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HISPANICS' ATTITUDES TOWARD SEEKING COUNSELING

AS A FUNCTION OF PSYCHOSOCIAL AND DEMOGRAPHIC VARIABLES

by

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B.S. University of Central Florida, 2006

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ABSTRACT

Using variables identified in the social science literature believed to influence attitudes toward seeking professional counseling, an attempt was made to develop a model for predicting Hispanics' willingness to obtain professional help. A second purpose of this study was to compare college students (n = 158) with their parents on their attitudes toward mental illness and toward seeking counseling. Among predictor variables, social stigma and the belief that mental illnesses are untreatable were the primary variables predicting attitudes toward seeking counseling. The more college students and their parents perceived there to be social stigma attached to those seeking therapy, and the more parents believed that mental illnesses are untreatable, the less favorable attitudes they had about seeking professional help. These attitudes were linked to their acculturation levels; in general, the more acculturated they were toward the Hispanic culture, the more pejorative their attitudes were toward mental illness and their willingness to seek professional help. Last, college students in general had significantly more positive attitudes toward mental illness and professional counseling than their parents. Recommendations for providing counseling with Hispanic clients are provided in the context of the present findings.

Above all I want to thank God for his immense love. I would like to dedicate this work to all the immigrants in the world who depart their home lands in search of their dreams. I would like to thank Ralph, my husband, for his love and support during these years, my parents, Juan and July, for their sacrifices, for teaching me to be a hard worker, and for their motivation to achieve my dreams, my brother Jeancarlo and my sister Tania, for following their dreams. I love all of you very much.

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I would like to express my gratitude to the members of my thesis committee, Dr. Charles Negy, Dr. Kimberly Renk, and Dr. Jack McGuire.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER ONE: INTRODUCTION

In the past century, psychology has grown to be an organized scientific field that has

made outstanding contributions to the knowledge of human behavior. Through research,

scientists in the field have achieved extraordinary advances in the understanding of mental

health, which solidifies psychology as a research-based science. Yet, the field struggles to

convert its knowledge into useful applications for many segments of the population at large.

U.S. Surgeon General, David M. Satcher, released a special report on mental health entitled,

Mental Health: Culture, Race and Ethnicity at the 2001 annual convention of the American

Psychological Association, in which he revealed that mental health services are being

underutilized by minority groups (Daw, 2001). According to Satcher, mental health issues must

be understood in a social and cultural context in order to insure access to mental health services

by all populations.

It is important to understand variables affecting the utilization of mental health services.

As a means of determining why some ethnic groups underutilize or overutilize mental health

services, many researchers examine statistics of utilization. Yet, to know with certainty if some

populations are underutilizing or overutilizing services requires knowing the prevalence of

psychological disorders in minority groups in relation to actual usage of services, taking into

account location, population size and socio-demographic factors. Such a project would be

laborious and ambitious. Because attitudes toward seeking mental health services might serve as

a proxy measure for actual usage of services, assessing people's attitudes on this topic potentially

is a starting point for shedding light on this question (Brody, 1994; Halgin, Weaver, Edell, &

Spencer, 1987; Greecavage & Nocross, 1990). The purpose of this study will be to investigate

attitudes towards seeking psychological help among Hispanic Americans in order to create a model for predicting help-seeking behaviors for Hispanics.

Hispanic or Latino populations are the focus of this study for three reasons. One, Hispanics represent one of the ethnic groups most discussed in the literature for not availing themselves to mental health treatment despite possibly having disproportionate psychological problems (Cuellar,1977; Leaf, 1996; Leong, 1986; S. Sue, 1977; Takeuchi & Uehara, 1996). Two, the family and church are considered by many Hispanics to be the preferred source for support during difficult times, and therefore Hispanics possibly are more likely than other ethnic groups to dismiss the need for professional help even when such help may be required (Briones et al., 1990; Cohen, 1979; Comas-Diaz, 1989; Kobus & Reyes, 2000; Leong et al., 1995; Woodward et al., 1992). Third, Hispanics now constitute the largest ethnic minority group in the United States. From 1990 to 2000, while the U.S. population increased by 13.2 percent, the Hispanic population increased by 57.9 percent (U.S. Census Bureau, 2000). Given this level of growth, the mental health field can anticipate having to respond increasingly to the mental health needs of Hispanics and may benefit by understanding their attitudes towards seeking psychological help.

CHAPTER TWO: LITERATURE REVIEW

General Statistics on the Utilization of Mental Health Services in the United States

The statistics on the utilization of mental health services in the United States are discouraging for the population at large. According to the Global Burden of Disease Study, which was a comprehensive assessment of mortality and disability from diseases and injuries conducted in 1990, mental illness comprises approximately fifteen percent of all the diseases in the United States (Murray & Lopez, 1996). Yet there exists a severe underutilization of mental health services in the population at large (Stefl & Prosperi, 1985). Both national (Kessler et al., 1994; Regier et al., 1993b) and international (Rabinowitz, Gross, & Feldman, 1999) surveys indicate that the majority of individuals who feel that they need professional counseling do not get help. According to Kessler et al. (1994), analyses of the National Comorbidity Survey (NCS) conducted in the 1990's resulted in a projected estimate that approximately 23% of adults in the nation have a mental illness. The analysis further indicated that approximately 40% of adults with a lifetime psychiatric disorder had sought mental health services (Kessler et al., 1994). Moreover, approximately 70% of all people with mental health problems do not seek psychological help (Regier et al., 1993b). These findings indicate that in general, people are not seeking psychological help relative to their mental health needs, with ethnic minorities possibly using services at an even lower rate (Hough et al., 1987; Jimenez et al., 1997; Leong, 1986; Sue, 1977, 1991, 1994; Takeuchi & Uehara, 1996).

Use of Mental Health Services by Minority Populations: The Case of Hispanics

It is generally considered that ethnic and racial minority group members underutilize psychological health services (Cuellar, 1977; Hough et al., 1987; Jimenez et al., 1997; Leong,

1986; Sue, 1977, 1991, 1994; Takeuchi & Uehara, 1996). The underutilization hypothesis has existed since the 1960's. Cuellar (1977) was one of the first researchers to test the underutilization hypothesis of mental health facilities by Mexican Americans in the state of Texas. Cuellar's research was born in an era when there was a new sensitivity to ethnicity in the delivery of mental health services, as reflected in the 1975 amendments to the Community Mental Health Center Act of 1963 (Cuellar, 1977). Padilla, Ruiz and Alvarez (1975) (as cited by Cuellar, 1977) held the view that, "In the United States, the Spanish-speaking/surname population receives mental health care of a different kind, of a lower quality, and in lesser proportions than any other ethnically identifiable population" (p. 892). Cuellar's (1977) research indicated that in relation to their respective concentration in the combined catchment areas of the facilities studied, Mexican Americans in Texas were significantly underrepresented in specific mental health services.

Similarly, in the Seattle Project, the data of nearly 14, 000 clients treated in 17 different community mental health centers were examined and findings suggested that Hispanics, as well as other minority groups, generally underutilized mental health services (Sue, 1977). In another study conducted by Sue (1991), the utilization rates of various minority groups, including 58, 844 Latino clients, using outpatient services in the Los Angeles County mental health system for a period of 15-years were examined. Mexican Americans and Asians were found to significantly underutilize mental health services, whereas African Americans were found to over utilize services.

When comparing utilization rates of mental health services by ethnicity, it is important to have some estimate of lifetime rates of mental illness for each ethnic group. Hispanic Americans and Whites, in general, are found to be similar in lifetime rates of mental illness as indicated by

an analysis of the Epidemiologic Catchment Area (ECA) surveys (Robins & Regier, 1991; Snowden & Cheung, 1990). In a psychiatric epidemiological study of the Hispanic population conducted in both rural and urban areas in the state of California, it was found that the percentage of mental disorders of Mexican Americans and Whites were similar, however, the percentage of mental disorders of Mexican Americans was higher than that of immigrants born in Mexico (Vega, 1998).

The findings that Whites and Hispanics are similar in lifetime rates of mental illness have led researchers to study actual mental health usage, with the assumption that both groups would use mental health services at proportionally equal rates. This notion, however, is not necessarily accurate based on evidence from several studies. Although Hispanics have been found to have a lifetime rate of mental illness similar to Whites, an analysis of the Los Angeles ECA showed that in relationship to Whites, Mexican Americans were less likely to use outpatient services and they were just as likely to have used inpatient services (Hough et al., 1987). Woodward et al. (1992), on the other hand, found that Mexican Americans used both outpatient and inpatient psychiatric services at lower rates than Whites and African Americans. Other studies also have shown that Hispanics use emergency mental health services (Hu, Snowden, Jerrell, & Nguyen, 1991) and specialized services less than Whites (Leaf et al., 1996). In contrast to most of these findings, Snowden and Hu (1997) reported an overuse of mental health services by Hispanics, whereas Lopez (1981), in an evaluation of 17 psychiatric hospitals, found that there was under-representation in 12 instances and proportional or over-representation in 5 instances. No consensus appears to exist regarding the question of whether Latinos underutilize or overutilize mental health services relative to their lifetime rate of mental illness and relative to other ethnic groups.

Various reasons have been offered in the literature attempting to explain why Hispanics do not use mental health services at a rate proportionate with their lifetime rate of mental illness. First is the possibility that Hispanics may really have a lower rate of mental disorders than Whites. This has been an idea widely used in trying to understand the underutilization of mental health services by Hispanics. Yet, although some studies have reported lower rates of mental disorders of Hispanics in comparison to other ethnic groups (Zhang & Snowden, 1999), other studies have found higher rates of mental disorders among Hispanics (Wells, Hough, Golding, Burnam & Karno, 1987). Second, according to some, the fact that Hispanics underutilize mental health services has its roots in the mental health system itself. Kanel (2002), for example found that Latinos believed that there are insufficient Spanish-speaking therapists to meet their needs. Third, according to Snowden and Cheung (1990), Whites have greater access to mental health services than Hispanics and African Americans because on average Whites have higher incomes and are more likely to have health insurance. No one knows if Hispanics under- or overutilize mental health services, and if they do underutilize services, no one knows why.

Use of Mental Health Services by Minority Populations: The Case of African Americans

African Americans represent one of the most studied minority groups in the United States. Research conducted with this population provides the basis or the rationale for conducting investigations with other minority groups, particularly for comparative purposes. Similar to the Hispanic population, studies on African Americans yield inconsistent findings in terms of the rate of mental health services usage and mental illness prevalence. Robins and Regier (1991), for example, found no differences in lifetime rate of mental disorders between African Americans and Whites in their analyses of the ECA surveys. The National Comorbidity

6

Survey, however, indicated that African Americans had a lower lifetime incidence of mental disorders when compared to other ethnic populations (Kessler et al. 1994).

Mental health services are generally found to be underutilized by African Americans (Parker & McDavis, 1983; June, Curry, & Gear, 1990). Particular to the African American population, however, are findings pointing to the underutilization of specific types of mental health services and to the overutilization of other services. According to Snowden and Cheung (1990), African Americans' utilization rate of inpatient psychiatric services is twice that of Whites, whereas outpatient services are used at a significantly lower rate. Hu et al. (1991) found that African Americans are more likely than Whites to receive emergency care. However, in a study conducted by Snowden (1999), a higher rate of African American use of emergency care in comparison to Whites was found only in uncontrolled analysis. According to Snowden "…sociodemographic and clinical differences between Blacks and Whites accounted for the difference in using emergency care. This result supports the suggestion that the widely reported racial disparity in emergency care is attributable to differences in usual source of care and other indicators of access." (p. 310).

The reasons proffered in the literature to explain why African Americans overutilize or underutilize mental health services are many. Bias in clinician judgment is thought to be one reason African Americans overutilize inpatient treatment. Inspection of admission rates per 100,000 civilian population revealed that African Americans are more likely than Whites to be diagnosed as schizophrenics and less likely to be diagnosed with an affective disorder (Snowden & Cheung, 1990). It deserves noting that Schizophrenia may indeed be of higher prevalence in the African American community in light of their disproportionate experiences with social stressors. African American's higher use of emergency care generally is attributed to limited

resources, inconvenient locations of private practitioners, an unwillingness of therapists to treat

African Americans, and to the lack of mental health care professionals willing to treat clients

without insurance (Snowden, 1999). Interestingly, the underrepresentation of African Americans

is most conspicuous in private outpatient settings among middle-class African Americans who

often are privately insured, so according to Snowden (2001), socioeconomic class cannot be the

sole factor to explain underutilization of out patient services in the African American

community.

A Word of Caution about Mental Health Utilization Studies

As evidenced by the studies reviewed thus far, the research literature remains divided on

the issue of mental health utilization rates by different ethnic groups, with some studies reporting

underutilization and others reporting overutilization of services. Among possible explanations

for these discrepant findings may be that the studies varied both methodologically and

conceptually. If it could be assumed that mental illness occurs at the same rate across different

populations, it is tempting to conclude that some ethnic groups under- or overutilize mental

health services relative to other groups. Yet, as indicated earlier, it generally is difficult to

interpret utilization data without having accurate information on the actual prevalence of mental

disorders across ethnic groups. This absence of information likely leads to contradictory

findings because of different methodological approaches (Attkinson, Dresser, & Rosenblatt,

1995). Moreover, even when studies find that some ethnic groups respond more favorably to

what is considered to be "culturally sensitive" treatment or agencies (Gottesfeld, 1995; Snowden

& Hu, 1997), the studies are correlational and do not necessarily provide answers to questions

regarding variables accounting for under- or overutilization of services. In light of the ongoing

question over utilization of services it may be more informative to examine the attitudes ethnic groups have towards seeking counseling.

Help-Seeking Attitudes of Psychological Services among Minority Populations

Although studies about the attitudes towards mental illness have been conducted before (Veroff, Douvan, & Kulka, 1981); specific attention to the attitudes of minority populations has been neglected. As mentioned before, members of racial and ethnic minorities do not seem to seek outpatient psychological services as often as Whites (Snowden, 2001; Sussman et al., 1987; Vega et al., 1998; Zhang, Snowden, & Sue, 1998), and some of the variables offered as possible explanations for why minority members are dissuaded from seeking psychological services are: an apprehension toward the mental health system (Lin et al., 1982), a lack of mental health services availability (Horwitz, 1987), the insensitivity of providers to cultural factors (Woodward et al., 1992), not having the time to seek out psychological help, apprehension of being hospitalized, thinking that no one could help , the cost of psychological treatment, and the stigma attached to utilizing mental health services (Sussman et al., 1987).

In this section, variables thought to moderate people's attitudes toward seeking psychological help are reviewed. These variables include a mistrust of professionals, stigma attached to those who need counseling, socioeconomic status, gender, religion, beliefs about mental illness, self-concealment, emotional openness, social support, help-giving source preference, familism, and acculturation. Some of these variables have been only investigated with other ethnic groups, and are included for the purpose of having a more comprehensive review of help-seeking attitudes. Further, some findings, although not pertaining to the Hispanic population, also are reviewed because of their relevance to the situation of Hispanics.

Mistrust of the mental health system and stigma issues

It has been documented that during the 1950s stigma influenced the general population's attitudes towards mental illness in the Unites States (Veroff et al., 1981). Today, half a century later, the perception of the social stigma associated with using mental health services is still a variable associated with less favorable attitudes toward seeking mental health services (Komiya, Good & Sherrod, 2000; Stefl & Prosperi, 1985; Sussman et al., 1987). Therefore, stigma has been cited as a mediator of help-seeking behavior (Esters, Cooker, & Ittenbach, 1998) because in general people have negative perceptions and disapproving opinions of those who utilize psychological services (Sibicky & Dovidio, 1986).

Stigmatization of mental illness and lack of trust also have been speculated as variables affecting Hispanics' usage of mental health services. According to Leong et al. (1995), Hispanics associate mental illness and seeking help for a psychological disorder with disgrace and shame, and reflective of weakness in character. For example, people from El Salvador who have been politically persecuted by government authorities may be reluctant to seek help due to a learned lack of trust of authority figures (Hall, 1994). These findings point to the influence that stigma and lack of trust may have on help-seeking attitudes.

Other minority groups also stigmatize mental illness and mistrust those in positions of authority such as mental health professionals. For example, the underutilization of services by other minority groups, like Asians (Uba, 1994), has been attributed to the stigma and shame they associate with mental illness. According to Boyd (1990), it is precisely the fear of being labeled as "crazy" and the apprehension of being hospitalized against will (Sussman et al., 1987) that deters many African Americans, for example, from seeking psychological services. African

10

Americans tend to mistrust mental health providers (Snowden, 2001), and Nickerson, Helms, and

Terrel (1994) have found that as cultural mistrust of Whites increased, the likelihood of African

American college students visiting a counseling center decreased. Similarly, Padgett, Patrick,

Burns, and Schlesinger (1995) found that African Americans are mistrustful of mental health

agencies at which primarily White personnel works. These findings merit further research of

stigma toward mental illness and lack of trust in relation to minorities' attitudes towards seeking

psychological help.

Socioeconomic status and cost issues

Poverty is associated with increased psychological health needs (Rabinowitz, Gross,

Feldman, 1999), with those in the lowest socioeconomic levels being twice as likely to have a

psychological disorder (Regier et al., 1993b). The cost of therapy is among the principal reasons

why people do not seek psychological help (Miranda & Green, 1999; Sussman et al., 1987).   In

contrast, higher socioeconomic status correlates with higher psychotherapy utilization in general

(Nadler, 1983). It also has been hypothesized that a lack of financial resources is related to

Hispanics' underutilization of psychological services (Wells et al., 1987). In the survey by

Kanel (2002), Latinos indicated lack of insurance as one of the reasons they did not use mental

health services. Lower socioeconomic status has also been associated with a lower utilization of

mental health services by other ethnic groups.

Socioeconomic status also has been associated with African Americans' help seeking

attitudes. According to the findings of an investigation that studied the sociodemographic

correlates of 18, 751 male and female adults' one month prevalence rates of mental disorders in

five American cities, the lower socioeconomic status of African Americans is what increases

their risk of having psychological disorders (Regier et al., 1993a). Attempting to control for socioeconomic level, Padgett, Patrick, Burns, and Schlesinger (1994) conducted an analysis on insurance claims data of approximately 1.2 million federal employees. Their analyses showed that even after controlling for socioeconomic status, African Americans and Hispanics were less likely than Whites to use mental health services. On the other hand, other studies indicate that even African Americans that are privately insured use outpatient mental health services at a lower rate than Whites (Padgett, et al., 1994; Snowden, 2001). In general, socioeconomic differences may reflect the lack of access to resources necessary to seek outpatient mental health services and as such, it is an important variable to consider in investigating attitudes towards seeking psychological help. Still, it deserves noting that socioeconomic differences may not explain the differential hospitalization rates of African Americans and Hispanics (Snowden & Cheung, 1990).

Gender

In general, many studies have found that men utilize counseling services less than women and hold more negative attitudes towards seeking professional psychological help (Cheatham, Shelton, & Ray, 1987; Johnson, 1987; Kessler, Brown, & Broman, 1981; Kirk, 1973; Komiya, Good, & Sherrod, 2000; Sheikh & Furnham, 2000; Surgenor, 1985; Wisch, Mahalik, Haves, & Nutt, 1995). Gender differences in attitudes also have been found among specific ethnic groups. Jewish (Kaminetzky & Stricker, 2000) and Chinese American females (Tata & Leong, 1994) for example, are significantly more likely than men from their cultural groups to have positive attitudes towards seeking psychological help. Contrary to these findings, both Mexican males (Parra, 1985) and African American males (Jalali, Jalali, & Turner, 1978; Parker & McDavis,

12

1983) have been found to be more likely to have positive attitudes toward mental illness and toward seeking psychological help than females. Other studies, however, have found that gender was not significant in predicting help-seeking attitudes (Dadfar & Friedlander, 1982). Overall, these studies suggest a trend toward women's greater tendency to seek therapy than men.

Religion

Religion plays an important role in forming cultural values (Guarnaccia & Rodriguez, 1996) and it is related to seeking psychological help (Fischer & Cohen, 1972; Fischer & Turner, 1970). Religion and spirituality help individuals deal with the stressf in their lives (Pargament, 1997). Many Hispanics view religious entities as a support system (Comas-Diaz, 1989), and African Americans also tend to seek spiritual support when undergoing stressful experiences (Broman, 1996). Woodward et al. (1992) suggested that religious Mexican Americans perceive church services as an opportunity to place their problems in the hands of God, which in turn makes them feel better, reducing the need to seek psychological services. Similarly, Lyles and Carter (1982) suggest that African Americans have utilized the church to cope with psychological and emotional problems.

Religiosity is correlated with help-seeking attitudes of other cultural groups as well. Sheikh and Furnham (2000) found religion to be a significant predictor of help-seeking attitudes among Muslims who tended to have less positive attitudes towards seeking help from professionals than those with no religious affiliation. Fischer and Cohen (1972) found that Jewish people tend to hold more favorable attitudes towards psychotherapy than Protestants or Catholics, and Kaminetzky and Stricker (2000) found that more Orthodox Jewish individuals, who are conservative and highly observant of rituals, consulted a rabbi for emotional problems

13

more than other Jewish groups. Taking into consideration these findings as well as Brody's

(1994) finding that traditionalism has been found to negatively correlate with attitude towards

psychotherapy, level of religiosity is an important variable to consider in assessing attitudes

towards seeking help.

Cultural beliefs about mental illness and education level

Beliefs about mental illness vary across cultures (Edman & Kameoka, 1997; Guarnaccia

& Rodriguez, 1996). Ethnicity is believed to influence opinions about mental illness, and

opinions about mental illness to influence attitudes towards seeking psychological help (Hall &

Tucker, 1985). For example, in a study conducted on a sample of 290 White students, it was

found that their opinions about mental illness correlated significantly with their attitudes toward

seeking help (Leong, 1999).

Opinions about mental illness have been proposed as a variable explaining the variation

of help-seeking attitudes among ethnic groups. Lau and Takeuchi (2001) suggested that the

lower rate of help-seeking behavior among Asian Americans, relative to Whites, may be because

Asian Americans have different views of mental illness and may not judge psychological

problems in the same manner as do Whites. Shokoohi-Yekta and Retish (1991), for example,

used the Opinions about Mental Illness Scale (OMI) to examine the opinions about mental illness

of Chinese male graduate college students and found that Chinese students were more likely than

White American students to perceive people with a psychological illness as "inferior." Hall and

Tucker (1985) found that African American teachers were more likely than White teachers to

believe that will power cures psychological problems and that by controlling morbid thinking

psychological disturbances can be controlled. Nickerson, Helms and Terrel (1994), however,

found no relationship between opinions of mental health and attitudes towards seeking help among African Americans. These findings suggest that opinions towards mental illness may influence psychological help-seeking intentions.

Generational differences in beliefs about mental illness possibly exist. Edman and Koon (2000) conducted a study to examine the influence of culture on perceptions of illness among Malaysian and Chinese College students and their mothers who resided in Malaysia. They found that there were no generational differences in beliefs about illness in the two ethnic groups. However, given that mothers completed the surveys at home, the authors speculated that the students may have influenced their mothers' responses to questionnaires. They did find that Malaysians rated religious attributions for mental illness (e.g., God, destiny, prayer) higher than Chinese.

Related to the opinions that people have toward mental health is level of education. Level of education does appears to be correlated with beliefs people have towards mental illness (Bhana & Daniel, 1987), and it significantly correlates with attitudes toward psychotherapy in Jewish communities (Kaminetzky & Stricker, 2000). Fischer and Cohen's (1972) study also found a positive correlation of help-seeking attitudes with educational level. Similarly, Sheikh and Furnham (2000) found that education was a significant predictor of positive attitudes towards seeking help in a sample of British Asian, Western European, and Pakistanis. Yet, contrary to those findings, Dadfar and Friedlander (1982) found that education was not significant in predicting the professional help-seeking attitudes among a sample of international students. Nonetheless, overall these results suggest that individuals with a higher level of education tend to have more positive help-seeking attitudes.

Emotional Openness

Komiya, Good, and Sherrod (2000) pointed out that "Fear of emotions is one factor that has received little empirical examination for its potential contribution to individuals' reluctance to seek professional psychological assistance" (p. 138). For example, it has been found that a higher level of emotional openness was a predictor of more positive attitudes toward psychological help seeking among university students (Komiya, Good, & Sherrod, 2000). Tracey, Leong, and Glidden (1986) conducted a study that compared Asian and White American students and found that Asian American students were less likely than White students to admit personal and emotional issues. The possibility that some ethnic groups are more or less likely to admit to having emotional problems may significantly influence their help-seeking attitudes.

Social Support, Social Networking, and Preferences for Help-Giving Sources

Social support and social networking are important variables to consider when studying attitudes toward seeking help. Tolsdorf (1976) defined social network orientation as a set of beliefs, attitudes, and expectations concerning the potential usefulness of network members in helping an individual cope with a life problem. Natural social supports often ameliorate emotional distress and have been found to reduce the need for mental health treatment (Birkel & Reppucci, 1983). Social support has been found to correlate with a reduction in depressive symptoms among Hispanics (Briones et al., 1990), adding another possible explanation for the lower rates of mental health service utilization by Hispanics. In a related study, Kobus and Reyes (2000) found that Mexican American students reported being able to manage stress by using active coping strategies (information seeking, decision making, problem solving, or direct action) and by relying on support from their families. In their study, there was a gender

difference in reliance on family support, with females being more likely to seek support from the family and to vent emotions to family members when dealing with stress than men. Kelly and Achter (1995) however, found that social support and self-concealment (the action of keeping to oneself upsetting personal information) were positively correlated and that social support was not a significant predictor of intentions to seek counseling services of Chinese Americans. In their study, self-concealment was a better predictor of intentions to seek counseling than were depressive symptoms or social support.

Turning to significant others such as family and friends also appears to be a common approach for dealing with problems among African Americans (Ponterotto et al. 1986; Snowden, 2001). In fact, White and Parham (1990) argue that African Americans' political, economic, and social oppression is one of the reasons why they rely more on their family system in comparison to Whites. For example, Zimmerman, Ramirez-Valles, Zapert and Maton (2000) conducted a study with urban male, African American adolescents and found that parental support was predictive of lowered anxiety and depression. Yet, empirical studies occasionally indicate otherwise. For example, Snowden (1998) found that African Americans were less likely than Whites to turn to family, friends, and religious figures for assistance (as cited in Snowden, 2001). Also, according to Parker and McDavis (1983), African American students believed that counselors can help them in ways that families, friends, and ministers cannot help them. The heterogeneity of African Americans possibly explains why studies on this topic have yielded discrepant findings and inconsistent conclusions.

Familism

Familism refers to the central position that a family holds in the life of an individual. According to Triandis, Marin, Betancourt, Linsansky, and Chang (1982), familism is a cultural

value that involves having strong feelings of loyalty, reciprocity, and solidarity among nuclear and extended family members. Sabogal, Marin, Otero-Sabogal, Marin, and Perez-Stable (1987), articulated three dimensions of familism: 1) perceived familial obligations to provide material and emotional support to the members of the nuclear and extended family, b) relying on relatives for help and support, and c) the use of family members as behavioral and attitudinal referents. Familism has been found to correlate with acculturation level. Sabogal et al. (1987) found that familial obligations and perception of family as behavioral and attitudinal references diminished with the level of acculturation. Still, highly acculturated Hispanics continued to hold more familistic attitudes than Whites. It was also found that first-generation Hispanics and those who had spent a significant amount of years in their Latin American countries (first 15 years) reported higher scores on familism than those that were either born in the United States or were of a second generation or higher.

Even though Latinos have diverse national origins and socioeconomic conditions, many place an especially high value on familial relationships (Kaniasty & Norris, 2000). In their study, Sabogal et al. (1987) found that Mexican, Central and Cuban American all reported high values on familism, further supporting the notion of familism as a Hispanic cultural value. A number of studies indicate that Hispanics in general are likely to rely on the family or friends when undergoing psychological stress or emotional problems instead of seeking professional mental health services (Leong et al., 1995). Familism seems to protect individuals against psychological problems by providing natural support systems (Cohen, 1979), making this an important variable to consider in assessing Hispanic attitudes towards seeking psychological help.

Previous History of Therapy or Counseling

A few studies have found that previous history of therapy correlates positively with attitudes towards seeking psychological help (Dadfar & Friedlander, 1982; Deane, Skogstad, & Williams, 1999; Furnham & Andrew, 1996; Halgin, Weaver, Edell, & Spencer. 1987). In a study conducted in Great Britain by Furnham and Andrew (1996), history of previous contact with a psychotherapist was found to predict attitudes towards seeking psychological help. Similarly, Dadfar and Friedlander (1982) found that previous contact with a mental health counselor, along with continent of origin (Geographical birth place) were principal predictors of attitudes towards seeking help. The quality of prior therapy of New Zealand male prisoners' also was found to be associated with increased willingness to seek professional psychological help (Deane, Skogstad, & Williams, 1999). Additionally, Halgin, Weaver, Edell, and Spencer (1987), found that both the experience of having sought psychological help and experience of depression uniquely predicted more positive attitudes, beliefs, and willingness towards seeking psychological services. Overall, these findings suggest that history of previous therapy and its quality are important variables to consider in assessing help-seeking attitudes.

Acculturation

Cultural variables, such as acculturation and ethnicity, have both been associated with help-seeking of psychological services (Surgenor, 1985). Acculturation refers to the process by which people adapt and adjust from their original culture to a new culture, and to the changes that occur in their behaviors, beliefs and values (Guarnaccia & Rodriguez, 1996; Padilla, 1980). In the United States, where the majority group is composed of Whites, for someone of "non-White" background to become acculturated means they have acquired the values, customs, and

19

language of the White culture (Negy & Woods, 1992). Although most of the theories seem to describe acculturation as a unidirectional process, acculturation is a bidirectional process between an individual and the main stream culture (Berry, 1993; Negy & Woods. 1992). Acculturation also is selective, in that individuals may elect to preserve certain values, while selectively adopting values from the host society (Garza & Gallegos, 1985; Negy & Woods, 1992). Acculturation can therefore be viewed an active process that may influence, shape or change attitudes.

Acculturation is an important variable in understanding research with Hispanic Americans, and many empirical studies have addressed the role of acculturation across a variety of psychosocial variables (see Negy & Woods, 1992, for a review). According to Rogler, Cortes and Malgady (1991), changes in acculturation bring about changes in the relationship of individuals with their environment, which can impact in complex ways the psychological health of a person. Rogler et al. examined 30 research-based studies that had evaluated the relationship between acculturation and mental health status among Hispanics. Their review indicated that although some studies had found a negative relationship between acculturation and psychological distress, other studies had found a positive relationship between these two variables; still, others had found a curvilinear relationship. According to Rogler et al., a negative relationship may exist with immigrants low in acculturation level who have been taken away from supportive networks and feel isolated, so these strains lowers their self-esteem eventually giving rise to symptomatic behavior. A positive relationship between acculturation and distress may exist when an increase in acculturation level alienates the individual from traditional supportive primary groups and in adapting to a new culture. Increases in acculturation level are associated with increased risk for drug and alcohol abuse. A curvilinear relationship reflects

good mental health in that it represents the optimal combination of retaining the supportive

cultural elements and the learning of host society's cultural elements (Rogler, Cortes & Malgady,

1991). Despite the attempt by Rogler et al. to explain the various correlational outcomes

between acculturation and psychological distress among Hispanics, it probably is more likely

that it is not known at this time why the observed correlation between these two variables is

sometimes positive, negative, and curvilinear. Additional studies are needed to better elucidate

(and possibly explain) the seemingly contradictory correlations between acculturation and

psychological distress among Hispanic populations.

Generation level is correlated with acculturation. Perez and Padilla (2000) examined the

changes in cultural orientation across three generations of Hispanic adolescents and found that

Hispanic culture orientation decreases across generation but do not disappear completely.

Similarly, Cuellar, Nyberg, and Maldonado (1997) conducted a study to investigate the

relationship between acculturation and ethnic identity. They found that ethnic identity scores

were higher in first generation, less acculturated students, whereas higher levels of acculturation

were associated with lower feelings of belonging to their cultural groups and lower feelings of

ethnic identity. According to Cuellar et al. (1997) their results strongly support the concept that

ethnic identity and acculturation are related but separate processes. Their finding also suggested

that among Mexican Americans their sense of ethnic group membership decreased with

acculturation.

A few studies have found a correlation between acculturation and attitudes towards

seeking psychological help. Atkinson and Gim (1989) found that acculturation correlated with

Asian American college students' attitudes towards seeking help. Irrespective of gender, the

students with a higher level of acculturation were more likely to recognize their need for

psychological help, more open to discuss their problems with a psychologist, and more tolerant

of the stigma related with psychological help then less acculturated students. Interestingly, Lau

and Takeuchi (2001) found that parents with a more traditional Chinese cultural value orientation

did not display an overall aversion to seeking psychological help for their children's behavioral

problems and it did not appear that cultural values affected the parents' judgment of the severity

of their child's behavior. However, according to Lau and Takeuchi, the results did indicate that

cultural values may influence the help-seeking intentions among Chinese American parents

indirectly, by influencing the affective processes of shame and stigma that have been found to be

common in these populations. Wells et al. (1987) found that a higher level of acculturation of

Mexican Americans predicted more favorable attitudes toward using mental health services.

This finding was corroborated by a survey conducted by Vega et al. (1998) in which lower levels

of acculturation of Mexican Americans were related to a lower use of mental health services.

Dadfar and Friedlander (1982), on the other hand, found that length of residence in the United

States, which may imply higher acculturation, was not significant in predicting help-seeking

attitudes of international students. Although acculturation seems to be associated with increased

willingness to seek the help of a professional for personal problems, the results from various

studies do not corroborate that observed trend. In all likelihood, acculturation may actually

interact with other variables that may correlate more directly with willingness to seek

professional assistance.

Attitudes Towards Seeking Psychological Help

People's attitudes have been used by psychologists to both explain and to predict

behavior. Underlying this idea is the presumption that attitudes more or less influence behavior,

and that changing specific behavior may be dependent upon changing a specific attitude (Ajzen

22

& Fishbein, 1980). An attitude can be defined by a description of its three components which include an affective component (the feeling people have toward something), a cognitive component (the beliefs, perceptions, or opinions about something), and a behavioral component (the overt actions an individual exerts) (Rosenberg & Hovland, 1960). As explained by Ajzen and Fishbein (1980), a person's intention or decision to perform a given behavior often is a function of a person's attitude or intention toward performing that behavior.

Fishbein and Ajzen's (1975) theory of reasoned action, suggests that a behavioral intention is determined by attitudes and by the personal perception of what others think the person should do, which implies that what other members of one's culture think may influence one's own attitudes. Furthermore, ethnicity, which encompasses particular cultural values and beliefs, influences a person's attitudes towards seeking psychological help (Brody,1994), and according to Ponterotto et al. (1986), "Attitudes toward counseling may not be a simple function of race per se but a function of variables within a race" (p. 58). Assessing Hispanics' attitudes towards seeking psychological help along with other seemingly relevant variables may provide information about actual behavior of seeking psychological services.

According to Fischer and Turner (1970), interpersonal openness, stigma associated with psychiatric help, confidence in mental health professionals, and recognition of personal need for psychological help are all important components that influence attitudes towards seeking professional psychological help. Toward the goal of increasing minorities' utilization of available mental health services, once attitudes related to help-seeking behavior are identified, the next step is to promote more favorable attitudes toward the mental health profession. Esters et al. (1998), for example, demonstrated that it may be possible to influence people's attitudes about mental illness. They assessed the effects of information on mental health of 40

adolescents' conceptions of mental illness. The intervention was successful as the adolescents'

attitudes and opinions about mental illness became more positive, giving an indication of how

important it is to identify the factors that influence help-seeking attitudes.

The Current Study

The literature reviewed thus far points to a confluence of variables correlated with

willingness to seek services from mental health professionals. Although most of the variables

identified appear to transcend ethnicity (e.g., level of education, emotional openness, etc.), a

subset of variables associated with help-seeking attitudes appears to be relatively unique to

Hispanics, such as acculturation, trust levels toward the mental health system, support from

family, and so on. Despite that all of the identified variables seem to correlate to some degree

with help-seeking attitudes, some variables likely possess more predictive ability than others.

Yet, absent from the literature is any attempt to synthesize findings from diverse empirical

studies on this topic from which a comprehensive model predicting help-seeking attitudes can be

generated. The present study represents an attempt to create such a model with the hope that the

model might yield a constellation of variables (and their order of importance) that best predict

Hispanics' willingness to seek counseling or therapy for emotional problems. If a model

predicting Hispanics' proclivity to obtain professional assistance with psychological problems

could be established, information from the model might inform community mental health

organizations on how to better provide outreach services to their respective Hispanic

communities. Also, such information might improve clinicians' ability to retain their Hispanic

clients who, as a group, tend to terminate therapy prematurely (Bui & Takeuchi, 1992; Sue,

1977; Sue et al., 1991). Because the purpose of this study was to develop an empirically-derived

model predicting Hispanics' willingness to seek professional assistance based on variables identified from the literature as being predictive of such behavior, no formal hypothesis was made in this regard.

A second goal of this study was to determine if Hispanics' attitudes toward seeking psychological services differ between two generations of family members. Later generations of Hispanics acculturate faster than their parents, including adopting attitudes held by the larger, mainstream culture (Szapocznik & Kurtines, 1993). Because in the United States the perception exists that there tends to be more openness toward seeking psychotherapy than in Hispanic cultures (Leong et al, 1995), it was hypothesized that Hispanic college students would have significantly more positive attitudes toward seeking professional counseling or therapy relative to their parents.

The variables selected for inclusion in this study are: Age, gender, socioeconomic status, religion, beliefs about mental illness, attitudes towards seeking psychological help, education level, generation level, emotional openness, mistrust, stigma, social support, help-giving source preference, previous history of therapy, acculturation level, and current psychological distress.

CHAPTER THREE: METHODOLOGY

Participants

Participants included 158 Hispanic students (94 female, 64 male) attending a state-funded university in the southeastern region of the United States and one of their parents (81 mothers, 77 fathers). Students were informed about the nature of the study and were told that if they elected to participate, they would need to ask one of their parents (either mother or father was acceptable) to complete a similar set of questionnaires.

The strategy of having university students enlist the participation of a parent was used for several reasons. One, having participants enlist their parent's participation facilitated intergenerational comparisons, which was the primary focus of the current study (Edman & Koon, 2000). Also, given ethnic minorities' purported reluctance to serve as participants in studies (Okasaki & Sue, 1995), having Hispanic college students enlist their parents' participation provided a "proxy" sample of older adult Hispanics from the broader community (Negy & Snyder, 1997).

All student participants identified their ethnic identity as Hispanic or Latino. Specifically, 66 students reported being Puerto Rican, 63 Cuban American, 17 South American, 5 Central American, 5 Dominican Republican, and 2 of Mexican ancestry. Fifty-eight percent (n = 91) were born outside the United States, and the majority (94%) reported being single and either college freshmen (46%) or sophomores (20%). Regarding generation levels, 58% reported being 1st generation, 38% being 2nd generation, 3% being 3rd generation, and 1% being 4th generation American or later. Thirty-eight percent were currently employed, and their mean age was 20.27 years (SD = 2.19). Last, 31% reported having received professional counseling or psychotherapy in the past.

All parent participants also identified their ethnic identity as Hispanic or Latino. There was 100% congruence between the parents' specific Hispanic ancestry and that of their children. Eighty-nine percent (n = 73) of the mothers and 92% (n = 71) of the fathers were born outside the United States; 71% (n = 57) of mothers, and 61% (n = 47) fathers reported being married. Regarding generation levels, 89% of mothers and 92% of fathers reported being 1st generation, 9% of mothers and 8% of fathers being 2nd generation, and 3% of mothers being 3rd generation American or later. The mothers' average number of years of education was 14.72 (SD = 2.77); the fathers' average number of years of education was 14.65 (SD = 2.79). Seventy-four percent of mothers and 94% of fathers were currently employed. Regarding income, 9% of mothers reported having an annual household income of less than $25,000, 26% between $26,000 - $50,000, 32% between $51,000 – $75,000, and 33% more than $75,000. One percent of fathers reported having an annual income of less than $25,000, 21% between $26,000 - $50,000, 35% between $51,000 - $75,000, and 41% more than $75,000. The mothers' mean age was 47.85 years (SD = 5.89); the fathers' mean age was 51.61 years (SD = 6.71). Finally, 46% of mothers and 33% of fathers reported having received professional counseling or psychotherapy in the past.

Students who elected to participate received two packets containing identical questionnaires and were instructed to complete one set of questionnaires and have one of their parents independently complete the remaining set of questionnaires. Instructions included with each packet explained that the questionnaires were to completed independently without the assistance of others and anonymously. When finished, they were instructed to insert the set of questionnaires into the original packet, seal it, and return the two packets (one from the student, one from the parent) to the researchers. All participants were informed that the data would be

entered into a data file at which point the original questionnaires would be shredded. The

college students were compensated for their participation with extra credit toward their

respective courses, whereas the parents received no compensation for participation.

Measures

All participants will complete the following:

1) A demographic sheet asking the respondent's ethnicity, age, gender, place of birth, annual

income level, employment status, generation level, and highest level of education attained. In

addition, participants will be asked if they have previously received counseling, if they have

received a psychological diagnosis, and when encountering a personal problem, with whom they

prefer to talk.

2) The 10-item unidimensional version of Fischer and Farina's (1995) Attitudes toward Seeking

Professional Psychological Help: A Shortened Form. This inventory consists of 10 items

chosen from Fischer and Turner's (1970) Attitudes towards Seeking Professional Psychological

Help Scale (ATSPPHS). The items are responded to using a Likert-type scale (e.g. agree, partly

agree, partly disagree, and disagree). Based on the present sample of Hispanic college students

and parents, this scale obtained Cronbach reliability coefficients of .83 and .89, respectively.

3) The Bidimensional Acculturation Scale for Hispanics (BAS; Marin & Gamba, 1996).

This inventory consists of 24 items that are responded to using a Likert-type scale. The scale

provides an acculturation score for 2 major cultural dimensions: acculturation toward the

Hispanic culture, and acculturation toward the American culture. The scale consists of 12 items

per cultural dimension that measure 3 language-related areas (language use subscale, linguistic

proficiency subscale, and electronic media subscale). Based on the present sample of college

students and their parents, the acculturation toward the Hispanic culture subscale obtained

Cronbach reliability coefficients of .92 and .91, respectively. The acculturation toward the

American culture subscale obtained Cronbach reliability coefficients of .92 and .94, respectively.

4) The Multidimensional Scale of Perceived Social Support (MSPSS; Dahlem, Simet, &

Walker, 1991). This inventory consists of 12-items used to assess respondents' perception of

social support from three distinct groups: family, friends, and significant other. Each of the

items is scored on a 7-point Likert scale ranging from "very strongly disagree" to "very strongly

agree." Based on the present sample of college students and parents, scores based on the overall

or total score of this inventory obtained Cronbach reliability coefficients of .95 and .92,

respectively.

5) Religiosity. To measure religiosity, participants responded to nine items created by Batson,

Schoenrade, and Ventis (1993). These nine items assess one's intrinsic reasons for believing in a

religion and are thought to better assess one's commitment to religion better than mere church

attendance. Based on the present sample of college students and parents, this scale obtained

Cronbach reliability coefficients of .90 and .83, respectively.

6) Beliefs toward Mental Illness Scale (Hirai & Clum, 2000). This is a 21-item scale that

assesses beliefs toward mental illness. Each of the items is scored on a 6-point Likert scale

ranging from "completely disagree (0)" to "completely agree (5)". This scale has three subscales

measuring the belief that those with mental illnesses are dangerous, have poor social and

interpersonal skills, and that most mental illnesses cannot be treated or cured. Based on the

present sample of college students and parents, this scale's overall or total scores obtained

Cronbach reliability coefficients of .93 and .95, respectively.

7) Mistruct subscale of the Network Orientation Scale (NOS; Vaux, 1985). Participants completed the five Likert items constituting the Mistrust subscale of the NOS. The Mistrust subscale assesses the extent to which individuals feel that others cannot be trusted. Higher scores indicate less of a willingness to trust others. Based on the present sample of students and parents, this scale obtained Cronbach reliability coefficients of .61 and .74, respectively.

8) Hopkins Symptoms Checklist- 21 item version (HSCL-21). This is an abbreviated version of the 58- item Hopkins Symptom Checklist (Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974), and was designed to assess symptoms of psychological maladjustment. The scale contains three subscales labeled General Feelings of Distress, Somatic Distress, and Performance Difficulty. Respondents report how severely they have experienced each symptom listed during the past 7 days from 1 (not at all) to 4 (extremely). Based on the present sample of college students and parents, this scale's overall or total score obtained Cronbach reliability coefficients of .90 and .88, respectively.

9) The Test of Emotional Styles (TES; Allen & Hamsher, 1974). The 30 items constituting the "orientation" dimension of the TES were included in this study because it measures the degree to which the respondent feels comfortable with emotions and actively seeks out emotional experiences (Allen, 1975). This scale uses a forced-choice format; one point is obtained for each response that indicates more openness to experiencing and expressing emotions. Summing the items yields a total score, with higher scores reflecting feeling comfortable with emotions.

10) The Stigma Scale for Receiving Psychological Help (SSRPH; Komiya, Good, & Sherrod, 2000). This is a five-item scale developed to measure the stigma that individuals associate with receiving psychological help. Each of the items is scored on a 4-point Likert scale ranging from "strongly disagree", which is scored as a 0, to "strongly agree", which is scored as a 3. A higher

score in the scale is indicative of a higher association between stigma and the use of

psychological services (Komiya, Good, & Sherrod, 2000). Based on the present sample of

college students and parents, this scale obtained Cronbach reliability coefficients of .71 and ,82,

respectively.

CHAPTER FOUR: RESULTS

Preliminary analyses

The numerous nationalities currently labeled as "Hispanic" (e.g., Cubans, Mexicans, etc.) often vary in customs and beliefs (Arbona & Novy, 1991; Garcia-Preto, 1996). In order to determine with some certainty if the data from the multiple Hispanic subgroups could be collapsed, a multivariate analysis of variance (MANOVA) were performed on the data obtained from Puerto Rican and Cuban American participants—the two Hispanic subgroups representing a combined total of 81% of this sample. The independent variable (IV) was Hispanic subgroup (Puerto Rican vs. Cuban). Dependent variables were: age, place of birth, time residing in the United States, generation level, acculturation toward the Hispanic culture, acculturation toward the American culture, marital status, religiosity, annual income, social support, openness to emotions, mistrust, previous history of therapy, psychological distress symptoms, beliefs about mental illness, perceived stigma attached to mental illnesses, and attitudes toward seeking therapy. Separate MANOVAs were performed with data from college students and the parent sample, respectively.

Using data from the college student sample, based on Wilks' Lambda, Hispanic subgroup was not associated significantly with differences on the dependent variables (F [17, 105] = 1.12, ns. Moreover, univariate tests indicated no significant differences on any of the dependent variables. Using data from the parent sample, Hispanic subgroup again was not associated significantly with differences on the dependent variables (F [17, 108] = 1.38, ns. As with the college student sample, univariate tests indicated no significant differences on any of the dependent variables. Consequently, based on these findings with the two largest Hispanic

subgroups in this sample, data from all Hispanic subgroups were collapsed and used in subsequent analyses.

Predictive Model Building

The first purpose of this study was to determine which among a set of variables that have previously been found to be related to individuals' attitudes toward seeking professional assistance would predict such attitudes among Hispanics when entered simultaneously into a regression equation. Toward this goal, a series of multiple regressions were performed separately for the college students and for their parents.

Using data from college students, a standard multiple regression was performed initially (see Table 1). Predictor variables were age, gender, place of birth, time residing in the United States, generation level, acculturation toward the Hispanic culture, acculturation toward the American culture, annual average income, religiosity, mistrust, openness to emotions, symptoms of psychological distress, social support, beliefs about mental illness, and stigma perceived to be attached to those being treated by a professional for psychological problems. Attitudes toward seeking help from professional counselors or therapists was the criterion variable. Overall, the predictor variables did not significantly predict attitudes toward seeking professional help (Multiple $R^2 = .11$, $F [16, 133] = 1.05$, ns). The sole variable that significantly predicted attitudes toward seeking professional help was stigma perceived to be attached to those receiving treatment ($t = -2.57$, $p < .05$). To confirm the important role of perceived stigma, these results were followed up with a stepwise multiple regression using the same predictor and criterion variables (see Table 2). At step one, with stigma associated with receiving treatment, $R^2 = .06$ ($F [1, 148] = 9.95$, $p < .01$). No other variable contributed to the stepwise regression model.

The standard multiple regression was repeated with data from the parents (see Table 3). Predictor and criterion variables were identical to those used in the regression with college student data with two exceptions. The educational level of whichever parent completed the questionnaires (mother or father) and the parent's marital status were included as predictor variables. The multiple $R^2 = .51$ and was statistically significant (F [18, 133] = 7.82, p < .001). The two variables that significantly contributed to the prediction equation were stigma perceived to be attached to those receiving therapy (t = -4.447, p < .001) and beliefs about mental illness (t = -3.953, p < .001). To confirm these results, a stepwise multiple regression was performed on the parents' data with the same predictor and criterion variables (see Table 4). At step one, with perceived stigma entered into the equation, $R^2 = .38$ (F [1, 150] = 92.60, p < .001). After step two, with beliefs about mental illness added to the prediction of attitudes toward seeking professional help by perceived stigma, $R^2 = .47$, (F [2, 149] = 66.06, p < .001). Thus, adding beliefs about mental illness to the equation resulted in a modest and statistically significant increase in R^2. No other variable contributed to the stepwise regression model.

Scores on the Beliefs toward Mental Illness scale were composite scores based on three subscales. The first subscale assessed the degree to which respondents believe those with mental illnesses are dangerousness; the second subscale assessed the degree to which respondents believe that those with mental illnesses have poor social and interpersonal skills; the third subscale assessed the degree to which respondents believe that mental illnesses cannot be treated or cured. As a means to distill further the findings obtained with data from parents, a second stepwise regression was performed (see Table 5). The predictor variables were stigma perceived to be attached to those receiving therapy and the three subscales comprising the Beliefs toward Mental Illness scale (i.e., dangerousness, poor social and interpersonal skills, and

34

incurability). The criterion variable was attitudes toward seeking professional psychological

help. For parents, after step one, with perceived stigma in the equation, $R2 = .39$ (F [1, 156] =

98.39, $p < .001$). After step two, with incurability added to the prediction of attitudes toward

seeking professional help by perceived stigma, $R2 = .46$ (F [2, 155] = 65.65, $p < .001$). After

step two, adding the other variables did not result in a significant increase in R2.

Comparing Generations

The second purpose of this study was to determine if a younger generation of Hispanics

(e.g., adult college students) differed from an older generation of Hispanics, such as their

parents, on their attitudes toward seeking professional help with emotional or psychological

problems. Toward this goal, a MANOVA was performed on the data with sample (college

students vs. parents) and gender serving as the IVs, and scores on the Attitudes toward Seeking

Professional Psychological Help Scale (ATSPPHS) serving as the DV. College students had

significantly more favorable attitudes toward seeking professional help than their parents (M

ATSPPHS scores for college students and parents = 15.69 and 10.85 [SDs = 19.65 and 7.74],

respectively (F [1, 312] = 6.79, $p < .05$, eta squared = .021). Also, females across both samples

had significantly more favorable attitudes toward seeking professional help than males (M

ASPPH scores for females and males = 15.34 and 10.63 [SDs = 19.07 and 6.66], respectively (F

[1, 312] = 6.86, $p < .01$, eta squared = .022). No statistically significant sample by gender

interaction was obtained (F [1, 312] = .57, ns).

To clarify which variables possibly explained the observed intergenerational differences

on attitudes toward seeking professional therapy, first, a MANOVA was conducted with sample

(college students vs. parents) and gender serving as the IVs to determine the variables on which

the two groups differed in order to control for them in a subsequent analysis. Age, place of birth, time residing in the United States, generation level, acculturation toward the Hispanic culture, acculturation toward the American culture, marital status, religiosity, annual income, social support, openness to emotions, mistrust, previous history of therapy, psychological distress symptoms, beliefs about mental illness, and perceived stigma attached to mental illnesses servied as DVs (see Table 6).

Sample was associated with a significant effect on the DVs (F [16, 282] = 189.29, p < .001, eta squared = .915). The college students were significantly younger than their parents (F [1, 297] = 2,891.52, p < .001, eta squared = .909), more often born in the United States (F [1, 297] = 47.80, p < .001, eta squared = .139), had spent less time residing in the United States (F [1, 297] = 27.45, p < .001, eta squared = .085), were of higher generation levels (F [1, 297] = 9.40, p < .01, eta squared = .031), were less acculturated toward the Hispanic culture (F [1, 297] = 37. 71, p < .001, eta squared = .113) and more acculturated toward the American culture (F [1, 297] = 136.89, p < .001, eta squared = .315), were less likely to be married (F [1, 297] = 103.49, p < .001, eta squared = .258), reported having less psychological distress symptoms (F [1, 297] = .10.95, p < .01, eta squared = .036) and perceived significantly less stigma attached to individuals being treated by a professional counselor or therapist relative to their parents (F [1, 297] = 25.64 .p < .001, eta squared = .079).

Gender was associated with a significant effect on the DVs (F [16, 282] = 2.36, p < .01, eta squared = .118). Relative to males, females were younger (F [1, 297] = 17.48, p < .001, eta squared = .056), were in a modestly lower income bracket (F [1, 297] = 5.82, p < .05, eta squared = .019), had less pejorative beliefs about mental illnesses DVs (F [1, 297] = 7.16, p < .01, eta

squared = .024), and perceived less stigma attached to those seeking psychotherapy services (F

[1, 297] = 4.38, p < .05, eta squared = .015).

There was no significant sample by gender interaction (F [16, 282] = 1.28, ns.

Consequently, a multivariate analysis of covariance (MANCOVA) was performed on the

data with sample (college students vs. parents) and gender as the IVs, and scores on the ASPPH

serving as the DV. The variables on which the two samples and genders varied (age, place of

birth, time residing in the United States, generation level, household annual income bracket,

acculturation toward the Hispanic culture, acculturation toward the American culture, marital

status, psychological distress symptoms, beliefs toward mental illnesses, and stigma attached to

receiving professional psychological assistance) served as covariates. The difference between

college students and their parents regarding their attitudes toward seeking professional

psychological help was no longer statistically significant (F [1, 287] = .34, ns). Univariate tests

indicated that one covariate, stigma perceived toward those being treated for psychological

problems (SSRPH), was statistically significant and accounted for the previously observed

differences between college students and parents regarding their attitudes toward seeking

professional psychological help (F [1, 287 = 19.54, p < .001, eta squared = .064). Similarly,

differences between females and males across both samples were no longer statistically

significant (F [1, 287] = 2.68, ns). There was no significant sample by gender interaction (F [1,

287] = .79, ns).

Because the construct of acculturation is considered important when conducting research

with Hispanic Americans (Negy & Woods, 1992), additional analyses were performed to explore

further how the college students and their parents differed in the relation between their

acculturation levels and attitudes toward psychological problems and therapy. Among the

college students, the more acculturated they were toward the Hispanic culture, the more they

perceived mental illnesses to be incurable ($r = .24$, $p < .01$). Among their parents, the more

acculturated they were toward the Hispanic culture, the more they perceived mental illnesses to

be incurable ($r = .33$, $p < .001$), the more stigma they perceived to be associated with seeking

therapy ($r = .39$, $p < .001$) and the less favorable attitudes they had about seeking professional

counseling or therapy ($r = -.37$, $p < .001$).

By constrast, the more the college students were acculturated toward the American

culture, the less they perceived mental illnesses to be incurable ($r = -.25$, $p < .01$), and the less

stigma they perceived to be associated with seeking therapy ($r = -.24$, $p < .01$). Among their

parents, the more acculturated they were toward the American culture, the less they perceived

mental illnesses to be incurable ($r = -.33$, $p < .001$), the less stigma they perceived to be

associated with seeking therapy ($r = -.38$, $p < .001$), and the more favorable attitudes they had

toward seeking professional services ($r = .29$, $p < .001$).

Finally, all participants were asked to rank order their preference for someone to speak

with about personal or family problems. Options provided were psychologist/counselor,

priest/pastor, family member, friend, professor, or "other." Among female college students, the

majority indicated their first preference would be a friend (52%) or family member (44%). Only

1% indicated a psychologist/counselor and 1% indicated a priest/pastor. Only for their third

choice did the percentage increase substantially in favor of speaking with a

psychologist/counselor (31%) or priest/pastor (39%). Among male college students, the majority

indicated their first choice to be a friend (47%) or family member (39%). Only 1.6% indicated a

psychologist/counselor and 8% indicated a priest/pastor. Similar to the results with female

college students, only for their third choice did the percentage increase in favor of speaking with

a psychologist/counselor (28%) or priest/pastor (38%). Among mothers, the majority indicated

their first preference to be a family member (62%), a friend (17%), or priest/pastor (15%). As

their third choice, the preference for speaking with a psychologist/counselor increased

substantially (27%); still as a third choice, more preferred a priest or pastor (33%) over a

psychologist. Among fathers, the majority indicated their first choice to be a family member

(52%), friend (25%) or a priest/pastor (22%). As a third choice, 51% indicated a priest/pastor,

22% a friend, 13% a psychologist/counselor, and 8% a family member. For fathers, only as a 4th

preference did a sizeable percentage (55%) prefer speaking with a psychologist/counselor about

their problems.

Table 1: Standard Multiple Regressions of Study Variables on Attitudes toward Seeking Psychological Help for

College Students

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Predictor Variables	$\underline{B}$	Beta (standardized)	t-test values
Age	-0.008	-.001	-.01
Gender	4.645	.114	1.28
U.S. birth status	.9840	.024	.15
Time in the U.S.	.5820	.139	1.04
Generation level	-2.283	-.074	-.45
Income bracket	-1.736	-.103	-1.15
Previous therapy	-.437	-.040	-.47
BAS-Hispanic[b]	-2.622	-.104	-.94
BAS-American[c]	-.4700	-.010	-.094
Openness to Emotions[d]	-.0363	-.012	-.14
Mistrust of Others[e]	-.4370	-.040	-.46
Symptoms of Distress[f]	.0584	.025	.263
Social Support[g]	-.1060	-.006	-.06
Religiosity	.0009	.001	.017
BTMI[h]	-.0142	-.038	-.44
SSRPH[i]	-1.572	-.220	-2.57*

		$R =$	.34
		$R^2 =$	.11
		R^2 Adjusted =	.01

_____

[a] ATSPPH = Attitudes toward Seeking Professional Psychological Help
[b] Bidimensional Acculturation Scale—Toward the Hispanic Culture
[c] Bidimensional Acculturation Scale—Toward the American Culture
[d] Openness to emotions measured by the Test of Emotional Styles
[e] Mistrust of others measured by the Network Orientation Scale
[f] Symptoms of distress measured by the Hopkins Symptoms Checklist-21
[g] Social support measured by the Multidimensional Scale of Perceived Social Support
[h] BTMI = Beliefs toward Mental Illness scale
[i] SSRPH = Stigma Scale for Receiving Psychological Help
* $p < .05$

Table 2: Stepwise Regression Analysis predicting Attitudes toward Seeking Psychological Help from Study

Variables for College Students

_____

Step	Variable Entered	Cumulative R^2	R^2 Change	Beta (standardized)
1	SSRPH[b]	.06**	.06	-.251

_____

[a] ASPPH = Attitudes toward Seeking Professional Psychological Help
[b] SSRPH = Stigma Scale for Receiving Psychological Help
** $p < .01$

Table 3: Standard Multiple Regression of Study Variables on Attitudes toward Seeking Psychological Help for

Parents

_____

Predictor Variables	_B_	Beta (standardized)	_t_-test values
Age	.0686	.058	.41
Gender	1.002	.065	.97
U.S. birth status	-.6080	-.023	-.29
Marital status	.2250	.052	.83
Time in the U.S.	-.0573	-.085	-.87
Generation level	-.8680	-.108	-1.63
Education	.2470	.094	1.40
Income bracket	-.260	-.037	-.54
Previous therapy	-.0452	-.003	-.05
BAS-Hispanic[b]	-1.628	-.106	-1.29
BAS-American[c]	.8620	.090	1.10
Openness to Emotions[d]	-.0258	-.042	-.67
Mistrust of Others[e]	-.0576	-.020	-.33
Symptoms of Distress[f]	-.0052	-.014	-.23
Social Support[g]	.1260	.019	.31
Religiosity	.0244	.041	.65
BTMI[h]	-.1070	-.325	-3.95***
SSRPH[i]	-.7910	-367	-4.45***

$R =$ .72***
$R^{2} =$ .51
R^{2} Adjusted = .45

_____

[a] ASPPH = Attitudes toward Seeking Professional Psychological Help
[b] Bidimensional Acculturation Scale—Toward the Hispanic Culture
[c] Bidimensional Acculturation Scale—Toward the American Culture
[d] Openness to emotions measured by the Test of Emotional Styles
[e] Mistrust of others measured by the Network Orientation Scale
[f] Symptoms of distress measured by the Hopkins Symptoms Checklist-21
[g] Social support measured by the Multidimensional Scale of Perceived Social Support
[h] BTMI = Beliefs toward Mental Illness scale
[i] SSRPH = Stigma Scale for Receiving Psychological Help
*** $p < .001$

Table 4: Stepwise Regression Analysis predicting Attitudes toward Seeking Psychological Help from Study

Variables for Parents

Step	Variable Entered	Cumulative R^2	R^2 Change	Beta (standardized)
1	SSRPH[b]	.38***	.38	-.618
2	BTMI[c]	.47***	.09	-.368

[a] ATSPPH = Attitudes toward Seeking Professional Psychological Help
[b] SSRPH = Stigma Scale for Receiving Psychological Help
[c] BTMI = Beliefs toward Mental Illness scale
*** $p < .001$

Table 5: Stepwise Regression Analysis predicting ATSPPH[a] from SSRPH[b] and BTMI[c] subscales (dangerousness, poor social and interpersonal skills, and incurability) for Parents.

Table

Stepwise Regression Analysis predicting ASPPH[a] from SSRPH[b] and BTMI[c] subscales (dangerousness, poor social and interpersonal skills, and incurability) for Parents

Step	Variable Entered	Cumulative R^2	R^2 Change	Beta (standardized)
1	SSRPH	.39***	.39	-.622
2	Incurability	.46***	.07	-.310

[a] ATSPPH = Attitudes toward Seeking Professional Psychological Help
[b] SSRPH = Stigma Scale for Receiving Psychological Help
[c] BTMI = Beliefs toward Mental Illness scale
*** $p < .001$

Table 6: Means and Standard Deviations of Study Variables for Hispanic College Students and Parents by Gender

_____

		SAMPLE					EFFECTS	
	College Students			Parents			Sample F values	Gender F values
	Females (n = 94)	Males (n = 64)	Combined (n = 158)	Mothers (n = 81)	Fathers (n = 77)	Combined (n = 158)		
VARIABLES								
Age *Mean* 17.48***	19.94	20.92	20.35	48.15	51.77	49.89	2,891.52***	
(SD)	(2.15)	(2.21)	(2.22)	(5.82)	(6.77)	(6.53)		
Born outside U.S. (%)	55%	61%	58%	89%	92%	91%	47.80***	.72
Time in U.S. (years)	16.15	17.58	16.75	21.21	23.14	22.13	27.45***	2.76
	(5.09)	(4.17)	(4.77)	(10.13)	(12.51)	(11.34)		
Generation Level	1.53	1.40	1.48	1.27	1.08	1.18	9.40**	2.64
	(.71)	(.56)	(.65)	(1.30)	(.28)	(.96)		
BAS-Hispanic[a]	3.09	3.29	3.17	3.62	3.71	3.66	37.71***	3.61
	(.79)	(.81)	(.80)	(.53)	(.47)	(.50)		
BAS-American[b]	3.74	3.76	3.75	2.86	2.88	2.87	136.89***	.078
	(.43)	(.44)	(.43)	(.79)	(.82)	(.80)		
Married (%)	5%	5%	5%	71%	61%	66%	103.49***	1.42
Household Annual Income Bracket[c]	2.91	3.29	3.07	3.13	3.38	3.25	1.39	5.82*
	(1.16)	(1.22)	(1.19)	(1.15)	(1.04)	(1.10)		
Previous Therapy (%)	30%	33%	31%	46%	33%	39%	2.03	2.32

	SAMPLE						EFFECTS	
	College Students				Parents		Sample _F_ values	Gender _F_ values
	Females (_n_ = 94)	Males (_n_ = 64)	Combined (_n_ = 158)	Mothers (_n_ = 81)	Fathers (_n_ = 77)	Combined (_n_ = 158)		
Openness to Emotions[d]	14.72 (7.45)	13.85 (5.93)	14.36 (6.85)	15.23 (7.99)	14.73 (16.26)	14.99 (12.61)	.34	.34
Mistrust of Others[e]	2.81 (.68)	3.05 (2.76)	2.91 (1.85)	3.30 (.61)	3.62 (3.88)	3.31 2.73)	2.08	2.32
Symptoms of Distress[f]	30.25 (9.46)	26.52 (7.22)	28.70 (8.77)	33.16 (10.32)	35.86 (27.97)	34.46 (20.74)	10.95**	.08
Social Support[g]	5.70 (1.05)	5.58 (1.09)	5.65 (1.07)	5.50 (.94)	5.59 (1.39)	5.55 (1.17)	.50	.02
Religiosity	35.51 (8.82)	40.42 (46.24)	37.55 (30.54)	39.65 (6.74)	37.73 (7.81)	38.72 (7.32)	.08	.34
BTMI[h]	54.01 (19.77)	71.11 (80.86)	61.13 (54.71)	60.43 (24.29)	69.15 (21.76)	64.62 (23.44)	.21	7.12**
SSRPH[i]	5.77 (2.99)	6.32 (2.57)	6.00 (2.83)	7.43 (3,48)	8.44 (3.62)	7.91 (3.57)	25.64***	4.38*
ASPPH[j]	17.99 (24.86)	12.31 (5.50)	15.69 (19.65)	12.34 (7.90)	9.20 (7.25)	10.85 (7.74)	6.79*	6.86**

ᵃ Bidimensional Acculturation Scale—Toward the Hispanic Culture
ᵇ Bidimensional Acculturation Scale—Toward the American Culture
ᶜ For income brackets, 1 = $0 – $25,000, 2 = $26,000 - $50,000, 3 = $51,000 - $75,000, 4 = $76,000 - $100,000, 5 = $ 101,000 or more.
ᵈ Openness to emotions measured by the Test of Emotional Styles
ᵉ Mistrust of others measured by the Network Orientation Scale
ᶠ Symptoms of distress measured by the Hopkins Symptoms Checklist-21
ᵍ Social support measured by the Multidimensional Scale of Perceived Social Support
ʰ BTMI = Beliefs toward Mental Illness scale
ⁱ SSRPH = Stigma Scale for Receiving Psychological Help
ʲ ASPPH = Attitudes toward Seeking Professional Psychological Help
* $p < .05$
** $p < .01$
*** $p < .001$

Table 7: Pearson Correlations of Study Variables for Hispanic College Students and Parents

		Age	Gender	U.S. birth Status	Time in the U.S.	Generation level	Income	Previous therapy	BAS-Hispanic[b]	BAS-American[c]
Age	Pearson Corr.	1.000	-.164**	.415**	.325**	-.199**	.061	-.039	.412**	-.540**
	Sig. (2-tailed)	.	.003	.000	.000	.000	.276	.480	.000	.000
Gender	Pearson Corr.	-.164**	1.000	-.049	-.119*	.070	-.134*	-.057	-.098	-.007
	Sig. (2-tailed)	.003	.	.376	.031	.203	.016	.303	.073	.092
U.S. Birth Status										
	Pearson Corr.	.415**	-.049	1.000	-.248***	-.584**	.074	.074	.625**	-.428**
	Sig. (2-tailed)	.000	.376	.	.000	.000	.185	.177	.000	.000
Time in the U.S.										
	Pearson Corr.	.325**	-.119*	-.248**	1.000	.182**	.119*	.029	-.183**	.287**
	Sig. (2-tailed)	.000	.031	.000	.	.001	.032	.605	.001	.000
Generation level										
	Pearson Corr.	-.199**	.070	-.584**	.182**	1.000	-.086	-.030	-.443**	.310**
	Sig. (2-tailed)	.000	.203	.000	.001	.	.121	.586	.000	.000
Income	Pearson Corr.	.061	-.134*	.074	.119*	-.086	1.000	-.046	.070	.045
	Sig. (2-tailed)	.276	.016	.185	.032	.121	.	.411	.205	.416
Previous therapy										
	Pearson Corr.	-.039	-.057	.074	.029	-.030	-.046	1.000	.054	-.001
	Sig. (2-tailed)	.480	.303	.177	.605	.586	.411	.	.329	.985
BAS-Hispanic[b]										
	Pearson Corr.	.412**	-.098	.625**	-.183**	-.443**	.070	.054	1.000	-.476
	Sig. (2-tailed)	.000	.073	.000	.001	.000	.205	.329	.	.000
BAS-American[c]										
	Pearson Corr.	-.540**	-.007	-.428**	.287**	.310**	.045	-.001	-.476**	1.000
	Sig. (2-tailed)	.000	.902	.000	.000	.000	.416	.985	.000	.000
Openness to Emotions[d]										
	Pearson Corr.	.044	.054	.070	-.083	-.101	.040	.010	.138*	-.066
	Sig. (2-tailed)	.424	.326	.201	.135	.066	.473	.862	.012	.230
Mistrust of Others[e]										
	Pearson Corr.	.113*	-.079	.048	.082	-.056	.060	.025	.040	-.022
	Sig. (2-tailed)	.040	.150	.383	.137	.306	.277	.643	.463	.693
Symptoms of Distress[f]										
	Pearson Corr.	.134*	.028	-.070	.009	.043	-.077	-.049	-.032	-.095
	Sig. (2-tailed)	.015	.608	.203	.872	.432	.167	.374	.566	.085

Pearson correlations of Study Variables for Hispanic College Students and Parents

	Age	Gender	U.S. birth Status	Time in the U.S.	Generation level	Income	Previous therapy	BAS-Hispanic[b]	BAS-American[c]
Social Support[g]									
Pearson Corr.	-.010	.022	.059	-.024	-.030	.044	.088	.110*	.049
Sig. (2-tailed)	.861	.689	.283	.659	.583	.432	.108	.046	.371
Religiosity									
Pearson Corr.	.063	-.048	.125*	.014	-.103	.041	.034	.136*	-.027
Sig. (2-tailed)	.251	.387	.023	.795	.062	.459	.532	.013	.628
BTMI[h]									
Pearson Corr.	.084	-.142**	.172**	-.080	-.116*	.165**	.077	.256**	-.157**
Sig. (2-tailed)	.127	.009	.002	.147	.035	.003	.162	.000	.004
SSRPH[i]									
Pearson Corr.	.307**	-.148**	.137*	-.115*	-.027	.003	.005	.259**	-.404**
Sig. (2-tailed)	.000	.007	.012	.037	.621	.951	.934	.000	.000

[a] ASPPH = Attitudes toward Seeking Professional Psychological Help
[b] Bidimensional Acculturation Scale—Toward the Hispanic Culture
[c] Bidimensional Acculturation Scale—Toward the American Culture
[d] Openness to emotions measured by the Test of Emotional Styles
[e] Mistrust of others measured by the Network Orientation Scale
[f] Symptoms of distress measured by the Hopkins Symptoms Checklist-21
[g] Social support measured by the Multidimensional Scale of Perceived Social Support
[h] BTMI = Beliefs toward Mental Illness scale
[i] SSRPH = Stigma Scale for Receiving Psychological Help

**Correlation is significant at the 0.01 level (2-tailed).
*Correlation is significant at the 0.05 level (2-tailed).

Pearson correlations of Study Variables for Hispanic College Students and Parents

		Openness to Emotions[d]	Mistrust of Others[e]	Symptoms of Distress[f]	Social Support[g]	Religiosity	BTMI[h]	SSRPH[i]
Age	Pearson Corr.	.044	.113*	.134*	-.010	.063	.084	.307**
	Sig. (2-tailed)	.424	.040	.015	.861	.251	.127	.000
Gender	Pearson Corr.	.054	-.079	.028	.022	-.048	-.142**	-.148**
	Sig. (2-tailed)	.326	.150	.608	.689	.387	.009	.007
U.S. Birth Status								
	Pearson Corr.	.070	.048	-.070	.059	.125*	.172**	.137*
	Sig. (2-tailed)	.201	.383	.203	.283	.023	.002	.012
Time in the U.S.								
	Pearson Corr.	-.083	.082	.009	-.024	.014	-.080	-.115*
	Sig. (2-tailed)	.135	.137	.872	.659	.795	.147	.037
Generation level								
	Pearson Corr.	-.101	-.056	.043	-.030	-.103	-.116*	-.027
	Sig. (2-tailed)	.066	.306	.432	.583	.062	.035	.621
Income	Pearson Corr.	.040	.060	-.077	.044	.041	.165**	.003
	Sig. (2-tailed)	.473	.277	.167	.432	.459	.003	.951
Previous therapy								
	Pearson Corr.	.010	.025	-.049	.088	.034	.077	.005
	Sig. (2-tailed)	.862	.643	.374	.108	.532	.162	.934
BAS-Hispanic[b]								
	Pearson Corr.	.138*	.040	-.032	.110*	.136*	.256**	.259**
	Sig. (2-tailed)	.012	.463	.566	.046	.013	.000	.000
BAS-American[c]								
	Pearson Corr.	-.066	-.022	-.095	.049	-.027	-.157**	-.404**
	Sig. (2-tailed)	.230	.693	.085	.371	.628	.004	.000
Openness to Emotions[d]								
	Pearson Corr.	1.000	.042	.024	.048	-.027	.022	-.009
	Sig. (2-tailed)	.	.448	.659	.387	.619	.689	.865
Mistrust of Others[e]								
	Pearson Corr.	.042	1.000	.034	.001	-.013	.049	.101
	Sig. (2-tailed)	.448	.	.539	.986	.813	.377	.065
Symptoms of Distress[f]								
	Pearson Corr.	.024	.034	1.000	-.149**	-.015	-.018	-.005
	Sig. (2-tailed)	.659	.539	.	.006	.779	.742	.928

50

Pearson correlations of Study Variables for Hispanic College Students and Parents

	Openness to Emotions[d]	Mistrust of Others[e]	Symptoms of Distress[f]	Social Support[g]	Religiosity	BTMI[h]	SSRPH[i]
Social Support[g]							
Pearson Corr.	.048	.001	-.149**	1.000	.070	.102	-.012
Sig. (2-tailed)	.387	.986	.006	.	.201	.064	.830
Religiosity							
Pearson Corr.	-.027	-.013	-.015	.070	1.000.	.057	.046
Sig. (2-tailed)	.619	.813	.779	.201	.	.299	.399
BTMI[h]							
Pearson Corr.	.022	.049	-.018	.102	.057	1.000	.248**
Sig. (2-tailed)	.689	.377	.742	.064	.299	.	.000
SSRPH[i]							
Pearson Corr.	-.009	.101	-.005	-.012	.046	.248**	1.000
Sig. (2-tailed)	.865	.065	.928	.830	.399	.000	.

[a] ASPPH = Attitudes toward Seeking Professional Psychological Help
[b] Bidimensional Acculturation Scale—Toward the Hispanic Culture
[c] Bidimensional Acculturation Scale—Toward the American Culture
[d] Openness to emotions measured by the Test of Emotional Styles
[e] Mistrust of others measured by the Network Orientation Scale
[f] Symptoms of distress measured by the Hopkins Symptoms Checklist-21
[g] Social support measured by the Multidimensional Scale of Perceived Social Support
[h] BTMI = Beliefs toward Mental Illness scale
[i] SSRPH = Stigma Scale for Receiving Psychological Help

**Correlation is significant at the 0.01 level (2-tailed).
*Correlation is significant at the 0.05 level (2-tailed).

CHAPTER FIVE: DISCUSSION

The primary purpose of this study was to establish a model consisting of variables that best predict Hispanics' attitudes toward seeking professional counseling or therapy. Myriad variables have been identified in the literature that are associated with such attitudes, either among the general population or among Hispanics specifically. In this study, many of those variables were used in a regression analysis with the goal of delineating the most critical variables associated with Hispanics' attitudes toward seeking professional help.

Among college students, with all variables entered into the prediction model, the variables failed to significantly predict attitudes toward seeking professional help. One variable, the stigma perceived to be attached to those who seek counseling, was found to be significantly related to college students' attitudes toward seeking professional help. Specifically, the more college students perceived there to be social stigma attached to those utilizing psychological services, the less favorable attitudes they had toward seeking professional help for themselves. The importance of perceived social stigma associated with obtaining therapy was observed among the parents. Overall, the predictor variables did significantly predict parents' attitudes toward seeking professional help; again, perceived social stigma was the single most predictive variable of attitudes toward seeking assistance. The more the parents perceived there to be stigma associated with seeking therapy, the less willing they were to seek therapy. Among the parents, their beliefs toward mental illnesses also significantly contributed to the prediction of their attitudes toward seeking assistance. Additional analyses revealed that the belief that most mental illnesses cannot be treated or cured was the specific belief toward mental illnesses that predicted parents' attitudes toward seeking professional help. Stated succinctly, the more parents perceived that social stigma is associated with obtaining therapy and the more they believed that

52

mental illnesses are not treatable, the less favorable attitudes they had about seeking professional therapy.

The perception that society stigmatizes individuals who either utilize or are in need of psychotherapy is not unique to Hispanics. Professional organizations and researchers have endeavored to reduce the social stigma associated with receiving psychological treatment among the general population (e.g., Nelson & Barbaro, 1985; Sibicky & Dovidi, 1986; Stefl & Prosperi, 1985). Nonetheless, some (e.g., Leong et al., 1995) have suggested that the stigma associated with receiving psychotherapy may generally be more pronounced among Hispanics. Some Hispanics believe that family members and clergy are sufficient resources for helping individuals resolve personal and family conflicts. To seek professional counseling outside the family or clergy is believed to be indicative of severe mental illness. Moreover, mental illness evokes shame because some Hispanics believe that to pursue professional therapy reflects some inherent deficiency or weakness about the individual (Keefe & Casas, 1980).

The present findings are consistent with the idea that stigma related to receiving therapy may be more prevalent among Hispanics relative to non-Hispanic Whites. Among the current samples of Hispanic college students and parents, the more acculturated they were toward the American culture, the less stigma they associated with receiving psychological help and the less they believed that mental illnesses cannot be treated by professionals. By contrast, among both groups, the more acculturated they were toward the Hispanic culture, the more stigma they associated with seeking professional help and the more they believed that mental illnesses are incurable by professionals. Acculturation toward the Hispanic culture also correlated negatively with favorable attitudes toward seeking professional help among the parents. These findings, taken together, are rather discerning because they suggest that among some Hispanics—

particularly less acculturated and older Hispanics—mental illness is a fate to endure rather than a condition that may be ameliorated with professional help.

A second component of this study was to compare two generations of Hispanics on their attitudes toward seeking professional counseling. It was hypothesized that the college students would have more favorable attitudes toward psychotherapy than their parents. That hypothesis was based on the fact that Hispanic children, particularly those born of immigrants, as was the majority of the current sample of college students, typically acculturate toward the mainstream, American culture more rapidly than their parents (Szapocznik & Kurtines, 1995). Given mainstream America's presumably more favorable attitudes toward the enterprise of therapy relative to the Hispanic culture, the college students were expected to be more open and willing to seek professional counseling than their parents. The data supported this hypothesis. Subsequent analyses that controlled for variables on which college students differed from their parents indicated that perceived stigma attached to those receiving professional help accounted for the observed differences in attitudes toward seeking professional help between college students and their parents. Not only did college students, as a group, have significantly more favorable attitudes toward seeking help than their parents, they also perceived there to be significantly less social stigma attached to those who seek professional help compared to their parents. These results are consistent with findings from other studies with non-Hispanic Whites. Generally, younger cohorts tend to hold more positive attitudes toward seeking therapy than older cohorts (Currin, Hayslip, Schneider, & Kooken, 1998; Leaf, Bruce, Tischler, & Holzer, 1987).

Consistent with previous findings (Leong et al.), it was also found that the overwhelming majority of both college students and their parents preferred speaking with a family member or

54

friend about personal or family problems than with a psychologist or counselor. For all subgroups except the fathers, speaking with a psychologist or counselor became a more prominent option as a third choice; for fathers, psychologists and counselors were considered an option mostly as a fourth choice. Moreover, all groups tended to prefer speaking with a priest or pastor as much as they would speak with a psychologist or counselor. On one hand, family and friends can be helpful by providing advice and emotional support when dealing with difficult personal or family problems. It is not suggested here that Hispanics be discouraged from turning to such valuable sources of assistance during times of need, including turning to their clergy for guidance. On the other hand, professional psychologists and counselors arguably may be more helpful in light of their extensive training in behavioral and emotional problems. Presumably, professionals also are less likely than family, friends, and clergy to judge, reprimand, or induce guilt in those struggling with personal or family problems. The helping profession collectively may need to better promote and communicate to Hispanic communities the inherent value that professional counseling can potentially provide to individuals in need of help.

Last, although gender was not the focus of this study, it was found that Hispanic women, as a group, had less pejorative beliefs about mental illness, perceived less stigma attached to those who seek professional help, and have more favorable attitudes toward seeking professional help than men. The gender difference on attitudes toward seeking professional help disappeared after differences in sociodemographic variables and selected study variables were taken into consideration.

Summary and Counseling Implications

Among the predictor variables included in this study that influenced attitudes toward seeking therapy, one primary variable—social stigma attached to those who seek therapy—and

one secondary variable—the belief that mental illnesses have no cure—were the most significant variables that predicted Hispanics' attitudes toward seeking help. Moreover, the more Hispanics were acculturated toward the Hispanic culture, the more likely they perceived there to exist strong social stigma attached to those who seek therapy and to believe in the incurability of mental illness. They also were more likely to have negative attitudes toward seeking therapy. In contrast, the more acculturated Hispanics were toward the American culture, the less stigma they perceived toward seeking therapy, the less they believed that mental illnesses cannot be treated, and the more favorable attitudes they had toward seeking professional therapy. Further, this study provided evidence that younger generations of Hispanics may be more inclined to view psychotherapy more favorably and mental illnesses less pejoratively than older generations of Hispanics, and that Hispanics in general prefer turning to family and friends to deal with personal problems than to professionals.

In light of these findings, some recommendations are offered that may aid counselors and therapists who provide services to Hispanic clients. These recommendations may not apply to all Hispanic clients; counselors will need to incorporate these recommendations judiciously if determined to be relevant to their Hispanic clients. They include: counselors should be cognizant of the effort that may have been made by their Hispanic clients to seek out professional assistance. Counselors should acknowledge this and reinforce clients' courage for seeking professional help when necessary. Counselors may also need to address Hispanic clients' feelings about seeking professional therapy. Feelings of potential shame or feelings of personal inadequacy for having sought therapy may need to be normalized and processed. This may be facilitated by sharing with them that many individuals, including Hispanics, sometimes benefit from professional assistance with personal or family problems. Finally, regarding

concerns of stigma, extra efforts may need to be made to ensure that Hispanic clients understand the sanctity of the therapy setting with respect to confidentiality. This may lower their anxiety regarding their concern about others finding out they have sought professional counseling. Finally, it should be noted here that the results from this study may not generalize to other Hispanics for three reasons. One, most participants in this study were of Puerto Rican and Cuban ancestry. As noted earlier, Hispanics vary on multiple dimensions as a function of country of origin and even region within their country of origin; thus, for example, the present findings may not apply to Hispanics from Mexico, Central or South America. Two, the current sample of Hispanics had, on average, modestly higher levels of education than most Hispanics in the United States. Three, the current sample of Hispanics also appeared to have had significantly more experience with professional therapy than most Hispanics in the United States and even outside this country. Future research should examine the role of past experience with professional therapy on attitudes toward seeking help from psychologists, counselors, and other therapists.

APPENDIX: IRB APPROVAL FORM

University of
**Central
Florida**

Office of Research & Commercialization

September 29, 2004

Angela Rojas
10855 Terra Vista Parkway #101
Rancho Cucamonga, CA 91730

Dear Ms. Rojas:

With reference to your protocol entitled, "Hispanics Attitudes towards Seeking Counseling as a Function of Psychosocial and Demographic Variables," I am enclosing for your records the approved, expedited document of the UCFIRB Form you had submitted to our office.

Please be advised that this approval is given for one year. Should there be any addendums or administrative changes to the already approved protocol, they must also be submitted to the Board. Changes should not be initiated until written IRB approval is received. Adverse events should be reported to the IRB as they occur. Further, should there be a need to extend this protocol, a renewal form must be submitted for approval at least one month prior to the anniversary date of the most recent approval and is the responsibility of the investigator (UCF).

Should you have any questions, please do not hesitate to call me at 407-823-2901.

Please accept our best wishes for the success of your endeavors.

Cordially,

Barbara Ward

Barbara Ward, CIM
IRB Coordinator

Copies: IRB office
        Dr. Charles Neggy, Psychology, Room 311H, 32816-1390

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59

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