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MENTAL HEALTH AWARENESS TRAINING MANUAL: FOR FACULTY TO HELP STUDENTS

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MENTAL HEALTH AWARENESS TRAINING MANUAL:
FOR FACULTY TO HELP STUDENTS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Communication Studies

by
Ricardo Vega
August 2021

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ABSTRACT

Mental health issues and stigma can affect students in many ways. The teacher-student relationship can be affected by the fear and inconsistent thoughts to be successful in college settings caused by mental health issues. First-generation college students face mental health issues due to support, education degree expectations, inhibition of uncertainty, and resources (Pascarella et al., 2004). This project is about providing communication strategies for faculty to help reduce stigma and provide students with resources to support their mental health.

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CHAPTER ONE

INTRODUCTION

Mental health issues can affect college students in various ways that could hinder a supportive teacher-student relationship. Empirical research demonstrates many college students struggle with having a supportive teacher-student relationship due to attrition from cognitive dissonance, communication apprehension, and stigma (Stephens et al., 2012). Continuing-generation students and first-generation students struggle with having a positive student-teacher relationship because of the uncertainty about how to go about as college students and begin to question whether they have a place and can be successful in college settings (Stephens et al., 2012). For instance, first-generation college are unique in the way where they suffer from imposter syndrome because “they tend to be at a distinct disadvantage with respect to basic knowledge about postsecondary education (e.g., costs and application process), level of family income support, education degree expectations and plans, and academic preparation in high school” (Pascarella et al., 2004, p. 250). According to Stephens et al. (2012), “first-generation students tend to struggle academically in college compared with continuing-generation students – students who have at least one parent with a 4-year college degree” (p. 1179).

I am a first-generation college student who did not have the guidance on approaching certain situations, so I learned as I went. I wouldn't ask my teachers for help because I had communication anxiety throughout my first years in

college. The reason I did not ask for help is because of my fear of being perceived as an incompetent student. As time went by, I developed the courage to ask my instructor for clarification (help) on an assignment because I was failing English 1B, which is a required course needed to graduate from community college and transfer to a California State University. However, it wasn't until I was contemplating dropping out of class and retaking it the next semester that one of my peers suggested to ask the instructor for help on the assignment and to discuss with the instructor if there was anything that I could do to successfully pass the course when I developed the courage to seek help from my instructor. I endured communication anxiety because I had the fear that my instructor would just belittle me and not care if I passed or failed the course until we spoke. My instructor mentioned that "It is okay if you don't know the answer, but if you don't ever ask, you will never find it, and I am here to help with any questions that you have throughout my class." That's when I realized that instructors are here to help because of the reassurance that she gave me. The response gave me the confidence that made me realize that it is okay not to know an answer and that there will always be information that individuals will not know.

There can be disproportionate inequities because first-generation students are less likely to approach instructors, and that leads to increased rate of dropping out. According to Pascarella et al. (2004), first-generation college students are impacted academically because they "worked more hours per week during college, and their work responsibilities tended to have stronger negative

implications for their growth during college” (p. 273). First-generation college students experience disproportionate inequities because of resources that “individuals with highly educated parents may have a distinct advantage over first-generation students in understanding the culture of higher education and its role in personal development and socioeconomic attainment” (Pascarella et al., 2004, p. 252). Essentially, there is a difference between first-generation students and continuing-generation students because the first-generation students’ parents didn’t give their children an idea about “how to interact with teachers, speak up in class, and develop their own opinions,” but continuing-generation students can also experience these things, just not as frequently (Stephens et al., 2012, p. 1194).

My experience has helped me realize how it is essential for instructors to become aware that other students might be dealing with similar issues such as not having the confidence to speak up in class, ask the teacher for help, nor to try to answer a question in the classroom. For this reason, it is important to have a teacher-student relationship formed for both teachers and students because they are vital to have effective learning outcomes (Frymier & Houser, 2000). Once teachers embrace that teaching is relational, they can create a connection between themselves and their students. If a connection is not created, students may be less likely to communicate to the instructor what struggles they might be dealing with that are impacting their learning in the classroom, and the instructor will not know how to assist them. According to Frymier and Houser (2000), “when

a trusting relationship develops between teachers and students, a safe learning environment is created,” if it is not then students may be less likely to communicate with their teacher (p. 217).

Another key point is how communication anxiety can be a factor that builds uncertainty and anxiety that will lead students to avoid communicating (Adler et al., 2016). For example, “most of us are uncomfortable doing *anything* in public, especially if it is a form of performance in which our talents and abilities are being evaluated,” which is the reason why some students begin to feel communication anxiety in the classroom (Adler et al., 2016, p. 308).

Communication anxiety can lead students to avoid communication which may lead to a disconnect with their teachers because of the fear of scrutiny (Smith & Applegate, 2018). Therefore, immediacy behaviors can help create a positive teacher-student relationship to reduce the effects of communication anxiety by teachers practicing “verbal immediacy consisting of behaviors such as calling students by name, asking students about themselves, and asking for students’ opinions and nonverbal immediacy consisting of behaviors such as smiling at students, making eye contact, moving about the classroom, and using vocal variety” (Frymier & Houser, 2000, p. 209).

Some university instructors might not be aware of the available resources on campus where they could direct their students to seek support who face mental health issues. For the students that do not have a teacher-student relationship they may be reluctant to ask the instructor for help on assignments,

quizzes etc. If there is not a teacher-student relationship some students might be reluctant to ask the teacher for help because they can be seen as authority figures. When students view the instructor only as an authority figure, they may view what their job title is perceived as (teacher), such as the image (person) who passes or fails students, the person who makes the rules, and who holds power. If that occurs students will not approach the instructor, and instructors won't be able to "communicate with relevant resources to incorporate accommodations appropriate to the course" (Smith & Applegate, 2018, p. 397).

Furthermore, in my experience, I took the initiative to speak with my professor at CSUSB during office hours, but not everyone will be able to because of the fear and anxiety that might hold us (students) back from doing so. After I took the first step into talking to my professor, there was a relationship that the faculty (instructor) bridged that created a teacher-student relationship where I felt comfortable to ask her for any suggestions about a topic and my future endeavors. For instance, on February 7, 2020, I had presented my research related to mental health in the 'CSUSB Student Research Competition' on February 2, 2020, and in the 'Meeting of the Minds' Student Research Symposium on May 14, 2020. However, before having the privilege to present my research at these events I had reached out to some of my instructors about how to approach these situations because I had no experience at all presenting in a competition. I felt nervous and a bit anxious about presenting my research in front of other instructors that would be the judges throughout this event.

However, I felt confident after I had spoken to two of my former instructors because they gave me advice on how to approach the presentations and reassured me that everything would be all right, just to go out there and do the best I can. The teacher-student relationship is established early on and develops throughout talking to my instructors in and out of class, during office hours, and taking their classes. However, if the teacher-student relationship wouldn't have been a positive relationship developed, the relationship would have still been developed through an approachable trait (e.g. verbally informing students that they are reachable during office hours, email, and even sometimes after class if a student needed clarification about something and by demonstrating the availability with their actions). Since, there was a teacher-student relationship created between us I do not see them only as my instructors, but as my mentors as well. As a result, having an interpersonal connection developed within the teacher-student relationship can pave the way for a positive relationship. It is for this reason, that "when teachers and students move beyond the formal teacher/student roles and begin to see each other as individuals, interpersonal relationships form" (Frymier & Houser, 2000, p. 217).

These victories and challenges gave me the spark to create a training manual that will help create a supportive teacher-student relationship to help improve classroom communication where instructors and students can become aware of the effects of mental health, communication anxiety, cognitive dissonance, and stigma on student behavior and academic performance.

Struggling with fears of stigma, cognitive dissonance, and communication anxiety hindered me from wanting to ask for help because of the roles between faculties and students. Essentially, faculty (instructors) communication outcomes are perceived through nonverbal and verbal immediacy influence “students’ attitudes toward the course, instructor, and learning” (Koermer et al., 1991, p. 342). These were some of the inconsistent thoughts created by cognitive dissonance because the fear of communication anxiety and the stigma that movies such as *Freedom Writers* (2007) and *Stand and Deliver* (1988) portray in their movie are students without adequate resources to thrive. For instance, both movies take place in low-income areas with ethnic minorities that might not have grown up with privileges that some individuals who attend private schools possess. The beginning scenes of *Freedom Writers* (2007) and *Stand and Deliver* (1988) begins with discussions of classroom policies that the teacher informs their students, which can sound very unapproachable because they are letting their students know policies such as “cheating” and not “attending” class can possibly affect their status of failing the course. The policies that the syllabus outlines, gives a student the perception of the instructor on the first day of class that gives students assumptions of viewing an instructor as strict and unfriendly, which may eliminate the chance of viewing them in a positive manner where the instructor could demonstrate how they are there to help students. However, the importance is that instructors in any case have the ability to bring awareness to their students about how impressions, insecurity, and stigma could decrease the ability to

overcome situations if someone is not willing to be receptive. For this reason, that even “the most boring instructors, the most idiotic relatives, and the most demanding bosses occasionally make good points” (Adler et al., 2016, p. 140).

Generally, students may not seek help from instructors because of fear of stigma and stereotyping (Meisenbach, 2010). Stigma is a mark of disgrace that creates low self-esteem and makes a person’s characteristics looked down upon as if they are flawed (Heatherton et al., 2000). According to Goffman (1963), “a stigma, then, is really a special kind of relationship between attribute and stereotype” (p. 2). The special kind of relationship comes from a perceived difference on some attribute (skin color, income, intelligence, experience, religion, etc.) which is a feature or quality regarding something that is being caused by someone or a subject that is discrediting in our general public (Goffman, 1963).

Comparatively, a stereotype is a special kind of relationship from a perceived difference that “stereotyping or ‘profiling’ of our normative expectation regarding conduct and character” (Goffman, 1963, p. 51). Additionally, stereotyping provides generalizations of likely outcomes as just reasons for negative reactions to stigmatized individuals (Heatherton et al., 2000). Mental health-related stigma is regularly grounded in generalizations that people with psychological well-being issues can be named in an assortment of ways such as troubled, incompetent, bad (uncontrollable), and so on (Smith & Applegate, 2018). Essentially, a stigma is “an attribute that is deeply discrediting” (Goffman,

1963, p. 2). For instance, Goffman (1963) gives examples of stigmas: “tribal stigmas” (race, ethnicity, religion), “physical deformities” (deafness, blindness), and “blemishes of character” (addiction, mental illness) (p. 14).

According to Heatherton et al. (2000), stigma could have a “direct effect on the psychological integrity of the individual” because if a person is stigmatized, they are not being viewed in a complementary perception (p. 128). Stigma is a well-documented hindrance to well-being. Not only does stigma and stereotyping affect a person’s well-being, but so does imposter syndrome because it creates insecurity within the individual where they might believe that they are not capable of accomplishing a task, nor capable of succeeding in their endeavors because of the anxiety that affects their performance (McAllum, 2016). After all, imposter syndrome can be associated with first-generation college students because it is a persistent powerlessness to accept that one’s prosperity is merited or has been authentically accomplished because of independently or abilities that leads students to study too hard or to even consider their capabilities (McAllum, 2016).

Moreover, imposter syndrome (associated with first-generation college students) impacts “their real ability to perform” because students either study too hard to even consider their capacity to themselves and others, or become immobilized by inadequacy, declining to face challenges” (McAllum, 2016, p. 370). Imposter syndrome plays an integral role in mental health because it is an insecurity that indicates anxiety about students' ability to perform (McAllum,

2016). For example, first-generation students can be disproportionately impacted because “when first-generation students attend college, they often work one or more jobs in order to pay for their tuition and living expenses” (Stephens et al., 2012, p. 1179). Since first-generation students face the challenges of sometimes not having at least one parent who attended college, and struggle with economically stress can be a factor that leads imposter syndrome to a mental health issue. Consequently, the uncertainty can hinder their capacity to adequately explore college and to grasp opportunities that college has to offer (Stephens et al., 2012).

Mental health issues affect an individual’s communication and overall quality of life because of the challenges that could be encountered such as increased stress, financial challenges, and pressure to form, etc. (Tomczyk et al., 2020). The quality of our mental health affects our lives (Ross et al., 2019). According to Smith and Applegate (2018), 32% of college students reported symptoms that consisted of depression, anxiety, suicidal ideation, and self-harm, which are widespread issues amongst college students. Mental health issues can affect any individual regardless of age, gender, ethnicity, religion, or income (Tucker et al., 2020). Many college students (first-generation, Pell-eligible, transfer students) will face difficult challenges when they first begin college courses because of the stress levels that will arise from the pressure to do well in classes. Students will face challenges in college such as; eligibility for financial aid, enrolling in the required courses, food/housing insecurity, and money for

books (transportation and food) that make it more likely that college students face mental health issues. As a result, their instructors will encounter students facing these barriers. Therefore, it is essential to realize how it is a widespread issue that creates stigma, impacts a person's ability to learn, and impacts a person's emotional and psychological state.

Environmental factors can be components that contribute to mental health issues due to the way people cope with school, work, and emotional distress. For example, poverty creates mental health issues. There are critical key terms that could determine when poverty affects a person's health. An example would be when a person is suffering from heart disease, obesity, diabetes, and cancer. These conditions affect a person's health because the body will not be able to resist nor fight infections (Ramadurai et al., 2012).

Nonetheless, food insecurity occurs when people do not have access to affordable, nutritious food because of a shortage of money. Poor health is the consequence of a person not having a nutritious diet (Ramadurai et al., 2012). Some people might not have access to a sufficient quantity of food or housing, which can affect their physical and mental well-being. Hunger can lead to low self-esteem, imposter syndrome, and anxiety, which leads to mental health. Some students may be dealing with mental health disparities. One type of mental health disparity becomes created by food insecurity. Food insecurity occurs from the hunger that communities are suffering from in America from inaccessibility that people have from obtaining fresh fruits and vegetables (Ramadurai et al.,

2012). Not having adequate resources affects people's health because there is poor dieting due to the lack of obtaining nutritious food in their system. The mental health disparities cause illnesses that are faced with people who live below the poverty level. As a result, adults and children suffer from a lack of health care and access to fresh foods (Engelgau et al., 2011). Individual's health becomes negatively impacted by poverty, so that may lead some individuals to desperate measures. That is why it is important for people (students) who are below the poverty level to become aware of resources/programs that their local community or state offers to help improve their quality of life. Without a doubt, the person's health is affected because of food insecurity.

Moreover, mental health issues become impacted by poverty because it creates challenges that lead to stigma. For example, living below the poverty level creates categorization that is created from others containing negative stigmas because they are looked down upon due to their homes, clothes, and job occupation. According to Room (2005), "those who are stigmatized or marginalized are often poor, and otherwise lacking social resources" (p. 144). Once this occurs, the people stigmatized by their appearance, job occupation, and ethnicity can become affected by how they are perceived, which brings down their self-esteem (Room, 2005). Mental health problems include people's anxiety, internal/external factors that affect a person's well-being. For instance, mental health issues can affect how people act with others because they do not want to feel like someone who does not belong. Individuals' health becomes negatively

impacted by poverty, so that may lead some individuals to desperate measures. Individuals who are living in poverty might fall into categorization and negative stigmas from other people. Due to the social inequality that exists, poverty is stigmatized and looked down upon because it is marginalized from demographics, clothing, and status, etc. (Room, 2005). For this reason, depending on the perception of a person, self-esteem can be affected because they might be looked down upon by another person who is not in their shoes. According to McAllum (2016), the powerlessness to acknowledge that one's prosperity is merited or has been truly accomplished because of one's own independently or abilities can be affected by the lack of self-esteem.

According to the Centers for Disease Control and Prevention (2020), Adverse Childhood Experiences (ACE) are common in all populations where some individuals are susceptible to distressful outcomes depending on how the person is brought up in their social and economic conditions. ACEs "are categorized into three groups: abuse, neglect, and household challenges" (CDC, 2020, para. 7). The more ACEs experienced the more likely the adult will have mental health issues (CDC, 2020). First of all, abuse can be experienced in various ways. For instance, there is emotional, physical, and sexual abuse that can affect a person's state of mind. The forms of abuse can be caused by family members, friends, acquaintances, or a significant other. Taking the perspective of the children who grow up facing these challenges.

ACEs are common in the Inland Empire. In San Bernardino County alone, 62.5% of inhabitants possess one or more ACEs (centerforyouthwellness.org). In California, 61.7% of adults encountered at least one ACE (centerforyouthwellness.org). Students that make up our population at CSUSB are usually from the Inland Empire, and more first-generation college student might deal with ACEs, resulting in many CSUSB students likely having ACEs that will leave them at a higher risk for mental health issues. Notably, ACEs are factors that lead up to college students facing encounters with cognitive dissonance and stigma. ACEs generate susceptibility to being affected by cognitive dissonance and stigmas. According to Heatherton et al. (2000), stigmatization is related to emotional, psychological, and social responses. With this in mind, just as we all have health in our bodies (just differing by quality – good to poor – healthy to unhealthy), the same is true of mental health. Whereas mental health issues can be identified by any individual who has dealt with stress, anxiety, or any internal/external disorder. Therefore, students in the Inland Empire are more vulnerable to deal with stigma or cognitive dissonances (centerforyouthwellness.org).

Correspondingly, many students can be dealing with a mental health issue emerge from having witnessed a terrifying experience. A terrifying experience could include victimization by a loved one, friend, or acquaintance, where they endured physical, property, or psychological aggression (Tucker et al., 2020). Notably, because society consists of labels, stigma becomes attached as a

negative connotation created by people. Stigma contains negative connotations and stereotypes about individuals who are dealing with mental health because of the meaning that people give words, symbols, and language (Smith & Applegate, 2018). In this case, stigma is one of the main factors that block students' communication because of the challenges that this community faces. The problems that are faced by this community are the stereotypes and stigmas that become created once a person identifies themselves as dealing with a mental health issue.

According to the Office of Disease Prevention and Health Promotion (2020), "Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health issues; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion" (healthypeople.gov, 2020, para. 5). Physical and mental health well-being are connected because they both contribute to a person's life becoming affected. In other words, things that impact our physical health, such as food insecurity, housing insecurity, poverty, etc., create stigma which negatively impacts our mental well-being. In effect, the person's mental well-being will become affected because their performance in school, learning abilities, and ability to acquire resources will decline.

On the other hand, graduate and undergraduate students may be dealing with anxiety or panic disorders, but they do not seek help because they do not want to be labeled. For example, labels create challenges to the individuals (students) that might be dealing with a mental health issue because an individual can have a negative perception towards them. Students believe the stress to be "normal" and think that their situation will get better with time. However, not seeking help impacts a student's ability to learn because their emotional conflict disrupts their focus. Eisenberg et al. (2007) state that students who are dealing with unmet mental health needs have emotional difficulties. As a result, students will not give their best performances in school.

Moreover, living with or dealing with a mental health issues is not easy because a person can be viewed from a negative perspective. Suppose the person (student) is viewed in a negative perspective. In that case, the relational communication that they once had with their friends and family members will become affected because the person will become reluctant to share information about themselves as they once did, so that could build uncertainty between them. The person's self-confidence can be affected if there are "low levels of social support from family and friends" because of the loneliness, worrying, and low self-esteem that is caused by not having a strong support system (Tucker et al., 2020, p. 2). Once that occurs, the person's (student's) learning ability can decrease because of the blockage that mental health issues inflict. A student can lose their confidence when giving a presentation, working on assignments, or

even when they are having a conversation with their instructor because of the fear of being categorized.

A mental health issue occurs in individuals because of the negative perception individuals give off. According to Sontag (2018), a mental health disorder is an emotional state that affects peoples' symptoms psychologically and physiologically because of the negative perceptions, beliefs, and stigma that they could endure. Some elements influence others to view mental disorders that categorized individuals who are dealing with them to be looked down upon. In one such case, social media and television significantly affect how a person views mental health issues. For example, throughout this COVID-19 pandemic, media and television broadcasts illustrated content such as deaths, isolation, and the fear of everyday disruption. According to Usher et al. (2020), a variety of families and communities are feeling a sense of hopelessness and experience emotional distress because of how they are interpreting the message that social media outlets and television content are portraying (e.g., numbers of infected people, loss of employment, stores closed, restaurants, amusement parks, bars, and outdoor hiking trails). Mental health is a public societal issue because social media and television affect an individual's emotions. After all, it influences them depending on how they perceive the content. Television and social media produce, at times, negative content that illustrates mass shootings or tragedies that have occurred in the world, affecting people who are dealing with a mental health issue.

The pandemic can negatively affect mental health. This occurs because a person might be dealing with anxiety, fear, or financial instability. According to the Usher et al. (2020), fear of the unknown, in this case, the spread of the disease and the effect on individuals' wellbeing, clinics, and economies, for instance, brings up tension up in healthy individuals just as those with prior emotional well-being conditions. An example would be how the pandemic COVID-19 affected many students and individuals worldwide because of the negative portrayal that the television and social media news were giving to the public. Many students are attending school asynchronously, which can be hard to adapt to because some individuals prefer face-to-face interactions. According to Adler et al. (2016), sometimes online communication can have some difficulties because face-to-face communication may be more comfortable. This barrier can also cause students mental, emotional distress.

In like manner, individuals' physical health leads to poor mental health because of the disruption it causes in their educational routine, the grief of attending asynchronous/synchronous classes, and the disruption of their lives that contribute to noteworthy anguish (Zhai et al., 2020). Essentially, the pandemic increased the mental health issues because various students suspended their research projects, practicums and moved their investigation plans (Zhai et al., 2020). Some even lost their positions, moved off campus, and experienced budgetary difficulty (Zhai et al., 2020).

Dr. Carolyn O' Keefe, the Director of Counseling and Psychological Services at California State University San Bernardino, believes that "mental health issues are complicated because the same diagnosis or experience may incapacitate one student, and have no effect on another academically speaking" (personal communication, August 10, 2020). With this in mind, a mental health issue can be influenced either positively or negatively depending on how their friends, family, or significant others view it. According to Tucker et al. (2020), if an individual receives social support from their loved ones, then the person can have a healthier functioning and "critical protective factors in reducing the detrimental effects of a range of negative experiences on adolescents' well-being" (p. 2). Yet, if the individuals (students) do not have the support, then they can feel like a burden to their friends or family members. Dosomething.org (2019) states how a variety of elements contribute to a mental health condition, which includes life experiences such as a history of abuse or PTSD, biological factors, and family history of mental health illnesses.

According to Zhai and Du's 2020 statistics, 1 in 5 college students had a diagnosable mental issues before the pandemic. Additional challenges have arisen since 2006 because of the pandemic crises currently occurring in the 21st century. The COVID-19 pandemic brought distress contributed by the uncertainty of what was going to happen during the unexpected disruption of schools' semesters, which caused them to be closed and switch to online instruction (Zhai et al., 2020). Online (virtual) instruction can affect a student's emotional distress

because there is no physical presence, which may seem like a barrier between them and the instructor. According to Adler et al. (2016), in-person communication will typically share a more profound degree of comprehension and responsibility than online companions do.

King et al. (2014) discuss how undiagnosed or undertreated mental illness can have serious consequences for individuals (students) who do not have support. Certainly, bipolar disorder often first manifests when people are of college-age. Bipolar depression can be a health hazard to students if they are not aware that mental illnesses can be affected by it. Consequently, if students contain this health hazard, communication blockages may arise between them and their instructors. Various mental illnesses are undertreated and undiagnosed where people remain silent, and in regards to that occurrence, it is repeated over some time because of the fear of being marginalized. Undiagnosed or undertreated mental illness causes increased difficulty because students and their support networks do not know what is wrong initially.

In addition, bipolar disorder affects a person's mood, behavior interactions, and state of mind (CDC, 2020, para. 9). This disorder happens when there are changes in the high and low moods of an individual. For instance, when the student has a high mood level, they will be fully engaged in the course, but when the student experiences a low mood, they will feel depressed and be distracted in the course. That is one of the effects that bipolar disorders have on individuals, which will make their emotional state mentally stressful because their

moods will constantly be changing. This will not just affect the student, but it will affect the student's peers because the learning environment can change. Similarly, the learning environment can change because the behavior of a student can lead to a negative climate in the classroom. For the most part, if campuses create more messages to connect with students about mental illnesses, they will create awareness about the support groups available for them.

Not to mention that the reason that students do not seek help is because they may fear that they will receive backlash from society (Heatherton et al., 200). When this occurs, the student can be having inconsistent thoughts or behavior about acknowledging their mental health issue, which will affect their persona. Therefore, once a student's persona becomes affected, their self-esteem can diminish, which can reduce communication engagement with others because there might be preventative measures put into place so that they minimize backlash.

Therefore, campuses need to improve on campaigning messages to college students to bring awareness about the effects mental illness can have if it is not managed. Stigma management occurs when stigmatized individuals navigate the identification of negative perceptions they may be feeling perceived as (Meisenbach, 2010). If it is not managed well students may socially feel rejected or undesirable. In like manner, stigma management communication can create a relation with cognitive dissonance theory and labeling, which may affect communication apprehension in a person's communicative factors. Meisenbach

(2010), states how stigmatization is natural and that it structures a person's acceptance/denial of stigma. According to Heatherton et al. (2000), "stigma management is an offshoot of something basic in society, the stereotyping or 'profiling' of our normative expectations regarding conduct and character; stereotyping is classically reserved for customers, orientals, and motorist, that is persons who fall into very broad categories and who may be passing strangers to us" (p. 51). Without a doubt, awareness will give insight about reducing negative stereotypes that will create an environment that reduces stigma, helps students conquer imposter syndrome, and avoid negative stereotypes.

Therefore, my personal experiences have really sparked my interest and made me realize how important it is for teachers to understand if a student encountering stigma, cognitive dissonance, communication anxiety and stereotypes can affect students, so that teachers can help reduce the negative perception through openly discussing their effects. As a result, creating a training manual that will help create a supportive teacher-student relationship to improve classroom communication where instructors and students can become aware of the effects of mental health issues. Ultimately, struggling with fears of stigma, cognitive dissonance, and communication anxiety hindered me from wanting to ask for help because when I began college I did not have a supportive teacher-student relationship in the class where I wasn't doing so well. Stereotypes have been a leading cause of poor student performance and teacher-student

relationship, so the next section will be analysis of the impact of negative stereotypes and ways for reduction.

CHAPTER TWO

REDUCING NEGATIVE STEREOTYPES

This chapter specifically focuses on the theoretical concepts of stigma, including labeling and the stereotypes connected to mental health. Knowing how some students in the classroom may endure one of these theoretical concepts will help an instructor become aware of how a student's language changes from a negative to a positive standpoint or vice versa. In that case, the instructor will be able to set a positive communication environment that could help students overcome these challenges.

Mental Health Stigma

There are two main groups of structural and attitudinal barriers to stigma (Tomczyk et al., 2020). Attitudinal barriers incorporate insights and feelings surrounding help-seeking and treatment, such as disgrace, dread of treatment and uncertainty in regards to treatment results (Tomczyk et al., 2020). Structural barriers “refer to objectifiable factors associated with health services, such as financial costs and availability of services” (Tomczyk et al., 2020, p. 55). According to Goffman (1963), “stigma will be used to refer to an attribute that is deeply discrediting” (p. 2).

The problems that can occur for students when there is an attitudinal barrier is the uncertainty of becoming negatively impacted from treatment outcomes and cognitions. For instance, students could be affected because of the “identified anticipated perceived shame, internalized stigma/self-stigma

(stigmatizing attitudes towards oneself) and particularly treatment-related stigma (stigma associated with seeking or receiving the treatment)” (Tomczyk et al., 2020, p. 55). Due to the issues that attitudinal barriers contain students’ self-esteem could be affected which will decrease their confidence, learning ability, and affect their teacher-student relationship because students’ will be susceptible of the fear to communicate with their instructors. Whereas, structural barriers manifest problems for students because of the factors associated with health services, which are financial costs and availability of services (Tomczyk et al., 2020). For example, there are various college students and first-generation students that are disproportionately impacted because they have to work one or more jobs to be able to pay for their educational cost and everyday expenses, which is a factor that could create a disconnect in the classroom (Stephens et al., 2012). Therefore, the positive teacher-student relationship can help mitigate the impacts of the attitudinal and structural barriers through “a relational process that follows the developmental stages from initial contact through intimacy, to dissolution” (Frymier & Houser, 2000, p. 207).

Stigma is a “a really special kind of relationship between attribute and stereotype” (Goffman, 1963, p. 2). In other words, attribute can be viewed as a person’s quality such as skin tone, intelligence, experience, etc., and stereotype can be something that is deeply discrediting related to race, nationality, religion, character, or “physical deformities” (Goffman, 1963, p. 2). Thus, there is a relationship between attribute and stereotype which discredits an individual.

According to Heatherton et al. (2000), “the normal and the stigmatized are not persons but rather perspectives” (p. 138). If the stigmatization is a matter of perspectives then individuals are the ones who are generating the negative views of someone who becomes placed under a negative label. Stigmatized individuals are viewed as imperfect, compromised, and can be perceived in a negative way (Chaudoir et al., 2010). For example, when a person is dealing with a mental health issue they can be viewed as someone who is not completely intact with themselves. Thus, mental health issues may be viewed intrusively because of the discrediting harm it can cause to an individual.

Moreover, stigma functions to predict behavior depending on the general and central aspect of a person, which could make them different, not recognizable, unique, from the individuals who are most similar to them (Heatherton et al., 2000). Stigma predicts the behavior from what is perceived from an individual through their identity which plays the role of how the person structures their routines, how they act, and their occupation (Heatherton et al., 2000). Consequently, stigma can become associated with mental health issues, which creates a negative perception that may impact mental health issues in individuals because they may feel judged or hopeless. As a result, students will be reluctant to seek out services because “the stigma associated with mental [issues] produces shame, fear, and guilt on the part of individuals who have these diagnoses, which can reduce the likelihood of seeking advocacy” from family members, friends, or peers (Mowbray et al., 2006, p. 233).

Students may not receive help for mental health issues for a variety of reasons such as; lack of awareness of the help that is available, not having funds for the treatment, and privacy (stigma) matters. Graduate and undergraduate students believe that stress is "normal" because they are in school (Eisenberg et al., 2007). Students can believe that dealing with anxiety or panic disorders will get better by themselves and that there is no need to seek help (Eisenberg et al., 2007). However, not seeking help impacts a student's ability to learn because their emotional state disrupts their focus. If the person has an untreated and undiagnosed mental health issue, they can create the barriers that impact their emotional, psychological, and social wealth.

Meisenbach (2010) states how stigmatization is natural. Stigmatization is natural because it is "an offshoot of something basic in society, the stereotyping or 'profiling' of our normative expectations regarding conduct and character; stereotyping is classically reserved for customers, oriental, and motorist, that is, persons who fall into very broad categories and who may be passing strangers to us" (Goffman, 1963, p. 51). Stigma management can structure a persons' acceptance/denial of stigma. Acknowledging the stigma may help bring awareness to the public, which could reduce negative attitudes towards mental health. Meisenbach (2010) explains in-depth stigma acknowledgment and how it can help reduce others' perceptions about you. Understanding the stigma is an important factor so that perceptions do not cause harm, nor have individuals think negatively of themselves. Mental health issues can be hard to overcome

because of the stigma, but if there is a strong support system that the individuals realize they have within themselves or with someone, they will be able to get through it (Tucker et al., 2020). In this case, individuals will be able to seek help in hopes of overcoming their issues.

Additionally, positive socialization will help reassure students that dealing with a form of mental health issue is permitted (Salerno, 2016). Positive socialization will help students because it can help fill social learning processes with positive motivation, cognitive changes, and self-efficacy to overcome barriers such as fear, judgement, and negative perception. When individuals acknowledge that there are factors that come from stress-related issues, they will be able to promote some form of alleviation for themselves. Salerno (2016) expresses that when individuals recognize what personal elements are causing disturbances in their state of mind, they will have the ability to overcome the fear of being stigmatized, labeled, and stereotyped.

According to Mowbray et. al (2006) "evidence that college counseling centers may be dealing with students with suicidal ideation and potential suicide attempts in nearly one out of every two cases they see" (p. 234). This evidence may be a factor that decreases a student's intent to seek professional help on campus. The factor that of how "personal stigma inhibits communication for help" could be another reason why students are reluctant to seek student help centers (Teh et al., 2014, p. 3). In particular, words have significant meaning, and the center names on campuses may increase a person's apprehension about voicing

their concerns. Although it is a safe place, the very title or center name can cause doubt. Students might be positively receptive to the centers on campus if they were re-named to destigmatize the resource.

Students could have changed their communication behaviors from a negative interpretation into a positive one, but the blockage created could have led them to isolation from others. Isolation will lead to students becoming distant from other people and places. When this occurs, the students begin their phase of becoming socially isolated, which will have a higher possibility of them containing disorders. Stockdale et al. (2007), discuss how "disorders may be more likely to have negative perceptions of their neighborhoods..." which will lead to the individual's environment in the classroom to become impacted because of the external stressors placed on them (p. 1879). Stressors will enable mental health disorders that will focus on the way labels communicate a student's attitudes and behaviors.

Stereotypes

As part of the broader mental health stigmatization process involves viewpoint then people are the ones who are producing the contrary perspectives of someone who becomes placed under a negative stereotype (Chaudoir et al., 2010). For instance, a stereotype that an instructor might have about a student who has depression is being lazy and unmotivated (Furr et al., 2001). However, the stereotype could manifest in the teacher-student relationship because of the perception of the instructor and the student. As a result, the stereotype manifests

in teacher-student relationships and characterizes with their communication behaviors (e.g. verbal and nonverbal behaviors) that could positively or negatively impact their relationship (Frymier & Houser, 2000).

Social media can play a crucial role in reducing negative stereotypes. According to Ross et al. (2019), social media can be a component to bring awareness about mental health issues and it a socially acceptable topic. With this in mind, media can also be perceived in a positive role to encourage individuals that it is okay for them to seek help. Social media often produces footage of mass shootings and other tragedies that illustrate negative impacts and poses a challenge to the positive acceptance of mental health. If mental health issues are seen as acceptable it will encourage students to contact the resources that are available on campus for them. This will be beneficial for both the schools and the students because students will be able to seek help using the campus resources without stressing about the economic factors that can interfere with their learning ability. Economic factors can interfere with students learning abilities because the distress about not having the financial means to seek/use resources will lead their mind to shift focus on trying to find a solution for that issue; instead of focusing on what they are currently doing. According to the Svenaeus (2014), economic factors such as transportation, availability, cost to see a therapist, or insurance coverage are barriers that hinder students from accessing help.

Corrigan et al. (2009), discusses how "a person with mental illness must be aware of the corresponding stereotypes before agreeing with them and applying self-stigma to one's self" (p. 75). In other words, the authors are saying that once the individuals accept that they have a mental illness, they will be able to seek help to treat and overcome their illness. Once this happens, the individuals will make positive changes in their lives because they will not let a disorder stop them from achieving their goals in life. Primarily, the person's self-esteem and self-efficacy will not lower their confidence if they know their worth.

Destigmatizing Mental Health Issues in the Classroom

A supportive classroom climate is important because it will enhance the teacher-student relationship that will give a student the confidence to let the instructor know that they are having challenges academically. Having a supportive classroom will help students positively and will associate with affective learning (Frymier & Houser, 2000). Particularly, on the first day of class, the instructors will set the climate of the classroom, which will determine if the students will perceive the energy in the classroom positively or negatively. For instance, a supportive classroom climate is led by the instructor, but not necessarily done by the teacher alone. Students create a supportive classroom climate that is led by the teacher, but they cultivate and facilitate work together in class (e.g. students participating in class, showing up to class, raising their hand, etc.).

Dr. Carolyn O' Keefe, the Director of Counseling and Psychological Services at California State University San Bernardino, believes that it is vital for instructors to understand how mental health impacts individuals (personal communication, August 10, 2020).

"I think it's important that the stigma around mental health be eliminated and that instructors understand how mental health issues impact academics," Dr. O' Keefe said.

Mental health issues can occur in a public speaking course because individuals are usually nervous when presenting in front of others. Individuals (students) are nervous and have that fear because they might be worried about what others will think about them. A teacher can approach communication apprehension by connecting with the students by sharing their personal experiences about how they felt when they once experienced the same issue. When the teacher does that they will show their students how it is okay to feel fear or anxiety when approaching an endeavor, but that it is something that can be overcome. The teacher can also engage the students with confidence and address the different ways to overcome the anxiety. For the purpose, of reducing anxiety in a classroom, an instructor can do so by avoiding calling on communication apprehensive students which will avoid the forcing of involuntary participation (McCroskey, 1977).

Another factor that can occur to reduce mental health issues would be early intervention. According to Schiavo (2018), "mental health advocacy and

information sharing [comes from] the first line of defense for mental health issues – namely schools, teacher, and school administrators – [who] often lack the training, capacity, or inclination to identify and address mental health issues among their students" (p. 4). In other words, Schiavo is talking about how students spend most of their day in school and can be giving off nonverbal and verbal immediacy behaviors that can communicate they trust or like the teacher. Therefore, communicating competently can contribute to changing approach conditions, social norms, and control structures to remove the toxic shame (stigma) associated with mental health.

Furthermore, instructors can help destigmatized mental health by substituting certain words that can be perceived with a negative connotation when they are used. Instead, of letting their students know that there are “Counseling and Psychological Services” offered at the campus for them they can use acronyms that contain similar meanings, but without having the negative connotation attached to the word. For instance, at California State University, San Bernardino and many other colleges and universities the center for “Counseling and Psychological Services” uses the acronym CAPS for its services so that students feel more comfortable to seek outreach if needed. Instructors need to become aware that centers that are there to help individuals contain acronyms so that instead of using the words with negative connotations they can use a more positive approach. Therefore, at California State University, San Bernardino the CAPS service is defined as a center that “offers short term, time-

limited individual therapy, group therapy, and workshops” Dr. O’ Keefe said (personal communication, August 10, 2020).

In addition, students who once served in the armed forces and can be facing mental health issues as well. The students who once served in the armed forces might be dealing with Post Traumatic Stress Disorder (PTSD), but they do not acknowledge it because of the stigma it contains (Dosomething.org, 2019). Instructors can destigmatize mental health issues by not utilizing a word such as “crazy” because maybe one of their students might be going through a troublesome time and that word can afflict damage to their self-confidence that may cause the student to lose interest in the course. This can be where the cognitive dissonance theory can be taking effect on a student because they might not be fully engaged in the classroom, which means that their learning is being blocked due to the inconsistent beliefs and attitudes that the instructor might have created through their usage of words.

Another way that instructors can help destigmatize mental health issues is by them conveying teacher immediacy. Teacher immediacy is a behavior that generates “an intermediate outcome effect, a motivation, in which in turn increases cognitive learning outcome” (Allen et al., 2006, p. 21). In this case, teacher immediacy creates a feeling of relationship or positive effect between the student and the teacher and course content that will enhance students approach behaviors and increase their cognitive learning (Allen et al., 2006). According to Allen et al. (2006), “cognitive learning outcomes typically are measured through

recognition, recall, and understanding of course content” (p. 22). Frymier (1993) discusses how effective teachers use immediacy with their students. When a teacher is perceived as effective is because they simply were open, enthusiastic, and engaged with their students for them to have an idea if the students were understanding the course material. In effect, if there is a bond formed between the instructor and student that may help provide the student with the confidence to talk to the instructor before or after class, and if necessary, during office hours.

Instructors need to become aware of how they use nonverbal immediacy communication when a student is asking or answering a question. For this reason, instructors’ verbal communication might be friendly to the students; however, sometimes their nonverbal communication says otherwise. Nonverbal immediacy plays a role in how others might perceive one another. According to Frymier et al. (2000), “nonverbal immediacy consists of behaviors such as smiling at students, making eye contact, moving about the classroom, and using vocal variety” (p. 209). For instance, if a student asks a question and the instructor answers it in an amicable tone, but her facial expression illustrates the instructor is frowning, rolling her eyes, or their eyebrows are going up when it is asked, then the student can perceive the message negatively that could affect their self-confidence. Nonverbal immediacy expressions can be interpreted either positively or negatively depending on the perception of the individual and of the nonverbal expressions where a “teacher displays communicative acts and interactions with students, therefore, can be seen as rewarded” (Allen et al.,

2006, p. 22). Ultimately, immediacy behaviors are known to be important to effective teaching making immediacy a helpful mark of examination for communication skills where sometimes individuals are unconsciously sending nonverbal messages simultaneously while they are speaking so if teachers are speaking to their students it is vital that they become aware of their nonverbal immediacy behaviors (Frymier & Houser, 2000).

Mental health stigma can decrease with the socialization of acceptance and treatment. For instance, stigma is dependent upon the communication process to circulate, so if the communication is positively voiced out then students will feel more comfortable. For example, reassuring students that if they do not answer a question correctly that it is okay because learning is a growth process. School settings are an essential factor in fostering a positive environment and influencing social change. Ultimately, in the next chapter I will be discussing theories and concepts that are going to talk about the connection between communication and mental health and how they apply to helping provide a supportive teacher-student communication.

CHAPTER THREE

EFFECTS OF MENTAL HEALTH ISSUES ON STUDENTS

In this section, these are the theories and concepts that are going to inform the curriculum in my training manual: cognitive dissonance theory, communication apprehension, and disclosure process model (DPM). These theories and concepts I am going to be using will help me construct my training manual. The theories connect to communication and mental health because they play a role in the students' and instructors' emotions, feelings, and thoughts that could affect their ability to communicate a positive or negative feelings towards one another. Moreover, the connection between communication and mental health will interject with these theories because it's going to go into my training manual that will connect the curriculum that helps faculty understand the research about the challenges between these situations and students' performance.

Additionally, media is one of the elements that can set the stage and the negative messages about mental health issues. The social environment stigmatizes, ignores, or otherwise negatively portrays mental health issues. Accordingly, we will examine the theories known as cognitive dissonance theory, communication apprehension, and disclosure process model that will help us understand the communication patterns, needs, and behaviors of students with mental health struggles. Cognitive dissonance develops for students in the concept of my project is so that they can able to acknowledge their self-concept

(Festinger, 1962). First-generation students experience cognitive dissonance because “the idea that if a person knows various things that are not psychologically consistent with one another,” students can encounter psychological discomfort about their perspectives and behaviors (Festinger, 1962, p. 93). In the end, we will examine the Disclosure processes model (DPM) because the model will illustrate how a social environment can help influence immediacy between teacher-student relationships.

Students in college who might be dealing with mental health issues are skeptical about speaking up about it because they do not want to be stigmatized. Communication apprehension is affected by mental health because some individuals’ have anxiety-related issues or may feel depressive behaviors (Smith & Applegate, 2018). After all, communication apprehension can develop when someone experiences levels of fear, anxiety, or nervousness because of real or anticipated communication with another person or persons’ (McCroskey et al, 1984).

Cognitive Dissonance Theory

Cognitive dissonance theory is a feeling “essentially a theory about sense-making: how people try to make sense out of their beliefs, their environment, and their behavior – and thus try to lead lives that are (at least in their own minds) reasonable, sensible, and meaningful (Aronson, 1997, p. 129). Cognitive dissonancy theory affects teacher-student relationships because depending on the behaviors that the teacher uses the students’ perception can lead them to

create a closeness or a distance with their teacher (Festinger, 1954). For instance, cognitive dissonance discusses how we perceive inconsistent behaviors, beliefs, and attitudes which can make students feel mentally uncomfortable (e.g. I am smart, but I am struggling in school. Smart people do not struggle in school or quizzes). To relieve this discomfort, students can do certain things such as adjust their beliefs to align with their behavior depending on their perception of the situation (e.g. The struggle can mean that I am growing. Smart people learn new things daily). Whereas, cognitive dissonance can emerge in the teacher-student relationship when an individual encounters psychological discomfort about their perspectives and behaviors (Wombacher et al., 2019). According to Festinger (1954), an individual's cognition (opinions and beliefs) about the situation in which they exist and examine of what they (students) can do (evaluation of their abilities) will together have bearing on their behavior. Teachers can help reduce students' cognitive dissonance about mental health issues (and the negative stigma and stereotypes that go with it) by helping change student attitudes and beliefs. For example, teachers can openly discuss mental health issues in a positive light, and have students find prominent figures they admire who have struggled with mental health issues. With this in mind, students' learning can become affected by cognitive dissonance if they are having inconsistent thoughts or beliefs with mental health issues. Correspondingly, cognitive dissonance operates affecting a person's (students') communication apprehension in the way that mental health affects their

behavioral functioning because they will be conflicted by anxiety and fear. Ultimately, students who encounter cognitive dissonance with mental health issues face an invasive temporary state that may not be influenced by their behavior, but also by others around them (Glasford et al., 2008).

Mental health issues can be perceived negatively by society, friends, and family members, so many individuals who are dealing with a mental health disorder might be reluctant to acknowledge it. For example, I met with a person (student), who explained why some people are reluctant to acknowledge that they are dealing with a mental health issue. When meeting with the person of the community on Sunday afternoon, January 26, 2020, at 4:00 pm the person stated how, "Although many in society may perceive the social disorder I suffer from a negative thing, they may be refraining from giving me valuable information that may help me cope and heal." Additionally, "It is not simply 'acting crazy' when I am paranoid about something because of fears and emotions it invokes in me.' 'I know that my stress causes my actions and paranoia, but I do not always know how to help myself," a California State University, San Bernardino student said (personal communication).

According to Diefenbach and West (2007), the framework of cognitive dissonance theory in an individual who creates stigma management communication contains a self-concept of themselves that unsettles their self-image. The cognitive dissonance theory can interconnect with stigma management communication once the self-concept or image of the individual

unsettles their self-image, which can lead the individual to having one of the four types of health messaging that the stigma communication model discusses such as, resulting in people feeling threatened or feeling that the person is a dangerous individual (Smith & Applegate, 2018). The four-health messages that stigma communication discusses are marks, labels, etiology, and peril.

Nonverbal and verbal immediacy behaviors create a communication perception of how individuals cope with stigma negatively or positively depending on the behaviors perceived due to cognitive dissonance. The four stigmas included in the model are (1) marks, which can be used in identifying an individual who fits the stigma; (2) a person who is labeled; (3) etiology, which refers to someone who has an explanation for why the individual is part of the stigma; and (4) peril, which is how stigma is threatening the groups' function and activity (Smith et al., 2018).

As a result, the four stigmas can lead to students facing prejudicial attitude outcomes by others who would negatively impact their health. Prejudicial attitudes can be an obstacle that blocks communication because of the effects of cognitive dissonance which creates inconsistent beliefs or thoughts with others because of the social distance it could create (Corrigan et al., 2010). If the social distance created prejudicial attitudes, students with mental health issues would be deprived of communication engagement with others. The students will then fear rejection, which will cause communication blockage because they might not be willing to speak with anyone. In either case, stigma and cognitive dissonance

are linked because they both may cause individuals to feel judged, hopeless, or doubts about their emotions/thoughts.

Uncertainty within an individual and others can arise because of the communication blockage. Additionally, uncertainty occurs when an individual will have doubts about something or someone. According to Tucker et al. (2020), mental health distress and self-esteem play a role in individuals' (students') uncertainty increasing. If a student's uncertainty levels increase then their verbal communication will reduce with others (Berger et al., 1975). Language interconnects with communication, which can either increase or decrease a person's level of uncertainty because every person can transmit messages differently. The levels of uncertainty will depend on if the person will have some type of trust (self-disclosure) with the people around them or with the instructor in the classroom. Unfortunately, mental health can create a cognitive dissonance which may affect the learning of a student because it can create a person having inconsistent thoughts, beliefs, or attitudes when it comes to making behavioral decisions (Carlyle, 2017).

Considering, that students in college may be dealing with financial instability, stress factors can increase which can cause a cognitive dissonance. Stress occurs within every individual at one point in life, whether it has to do with school work, bills, or work. Similarly, stress is one of the main factors to acknowledge in mental health because individuals can be dealing with stress physiologically or psychologically. For example, cognitive dissonance talks about

the inconsistent thoughts, beliefs, and attitudes which can increase stress factors in students that may lead them to ignore or deny the information that conflicts with existing beliefs (e.g. the teacher doesn't know how to grade my work) (Festinger, 1954). According to Adler et al. (2016), stress occurs when an individual is dealing with a substantial amount of internal/external forces that doesn't allow the person to make sense of everything happening in their life at once. These internal/external forces could have been emerging on a daily basis from the lack of sleep deprivation, hunger, rent, school assignments, or work.

Communication Apprehension

According to McCroskey et al. (1984), communication apprehension is “an individual's level of fear or anxiety associated with either real or anticipated communication with another person or persons” (p. 79). Communication apprehension is interconnected to cognitive dissonance because of the self-doubt and fear of communication created by the impact of a person's ability to connect with their teacher. These theories and concepts discuss how individuals can be negatively and positively affected. The reason for the positive and negative effects is because others can categorize individuals because of their mental health issues. As a result, once individuals feel categorized (stereotyped), they can feel a sense of disapproval, which affects their state of mind.

For the most part, communication is an important factor that plays a role in how a student interacts with others in a classroom environment (Frymier & Houser, 2000). However, when a student experiences communication

apprehension it can cause anxiety around anticipated individual or group communication expectations (Smith & Applegate, 2018). Anxiety may block a student's learning ability because if they do not understand an assignment they will be reluctant to ask the instructor and their peers for help due to the thought of them becoming perceived negatively (Adler et al., 2016).

Furthermore, students who are dealing with mental health issues can have different moods, which affects their communication apprehension. For example, if a student is depressed or angry all the time, there will be a point when the people who are surrounded by them will not deal with it anymore because it will be affecting their quality of life as well. The people who are around someone who is dealing with a mental health issue can be affected as well because there is nothing they can do for that person to receive the help needed. When this occurs, the relationship around the students' friends and family members will not be feasible because they will not have confidence in their reliance. In effect, communication apprehension within a person can create the individuals who are dealing with a mental health issue to have fear of facing negative backlash from friends, family members, and peers. In conclusion, communication apprehension can affect students and can inhibit communication, and what teachers can do to help to reduce communication apprehension for students about these issues.

Disclosure Processes Model (DPM) Using the disclosure processes model (DPM) can help influence language and disclosure that could help teacher-student relationships. "DPM provides a framework that advances disclosure

theory and identifies strategies that can assist in disclosures in maximizing the likelihood that disclosure will benefit well-being” (Chaudoir et al., 2010, p. 236). The processes that will help disclosures have to do with “three distinct processes: (a) alleviation of inhibition, (b) social support, and (c) changes in social information,” which will contribute to social support, changes in social information, and reductions of inhibitions and stigma (Chaudoir et al., 2010, p. 236). Applying the DPM in the classroom may help create a positive teacher-student relationship where students feel supported in disclosing mental health issues and seeking appropriate support or accommodations. For example, the first distinct process (alleviation of inhibition) can be activated by teachers reassuring students that the classes are moments for learning, so even if they do not do so well on one assignment it is best to not dwell on it but to learn from it. With regards to the second distinct process, instructors can provide social support to their students that will reduce communication anxiety by communicating to their students via email or face to face how their role as an instructor is to help them to continue progressing. For instance, teachers can create social support by voicing out to their students how the teacher is available to answer and questions they may not know, give suggestions on how to study better on a quiz, or give encouragement by letting their students know how by simply being in college is great accomplishment. Additionally, instructors can use the third distinct process to make changes in social information that could create a positive impact in their students’ lives with the creation of social construction

(trust, credibility, and comprehension). For example, teachers showing empathy to their students when they explain to them the reasons they could not attend class or a quiz because of an emergency, being present (available) during their scheduled office hours, and giving an anecdotal that gives their students an idea that they comprehend what a life as a college student could be like. Under those circumstances, that is how the process unfolds in teacher-student relationships, which indicate the factors that teachers need to be aware of because mental health stigma is present here and students might be apprehensive. Therefore, the disclosure processes model can be used by instructors to set up an environment in their classroom for students to feel supported by receiving positive feedback if they choose to disclose certain endeavors that will create a teacher-student relationship.

All of these theories and concepts play into stigma and the framework I would be using would be social support, and changes in social information to help instructors create a supportive classroom. The theories will help reduce inhibitions and stigma. Teacher-student relationships are important because that is what can pose both the instructor and student to have open communication.

CHAPTER FOUR

METHOD

My training manual will consist of three workshops that will contain learning objectives and other resources (handouts, links, etc.). The goal is to build teacher-student relationships so that instructors can create a supportive classroom climate where they are able to help students become aware of the effects of mental health issues on student interactions, performance, and communication.

Workshop 1: Students' Mental Health Issues, Stigma, and their effects on Classroom Communication and Student Performance.

Learning Objectives: After this workshop, faculty will be able to...

- Identify effects of communication apprehension on student performance and communication.
- Explain the relationship between communication apprehension and mental health issues, and how it affects students' performance in the classroom.

Workshop 2: Creating a Positive Classroom Climate with Teacher Immediacy to Support Students with Mental Health Issues.

Learning Objectives: After this workshop, faculty will be able to...

- Identify positive verbal and nonverbal teacher immediacy behaviors to help create a supportive classroom climate for students with mental health issues.
- Reduce and destigmatize mental health issues.

- Describe teacher immediacy behaviors in order to help reduce student communication apprehension, and cognitive dissonance to create a supportive classroom environment.

Workshop 3: Using the Disclosure Process Model to Destigmatize and

Support Students with Mental Health Issues

Learning Objectives: After this workshop, faculty will be able to...

- Explain how the three distinct processes in the Disclosure process model (alleviation of inhibition, social support, and changes in social information) can be used to destigmatize student mental health issues.
- Describe the DPM in their classroom to encourage and provide students with resources to help them seek appropriate support or accommodations.
- Promote campus mental health resources for students that are available as support groups, individual therapy, or workshops by sharing that these programs are available to students without a cost/fee.

APPENDIX A
PARTICIPANT OUTLINE, MATERIALS, AND TRAINING MANUAL

Mental Health Awareness
Presented by Ricardo Vega

Mental health awareness training manual: For faculty to improve teacher-student relationships

This training manual will consist of three workshops that will contain learning objectives and other resources (handouts, links, etc.). The goal is to build teacher-student relationships so that instructors can create a supportive classroom climate where they are able to help students become aware of the effects of mental health issues on student interactions, performance, and communication.

Workshop 1

Students' Mental Health Issues, Stigma, and their effects on Classroom Communication and Student Performance.

Description: In this workshop faculty will be able to identify effects of communication apprehension on student's performance and communication in the classroom. In addition, faculty will be able to explain the relationship between communication apprehension and mental health issues by analyzing the thick description of the article on communication apprehension.

Learning Objectives: After this workshop, faculty will be able to...

- Identify effects of communication apprehension on student performance and communication.
- Explain the relationship between communication apprehension and mental health issues, and how it affects students' performance in the classroom.

Approximate time: 60 minutes

Materials:

- Bring an annotated copy of the article
- PowerPoint slides will be illustrated in the workshop
- Bring a pen or pencil

Instructions: Participants have read the article prior to attending the workshop and will bring an annotated copy to the workshop. The link for the articles:

[McCroskey, J. C. \(1977\). Classroom consequences of communication apprehension. *Communication Education*, 26\(1\), 27–33. https://doi.org/10.1080/03634527709378196](https://doi.org/10.1080/03634527709378196)

[Smith, R. A., & Applegate, A. \(2018\). Mental health stigma and communication and their intersections with education. *Communication Education*, 67\(3\), 382–408. https://doi-org.libproxy.lib.csusb.edu/10.1080/03634523.2018.1465988](https://doi-org.libproxy.lib.csusb.edu/10.1080/03634523.2018.1465988)

Allow 20 minutes for faculty to discuss their thoughts on the relationship between communication apprehension and mental health in a classroom setting.

Instructions for facilitator to debrief:

Please ask: How do you feel about learning this information that can help mitigate students' communication apprehension and mental health?

Do you believe that after learning these new concepts your perspective about communication apprehension and mental health has changed how you viewed them?

How might you see these characteristics playing out in your own classes?

Does anyone have any comments or questions to add to this discussion?

Exercise: After reading this brief article by McCroskey (1977) "Classroom consequences of communication apprehension."

Step 1: Each individual will share a section that stood out to them from both articles that describes and connects communication apprehension with student performance and mental health to gain a better understanding about the connection between these concepts.

Step 2: Please have the faculty members analyze the questions found below and give instructions to the faculty members to answer the questions below to the best of their knowledge. Do not have learners write their name on the paper since this activity will be anonymously distributed to other students.

Additional information: It is encouraged for faculty to do this activity anonymously with students as a way to activate several elements of the Disclosure Process Model in their classrooms: alleviation of inhibition, social support, and changes in social information.

Faculty Questions to share with Students

1. What are your thoughts about mental health?
2. What are your thoughts about communication apprehension and mental health?
3. What do you think is the relationship between communication apprehension and mental health?
4. Have you experienced fear, anxiety, or nervousness due to fear of communication? If so, what has helped you overcome or reduce these circumstances?

Ways to perform to this activity:

- Can write questions on a board.
- Can distributed questions on a piece of paper.
- Can verbally announce questions to students.

Key Points to Review: How does communication apprehension relate to student performance?

What is the connection between mental health and academic performance?

Workshop 2

Creating a Supportive Classroom Climate with Teacher Immediacy to Support Students with Mental Health Issues.

Description: In this workshop faculty will be able to identify positive verbal and nonverbal teacher immediacy behaviors to help create a supportive classroom climate for students who may experience mental health issues. This workshop is important because teacher immediacy can help alleviate students' fears of not wanting to ask questions because of the fear of being looked down upon and fear of judgment. Teacher-student immediacy will help students' levels of anxiety and help decrease feelings of fear if teachers can reassure and facilitate an environment where all ideas are welcomed.

Learning Objectives: After this workshop, faculty will be able to...

- Identify positive verbal and nonverbal teacher immediacy behaviors to help create a supportive classroom climate and increase motivation for students with mental health issues.
- Reduce and destigmatize mental health issues.
- Describe teacher immediacy behaviors in order to help reduce student communication apprehension, and cognitive dissonance to create a supportive classroom environment.

Approximate time: 60 minutes

Materials:

- Bring an annotated copy of the article
- Bring any size sticky notes
- Bring a pen or pencil

Instructions: Participants have read the article prior to attending the workshop. The link for the article: [Allen, M., Witt, P., & Wheelless, L. R. \(2006\). The Role of Teacher Immediacy as a Motivational Factor in Student Learning: Using Meta-Analysis to Test a Causal Model. *Communication Education*, 55\(1\), 21–31. <https://doi.org/10.1080/0363452050034> \(refer to figure 1\).](https://doi.org/10.1080/0363452050034)

Feedback: Small Group Exercises

Why did only some students talk to the teacher about their fear of communication in front of others and not all?

What was the student's reaction when they were giving instructions by their teacher?

What kind of teacher immediacy behaviors did the teacher portray to the students?

Positive, negative?

Do you think the teachers behavior influenced how the students reacted? If so why?

Case #1: Students are inside a classroom and they seem to be comfortable with one another. However, when the teacher gives instructions the teacher is very serious and did not show any expressions as they verbalized the importance of a speech competition. Students by the teacher are asked to participate. Right away, the students behaviors change. Students do not make eye contact with the teacher or their peers and many are showing signs of distress because they begin to scratch their head, crunch their hands, and start tapping their pencils on the desk. Only some students stayed after class to talk to the teacher about their fear of competing in a speech competition.

Allow 20 minutes for faculty to share their sticky note responses about verbal and nonverbal teacher immediacy behaviors and how they can relate to why students may be experiencing mental health issues.

Exercise: After reading the article by Allen et al. (2006) "The Role of Teacher Immediacy as a Motivational Factor in Student Learning: Using Meta-Analysis to Test a Causal Model."

Step 1: Each individual will write down on a sticky note what verbal or nonverbal immediacy means to them.

Step 2: Each participant will paste their response on the whiteboard in the appropriate category (verbal or non-verbal).

Step 3: Once each participant posts their responses, the entire group will discuss both verbal and nonverbal categories and with this information identify negative patterns that may lead to mental health issues for students.

Additional information: During the workshop faculty will be provided handouts with tips for positive immediacy interaction. These handouts can be used for personal use or to give out to students.

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Routledge
Taylor & Francis Group

The Role of Teacher Immediacy as a Motivational Factor in Student Learning: Using Meta-Analysis to Test a Causal Model

Mike Allen, Paul L. Witt, & Lawrence R. Wheeless

This report uses meta-analysis to derive correlations between the variables of teacher immediacy, cognitive learning, and affective learning. A model was constructed such that the perception of teacher immediacy, a behavior, generates an intermediate outcome of affect, a motivation, which in turn increases cognitive learning outcome. The data across all the included investigations are consistent with that model. The results suggest that high levels of teacher immediacy function as a means of increasing the motivation of a student to learn, and that such motivation increases the cognitive mastery of material.

Keywords: Teacher Immediacy; Cognitive Learning; Affective Learning; Meta-Analysis; Classroom Communication

This paper reconsiders the impact of teacher immediacy on learning outcomes in the classroom. The theoretical thinking posits that teacher immediacy, a behavior perceived by students, generates increased involvement and enthusiasm for the material and the instruction. Mehrabian (1969, 1981) viewed immediacy as a set of behaviors creating a perception of physical or psychological closeness between communicators. Using immediacy behaviors bridges the psychological distance between the two persons. Mehrabian's original emphasis was on nonverbal immediacy, but he developed a taxonomy of verbal components as well (Wiener & Mehrabian, 1968). While there seems to be little controversy about the measurement of incidence of behavioral nonverbal elements, the validity of the verbal

Figure 1 Preview of required article

Tips for Positive Immediacy Interaction

- The instructor could call students by their name, which will establish acknowledgment amongst each other.
- Open up a discussion with a question and allow students to choose to speak; instead of cold calling.
- Have a vibrant (welcoming) energy when entering the classroom.
- Remove any barriers that might block communication between faculty and the students.
- Remove physical and psychological distance between the class.
- Use personal experiences.
- Utilize humor.
- Have a warm tone of voice when conveying a message to the students.
- Have self-reflexivity that your nonverbal communication correlates with your verbal communication.
- Become accessible during office hours, email, before class, and even after class if possible.
- Use nonverbal immediacy behaviors such as; smiling, eye contact, and a relaxed body posture when students are speaking.

Workshop 3

Using the Disclosure Process Model to Destigmatize and Support Students with Mental Health Issues

Description: In this workshop faculty will be able to explain how the Disclosure Process Model can be used for positive immediacy interaction and reduction of negative connotations. According to Chaudoir et al., (2010), “DPM provides a framework that advances disclosure theory and identifies strategies that can assist in disclosers in maximizing the likelihood that disclosure will benefit well-being” (p. 236).

Learning Objectives: After this workshop, faculty will be able to...

- Explain how the three distinct processes in the Disclosure process model (alleviation of inhibition, social support, and changes in social information) can be used to destigmatize student mental health issues.
- Describe the DPM in their classroom to encourage and provide students with resources to help them seek appropriate support or accommodations.
- Promote campus mental health resources for students that are available as support groups, individual therapy, or workshops by sharing that these programs are available to students without a cost/fee.

Approximate time: 60 minutes

Materials:

- Bring an annotated copy of the article
- Bring any notebook or sheet of paper
- Bring a pen or pencil

Instructions: Participants have read the articles prior to attending the workshop and will bring an annotated copy to the workshop. The link for the articles:

[Frymier, A. B., & Houser, M. L. \(2000\). The teacher-student relationship as an interpersonal relationship. *Communication Education*, 49\(3\), 207-219. https://doi-org.libproxy.lib.csusb.edu/10.1080/03634520009379209](https://doi-org.libproxy.lib.csusb.edu/10.1080/03634520009379209) (refer to figure 4)

[Chaudoir, S. R., & Fisher, J. D. \(2010\). The disclosure processes model: Understanding disclosure decision-making and post-disclosure outcomes among people living with a concealable stigmatized identity. *Psychological Bulletin*, 136\(2\), 236–256. https://doi.org/10.1037/a0018193](https://doi.org/10.1037/a0018193) (refer to figure 5)

Allow 20 minutes for the faculty to discuss what they can implement in a classroom setting to make students feel comfortable after the exercise.

Exercise: After reading this brief article by Ann Bainbridge Frymier & Marian L. Houser (2000) “The teacher-student relationship as an interpersonal relationship” and “The disclosure processes model: Understanding disclosure decision-making and post-disclosure outcomes among people living with a concealable stigmatized identity” by Chaudoir et al., (2010).

Step 1: Get into groups of 3-4 to discuss the reading material. Brainstorm ideas of ways teachers can make students feel more comfortable.

Step 2: Open discussion on how could teachers help reduce negative connotations of stigma in their class.

Additional information: During the workshop faculty will be provided handouts with tips for reducing negative connotations, a mental health bookmark, and available resources that can be referenced after the workshop. These handouts can be used for personal use or to give out to students (refer to figure 2 and 3).

MENTAL HEALTH ISSUES

Creating a Positive Classroom Climate with Teacher Immediacy to Support Students with Mental Health Issues.

MISSION STATEMENT

Our mission is to build teacher-student relationships so that instructors can create a positive classroom climate where they are able to help students become aware of the effects of mental health issues on student interactions, performance, and communication.

CLASSROOMS



Teacher immediacy is a behavior that generates "an intermediate outcome effect, a motivation, in which in turn increases cognitive learning outcome" (Allen et al., 2006, p. 21).

What Can Mental Health Issues affect?

Mental health issues can affect students: communication apprehension, learning ability, communication with others, and cognitive dissonance.

Becoming mindful how...

- Positive verbal and nonverbal teacher immediacy behaviors to help create a supportive classroom climate for students with mental health issues.
- To reduce and destigmatize mental health issues.
- Use teacher immediacy behaviors to help reduce student communication apprehension and cognitive dissonance.

Verbal and nonverbal teacher immediacy behaviors

- "Verbal immediacy behaviors consist of calling students by name, asking students about themselves, and asking students' opinions."
- "Nonverbal immediacy behaviors consist of smiling at students, making eye contact, moving about the classroom, and using vocal variety."

- (Frymier & Houser, 2000, p. 209)

Figure 2 Mental Health Bookmark Slide 1

Resources

CSUSB

- Counseling and Psychological Services (CAPS)

Website: <https://www.csusb.edu/caps>

Email: care@csusb.edu

OMBUDS

- Provides resources for students, faculty, and staff who seek assistance in challenging situations or in concerning situations.

Website: www.csusb.edu/ombuds

Email: Ombuds@csusb.edu

CDC (Centers for Disease Control and Prevention)

Website:

<https://www.cdc.gov/mentalhealth/index.htm>

YouTube video:

<https://www.youtube.com/watch?v=P294ri-ydqc> ++



Figure 3 Mental Health Bookmark Slide 2

The Teacher-Student Relationship as an Interpersonal Relationship

Ann Bainbridge Frymier and Marian L. Houser

*Communication skills, as defined by Burleson and Samter (1990), were examined in the teacher-student relationship. Three questions guided this investigation: (a) with regard to effective teaching, what are students' perceptions of the importance of communication skills and immediacy behaviors? (b) what is the relationship between students' perceptions of teachers' use of communication skills, immediacy behaviors, motivation and learning? and (c) do male and female students differ in their perceptions of communication skill and immediacy behaviors in regard to importance, motivation, and learning? Two studies were conducted. Study one found that students reported referential skill, ego support, and conflict management as being most important to effective teaching. Study two found referential skill, ego support, and immediacy to have a strong relationship with student learning and motivation. Some sex differences also were found and explored in both study one and two. **Keywords:** communication skills, immediacy, motivation, learning*

The past twenty years of research on instructional communication has identified several interpersonal variables that are positively related to learning. Variables such as immediacy (Andersen, 1979; Christophel, 1990), communicator style (Norton, 1977), affinity-seeking (Frymier, 1994a), self-disclosure (Sorensen, 1989), solidarity (Nussbaum & Scott, 1980), humor (Wanzer & Frymier, 1999), caring (Teven & McCroskey, 1997), and compliance-gaining (Plax & Kearney, 1992) have contributed to an understanding of the dynamic student-teacher relationship and how it results in student learning. A quick review of the above research reveals that the nature of student-teacher relationships are important to effective learning outcomes. The purpose of this study was to examine teacher-student relationships from the perspective of Burleson and Samter's (1990) communication skills for friendship. Two studies were conducted. The first investigated students' perceptions of the *importance* of the communication skills to effective teaching and made comparisons to immediacy behaviors. The second study investigated the students' perceptions of the *use* of communication skills by specific teachers and their relation to students' learning and motivation.

The teacher-student relationship, while unique, shares several similarities with other interpersonal relationships. For instance, DeVito (1986) described teaching as a relational process that follows the developmental stages from initial contact, through intimacy, to dissolution. Graham, West, and Schaller (1992) base their Relational Teaching Approach (RTA) on the belief that "teaching involves a process of relational development and requires effective interpersonal communication skills to achieve satisfying outcomes" (p. 11). ~~Teachers and students go through a process~~

Figure 4 Preview of required article

The Disclosure Processes Model: Understanding Disclosure Decision Making and Postdisclosure Outcomes Among People Living With a Concealable Stigmatized Identity

Stephanie R. Chaudoir
Bradley University

Jeffrey D. Fisher
University of Connecticut

Disclosure is a critical aspect of the experience of people who live with concealable stigmatized identities. This article presents the disclosure processes model (DPM)—a framework with which to examine when and why interpersonal disclosure may be beneficial. The DPM suggests that antecedent goals representing approach and avoidance motivational systems moderate the effect of disclosure on numerous individual, dyadic, and social contextual outcomes; and that these effects are mediated by three distinct processes: (a) alleviation of inhibition, (b) social support, and (c) changes in social information. Ultimately, the DPM provides a framework that advances disclosure theory and identifies strategies that can assist disclosers in maximizing the likelihood that disclosure will benefit well-being.

Keywords: disclosure, concealable stigmatized identities, psychological inhibition, goals, social support

Self-disclosure, or the sharing of personal information with others through verbal communication, is an integral part of social interaction. Disclosure can provide an opportunity to express thoughts and feelings, develop a sense of self, and build intimacy within personal relationships (Derlega, Metts, Petrovich, & Margulis, 1993; Jourard, 1971). Disclosure is also thought to be a critical component in building client–practitioner relationships and in enabling therapeutic progress (for a review, see Kelly, 2002). Thus, given these far-ranging positive outcomes and purposes of disclosure, it might at first appear that disclosure is advantageous for people's well-being.

However, when people who bear a concealable stigmatized identity (Pachankis, 2007; Quinn, 2006; Quinn & Chaudoir, 2009)—personal information that is socially devalued but is not readily apparent to others, such as mental illness, experiences of abuse or assault, or an HIV-positive diagnosis—disclose this information to others, they risk experiencing negative outcomes or even becoming the targets of prejudice. In these cases, decisions to disclose concealable stigmatized identities are much more complex because they may yield unfavorable outcomes such as social

rejection and discrimination. For example, people who “come out of the closet” about their sexual orientation continue to be victims of hate crimes, verbal harassment, and employment or housing discrimination (Herek, 2009). Thus, disclosing a concealable stigmatized identity may be a highly complex process because it can yield the potential for both benefit and harm.

When will disclosure yield benefit rather than harm? Consider, for a moment, two individuals who are making the difficult decision about whether to disclose their concealable stigmatized identity. One is a young man named Jason who feels guilty and ashamed about keeping his HIV-positive status concealed from his father but worries that his father will react negatively if he finds out. Jason decides to tell his father because he does not want to have to live with the burden of keeping this secret and tries to avoid being disowned by him. Another is a middle-aged woman living with HIV named Susan whose romantic relationship has recently become more serious. She decides to tell her partner about her HIV infection because she wants to protect his health and share this important part of herself in order to strengthen their relationship. In which of these situations is disclosure more likely to be beneficial?

Existing research and theorizing provide some answer to this question, predominantly emphasizing the reaction of the confidant. A growing body of literature suggests that the reaction of the confidant is one of the most important factors predicting whether disclosure will be beneficial or not. In a longitudinal examination of disclosure of abortion, women who disclosed but felt that their confidant was not fully supportive did not show benefits of disclosure in the form of lower psychological distress (Major et al., 1990). Experimental manipulations have also revealed similar findings, indicating that participants do not experience the benefits of disclosure when confidant reactions are neutral or negative (Lepore, Ragan, & Jones, 2000; Rodriguez & Kelly, 2006). This evidence suggests that Jason and Susan may be equally likely to benefit from disclosure when their confidants respond in positive or supportive ways.

Stephanie R. Chaudoir, Department of Psychology, Bradley University; Jeffrey D. Fisher, Department of Psychology, University of Connecticut.

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Tips for Reducing Negative Connotations

- Substituting words from “Psychological Counseling” to “Discussion Sessions.”
- If a student does not know an answer to a question correctly, do not continue probing for the right answer after the student answers twice because the student might become self-conscious the next time they want to answer a question.
- Discussing an issue because once it is talked about, individuals will become aware.
- Acknowledge and recognize the effects of language that can cause a disturbance to the students.
- Instructors can allow for open discussion by sharing a personal experience related to the class or giving an example that represents empathizing.
- Engage the students by calling on them using their names.
- Address an endeavor that they might have gone through.
- Do not use examples generalizing a certain ethnicity.

Available Resources

- CSUSB
- Counseling and Psychological Services (CAPS)

Website: <https://www.csusb.edu/caps>

Email: care@csusb.edu

- OMBUDS
- Provides resources for students, faculty, and staff who seek assistance in challenging situations or in concerning situations.

Website: www.csusb.edu/ombuds

Email: Ombuds@csusb.edu

- CDC (Centers for Disease Control and Prevention)

Website: <https://www.cdc.gov/mentalhealth/index.htm>

- YouTube video:

Website: <https://www.youtube.com/watch?v=P294ri-ydqc>

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