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Help-Seeking Attitudes, Mental Health Stigma, and Self-Concealment among African American

College Students

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Abstract

Stigma has been noted as a major obstacle of mental health service utilization in African Americans. The present study investigated whether mental health stigma and self-concealment were uniquely associated with attitudes toward seeking professional psychological services in African American college students. Data of 163 African American (n_{Female} = 127; 78% female) were used for present analyses. Results revealed that both mental health stigma and self-concealment were uniquely associated with help-seeking attitudes after controlling for gender, age, and previous experience of seeking professional psychological services.

Keywords: African Americans, attitudes toward seeking professional psychological help, self-concealment, mental health stigma.

Help-Seeking Attitudes, Mental Health Stigma, and Self-Concealment among African American

College Students

Mental health services underutilization in African American college students warrants

ongoing study (Barksdale & Molock, 2009; Wallace & Constantine, 2005). Although African

American college students are found to be as distressed as students from other ethnic

backgrounds (Ayalon & Young, 2009), they are less likely to utilize psychological services from

professional mental health sources (Kearney, Draper, & Barón, 2005; Akihiko Masuda et al.,

2009). While African Americans are found to prefer to receive guidance for mental health

concerns from non-psychological professionals, such as clergy and family members (Ayalon &

Young, 2005), evidence suggests that professional psychological services also can be beneficial

for this group (Aymer, 2010; Woods-Giscombé & Black, 2010).

Mental Health Help-Seeking Attitudes

Psychosocial factors, such as poverty, lack of access to services, transportation,

racial/ethnic mismatch, and mistrust of provider, have been shown to relate to the service

underutilization and preference among African Americans (Diala et al., 2000; Dobalian & Rivers,

2008; Townes, Chavez-Korell, & Cunningham, 2009; Whaley, 2001). Of those, attitudes toward

seeking professional psychological services are particularly relevant to the services utilization in

African American college students (Obasi & Leong, 2009). As attitudes about behaviors are

associated with engaging in the behaviors themselves (Ajzen & Fishbein, 1973), exploring

factors that relate to help-seeking attitudes may facilitate our understanding of professional

mental health services utilization in African American college students.

According to the Fischer and Turner (1970), attitudes toward seeking professional

psychological services are multifaceted, reflecting (a) the perceived recognition of need for

professional psychological help, (b) stigma tolerance associated with seeking such services, (c) interpersonal openness regarding one's problems, and (d) confidence in the ability of the psychological professional to be of assistance. Studies have consistently shown that being female and having a previous help-seeking experience (i.e., seeking services from a psychological professional, such as a psychiatrist, psychologist, counselor or similar, for personal problems) are associated with favorable help-seeking attitudes (Fischer & Farina, 1995; Fischer & Turner, 1970; Masuda, Suzumura, Beauchamp, Howells, & Clay, 2005).

Additionally, extant literature generally reports that African American college students tend to have unfavorable attitudes toward seeking professional psychological services (Duncan & Johnson, 2007; Masuda, Anderson, Twohig, et al., 2009; So, Gilbert, & Romero, 2005). For example, one recent study (Masuda, Anderson, Twohig, et al., 2009) found that African American undergraduate students ($n = 182$, 85% female) were lower than their European American counterparts ($n = 254$, 73% female) in favorable help-seeking attitudes overall, recognition of personal need of professional psychological services, stigma tolerance in help-seeking, and interpersonal openness.

Mental Health Stigma

Mental health stigma is conceptualized as a set of negative attitudes toward people with a psychological disorder, such as being unpredictable or hopeless in recovery (Corrigan, 2004; Masuda & Latzman, 2011). As discussed elsewhere (Link & Phelan, 2001), mental health stigma, which is widespread in public, is generally associated with negative help-seeking attitudes (Leong & Zachar, 1999; Vogel, Wester, Wei, & Boysen, 2005). Although evidence is still limited, mental health stigma has been found to predict mental health service utilization in African Americans (Mishra, Lucksted, Gioia, Barnet, & Baquet, 2009; Thompson, Bazile, &

Akbar, 2004). One study also revealed that African American college students tend to have greater mental health stigma and less favorable help-seeking attitudes than their European American counterparts do (Masuda, Anderson, Twohig, et al., 2009).

Self-Concealment

Another factor that has been linked to help-seeking attitudes is self-concealment (Cramer, 1999). Self-concealment is conceptualized as a behavioral tendency to withhold distressing and potentially embarrassing personal information from others (Larson & Chastain, 1990). According to Larson and Chastain (1990), self-concealment reflects the processes of (a) possessing a troubling and negatively evaluated secret, (b) keeping it from others, and (c) avoiding or feeling apprehensive about self-disclosure. Research has shown self-concealment to relate negatively to favorable help-seeking attitudes in general college samples (Cepeda-Benito & Short, 1998; Cramer, 1999; Kelly & Achter, 1995; Liao, Rounds, & Klein, 2005).

Conceptually, self-concealment and mental health stigma are two related, but distinct constructs (Masuda, Hayes et al., 2009). In particular, the two constructs reflect negative attitudes relevant to mental health. However, while mental health stigma is directed toward others (enact stigma), self-concealment seems to reflect negative attitudes directed toward self (e.g., internalized stigma).

Scholars also have noted that self-concealment is particularly relevant to African American college students as it overlaps with Africentric cultural values, such as collective harmony and communalism, as well as a historical maltreatment of African Americans in the United States (Townes et al., 2009; Wallace & Constantine, 2005). Evidence on self-concealment in African American college students is still limited. However, one study has shown that African American college students tend to have greater self-concealment than European

American college students do (Masuda, Anderson, Twohig, et al., 2009). Furthermore, one study found an inverse association between self-concealment and favorable help-seeking attitudes in African American males, but no significant association in African American females (Wallace & Constantine, 2005).

Present Study

Prior research suggests that both mental health stigma (i.e., negative attitudes toward people with a psychological disorder) and self-concealment uniquely and separately predict help-seeking attitudes (Masuda & Boone, 2011; Vogel, Wester, & Larson, 2007). However, it is unclear whether these findings from general college samples are generalizable to African American college students. As previous studies show ethnic group differences in help-seeking attitudes, mental health stigma, and self-concealment (Masuda, Anderson, Twohig, et al., 2009; Masuda & Boone, 2011), it is worthwhile to focus specifically on African American college students. A clearer understanding of the association among mental health stigma, self-concealment, and help-seeking attitudes in this group may allow mental health service providers to develop and refine interventions and outreach programs specifically for this group.

In response to these concerns mentioned above, the present study investigated whether mental health stigma and self-concealment would uniquely and separately predict help-seeking attitudes in African American college students. Given previous evidence (Fischer & Farina, 1995; Wallace & Constantine, 2005), the unique role of mental health stigma and self-concealment on help-seeking attitudes was investigated while controlling for age, gender, and previous experience of seeking professional psychological services. It was predicted that both mental health stigma and self-concealment would account for unique variance in help-seeking attitudes in a non-clinical sample of African American college students.

Method

Participants

The present cross-sectional study was conducted at a large public 4-year university located in a metropolitan area of Georgia. Participants were recruited from undergraduate psychology courses through a web-based research participant tool, which was created by the department of psychology. Approximately 700 participants from all ethnic backgrounds completed an anonymous web-based survey package that contained the self-report measures of interest between March of 2010 and September of 2010. Given the purpose of the study, data from 221 African American students (n_{Female} = 165; 75% female) was originally selected.

The mean completion time for the instrument among the participants was approximately 32 minutes (SD = 17.57). Given the online nature of the study, fifty-eight participants completed the survey in either less than 15 minutes or more than 45 minutes (approximately outside the one standard deviation from mean) and were excluded due to the questionable validity of their responses. The final sample consisted of 163 students (n_{Female} = 127; 78% female) with the average age of 21.85 years (SD = 6.25), ranging from 16 to 48. The sample represented diverse Christian religious denominations, as well as other religious affiliations: Southern Baptist = 31%, Roman Catholic = 8%, United Methodist = 5%, other Protestant/Christian denominations = 40%, Islam = 1%, other = 8%, and no religion = 7%. About 82% of the group members reported that they were practicing the religion they identified at the time of survey. Approximately 44% identified their families as middle-class; 37% identified their families as working-class; and 14% identified their families as upper-middle-class.

Measures and Procedure. The present study was reviewed, approved, and monitored by the internal review board at the university with which the present authors were affiliated.

Participants who enrolled in the study completed an anonymous web-based survey. Prior to beginning the survey, the purpose of the study and instructions for responding were presented. Participants anonymously provided demographic information and completed the measures.

Help-Seeking Attitudes. The Attitudes toward Seeking Professional Psychological Help (ATSPPH) (Fischer & Turner, 1970) questionnaire was used to measure mental health help-seeking attitudes. The scale consists of 29 items; each item is a statement scored on a 4-point scale ranging from 0 (*strongly disagree*) to 3 (*strongly agree*). Using the modifications made by a previous study (Atkinson & Gim, 1989), the words *psychologist-counselor* and *psychological counseling center* were substituted for *psychiatrist* and *mental health center*, respectively to tailor to college samples. The overall score consists of the sum of all items, ranging from 0 to 87. The scale has moderately high reliability, ranging from .83 to .86 (Fischer & Turner, 1970). Cronbach's alpha of this measure was .85 in the present study.

Mental Health Stigma. The Stigmatizing Attitudes-Believability (SAB) (Masuda & Latzman, 2011; Masuda, Price, Anderson, Schmertz, & Calamaras, 2009) is an 8-item self-report questionnaire to measure stigmatizing attitudes toward people with psychological disorders (e.g., "A person with a psychological disorder is unpredictable"). Participants are asked to rate a series of negative statements about individuals with a psychological disorder on a 7-point Likert scale ranging from 1 (*not at all believable*) to 7 (*completely believable*). Item responses are summed to an overall score ranging from 8 to 56. The scale showed acceptable internal consistency with a Cronbach's alpha of .78 (Masuda, Price, et al., 2009). In the current study, Cronbach's alpha of this measure was .81.

Self-Concealment. The Self Concealment Scale (SCS) (Larson & Chastain, 1990) was administered to measure a person's tendency to conceal personal and possibly distressing

information from others (e.g., "There are lots of things about me that I keep to myself"). The SCS is a 10-item self-report measure that uses a 5-point Likert-scale ranging from 1 (*strongly disagree*) to 5 (*strongly agre*e) for each item. Responses to all items were summed, with greater values indicating greater self-concealment. The SCS is a reliable measure, with test-retest (over 4 weeks) and inter-item reliability estimates of .81 and .83, respectively (Larson & Chastain, 1990). In the current study, Cronbach's alpha of this measure was .88.

Results

Table 1 contains a correlation matrix of all variables used in the subsequent standard multiple regression. Both mental health stigma and self-concealment were negatively associated with help-seeking attitudes. There was a positive association between mental health stigma and self-concealment. Additionally, having a previous experience of seeking professional psychological services (past help-seeking experience) was associated with having more favorable help-seeking attitudes and lower mental health stigma. Finally, age was positively associated with favorable help-seeking attitudes.

Subsequently, a standard multiple regressions was performed to investigate whether mental health stigma and self-concealment served as unique predictors of help-seeking attitudes. As shown in Table 2, after controlling for age, gender, and past help-seeking experience, both mental health stigma and self-concealment uniquely related to help-seeking attitudes, suggesting greater mental health stigma and greater self-concealment were uniquely and separately associated with less favorable help-seeking attitudes. Additionally, age and past help-seeking experience were found to uniquely relate to help-seeking attitudes. Older students or those with past help-seeking experience were found to have more favorable help-seeking attitudes than younger students or those without such experience.

Discussion

Extant literature has noted that stigma is a major obstacle in seeking professional psychological services in African American college students. The present study investigated whether mental health stigma and self-concealment uniquely predicted help-seeking attitudes in the non-clinical sample of African American college students. Our findings revealed that both mental health stigma and self-concealment were negatively associated with favorable help-seeking attitudes. Additionally, older students or those who had sought professional psychological services tended to have more favorable help-seeking attitudes than the younger students or those without such help-seeking experience. In sum, the present study suggests that, as seen in general college samples, mental health stigma and self-concealment predicts help-seeking attitudes in African American college students.

Given the present findings, it is important to speculate why mental health stigma and self-concealment are relevant to help-seeking attitudes in African American students. Mishra and colleagues (2009) postulate that negative image/beliefs associated with those with a mental disorder (i.e., mental health stigma) are generalized to the self if a person seeks professional psychological service. For example, those who strongly endorse mental health stigma may believe that seeking services from a psychological professional is a sign of being unpredictable or permanently damaged (Thompson, et al., 2004). Similarly, the inverse link between self-concealment and favorable help-seeking attitudes may be established in part because the fear of self-disclosure is generalized to seeking professional mental health services, where self-disclosure is often inevitable (Thompson, et al., 2004; Wallace & Constantine, 2005). As such, mental health stigma in the present study may reflect an active process of how an individual responds to stigmatizing attitudes and associated events.

Elsewhere, we have speculated why self-concealment is associated with negative psychological outcomes, including unfavorable help-seeking attitudes (Masuda, Anderson, & Sheehan, 2009; Masuda et al., 2011). Although evidence is preliminary, such associations may be established partially because self-concealment reflects perceived internalized self-stigma (Masuda, Hayes et al., 2009) and maladaptive and control-based emotion/behavior regulation strategies (Masuda, Anderson, & Sheehan, 2009; Masuda, et al., 2011), which are often associated with the exacerbation of negative psychological outcomes (Hayes, Luoma, Bond, Masuda, & Lillis, 2006).

It is important to note that the inverse association between self-concealment and help-seeking attitudes among African American college students found in the present study demands careful interpretation, as self-concealment is often conceptualized to overlap with Africentrist values (Wallace & Constantine, 2005). The present study does not suggest that Africentristic values represent a barrier to seeking professional psychological services among African Americans. In fact, Wallace and Constantine (2005) showed that Africentristic values were not associated with help-seeking attitudes at all, despite its positive association with self-concealment.

Implications for Practice

The present study has several implications for practice. Given the present findings, it may be beneficial to focus on stigmatizing attitudes associated with people with a mental disorder and dispositional tendencies to conceal personal information from others in outreach programs for increasing service utilization among African American college students. Additionally, our findings suggest that such programs also consider other factors as nearly 70% of variance associated with help-seeking attitudes remained unexplained. As existing literature suggests,

unexplained variance may be attributed to cultural and contextual factors in African Americans (Constantine, Myers, Kindaichi, & Moore, 2004; Thompson, et al., 2004), such as the preference to non-psychological professionals, such as familial members, close friends, and community members, for emotional and psychological assistance (Ayalon & Young, 2005), and viewing psychotherapy and psychotherapists as being insensitive to African American experience (Thompson, et al., 2004). As such, outreach programs may be more effective if they also provide basic information of professional psychological services (Yorgason, Linville, & Zitzman, 2008).

The present study has several notable limitations. The present findings were derived from a single state university located in an urban area of the southeastern United States. As a result, the university culture, the availability and promotion of psychological services, and counseling center outreach programs might have affected participants help-seeking attitudes, mental health stigma, self-concealment, and other psychological factors. Similarly, although gender was covaried out in present analyses, the use of predominantly female participants may limit the generalizability of our findings to other samples that contain more males. Additionally, as noted above, the present study did not investigate other factors that may be particularly relevant to help-seeking attitudes of African American college students. For example, racial identity, commitment to one's own cultural values, religious practices, socio-economic status, and cultural mistrust were found to contribute to help-seeking attitudes, intentions, and behaviors within African American college students (Diala et al., 2001; Obasi & Leong, 2009; Whaley, 2001). Finally, the study did not include actual help-seeking behavior, which limited the scope of present findings. Future study should investigate the role of mental health stigma and self-concealment on help-seeking decision and behavior, while considering these socio-cultural factors.

Despite these limitations, the present study provides useful information about the roles of mental health stigma and self-concealment on help-seeking attitudes among African American college students. The study also posits that it is worthwhile to incorporate other potential factors (e.g., general information about the location/availability of services, culturally tailored treatment services) in understanding and promoting service utilization of African American college students.

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Table 1

Zero-Order Relations of All Study Variables

		1	2	3	4	5	6
1.	Help-Seeking Attitudes (ATSPPH)	--					
2.	Mental Health Stigma (SAB)	-.36 **	--				
3.	Self-Concealment (SCS)	-.28 **	.19 **	--			
4.	Age	.25 **	-.07	-.05	--		
5.	Gender	.10	-.03	.02	-.09	--	
6.	Past Experience	-.26 **	.16 *	-.05	-.07	-.02	--
M		50.06	25.28	28.94			
SD		12.09	8.05	8.77			
α		.85	.81	.88			

Note. N = 163,* $p < .05$, ** $p < .01$, ATSPPH = Attitudes toward Seeking Professional Psychological Help, SAB = Stigmatizing Attitude-Believability, SCS = Self-Concealment Scale.

Table 2

Investigations of Mental Health Stigma, Self-Concealment, Age, Gender, and Past Help-Seeking

Experience as Unique Predictors of Help-Seeking Attitudes: Summary of Regression Analysis

	β	B	$SE\ B$	t	p
Mental Health Stigma (SAB)	-.26	-.40	.11	- 3.76	.000
Self-Concealment (SCS)	-.23	-.32	.10	-3.36	.001
Age	.22	.42	.13	3.15	.002
Gender	.11	3.16	2.00	1.58	.117
Past Experience	-.21	-6.74	2.18	-3.09	.002
$R^2 = .28^{**}$					

Note, $* p < .05$, $** p < .01$. SAB = Stigmatizing Attitude-Believability, SCS = Self-Concealment Scale.