Asian American students. Within the sample, 35% ($n=76$) identified as male. Although this gives indication to the association of self-construals on the help-seeking attitudes of college males, results cannot be generalized to AAMCS. In order to address this gap, I planned to recruit AAMCS to explore whether self-construal predicts help-seeking intentions. Second, Shea and Yeh investigate help-seeking attitudes rather than intentions of behavior, which lends more unclarity around whether self-construal predicts help-seeking intentions or behavior. Third, Shea and Yeh investigated RelSC which is a sub-factor of InterSC. This leaves further unclarity between the association between self-construal and help-seeking behavior. This dissertation is intended to incorporate InterSC and IndSC to provide an initial investigation into whether these components impact the help-seeking intentions of AAMCS.

Taken collectively, these studies provide rationale for the inclusion of self-construal as a variable in the help-seeking process. The incorporation of self-construals into the current study is to explore whether it possesses significant relationships amongst stigmas (public and self) and mental health literacy with AAMCS. Both self-construals and stigmas (public and self) are

reinforced by cultural contexts (Chan, 2013; Cross et al., 2011), which in turn influence individual decision-making. However, there is a dearth of literature addressing the association between stigmas and self-construals, and whether they predict help-seeking intentions or behavior. Thus, the purpose of incorporating self-construal into this study is to explore whether it influences the help-seeking intentions of AAMCS. The associations between self-stigma and self-construal from previous studies with Asian populations create an opportunity to investigate if it is a predictive influence into the help-seeking behaviors of AAMCS.

Chapter Summary

The purpose of this dissertation was to explore whether public stigma, self-stigma, mental health literacy and self-construal significantly predict the intentions to seek counseling amongst AAMCS. Both public and self-stigma have been implicated as significant factors to negatively influence college students' decision to seek counseling. Mental health literacy has also been found to be a significantly positive influence of intentions to seek counseling with this population. However, there is little evidence to support their empirical veracity for predicting the intentions to seek counseling amongst AAMCS populations.

Another key objective of this dissertation was to test whether self-construal is a significant predictor of intentions to seek counseling with AAMCS. Research implicating factors for help-seeking amongst AAMCS have largely considered variables such as racial identity, self-concealment, cultural mistrust, Afrocentric values, African Self-consciousness or some combination of these variables. The implications from these studies suggest African Americans, and therefore AAMCS, perceive the help-seeking process with some salience to cultural identity, not necessarily accounting for individual's construction of identity as a separate process. The inclusion of self-construal is aimed at exploring whether AAMCS, who construe their identity

independently or interdependently, devoid of racial identity significance are affected by help-seeking factors (i.e. stigma & mental health literacy) as the same as the general college student population.

The purpose of exploring these help-seeking factors was to examine barriers and/or protective influences on the help-seeking processes of a traditionally marginalized population. Research surrounding these influences can be utilized to develop programs and interventions to increase the intentions for AAMCS to seek counseling services. Counselor trainees, counselors and educators are in unique positions to both advocate and support the needs of their student populations. By learning the factors that both positively and negatively impact the help-seeking process, professionals are better positioned to understand how they can better support these students and increase academic retention/graduation rates.

Chapter III: Methodology

The purpose of this study was to examine public stigma, self-stigma, mental health literacy and self-construal as potential predictors of intentions to seek counseling amongst AAMCS. Self-stigma is considered a significant factor to counseling underutilization amongst college students (Bathje & Pryor, 2011; Ross et al., 2019; Tucker et al., 2013; Vogel et al., 2006; 2007a). However, the majority of studies on the subject matter utilized samples of predominately White, European American college students. Researchers have called for inclusion of racial and ethnic minorities in the studies which are focused on attitudes of help-seeking to better support practitioners to treat members of diverse backgrounds (Cauce et al., 2002; Cheng et al., 2013; 2015; 2018; Crowe et al., 2018; Wu et al., 2017).

Further, there exists research implicating the separate roles of mental health literacy (Crowe et al., 2018; Cheng et al., 2015; 2018; DeBate et al., 2018; Stansbury et al., 2011), and self-construal on the help-seeking process of college students (Omori, 2007; Rogers-Sirin et al., 2017; Shea & Yeh, 2008; Shea et al., 2017; Song et al., 2019). However, from a TPB framework, these studies would qualify as to examining only one portion (attitudes) of the help-seeking process (Ajzen, 1991). Despite these empirical investigations, to date no studies have explored whether stigma (public and self), mental health literacy and self-construal have an influential role on AAMCS intentions of seeking counseling. Therefore, this dissertation was aimed at addressing whether these factors of public stigma, self-stigma, mental health literacy and self-construal have any influence on the help-seeking intentions of an AAMCS population.

Research Questions

Based on the gaps as identified in the literature, this dissertation addressed the following research questions.

RQ1) Does public stigma predict AAMCS' intentions towards seeking counseling while controlling for demographic variables (See figure 1.2 for conceptual diagram for research question 1). The following hypothesis is presented for research question 1.

- H(1) Public stigma will negatively predict intentions to seek counseling with AAMCS, while controlling for demographic variables.



Figure 1.2. Conceptual Diagram of Research Question 1

RQ2) Does self-stigma, predict AAMCS' intentions towards seeking counseling while controlling for demographic variables (See figure 1.3 for conceptual diagram for research question 2). The following hypothesis is presented for research question 1.

- H(2) Self-stigma, along with public stigma, negatively predict intentions to seek counseling for AAMCS, while controlling for demographic variables.

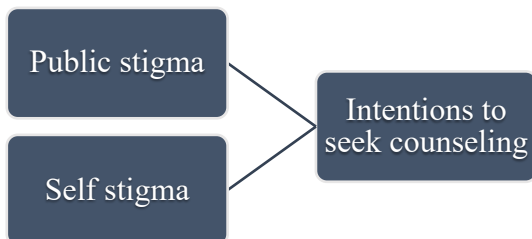


Figure 1.3. Conceptual Diagram of Research Question 2

RQ3) Does mental health literacy, along with stigma (public and self) predict AAMCS's intentions towards seeking counseling, while controlling for demographic variables? (See figure 1.4 for conceptual diagram for research question 3)? The following hypothesis is presented for research question 2.

- H(3) Mental health literacy will positively predict intentions to seek counseling for AAMCS, while stigma serves as a negative predictor.

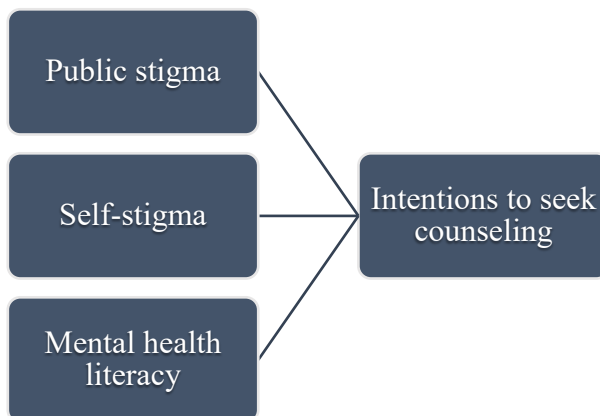


Figure 1.4. Conceptual Diagram of Research Question 3

RQ4) Does self-construal (independent and interdependent), along with stigma and mental health literacy predict AAMCS' intentions towards seeking counseling while controlling for demographic variables (See figure 1.5 for conceptual diagram of research question 4)? The following hypothesis is presented for research question 4.

- H(4) InterSC, along with stigma, will positively predict intentions to seek counseling amongst AAMCS, while MHL, IndSC will serve as positive predictors.

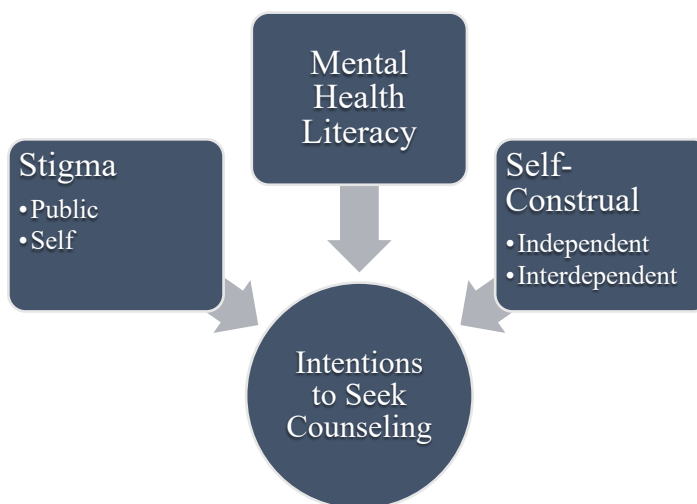


Figure 1.5. Conceptual Diagram of Research Question 4

Research Design

This dissertation was a non-experimental, correlational design, where participants were assessed at a singular point in time (cross-sectional). A series of bivariate and hierarchical regression analyses were conducted to test hypotheses of association between variables. Specifically, correlations were used to examine the relationships between public stigma, self-stigma, mental health literacy and self-construal. Multiple hierarchical regressions were run to

test whether public stigma, self-stigma, mental health literacy and self-construal have predictive influence on the help-seeking behaviors of AAMCS.

Correlations tested the relationships between the independent variables in this study. Because all independent variables in this study were continuous, correlations are considered best fit for running significance testing (Casson & Farmer, 2014). Multiple hierarchical regression analyses served as the main analyses for this dissertation. Hierarchical regression is appropriate for testing predictive assumptions of independent variables on a single outcome variable in counseling research, provided that there is a theoretical basis and association of independent variables (Petrocelli, 2003). Hierarchical regression is considered best fit for testing prediction or explanation of selected variables on outcome variables (Cohen et al., 2003; Keith, 2015). As compared to simultaneous or stepwise regression analyses, sequential or *hierarchical* regressions are focused on systematically entering a variable into the regression equation as based on theory, for the sole purpose of interpreting its predictive or explanatory value on the outcome variable (Keith, 2015).

Another useful tool of utilizing hierarchical analysis approaches is it allows researchers to control for other variables as they enter independent variables into the equation. This gives researchers the ability to efficiently analyze which variable is significantly predicting or explaining its association with the outcome variable. Hierarchical regression is often utilized to specify predictor (independent variables) variables without decreasing the R^2 coefficient (Petrocelli, 2003). For this dissertation, the independent variables chosen were based on variables related to college students help-seeking as grounded in literature (Bathje & Pryor, 2011; Cheng et al., 2018; 2015; 2013; Eisenberg et al., 2009a; 2011; Hwang et al., 2019; Shea et al., 2017; Song et al., 2019; Vogel et al., 2006; 2007a).

The hierarchical regressions tested the predictive influence between the independent variables and the dependent variable (See figure 1.6 for conceptual diagram of research design). Each independent variable was entered into the regression equation via SPSS, beginning with the demographic variables for control. The purpose for beginning the regression analyses with these demographic variables was to control for their influence on the help-seeking behaviors of AAMCS. After the control variables were entered, I inputted public stigma into the regression equation on help-seeking intentions (i.e. the first hypothesis). The influence of each variable was measured by the R^2 change when it is added to the regression equation. For the remaining hypotheses, the independent variables will be entered into the regression equation to test for their relationship with the dependent variable (i.e. help-seeking intentions). Because the purpose of this study is prediction, the main analysis (See 'Main Analysis') examined how public stigma, self-stigma, mental health literacy and self-construal predicted help-seeking intentions.

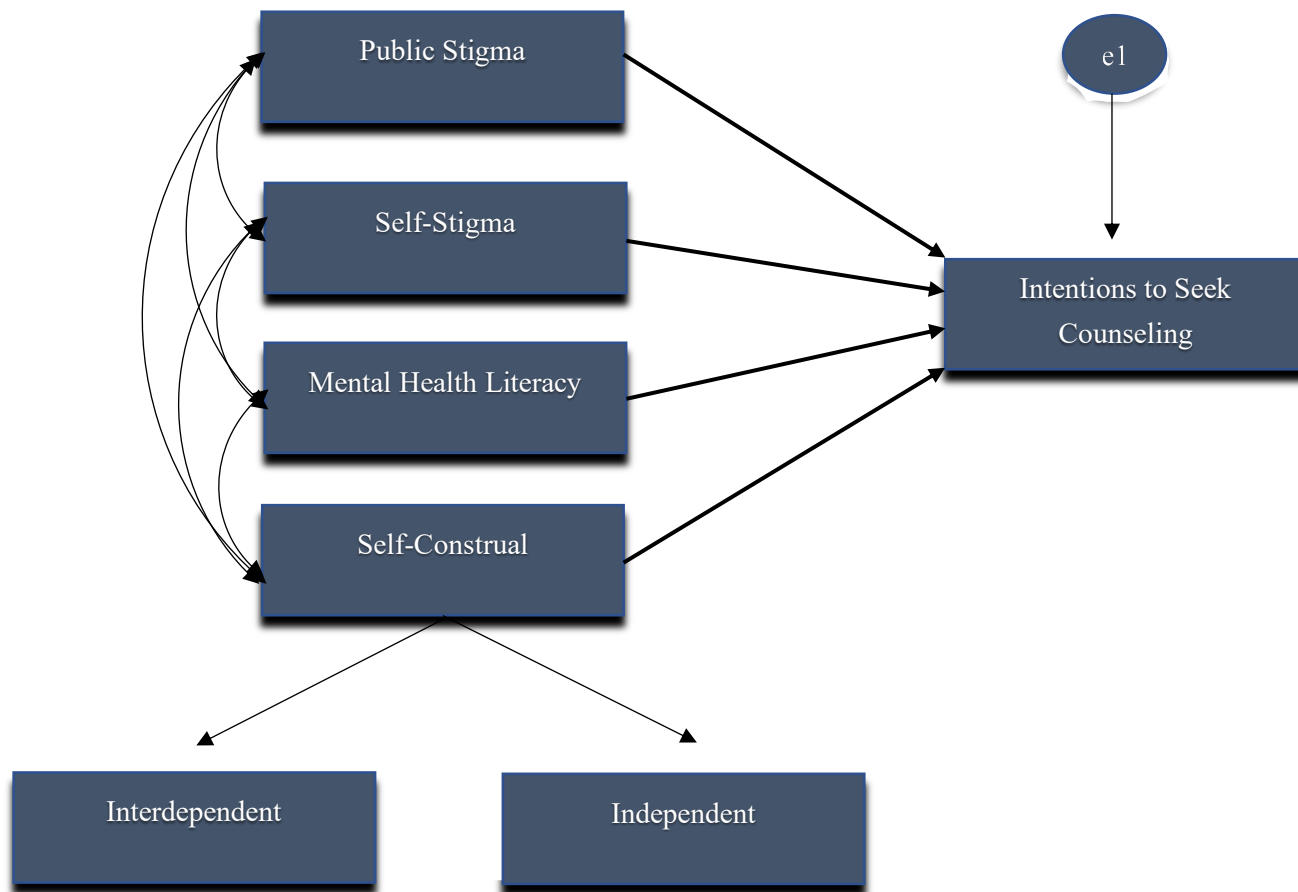


Figure 1.6. Conceptual Diagram of Research Design

Participants

Sampling

Inclusion criteria for this dissertation are individuals who identify as Black/African American, male, ages 18 years and older, and are currently enrolled at undergraduate institutions in the United States for this study. The specified demographic and convenience recruitment make this process a convenience sampling procedure. The criteria for this dissertation was set based on the dearth of literature surrounding the help-seeking behaviors of AAMCS. Studies on the

subject matter have included AAMCS who were solely undergraduate, who attended an historically Black college/university (HBCU) or an assumed affinity to cultural saliency (Duncan, 2003; Duncan & Johnson, 2007; Wallace & Constantine, 2005). The purpose of extending participant criteria to include those of undergraduate institutions regardless of cultural identity (e.g. predominately White or Hispanic serving institutions), was to investigate whether AAMCS help-seeking behaviors are influenced by variables which are not rooted in Afrocentric values but rather an individual construction of identity. To account for these differences, recruitment was not limited to racial make-up of the university. Given their findings from an HBCU, Duncan and Johnson (2007) encouraged researchers to explore the attitudes towards counseling amongst African American college students across multiple institutional types. For this dissertation, AAMCS has been identified from the aforementioned criteria.

I utilized Qualtrics Sampling Services (QSS), a project management service derived from Qualtrics to recruit target sample for this dissertation. QSS provides market research panels to respond to online surveys. Market research panels are composed of participants who have previously agreed to engage in recruitment for participating in online surveys (A. Coffman, personal communication, April 6, 2020). Participants were recruited from pools of undergraduate students for the goal of attaining target sample. Sampling pools used include member referrals, gaming sites, permission-based networks, social media networks and website intercept recruitment as identified through QSS. With the assistance of a project managers as provided by QSS, I utilized online recruitment (i.e. survey distribution) to target population. The exact pools and strategies for recruitment are presented in the next section.

This recruitment strategy was chosen for both for its ability to attain large sampling pools, potentiality for recruiting population of interests, and feasibility purposes. QSS is

primarily used for business and market-related research, however, counseling research has supported data collection from utilizing samples from this project management service (Kalkbrenner et al., 2020; Kanamori et al., 2017). Within their study, Kalkbrenner et al. (2020) utilize QSS to obtain a convenient sample of community college students in order to run their confirmatory factor analysis. Whereas the purpose of their study was to confirm the validity of their model of mental health literacy as a peer referral tool, I am investigating whether mental health literacy has predictive influence on specific help-seeking behaviors. My status as a Syracuse University student, and subsequent contract between Syracuse University and Qualtrics, make access to this project management service a form of purposeful and convenience sampling. Michael (2011) articulated convenience sampling to be ideal for pilot testing research hypotheses related to predictive designs.

Power Analysis

I used the software G*Power 3.1 to conduct a power analysis and to determine the target sample size. Researchers have supported using G*Power to calculate target sample size for regression analyses in counseling research (Balkin & Sheperis, 2011; Cheng et al., 2018). Calculating the F statistic is necessary for conducting power analysis for multiple linear regressions (Cohen et al., 2003). According to Cohen (1988) an effect size of 0.15 yields a medium effect in statistical analysis. Power is identified as the strength to which a study will yield statistically significant results (Cohen, 1988). Further, a power reading of .8 is standard in social/behavior sciences research (Cohen, 1988). In order to achieve an effect size of .15, a power reading of .8 (the higher the power, the less probability of committing a Type II error) with one predictor variable in set 1, and three more in sets 2, 3 and 4 of the regression model, a sample size of at least 92 participants is needed.

Data Collection

Once I obtained approval for research from the Institutional Review Board from Syracuse University, I contacted QSS to discuss the next steps for data collection. The project manager discussed the procedure involving payment, survey distribution, soft-launch and full launch. I emailed the project manager the anonymous online link to my survey. They provided recommendations on the wording to eliminate jargon and improve clarity. Prior to obtaining IRB approval, I presumed participants to take 10 minutes to complete the survey. However, after discussing with my committee members, we believed the final survey, consisting of 80 items, warranted an additional 10 more minutes for ample completion.

Upon amendment of the survey, I contacted the project manager to facilitate a soft launch of the survey to potential participants. A soft launch is when the project manager distributes the survey to 10 potential participants. For this dissertation, the soft launch served two purposes, 1) to check for comprehension and completion of survey items and 2) to allow the opportunity for the researcher to check for credibility in participants' responses. Participants responses were recorded and checked to see if they met inclusion criteria, if they did not meet any of the inclusion criteria, their responses were filtered out. Credibility was checked based on participants responses to the demographic questionnaire. Respondents who did not answer 'yes' to Questions 1, 3, 6 and 8, were excluded from the survey, because they did not fit the target demographic for this study. Responses to these questions served as a check to mitigate threats to internal validity (Bellini & Rumrill, 1999).

Once I reviewed the 10 responses and checked to see if the participants met the inclusion criteria, I emailed the project manager to confirm my approval for the full launch. The project manager would then resume survey distribution until target sample size was attained (M. Beck,

personal communication, July 7th, 2020). Based on the prior power analysis, 119 respondents seemed suffice to conduct statistical analyses. I selected this size to ensure the minimum target sample size of 92 participants was met, and to reduce threats to internal validity (Bellini & Rumrill, 1999).

Demographics

Approximately eight hundred ($n=800$) individuals were invited to participate in the survey (M. Beck, personal communication, August 24th, 2020). Two hundred and ninety-eight ($n=298$) prospective participants responded to the survey on Qualtrics. Incidence rate, which refers to the number of respondents who fully completed the survey once they entered, was at 50%. One hundred and seventy-nine ($n=179$) potential participants were excluded for incomplete or invalid responses. Invalid responses were filtered based on whether potential participants met the inclusion criteria (e.g. African American, male, etc.). Individuals who did not meet all of the criteria mentioned above were filtered out and excluded from the survey. One hundred and nineteen ($n=119$) fully completed the survey after meeting the inclusion criteria. This resulted in a response rate of 14.8%. Participants identified as African American, male and enrolled in an undergraduate institution in the United States. In order to offer more specific details of this sample, I conducted frequency distributions for the demographic variables.

Participants responses were additionally scrubbed for based demographic variables. Based on the influences of religious affiliation, student classification, institutional region and previous counseling experience on help-seeking behaviors (Avent-Harris et al., 2015; Eisenberg et al., 2009a; Huffstead; 2019; Mesidor & Sly, 2014), these four data pieces served as demographic control variables for participants in this study. Participants who did not respond to any of these questions were additionally scrubbed from the data analysis to eliminate any threat

to external validity. This served as an attempt to identify possible inattentive responses or omissions which could affect statistical analytical procedures (Meade & Craig, 2012). Two participants chose not to provide responses to religious affiliation, and one participant chose not to provide a response to their institutional region. As a result, these three responses were not included in the final data analysis.

Participants ($n=119$) provided the following representative demographic statistics. Participants' age ranged from 18 to 34 years of age ($M= 21.61$, $SD=3.54$). Three participants did not specify their age, however because specified age did not serve as a control for this study, their full survey responses were included. Regarding religious affiliation, 63% ($n=75$) identified as Christian, and Spiritual non-religious was the second highest identified religious affiliation at 11% ($n=13$) of the sample. Previous research on help-seeking behaviors amongst African American college students indicated religious affiliation as a support factor for help-seeking behavior (Avent-Harris et al., 2015; Avent-Harris & Cashwell, 2015). Seniors represented 36% ($n=43$) of the sample. Juniors ($n=31$) and sophomores ($n=25$) were nearly evenly represented, and freshman ($n=14$) were the least represented. Student classification served both validity and control purposes. Participants' classification served as a credibility check for their enrollment in an undergraduate program (Bellini & Rumrill, 1999; Mesidor & Sly, 2014). Full-time students made up 76% ($n=90$) of the sample, whereas 24% ($n=29$) were enrolled part-time. Enrollment status served as another credibility check for undergraduate inclusion criteria.

Participants represented a variety of regions located in the United States. The largest region in which participants were enrolled was the Southeastern region of the US ($n=34$) followed by the Northeastern region ($n=33$). Huffstead (2019) found geographic region to negatively predict help-seeking amongst biracial adults in the United States. Based on this

finding, institutional region served as a control for participants in this study. Regarding previous help-seeking behavior, 62% ($n=74$) reported going to counseling in the previous 12 months. Eisenberg et al. (2011) found previous help-seeking behavior to correlate with underutilization of counseling services amongst college students. Based on this finding, previous help-seeking behavior served as a control variable for AAMCS in this study. Refer to Table 1-2 for summary descriptive statistics for demographic variables.

Table 1-2: *Summary Descriptive Statistics for Demographic Variables*

Variable	Frequency (n)	Percentage (%)
Religious Affiliation		
Atheism/Agnosticism	5	4.3
Buddhism	3	2.5
Christianity	75	63
Islam	9	7.6
Judaism	1	.8
Scientology	1	.8
Spiritual(non-religious)	13	10.9
Other	10	8.4
Student Classification		
Freshmen	17	14.3
Sophomore	25	21
Junior	31	26.1
Senior	43	36.1
Enrollment Status		
Full-time	90	75.6
Part-time	29	24.4
Institutional Region		
Midwest	25	21
Northeast	33	27.7
Pacific	11	9.2
Rocky Mountains	2	1.7
Southeast	34	28.6
Southwest	13	10.9
Counseling utilization in the previous 12 months?		
Yes	74	62.2
No	44	37

* *Note.* $n=119$. Some participants elected not to answer certain demographic questions which resulted in fluctuation of sample population.

Study Procedure

I contacted the project manager via email upon approval by IRB. I provided the link to the online consent form (see Appendix I) and survey (see Appendices A-F) to project manager via email. Participants were then directed to complete an online consent form, informing participants of the study purpose and procedure, and their rights, potential benefits and risks of the study. Participants completed a six-part series of internet surveys comprised of a demographic questionnaire (Appendix A), and five self-report measures. Participants completed the demographic questionnaire, Intentions to Seek Counseling Inventory (Appendix B), Stigma of Receiving Psychological Help Scale (Appendix C), Self-Stigma of Seeking Help Scale (Appendix D), Mental Health Knowledge Schedule (Appendix E), and the Self-Construal Scale (Appendix F), totaling 80 items.

Internet surveys have been supported approaches to provide anonymity and confidentiality to participants (Roster et al., 2014). Researchers have found internet-based surveys via online software systems to effective in recruiting participants (Duncan & Johnson, 2007; Fripp & Carlson, 2017; Huffstead, 2019; Stansbury et al., 2011). Informed consent protocol include, (a) informing participants about study procedure and protocol, (b) informing participants about confidentiality of identifiable information and participation, (c) informing participants of their right to not complete or drop out of the study at any time without penalization, and (d) informing participants about risks/benefits of participating in study (Nijhawan et al., 2013). Consent was documented via continued participation in the study. For this dissertation, a statement of consent appeared on the form (i.e. “By continuing to the study, you are giving consent to participate in this study”) which participants affirmed if they continued on to the demographic questionnaire. After taking the questionnaire, participants completed the

five self-report measures. Participants remained anonymous and were not be under any pressure to participate. The next section is devoted to discussing the instruments which the participants will complete, in more detail.

Instrumentation

Intentions to Seek Counseling Inventory

Help-Seeking Intentions was assessed using the *Intentions to Seek Counseling Inventory* (ISCI; Cash et al., 1975). The ISCI is a 17-item instrument with questions rated on a 4-point Likert scale from 1 (*very unlikely*) to 4 (*very likely*). Researchers have utilized the ISCI as an efficient measure for help-seeking intentions amongst college student populations (DeBate et al., 2018; Vogel et al., 2006; Vogel et al., 2007a). For example, Huffstead (2019) conducted their study amongst Biracial individuals using intentions to seek counseling as an outcome variable. The instrument is client-reported, meaning that it is meant to measure participants likelihood to seek counseling for multiple concerns. The instrument is designed to assess participants desire to seek counseling based on numerous mental health, personal, academic and substance use difficulties (Cash et al. 1975). Scores are totaled with low scores in the 17-34 range, moderate in the 35-50 range, and high in 51-68 range; with low indicating a low willingness to seek counseling and high indicating a high willingness to seek counseling. A sample item would read “How likely would you be to seek counseling for: Depression?” The ISCI consists of three subscales: Psychological and Interpersonal Concerns, Academic Concerns and Drug Use Concerns. Cash et al. (1975) found initial Cronbach Alphas for each subscale to read .90, .71 and .86 respectively, supporting the initial reliability of the scale. For this dissertation, I replicated the strategy used by Vogel et al. (2007a) in which they used only the Psychological and

Interpersonal Concerns subscale. For the present study, the scale had a Cronbach alpha reading of .87, deeming it a sufficient instrument for use.

Stigma Scale for Receiving Psychological Help

Public stigma is defined as the stigma one directs towards anyone who receives counseling services (Corrigan, 2004). Public stigma was measured using the 10-item, single factor scale, *Stigma Scale for Receiving Psychological Help* (See Appendix C; Komiya et al., 2000). Bathje and Pryor (2011) recommended using this scale to measure Public stigma as a predictor of help-seeking and intentions to seek counseling rather than the *Perceived Devaluation-Discrimination scale* (PDDS; Link, 1987). The latter assessment, although used by Vogel et al. (2006; 2007b) was critiqued for assessing Public stigma associated with being a former psychiatric patient rather than a mental health counseling client. The SSRPH assesses an individual's perception of how stigmatizing it would be to receive treatment from a psychological counselor (Komiya et al., 2000). Participants rate five items on a 4-point Likert scale from 0 (*strongly disagree*) to 3 (*strongly agree*). A sample item includes "It is advisable to for a person to hide from others that he/she has seen a counselor for psychological treatment." Higher scores on the scale indicate greater Public stigma towards seeking counseling. Komiya et al. (2000) initially reported internal consistency scores of .72. George and Mallery (2003) recommend that any test with a score of .70 or greater is appropriate for study. For the present study, SSRPH had a Cronbach alpha reading of .72, deeming it a strong instrument for use.

Self-Stigma of Seeking Help Scale

Self-stigma is defined as the internalized, negative views one holds of themselves for seeking counseling. Self-stigma was measured using the *Self-Stigma of Seeking Help Scale* (See Appendix D; Vogel et al., 2006). The SSOSH measures the internalized stigma one places on

themselves for seeking counseling. The SSOSH is a 10-item scale with items like the following, “I would feel inadequate if I went to a therapist for psychological help.” Items are rated on a 5-point Likert Scale, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Items 2, 4, 5, 7 and 9 are reverse scored. Scale point 3 is anchored by *agree and disagree equally*. Higher scores reflect higher magnitudes of self-stigma on the individual. Internal consistency measures range from .86 to .90, and the 2-week test–retest reliability is a reported .72 among college students (Vogel et al., 2006). The internal consistency of the scores obtained in the Vogel et al. (2006) study was .89. The SSOSH also successfully differentiated college students who sought psychological services from those who did not across a 2-month period (Vogel et al., 2006). Students who had higher SSOSH scores were less likely to seek counseling or psychological services as compared to those who had low SSOSH scores. For this study, Cronbach’s Alpha scores were measured at .76 rendering sufficient for use.

Mental Health Knowledge Schedule

Mental health literacy refers to the individual’s understanding of mental health disorders and treatment strategies (Kutcher et al., 2016). Mental health literacy was measured using the *Mental Health Knowledge Schedule* (MAKS; See Appendix E; Evans-Lacko et al. 2010). The MAKS is a psychometric scale developed to measure stigma-based mental health knowledge across the public. The scale is composed of 12 items, rated on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The total score is found by summing the item numbers together. Items 6, 8 and 12 are scored in reverse order. Items 7 and 12 were specifically developed for testers to recognize a variety of mental health-related conditions and compare those responses to the other items on the scale. The initial internal consistency of the MAKS was measured on items 1-6. This was due to the MAKS to not function as a scale, and participant

knowledge-based of mental health disorders being domain specific (Evans-Lacko et al., 2010). This was represented in the internal consistency score across all 12 items being poor ($\alpha=.284$) for this current study. Thus, for this dissertation, the reliability analysis was conducted on the first six items of the scale. An example item would be “If a friend had a mental health problem, I know what advice to give them to get professional help.” An item that would qualify as a recognition item would have the following directives preceding it: “For the proceeding items, say whether you think each condition is a type of mental illness by ticking one box only.” Varying degrees of mental illness are listed along with nonclinical issues including “drug addiction,” “stress” and “schizophrenia.” When the scale was being designed, Evans-Lacko et al. (2010) conducted an extensive review of the items to ensure content validity. Test–retest reliability was .71 verified by Lin’s concordance, while item retest reliability stayed between .57 to .87, internal consistency was low and minimally acceptable ($\alpha = .65$) (Evans-Lacko et al., 2010). The internal consistency has been higher (alpha ranging between .71 and .74) than the original study (Abi Doumit et al., 2019; Crowe et al., 2018), providing support for its use in future studies. For this study, internal consistency was found to be .71 rendering it sufficient for use.

Self-Construal Scale

Self-construal was measured using the *Self-Construal Scale* (SCS; See Appendix F; Singels, 1994). The SCS is a self-report, 24-item, two-factor structure assessment. Participants are to rate each item on a 7-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). A sample item of independent self-construal subscale reads, “I enjoy being unique and different from others.” A sample item from the interdependent self-construal subscale reads, “I am happy when those around me are happy.” Regarding the current study, the influence of self-construal can be conceptualized as “I seek counseling if those around me are concern about me

(interdependent)” or “I seek counseling because I believe I could benefit from these services (independent).” Researchers have used it to measure both independent and interdependent self-construal (Christopher & Skillman, 2009; Rogers-Sirin et al., 2017; Singelis, 1994). Each self-construals are assessed on 12-item subscale. Internal consistency readings for both subscales were adequate with $\alpha=.73$ for interdependent and $\alpha=.74$ for independent. Although the SCS was initially normed on White/European and Asian American college student samples, researchers have found it to be a reliable instrument for African American populations (Christopher & Skillman, 2009; Coon & Kimmelmeier, 2001). Cronbach’s Alpha reading for the SCS was .90 for the InterSC subscale and .89 for the IndSC subscale. Table 1-3 displays all reliability measures for the instruments in this current study.

Table 1-3. *Reliability of Instruments*

Instrument	# of Items	Cronbach’s Alpha
ISCI	17	.87
SSRPH	5	.72
SSOSH	10	.76
MAKS	6	.71
InterSC	12	.90
IndSC	12	.89

Demographic Questionnaire

A questionnaire was developed to obtain information including age, gender, race, nationality, religion, year in school, school region, school composition, and previous experience with counseling to account for inclusion criteria (See Appendix A). Nationality was chosen to

account for the inclusion of participants who identify as African American, but also have additional cultural upbringings that may influence help-seeking behaviors (Mesidor & Sly, 2014). Biracial status was chosen to account for participants who identify as more than one race, including African American (Huffstead, 2019). Religious affiliation was chosen to account for influence of religious identity on help-seeking behavior (Avent Harris et al., 2015). Year in school was chosen to highlight the differences in participation across undergraduate (Barksdale & Molock, 2009; Cheng et al., 2013; DeBate et al. 2018; Mesidor & Sly, 2014). School region was chosen to check for credibility of participant's enrollment in a US institution as well as account for inclusion of participants from schools of beyond a single racial classification (i.e. PWI, HBCU) (Duncan & Johnson, 2007; Mushonga & Henneberger, 2020). Lastly, previous counseling experience was chosen to account for recent help-seeking experience that may affect participants help-seeking behavior (Eisenberg et al., 2009a). The demographic questionnaire consists of twelve items. Barksdale and Molock (2009) proposed the inclusion of demographic variables such as race and ethnicity to account for aspects of cultural influence in the help-seeking process. The demographic variables will serve as controls for the design of the current study.

Data Analysis

Preliminary Analysis

Once the participants completed the six-part online survey (e.g. demographic questionnaire and five instruments of interest), I ran descriptive statistics for sample. I then analyzed the measures through correlation and multiple hierarchical regression analysis via SPSS v26 software. I observed respondent information to check for missing data or invalid responses. Cheema (2014) recommends conducting Multiple Imputation (MI) for samples between 50 and

100 for multiple regression analyses. MI was slated to be chosen if the amount of missing data is between 5-10% of the sample. Researchers have recommended if the level of missingness exceeds 10% of the entire survey then participant responses should be excluded from the study (Cheema, 2014; Leech et al., 2015). Missingness was determined based on participant's lack of responses to either control variable items and self-report measure items. Missingness accounted for less than 3% of data indicating MI to not be necessary for the analysis.

Assumptions of Correlations. After accounting for missingness, I ran assumptions for correlations and multiple regression analyses. Correlations will be assessed by Pearson's r correlation coefficient. Pearson's coefficient is the recommended correlational test for continuous variables (Casson & Farmer, 2014), and has been supported in counseling research (Swank & Mullen, 2017). The assumptions of the correlation coefficient are level of measurement, related pairs of variables, absence of outliers, linearity and homoscedasticity (Casson & Farmer, 2014). For Pearson's correlation (r), level of measurement refers to each variable being continuous in the analysis. Related pairs refers' to each variable yielding a value for each participant. Absence of outliers means outliers are eliminated from each of the variables. The purpose behind this elimination is that outliers will skew the distribution of results in one direction further obstructing linearity (Dormann et al., 2013). Linearity refers to the linear relationship formed between variables of interest. It was identified by the slope of a scatterplot that runs in a straight line. Homoscedasticity refers to the variance among distribution of points is scattered similarly around the line as the same for independent variables (Casson & Farmer, 2014). The purpose of running assumptive testing or preliminary analyses is to encourage reliability of running a statistical analysis with the variables in question (Cohen et al., 2003). After running correlation assumptions, I ran assumptive tests for the regression analyses.

Assumptions of Main Analysis. The four assumptions of multiple regression are linearity, normality, homoscedasticity, and little to no multicollinearity (Petrocelli, 2003; Poole & Farrell, 1971). Osborne and Waters (2002) also encourage researchers to consider reliability of instrument as an assumption of multiple regression. I accounted for this assumption through the correlation and internal consistency analyses.

Linearity. Linearity refers to linear relationship amongst independent and dependent variables (Osborne & Waters, 2002). Both simple linear and multiple regression reflects accurate reports under the assumptions which independent and dependent variables are in a linear relationship (Petrocelli, 2003; Poole & Farrell, 1971). It was necessary to conduct analysis of linearity before running a regression analysis otherwise risk threats to statistical conclusion validity (Bellini & Rumrill, 1999). Linearity was observed by the scatter plot values of observed participant responses (Osborne & Waters, 2002).

Normality. Normality refers to the error distributions of observed and predicted values to be normal. Normality can be determined through observation of information such as skewness, kurtosis and goodness of fit test (e.g. Kolomogorov-Smirnov Test, Shapiro-Wilk (SW) Test, etc.) and R^2 observation (Casson & Farmer, 2014; Osborne & Waters, 2002). Skewness of data represents a bias in the sample and presents a threat to external validity (Bellini & Rumrill). Additionally, Field (2009) articulated that kurtosis should fall between ± 2 range to represent a normal sample. Given the negligible differences amongst goodness of fit test amongst small-moderate sample sizes (Razali & Wah, 2011), I monitored normality via observation of skewness, kurtosis and R^2 value.

Homoscedasticity. Homoscedasticity refers to the variance of the errors is the same across all independent variables (Osborne & Waters, 2002). The main objective of

homoscedasticity is to test against heteroscedasticity (e.g. distortion of results toward one direction or the other, Osborne & Waters, 2002). Similar to linearity, homoscedasticity was checked by observing the scatterplot of predicted regression values, however the standard residual values were included in this observation.

Multicollinearity. Multicollinearity occurs when the presence of one independent variable influences the predictive value of another independent variable in the regression equation (Keith, 2015). In another way, it is the occurrence of high correlation between independent variables (Cohen et al., 2003; Keith, 2015; Petrocelli, 2003). The primary issue with multicollinearity is the correlations between variables which can confound the level of influence of variables in a regression equation (Petrocelli, 2003). It is recommended for researchers to account for multicollinearity due to the possible inflation of beta (β) coefficients (Onwuegbuzie, 2000). Testing for multicollinearity can be done by observing the variance inflation factor (VIF) in SPSS or through Pearson's r correlations (Daoud, 2017). If the VIF statistic is greater than 10 then multicollinearity is an issue in the equation. In a similar manner, if the Pearson's r reads near ± 1 , then multicollinearity is an issue (Dormann et al., 2013). In the event of multicollinearity issues, researchers are encouraged to center the variable to account for correlational influence (Cheng et al., 2018).

Multicollinearity also presents a threat to internal validity because it can lead to inflated beta coefficients for independent variables, rendering difficulty to infer predictive values of independent variables (Bellini & Rumrill, 1999, Onwuegbuzie, 2000). Specific sample and specificity of variables present as a potential threat to external validity. External validity, which refers to the extent that the findings of the study can be generalizable to other settings, beyond the conditions of the study (Bellini & Rumrill, 1999).

Primary Analyses

Once preliminary analyses have been executed and all the assumptions for correlation and multiple regression were checked and met, I ran the primary analyses. The primary analyses of this dissertation consisted of multiple hierarchical regression analyses on intentions to seek counseling. Correlations were run to test assumptions of preliminary analyses. Regression analyses tested the research hypotheses (See pages 2-6 for hypotheses). In multiple hierarchical regression analyses, researchers systematically enter variables into the equation based on order of importance (Petrocelli, 2003). The variables are going to be entered based on the theoretical framework and literature review for this dissertation (See figure 1.7 for conceptual design of regression model). The order of variable entry is an important point of emphasis for hierarchical regression analyses (Petrocelli, 2003). Entry is to be informed by theoretical and empirical grounding to support either predictive claims (Cohen et al., 2003). Assumptions of both correlations and hierarchical regressions need to be closely followed to reduce chances of committing Type I and II errors.

I anticipated incremental increase in R^2 value with each model tested. These values will be documented after each tested model. Demographic variables (e.g. religious affiliation, institutional region, student classification and previous counseling utilization) were entered into the first regression equation to serve as control variables. Public stigma was then entered into the second regression model based on the literature to test their influence on the intentions to seek counseling amongst AAMCS. Self-stigma, mental health literacy and both self-construals (independent and interdependent) were entered into the third through fifth regression models respectively.

The five regression models should be sufficient to address the research questions,

1. Does public stigma predict AAMCS' intentions towards seeking counseling while controlling for demographic variables?
2. Does self-stigma, along with public stigma, predict AAMCS' intentions towards seeking counseling while controlling for demographic variables?
3. Does mental health literacy, along with stigma (public and self), predict AAMCS' intentions towards seeking counseling while controlling for demographic variables?
4. Does self-construal (independent and interdependent), along with stigma (public and self) and mental health literacy, predict AAMCS' intentions towards seeking counseling while controlling for demographic variables

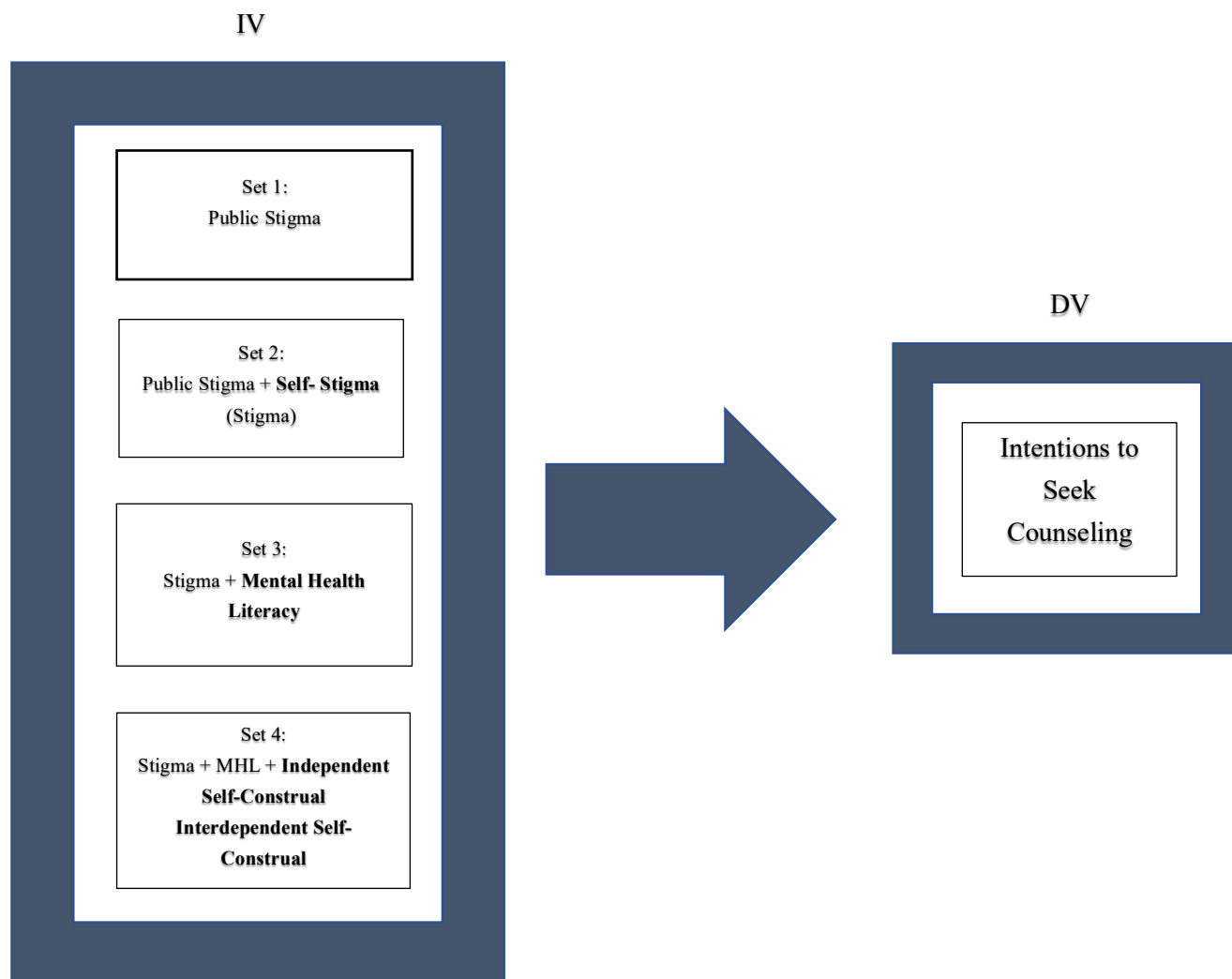


Figure 1.7. Conceptual Diagram of Multiple Hierarchical Regression Models

*Note: Sets are the order in which independent variables (IV) are to be entered into the regression analyses. DV=Dependent Variable.

Chapter IV: Results

The purpose of this chapter is to present results of the study procedure for this dissertation. The chapter will begin with the presentation of preliminary analyses, which are intended to provide justification and rationale behind the research design. Next, findings from the main analyses are presented, with particular attention given to addressing research questions and hypotheses.

Preliminary Analyses

Coding

The Self-Stigma of Seeking Help Scale (SSOSH) and the Mental Health Knowledge Schedule (MAKS) had several items which needed to be reverse-keyed prior to analysis. For the SSOSH, items 2, 4, 5, 7 and 9 were reversed keyed before running assumption tests. In this way, the scale could retain overall focus for assessing stigma. The reverse keyed items were then added to the scale and recoded as SSOSHTotal. For the MAKS, items 6, 8 and 12 were reverse keyed to reflect overall focus for assessing mental health literacy. The reverse keyed items were added to the scale and recoded as MAKSTotal. These variables were coded to mitigate threats to internal validity of the study. Counseling utilization was dummy coded as a "1" or "0", with "1" being the indicator as in which participants used counseling services in the past 12 months. Although this variable was not a variable of interest in this study, I included this statistic amongst the demographic variables. Religious affiliation, institutional region, student classification and previous counseling experience were chosen as control variables based on previous literature (Eisenberg et al., 2011; Huffstead, 2019; Mesidor & Sly, 2014).

Missing Data

Three respondents chose not to report their age. Because specified age did not serve as a statistical control variable and was not entered into the regression equation, these responses were kept. Two respondents chose not to report any answer for religious affiliation and one respondent chose not to report their institutional region. Because these variables served as statistical control variables and the study did not meet the recommended 5-10% threshold for multiple imputation (Cheema, 2014), these responses were not included in the main analysis findings, resulting in a finalized sample size of 116 participants. These three variables were demographic variables and were not the targeted variables of interest in this study. However, their inclusion in the study is to extend validity of the findings amongst the measures of interest. All participants ($n=116$) completed the full measures of the independent and dependent variables for this study.

Outliers

Outliers are datapoints which deviate significantly than the statistical norm of the sample population (Aguinis et al., 2013; Leech et al., 2015). Outliers must be considered due to their potentiality to render results nonsignificant. Tukey (1977) constructed boxplots for observing whether data points fell in the upper (Q3), median, lower (Q1) quartile and extremes. Q3 refers to the 75th percentile of scores. Q1 refers to the 25th percentile of scores. The median represents the 50th percentile. The interquartile range (IQR) refers to the distance between Q3 and Q1 quartiles. True outliers are observed if values lie outside the upper and lower ranges (extremes) of the variables. Hoaglin et al. (1986) identified two ways of calculating extreme data points,

- Upper range = $Q3 + (1.5 * IQR)$
- Lower range = $Q1 - (1.5 * IQR)$

Upper and Lower values of each variables were calculated using the formulas by Hoagin et al. (1986). No outliers were identified for intentions to seek counseling and mental health literacy variables. Cases #48, #88, #97, #99 and #105 were outliers for public stigma (U: 13.5, L: 1.5). Three cases (Case #40, #97, 99) were outliers for independent self-construal. One case (#97) was an outlier across more than one variable. The cases were detected across the sample, however because their presence did not violate statistical assumptions, they were transformed and kept. Outliers were not deleted from the sample, but rather analyzed as model fit outliers, in which their presence did not skew statistically significant results (Aguinis et al., 2013).

Normality

The descriptive statistics presented represent measures of central tendency (mean), variance (range and standard deviation) and measures of visual spread (skewness and kurtosis). Descriptive statistics can be useful in meting assumptions of complex linear models such as multiple regression (Keith, 2015; Leech et al., 2015). Skewness and kurtosis values serve as meaningful determinants of normality. Table 2-1 displays values of descriptive statistics for the study variables across the sample.

Table 2-1 *Descriptive Statistics for Study Variables (n=116)*

Variable	Range	M	SD	Skewness	Kurtosis
SSRPH	13	2.53	.07	-.771	.47
SSOSHTotal	20	3.13	.221	-.141	-.42
MAKSTotal	36	3.24	.359	-.303	.21
InterSC	72	4.58	.178	-.456	.34
IndSC	72	4.81	.187	-.326	.41
ISCI	47	2.39	.10	-.389	.28

Note. Standard Error of Skewness = .22. Standard Error of Kurtosis = .4

Sample means indicate participants mean item responses and standard deviations. Skewness statistics reveal distribution to be fairly symmetrical, whereas kurtosis revealed a slightly leptokurtic distribution (McNeese, 2016). However, since the kurtosis values fell between the ± 2 range, the results were assumed to be normally distributed (Field, 2009). Therefore, aforementioned values for skewness and kurtosis satisfied the normality assumption. Normality can also be assumed if the sample population appears to have a normal curve on graph between standardized residuals and expected values (Keith, 2015). Violation of the normality assumption presents threats to external and statistical conclusion validity of results based on the bias in sample characteristics (Bellini & Rumrill, 1999). Refer to Figures 2.1 and 2.2 for examples of normal distribution for this current study. Mean values represent the sum of values scored on each scale. Values were assessed on Likert-type scales.

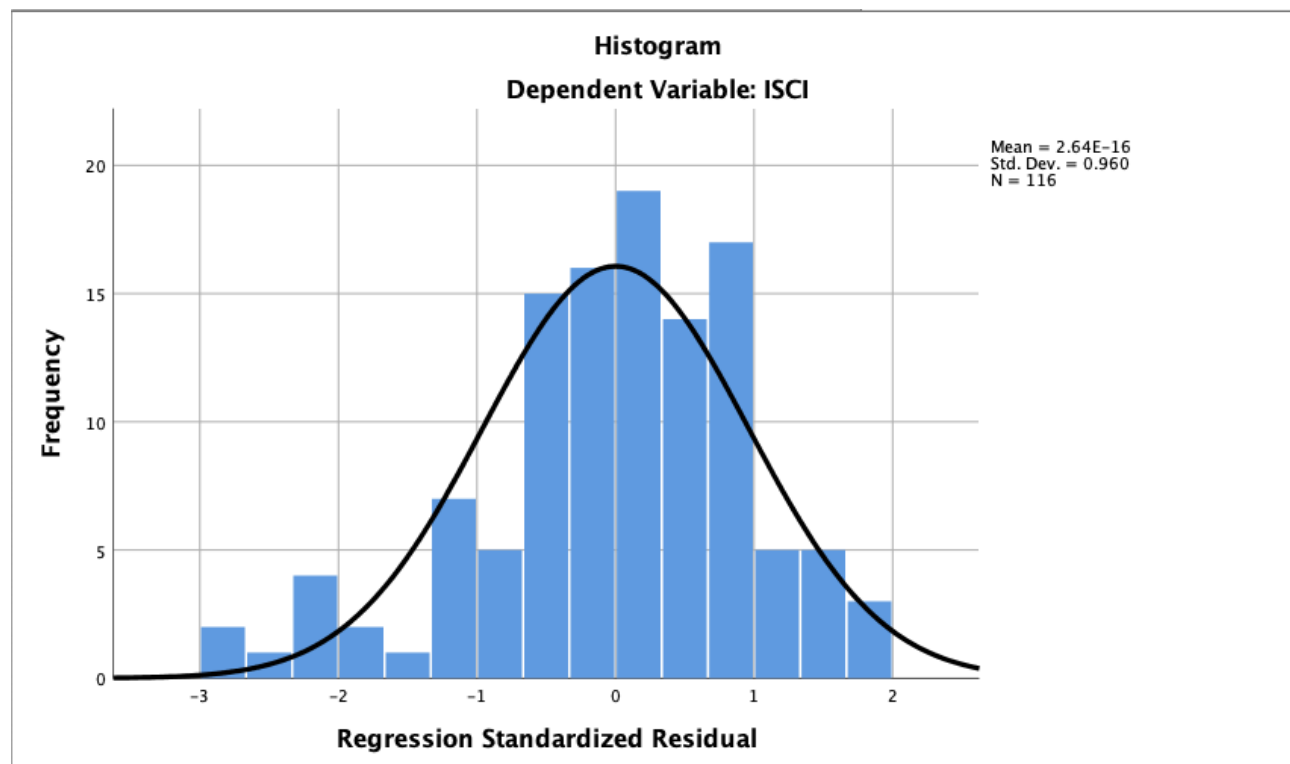


Figure 2.1. Testing of normality in residuals for ISCI (DV)

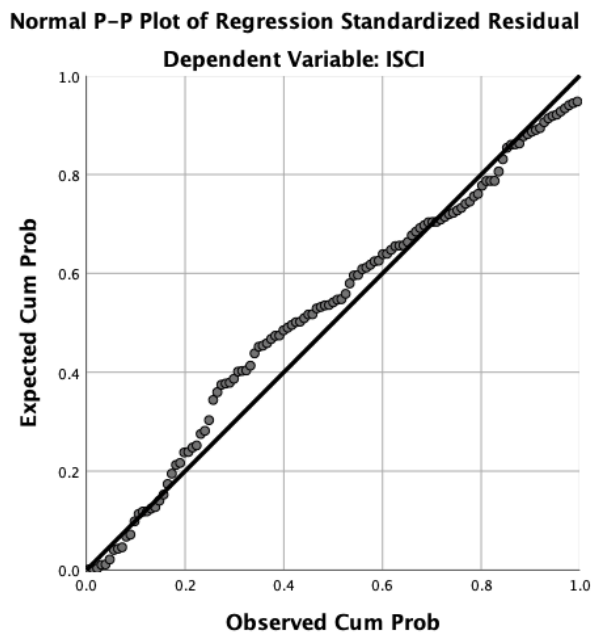


Figure 2.2. Normal P-Plot of Residuals for ISCI (DV)

Linearity

I conducted preliminary analyses to check for the assumptions of correlations and linear regression analyses in this study. The assumptions for linearity, and homoscedasticity were checked using scatterplots, and a series of correlation matrices. Linearity assumes all variables in the study to have a linear relationship with one another. In an effort to satisfy this assumption, I conducted a series of bivariate and partial regression scatterplots. The results of these scatterplots are presented in figure 2.3-2.8. The lines of best fit produced from these plots provided little evidence this assumption was violated.

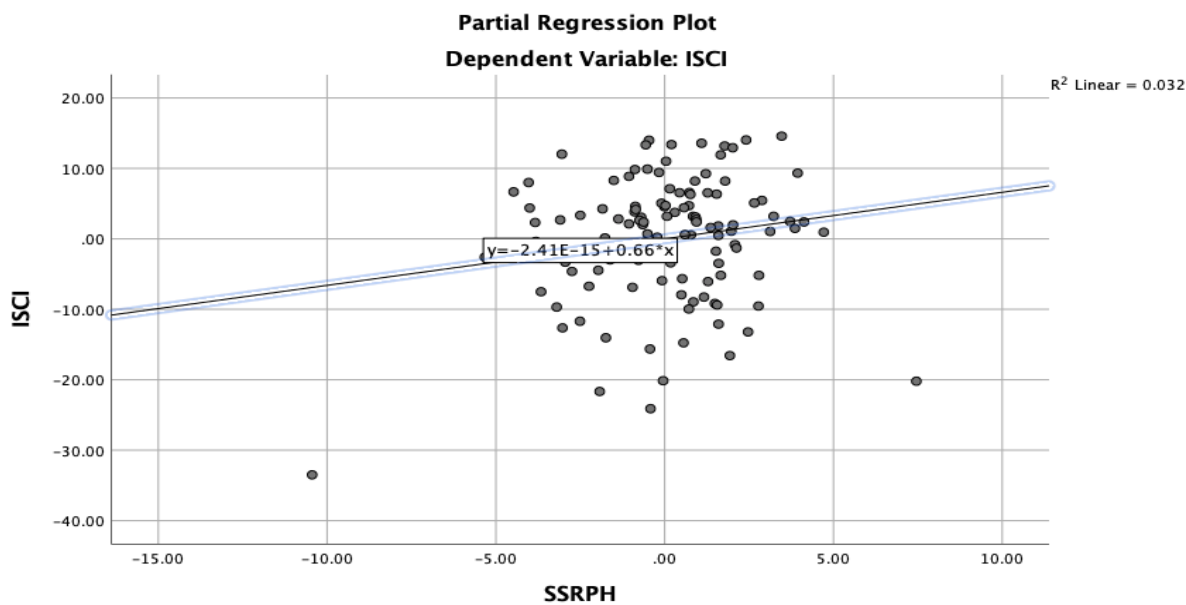


Figure 2.3. Partial Regression of SSRPH (IV) and ISCI (DV)

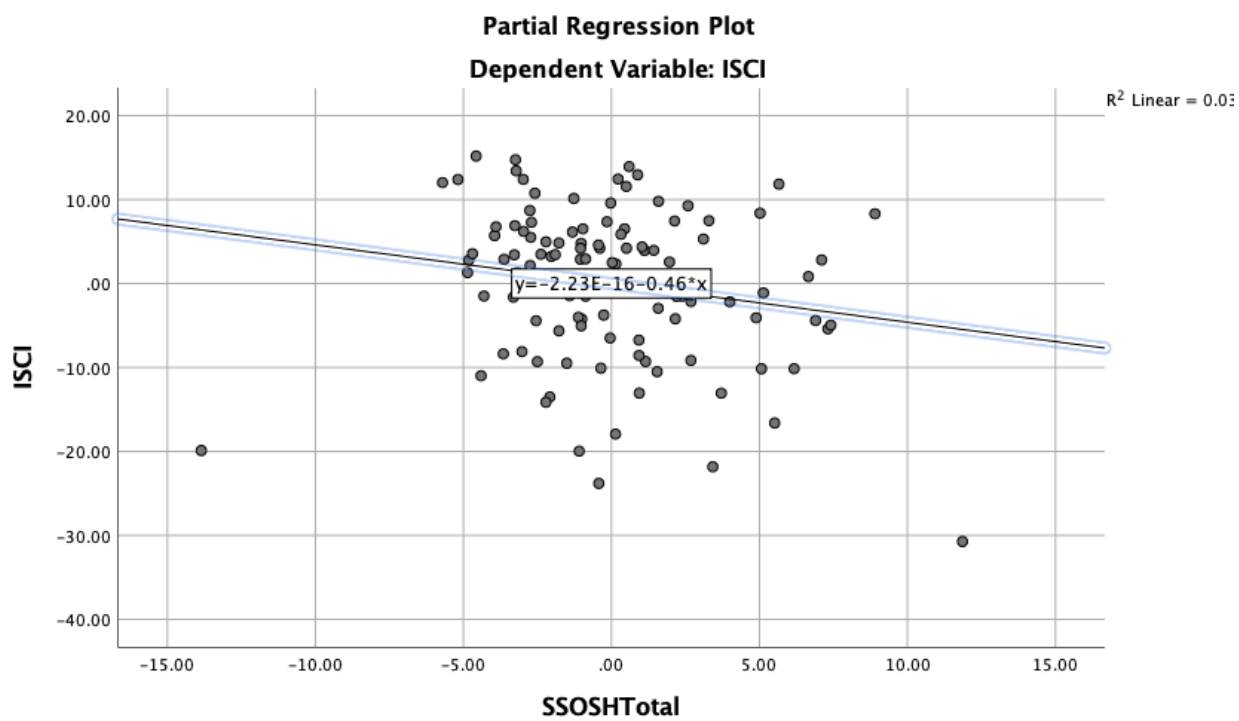


Figure 2.4. Partial Regression of SSOSHTotal (IV) and ISCI (DV)

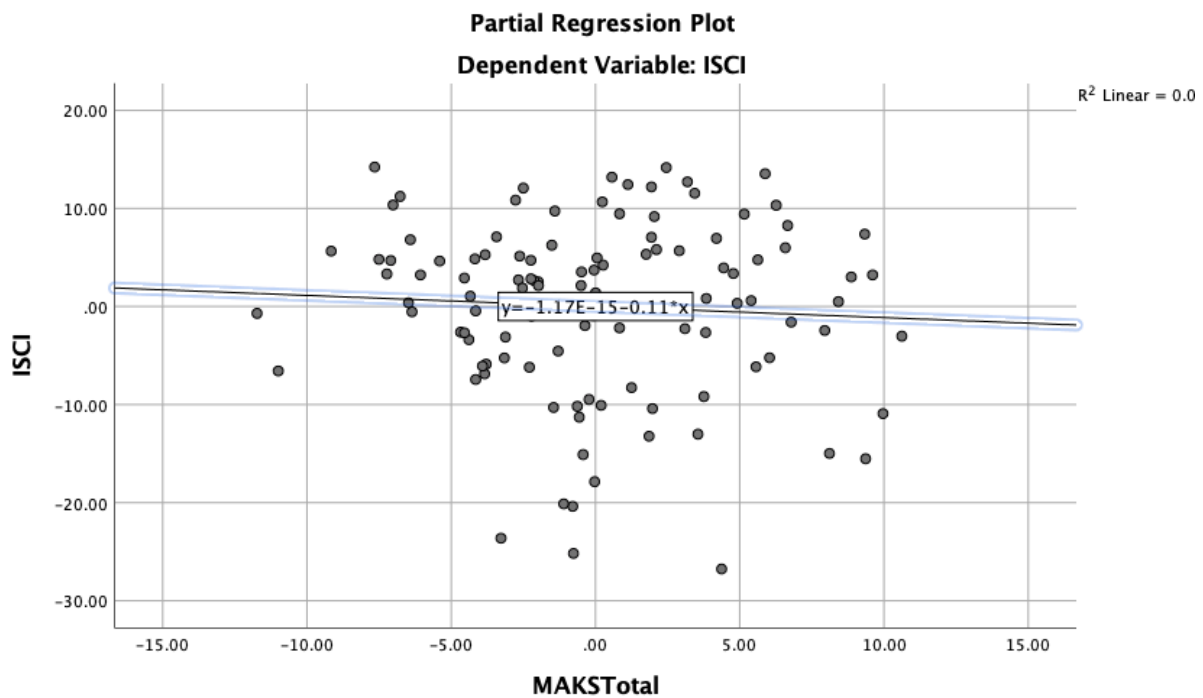


Figure 2.5. Partial Regression of MAKSTotal (IV) and ISCI (DV)

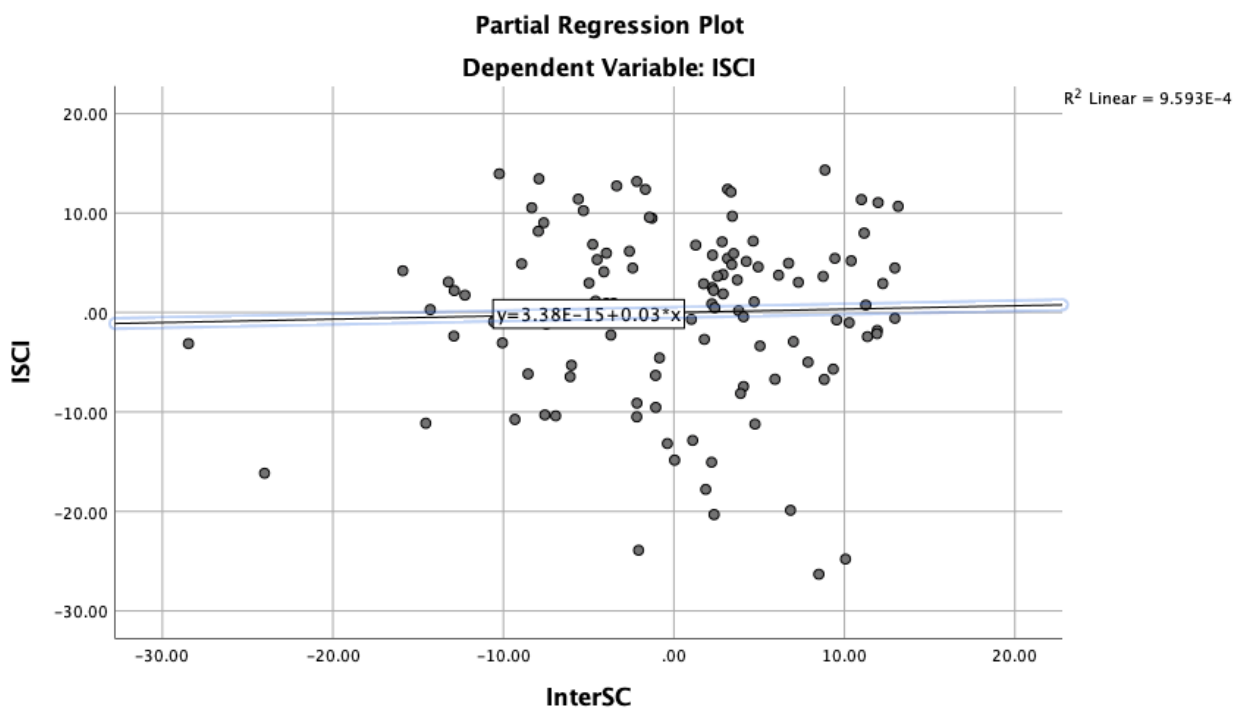


Figure 2.6. Partial Regression of InterSC (IV) and ISCI (DV)

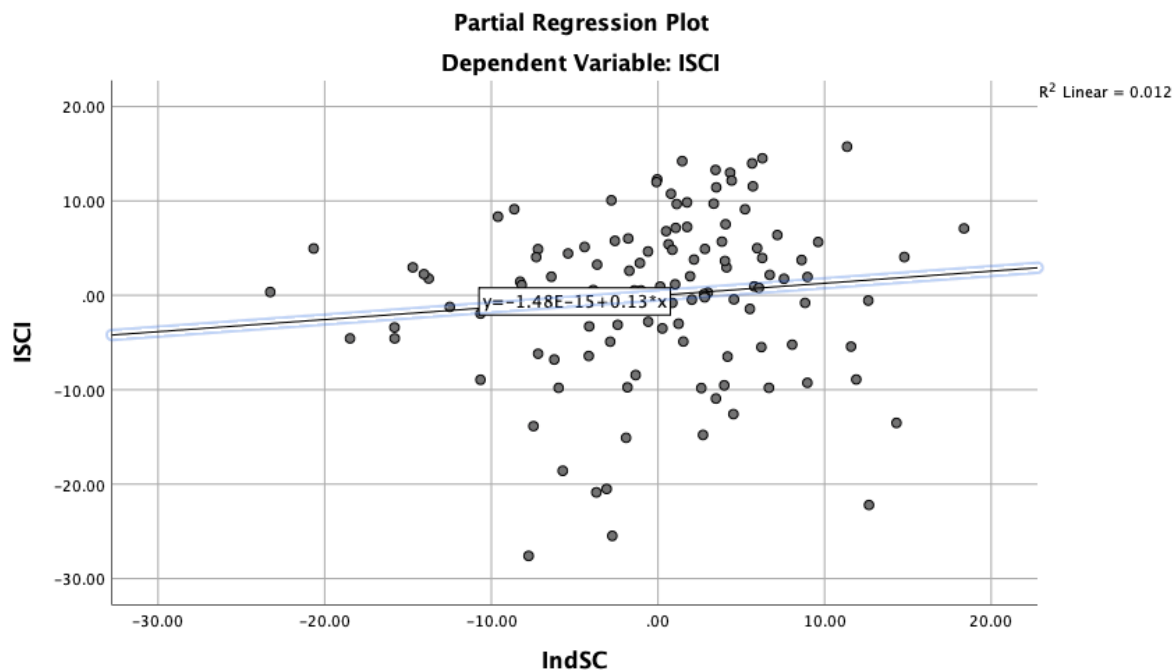


Figure 2.7. Partial Regression of IndSC (IV) and ISCI (DV)

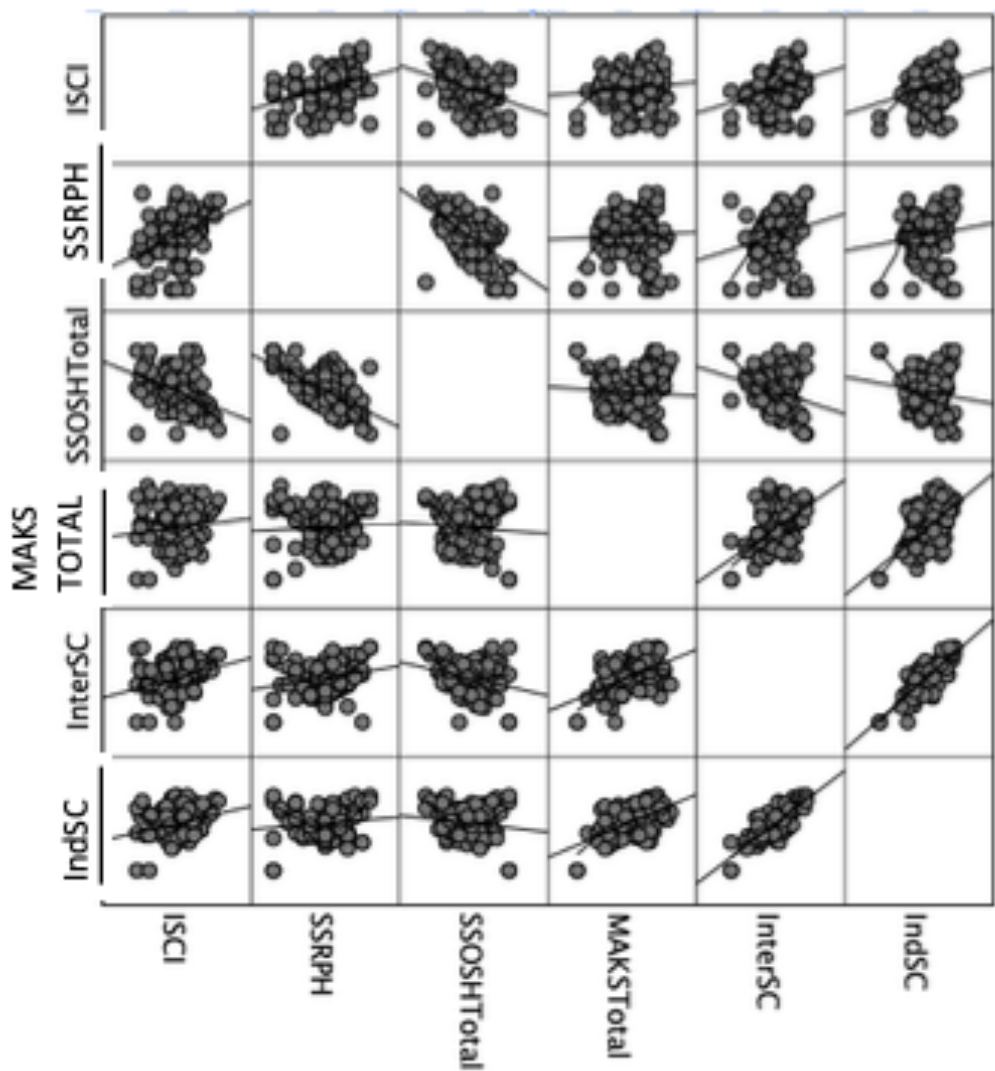


Figure 2.8. Bivariate Scatterplots of Independent and Dependent Variables

Correlations

I conducted Pearson's correlations to also account for linearity prior to the regression analyses. Correlations provided significant testing results to indicate a linear relationship amongst independent and dependent variables. The results revealed all independent variables to have a significant correlation to the dependent variable. The first significant correlation with the

dependent variable was public stigma ($r=.348, p<.001$). Mental health literacy had strong correlations with interdependent self-construal ($r=.525, p<.001$) but not independent self-construal ($r=.606, p<.001$). Significant correlations were found between both public and self-stigma ($r=-.585, p=.171$). Interdependent self-construal was significantly correlated with both public stigma ($r=.229, p<.001$) and self-stigma ($r=-.251, p<.0001$). Independent self-construal was not significantly correlated with either public or self-stigma. Public stigma was not correlated with mental health literacy. Refer to Table 2-2 to see the Pearson's correlations of the independent and dependent variables.

Table 2-2. Means, Standard Deviations and Pearson's Correlation Matrix for Study Variables ($n=116$)

Variable	M	SD	1	2	3	4	5	6
1. SSRPH	7.39	2.95	-	-.575***	-.040	.229***	.079	.348***
2. SSOSH	14.90	4.44	-	-	-.069	-.251***	-.089	-.372***
3. MAKS	30.88	6.98	-	-	-	.525***	.585	.100
4. InterSC	55.05	14.97	-	-	-	-	.813***	.275***
5. IndSC	57.68	13.96	-	-	-	-	-	.237***
6. ISCI	40.71	9.70	-	-	-	-	-	-

Note. Significant at *** $p<.001$ level.

Homoscedasticity

Homoscedasticity was checked using scatterplots of regression residuals and predicted regression values. Homoscedasticity assumes that the variance of all errors across the regression line are equal amongst independent variables. It can be measured through observation of bivariate scatterplots, specifically observing the standard regression residuals and the predicted values. Refer to Figure 2.9-2.14 for the representative scatterplots for testing homoscedasticity in study variables.

Multicollinearity

Multicollinearity refers to the extent in which independent variables are influencing one another (Keith, 2015). It is also said to be the high correlation amongst independent variables in a sample (Leech et al., 2015). This is an issue in statistical models because the collinear relationships can inflate the variance of a regression coefficient of independent variables. This can yield skewed data results and is considered a threat to internal validity. To account for multicollinearity, I observed the Variance Inflation Factor (VIF) in SPSS and have recorded Pearson's r correlations. Both the VIF and Pearson's correlations revealed multicollinearity to not be an issue for variables in this study. Refer to Table 2-3 for collinearity diagnostics.

Table 2-3 *Collinearity Diagnostics* (n=116)

Variable	Tolerance	Variance Inflation Factor (VIF)
Model 1		
Religious Affiliation	.994	1.006
Student Classification	.994	1.006
Institutional Region	.997	1.003
Previous Counseling Exp.	.991	1.009
Model 2		
Religious Affiliation	.993	1.007
Student Classification	.994	1.006
Institutional Region	.997	1.005
Previous Counseling Exp.	.989	1.012
SSRPH	.996	1.006
Model 3		
Religious Affiliation	.992	1.008
Student Classification	.994	1.006
Institutional Region	.994	1.006
Previous Counseling Exp.	.932	1.070
SSRPH	.650	1.506
SSOSH	.618	1.581
Model 4		
Religious Affiliation	.954	1.048
Student Classification	.994	1.006
Institutional Region	.990	1.010
Previous Counseling Exp.	.931	1.071
SSRPH	.650	1.506
SSOSH	.616	1.585
MAKS	.953	1.050
Model 5		
Religious Affiliation	.948	1.054
Student Classification	.959	1.036
Institutional Region	.979	1.015
Previous Counseling Exp.	.900	1.111
SSRPH	.645	1.534
SSOSH	.583	1.667
MAKS	.608	1.570
InterSC	.276	3.515
IndSC	.268	3.519

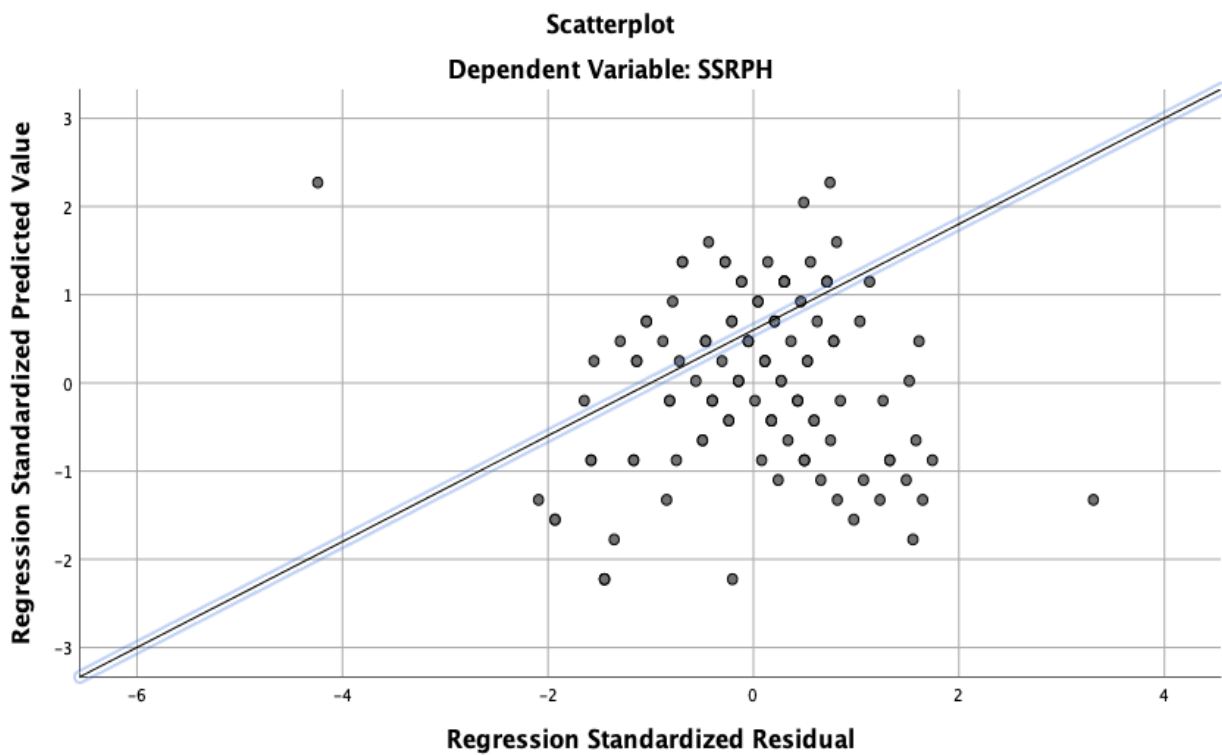


Figure.2.9. Testing of Homoscedasticity of SSRPH (IV)

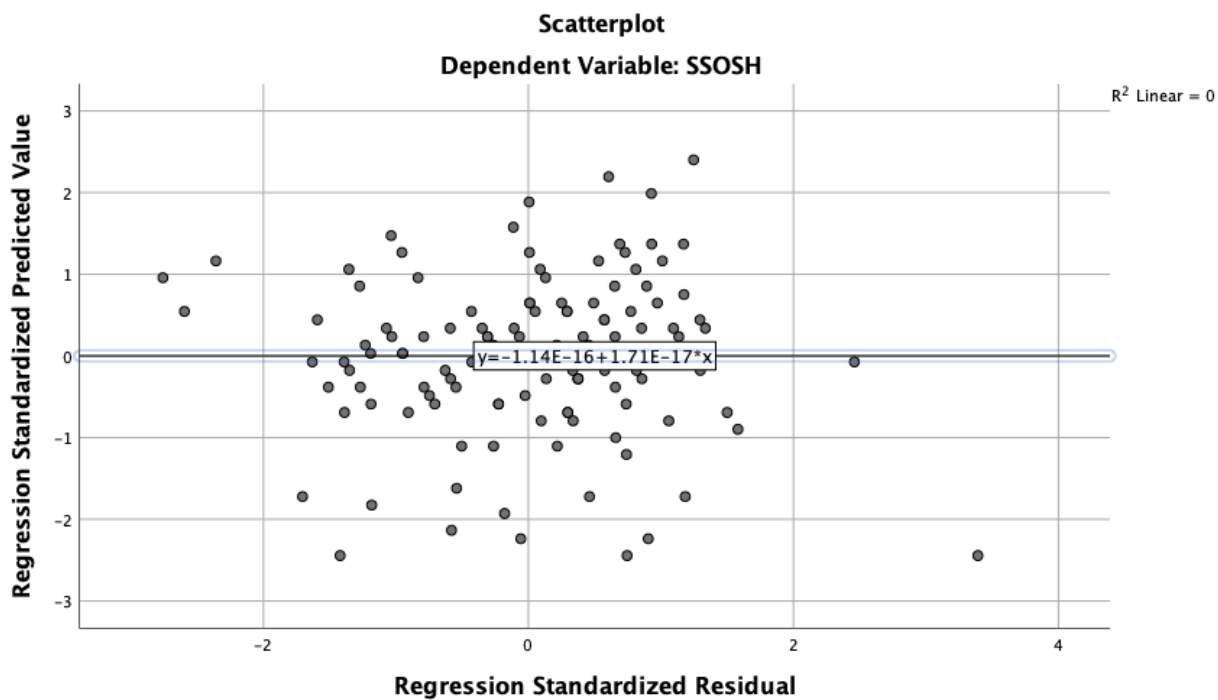


Figure 2.10. Testing of Homoscedasticity of SSOSH (IV)

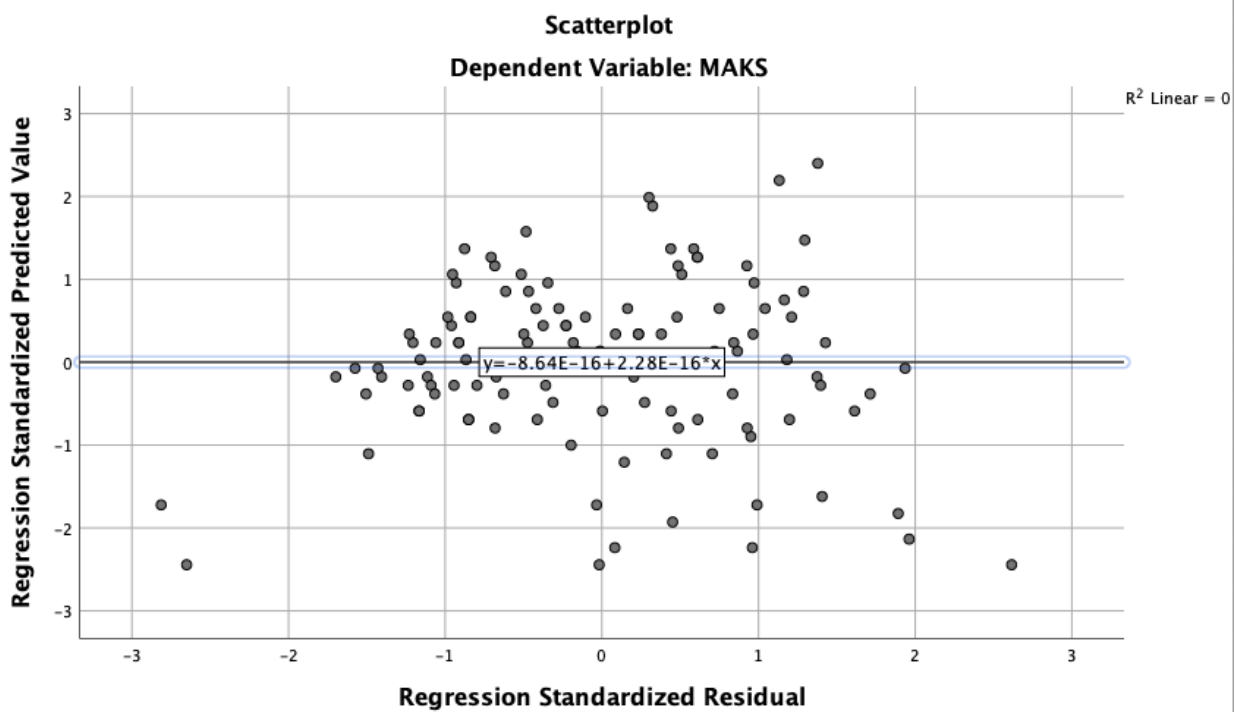


Figure 2.11. Testing of Homoscedasticity of MAKS (IV)

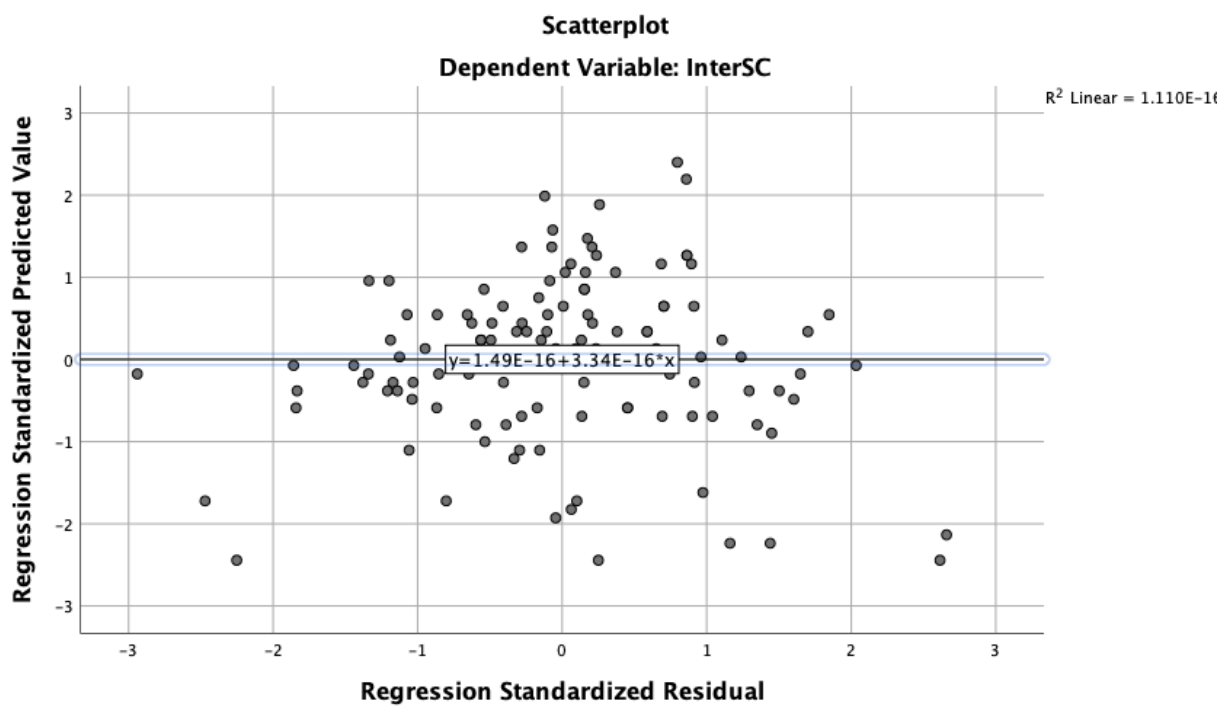


Figure 2.12. Testing of Homoscedasticity of InterSC (IV)

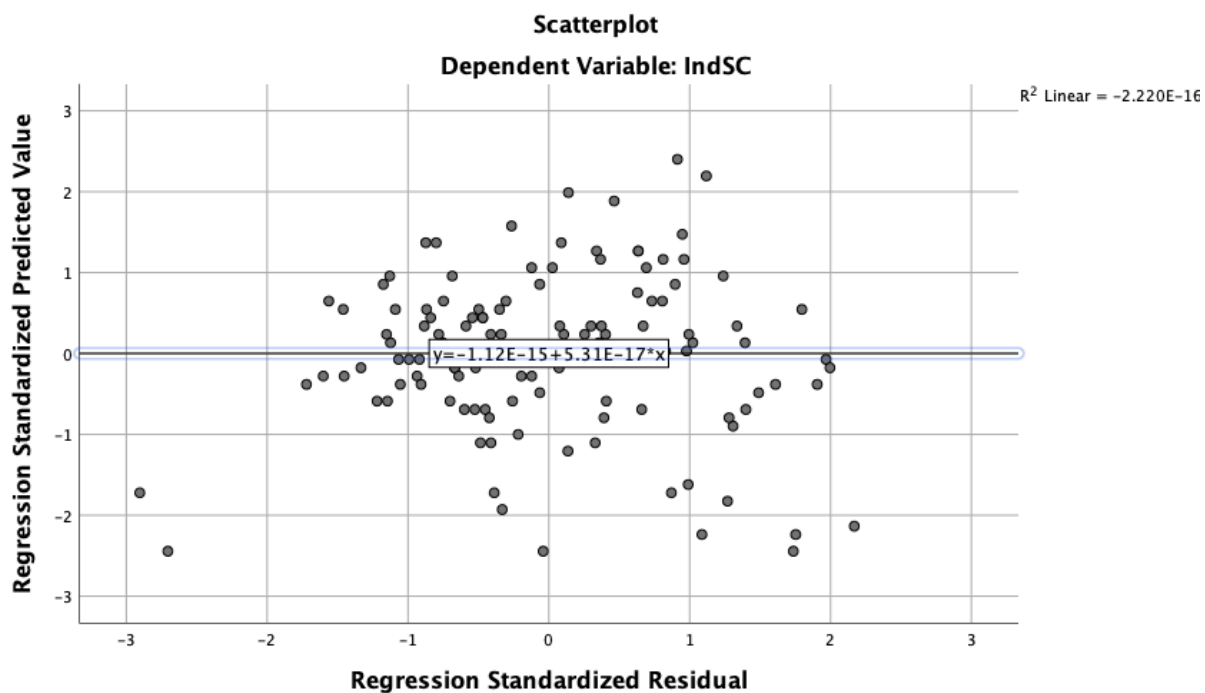


Figure 2.13. Testing of Homoscedasticity of IndSC (IV)

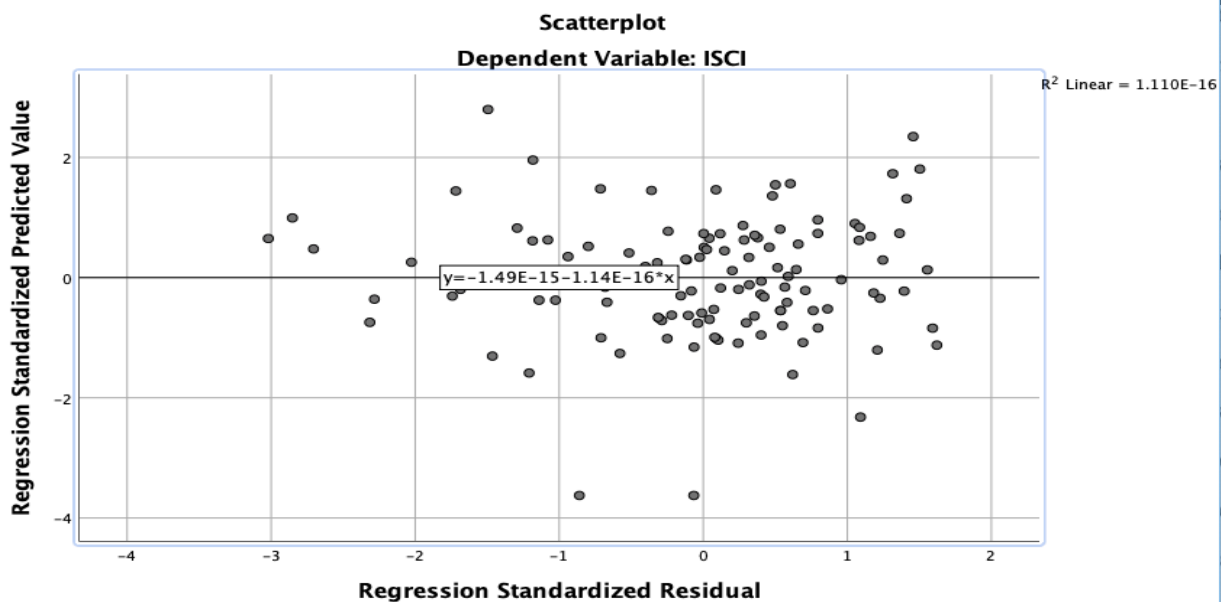


Figure 2.14. Testing of Homoscedasticity of ISCI (DV)

Main Analyses Results

Data analyses began with checking reliability statistics for the measures utilized for this study. Reliability measures were calculated using Cronbach's alpha. After reliability analyses, I went into conducting the preliminary analyses for the study. The preliminary analyses consisted of a series of checks to verify if the assumptions for hierarchical regression analyses were met. Once those were checked and met, I conducted the main analyses which were a series of hierarchical regressions. The results of each of the steps are further presented.

The primary analyses of this dissertation were a series of multiple hierarchical regression analyses on intentions to seek counseling. In an effort to further confirm support for these regression models, I reported the one-way analysis of variance (ANOVA) summary table. The ANOVA values provide data as to if the independent variables serve as a fit in their respective models for predicting the dependent variables (Leech et al., 2015). In the first model, the ANOVA revealed the demographic variables (i.e. religious affiliation, student classification, institutional region and previous counseling experience) to be significant fits for testing hypotheses ($F(4,111)=3.082, p<.05$). The table also revealed public stigma to be significant fit for predicting intentions to seek counseling ($F(5,110)=6.099, p<.001$). Self-stigma ($F(6,109)=5.892, p<.001$) was determined to be a good model for regression testing. Mental health literacy ($F(7,108)=5.124, p<.001$) and self-construal ($F(9,106)=4.662, p<.001$) also indicated good models for regression testing. Table 2-4 Shows a summary of ANOVA testing for regression models.

The ANOVA summary provided support for testing the demographic variables as controls prior to the main analysis. For this testing, demographic variables (i.e. religious affiliation, student classification, institutional region and previous counseling experience) were

entered into the first block of the regression equation simultaneously. The testing of these variables served as a measure of supporting the construct and external validity of study variables. The inclusion of demographic variables aids to mitigate threats to construct validity because it controls for potential confounding variables of prediction (Bellini & Rumrill, 1999). After entering these variables into the regression, I inputted the variables of interest into main analysis

Table 2-4 *One-way ANOVA of Study Variables*

Model	Dependent Variable	<i>F</i>
Model 1 Religious Affiliation Student Classification Institutional Region Previous Counseling Exp.	ISCI	3.082*
Model 2 Religious Affiliation Student Classification Institutional Region Previous Counseling Exp. SSRPH	ISCI	6.099***
Model 3 Religious Affiliation Student Classification Institutional Region Previous Counseling Exp. SSRPH SSOSH	ISCI	5.892***
Model 4 Religious Affiliation Student Classification Institutional Region Previous Counseling Exp. SSRPH SSOSH MAKS	ISCI	5.124***
Model 5 Religious Affiliation Student Classification Institutional Region Previous Counseling Exp. SSRPH SSOSH MAKS InterSC IndSC	ISCI	4.667***

Note. Significant at * $p < .05$ level. Significant at *** $p < .001$ level.

Once the models were checked for significance testing, I ran the multiple regression analyses. These analyses were chosen as best fit models for addressing the four research questions and coordinating hypotheses. The demographic variables were entered into the first model to account for their influence on AAMCS help-seeking intentions. All demographic variables (i.e. religious affiliation, student classification, institutional region and previous counseling experience) included in this equation accounted for 10% of the variance in predicting help-seeking intentions amongst AAMCS, $F(4,111)=3.082, p<.05$. Once these variables were controlled, I began hypothesis testing for the variables of interest. Public stigma was entered into the second regression step, followed by self-stigma, mental health literacy and lastly, self-construal.

Once the demographic variables were controlled, the inclusion of public stigma, self-stigma, mental health literacy and self-construal accounted for an additional 18.4% of total variance in help-seeking intentions of AAMCS, $F(2,106)=3.393, p<.05, R^2=.284$, adjusted $R^2=.223$. The significance of each independent variable can be determined by the R^2 change (ΔR^2) value. The decision to enter the variables in their respective models was based on previous literature examining variables of interest and my intentions to utilize TPB as a guiding framework. The four research questions are the following,

RQ1. Does public stigma predict AAMCS' intentions towards seeking counseling while controlling for demographic variables?

RQ2. Does self-stigma, along with public stigma, predict AAMCS' intentions towards seeking counseling while controlling for demographic variables?

RQ3. *Does mental health literacy, along with stigma (public and self), predict AAMCS' intentions towards seeking counseling while controlling for demographic variables?*

RQ4. *Does self-construal (independent and interdependent), along with stigma (public and self) and mental health literacy, predict AAMCS' intentions towards seeking counseling while controlling for demographic variables?*

Research Question One

The first research question was, does public stigma predict AAMCS' intentions towards seeking counseling while controlling for demographic variables? The coordinating hypothesis was public stigma negatively predicted intentions to seek counseling with AAMCS, while controlling for demographic variables. Hierarchical multiple regression analysis was used to test the first research hypothesis. After controlling for the demographic variables, results indicated public stigma to be a significant predictor of intentions to seek counseling amongst AAMCS in this study ($F(4,110) = 16.445, p < .001, \text{adjusted } R^2 = .181$). As indicated by the ΔR^2 value, 11.7% of the variance in intentions to seek counseling amongst AAMCS can be accounted for by public stigma alone, partially supporting the first hypothesis. As public stigma was found to be a significant predictor, it was hypothesized to be a negative predictor of help-seeking intentions ($B = 1.240, SEB = .307, \beta = .343, \Delta R^2 = .181, p < .001$.) Unexpectedly, public stigma was found to be a positive predictor of help-seeking intentions. Findings indicate that for every one unit increase of public stigma, help-seeking intentions increased by .34 units. The R^2 value ($R^2 = .217$) of public stigma in the regression equation indicate a medium effect (Leech et al., 2015). Table 2-5 Displays results from hierarchical regression analysis.

Research Question Two

The second research question was, does self-stigma, along with public stigma, predict AAMCS' intentions towards seeking counseling while controlling for demographic variables? The coordinating hypothesis was self-stigma, along with public stigma, negatively predicted intentions to seek counseling for AAMCS, while controlling for demographic variables. Hierarchical multiple regression analyses were chosen to test research question two. In this model, Self-stigma was found to be a significant predictor of intentions to seek counseling while controlling for demographic variables ($F(1,109) = 4.018, p < .05, \Delta R^2 = .028$). As noted by their respective beta coefficients, institutional region ($B = -.766, SEB = .317, \beta = -.201, \Delta R^2 = .203, p < .05$) and previous counseling experience ($B = -3.944, SEB = 1.734, \beta = -.198, \Delta R^2 = .203, p < .05$) were also found to be significant predictors of help-seeking intentions along with public stigma ($B = .748, SEB = .339, \beta = -.228, \Delta R^2 = .203, p < .05$). Self-stigma in this instance, significantly accounted for an R^2 change of .028, indicating that its presence in the regression equation accounted for a 2.8% increase in the R^2 value ($R^2 = .245$).

The findings from this model partially supported the second hypothesis. Both public stigma and self-stigma significantly predicted intentions to seek counseling amongst AAMCS. In this model, public stigma ($\beta = .225, p < .05$) remained a positive predictor of help-seeking intentions, while self-stigma ($\beta = -.210, p < .05$) was a negative predictor of help-seeking intentions. Findings from this model indicated that for every one unit increase of every one unit increase of public stigma, intentions to seek counseling increased by .225 units. Regarding self-stigma, intentions to seek counseling decreased by .210 units for every one unit increase of self-stigma. Both public and self-stigma had medium effects on the outcome variable (ISCI) as determined by their beta coefficients (Trusty et al., 2004).

Research Question Three

The third research question was does mental health literacy, along with stigma (public and self), predict AAMCS' intentions towards seeking counseling while controlling for demographic variables? The coordinating hypothesis was mental health literacy will positively predict intentions to seek counseling for AAMCS, while both stigmas will remain negative predictors. In effort to test for research question three, mental health literacy was entered into the hierarchical regression analysis. Mental health literacy was not found to be statistically significant predictor of intentions to seek counseling amongst AAMCS in the current study ($F(2,108)=.634, p=.428, \Delta R^2=.201$). R^2 change = .004 indicating a small effect if mental health literacy was significant. Institutional region ($\beta=-.204, p<.05$), previous counseling experience ($\beta=-.194, p<.05$ and public stigma ($\beta=.225, p<.05$) continued to maintain significant beta weights despite the insignificance of mental health literacy. In this model, self-stigma was a nonsignificant predictor of intentions to seek counseling in this model. These findings implicate mental health literacy to serve no directional influence as to whether AAMCS would seek counseling services. Due to this finding, the hypothesis for research question three was unsupported

Research Question Four

The fourth research question was, does self-construal (independent and interdependent), along with stigma (public and self) and mental health literacy, predict AAMCS' intentions towards seeking counseling while controlling for demographic variables? The coordinating hypothesis was InterSC, along with stigma, will negatively predict intentions to seek counseling amongst AAMCS, while MHL, IndSC will serve as positive predictors. InterSC and IndSC are two subfactors of the construct self-construal. Although the subscales were represented separately in the analysis, they were both entered into the regression equation at the same time to

examine the full construct of self-construal. Neither InterSC ($\beta=.112, p=.468$) nor IndSC ($\beta=.135, p=.384$) significantly predicted intentions to seek counseling amongst AAMCS, while controlling for demographic variables, stigma and mental health literacy. R^2 change =.045 indicating a small effect if InterSC and IndSC were statistically significant. Institutional region ($\beta=-.196, p<.05$), previous counseling experience ($\beta=-.199, p<.05$) Public stigma ($\beta=.206, p<.05$) continued to maintain significant beta weights despite the non-significance of mental health literacy and self-construal. Overall, self-construal was not found to have any directional influence on intentions to seek counseling with AAMCS. Further, the fourth hypothesis was not supported.

Table 2-5. *Hierarchical Regression Analyses of Predictor Variables on Intentions to Seek Counseling (n=116)*

Variable	B	95% Confidence Interval		SE b	β	R ²	ΔR^2
		Lower Bound	Upper Bound				
Step 1							
Religious Affiliation	.050	-.882	.982	.470	.010		
Student Classification	.211	-1.414	1.837	.820	.023	.100	.068*
Institutional Region	-.718	-1.398	-.039	.343	-.189*		
Previous Counseling Exp.	-5.157	-8.761	-1.553	1.819	-.256***		
Step 2							
Religious Affiliation	.096	-.778	.969	.441	.018		
Student Classification	.202	-1.321	1.726	.769	.022		
Institutional Region	-.773	-1.410	-.135	.322	-.203*	.217	.181***
Previous Counseling Exp.	-4.745	-8.128	-1.362	1.707	-.236***		
SSRPH	1.240	.634	1.846	.306	.343***		
Step 3							
Religious Affiliation	.120	-.742	.982	.435	.023		
Student Classification	.209	-1.294	1.712	.758	.023		
Institutional Region	-.792	-1.421	-.163	.317	-.208*	.245	.203*
Previous Counseling Exp.	-3.937	-7.369	-.505	1.732	-.196*		
SSRPH	.814	.083	1.545	.369	.225*		
SSOSH	-.457	-.909	-.005	.228	-.210*		
Step 4							
Religious Affiliation	.190	-.691	1.070	.444	.036		
Student Classification	.224	-1.282	1.730	.760	.025		
Institutional Region	-.776	-1.408	-.145	.319	-.204*		
Previous Counseling Exp.	-3.900	-7.340	-.461	1.735	-.194*	.249	.201
SSRPH	.813	.081	1.546	.370	.225*		
SSOSH	-.448	-.902	.005	.229	-.206		
MAKS	.114	-.170	.398	.143	.068		
Step 5							
Religious Affiliation	.254	-.617	1.125	.439	.049		
Student Classification	-.054	-1.562	1.453	.760	-.006		
Institutional Region	-.744	-1.368	-.119	.315	-.196*		
Previous Counseling Exp.	-3.993	-7.448	-.538	1.743	-.199*		
SSRPH	.744	.014	1.473	.368	.206*	.284	.223
SSOSH	-.403	-.862	.056	.231	-.185		
MAKS	-.109	-.451	.234	.173	-.065		
InterSC	.077	-.133	.288	.106	.112		
IndSC	.101	-.129	.332	.116	.135		

Note. SSRPH = Stigma Scale for Receiving Psychological Help (Komiya et al., 2000). SSOSH = Self-Stigma of Seeking Help Scale (Vogel et al., 2006). MAKS = Mental Health Knowledge Schedule (Evans-Lacko et al., 2010). InterSC and IndSC = subscales for Self-Construct Scale (Singelis, 1994). *** $p < .001$. ** $p < .01$. * $p < .05$.

Chapter Summary

This chapter was directed at presenting the results of hierarchical regression analyses on intentions to seek counseling amongst an AAMCS sample. Preliminary analysis was designed to provide rationale for study variables and hypotheses. The results partially supported the first two hypotheses of this dissertation. Hypotheses three and four were unsupported. The next chapter is devoted to discussing these findings in context to greater literature.

Chapter V: Discussion

The purpose of this study was to explore whether public stigma, self-stigma, mental health literacy and self-construal were influential to the help-seeking intentions of AAMCS. Using the Theory of Planned Behavior (TPB) as a guiding framework, the variables of interest incorporated into this study were determined based on their relative alignment with TPB concepts. TPB is a social psychological theory in which an individual's intentions are influenced by their attitudes, public norms and control towards the behavior (Ajzen, 1991). Public stigma, self-stigma mental health literacy (MHL) and self-construal were each chosen based on both existing literature and alignment with TPB concepts.

Hierarchical multiple regression analyses were the chosen method to address the research questions for this dissertation (Petrocelli, 2003). Public stigma served as the first predictor in the regression analysis. Public stigma, self-stigma, mental health literacy and self-construal served as independent variables, and intentions to seek counseling served as the dependent variable. Results found that both public and self-stigma to be significant predictors of help-seeking intentions in the second and third regression models. Interdependent and independent self-construal were found to be significantly associated with help-seeking intentions. However, mental health literacy nor self-construal significantly predicted help-seeking intentions in any of the hypothesized models, while controlling for demographic variables.

The next section presents the results of this dissertation in context with the greater help-seeking in counseling literature. Each of the research questions will be addressed in their corresponding subsections. The interpretation of results is presented within their respective subsections of the research questions. This chapter is aimed at contextualizing the results of this

current study in context with the greater theoretical implications of help-seeking in counseling literature.

Research Question One

The first research question was directed to test whether public stigma significantly predicted help-seeking intentions of AAMCS. In this dissertation, public stigma was found to predict help-seeking intentions of AAMCS. The association between public stigma and help-seeking has been well documented (Bathje & Pryor, 2011; Vogel et al., 2006; Vogel et al., 2007a; Vogel et al., 2007b; Wu et al., 2017). A central component of public stigma is the emphasis on collective perception that an individual with mental illness is socially undesirable (Corrigan, 2004). Nearchou et al. (2018) further articulated public stigma refers to the stereotypes an individual believes in which most members of society hold towards individuals with mental health needs. Researchers suggest by addressing public stigma, they may be able to reduce its effects related to low help-seeking and counseling utilization (Ahmedani, 2011; Eisenberg et al., 2009a; Henderson et al., 2013). Public stigma primarily manifesting in discrimination and stereotyping indicate need for psychoeducation around mental health treatment as well as addressing negative stigma-related events. Within this context, the results from this dissertation support previous studies linking the association between public stigma and help-seeking intentions in counseling.

Contrary to my initial hypothesis, this dissertation found that public stigma positively predicted help-seeking intentions. Regarding the positive influence between public stigma and help-seeking intentions, Wu et al. (2017) described general college students with similar experiences of public stigma as “having personal acceptance of those who seek counseling, but do not believe the general population is as welcoming to those seeking services.” (p. 496) It is

very possible this descriptor could apply to AAMCS in this dissertation, given the positive influence of public-stigma on their respective help-seeking intentions towards counseling. Although literature exists suggesting public stigma to be a negative predictor of help-seeking (Shea & Yeh, 2008), results from this dissertation suggest AAMCS sought counseling services more as their beliefs of public stigma increased. It appears although AAMCS are open to seeking counseling services, they believe the general population does not support those who seek out counseling services.

Results from this dissertation also found the belief of public stigma to lead to greater intentions towards seeking counseling. This result indicated as students understood the greater belief of stigma around them, they felt more inclined to seek counseling services. In line with this result, Vogel et al. (2006) also found public stigma to serve as positive predictor of help-seeking intentions, indicating college students desire to seek counseling also coincided with their growing belief in public stigma. Although this is consistent with my results, the stigma construct was initially defined as a negative belief that would inhibit help-seeking towards mental health utilization (Corrigan, 2004; Pescosolido & Martin, 2015). Further, Vogel et al. (2006) found only self-stigma to negatively influence help-seeking intentions of college students. This result suggests self-stigma to be more of a deterrent towards seeking counseling than public stigma amongst college students. This particular finding by Vogel and colleagues (2006), along with previous literature, served as a rationale for the second research question of this dissertation.

Research Question Two

The second research question was directed at determining whether self-stigma would predict AAMCS' help-seeking intentions. In this dissertation, self-stigma was found to negatively predict help-seeking intentions amongst AAMCS. Self-stigma has been found to

predict help-seeking attitudes amongst college students (Clement et al. 2015; Tucker et al. 2013; Vogel et al., 2011). Despite the under-examination of self-stigma with AAMCS populations, research supports the predictive influence of self-stigma on college student help-seeking experiences (Alvridez et al., 2008; Cheng et al., 2018; Vogel et al., 2006; Vogel et al., 2007a). In this dissertation, the result of self-stigma negatively predicting help-seeking intentions amongst AAMCS, is consistent with previous literature (Bathje & Pryor, 2011; Huffstead, 2019). The negative association between self-stigma and help-seeking indicates as AAMCS internalized stigma for seeking counseling services, they in turn had less help-seeking intentions towards counseling. Additionally, as AAMCS believed a view that there exists a public stigma against receiving counseling, they in turn had greater intentions towards seeking counseling.

Although not the focus of this study, the results found public stigma to be more influential to the help-seeking experiences of AAMCS than self-stigma. Public stigma remained positively influencing help-seeking intentions of AAMCS across all regression models, whereas self-stigma was only significant in one model. This result is contrary to Vogel et al. (2007a) who found self-stigma to fully mediate the relationship between public stigma and help-seeking intentions amongst college students. The associations between both stigmas and help-seeking from this dissertation support previous research on the influence of stigma on help-seeking intentions in college students (Bathje & Pryor, 2011; Vogel et al., 2007a). More specifically, the third regression model of this dissertation supports the negative influence of self-stigma on students who are AAMCS. Although both stigmas were associated with help-seeking intentions, public stigma was more influential to the help-seeking process of AAMCS than self-stigma, based on their beta values and significance levels within the regression results.

Research Question Three

The dearth of literature around the influence of mental health literacy (MHL) on AAMCS served as a guiding principle for the third research question. Hierarchical multiple regressions were run to test if MHL predicted help-seeking intentions of AAMCS. MHL was not found to predict AAMCS' help-seeking intentions. This dissertation had contrary results to previous research on MHL and help-seeking behaviors. Previous research supported MHL as being an influential factor on the help-seeking attitudes of college students (DeBate et al., 2018; Cheng et al., 2018; Clement et al., 2015). DeBate et al. (2018) found male college students to have low MHL which in turn contributed to lower intentions to seek counseling. Cheng et al. (2018) found as students were less likely to have favorable attitudes towards seeking counseling services amid psychological and academic related distress, they in turn had lower MHL. Although studies on MHL and help-seeking have been done across diverse samples of college students (Cheng et al., 2018; DeBate et al., 2018), the results from this dissertation showed MHL to have no bearings on help-seeking intentions amongst AAMCS.

Based on the Theory of Planned Behavior (TPB; Ajzen, 1991), which served as the conceptual framework for this dissertation, it is possible MHL has bearings on help-seeking attitudes rather than intentions. Previous research has supported the association between MHL and help-seeking attitudes across diverse college students (Cheng et al., 2018; Rafal et al., 2018). However, such association cannot be made from the lack of association between MHL and help-seeking intentions found in this dissertation. Instead, demographic variables such as institutional region, previous counseling experience and public stigma were found to be statistically significant predictors of help-seeking intentions when MHL was added to the regression equation. The investigation into the third research question revealed both stigmas to be more

influential to the help-seeking experiences of AAMCS than MHL. Further, MHL was not supported as a factor to influence help-seeking experiences of AAMCS.

One rationale for the result between MHL and help-seeking intentions is perhaps operational clarity surrounding the construct of MHL. The emergence of MHL as a construct has produced challenges for assessment. Kutcher et al., (2016) encouraged utilization of developed and validated instruments for concept, however many of these instruments have issues with reliability. I chose to utilize the instrument developed by Evans-Lacko et al. (2010) due to its internal consistency and validity across studies (over 180 citations). However, the reliability analysis of the full 12 items yielded a poor internal consistency rating ($\alpha=.284$). This finding is also rationale for Evans-Lacko conducting initial reliability amongst the first six-items of the instrument. Despite the strength of this metric amongst the first six items, the Mental Health Knowledge Schedule (MAKS; Evans-Lacko et al., 2010) instrument was not significantly correlated with help-seeking intentions. Thus, future research may warrant use of alternative measures for MHL (Clement et al., 2015).

Another potential rationale for the lack of association between MHL and help-seeking intentions is the link between cultural mistrust and utilization of health services. The nonsignificant result of MHL and help-seeking in this dissertation does not necessarily connote a deficit between knowledge and utilization, but perhaps rather a growing desire to have counseling needs met amongst AAMCS. This is important given the established historical context of oppression and racism against AAMCS (Alexander, 2011, p. 190; Brooks et al., 2013). Although oppression explains the long-term impact of cultural views towards public health (e.g. public stigma, cultural mistrust, etc.), AAMCS were not affected by a perceived lack

of mental health knowledge when it came to their experiences of seeking after counseling services.

Research Question Four

The fourth research question was aimed at examining whether self-construal predicted help-seeking intentions of AAMCS. The results of this dissertation did not find self-construal to have any influence on the help-seeking intentions of AAMCS. This is contrary to previous research which found self-construal to positively predict help-seeking attitudes (Shea & Yeh, 2008; Song et al., 2019). From a conceptual perspective, it is possible the association between help-seeking and self-construal is only at the attitude level rather than the intentions or behavioral level. For example, Song et al. (2019) found both interdependent and independent self-construals to predict help-seeking attitudes. Similarly, to this dissertation, the Theory of Planned Behavior (TPB) was the conceptual framework for their study (Song et al., 2019). Unlike this dissertation, Song et al. conceptualized both self-construals from an attitude level of TPB rather than a perceived norm level. Further, previous research revealed self-construal, specifically interdependent self-construal, to have significant bearings on help-seeking attitudes rather than intentions (Shea & Yeh, 2008; Shelton et al., 2017). It is possible self-construal perhaps affects help-seeking attitudes of AAMCS, but because the purpose of incorporating self-construal into the current dissertation was to explore whether self-construal affected help-seeking intentions, more research is needed to explore this possibility.

Amongst the correlational analysis, interdependent self-construal and independent self-construal were positively correlated with mental health literacy. Interdependent and independent self-construals were also positively related with intentions to seek counseling. Based on these

associational relationships, self-construal was hypothesized to be an influential piece of help-seeking amongst AAMCS in this dissertation.

Markus and Kitayama (1991) initially identified self-construal through their review of research showed difference between European American and Asian cultural values. Since AAMCS was the target population of this dissertation, it is possible independent self-construal would be overrepresented given the definition described by Markus and Kitayama (1991). Markus and Kitayama conceptualized western cultures to represent more independent values, whereas eastern cultures represented more interdependent values. Although the sample for this dissertation is in a westernized context, the cultural affinity and salience amongst African Americans served as a rationale for exploring if there was an interdependent value of self-construal in predicting help-seeking intentions towards counseling (Duncan & Johnson, 2007; Wallace & Constantine, 2005). Because the interests of this dissertation were fixed on help-seeking intentions in counseling, it is possible both interdependent and independent values of self-construal are represented amongst African Americans in help-seeking related contexts. Christopher (2004) for example, found African American college students to hold both independent and interdependent self-construal values, which were associated in varying degrees of their willingness to disclose psychological distress.

Previous literature addressing the help-seeking behaviors of AAMCS have focused on individual's attitudes with the presumed assumption of saliency towards racial identity and interdependent values (Duncan, 2003; Duncan & Johnson, 2007; Ratliff et al., 2016; Townes et al., 2009; Wallace & Constantine, 2005). These previous studies suggest AAMCS have engaged in help-seeking in a monolithic pathway, giving no particular indication if saliency in individual identity affects help-seeking behaviors. Although unintended, the results of this study may have

supported previous literature about cultural salience among members of this population. It is also possible the values represented in self-construal do not pertain to African American identity. AAMCS help-seeking behaviors may be reflective of larger cultural values such as racial identity (e.g. saliency to identity and culture) and self-concealment (e.g. keeping personal issues and problems within the context of family or community), both of which have been corroborated in previous research (Avent et al., 2015; Townes et al., 2009). The specificity or the generality of self-construal perhaps was not representational of identity for participants in this dissertation, and thus had no bearing on help-seeking behavior. It is also possible the representational values of European and Asian cultures illuminate a need to further investigate how self-construal is represented amongst the African American community. Research into self-construal amongst African American males could shed light on help-seeking behaviors which do not dismiss whether these factors are influenced by one's own meaning of defining self and knowledge of mental health-related issues (Shelton et al., 2017; Stansbury et al., 2011).

Reflections on Conceptual Framework

Theory of Planned Behavior

Theory of Planned Behavior (TPB) was the guiding theoretical foundation for this study. Variables of interests did not neatly fit into theoretical categories, nor were they completely unrelated to the theoretical concepts as supported by existing literature. For example, self-construal and mental health literacy were not found to be significant according to this dissertation, however in previous help-seeking literature these variables were significant in predicting help-seeking behaviors according to their conceptualization in the TPB framework (Mesidor & Sly, 2014; Song et al., 2019; Spiker & Hammer, 2019). The significant influence of stigma on help-seeking intentions supports the conceptual idea of attitudes and perceived norms

predicting help-seeking intentions. However, the insignificance of mental health literacy and self-construal, showed potential gaps in applying this conceptual framework.

In this dissertation, public stigma which was conceptualized as subjective norms and significantly predicted help-seeking intentions. This frame for public stigma was supported by Song et al. (2019), who operationalized public stigma as subjective norms. In this dissertation, self-stigma was conceptualized as attitudes towards the behavior. This conceptual move was based on self-stigma being both an internalization of negative beliefs and negative predictor of attitudes in previous studies (Eisenberg et al., 2009a; Vogel et al., 2007a; 2011). According to Vogel et al. (2007a), self-stigma significantly predicted help-seeking attitudes, which provided additional support for conceptualizing self-stigma as attitudes for this current dissertation. The third variable of entry in this dissertation was mental health literacy (MHL). MHL operated as perceived behavioral control and did not significantly predict help-seeking intentions. The rationale for conceptualizing MHL as perceived behavioral control was based on the definition of perceived behavioral control explained by Shea et al., (2019), which was “perceived difficulty in performing the action (p. 2).” Spiker and Hammer (2019) further corroborate this definition by describing this piece as a construct of help-seeking efficacy (e.g. knowing when/where to seek help) within MHL.

The lack of association between MHL and help-seeking intentions is contrary to previous research which revealed perceived behavioral control to be the strongest predictor of help-seeking intentions amongst AAMCS (Mesidor & Sly, 2014). Instead, attitudes, and subjective norms were most significant from a conceptual frame. It is important to note this dissertation was not aimed at confirming TPB, but rather the theory served as a way for framing study variables and designing the study.

Existing literature on TPB suggests perceived behavioral control to have a stronger indication on help-seeking intentions on college students (Mesidor & Sly, 2014; Shea et al., 2019; Spiker & Hammer, 2019). Within the TPB framework, cognitive and behavioral processes are work in a unidimensional relationship to ultimately predict help-seeking behavior. It separates the concepts of intentions and behaviors which in regard to help seeking, both concepts have been used interchangeably (Bathje & Pryor, 2011; Fripp & Carlson, 2017; Sun et al., 2016; Shea et al., 2019). The delineation of intentions and behaviors create an opportunity for help-seeking researchers to explore whether they are actually observing help-seeking behaviors. The interchangeable nature of intentions and behavior have led scholars to conflate the two concepts, whereas TPB recognizes both as two distinct constructs (Ajzen, 1991; Vogel et al., 2007a). The delineation between help-seeking intentions and behavior is crucial because counselor education programs are required to train counseling students in understanding the help-seeking behaviors of diverse clients (CACREP, Standard 2.F.2.f.). By delineating the two concepts, counselors-in-training are given informed research and practices that can further develop their skills in working with diverse populations.

From a TPB standpoint, counseling utilization has been conceptualized as past or present help-seeking behavior (Eisenberg et al., 2009a; 2011; Kam et al., 2018). For this dissertation, help-seeking behavior was identified as whether participants sought counseling services within the past twelve months, rather than their intentions on seeking counseling. Help-seeking intentions were measured on the Intentions to Seek Counseling Inventory (ISCI; Cash et al., 1975). Although this is specific to TPB, approaching help-seeking research by distinguishing help-seeking behavior from intentions can perhaps assist researchers to clarify measures of help-seeking and test whether intentions predict and improve counseling utilization.

TPB served as a grounding conceptual resource for this current study. Although the association of self-construal and help-seeking had not been previously investigated with AAMCS from this conceptual framework, this study serves as a building block to observe the factors which can predict and improve help-seeking behavior. This study was the first to consider how stigma, mental health literacy and self-construal impacted the help-seeking process of AAMCS. It was also the first to consider these variables from a TPB conceptual framework with this specific population. Stigma remained the most influential variable to predict help-seeking with AAMCS. Although self-construal and mental health literacy were not significant to the help-seeking experiences of AAMCS in this context, further testing of this theory could open avenues to improving help-seeking research and observances of help-seeking behavior.

Chapter Summary

The purpose of this study was to observe whether stigma, mental health literacy and self-construal had a predictive influence on the help-seeking intentions of AAMCS. The results of this dissertation revealed only public stigma to be a significant predictor of help-seeking intentions of AAMCS. Self-construal and mental health literacy did not serve a particular influential role in determining whether one decided to seek counseling. The study also yielded an additional finding in which sixty-two (62%) of the sample had sought counseling within the previous twelve months. This finding perhaps can give an opportunity for college counselors and higher educational professionals to examine ways they are supporting students of this demographic. Possible avenues of investigation such as the demographic makeup of college counseling centers (e.g. hiring diverse clinicians), evaluation of services in college counseling centers, and outreach and referral of services amongst higher education professionals, can be

ways for higher educational and counseling professionals encourage and destigmatize help-seeking amongst AAMCS on their campuses.

This chapter was aimed at contextualizing the results of this study within the greater help-seeking literature in counseling. The empirical literature around the help-seeking behaviors of AAMCS is sparse, and yet help-seeking in counseling is potentially on the rise in this demographic. It is possible the current pandemic crisis of COVID-19 and racial unrests (e.g. shootings of unarmed African Americans such as Ahmaud Arbery, Breonna Taylor and George Floyd) have contributed to this increase in help-seeking. An additional look into these contextual factors may also provide insight into how counselors, counselor educators and higher educational professionals can check-in on AAMCS. The next chapter will be devoted to discussing the implications for this dissertation to the greater counseling and counselor education field. Additionally, the next chapter will include an overview of how some of the contextual factors and research design strengthened and limited the results of this dissertation.

Chapter VI: Limitations, Implications and Future Research

This chapter is aimed at addressing the limitations, strengths and future directions of the study. It is important to discuss the implications to consider how these results affect counseling practice, outreach and counselor education. The strengths and limitations of these results are also considered in respect to the study design, contextual time period, sampling procedures and statistical analyses. The presentation of limitations is also intended to represent potential gap areas for future studies. Lastly, future directions of this research and addressing practical implications in counselor education and counseling practice.

Limitations

This dissertation is not without limitations. One limitation is the sample size. Although the 116 participants were deemed appropriate for statistical analysis, this sample is small and should be generalized to members of this demographic with caution. A particular way to improve this part of this study is to increase the effect for future research. The effect for this study ($f^2=0.15$) was considered a medium effect for social and behavioral science research. An increase in variables, effects size or power would have yielded a larger sample for more generalizable results.

The study recruitment pool was from a project management services company, Qualtrics Sampling Services (QSS). The limitation with using this source for sampling is its recent use in social and behavioral science research (Kalkbrenner et al., 2020). The use of collective intelligence or *crowdsourcing* services is still beginning to find its own identity in the research realm (Keating & Furberg, 2013; Zhao & Zhu, 2014). Zha and Zhu (2014) articulated the diversity of scholars and applications of crowdsourcing create challenges to parsing out the essence of this practice. For example, QSS although providing access to a market research panel

did not detail exactly how they verified participants of the chosen demographic in this study. Instead, I was reassured by my project manager that if I were not satisfied with my samples (i.e. incomplete data) then I could distribute my survey for more participants until I reached my target sample size (A. Coffman, personal communication, June 10, 2020). This procedure is different from Amazon Mechanical Turks (MTurks) in which managers directly pay workers for completed tasks. However, both practices are considered crowdsourcing platforms which aids to the challenge. In view of this practice and despite its relative newness, crowdsourcing has also been identified as a tool for organizations to gain rich insight from diverse external members in a cost-effective way (Keating & Furberg, 2013).

Although statistical controls were discussed and measured, selection of controls was not an exhaustive list of potential confounding factors of help-seeking. Not all demographic variables selected in this study were chosen as statistical controls, which could potentially affect results of the study. Selection of institutional region, previous counseling experience, religious affiliation, and student classification, reflected the influence of these variables in previous help-seeking research (Eisenberg et al., 2009, 2011; Mesidor & Sly, 2014) as well as statistical handling of missing data. This leaves room for exploring additional identity (e.g. ability, socioeconomic status, racial identity) as well as process-based (e.g. mental health disorders, minority-based stress) variables for statistical control in future studies.

Another limitation was the overall research design was correlational and cross-sectional. This is a particular limitation because cross-sectional designs have a limited time of observation and thus any predictive studies should be generalized with caution (Levin, 2006; Sophocleous et al., 2017). Predictive designs have been more associated in longitudinal research (Sophocleous et al., 2017). The correlational design also makes causal implications untenable. It is erroneous to

imply stigma causes poorer help-seeking intentions amongst AAMCS in this study. Specificity of variables such as self-construal, potentially limit and omit alternative variables which could be influential to the regression equation (Onwuegbuzie, 2000). The study does not account for differing help-seeking attitudes of other cultural variables such as socio-economic status and familial support, all of which have been said to be influential to the help-seeking process of college students (Ross et al., 2019; Shea et al., 2017; Shea & Yeh, 2008).

Regarding limitations, participants were provided compensation for being in the study. Although compensation is common in survey research, researchers have noted the added component of an incentive in research affected motivation and may lead to response bias and internal validity issues (e.g. selection) in results (Behrend et al., 2011; Bellini & Rumrill, 1999). The compensation component may also present a challenge to replication or experimental designs if researchers are desiring to use a larger sample, since the ability of crowdsourcing platforms to compensate participants depends on the finances of the investigators.

The context of this dissertation comes at a unique point in time. At the time of this study, the globe has been affected by the novel coronavirus disease (COVID-19). There also exists racial unrest in the United States regarding the police involved shooting deaths of Ahmaud Arbery, Breonna Taylor and George Floyd. The racial tensions and current health crisis may have unduly influenced the surge of AAMCS engaging in psychological help-seeking over the past year. Given another context, it is possible these results may fluctuate, which call for more research into supporting help-seeking behaviors of AAMCS.

In the same vein of context, the quantitative approach to addressing the influence of race on help-seeking is limited. By only inviting participants to list specific identity markers (e.g., race, gender, education), the results cannot explain how influential these identities are to the

individual. It is possible that one's race, was not as salient to their identity as compared to others, which can produce monolithic ways of perceiving demographics within quantitative research. The statistical analysis and inclusion of demographic variables does not address theories of intersectionality, which has interpreted to explore how aspects such as masculinity, racism, heterosexism perhaps influence the variables proposed in this study (Shin et al., 2017). More research conducted from an intersectional framework can explore how coinciding frameworks of oppression influence the help-seeking process for marginalized college students. Additionally, incorporating qualitative actions such as interviews and focus groups can be useful in extrapolating the meaning behind the multiple identities in which participants embody during their help-seeking processes.

The measurements used in this study may not have reflected the experiences of this sample. Both the Stigma Scale for Receiving Psychological Help (SSRPH; Komiya et al., 2000) and the Self-Stigma Scale of Seeking Help Scale (SSOSH; Vogel et al., 2006) were statistically normed on predominately White ($n \cong 80\%$), female college student population. Similarly, the Mental Health Knowledge Schedule (MAKS; Evans-Lacko et al, 2010) reflected a predominately White, European example in the United Kingdom. The Intentions to Seek Counseling Inventory (ISCI; Cash et al., 1975) was also normed on an all-White American sample. The demographics of the Self-Construal Scale (SCS; Singelis, 1994) did not yield any information on race/ethnicity of sample. Additionally, the measures utilized are self-report, which can be susceptible to response bias (e.g., A respondent may be influenced to answer items in either direction due to wording or social desirability (Krosnick, 1999). It is therefore possible, that these measurements do not accurately reflect the help-seeking behaviors of African

American men. Thus, future research could be directed at instrument development for help-seeking amongst this population.

Strengths

This is the first study to observe whether stigma, mental health literacy and self-construal affect the help-seeking intentions of AAMCS. It adds to a body of literature which has tested some of these factors separately and combined (Bathje & Pryor, 2011; Crowe et al., 2018; Hwang et al., 2019; Mesidor & Sly, 2014; Omori, 2007; Rogers-Sirin et al., 2017; Shea & Yeh, 2008; Song et al., 2019; Vogel et al., 2006; 2007a; Wu et al., 2017; Yalçin, 2016; Yeh, 2002). The preexisting literature on public stigma, self-stigma, mental health literacy and self-construal has been traditionally focused on Asian (Cheng et al., 2018; Wu et al., 2017; Yalçin, 2016; Yeh, 2002), White and female (Bathje & Pryor, 2011; Vogel et al., 2006; 2007a) student populations. Further, the roles of mental health literacy and self-construal have not been previously explored with African American student populations, specifically AAMCS.

The results of this study found public stigma to positively predict help-seeking intentions of AAMCS. This finding is consistent with research implicating the role of public stigma on help-seeking intentions of AAMCS (Vogel et al., 2007a; Wu et al., 2017). Self-stigma was found to negatively predict help-seeking intentions of AAMCS. This finding was consistent with previous literature in which self-stigma was found to negatively predict help-seeking attitudes (Cheng et al., 2018; Vogel et al., 2007a; 2011). Although the results were not as hypothesized (e.g. public stigma positively predicting help-seeking intentions), they provided observations from an underrepresented community in the literature. The results of this study have potential benefits to the counseling field. They have implications as to what factors inhibit help-seeking behaviors amongst a traditionally marginalized population. Counselors and educators are in

unique position to understand how stigma affects members of this population subgroup. Specifically, Fripp & Carlson (2017) suggest counselor educators can reach out to members of their communities, in this case higher educational professionals, to promote and endorse help-seeking in counseling. Similarly, Cheng et al. (2018) suggested college counselors to implement culturally responsive programming which addresses cultural factors that may impeded diverse students help-seeking behavior.

An additional piece to consider is the surge of counseling utilization amongst AAMCS in this sample. Sixty-two (62%) of the sample reported using counseling in the previous 12 months as compared to twenty-one (21%) in the Kam et al. (2018) study. Although the study sample sizes vary in size and methodological inquiry, it is possible, the recent contextual factors such as the COVID-19 pandemic and racial unrest in the United States (the latter being centered around the shooting of unarmed African Americans) may have unduly or intentionally influenced a potential increase of help-seeking amongst AAMCS in this dissertation. The potential influx of students indicates counselors and educators need to explore ways to engage in culturally responsive work which supports these students. Lastly, the results from this study call for more research into the help-seeking behaviors of AAMCS. Potential research into cultural climates and racial trauma create opportunities for counselors and educators to examine their practices and provide support for AAMCS.

Implications

This study provides information surrounding the help-seeking behaviors of a racially and ethnically marginalized population. Results from this study revealed the increasing likelihood of counselors to work with someone from an AAMCS population. Previous research regarding help-seeking of AAMCS revealed 21% of them had sought counseling in the past year (Kam et

al., 2018). Although this is up from the 13% discovered by (Eisenberg et al., 2011), this dissertation revealed an even greater increase in help-seeking behaviors than Kam et al. In this dissertation, 62% of AAMCS had sought counseling in the past year, indicating a rise in utilizing counseling services. Thus, college counselors would particularly benefit from these results by learning about the individual and systemic factors which aid or hinder help-seeking amongst these students. Additionally, counselor educators are responsible for training and developing professional counselors. By teaching about the help-seeking behaviors of diverse populations, educators are providing students with heuristic information to consider in practice and research (CACREP, 2016). Educators can also train students on how to engage with members in the community such as religious and community leaders, who can endorse help-seeking behavior amongst AAMCS. The implications are further presented in the next sections.

Implications for Counseling Practice

The results of this study presented information for counselors to consider in working with AAMCS populations. Public stigma was found to be the most significant of the study variables on help-seeking intentions of AAMCS. However, the awareness of public stigma actually positively influenced help-seeking intentions amongst AAMCS. This finding gives counselors an opportunity to acknowledge the challenges of engaging in counseling services, and the strengths in which students embody to engage in the clinical relationship. In the clinical context, practices such as broaching issues of identity and empowering AAMCS to engage in help-seeking can serve as effective tools for counselors to build a therapeutic alliance with AAMCS (Day-Vines et al., 2020; Lucas & Berkel, 2005).

In out-reach related efforts, university counseling centers could evaluate their services and demographic makeup of their departments (Duncan, 2003; Chow et al., 2020; Townes et al.,

2009). Townes et al. found AAMCS to prefer clinicians with shared racial identity than white counselors. This may be an additional issue of cultural mistrust, but if counseling centers recruit and retain counselors of color, research suggest these centers to see a positive increase in AAMCS help-seeking towards counseling (Marbley, 2011; Townes et al., 2009). Chow et al. (2020) also found institutional programming that is both psychoeducational and experiential can be aimed at decreasing stigma in help-seeking with AAMCS. Similarly, results from this dissertation can be used to inform programming such as experiential groups to foster help-seeking behavior.

Results from this study also revealed AAMCS to consistently engage in help-seeking behaviors despite the prevalence of stigma. The majority of AAMCS in this sample reported engaging in counseling services in the past year, which communicate a desire to have counseling needs met. It is then imperative for counselors to engage in culturally responsive action for AAMCS so as to promote wellness in this traditionally marginalized population. The use of the Multicultural and Social Justice Counseling Competencies (MSJCC) is an effective place to begin building one's culturally competency for working with diverse students (Ratts et al., 2016). For the counselors who identify as having a marginalized identity, I recommend the collection of reflections by Marbley et al. (2007) in which the authors provided their experiences (positive and negative) of working with shared marginalized identity clients. Additionally, university counseling centers can promote positive help-seeking through intentional programming such as the REDFLAGS model (Kalkbrenner et al., 2020). The REDFLAGS model is a tool designed for university professionals and students to watch out for observational signs of mental health related issues. The adoption of this program can lead to peer-to-peer referral of counseling between students and provides a tangible resource for higher educational professionals to

endorse positive help-seeking behavior. These resources and additional incorporation of organizational best practices, provide counselors, higher educational professionals and students ways to support the increasing number of AAMCS engaging in professional help-seeking.

Implications for Counselor Education

Counselor education programs are expected to train students to be competent in working with members of diverse identities. By understanding factors influential to individuals help-seeking process, counselors are growing in their understanding of how these factors aid or hinder an underrepresented population from engaging in the therapeutic working relationship.

Addressing these factors to counseling utilization, additionally provide counselors information which can be used to educate the public about professional identity, mental health and wellness (DeBate et al., 2018). Additionally, counselor educators are responsible for assessing how students understand attitudes, beliefs and cultural experiences influence individual perspectives (CACREP, 2016). By examining subjective norms such as public stigma and self-construal, this study will provide information as to whether these experiences affect help-seeking behavior and how individuals experience counseling. Further education on attitudes, beliefs and help-seeking behavior present opportunities for counselors and counselor educators to address issues from systemic principles such as the considering the Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts et al., 2016)

The Council for the Accreditation of Counseling and Related Educational Programs (CACREP) maintain standards in which training programs are to assess counseling students. CACREP programs are to train students in the conceptualization of clients from multiple theoretical perspectives (6.b.1.c.), use of multiple data sources to inform programs and services in higher education settings (5.e.3.e.) and ethical and culturally relevant strategies used in

counselor preparation (6.b.3.h.). Educators additionally suggest the use of non-Eurocentric theories can be supportive tools for improving help-seeking behaviors of AAMCS (Hannon & Vereen, 2016; Vereen et al., 2017). Additional resources for educators to consider are texts written by counselors of color and multimedia that includes the perspectives of people of color, more specifically African American men, and their experiences with seeking counseling. Some of these resources include is *Multicultural Counseling: perspectives from counselors as clients of color* by Dr. Aretha Faye Marbley, which provides perspectives of both clinicians and clients of color on their help-seeking experiences (Marbley, 2011). Multimedia resources recommend by counselors include using the film *Moonlight* to engage in discussions around supporting students and their help-seeking behavior (Shannon, 2020). Given the emphasis for culturally competent practice, counselors need to understand how these factors affect AAMCS intentions to seek counseling so as to engage in ways of support and improvement of counseling services.

Implications for Future Research

Research identifying factors for help-seeking amongst AAMCS have largely considered variables such as racial identity, self-concealment, cultural mistrust, Afrocentric values, and African Self-Consciousness. This study was designed to explore whether the help-seeking process of AAMCS was impacted by similar factors of the general student population (e.g. stigma and mental health literacy) as well as a specific factor of cultural identity (e.g. self-construal). The findings around stigma can inform future studies on investigating causal inference between stigma and help-seeking behaviors of AAMCS. More specifically, a path analysis or structural equation modeling, along with a more robust sample size could be utilized to explore the direct effects of stigma on help-seeking behaviors of AAMCS. Future studies could also include mediation analysis to test whether self-stigma will mediate the relationship

between public stigma and help-seeking amongst AAMCS. The small influence of public and self-stigma on help-seeking intentions create an opportunity for qualitative investigation into mental health stigma and help-seeking. Future studies could also be developed from a qualitative framework that can produce themes around the construct of stigma, which in turn can be used for psychometric development (e.g. factor analysis). A psychometric development could aid researchers in investigating constructs that more accurately assesses the experiences of stigma, help-seeking, mental health literacy and self-construal of AAMCS.

The results of this study provide some possibilities for qualitative exploration into factors which influence help-seeking amongst AAMCS. The lack of significant findings between mental health literacy and self-construal in this study provide potential areas for expansion. Researchers could explore how mental health literacy is defined and understood amongst African American males. A phenomenological analysis into the experiences of mental health literacy or self-construal in regard to help-seeking would yield data on how African American males both define and make meaning of these constructs (Smith & Eatough, 2007). The current time in which this study was conducted could be an additional factor for inquiry. Researchers could investigate the influence of racial unrest and the coronavirus 2019 (COVID-19) disease pandemic on help-seeking behaviors of AAMCS. A focus into these impacts could provide shed more light on the increase in counseling utilization that was found in this dissertation.

Chapter Summary

This chapter was aimed at addressing the implications, strength, limitations and future directions from this dissertation. Implications were geared towards counseling practice, outreach and counselor education. Strengths included the novelty of the study, the specified focus of sample and the significance of results. Limitations included the newness of crowdsourcing,

research design, participants compensation and contextual climate of the study. Implications potential avenues for future research. Future research into help-seeking behaviors of AAMCS could be conducted to improve counseling practice, education and outreach.

APPENDICES

APPENDIX A

Demographic Questionnaire

1. Are you at least 18 years of age?
 - Yes
 - No
2. If so, please clarify your age in numerical form (e.g. 18)
 - a. _____
3. Do you Identify as African American or Black?
 - Yes
 - No
4. If not, please select a race and/or ethnicity that describes you.
 - a. Asian or Pacific Islander
 - b. Biracial or Multiracial
 - c. European American/White
 - d. Native American or First Nation Persons
 - e. Hispanic or Latinx
 - f. Middle Eastern
 - g. Other? Please specify: _____
5. Please specify your nationality if you identify as international
 - a. _____
6. Do you identify as male?
 - Yes
 - No
7. Please indicate your religious affiliation
 - a. Atheism/Agnosticism
 - b. Buddhism
 - c. Christianity
 - d. Islam
 - e. Judaism

- f. Scientology
 - g. Other
8. Are you currently enrolled in a graduate or undergraduate institution in the United States?
- Yes
 - No
9. Please indicate which region your institution is located in the U.S.
- a. Northeast
 - i. (i.e. Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island and Vermont)
 - b. Midwest
 - i. (i.e. Illinois, Indiana, Iowa, Kansas, Ohio, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin)
 - c. Southeast
 - i. (i.e. Alabama, Arkansas, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, West Virginia)
 - d. Pacific
 - i. (i.e. California, Oregon, and Washington)
 - e. Rocky Mountains
 - i. (i.e. Colorado, Idaho, Montana, Nevada, Utah, and Wyoming)
 - f. Southwest
 - i. (i.e. Arizona, Oklahoma, New Mexico, and Texas)
 - g. Noncontiguous (i.e. Alaska & Hawaii)
10. Please identify your student classification
- a. Freshman
 - b. Sophomore
 - c. Junior
 - d. Senior
 - e. Graduate
11. Please indicate your enrollment status as a student
- a. Full-time
 - b. Part-time
12. Have you gone to counseling in the previous 12 months?
- Yes
 - No

APPENDIX B: Intentions to Seek Counseling Inventory (ISCI)

1=Very Unlikely, 2=Unlikely, 3=Likely, 4=Very Likely

Please rate the following items using the aforementioned scale

1. How likely would you be to seek counseling for: Weight Control
2. How likely would you be to seek counseling for: Excessive Alcohol Use
3. How likely would you be to seek counseling for: Relationship Difficulties
4. How likely would you be to seek counseling for: Concerns about Sexuality
5. How likely would you be to seek counseling for: Depression
6. How likely would you be to seek counseling for: Conflict with Parents
7. How likely would you be to seek counseling for: Speech Anxiety
8. How likely would you be to seek counseling for: Difficulty Dating
9. How likely would you be to seek counseling for: Choosing a Major
10. How likely would you be to seek counseling for: Difficulty in Sleeping
11. How likely would you be to seek counseling for: Drug Problems
12. How likely would you be to seek counseling for: Inferiority Feelings
13. How likely would you be to seek counseling for: Test Anxiety
14. How likely would you be to seek counseling for: Difficulties with Friends
15. How likely would you be to seek counseling for: Academic work procrastination
16. How likely would you be to seek counseling for: Self-understanding
17. How likely would you be to seek counseling for: Loneliness

APPENDIX C: Stigma Scale of Receiving Psychological Help (SSRPH)

0=Strongly Disagree, 1= Disagree, 2=Agree, 3= Strongly Agree

Please rate the following items using the aforementioned scale

1. Seeing a psychologist for emotional or interpersonal problems carries social stigma
2. It is a sign of personal weakness or inadequacy to see a psychologist for emotional or interpersonal problems
3. People will see a person in a less favorable way if they come to know that he/she has seen a psychologist
4. It is advisable for a person to hide from people that he/she has seen a psychologist
5. People tend to like less those who are receiving professional psychological help

APPENDIX D: Self-Stigma of Seeking Psychological Help Scale (SSOSH)

1=Strongly Disagree, 2= Disagree, 3=Neither Agree/Disagree, 4=Agree, 5=Strongly Agree

Please rate the following items using the aforementioned scale

1. I would feel inadequate if I went to a therapist for psychological help
2. My self-confidence would NOT be threatened if I sought psychological help
3. Seeking psychological help would make me feel less intelligent
4. My self-esteem would increase if I talked to a therapist
5. My view of myself would not change just because I made the choice to see a therapist
6. It would make me feel inferior to ask a therapist for help
7. I would feel okay about myself if I made the choice to seek psychological help
8. If I went to a therapist, I would be less satisfied with myself
9. My self-confidence would remain the same if I sought psychological help for a problem I could not solve
10. I would feel worse about myself if I could not solve my own problems

Items 2, 4, 5, 7, and 9 are reverse scored

APPENDIX E: Mental Health Knowledge Schedule (MAKS)

Scale

1=Strongly Disagree

2=Slightly Disagree

3=Neither Agree/Disagree

4=Slightly Agree

5=Strongly Agree

Please rate the following items using the aforementioned scale.

1. Most people with mental health problems want to have paid employment
2. If a friend had a mental health problem, I know what advice to give them to get professional help
3. Medication can be an effective treatment for people with mental health problems
4. Psychotherapy (for example, talking therapy or counselling) can be an effective treatment for people with mental health problems
5. People with severe mental health problems can fully recover
6. Most people with mental health problems go to a health care professional to get help
7. Depression
8. Stress
9. Schizophrenia
10. Bipolar disorder (manic depression)
11. Drug addiction
12. Grief

APPENDIX F: Self-Construal Scale (SCS)

Scale

- 1=Strongly Disagree
- 2=Disagree
- 3=Slightly Disagree
- 4=Neither Agree/Disagree
- 5=Slightly Agree
- 6=Agree
- 7=Strongly Agree

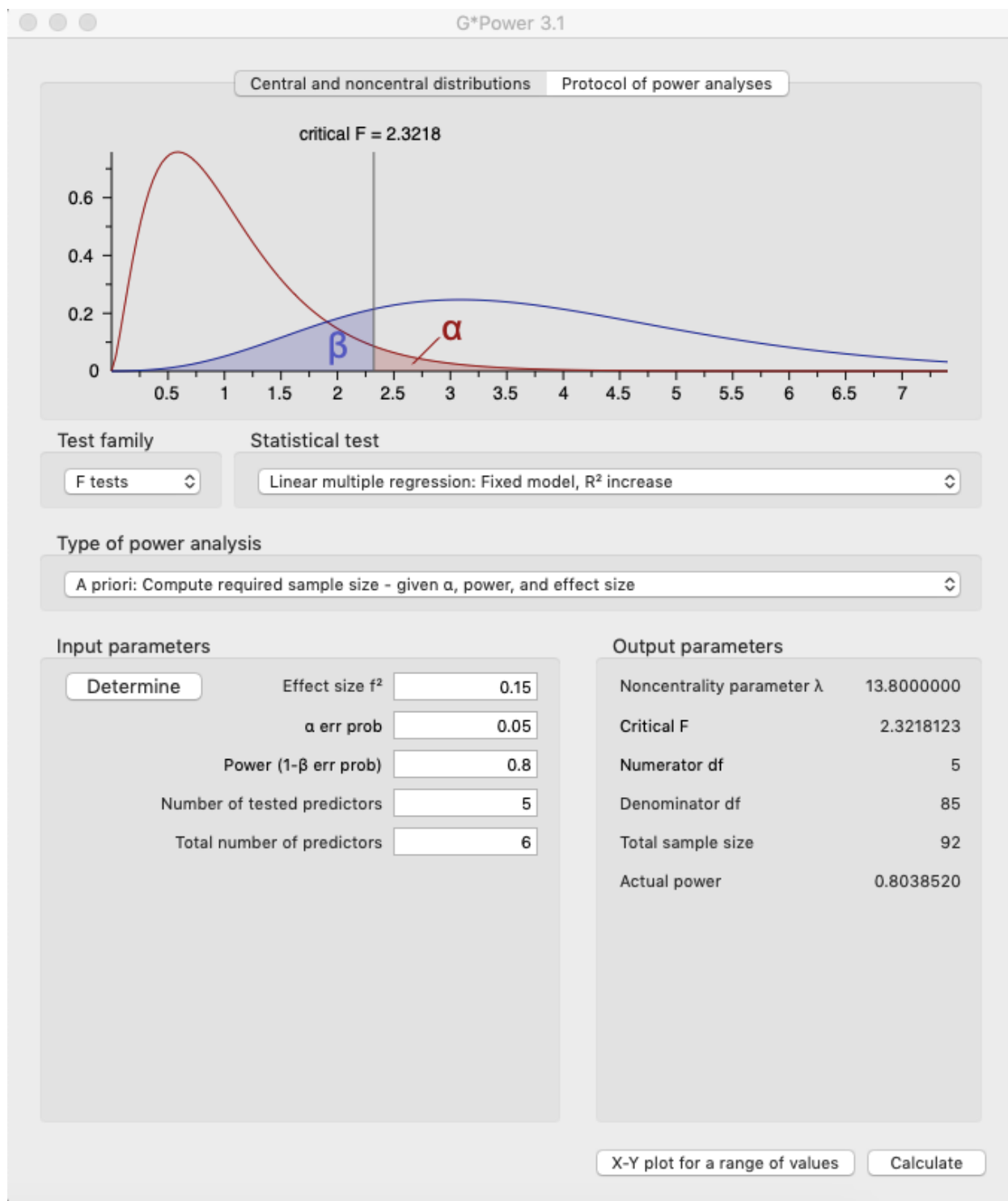
Please rate the following items using the aforementioned scale

Items

1. I have respect for the authority figures with whom I interact
2. It is important for me to maintain harmony within my group
3. My happiness depends on the happiness of those around me
4. I would offer my seat in a bus to my professor
5. I respect people who are modest about themselves
6. I will sacrifice my self-interest for the benefit of the group I am in
7. I often have the feeling that my relationships with others are more important than my own accomplishments
8. I should take into consideration my parents' advice when making educational/career plans
9. It is important to me to respect the decisions made by the group
10. I will stay in a group if they need me, even when I'm not happy with the group
11. If my brother or sister fails, I feel responsible
12. Even when I strongly disagree with group members, I avoid an argument
13. I'd rather say "No" directly, than risk being misunderstood
14. Speaking up during a class is not a problem for me
15. Having a lively imagination is important to me
16. I am comfortable with being singled out for praises or rewards
17. I am the same person at home that I am at school
18. Being able to take care of myself is a primary concern for me
19. I act the same way no matter who I am with
20. I feel comfortable using someone's first name after I meet them, even when they are much older than I am
21. I prefer to be direct and forthright when dealing with people I've just met
22. I enjoy being unique and different from others in many respects
23. My personal identity independent of others, is very important to me
24. I value being in good health above everything

*Items 1-12 assess interdependent self-construal, and items 13-24 assess independent self-construal

APPENDIX G: Apriori Power Analysis for Multiple Regression



APPENDIX H: Online Consent Form

Consent Form

Hello,

My name is Jordan Shannon, and I am a doctoral candidate in the Counseling and Counselor Education program at Syracuse University. You are invited to participate in a study exploring the potential factors influential to the help-seeking behaviors of African American male college students. The purpose of this study is to examine factors influential to the help-seeking behaviors of a traditionally marginalized population, and to provide counselors information to consider for culturally competent practice with diverse individuals. This study is a part of my dissertation research, which is being supervised by my advisor, Derek Seward, PhD (dxseward@syr.edu). This form is part of a process known as "informed consent" to allow you to fully understand the study before agreeing to participate. This research is approved by the Institutional Review Board at Syracuse University (IRB # 20-184).

Background Information

The purpose of this study is to examine potential contributing factors to African American male college students (AAMCS) decisions to seek counseling services. You are eligible to participate in this study if you meet the following criteria,

- 1) At least 18 years of Age
- 2) Identify as male
- 3) Identify as African American
- 4) Are currently enrolled in an undergraduate or graduate institution in the United States

If you agree to be in this study, you will be asked to complete a six-part online survey. The online survey is a total of 80 items, which shall take you 15 minutes to complete. The survey items will be directly related to stigma, self-construal and mental health literacy.

A sample item of stigma would read as,

"My self-esteem would increase if I talked to a therapist"

A sample item of mental health literacy would read as,

"People with severe mental health problems can fully recover"

A sample item of self-construal would read as

"I respect people who are modest about themselves"

Voluntary Nature of Study

Participation is entirely voluntary, and you have the ability to withdraw from the study at any point in time without penalty.

Risks and Benefits

There is minimal risk for participating in this study. You may experience emotional or psychological discomfort from responding to questions about your experiences with counseling. Potential benefits are providing an improved understanding of help-seeking behaviors of a traditionally marginalized population, which can inform counselors on how to improve help-seeking behaviors of diverse populations.

Compensation

You will be compensated the amount you agreed upon before you entered the study, as per your contact with Qualtrics as a member of a market research panel.

Confidentiality & Internet Research

Whenever one works with email or the internet; there is always the risk of compromising privacy, confidentiality, and/or anonymity. Your confidentiality will be maintained to the degree permitted by the technology being used. It is important for you to understand that no guarantees can be made regarding the interception of data sent via the internet by third parties.

Privacy

You will not be asked personally identifiable information, nor will your answers be associated with any information. Results of this study may be published however any identifiable information will not be published as a means of maintaining confidentiality. Data will be kept on Qualtrics – Syracuse University, which is an encrypted software so as to mitigate risks of any breaches in confidentiality.

Contact and Questions

If you have any questions, concerns, or complaints about the research or your rights as a participant please feel free to contact the Office of Research Integrity at Syracuse University by phone (315-443-3013).

Obtaining Consent

I certify that I am 18 years of age or older and understand what my participation in this research involves.

By continuing I agree to participate in this research study

APPENDIX I: IRB Approval Letter

SYRACUSE UNIVERSITY



INSTITUTIONAL REVIEW BOARD
MEMORANDUM

TO: Derek Seward
DATE: July 1, 2020
SUBJECT: Submitted for Expedited Review-Determination of Exemption from Regulations
IRB #: 20-184
TITLE: *Examining Intentions to Seek Counseling Amongst African American Male College Students*

The above referenced application, submitted for expedited review has been determined by the Institutional Review Board (IRB) to be exempt from federal regulations as defined in 45 C.F.R. 46, and has been evaluated for the following:

1. determination that it falls within the one or more of the eight exempt categories allowed by the organization;
2. determination that the research meets the organization's ethical standards.

This protocol has been assigned to exempt category 2 and is authorized to remain active for a period of five years from **June 26, 2020** until **June 25, 2025**.

CHANGES TO PROTOCOL: Proposed changes to this protocol during the period for which IRB authorization has already been given, cannot be initiated without additional IRB review. If there is a change in your research, you should notify the IRB immediately to determine whether your research protocol continues to qualify for exemption or if submission of an expedited or full board IRB protocol is required. Information about the University's human participants protection program can be found at: <http://orip.syr.edu/human-research/human-research-irb.html>. Protocol changes are requested on an amendment application available on the IRB web site; please reference your IRB number and attach any documents that are being amended.

STUDY COMPLETION: Study completion is when all research activities are complete or when a study is closed to enrollment and only data analysis remains on data that have been de-identified. A Study Closure Form should be completed and submitted to the IRB for review ([Study Closure Form](#)).

Thank you for your cooperation in our shared efforts to assure that the rights and welfare of people participating in research are protected.

Tracy Cromp, M.S.W.
Director

DEPT: Counseling & Human Services, 259 Huntington Hall

STUDENT: Jordan Shannon

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doi:10.1037//1099-9809.8.1.19
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- Zhao, Y., & Zhu, Q. (2014). Evaluation on crowdsourcing research: Current status and future

direction. *Information Systems Frontiers*, 16(3), 417-434.

CURRICULUM VITAE

Jordan P. Shannon, MEd, NCC
 Department of Counseling and Human Services
 School of Education, Syracuse University
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EDUCATION

- Ph. D. Counseling and Counselor Education (CACREP Accredited) December 2020
PhD Candidate (ABD)
 Dissertation: *Examining Intentions to Seek Counseling Amongst African American Male College Students*
 Syracuse University, Syracuse, NY
- Certificate in University Teaching April 2020
 Future Professoriate Program
 Syracuse University, Syracuse, NY
- Master of Science in Education, (CACREP Accredited) May 2017
 Student Affairs & College Counseling
 Monmouth University, West Long Branch, NJ
- Bachelor of Arts, History, Minor: Anthropology May 2014
 University of Florida, Gainesville, FL

REFEREED PUBLICATIONS

- Shannon, J.** (2020). Using Moonlight to Explore Intersectionality in Counselor Education. *Journal of Creativity in Mental Health*, 1-12. <https://doi.org/10.1080/15401383.2020.1740633>
- Shannon, J.** (2019). Deconstructing an Existential form of Therapy: A Review. *Romanian Journal of Counseling*, 5(1), 59-82. <https://doi.org/342479961>
- Shannon, J.** (2019). Gender Differences or Gendered Differences: Understanding the Power of Language in Training and Research in Supervision. *International Journal for the Advancement of Counselling*, 41 (4), 598-608 <https://doi.org/10.1007/s10447-019-09380-y>
- Paone, T. R., Malott, K. M., Pulliam, N., & **Shannon, J.** (2019). Experiences of counselor students of color in the classroom: A qualitative study. *Race Ethnicity and Education*, 1-17. [10.1080/13613324.2019.1579186](https://doi.org/10.1080/13613324.2019.1579186)
- Pulliam, N., Paone, T.R., Malott, K.M., & **Shannon J.** (2019). The Experiences of Students of Color at a Predominately White Institution: Implications for Counselor Training. *Journal of Multicultural Counseling & Development*, 47 (4), 239-255. <https://doi.org/10.1002/jmcd.12156>

MANUSCRIPTS IN REVIEW/PROGRESS

- Malott, K. M., Paone, T. R., **Shannon, J.** & Barr, J. (Submitted). From Awareness to Commitment and

Action: A longitudinal Study of a Race-Based Counseling Course (1st Revision)

Seward, D. X., **Shannon, J.**, & Luke, M. (In preparation). Dynamics of Co-Leadership Development in a Training Group

Shannon, J. (In preparation). Constructing the Counselor in Student Affairs

OTHER SIGNIFICANT PUBLICATIONS

Shannon J. (2019). Moonlight (Barry Jenkins). [Review of the film Moonlight, 2016, by B. Jenkins] *The Counselor's Bookshelf: Music*. Greensboro, NC: Chi Sigma Iota, International.

Shannon J. (2019). A note from the President. *Freudian Slip – CSI Chapter Newsletter*

Shannon, J. (2017). Diamonds in the rough: Mentoring Black Students for the Professoriate. *NARACES Graduate Student Bulletin*, 1, 2-3.

REFEREED PRESENTATIONS

Shannon, J. (2020, November). *Predicting Intentions to Seek Counseling amongst African American Male College Students*. Educational Session accepted at the North Atlantic Region of Counselor Education and Supervision conference, Pittsburgh, PA. <https://naraces.org/2020-conference-information/> (Conference moved online to COVID-19 Outbreak).

Shannon J., Seward D. X., & Luke, M. (2019, October). *Dynamics of Co-Leadership Development in an Experiential Training Group*. Poster Session presented at the Association for Counselor Education and Supervision (ACES) national conference, Seattle, WA

Shannon J. (2019, October). *From Awareness to Commitment and Action: Longitudinal Impact of a Race-Based Counseling Course*. Educational Session Presented at the Association for Counselor Education and Supervision (ACES) national, conference, Seattle, WA

Shannon, J. & Bruner, S. L. (2019, March). *Excellence as Unifying Marker in the Counseling Profession*. Poster session presented at the American Counseling Association (ACA) national conference, New Orleans, LA

Shannon, J. (2018, June). *I Am Because We Are: Utilizing Black Existentialism in the Counseling Profession*. Educational Session presented at the Association of Humanistic Counseling (AHC) national conference, St. Petersburg, FL

Malott, K. M., & **Shannon, J.** (2017, October). *Heightened Awareness is Good...but Not Enough: Teaching our students to become Antiracist Advocates*. Educational session presented at Association for Counselor Education and Supervision national conference, Chicago, IL

Paone, T. R., Malott, K M., Pulliam, N., & **Shannon J.** (2017, October). *One of the Only: Experiences of Students of Color in Two Multicultural Counseling Courses*. Educational session presented at Association for Counselor Education and Supervision national conference (ACES), Chicago, IL

Shannon, J. (2018, September) *A Scenic View: Using Moonlight to expand Multicultural Education*. Educational Session presented at the North Atlantic Region of Counselor

Education and Supervision (NARACES), Burlington, VT

Malott, K. M., Pulliam, N., & **Shannon J.** (2018, September) *Get Moving: Our Top Three Social Justice Activities to Transform the Classroom*. (Accepted) North Atlantic Region of Counselor Education and Supervision (NARACES), Burlington, VT

Gomez, J. & **Shannon, J.** (2017, June) *The Road Less Traveled: Navigating Intersectionality in Higher Education*. Educational Session presented at North American Student Personnel Administrators (NASPA) Region II conference, Pittsburgh, PA

Vereen, L. G., Hannon, M., & **Shannon, J.** (2016, September) *African American Males in Counselor Education*. Panel session presented at North Atlantic Region of Counselor Education & Supervision (NARACES), Syracuse, NY

INVITED PRESENTATIONS

Shannon, J. (Invited, 2018, April) *CSI Distinguished Alumni*, Invited Guest Speaker for CSI Induction Ceremony - Mu Upsilon Chapter, Monmouth University, West Long Branch, NJ

Shannon, J. (2018, April) *Black Existentialism: Between Theory and Practice*. Poster Session presented at the Chi Sigma Iota- Sigma Upsilon Chapter Spring Poster Symposium, Syracuse, NY

Paone, T. R., & **Shannon, J.** (2016, November) *Implicit Bias*. Workshop presented at the Central Jersey Consortium for Excellence & Equity, West Long Branch, NJ

RESEARCH ASSISTANTSHIPS

Graduate Research Assistant, Cornell University 05/2019 to 05/2020
The Department of Government
 - Research examines how underrepresented persons experiences with civil legal institutions impacts political involvement.
 -Provide research support to Dr. Jamila Michener
 -Serve as a primary interviewer for qualitative research

Graduate Assistant, Syracuse University 08/2017 to 05/2020
Department of Counseling & Human Services
 -Serve as clinical supervisor and teaching assistant, as needed
 -Provided research support to Dr. Derek Seward and Dr. Melissa Luke
 -Primary investigator on project exploring the development of co-leadership dynamics while leading groups.

Graduate Research Assistant, Monmouth University 08/2016 to 05/2017
Department of Educational Counseling & Leadership
 -Assisted faculty with data collection, analysis and written reports
 -Collaborate with Dr. Tina Paone & Dr. Nicole Pulliam on studies related to White counseling students' antiracism development and students of color experiences in counseling programs
 -Coordinated Consortium for Central Jersey Education and Equity (CJCEE) program

TEACHING

Syracuse University <u>Teaching Fellow</u> Future Professoriate Program (FPP)	Spring 2020
<u>Co-Instructor</u> COU 624 - Theories of Counseling	Fall 2018
<u>Teaching Assistant</u> COU 626 - Social and Cultural Dimensions of Counseling COU 612 - Professional Orientation and Ethical Practice COU 651 - Crisis Counseling COU 614 - Group Counseling	Spring 2020 Fall 2019 Summer 2018 Spring 2018
<u>Guest Lecturer</u> COU 624 - Theories of Counseling COU 585 - General Counseling Methods	Fall 2019 Spring 2019
<u>University Supervisor</u> COU 750 - Practicum COU 790 - Internship	Fall 2017 to Present Spring 2018 to Present

INTERNAL & EXTERNAL FUNDING APPLICATIONS

2020 Summer Dissertation Fellowship
Syracuse University
Amount Applied: \$4,000
Status: Funded

2020 Research & Creative Grant Competition
The Graduate School, Syracuse University
Amount Applied: \$500
Status: Unfunded

2019-2020 Hackney/Bernard Grant
Professional Development Fund
Amount Applied: \$400
Status: Funded

2018-2019 School of Education Travel Grant
Professional Development Fund
Amount Applied: \$400
Status: Funded

2017-2018 School of Education Travel Grant
Professional Development Fund
Amount Applied: \$400
Status: Funded

2017 NBCC Minority Fellowship Program
Doctoral Fellowship

Amount Applied: \$24,000

Status: Unfunded

CLINICAL

Success Counselor, **Syracuse University** 08/2017 to 05/2019

School of Information Studies (iSchool)

-Advise students who fall below a 2.5 GPA in the iSchool. Address student concerns regarding probation and academic counseling

-Work as a part of a team to address developmental issues such as: college transition, familial obligations, academic self-efficacy, college major exploration and barriers to cultural concerns

Residential Hall Assistant, **Felician University** 08/2017 to 05/2017

-Individual Counseling

-Crisis and On-Call duties

Campus Minister, **Rutgers University** 08/2014 to 05/2015

Central Jersey Church of Christ

-Facilitated weekly group discussions revolved around spiritual, religious and developmental issues for undergraduate students

-Individual counseling with undergraduate students

-Advised students on religious self-efficacy related Biblical teaching

Teen Minister, **Tampa Bay Church of Christ** 05/2013 to 08/2014

-Organized weekly group discussions with 24 teenagers over the Tampa Bay Metropolitan area

-Collaborated with parental guardians to address spiritual and developmental needs of teenagers

-Maintained a weekly caseload of 20 teenagers for individual counseling

LEADERSHIP

CSI Leadership Fellow 05/2019 to Present

Chi Sigma Iota International Counseling Honor Society

CSI-I

Emerging Leader 09/2018 to 09/2019

North Atlantic Region of Counselor Education & Supervision

NARACES

President 06/2018 to 05/2019

Chi Sigma Iota International Counseling Honor Society (CSI-I)

Sigma Upsilon Chapter - Syracuse University

Vice President 07/2016 to 05/2017

Education Counseling Student Association (ECSA)

Monmouth University

SERVICE

Western Association of Counselor Education & Supervision

03/2020

Conference Proposal Reviewer

Syracuse University

12/2019

Student Welfare Support Volunteer

-Individual Counseling

Chi Sigma Iota

03/2019 to Present

Professional Development Committee Member

Counselor's Bookshelf Reviewer

Networking & Regional Grants Reviewer

Clinical Placement Assistant

08/2018 to 05/2019

Department of Counseling & Human Services

Syracuse University

-Coordinate clinical placement materials between site supervisors and students

-Support program coordinators with practicum and internship placements.

Volunteer

10/2017

Association of Counselor Education & Supervision

ACES National Conference held in Chicago, IL.

HONORS, AWARDS & DISTINCTIONS

- Awarded CSI Leadership in Counseling Fellowship, **Chi Sigma Iota** (Spring 2019)
- Awarded Graduate Teaching Assistantship in Counseling, **Syracuse University** (Fall 2017)
- Dean's Excellence in Student Affairs Award Recipient, **Monmouth University** (Spring 2017)
- Chi Sigma Alpha (Student Affairs Honor Society), (Spring 2017)
- Chi Sigma Iota (Counseling Student Honor Society), (Spring 2016)
- Graduate Council Advisory Board Member, **Monmouth University** (Spring 2017)
- Awarded Graduate Assistantship in Fraternities & Sorority Life, **Monmouth University** (Fall 2016)
- Awarded Graduate Assistantship in Educational leadership, **Monmouth University** (Spring 2016)

PROFESSIONAL AFFILIATIONS

- American Counseling Association (ACA), 2016-Present
- Association of Counselor Education & Supervision (ACES), 2016-Present
- North Atlantic Region of Counselor Education & Supervision (NARACES), 2016-Present
- Association of Multicultural Counseling & Development (AMCD), 2017-Present
- Counselors for Social Justice (CSJ), 2016-Present
- Chi Sigma Iota Counseling Honor Society, 2016-Present
- Association of Humanistic Counseling (AHC), 2017-Present
- National Board of Certified Counselors (NBCC), 2016-Present

REFERENCES

Derek Seward, PhD, LMHC, NCC, ACS
 Associate Professor & Department Chair
 Counseling & Counselor Education
 Syracuse University
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Melissa Luke, PhD, LMHC, NCC, ACS
Professor, Counseling & Counselor Education
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Assistant Professor & School Counseling Coordinator
Counseling & Counselor Education
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Associate Professor, Educational Counseling & Leadership
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Tina Paone, PhD, LPC, NCC, NCSC, RPT, ACS
Professor, Educational Counseling & Leadership
Monmouth University
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