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Cultural Commitment and Attitudes Toward Seeking Counseling Services in African-Americans

by

Jessamine M. Montero

A Masters thesis submitted to the graduate faculty of Marshall University in partial fulfillment of the requirements for the Department of Psychology.

May 1994

This thesis was accepted on May 2, 1994 as meeting the research requirement for the master's degree.

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ABSTRACT

The purpose of this project was to explore possible relations between African-American acculturation level and attitudes of seeking professional psychological help. A sample of 120 African-American residents of Huntington, WV, completed survey questionnaires designed to assess: cultural commitment levels; attitudes toward counseling; and awareness of the Prestera Center for Mental Health Services, a local mental health center. Cultural commitment levels were assessed by self-ratings of African-Americans to the Anglo- and African-American cultures, and to the specific Huntington Anglo- and African-American cultures; respondants also rated their perceptions of mental health professionals' commitment levels to the Anglo-, African-, Huntington Anglo-, and Huntington African-American cultures. Attitudes toward counseling were evaluated by utilizing the Attitudes Toward Seeking Professional Psychological Help Scale

and awareness of the Prestera Center was assessed from questions provided by the Prestera Center. The only significant relation found was between cultural commitment to the Huntington Anglo-American culture and the ATSPPHS Stigma subscale, $F = 2.69$, $p < .05$. Significant main effects were found, however, on African-Americans' attitudes toward counseling services as a function of their perceptions of commitment levels of mental health professionals to the Anglo- and African-American cultures: Need subscale, $F = 2.77$, $p < .05$; Stigma subscale, $F = 3.09$, $p < .05$; Confidence subscale, $F = 4.15$, $p < .01$; and for the total ATSPPHS, $F = 3.12$, $p < .05$. These findings suggest that African-Americans' cultural commitment levels may not have direct relations to their help-seeking attitudes. Instead, African-Americans' perceptions of mental health professionals' commitment levels to the Anglo- and African-American cultures are related to their help-seeking attitudes: African-Americans perceiving mental health professionals to be committed only to the Anglo-American culture have less favorable

attitudes towards seeking help than those perceiving mental health professionals to be less committed to the Anglo-American culture. The perceived commitment levels of mental health professionals to the Anglo- and African-American cultures may influence mental health service utilization rates in African-Americans.

Cultural Commitment and Attitudes Toward Seeking Counseling Services in African-Americans

Ethnic minority groups represent roughly twenty percent of the total U.S. population. Ethnic minority groups, in addition to the common stesses experienced by everyone else, are more likely to encounter problems such as immigrant status, cultural racism, discrimination, poverty, and prejudice. Although national interest in mental health needs of ethnic minorities has increased in the past decade, there is evidence that utilization rates of mental health services by ethnic minorities continue to be low. Studies reveal that Native-Americans, Asian-Americans, African-Americans, and Mexican-Americans tend to underutilize mental health services (S. Sue, McKinney, Allen, &Hall, 1974; S. Sue & McKinney, 1974; Allen & Conaway, 1975). Furthermore, cultural and ethnic differences appear in precounseling attitudes and help-seeking behaviors of

some ethnic minority groups. Research on attitudes toward help-seeking behaviors for Mexican-Americans, Asian-Americans, and Native-Americans has shown that minorities who were less acculturated to the Anglo-American culture had less favorable attitudes towards mental health services than their more acculturated counterparts (Sanchez & Atkinson, 1983; Ruiz, 1977; Atkinson & Gin, 1989; Price & McNeill, 1992). Such findings help explain the low mental health service utilization rate of these ethnic minority groups. Attitudes toward help-seeking behaviors of African-Americans, however, have not been explored.

Research concerning mental health services and African-Americans has focused primarily on intracounseling conflicts and barriers between counselors and African-American clients. Considerable research has shown that African-American clients have a preference for African-American counselors. For example, African-Americans' preference for African-American counselors has been documented for adult Manpower trainees (Stranges &

Riccio, 1970), and Veterans Administration patients (Proctor & Rosen, 1981). Thompson & Cimbolic (1978) and Wolkon, Moriwaki, & Williams (1973) have shown that African-American college students preferred same-race counselors, as did high school students (Riccio & Barnes, 1973), and elementary school students (Pinchot, Riccio, & Peters, 1975).

More recently, however, Atkinson, Furlong, & Poston (1986) revealed that a same-race counselor was not necessarily preferred by African-American subjects. Rather, four other counselor characteristics were found to be preferred more often than the same-race characteristic. It was found that African-Americans preferred an older counselor by 56.3%, a counselor with a similar personality by 60.9%, a counselor with a similar attitude to their own by 68.7%, and a more educated counselor by 71.1%.

Another factor documenting intracounseling conflicts and barriers was reflected in the failure to return rate. Sue (1977) revealed dropout rates after the initial counseling session for all ethnic groups to be 42% for Mexican-Americans, 52% for

Asian-Americans, 55% for Native-Americans, and 52% for African-Americans. These rates are considerably greater than the 30% dropout rate for Anglo-Americans (Sue, 1977). It was also found that African-Americans, as well as other ethnic-group clients, averaged significantly fewer sessions of treatment than Anglo-Americans (Sue, 1977). These statistics, however, do not seem to be reflected in the attitudes of African-Americans toward mental health centers, as these attitudes do not seem to be especially negative. In a recent representative sample of African-Americans, it was found that less than 20% had negative attitudes toward mental health centers, 34% had positive attitudes, and approximately 50% had neutral attitudes (Gary, 1985). Parker & McDavis (1983) also showed that overall, African-Americans viewed counseling positively, feeling that counseling would be helpful and that both African- & Anglo-American counselors could be effective in treatment. Despite such findings, however, the utilization rate of mental health centers by African-Americans, as previously stated, is low

(S. Sue, Allen, & Conway, 1975; S. Sue & McKinney, 1974; S. Sue, McKinney, Allen, & Hall, 1974). It appears, then, that the delivery of services for African-American clients must be addressed, since utilization rates are not favorable.

Windle, Neal, & Zinn (1973) addressed the issue of mental health service delivery to people of color. A research project was specifically designed by the National Institute of Mental Health (NIMH) and the Health, Education, & Welfare (HEW) offices to stimulate equity of services to non-whites in community mental health centers. Information regarding the inequities of services to ethnic minorities and their underutilization of mental health services was provided to individual community mental health centers. Mental health centers were asked to identify possible changes and modifications that would help increase utilization of, and equalize services for, ethnic minorities.

The modifications proposed by the mental health centers included increasing minority staff and

establishing satellite offices. Mental health centers believed these adjustments would help provide positive treatment outcomes and higher utilization rates of ethnic minorities. It was suggested by the NIMH & HEW, however, that these "remedial actions were more cosmetic and perfunctory than relevant and effective" (Windle, Neal, & Zin, 1973, p.164). It was further suggested that mental health centers should refocus their remediation to the types of interventions offered, such as examining models that minorities themselves see as useful, or looking at a philosophy consistent with the way ethnic minorities view the world.

In exploring the issues brought forward by Windle, Neal, & Zin (1973), research on precounseling attitudes and help-seeking behaviors in some ethnic minority groups have been conducted. Studies of Mexican-American culture show the relationship between cultural commitment (determined by subjects' self rating of their strength of commitment to both the Anglo- and Mexican-American cultures), and help-seeking behaviors (assessed by the Attitudes

Toward Seeking Professional Psychological Help Scale). Results indicated that subjects with a strong commitment to only the Mexican-American culture had less favorable attitudes toward using professional counseling services than those subjects having a weak commitment to both cultures (Sanchez & Atkinson, 1983).

The relationship between Asian-Americans' cultural identity and their attitudes toward mental health services has also been addressed. Atkinson & Gin (1989) found strong evidence that Asian-American attitudes towards professional help are directly related to their acculturation level. Subjects with a strong commitment only to their Asian culture were less likely to recognize personal need for professional psychological help, less likely to be tolerant of the stigma attached to psychological services, and less likely to openly discuss their problems than their more acculturated counterparts.

In addition, research on Native-Americans' attitudes toward counseling services found that

similar to other ethnic groups, subjects with a strong commitment only to their Tribal culture demonstrated less favorable overall attitudes toward seeking psychological services. They also were less likely to recognize personal need for counseling, to have confidence in mental health professionals, and to discuss their problems than those committed to the Anglo-American culture or to both cultures (Price & McNeill, 1992). All previous studies have consistently shown that females in any ethnic culture -- Mexican-, Asian-, & Native-American -- tend to show higher, more favorable attitudes towards mental health services than do males (Sanchez & Atkinson, 1983; Ruiz, 1977; Atkinson & Gin, 1989; Price & McNeill, 1992).

These past studies have provided strong evidence that some ethnic minorities' attitudes toward professional help-seeking differentially varied as a function of their level of acculturation. The relationship of African-American acculturation to attitudes towards seeking professional help had not yet been investigated.

The present study was designed to explore this relationship in African-Americans, and had direct applications for the Prestera Center for Mental Health Services, a community mental health center located in Huntington, WV. A low utilization rate of African-Americans at the Prestera Center is of concern to its administration; therefore, the precounseling and help-seeking attitudes of the African-American community in Huntington, WV were in need of exploration. On the basis of previous research, I hypothesized that African-Americans committed only to the African-American culture would demonstrate less favorable attitudes toward counseling than those who were more acculturated to the Anglo-American culture, which may help explain the low utilization and underrepresenation of African-Americans at the Prestera Center for Mental Health Services.

METHOD

Subjects

The participants were 120 African-American residents of Hungtington, WV (86 women & 34 men). The number of years of education ranged from 8-24 (M=13 years). Ages ranged from 11-89 years (M=35.5 years). Participants were obtained by personal solicitation: 1) 45 women and 23 men were solicited by three local church affiliates and volunteers assisting the researcher; 2) 9 women and 4 men responded to a local mailing list of approximately 300 surveys to a heavily African-American populated area of Huntington, WV; 3) 12 women and 1 man responded to an employee staff mailing at Marshall University, Huntington, WV, and 4) 22 women and 6 men responded to a solicitation of Marshall University students.

Instrument

All subjects responded to an anonymous questionnaire which included three parts. A copy of the survey instrument is found in Appendix A.

Part I consisted of demographic information and the assessment of cultural commitment. Demographic data included gender, age, educational level, and three questions regarding knowledge of the Prestera Center for Mental Health Services. The degree of cultural commitment was measured with a modification of a model used in previous studies (Sanchez & Atkinson, 1983; Ponterotto, Alexander, & Hinkston, 1988; Price & McNeill, 1992). Using a Likert scale ranging from **Very Strong (5)** to **Very Weak (1)**, the subjects were asked to rate the strength of their commitment to both the Anglo- and African-American cultures; their strength of identification to both the specific Anglo- & African-American cultures of the community in Huntington, WV; and their perceptions of mental health professionals' strength

of commitment to the Anglo- & African-American cultures.

Part II was an adaptation of the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS), developed by Fischer & Turner (1970). The scale, using 29 Likert item-responses, measured subjects' attitudes toward seeking professional help for psychological disturbances. An overall attitudinal score, as well as four principal attitudinal dimensions (subscales) were clearly identified within the ATSPPHS:

I. **NEED:** recognition of personal need for professional psychological help (8 items);

II. **STIGMA:** tolerance of the stigma associated with psychiatric help (5 items);

III. **OPENNESS:** interpersonal openness regarding one's problems (7 items); &

IV. **CONFIDENCE:** confidence in the mental health professional (9 items).

A categorical listing of items by subscale is found in Appendix B.

According to Fischer & Turner (1970), the internal reliability estimate of the scale is .83, which represents a moderately high level of reliability. In establishing test-retest reliabilities, testing intervals of 5 days, 2 weeks, 4 weeks, 6 weeks, and 2 months were implemented, which resulted in estimates of .86, .89, .82, .73, & .84, respectively. The internal consistency of each subscale was: .67 (Need); .70 (Stigma); .62 (Openness); .74 (Confidence), reflecting a moderate consistency of response within the separately defined scales. Intercorrelations between the scales are fairly low (ranging from .25 to .35) indicating the four subscales as reasonably independent. Only one of the intercorrelations, between the Need & Confidence subscales, is moderately high (.58). Finally, the ATSPPHS has been found to discriminate between nonusers and actual users of psychological services (Fischer & Turner, 1970).

Individual items are rated on 4-point scales ranging from **Strongly Agree (4)** to **Strongly Disagree (1)**, with lower scores indicating a negative attitude

toward help-seeking. The only modifications on the ATSSPHS in the current study were the substitutions of the words "counselor" for "psychiatrist", "counseling" for "psychiatric treatment", and "counseling center" for "mental hospital". The substitutions were made for more appropriate terminology of the target population and relevance to staff of the Prestera Center.

Part III consisted of questions requested and provided by Prestera Center for Mental Health Services.

Procedure

Participants voluntarily completed the survey questionnaire designed to measure cultural commitment and counseling attitudes. Participants completed the surveys at their leisure and were told only that the purpose of the study was to assess attitudes that they have about counseling, that their responses were to be made anonymously, and that their responses would be held in confidence.

RESULTS

Tables 1, 2, and 3 present the summary statistics for the Attitudes Toward Seeking Professional Psychological Help Scale total and Subscales for levels of cultural commitment by gender. Table 1 shows females' means and standard deviations for ATSPPHS total and subscale scores. Table 2 shows the means and standard deviations for males and Table 3 describes the combined total of females and males on the ATSPPHS total and subscales.

To determine if African-Americans' attitudes toward professional counseling services were a function of commitment to the Anglo-, African-, Huntington Anglo-, and Huntington African-cultures, ANOVAs were computed for the scores on the four subscales of the ATSPPHS. For all four subscales, a significant F value was obtained only on the combined male and female Stigma subscale for the main effect of Commitment to the Hungtington Anglo-culture, $F\ (4,113) = 2.69$, $p < .05$. Follow-up Tukey HSD test of pair-wise differences at the .05 level of significance

indicated that subjects with commitment levels of very weak(1) to the Huntington Anglo-culture differed on the ATSPPHS Stigma subscale from subjects with weak (2) commitment levels to the Huntington Anglo-culture. The Tukey HSD test reveals only a presence of differences; thus, explanations of how or why these subject groups differed from each other is unknown. No other tests showed significant relationships between cultural commitment and precounseling attitudes.

Significant main effects were found, however, on African-Americans' attitudes toward counseling services as a function of their perceptions of mental health professionals' commitment to the Anglo- and African- cultures. Tables 4 and 5 show the means and standard deviations of females, males, and combined female and male scores on the ATSPPHS for levels of perceived mental health professionals' commitments. ANOVAs for these scores of the ATSPPHS and its four subscales were computed and significant F values were obtained for the combined female and male Need subscale, $F(4,111) = 2.77$, $p < .05$; Stigma

subscale, $F(4,113) = 3.09$, $p < .05$; Confidence subscale, $F(4,114) = 4.15$, $p < .01$; and also for the overall attitude (total ATSPPHS) scale, $F(4,110) = 3.12$, $p < .05$.

Tukey's HSD follow-up tests of pair-wise differences at the $p < .05$ significance level indicated that subjects perceiving mental health professionals' commitment level to the African-American culture to be very weak(1), weak(2), average(3), and very strong(5) differed with each other on the Confidence subscale. Subject groups perceiving mental health professionals' commitment to African-American culture as very weak(1), weak(2), and average(3) also differed with each other on the Stigma subscale. The Need subscale, however, revealed no significant main effects with the Tukey HSD tests. On the total ATSPPHS, Tukey's HSD tests indicate that subject groups perceiving mental health professionals' commitment to the African-American culture to be very weak(1), weak(2), and average(3) differed significantly, $p < .05$. As stated previously, Tukey

HSD tests reveal only the presence of pair-wise differences and do not provide interpretations of these differences.

Females consistently expressed more favorable attitudes toward counseling on the ATSPPHS and the four subscales, although no significant main effects due to sex were found.

Table 1

Female Summary Statistics for the Attitudes Toward Seeking Professional Psychological Help Scale for Levels of Cultural Commitment

		ATSPPHS SUBSCALE & TOTAL									
		NEED		STIGMA		OPENNESS		CONFIDENCE		TOTAL	
Commitment Level	N	M	SD	M	SD	M	SD	M	SD	M	SD
Anglo-American											
1	8	22.25	4.68	12.63	2.26	18.63	3.62	25.63	4.69	79.13	12.81
2	19	21.06	3.72	14.56	2.38	19.58	3.98	24.58	4.34	79.94	13.14
3	40	22.19	3.57	14.74	2.07	19.19	3.03	26.58	3.68	82.28	10.54
4	9	21.63	2.45	14.00	2.20	18.63	4.53	25.88	4.36	80.13	12.28
5	10	21.50	3.69	14.40	2.55	19.90	2.88	26.40	3.31	82.20	10.48
African-American											
1	0	.	.	.	.	.	.	.	.	.	.
2	1	21.00	.	14.00	.	14.00	.	23.00	.	72.00	.
3	6	21.33	2.25	15.50	1.64	19.50	3.27	26.50	3.15	82.83	8.66
4	32	21.67	3.36	14.00	2.44	19.41	3.56	25.56	3.79	80.47	11.84
5	47	21.98	3.96	14.51	2.21	19.23	3.32	26.22	4.21	81.72	11.52
Huntington-Anglo-Am.											
1	9	21.56	5.05	12.67	2.87	19.11	5.11	25.22	5.29	78.56	16.63
2	18	21.29	3.53	15.39	2.43	20.11	3.34	25.39	4.85	81.76	12.94
3	48	22.02	3.38	14.13	1.92	18.60	3.09	26.00	3.28	80.59	9.75
4	4	21.00	5.29	15.33	0.58	19.67	1.53	24.67	3.21	80.67	10.41
5	7	22.29	3.04	15.29	2.29	21.29	2.98	28.57	3.91	87.43	9.93
Huntington-African-Am.											
1	1	19.00	.	10.00	.	17.00	.	19.00	.	65.00	.
2	4	20.50	1.91	15.75	2.87	17.50	2.65	25.25	2.63	79.00	8.52
3	15	22.47	3.96	13.47	2.36	18.64	3.97	25.33	4.15	79.00	12.60
4	30	22.07	3.11	14.72	2.07	19.66	3.04	26.37	3.35	81.59	12.11
5	36	21.53	3.97	14.47	2.16	19.44	3.59	26.15	4.42	81.59	12.11

Note. Maximum Score = 116.
The higher the score, the more positive the help-seeking attitude.

Table 2

Male Summary Statistics for the Attitudes Toward Seeking Professional Psychological Help Scale for Levels of Cultural Commitment

Commitment Level	17	ATSPPHS SUBSCALE & TOTAL									
		NEED		STIGMA		OPENNESS		CONFIDENCE		TOTAL	
		M	SD	M	SD	M	SD	M	SD	M	SD
Anglo-American											
1	6	16.83	3.92	12.33	2.07	16.33	2.34	21.67	5.65	67.17	11.48
2	6	19.67	6.47	14.00	4.43	18.67	5.01	23.50	7.61	75.83	23.20
3	12	18.50	4.78	13.33	2.31	16.67	2.81	22.67	4.10	71.17	13.09
4	6	20.50	4.42	12.33	3.44	17.67	2.16	23.33	6.41	73.83	15.46
5	4	22.25	5.80	15.25	3.40	18.25	5.91	27.50	5.20	83.25	18.77
African-American											
1	.	.	.	.	.	.	.	.	.	.	.
2	1	22.00	.	14.00	.	21.00	.	27.00	.	84.00	.
3	1	19.00	.	13.00	.	16.00	.	22.00	.	70.00	.
4	12	19.50	5.68	13.33	3.06	17.00	3.19	23.33	5.79	73.17	16.87
5	20	18.90	4.91	13.30	3.23	17.40	3.73	23.20	5.75	72.80	16.13
Huntington-Anglo-Am.											
1	7	17.29	6.63	12.71	3.77	16.71	5.09	22.71	7.76	69.43	21.43
2	5	19.80	4.09	14.00	2.12	17.40	3.29	22.60	5.03	73.80	13.75
3	11	20.64	4.13	14.27	2.97	18.18	3.46	25.00	4.67	78.09	14.55
4	9	19.56	4.16	12.56	3.13	16.89	2.47	22.44	5.61	71.44	14.06
5	2	15.00	9.90	12.00	2.83	16.50	3.54	22.00	5.66	65.60	21.92
Huntington-African-Am.											
1	.	.	.	.	.	.	.	.	.	.	.
2	.	.	.	.	.	.	.	.	.	.	.
3	8	20.38	5.00	13.38	3.02	17.25	4.50	24.25	5.70	75.25	16.30
4	8	20.13	5.00	13.25	3.58	17.13	3.91	23.50	6.41	74.00	18.48
5	18	18.28	5.24	13.33	2.95	17.44	2.91	22.83	5.34	71.89	15.11

Note. Maximum Score = 116.
The higher the score, the more positive the help-seeking attitude.
*$p < .05$.

Table 3

Combined Female and Male Summary Statistics for the Attitudes Toward Seeking Professional Psychological Help Scale and Subscales for Levels of Cultural Commitment

Commitment Level	N	ATSPPHS SUBSCALE & TOTAL									
		NEED		STIGMA		OPENNESS		CONFIDENCE		TOTAL	
		M	SD	M	SD	M	SD	M	SD	M	SD
Anglo-American											
1	14	19.93	5.05	12.50	2.10	17.64	3.25	23.93	5.31	74.00	13.30
2	25	20.71	4.44	14.42	2.92	19.36	4.15	24.32	5.14	78.92	15.75
3	52	21.29	4.16	14.41	2.19	18.57	3.14	25.67	4.10	79.50	12.10
4	15	21.14	3.32	13.29	2.81	18.21	3.62	24.79	5.26	77.43	13.55
5	14	21.71	4.16	14.64	2.71	19.42	3.80	26.71	3.75	82.50	12.55
African-American											
1	.	.	.	.	.	.	.	.	.	.	.
2	2	21.50	0.71	14.00	0.00	17.50	4.95	25.00	2.83	78.00	8.49
3	7	21.00	2.24	15.14	1.77	19.00	3.27	25.86	3.34	81.00	9.27
4	44	21.05	4.20	13.81	2.60	18.75	3.60	24.95	4.47	78.38	13.66
5	9	21.02	4.47	14.14	2.60	18.65	3.53	25.29	4.89	78.89	13.68
Huntington-Anglo-Am.											
1	16	19.69	6.00	12.69	3.18*	18.05	5.08	24.13	6.38	74.56	18.79
2	23	20.95	3.62	15.09	2.39*	19.52	3.45	24.78	4.92	79.95	13.24
3	59	21.75	3.54	14.16	2.13	18.52	3.13	25.81	3.56	80.09	10.77
4	13	19.92	4.25	13.25	2.96	17.58	2.54	23.00	5.08	73.75	13.45
5	9	20.67	5.43	14.56	2.65	20.22	3.56	27.11	4.88	82.55	15.08
Huntington-African-Am.											
1	1	19.00	.	10.00	.	17.00	.	19.00	.	65.00	.
2	4	20.50	1.91	15.75	2.87	17.50	2.65	25.25	2.63	79.00	8.52
3	23	21.74	4.21	13.43	2.54	18.14	4.12	24.96	4.65	77.64	13.79
4	38	21.63	3.64	14.41	2.49	19.11	3.36	25.76	4.24	80.80	12.67
5	54	20.40	4.67	14.08	2.50	18.75	3.47	25.00	4.97	78.23	13.89

Note. Maximum Score = 116.
The higher the score, the more positive the help-seeking attitude.
$^*p \leq .05$

Table 4

Summary Statistics for the Attitudes Toward Seeking Professional Psychological Help Scale and Subscales for Perceived Commitment Levels of Mental Health Professionals to Cultures

Perceived Commitment Level		ATSPPHS SUBSCALE & TOTAL									
		NEED		STIGMA		OPENNESS		CONFIDENCE		TOTAL	
FEMALE	N	M	SD	M	SD	M	SD	M	SD	M	SD
Anglo-American											
1	2	21.50	2.12	17.00	1.41	21.50	3.54	28.00	5.66	88.00	12.73
2	4	22.50	1.50	13.75	1.89	18.75	3.20	24.75	2.06	79.50	7.05
3	21	21.44	3.05	14.26	2.26	18.50	3.07	25.55	3.41	79.24	10.49
4	25	21.88	3.71	14.45	1.96	19.54	3.05	26.17	4.20	82.04	11.21
5	34	21.91	4.10	14.32	2.53	19.38	3.88	26.06	4.28	81.42	12.49
African-American											
1	10	20.30	3.30	12.40	2.63	18.10	4.31	23.30	4.08	74.10	11.94
2	27	22.54	3.36	14.73	2.52	20.00	3.24	26.73	4.39	84.00	11.66
3	34	22.03	2.95	14 73	1.44	19.30	2.46	26.15	3.07	81.74	7.76
4	10	19.13	3.14	14.22	2.11	18.13	2.64	24.44	2.40	75.88	7.66
5	5	23.80	6.98	14.60	3.51	19.20	7.56	28.60	6.39	86.20	23.37
MALE											
Anglo-American											
1	1	21.00	.	13.00	.	16.00	.	21.00	.	71.00	.
2	3	25.00	4.36	16.00	3.46	21.00	3.00	30.00	4.36	92.00	14.73
3	4	15.25	4.99	12.25	1.71	14.50	3.42	22.50	3.32	64.50	10.50
4	15	19.20	4.33	13.13	3.09	17.80	3.36	23.00	5.66	73.13	15.32
5	11	18.91	5.30	13.27	3.29	16.82	3.19	22.45	5.84	71.45	16.59
African-American											
1	9	17.22	6.42	12.22	4.32	16.67	4.03	20.33	7.94	66.44	22.05
2	10	19.50	5.87	13.50	3.14	17.40	3.50	23.60	5.91	74.00	17.39
3	9	20.11	2.57	14.00	2.24	17.44	2.75	25.33	1.80	76.89	8.87
4	6	20.33	3.98	13.67	1.21	18.00	2.61	24.33	2.94	76.33	8.57
5	.	.	.	.		.	.	.	.	.	.

Note. Maximum Score = 116.
The higher the score, the more positive the help-seeking attitude.
*$p < .05$.

Table 5

Summary Statistics for the Attitudes Toward Seeking Professional Psychological Help Scale and Subscales for Perceived Commitment Levels of Mental Health Professionals to Cultures

Perceived Commitment Level	N	Combined ATSPPHS SUBSCALE & TOTAL: NEED M	NEED SD	STIGMA M	STIGMA SD	OPENNESS M	OPENNESS SD	CONFIDENCE M	CONFIDENCE SD	TOTAL M	TOTAL SD
Anglo-American											
1	3	21.33	1.53	15.67	2.52	19.67	4.04	25.67	5.69	82.33	13.32
2	7	23.43	3.10	14.71	2.69	19.71	3.09	27.00	4.04	84.86	11.91
3	25	20.32	4.13	13.91	2.27	17.77	3.44	25.04	3.52	76.43	11.82
4	40	20.85	4.12	13.95	2.50	18.87	3.25	24.95	4.99	78.62	13.48
5	45	21.16	4.56	14.07	2.73	18.76	3.85	25.18	4.89	78.93	14.11
African-American											
1	19	18.84	5.12	12.32	3.43*	17.42	4.13	21.89	6.22**	70.47	17.40*
2	37	21.69	4.34	14.39	2.72*	19.28	3.47	25.86	4.98**	81.22	13.98*
3	43	21.61	2.95	14.57	1.64*	18.90	2.80	25.98	2.85**	80.65	8.14*
4	16	19.64	3.43	14.00	1.77	18.07	2.53	24.40	2.53	76.07	7.74
5	5	23.80	6.98	14.60	3.51	19.20	7.55	28.60	6.39**	86.20	23.37

Note. Maximum score = 116.
The higher the score, the more positive the help-seeking attitude.
$^*p < .05$, $^{**}p < .01$.

DISCUSSION

The findings of the present study do not confirm the hypothesis that African-Americans' level of acculturation is directly related to their attitudes toward professional help-seeking. Differences on the ATSPPHS Stigma subscale between the subject group having very weak commitments to the Huntington Anglo-culture and the subject group having weak commitments were found in the present study, but no explanations can be attributed to this finding. The findings of the present study are not consistent with similar studies of other ethnic minorities. As previously stated, studies of Mexican-Americans (Sanchez & Atkinson, 1983; Ruiz, 1977), Asian-Americans (Atkinson & Gin, 1989), and Native-Americans (Price &McNeill, 1992) all showed that ethnic minorities' acculturation levels are directly related to their help-seeking attitudes: Minorities with strong commitments to only their (respective) native cultures had less favorable attitudes toward professional help-seeking than their more acculturated counterparts.

The present study did show, however, that African-Americans who perceive mental health professionals as having strong commitments only to the Anglo-American culture had less favorable specific attitudes in terms of recognizing their personal need for counseling, had less tolerance of the stigma associated with psychological help, had less confidence in the mental health practitioner, and had overall less favorable attitudes toward seeking professional psychological help than the other three groups who perceived the cultural commitment of mental health professionals to be less tied to the Anglo-American culture.

In addition, the present study showed that African-Americans may have more favorable overall attitudes towards seeking professional psychological help than other minorities. The range of the mean scores of Native Americans' overall attitudes toward seeking psychological help was 40.62-67.75 (Price & McNeill, 1992). However, the range of the mean scores of African-Americans' overall attitudes of the present study was 65-82.50. The present results suggested

that African-Americans' tend to have a greater favorable total overall attitude towards seeking professional help, specifically greater than that of Native-Americans. These results are consistent with the Gary (1985) study and the Parker & McDavis (1983) study which revealed the fairly positive attitudes of African-Americans to mental health centers.

Given this finding, one would assume that African-Americans' overall positive attitudes toward seeking professional help would influence their utilization of mental health services.
However, this is not the case, as seen in the underutilization rates of ethnic minorities at mental health centers (S. Sue, Allen, & Conway, 1975; S. Sue & McKinney, 1975). In addition, the low African-American utilization rate at Prestera Center reveals that regardless of the positive attitude towards professional services, the actual utilization of the services is low. Some variable or factor, then, hinders or stops African-Americans with favorable attitudes toward help seeking from utilizing mental health services.

The present data indicated that African-Americans' perceptions of the mental health professional's commitment to either the African or Anglo cultures have a significant relation to their help-seeking attitudes. African-Americans who perceived mental health professionals to have a strong commitment only to the Anglo culture were less likely to recognize the personal need for counseling; were less tolerant of the stigma associated with it; had less confidence in mental health professionals; and also had less favorable overall attitudes towards professional help-seeking. These factors, as indicated by the ATSPPHS, may effectively predict length of stay and outcome of mental health services (Fischer & Turner, 1970). Therefore, even if African-Americans in this study have overall favorable attitudes towards psychological services, their perceptions that mental health professionals are strongly committed only to the Anglo culture may be hindering their service utilization. A large majority (71%) of African-Americans in the present study perceived mental health professionals to be strongly committed

to the Anglo-American culture, where only 18% perceived mental health professionals to be strongly committed to the African-American culture.

The mental health professionals' commitment to the African or Anglo culture, then, is in need of examination. Assuming the African-Americans' perceptions are incorrect and that the professionals are committed to both African and Anglo cultures, awareness and education to the potential African-American consumers are needed to correct these misconceptions. Assuming, however, that their perceptions are indeed correct, and that mental health professionals are strongly committed to only the Anglo culture, awareness and education are needed not for African-Americans, but for the professionals and agencies.

Concern about mental health professionals' commitment to the Anglo culture and the lack of commitment to the ethnic cultures has been previously examined in a study of minority students at a counseling center (D.W. Sue & S. Sue, 1990). In this study, minority students felt that the center did not

care about them; that it did not understand their ethnic lifestyles and experiences; and that its therapeutic process was not genuine or sincere. These students stated that their negative perceptions of mental health professionals' commitment to their respective ethnic cultures actively discouraged them from utilizing the services (D.W. Sue & S. Sue, 1990).

Previous research has also indicated that mental health professionals often have inadequate or little training in mental heath treatment of ethnic minorities (Arbona, 1990; Arrendonod-Dowd & Gonzales, 1980; Bryson & Bardo, 1975). Further research shows that the traditional training of mental health professionals has often resulted in therapists adopting the racial and cultural bias of their own ancestors (Katz, 1985; D.W.Sue & D.Sue, 1977; Wrem, 1985). Therefore, without adequate training in the treatment process as it interacts with different ethnic cultures, the development of mental health professionals' commitment to other ethnic cultures would be difficult. The perceptions by African-Americans of mental health professionals'

commitment to only the Anglo-culture in the present study is likely to be accurate. Thus, if increasing the African-American utilization of mental health centers is desired, awareness of and education about the African-American culture for professionals is crucial. Some insight into African-Americans' values and philosophies is revealed in the disclosures of African-Americans responding to the questions posed by Prestera Center in Part III of the questionnaire. A summary of responses to Part III is found in Appendix C.

According to the respondents, only six of 120 African-Americans would turn to a professional psychologist or counselor if experiencing a serious personal difficulty. Instead, the large majority would turn to their friends, parents, and ministers for help and assistance. Friends, parents, and ministers, then, are of greater value to African-Americans of the present study, not mental health centers. Therefore, mental health centers must accept this African-American value, work with it, support it, and actively commit to it. As suggested by the NIMH & HEW, for any change or

modification to be relevant and effective, it must be reflective of the cultures' philosophies and values.

Limitations of this study include instrumentation weaknesses and self-designated reports of cultural commitments. Due to the relatively small sample size and low number of male respondents, these results can differ from the actual population of Huntington, WV. In addition, note that the current findings are the results of a survey which may not reflect the attitudes and behaviors of African-Americans who actually need psychological services.

Notwithstanding these limitations, the results of this sample study show that African-Americans' acculturation level has no direct relation to their professional help-seeking attitudes. The study does suggest, however, that many African-Americans (71%) perceive mental health professionals and agencies to be strongly committed only to the Anglo-culture, thus having lower favorable attitudes towards mental health services. Mental health centers and professionals should be aware of these perceptions, as they offer insight into the underutilization of their services by

African-Americans. Further research is needed to assess how professionals and agencies can modify their traditional services to address and include the African-American cultures' needs and philosophies. Other possible factors that influence utilization of mental health services by African-Americans may include access and availability, treatment costs, transportation, trustworthiness, and religiosity. Further exploration of these possible factors is needed as well.

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Appendix A

Survey Questionnaire

Attitudes Toward Counseling

Part I

Please complete each item.

Gender: ____Female ____Male
Race: __African-American __Asian/Pacific Islander
_Caucasian __Hispanic __Native-American __other
How old are you?____
What is the highest grade in school that you completed?_____
To your knowledge, what is Prestera Center?________________
____
Where is Prestera located?________________________________
For what reasons would someone go to Prestera?_____________
____

Please circle the response that best represents the degree of your commitment to both the Anglo-American (white) and African-American (black) cultural values:

How strong is your commitment to the Anglo-American culture?

5	4	3	2	1
very strong	strong	average	weak	very weak

How strong is your commitment to the African-American culture?

5	4	3	2	1
very strong	strong	average	weak	very weak

How strongly do you identify with the African-American culture in Huntington?

5	4	3	2	1
very strong	strong	average	weak	very weak

How strongly do you identify with the African-American culture in Huntington?

5	4	3	2	1
very strong	strong	average	weak	very weak

Please circle the response that best represents (in your opinion) the degree of commitment by mental health professionals to cultural values:

How strong do you feel is the commitment of mental health professionals to the Anglo-American culture?

5	4	3	2	1
very strong	strong	average	weak	very weak

How strong do you feel is the commitment of mental health professionals to the African-American culture?

5	4	3	2	1
very strong	strong	average	weak	very weak

Part II

Below are a number of statements pertaining to counseling and psychology. Please circle the response that best represents your feelings. There are no "wrong" answers, and the only right ones are whatever you honestly feel or believe. It is important that you answer every item.

1. Although there are clinics for people with mental troubles, I would not have much faith in them.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

2. If a good friend asked my advice about a mental problem, I might recommend that she/he see a counselor/psychologist.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

3. I would feel uneasy going to a counselor/psychologist because of what some people would think.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

4. A person with a strong character can get over mental conflicts by their own self, and would have little need of a counselor/psychologist.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

5. There are times when I have felt completely lost and would have welcomed professional advice for a personal or emotional problem.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

6. Considering the time and expense involved in counseling/psychotherapy, it would have doubtful value for a person like me.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

7. I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

8. I would rather live with certain mental conflicts than go through the ordeal of getting counseling/psychological treatment.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

9. Emotional difficulties, like many things, tend to work out by themselves.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

10. There are certain problems which should not be discussed outside of one's immediate family.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

11. A person with a serious emotional disturbance would probably feel most secure in a good counseling center.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

12. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

13. Keeping one's mind on a job is a good solution for avoiding personal worries and concerns.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

14. Having been a counseling/psychological patient is a blot on a person's life.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

15. I would rather be advised by a close friend than by a counselor/psychologist, even for an emotional problem.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

16. A person with an emotional problem is not likely to solve it alone; she/he is likely to solve it with professional help.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

17. I resent a person--professionally trained or not--who wants to know about my personal difficulties.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

18. I would want to get counseling/psychological attention if I was worried or upset for a long period of time.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

19. The idea of talking about problems with a counselor/psychologist strikes me as a poor way to get rid of emotional conflicts.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

20. Having been mentally ill carries with it a burden of shame.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

21. There are experiences in my life I would not discuss with anyone.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

22. It is probably best not to know everything about oneself.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

23. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in counseling/psychotherapy.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

24. There is something admirable in the attitude of a person who is willing to cope with her/his conflicts and fears without resorting to professional help.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

25. At some future time I might want to have psychological counseling.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

26. A person should work out her/his own problems; getting psychological counseling would be a last resort.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

27. Had I received treatment in a counseling center, I would not feel that it ought to be "covered up."

1	2	3	4
strongly agree	agree	disagree	strongly disagree

28. If I thought I needed counseling/psychological help, I would get it no matter who knew about it.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

29. It is difficult to talk about personal affairs with highly educated people such as doctors, teachers, and clergymen.

1	2	3	4
strongly agree	agree	disagree	strongly disagree

Part III

Below are some questions that Prestera Center has requested. Please write freely and we encourage your honest beliefs and thoughts.

1. If you have serious personal difficulty, who do you go to for assistance? ; Please list. (For example: father, mother, friend, girlfriend, minister, social worker, etc.)

2. Would you ever consider receiving professional counseling? If so, under what circumstance?

3. Do you have any problems with seeing a caucasian(white) counselor or therapist? If so, what are these problems?

4. Have you ever received mental health services? If so, where?

5. If you have received services at Prestera Center, would you recommend for a friend to go there?

6. Can you afford services at Prestera Center?

7. What is your opinion of Prestera Center?

8. How can Prestera Center better meet your needs?

9. Please list three (3) concerns that you have about receiving mental health care that are not addressed in one of the questions above.

Appendix B

Attitude Toward Seeking Professional Psychological Help Scale Items by Subscale

Items

Need	Stigma	Openness	Confidence
4	3	7	1
5	14	10	2
6	20	13	8
9	27	17	11
18	28	21	12
24		22	15
25		29	16
26			19
			23

Appendix C

Summary of Responses to Part III
by Item

ITEM

	Response	N
1	If you have serious personal difficulty, who do you go to for assistance? Please list.	
	friends	122
	parents	94
	minister	90
	God	25
	professional	6
	own self	3
2	Would you ever consider receiving professional counseling? If so, under what circumstance?	
	no	16
	yes	66
	(last resort)	43
	(severe)	23

ITEM	
Response	**N**
3 Do you have any problems with seeing a caucasian (white) counselor or therapist? If so, what are these problems?	
no	32
yes	43
(can't relate)	43
4 Have you ever received mental health services? If so, where?	
no	34
yes	5
(Marshall University)	3
(Prestera Center)	2
5 If you have received services at Prestera Center, would you recommend for a friend to go there?	
don't know	12
yes	2

ITEM

Response	N
6 Can you afford services at Prestera Center?	
no	8
don't know	25
yes	4
probably not	12
7 What is your opinion of Prestera Center?	
don't know	8
good/helpful	6
8 How can Prestera Center better meet your needs?	
hire minorities	13
awareness of services	20

ITEM		
	Response	**N**
9	Please list three (3) concerns that you have about receiving mental health care that are not addressed in one of the questions above.	
	finances	7
	length of treatment	11
	qualified staff	13
	lack of trust	5
	confidentiality	3
	can't relate	5