STIGMA, RACIAL MICROAGGRESSIONS, AND

ACCULTURATION STRATGIES AS PREDICTORS OF

LIKELIHOOD TO SEEK COUNSELING AMONG

BLACK COLLEGE STUDENTS

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INTRODUCTION

Growing up African American in a predominately African American community in the Midwest, I did not regularly hear of Blacks[1] going to counseling or psychotherapy[2]. I have heard everything from, "Counseling is for weak or crazy people who can't handle their own problems" to "Black people don't go to counseling because it's for White people!" Having a strong adherence to Afrocentric values appears to go hand in hand with stigma associated with counseling (Wallace & Constantine, 2005; Sanders Thompson, Bazile, & Akbar, 2004). Racial microaggressions (i.e. subtle forms of racism) can have an impact on therapeutic alliance and perception of White therapists (Constantine, 2007).The purpose of this study is to examine acculturation strategies, particularly traditionalist (i.e. Afrocentric values), stigma, and racial microaggressions that are associated with counseling within the African American community, which in turn may impact African Americans' willingness to seek therapy. This study looks at African Americans' perceptions of the stigma of counseling, as it relates to psychological help seeking. Specifically, psychological help seeking will be studied by looking at level of acculturation and perceived racial microaggressions in counseling.

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[1] For the purposes of this study African American(s) and Black(s) will be used interchangeably.
[2] For the purposes of this study counseling, psychotherapy, and therapy will be used interchangeably.

1

Prior research suggests that African Americans with higher degrees of Afrocentric values have been associated with greater perceived stigma about counseling (Wallace & Constantine, 2005). African Americans whose values are closely associated with African American culture tend to experience more psychological distress than those whose values are more closely related to dominant culture values (Pillay, 2005). Richardson (2001) suggests that Black parents who have more negative attitudes about mental health services are also concerned about family and others' disapproval as well as embarrassment for seeking services. Within the African American culture there are differences in attitude between women and men regarding counseling. In the case of African American women, there is a very important message within the African American community to be strong (i.e. resilient and self-sufficient) and nurturing to others, which is contrary to the need to be vulnerable in psychotherapy (Jackson & Greene, 2000). For African American men seeking counseling diminishes pride and is seen as a sign of weakness (Sanders, Thompson, Bazile, & Akbar, 2004). Sussman, Robins, and Earls (1987) found that African Americans were 2.5 times more likely to fear mental health treatment than Whites. Perhaps the fear may be associated with general mistrust of the dominant group (Sanders Thompson, Bazile, & Akbar, 2004; Atkinson, 1983). Others have shown that African Americans were more likely than whites to indicate stigma and spirituality as factors that impact willingness to receive mental health services (Cooper-Patrick et al., 1997).

Counselors, Psychologists, and Psychiatrists

Atkinson (1983) suggests that African American clients possibly see a Caucasian counselor as someone who represents a symbol of racism, discrimination, and oppression. Perhaps African Americans may be hesitant to seek help from psychologists or psychiatrists

who identify themselves with theoretical orientations to counseling that do not have a multicultural perspective (Sanders, 2007). This would make the therapists more closely associated to the dominant group than African Americans. African Americans also have difficulty accessing mental health services or if they do have access to those services, their needs are not met (Copeland, 2006). Little attention has been paid to the differences in African Americans' perceptions of counseling and therapists if they had not received services in the past.

Acculturation

To get a better understanding of how African Americans come to understand themselves in a non-African context, it is important to study acculturation. The acculturation process for African Americans encompasses the cultural distance that an individual person moves away from African American culture as a result of interaction with cultures within the country (Obasi, 2004). Obasi uses terminology by Sue and Sue (1973) and Berry (1980) to formulate his constructs for acculturation strategies for people of African descent in America. For Obasi, acculturation strategies represent those techniques available to African Americans, which are *traditionalist, integrationist, assimilationist, and marginalist*. *Traditionalists* are people whose beliefs and behaviors moderately to highly relate to those of their own heritage and ethnic group and minimally related to those of a different ethnic group. *Integrationists* are people whose beliefs and behaviors moderately relate to those of their own heritage and ethnic group and moderately to highly relate to those of a different ethnic group. *Assimilationists* are people whose beliefs and behaviors minimally relate to those of their own heritage and ethnic group and moderately to highly relate to those of a different ethnic group. *Marginalists* are people whose beliefs and behaviors are minimally

related to their own or a different heritage and ethnic group. Pillay (2005) found that African American college students that were less acculturated (i.e. greater traditionalist values) were more likely to have greater psychological distress than African American college students who were more acculturated.

Stigma and Other Barriers to Psychological Help-Seeking

Wallace and Constantine (2005) examined whether greater adherence to Africentric cultural values was associated with less favorable attitudes toward psychological help seeking and having more perceived stigma. They had 251 African American students (58.6% women and 41.4% men) at a predominantly White university complete a series of five instruments and a demographic questionnaire. They found that greater adherence to Africentric values was correlated with greater stigma associated with counseling and other aspects of cultural values.

Ward (2005) examined the counseling experiences of African American clients in a community mental health center. Thirteen participants (8 female and 5 male, ranging from 26 to 53 years of age) were administered a brief demographic questionnaire and a series of interviews that focused on counseling experiences of clients. Ward found that: 1) participants' willingness to self-disclose were influenced by their sense of safety, 2) counselors were perceived to be more effective when the clients perceived them to be responsive to their needs and issues, 3) "being a Black person in counseling and involved in the legal system could potentially result in serious negative outcomes," and 4) counselor responsiveness may parallel the definition of cultural empathy.

Sanders Thompson, Bazile, and Akbar (2004) looked at African Americans' perceptions of psychotherapy and psychotherapists. They surveyed 24 focus groups of 3-12

individuals in an urban, Midwest city. There were a total of 201 African American participants (134 women and 66 men). Each focus group was conducted by an African American female psychologist. Participants were asked a series of probe questions and their responses were divided into 3 categories (seeking psychotherapy, barriers to seeking psychotherapy, and psychologists and therapeutic issues) with subdivisions in each category. The participants reported reasons for seeking therapy were associated with serious mental illness, grief, and coping with life stressors. In addition, participants with no exposure to mental health preferred the term counseling to psychotherapy, given that psychotherapy is associated with mental illness. Reported barriers to seeking psychotherapy were need to keep problems in the family, diminished pride and weakness (among men), need to be source of family strength and foundation (among women), feelings of being rejected if one is mentally ill, financial concerns, ignorance of signs and symptoms of mental illness, and prayer as a coping mechanism. Views of psychologists and psychotherapy included mistrust of psychologists because of their lack of involvement in the community and client misunderstanding of the therapeutic process. Race of the psychologist mattered more to men and lower income participants; however, all participants still felt that African American psychologists were too far removed from the community to understand them.

Racial Microaggressions in Counseling

In order to better understand the social context in which African Americans live and how the context impacts a counseling relationship, it could be helpful to examine the more covert form of racism known as racial microaggressions. Constantine (2007) examined the relationships among African American clients' perceptions of (a) "racial microaggressions in counseling by White therapists, (b) the therapeutic working alliance, (c) their counselors'

general and multicultural counseling competence, and (d) their counseling satisfaction" (p. 3). Forty participants (26 women and 14 men, ages ranged from 18-22) were asked to complete a demographic questionnaire and five other instruments designed to measure racial microaggression, working-alliance, perceived counselor performance, cross-cultural counseling, and client satisfaction. Constantine found that racial hostility by White counselors toward African Americans, as measured by perceived racial microaggression, could effect the therapeutic alliance. Another finding was that African American clients who did not think a working alliance with White counselors was very effective were more likely to report lower levels of perceived counselor general and multicultural competence.

Present Study

Based on prior research (Wallace & Constantine, 2005; Constantine, 2007;Copeland, 2006; Sanders Thompson, Bazile, & Akbar, 2004; Ward, 2005) one can predict that the stigma associated with counseling will be greater among African Americans who have greater adherence to traditionalist(i.e. Afrocentric) values. This study will take that a step further to predict that African Americans with prior exposure to counseling will have fewer stigmas about counseling than those who have no exposure regardless of acculturation strategy. I am particularly interested in the extent to which the stigma of counseling, racial microaggressions, and cultural beliefs and behaviors predict likelihood to seek psychological services. My research questions for this study are as follows; 1) For Black college students who have had a counseling experience (as noted on the demographic questionnaire), to what extent do cultural beliefs and behaviors, perceived stigma of counseling, and racial microaggressions predict likelihood to seek additional psychological services? and 2) For Black college students who have not had a counseling experience (as noted in the

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demographic questionnaire), to what extent do cultural beliefs and behaviors and perceived stigma of counseling predict likelihood to seek psychological services? The results of this study could be used to decrease the stigma of counseling within the African American community by enhancing psychologists', counselors', and other mental health service providers' knowledge of these potential barriers to treatment. In turn, African Americans can get the counseling services they need.

METHODOLOGY

Participants

There were 110 (36 male and 74 female) participants recruited from various undergraduate sociology, psychology, and biology classes, student organizations, social media, a university electronic research system, and by word of mouth at four Midwestern universities. Ninety-six identified as Black (i.e. African American, Afro-Caribbean, African, etc.), 12 identified as Biracial (Black and other race), and two did not indicate their race; however, they did indicate on another administered questionnaire that they were of African descent. Participants recruited via the university system had the opportunity to earn one course credit for research participation. Any participation in the study was voluntary.

Instruments

Demographic Questionnaire. Participants were asked to provide their sex, age, education level, and institution. They were asked to indicate if they had any prior experience with counseling. If yes, the number of sessions was recorded as well as the race of his or her counselor. Each participant was asked to note his or her racial preference for counselor/psychotherapist. Additionally, those participants with counseling experience rated their experience on a 5-point Likert scale (1=Very Poor, 2=Poor, 3=Neutral, 4=Good, 5= Very Good), identified their counselor's race, identified their referral source, and identified reasons for attending counseling.

Racial Microaggressions in Counseling Scale (RMCS). The RMCS developed by Constantine (2007) is a 10-item, Likert scale (0=this never happened, 2= the happened and I was bothered by it). The RMCS measures client's perceptions of racial microaggressions that may have been experienced during counseling and perceived impact of racial microaggressions on the client. Scores range from 0-20, with scores closer to 20 representing a greater perception and impact of microaggressions. The RMCS was normed using a sample of 40 African Americans ages 18-22. The RMCS was initially a 12- item measure which was discussed among a panel of experts and was piloted with a subgroup of 10 African American volunteers. Two items were subsequently dropped. The RMCS has a Cronbach's alpha of .73 (Constantine, 2007). For the purposes of this study this instrument was only administered to those who had received counseling.

Stigma Scale for Receiving Psychological Help (SSRPH). This instrument was developed to assess individuals' perceptions of how receiving psychological treatment is stigmatizing (Komiya, 2000). The SSRPH consists of five items on a 4-point (0=*strongly disagree, 1=disagree, 2= agree,* 3= *strongly agree)* Likert type scale. Scores range from 0-15, with higher scores indicating greater perception of stigma associated with receiving psychological treatment. The SSRPH was normed using 311 undergraduate students (i.e. women= 60% and men = 40%) at a Midwestern university. Participants were distributed across race as follows: Caucasian= 87%, African American= 8%, Hispanic American= 2%, Asian American= 1%, multiracial= 2%, Native American = less than 1%, and international= less than 1%. The SSRPH has a Cronbach's alpha between .67 and .72 (Wallace & Constantine, 2005; Komiya, Good, & Sherrod, 2000). Construct validity was

supported by the SSRPH negatively correlating with the Attitudes Toward Seeking

Professional Psychological Help: Short Form (Komiya, Good, & Sherrod, 2000).

Intentions to Seek Counseling Inventory (ISCI). This instrument was

developed to examine issues that bring college students to counseling (Cash, Begley,

McCown, & Weise, 1975). The issues common among students who seek counseling

include but are not limited to choosing a major, relationship issues, and sexuality issues.

The ISCI consists of 17 items on a 6-point Likert scale (*1=very unlikely, 2= a little

unlikely, 3= unlikely. 4=likely, 5= a little likely, 6= very likely*). The ISCI yields one

score. Scores range from 17-102 with lower scores indicating less likelihood to seek

counseling services. The ISCI has a Cronbach's alpha of .84 (Kelly & Achter, 1999).

Measurement of Acculturation Strategies for People of African Descent

(MASPAD). This instrument is used to measure beliefs and behaviors related to

"preferences for maintaining one's heritage/ethnocultural group and preferences for

having contact with and participating in the society of a different ethnocultural group"

(Obasi, 2004). The MASPAD is a 46-item, Likert scale (*1=strongly disagree, 2=

disagree, 3= slightly disagree, 4= slightly, 5= agree, 6= strongly agree*). The MASPAD

is divided into two macro-dimensions; a person who seeks to maintain his or her own

heritage/ethnocultural group (D1) and a person who seeks to have contact with and

participate in a different ethnocultural group (D2). These macro-dimensions are further

divided into two sub-dimensions; (B1) *Beliefs* and (B2) *Behaviors*. There are two

independent scores produced based on the Beliefs and Behaviors dimensions. The scores

are: Traditionalist (medium-high D1, low D2), Integrationist (medium- high D1 and

medium-high D2), Assimilationist (low D1 and medium-high D2), and Marginalist (low

D1 and low D2). The MASPAD was normed using 497 university students and members of the community from various regions of the United States who identified as a person of African descent. The MASPAD has a coefficient alpha of .80 to .85 on the Traditionalist Subscale and a coefficient alpha of .75 to 81 on the Assimilationist Subscale. Interrater agreement ranged from .800 to .967 (Obasi, 2004). For the purpose of this study only the Traditionalist and Assimilationist subscale values were computed by summing the items identified by Obasi as traditionalist beliefs and behaviors and assimilationist beliefs and behaviors, a procedure outlined in the MASPAD manual.

Design and Procedure

Before research began, this study was approved by the Institutional Review Boards of the universities from which participants were recruited. Prior to participation in the study, each participant was given a participant information sheet which explained the purpose, procedures, risk, benefits, subject rights, and confidentiality. Additionally, since the subject matter of some of the questionnaire may evoke a negative emotional response, participants were given a list counseling referrals for support if needed. No names were recorded with any of the research data. Since the surveys were anonymous participants gave verbal consent to participate. Participants then completed the demographic questionnaire, *Stigma Scale for Receiving Psychological Help, Racial Microaggressions in Counseling Scale, Stigma Scale for Receiving Psychological Help, Intentions to Seek Counseling Inventory,* and the *Measurement of Acculturation Strategies for People of African Descent*. The instruments were counterbalanced in order of presentation and the instruments were administered in a classroom or organization meeting. Participants were given enough space to insure privacy for responding. The completed questionnaires were

placed in an envelope and sealed by the participant prior to returning them to the researcher. Upon completion of the instruments, participants were asked to not discuss their views regarding counseling, psychotherapy, counselors or the like, prior to or after the study, as to not bias the other participants.

Analysis

A Pearson r correlation, a t-test, and two multiple regression analyses were computed and analyzed with the SPSS version 17 program to determine the variance between the predictors and the criterion variable. The hypotheses were: 1) stigma associated with counseling will be greater among African Americans who have greater adherence to traditionalist (ie. Afrocentric) values, 2) African Americans with prior exposure to counseling will have fewer stigmas about counseling than those who have no exposure regardless of acculturation strategy, 3) for Black college students who have had a counseling experience stigma of counseling, racial microaggressions, and acculturation strategies will have an impact on their likelihood to seek psychological services and 4) for Black college students who have not had a counseling experience (as noted in the demographic questionnaire), acculturation strategies and perceived stigma of counseling will have an impact on their likelihood to seek psychological services. The hypotheses will be tested by completing the following statistical procedures:

1) Pearson r correlation comparing stigma and level of acculturation

2) An independent samples t-test with counseling experience as the independent variable and stigma as the dependent variable

3) A multiple regression analyses to test the third hypothesis

- For Black college students who have had a counseling experience stigma of counseling, racial microaggressions, and acculturation strategies will have an impact on their likelihood to seek psychological services

4) A multiple regression analyses to test the fourth hypothesis

- For Black college students who have not had a counseling experience (as noted in the demographic questionnaire), acculturation strategies and perceived stigma of counseling will have an impact on their likelihood to seek psychological services

RESULTS

Participants

A sample of 110 participants was collected. Participants were distributed across education level as follows: Freshmen (n=13), Sophomores (n=23), Juniors (n=30), Seniors (n=24), and Graduate Student (n=20). Genealogy, as indicated on item 45 of the MASPAD, was distributed as follows: fourth-generation American (n=76), third-generation American (n=8), second-generation American (n=1), first-generation American, immigrant (n= 13), don't know/did not indicate (n= 7). About 66% of the participants had not had counseling experience and 34% had prior counseling experience. With regards to the participants in this study who engaged in counseling, referral source demographics were distributed as follows: self (n=14); family member (n=8); friend (n= 2); spiritual leader (n=3); other peer (n=2); professor (n=3); other (n=5). Reasons for attending counseling included family issues (n=11), relationship issues (n= 3), career concerns (n=2), personal issues (n= 11), numerous reasons (n=8), and other or unknown (n=2). The average number of counseling sessions attended was 8.64 (*SD*=19.61, range= 1-100).

Descriptive Statistics on Research Measures

The mean score on the SSRPH for 105 of the 110 participants was 5.86 indicating low levels of stigma for receiving psychological help. There were five participants who did not complete every item on the SSRPH; therefore, these questionnaires were not included in calculating the mean and standard deviation score.

Cronbach's alpha value for the SSRPH was .71. Only 108 of the 110 participants completed the ISCI and the mean score was 49.04 indicating low to moderate intentions to seek counseling. Cronbach's alpha value for the ISCI was .91. Two participants had a few missing responses. With regards to the MASPAD, for the Traditionalist subscale the mean score was 87.11 (n=79) indicating moderate levels of traditionalist beliefs and behaviors. Cronbach's alpha value for the Traditionalist subscale was .76. For the Assimilationist subscale the mean score was 68.80 (n=89) indicating low to moderate levels of assimilationist beliefs and behaviors. Cronbach's alpha value for the Assimilationist subscale was .64. For both subscales there were missing items for several questionnaires and these missing values were not included in computing the means and standard deviations. The mean score on the RMCS was 2.65 for 35 of 37 participants who had received counseling indicating low levels of racial microaggressions perceived in the counseling relationship and the impact of the perceived racial microaggressions on the client. Two participants did not complete the questionnaire. Cronbach's alpha value for the RMCS was .94. The mean score for this measure is lower than the observed mean of 5.60 for the normative sample used to develop the instrument (Constantine, 2007). The means and standard deviations of the variables are represented in Table 1.

Table 1

Summary of Means and Standard Deviations for Scores on the RMAS, SSRPH, ISCI, and MASPAD

Measure	*M*	*SD*
RMCS	2.66	5.17
SSRPH	5.86	3.00
ISCI	49.04	18.75
MASPAD-Traditionalist Subscale	87.11	12.24
MASPAD- Assimilationist Subscale	68.80	11.89

Note. RMCS= Racial Microaggression in Counseling; SSRPH = Stigma Scale for Receiving Psychological Help; ISCI = Intensions to Seek Counseling Index; MASPAD= Measurement of Acculturation Strategies for People of African Descent.

Hypothesis One

A Pearson r correlation was computed to compare stigma associated with counseling and level of acculturation (i.e. Traditionalist and Assimilationist) to determine whether stigma associated with counseling will be greater among African Americans who have greater adherence to traditionalist values. There was not a significant relationship found between stigma of counseling and level of acculturation. The Pearson r values found ranged from .071 to .162. Table 2 presents the correlations between the variables in the study.

Table 2

Summary of Correlations for Scores on SSRPH and MASPAD

Measure	1	2	3
1. SSRPH	-	.07	.16
2. MASPAD- Traditionalist subscale	.07	-	.18
3. MASPAD-Assimilationist subscale	.16	.18	-

Note. SSRPH= Stigma Scale for Receiving Psychological Help. MASPAD= Measurement of Acculturation Strategies for People of African Descent.

Hypothesis Two

An independent samples t-test was conducted to compare the stigma of counseling in African American college students with prior exposure to counseling and without prior exposure to counseling. It was hypothesized that African Americans with prior exposure to counseling will have fewer stigmas about counseling than those who have no exposure regardless of acculturation strategy. There was not a significant difference in the scores for participants who had counseling experience (M=5.86, SD=2.26) and participants who had no counseling experience (M=5.85, SD=3.35); $t(103)= 0.02$, $p = 0.99$. These results are presented in Table 3.

Table 3

Independent Samples T-Test Comparing Stigma for Participants With and Without Counseling Experience

	Counseling Experience			
	With [a]	Without [b]	*t*	*df*
SSRPH	5.86	5.85	.02	103
	(2.26)	(3.35)		

Note. SSRPH= Stigma Scale for Receiving Psychological Help. Standard Deviations appear in parenthesis below the means.
[a]n= 37.[b]n= 68

Hypothesis Three

A multiple regression analysis was used to determine whether stigma of counseling, racial microaggressions, and cultural beliefs and behaviors predicts the likelihood to seek psychological services for Black college students who have had counseling experience. Only 19 of 37 Black College students fully completed each questionnaire thus making the sample size for this analysis 19. Therefore, there was not enough power to run the analysis as planned. To continue the analysis, a Missing Values analysis was computed to observe the descriptive statistics and pattern of missing values according to the statistical procedure developed by Rubin (1996). Variables included in this procedure were the individual values and sum of the values for the ISCI, RMCS, SSRPH, MASPAD-Traditionalist subscale, and the MASPAD-Assimilationist subscale. The results of these analyses may be found in Table 4. The missing items appear to be nonrandom as shown in Table 4. For example scores on question #8 on the MASPAD was missing for 11% of the cases.

Table 4

Missing Values Descriptive Statistics for the MASPAD

| | Missing Values | | *M* | *SD* |
	n	Percent		
MASPAD-Traditionalist subscale	12	32%	85.92	15.27
MASPAD-Assimilationist subscale	7	19%	68.17	12.39
MASPAD8	4	11%	5.52	1.20

Note. MASPAD= Measurement of Acculturation Strategies for People of African Descent a. Maximum number of variables shown: 25

b. Minimum percentage of missing values for variable to be included: 10.0%

The pattern analysis revealed that approximately 60% of the cases had no missing values. About 10% of the cases had missing values for the MASPAD Assimilationist subscale and #5 on the RMCS. About 6% the cases had missing values on the MASPAD items #40 and #21 as well as missing values on the RMCS items # 3, #5, and #8. Given the results of the pattern analysis and descriptive statistics, the missing data appears to be nonrandom. A multiple imputation analysis was run to get an estimate of what the missing values would have been (Rubin, 1996). The ISCI and SSRPH values were excluded in the multiple imputation analysis because there were no values missing from either instrument for participants with counseling experience. The descriptive statistics for the RMCS yielded a range of minimum negative values so another multiple imputation was conducted putting on a constraint to make the minimum value zero for this instrument. A total of five imputed data sets were created in addition to the original

data set for individuals with counseling experience. Then a multiple regression analysis was conducted with the imputed data. The results of the regression indicated the four predictors explained between 58% and 84% of the variance in ISCI for the 5 imputed data sets ($R^2 = .58$ to .84, $F(4,32) = 10.95$ to 40.43, $p < .001$). Pooled regression data are presented below in Table 5. It was found consistently across data sets that racial microaggressions significantly predicted intentions to seek counseling ($\beta = -.77$ to $-.48$, $p < .001$) as well as traditionalist beliefs and behaviors ($\beta = .92$ to 1.15, $p < .001$).

Table 5

Pooled Multiple Regression Analyses Predicting Intentions to Seek Counseling for Black College Students With Counseling Experience

Variable	B	Standard Error	Beta	t
RMCS	-2.25	.52	-	-4.36***
SSRPH	.73	.89	-	.82
MASPAD-Traditionalist subscale	1.30	.22	-	5.81***
MASPAD-Assimilationist subscale	-.28	.20	-	-1.21

Note. RMCS= Racial Microaggression in Counseling; SSRPH= Stigma Scale for Receiving Psychological Help**;** MASPAD= Measurement of Acculturation Strategies for People of African Descent; ISCI = Intentions to Seek Counseling Inventory. ***Significant at the .001 level. a. Dependent Variable: ISCI.

Hypothesis Four

A multiple regression analysis was used to determine whether acculturation strategies and the perceived stigma of counseling predicts likelihood to seek psychological services for Black college students who have not had a counseling experience. The results of the regression indicated the three predictors explained only 5% of the variance ($R^2 = .05$, $F(3,40) = .67$, $p = .57$). Stigma of counseling, traditionalist values,

nor assimilationist values predicted likelihood to seek psychological services. T-values

and coefficients may be found in Table 6.

Table 6

Multiple Regression Analyses Predicting Intentions to Seek Counseling for Black College Students Without Counseling Experience

Variable	B	Standard. Error	Beta	*t*
Constant	40.60	31.32	-	1.30
SSRPH	-1.373	1.157	-.183	-1.186
MASPAD-Traditionalist subscale	.181	.256	.111	.708
MASPAD-Assimilationist subscale	-.017	.255	-.010	-.067

Note. SSRPH= Stigma Scale for Receiving Psychological Help**;** MASPAD= Measurement of Acculturation Strategies for People of African Descent; ISCI = Intentions to Seek Counseling Inventory.
a. Dependent Variable: ISCI

DISCUSSION

This study examined the following hypotheses: 1) stigma associated with counseling will be greater among African Americans who have greater adherence to traditionalist (ie. Afrocentric) values, 2) African Americans with prior exposure to counseling will have fewer stigmas about counseling than those who have no exposure regardless of acculturation strategy, 3) for Black college students who have had a counseling experience stigma of counseling, racial microaggressions, and acculturation strategies will predict their likelihood to seek psychological services and 4) for Black college students who have not had a counseling experience, acculturation strategies and perceived stigma of counseling will predict their likelihood to seek psychological services.

Hypothesis One

As noted above there was no support for hypothesis 1. This finding is contrary to previous literature. Obasi and Leong (2009) found that there is a positive relationship between traditionalist beliefs ($r = .244$) and stigma associated with seeking mental health services. The researchers also found that people of African descent who adhere to more assimilationist beliefs and behaviors have mixed attitudes associated with seeking mental health services. The researchers suggested that desire to seek psychological services for people of African descent who adhere to more assimilationist beliefs and behaviors may be impacted by positive or negative life experiences. For example if one were to experience racism in a therapeutic relationship then they may not be willing to discuss his or her issues in therapy.

It should be noted that their sample included 85 college students and 47 community members whose ages ranged from 18 to 63. My sample only included college aged Blacks. Prior researchers have suggested that older African American adults have more negative attitudes about seeking mental health treatment and more stigma of mental illness than younger adults and high rates of stigma (Conner et al., 2010a; 2010b; Conner, Koeske, & Brown, 2009). Perhaps the results of the current study may be more representative of attitudes held by a college population. Prior researchers have demonstrated that African American college students tend to have more positive attitudes toward psychological help seeking for impersonal issues such as school related concerns versus personal or emotional problems (Sheu & Sedlacek, 2004.) As previously noted about 68% of participants in this study attended counseling for personal, family, and relationship issues. The participants in this study appear to be more willing than African American college students in previous studies to attend treatment for personal issues.

Hypothesis Two

To test the second hypothesis an independent samples t-test was conducted to determine if African Americans with prior exposure to counseling have fewer stigmas about counseling than those who have no exposure regardless of acculturation strategy. Reported levels of stigma do not differ significantly whether a participant had prior exposure to counseling or not. These findings might suggest that exposure to therapy may not have an impact on perceived stigma of counseling. Black college students' mean scores in this study, regardless of counseling experience, were consistent with previous research. In a study conducted by Komiya et al. (2000), the means and standard deviations on the SSRPH were distributed according to gender as follows: women

(M=5.10, SD= 2.88) and men (M= 6.86, SD= 3.03). Men tended to have higher levels of stigmas toward seeking psychological help. In a study conducted by Ward & Hiedrich (2009) African American women indicated that they would be comfortable talking with a mental health professional and would not feel very embarrassed to share with their friends that they were getting professional help. Perhaps the relatively low scores observed may be attributed to another variable such as gender, age, or education level. Of the 110 participants in this study 74 were women. Perhaps the overrepresentation of women in this study would explain the stigma scores.

Hypothesis Three

It was hypothesized that for Black college students who have had a counseling experience stigma of counseling, racial microaggressions, and acculturation strategies will predict their likelihood to seek psychological services. To test this hypothesis a multiple regression analysis was conducted with the imputed data and part of the hypothesis was supported. The results of the regression indicated the four predictors explained between 58% and 84% of the variance in ISCI for the five imputed data sets. It was found consistently across data sets that racial microaggressions significantly predicted intentions to seek counseling. The observed t-values were negative indicating that as scores increase on RMCS they decrease on the ISCI. The more perceived racial microaggressions in counseling the least likely a person would seek psychological services. This result is consistent with previous literature (Constantine, 2007). Traditionalist beliefs and behaviors also significantly predicted likelihood for a Black college student with counseling experience to seek psychological services. These results are consistent with the literature that indicates a greater adherence to Afrocentric values

was associated with less favorable views of psychological help seeking (Wallace & Constantine, 2005). Given that the regression analyses were computed with imputed data the results are only estimates of what observed results would have been had the data been completed by each participant with counseling experience. However, since five data imputations were computed this increases the likelihood that these are unbiased results (Rubin, 1996).

Hypothesis Four

As noted above the fourth hypothesis was not supported. The results of the regression analysis do not indicate that stigma of counseling, traditionalist values, or assimilationist values predicted likelihood to seek psychological services. These findings are contrary to previous research which suggests that various attitudes that are barriers inhibit African Americans from seeking psychological services (Sanders Thompson, Bazile, & Akbar, 2004; Sussman, Robins, & Earls, 1987). These results also contradict the regression results observed in the Black college students who had counseling in this study, particularly when looking at traditionalist beliefs and behaviors. Perhaps the observed difference may be attributed to difference in the sample such as exposure to counseling or an interaction with racial microaggressions experienced in the counseling setting. Maybe for Black college students with counseling experience if they have a higher adherence to traditionalist values then they might be more sensitive to racial microaggressions. Therefore, if they experience a racial microaggression in the counseling setting then their likelihood to seek psychological services decreases. There could also be something fundamentally different about the sample of participants with and without counseling experience other than exposure.

While reported levels of counseling stigma from this sample of Black college students is fairly low, racial microaggressions still seem to be a barrier to seeking counseling services. The results of this study point to the importance of therapists being culturally competent especially when it comes to understanding racism in the 21st century. A potential Black client would be more will to be open and trusting in therapy, if he or she feels his or her therapist understands racial microaggressions and the impact they can have on the client daily.

Limitations

The participants may not be representative of the general population of African Americans. Since all of the participants were from the Midwest region of United States, these results could not be generalized to all Black college students. Findings could be different if this study were administered to African American students in other regions of the United States. Additionally, the college-aged population is typically 18-22 years of age, thus the findings may also not generalize to the African American population as a whole. If older African Americans or non-college students may have participated the results may be different. Another limitation is that some participants classified themselves as biracial or multiracial (African American and other), Afro-Caribbean, or African but for the purposes of this study they were considered Black. The data could be skewed because the participants identify with both or multiple heritages. Since all of the questionnaires were self-report instruments, there may be bias as to how questions were answered by various participants. They may not have fully disclosed their true attitudes about stigma, racial microaggressions, and acculturation strategies. Another limitation to consider is the availability of counseling centers on college campus and impact that

exposure to these facilities may have on students' opinions as well as stigmas of counseling. Each university in this study has a student counseling center which houses various therapy groups, programs, couples therapy and individual therapy which are highly publicized.

Future Directions

Futures studies should encompass a larger sample that is more representative of the African American college student population of the United States. This may demonstrate more fully the attitudes about counseling and stigma held by African American college students as a whole. It may useful to look more in depth at African American college students who have experienced counseling using qualitative data collection measures. It would be of interest to investigate why they sought services, how long they were in counseling, or reasons for terminating to name a few. It may also be useful to look more in depth at generational differences in perceptions of mental health and mental health care providers.

REFERENCES

Atkinson, D. R. (1983) Ethnic similarity in counseling psychology: A review of research. *The Counseling Psychologist, 11,* 79-92.

Ahluwalia, E. (1991). Parental cultural mistrust, background variables, and attitudes toward seeking mental health services for their children (Doctoral dissertation, University of North Texas, 1990). *Dissertation Abstracts International,* 57(9-B), 4271.

Belgrave, F. Z. & Allison, K. W. (2006). *African American psychology*. Thousand Oaks, CA: Sage.

Berry, J. W. (1980). Acculturation as varieties of adaptation. In A. M. Padilla (Ed.), *Acculturation: Theory, models and some new findings* (pp. 9-25). Washington, DC: Westview.

Berry, J.W. (2001). A psychology of immigration. *Journal of Social Issues, 57*, 615-631.

Berry, J.W. (2006). Context of acculturation. In Sam, D.L & Berry, J.W. (Eds.) *The Cambridge Handbook of Acculturation Psychology* (pp. 27-42). Cambridge: Cambridge University Press.

Berry, J.W., Pootinga, Y. H., Segall, M. H., & Dasen, P. R. (1992). Cross-cultural psychology: Research and applications. Cambridge: Cambridge University Press.

Black, S. R, Spence, S. A, & Omari, S. A. (2004). Contributions of African Americans to the field of psychology. *Journal of Black Psychology, 35*, 40-64.

Conner, K. O., Copeland, V. C., Grote, N. K., Koeske, G., Rosen, D., Reyonlds, C. F., & Brown, C. (2010). Mental health treatment seeking among older adults with depression: The impact of stigma and race. *American Journal of Geriatric Psychiatry 18 (6),* 531-543.

Conner, K. O., Copeland, V. C., Grote, N. K., Rosen, D., Albert, S., McMurray, M. L., Reynolds, C. F., Brown, C., & Koeske, G. (2010). Barriers to treatment and culturally endorsed coping strategies among depressed African-American older adults. *Aging & Mental Health, 14 (8),* 971-983.

Conner, K. O., Koeske, G., & Brown, C. (2009). Racial differences in attitudes toward professional mental health treatment: The meditating effect of stigma. *Journal of Gerontological Social Work, 52,* 695-712.

Constantine, M.G. (2002). Predictors of satisfaction with counseling: Racial and ethnic minority clients' attitudes toward counseling and rating of their counselors' general and multicultural counseling competence. *Journal of Counseling Psychology, 49*, 255-263.

Constantine, M. G. (2007). Racial microaggressions against African American clients in cross-racial counseling relationships. *Journal of Counseling Psychology, 54*, 1-16.

Constantine, M. G., Gainor, K. A., Ahluwalia, M. K., & Berkel, L. A. (2003). Independent and interdependent self-construals, individualism, collectivism and

harmony control in African Americans. *Journal of Black Psychology, 29*(1), 87-101.

Cooper-Patrick, L., Powe, N. R., Jenckes, M. W., Gonzales, J. J., Levine, D. M., & Ford, D. E. (1997). Identification of patient attitudes and preferences regarding treatment of depression. *Journal of General Internal Medicine, 12,* 431–438.

Copeland, V. C. (2006). Disparities in mental health service utilization among low-income African American adolescents: Closing the gap by enhancing practitioner's competence. *Child and Adolescent Social Work Journal, 23,* 407-431.

Corrigan, P. (2004). How stigma interferes with mental health care. *American psychologist, 59,* 614-625.

Cross, W.E, Jr. (1971). The Negro-to-Black conversion experience: Toward a psychology of Black liberation. *Black World, 20(9)*, 3-27.

Cross, W.E., Jr. (1978). The Thomas and Cross models of psychological nigrescence: A review. *The Journal of Black Psychology, 5*, 13-31.

Cross, W. E., Jr. (1994). Nigrescence theory: Historical and explanatory notes. *Journal of Vocational Behavior, 44,* 119-123.

Diala, C., Muntaner, C., Walrath, C. Nickerson, K.J., LaVeist, T. A., & Leaf, P. J. (2000). Racial differences in attitudes toward professional mental health care and in the use of service. *American Journal of Orthopsychiatry*, 455-464.

Freimuth, V. S., Quinn, S. C., Thomas, S. B., Cole, G., Zook, E., & Duncan, T. (2001). *Social Science and Medicine, 52,* 797-808.

Givens, J. L., Kats, I. R., Bellamy, S., & Holmes, W.C. (2007). Stigma and the acceptability of depression treatments among African Americans and Whites. *Journal of General Internal Medicine, 22*, 1292-1297.

Grills, C., & Longshore, D. (1996). Africentrism: Psychometric analyses of a self-report measure. *Journal of Black Psychology, 22*(1), 86-106.

Harris, N. (1992). A philosophical basis for an Afrocentric orientation. *Western Journal of Black Studies, 16*(3), 154-159.

Helms, J. E. (1990). *Black and white racial identity theory: Theory, research, and practice.* Westport, CT: Greenwood.

Jackson, A. P., & Sears, S. J. (1992). Implications of an Africentric worldview in reducing stress for African American women. *Journal of Counseling & Development, 71*(2), 184-190.

Jackson, L. C., & Greene, B. (Eds.). (2000). *Psychotherapy with African American Women* New York: Guilford Press.

Jones, H. L., Cross, W.E. , Jr., & DeFour, D. C. (2007). *Journal of Black Psychology, 33*, 208-231.

Kelly, A. E. & Achter, J. A. (1999). Self-concealment and attitudes toward counseling in university students. *Journal of Counseling Psychology*, 42 (1), 40-46.

Kearney, L. K., Draper, M., & Baron, A. (2005). Counseling utilization by ethnic

minority college students. *Cultural Diversity and Ethnic Minority Psychology, 11,* 272-285.

Komiya, N. (2000). *Development of the Emotional Openness Scale.* ProQuest Information & Learning, US.

Komiya, N., Good, G. E., & Sherrod, N. B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of Counseling Psychology, 47*(1), 138-143.

Koslow, P. (Ed.) (1999). *African American Desk Reference.* New York: John & Wiley, Inc.

Masuda, A., Anderson, P. l., Twohig, M. P., Feinstein, A. B., Chou, Y., Wendell, J. W., & Stormo, A. R. (2009). Help-seeking experiences and attitudes among African American, Asian American, and European American college students. International *Journal of Advanced Counseling, 31*, 168-180.

McAdoo, H. P. (2007). Religion in African American families. In *McAdoo, H. P. (Ed) Black Families (4th ed. pp. 97- 100).* Thousand Oaks, CA: Sage.

Morris, E. F. (2001). Clinical practices with African Americans: Juxtaposition of standard clinical practices and africentricism. *Professional Psychology Research and Practice, 32*, 563-572.

Neighbors, H. W. & Jackson, J. S. (Eds.). (1996). *Mental Health in Black America*. London: Sage.

Neighbors, H. W., Musick, M. A., Williams, D. R. (1998). The African American

minister as a source for help for serious personal crises: Bridge or barrier to mental health care? *Health Education and Behavior, 25*, 759-777

Obasi, E. M. (2004) Measurement of Acculturation strategies for people of African Descent Manual.

Obasi, E. M., & Leong, F. T. L. (2009). Psychological distress, acculturation, and mental health-seeking attitudes among people of African descent in the United States: A preliminary investigation. *Journal of Counseling Psychology, 56* (2), 227-238.

Okazaki, S. (2009). Impact of racism on ethnic minority mental health. *Perspectives on Psychological Science, 4,* 103-107.

Okonji, J. M. A., Ososkie, J. N. & Pulos, S. (1996). Preferred style and ethnicity of counselors by African American males. *Journal of Black Psychology*, 22, 329-339.

Omi, M. and Winant, H. (1994). *Racial Formulation in the United States from the 1960's to the 1990's (2ⁿᵈ ed.)* New York: Routledge.

Pillay, Y. (2005). Racial identity as a predictor of the psychological health of African American students at a predominantly White university. *Journal of Black Psychology, 31 (1)*, 46-66.

Pipes, W. H. (2007). Old-time religion: Benches can't say "amen." *In McAdoo, H. P. Black Families (4ᵗʰ ed. pp. 101-124).* Thousand Oaks, CA: Sage.

Pope-Davis, D., Leir, W., Ledesma-Jones, S., & Nevitt, J. (2000). African American acculturation and Black racial identity: A preliminary investigation. *Journal of*

Multicultural Counseling and Development, 28, 98-112.

Richardson, L. A. (2001). Seeking and obtaining mental health services: What do parents

expect?. *Archives of Psychiatric Nursing, 15*, 223–231.

Rubin, D. B. (1996). Multiple imputation after 18+ years. *Journal of the American*

Statistical Association, 91(434), 473-489.

Sanchez-Hucles, J., & Jones, N. (2005). Breaking the Silence Around Race in Training,

Practice, and Research. *Counseling Psychologist, 33*(4), 547-558.

Sanders, M.M (2007). *Family therapy: A help-seeking option among middle-class*

African Americans. In McAdoo, H.P. (Ed.), Black Families (4th ed.) (pp.263-280).

Thousand Oaks, CA: Sage.

Sanders Thompson, V. L., Bazile, A., & Akbar, M. (2004). African Americans'

perceptions of psychotherapy and psychotherapists. *Professional Psychology:*

Research and Practice, *35*, 19-26.

Sheu, H. B., & Sedlacek, W. E. (2004). An exploratory study of help-seeking attitudes

and coping strategies among college students by race and gender. *Measurement &*

Evaluation in Counseling & Development, 7, 130-143.

Solórzano, D., Ceja, M., & Yosso, T. (2000). Critical race theory, racial

microaggressions, and campus racial climate: The experiences of African

American college students. *Journal of Negro Education, 69*(1), 60-73.

Sudarkasa, N. (1997). African American families and family values. In McAdoo, H. P.

(Ed.), *Black families (3rd ed, pp. 9-66).* London: Sage.

Sue, D. W., Capodilupoe, C. M., & Holder, A. M. B. (2008). Racial microaggressions in the life experience of Black Americans. *Professional psychology: Research and practice, 39*, 329-336.

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., et al. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist, 62*(4), 271-286.

Suinn, R.M. (1999). Progress in ethnic minority psychology: An overview and challenge, or "When you wish upon a star*." Cultural Diversity and Ethnic Minority Psychology, 5,* 37-42.

Sussman, L. K., Robins, L. N., & Earls, F. (1987). Treatment-seeking for depression by black and white Americans. *Social Science and Medicine, 24,* 187–196.

Richardson, J., Anderson, T., Flaherty, J. & Bell, C. (2003). The quality of mental health care for African Americans. *Culture, Medicine, and Psychiatry, 27*, 487-498.

Takaki, R. (1993). *A Different Mirror: A History of Multicultural America.* Boston: Little, Brown and Company.

Thompson, C. E., & Neville, H. A. (1999). Racism, mental health, and mental health practice. *Counseling Psychologist, 27*(2), 155-223.

Wallace, B. C. & Constantine M. G. (2005) Africentric cultural values, psychological help-seeking attitudes, and self-concealment in African American college students. *Journal of Black Paychology,31*, 369-385.

Whaley, A. L. (2001). Cultural mistrust: An important psychological construct for

diagnosis and treatment of African Americans. *Professional Psychology: Research and Practice, 32,* 555-562.

Whaley, A. L. (2001). Cultural mistrust and mental health services for African Americans: A review and meta-analysis. *The Counseling Psychologist, 29,* 513-531.

Ward, E. C. (2005). Keeping it real: A grounded theory study of African American clients engaging in counseling at a community mental health agency. *Journal of Counseling Psychology, 52*, 471-481.

Ward, E. C. & Heidrich, S. M. (2009). African American women's beliefs about mental illness, stigma, and preferred coping behaviors. *Research in Nursing & Health, 32,* 480-492.

APPPENDICES

APPENDIX A

Bibliography

Africans in America

History of African descendants in the Americas. People of African descent have a long standing history in what is now present day America, even dating back before some European groups such as the pilgrims. Once noted as the largest racial/ethnic group in the United States (e.g. African Americans were surpassed in population by Hispanics), African Americans make up about 12% of the U.S. population. They live in urban and rural areas, the north and south, and aspire to various levels of economic status and education. One cannot talk about U.S. history without addressing Blacks and the major contributions they made in establishing and maintaining this great nation. One must first address the history of Black people in America before we can truly understand the predicament of African Americans in mental health.

I will begin by briefly reviewing some major events in the history of Africans in America in the following timeline.

1619------------------ The first Africans are brought to Jamestown, Virginia by the Dutch as indentured servants (Takaki, 1993; Koslow, 1999). Indentured servants would work for a contracted amount of years and once the time of services ended they were free to go. These servants worked side by side with White laborers, having relatively equal social status (Takaki, 1993).

1620's-1650's-------- The enslavement of Blacks was a gradual process. White and Black servants would escape together and once they were captured the punishments they received varied greatly. White servants often times would have their years of service extended to a few more years but Black servants would be punished to a lifetime of servitude (Takaki, 1993). Black laborers became more profitable to the White landowner and poor White servants were less and less desired.

1650's----------------- Over 70% of Virginia's Blacks were classified as slaves (Takaki, 1993). Eventually slavery became institutionalized with Virginia being the first colony to classify Black servants as property in 1661 (Takaki, 1993; Koslow, 1999).

1660's-1760's----- African slaves were being imported from Africa and the Caribbean to the English colonies via the transatlantic slave trade. During these years several laws were passed to insure the institution of slave labor. Any servants that weren't Christians in their native

land were considered slaves and children inherited their mother's free or slave status upon their birth (Takaki, 1993).

1770's----------------- In spite of their slave status, many Blacks fought in the Revolutionary War. Around this time many colonies such as Massachusetts and Vermont, began to ban the import of African slaves.

1794------------------- Slave exports banned nationwide (Koslow, 1999).

1808------------------- Black population reached one million.

1820------------------- *Missouri Compromise* banned slavery in U.S. territories north of latitude 36°30' (Koslow, 1999).

1823------------------- The first African American, Alexander Lucuis Twilight, graduated with a B.A. from Middlebury College in Vermont (Koslow, 1999). The *Kansas-Nebraska Act* nullifies the Missouri Compromise by allowing Kansas and Nebraska to choose "slave" or "free state" status.

1862------------------- Congress banned slavery in Washington D.C. and U.S. territories.

1863------------------- President Lincoln issued the Emancipation Proclamation to free slaves in the Confederacy (Koslow, 1999).

1865------------------- The 13th Amendment, which abolishes slavery in the U.S. This year also saw the first "Black Codes," which limited the rights of former slaves, passed in the South (Koslow, 1999).

1866-1890's----------- A series of Civil Rights Acts were passed to give Blacks rights as American citizens, the 14th and 15th Amendments giving full civil

rights and voting rights to Blacks, and an influx of Black colleges and universities were established (Takaki, 1993; Koslow, 1999). The first Jim Crow law was also passed in 1881 segregating railcars in Tennessee (Koslow, 1991).

1900-1920------------ The NAACP and the National Urban League were founded as the first civil rights organizations and the birth of Black psychology. DuBois wrote *Souls of Black Folk*, which discusses the "double conscious," a term which describes Blacks' experience in America as African descendents and American (Black, Spence, & Omari, 2004; Koslow, 1999). In spite of discrimination practices, 300, 000 Black men chose to serve in armed forces in World War I.

1920's----------------- The first Negro History week (which later became Black History month) is celebrated, the Immigration Act of 1924 is passed limiting the number of racial ethnic immigrants (Takaki, 1993), and the Harlem Renaissance begins (Koslow, 1999).

1930's-1940's--------- Segregation becomes wide spread and more Black men enlist in World War II. It is during this war that President Truman issued Executive Order 9981 to integrate U.S. forces in 1948, the rest of America was still segregated (Koslow, 1999).

1954------------------ *Brown vs. Board of Education* Supreme Court ruling desegregated schools noting the first major challenge to "separate but equal' practices (Koslow, 1999). Rosa Parks refuses to give up her seat on a bus in Montgomery, Alabama leading to a bus boycott and

firestorm sweeps the nation ushering in the Civil Rights movement.

1960's------------------ The historic march on Washington takes place in 1963 and Martin Luther King, Jr. shares his dream with the nation (Koslow, 1999). The Black Panther Party and other Black separatists movements were established (Takaki, 1993).

1970's--------------- The Black Power movement was in full swing emphasizing racial pride among African Americans (Takaki, 1993). Tuskegee Syphilis Study exposed to general public. In 1978, the Supreme Court ruled that affirmative action practices at the University of California were "reverse discrimination" (Koslow, p. 20, 1999).

1980's---------------- America witnessed the first legitimate African American candidate for the Democratic ticket for President, Jesses Jackson (Koslow, 1999).

1992------------------ One of the biggest race riots this country has ever seen since the Watts riot in 1965 took place in Los Angeles after four White police offers were acquitted for brutally beating a Black man, Rodney King (Koslow, 1999).

1997------------------ President Clinton makes a formal apology to the Black military servicemen that were denied treatment for Syphilis during the Tuskegee experiment, the first of its kind in U.S. history (Koslow, 1999). Proposition 209 puts an end to affirmative action in the state of California.

2007-2008------------- Barack Obama, an African American senator from Chicago, the

son of a White woman from Kansas and a Black man from Kenya,

announces his intensions to run for United States President. On

November 5, 2008, he is elected the first African American

president of the United States.

While this review highlighted some key moments in African American history, the limitations of this paper cannot fully grasp the richness of the Black experience. Knowing Black History is a prerequisite for understanding the Black experience in America. Every day we are learning new things about experiences of African Americans. Most Blacks in America have the shared history of slavery but each person's experience as an African American is different so it is important to expand to more specific analyses of these varied experiences.

Blacks in psychology. Before I address the issues of counseling in the African American community it is important to discuss the history of Blacks in psychology. Many African Africans honor 1903 as being the beginning of Blacks into psychology with W.E. B. DuBois being the first black psychologist (Black, Spence, & Omari, 2004). There are three periods of Black psychology: survival, Afrocentric orientation, and a combination of traditional and Afrocentric views used to understand the Black experience in America (Black, Spence, and Omari, 2004). In 1920, Cecil Sumner was the first African American to earn a Ph.D. in psychology (Sawyer, 2000 as cited in Black, Spence, & Omari, 2004). Sumner established the psychology department Howard University, a historically Black college in Washington D.C., which has been credited for providing

more training in psychology to African Americans than any other university (Black, Spence, & Omari, 2004).

A major breakthrough in Black psychology came when psychologist Kenneth Clark conducted a study about skin color and self-esteem. In his study Black children were asked various questions regarding personal characteristics of a Black doll and a White doll. Many of the negative attributes were associated with the Black doll and the positive attributes to the White doll. In spite of the negative ratings of the Black doll the Black children still identified with the Black doll the most. Clark argued that Black children felt they were separated from White children because the Black children were inferior (Rodgers & Bullock, 1974 as cited in Black, Spence, & Omari, 2004). This study is cited in the NAACP's argument in the *Brown vs. Board of Education* Supreme Court case (Benjamin & Crouse, 2002; Singleton, 1975; Tucker, 1994 as cited in Black, Spence, & Omari, 2004).

Even after Clark's research brought national attention to the understanding of Black children, African Americans still felt unsupported in psychology. In the era of the Black Power movement in the 1960's, African Americans began to take an Afrocentric approach to psychology (Black, Spence, & Omari, 2004; Freedheim, 2003). Many Black psychologists were unhappy with the American Psychological Association because they felt that APA didn't address ethnic minority issues in psychology. So it was at the 1968 APA convention that the Association of Black Psychologist (ABPsi) was formed as an organization for Black psychologists (Black, Spence, & Omari, 2004; Freedheim, 2003; Suinn, 1999). Sadly the formation of ABPsi did not resolve the differences between

Black psychologists and the general APA membership. From 1969 to 1971 membership efforts of ABPsi doubled (Black, Spence, & Omari, 2004).

The 1970's were perhaps the biggest decade for African Americans in psychology. In 1970, APA established the Commission for Accelerating Black Participation in Psychology. Also in 1970, ABPsi in conjunction with APA developed the Black Visiting Scientists program. In 1971, the first and only African American president of APA, Kenneth Clark, was elected (Suinn, 1999). In 1973 ABPsi established the *Journal of Black Psychology.* "The goal of the journal was to focus on psychological phenomena relevant to people of African descent; the journal covered such topics as cognition, social psychology, personality, and so on" (Black, Spence, Omari, 2004, p. 50). Major areas of focus in research were spirituality, communalism, the Black church, African Identity, and cognitive style of Blacks compared to Whites (Black, Spence, Omari, 2004). The boom of culturally based research aided in the advancement of African Americans as well as other minorities in psychology.

An important event to note is the revelation of the Tuskegee Syphilis Study in 1972. The U.S. Public Health Service conducted a study with 399 Black men diagnosed with having syphilis none of whom knew they had the disease and 201 Black men in the control group (Freimuth, Quinn, Thomas, Cole, Zook, & Duncan, 2001). For over thirty years the men in this study were withheld treatment for the disease. Many of these men had experienced serious medical problems and even death. This study had major implications for African Americans' mistrust of health professionals and researchers (Freimuth et. al., 2001). While this study is not directly related to the field of psychology, it is important to talk about because it could have implications for mental health treatment

as well. Many African Americans may be afraid of history repeating itself and decide not to seek mental health services.

There is so much more that could be explored regarding the history of African Americans in psychology. There is more work to be that done to expand research, theory, and clinical practice of African Americans in psychology. The constraints of this paper only allow me to get to the tip of the iceberg.

Afrocentric worldview and values. Afrocentric worldview is defined as "certain philosophical assumptions and principles that originated in Africa and that are often reflected in the values attitudes, and customs of Africans and people of African descent" (Jackson & Sears, 1992). Other literature uses a variation of this spelling and opts for "Africentric." In this study both spellings were used interchangeably as reflected in the literature reviewed.

Along the lines with Afrocentric worldview are Afrocentric values. Communalism, collectivism, unity, harmony, spirituality, balance, creativity, and authenticity have been shown to be values consistent with Africentric worldview (Constantine, Gainor, Ahluwalia, & Berkel, 2003; Jackson & Sears, 1992; Wallace & Constantine, 2005). Additionally Morris (2001) also notates extended family structure, compliance and cooperation, and security orientation as Africentric values.

Harris (1992) addresses the ontology and epistemology of an Afrocentric orientation. He notes that Afrocentric ontology is centered on the "communal notion of existence" in the Black community (p. 156). Harris persist that Black people find their worth and sense of being in relationship to the community, nature, and some supreme being. There is this holistic and limitless view of life. An Afrocentric epistemology

defines reality through history and intuition. There is this assumption that the world is beyond what is tangible. Knowledge is verified by empirical information as well as supra-empirical (i.e. some sort of felt hunch). The emphasis on symbolism and African history is equally important.

Sudarkasa (1997) cleverly categorizes the previously noted Afrocentric values as the "Seven Rs" only five of which are inherent in African American culture. She identifies the Seven Rs as *respect, responsibility, reciprocity, restraint, reverence, reason, and reconciliation. Respect* is the value in which African American children are taught to hold parents and other elders in high regard. In Africa, seniority meant rank and status. In keeping with this tradition, African Americans commonly will address their elders by a designated title. Examples of this were seen in my own family. I remember growing up calling my aunt and uncles, Aunt Lisa or Uncle Jay. Even as an adult, I still find that I address them as such. The second R, *responsibility*, refers to the need to be your "brothers' and sister's keeper" (p.34). Africans and African Americans accept responsibility for relatives whether they are blood related or not. Family is not just nuclear family it includes extended family beyond the household. This goes back to the collectivistic value addressed earlier. You are not only concerned for your well being but those of the family. When difficulties arise in a family, it is hard for African Americans to put their own well being before the family. When the rest of society is telling you that your needs come first, I can imagine that an African American may experience a great deal of anxiety and distress determining a course of action.

The ability for an individual to put his or her family's needs before his or her own is the concept of *restraint*. It is import to sacrifice personal needs for the greater good of

the family. Going along with this notion is reciprocity. *Reciprocity* is when African Americans "give back to their families and communities in return for what had been given to them" (p. 34). The idea is that good deeds will be reciprocated back to you. However, you do not do good things in order to get what is coming back to you. Things are looked at in a cyclical nature in African cultures. There is a strong sense of gratitude for what others have done for you. Sudarkasa lastly addressed reverence as the fifth R that describes African American values. *Reverence* refers to spirituality and acknowledging a higher power (i.e. God). It is through this higher being that African Americans were able to remain so resilient over that last 300 plus years. As noted when addressing Afrocentric epistemology (Harris, 1992), this transcendent way of being for African Americans gave them hope and faith that discrimination and injustice was not going to be forever. There is a sense that there is something greater than us out there that can make things better. This spirituality also serves as a way to connect with the environment around us.

As for the final two Rs of afrocentric values, reason and reconciliation, Sudarkasa suggests that these values are still relevant with Africans but not with African Americas. She argues that these values did not survive the move across the Atlantic. In America there are no longer tribal elders around to settle disagreements between people and African Americans have the stereotype of being impulsive and overly emotional in decision-making. She concludes with a charge to African Americans to return to the ancestral way of decision-making and dispute settling.

Racial Identity

Racial identity is an individual's sense of collective identity rooted in his or her perceptions that he or she has in common with a racial group (Helms, 1990). W. E. B. Dubois was the first scholar to attempt to tackle the concept of a racial identity by addressing how a Black person comes to understand who he or she is as an African in America. In his work *Souls of Black Folks*, W .E. B. DuBois talked about "African Americans coming to grips with a phenomenon labeled *double consciousness*—seeing one's self from the perspective of the dominant culture and from the perspective of the African American community" (Black, Spence, & Omari, p. 40, 2004). Other Black scholars try to address this concept, more specifically the process each Black person goes through to be "Black."

William E. Cross, Jr. is arguably the most noted scholar who addressed Black Identity development. In the 1970's Black identity had come to be identified with ideas of "self-hatred" as reflected in preferences for "White" things and ideals (Cross, 1994). It was during this time that Cross and several other Black scholars sought to develop theories of Black identity development that emphasized love for oneself as a Black person. *Nigrescence Theory*, as noted by Cross, is the "process of becoming Black" (1978, p.13). Today this process is known as Black Identity Theory. Cross (1971, 1978, 1994) identifies four stages in which African Americans go through to become Black; *Pre-encounter, Encounter, Immersion/Emersion,* and *Internalization.*

In the *Pre-encounter* stage a Black person's identity is characterized by a Eurocentric worldview. This person tends to idealize White culture and negate Black culture. For some people their identity is based on something other than race so being

Black is seen as insignificant to their experience (Cross, 1994). In the *Encounter* stage a racially charged event occurs that challenges a Black person's Eurocentric worldview. This event could be interracial or with one's own racial group. For example another Black person who has moved beyond this stage may challenge an individual's Blackness. At this point he or she may feel "not Black enough" (1994, p. 122). This encounter then moves the Black person into the *Immersion/Emersion* stage. Cross (1978) dubs the stage the "vortex of psychological metamorphosis" (p.17). During this stage a Black person will immerse him or herself into Black culture by glorifying African culture and Black people and denigrating White culture and White people. There is this internal battle between the old Eurocentric worldview and new Afrocentric worldview. However, the new Black identity is not internalized yet. It is during the fourth and final stage (i.e. *Internalization)* that the Black person truly takes in the new Black identity with great comfort. He or she becomes secure in the new identity and is less hostile towards Whites. In later parts of this stage an individual will actually interact with, appreciate, and enjoy other racial groups other than his or her own. Cross (1971, 1978, 1994) is careful to note that not everyone reaches the final stage. People can live their whole lives in the Pre-encounter stage or any other stage.

Acculturation

The United States of America has long been referenced as a country of immigrants. With the exception of Native Americans, all other racial groups migrated to North America from somewhere else. Sociology, psychology, and other related fields have tried to understand how many cultures came together to make up America. Two well known models that have been used to describe the multicultural nature of the U.S.

are the *melting pot* and *cultural pluralism*. Melting pot refers to the notion that there is one dominant society and minority cultures are absorbed into mainstream culture (Berry, 2006). Cultural pluralism implies that there is a "mosaic of *ethnocultural groups*" (p.28). In this model each group maintains its own culture and also participates in the larger society. The later model is the more accepted school of thought now.

Acculturation deals with how these different cultural groups interact. Pope-Davis, Leir, Ledesma-Jones and Nevitt (2000) offered the following definition for acculturation: "a multidimensional psychological adaptation process that occurs when an individual interacts with another culture" (p. 99). This definition deals with acculturation on an individual cultural level. It does not take into account the dominant culture's reaction to the new culture. Berry's (2001) definition of acculturation focuses on cultural and psychological changes in the ethnocultural group but he also considers the impact that the minority culture could have on the dominant culture. He states that acculturation is "a process involving two or more groups, with consequences for both; in effect, however, the contact experiences have much greater impact on the nondominant group and its members" (p. 616).

Berry, Pootinga, Segall, and Dasen (1992) also discussed the acculturation strategies, namely *attitudes* and *beliefs*, to which people of color adhere to when they have intercultural experiences. Berry's (1980, 2001, 2006; Berry et al. 1992) theory of acculturation identifies four acculturation strategies: *Assimilation, Separation, Integration,* and *Marginalization*. *Assimilation* is when a person desires to have an interaction with mainstream culture and does not desire to maintain his/her own culture. *Separation* (i.e. traditionalist) is when a person desires to hold onto his/her own culture

and avoids other groups. *Integration* is when a person desires to maintain his/her own culture and he/she interacts with other groups. *Marginalization* is when a person has minimal interest in maintaining one's own culture and minimal interest in interacting with other groups. Figure A1 offers a visual depiction of these acculturation strategies.

Figure A1

	High Maintenance of Own Cultural Group	Low Maintenance of Own Cultural Group
High Desire for Interaction with Other Cultural Groups	**Integration**	**Assimilation**
Low Desire for Interaction with Other Cultural Groups	**Separation**	**Marginalization**

One final note about Berry's model is that there is this underlined assumption in acculturation theory that minority groups have a choice as to how they interact with other cultures (Berry, 2001, 2006). Often times minority cultural groups would have dominant group values and culture forced upon them. He says that *mutual accommodation* from both cultural groups is necessary for true integration to occur.

Bennett (1986 as cited in Morris, 2001) addressed a concept he terms *ethno-relativism* in which people attempt to reconcile the differences between Africentric worldview and Eurocentric worldview. Acculturation appears to be the process by which one reconciles these differences. He suggests that psychological service providers need to strive to accept the coexistence of worldviews, adapts skills and abilities to other cultures,

and be able to integrate the Afrocentric and Eurocentric worldviews in order to be comfortable navigating between the two as a professional. This has enormous implications for counseling. If African Americans can sense that their therapist is trying to understand them within a cultural context, perhaps more would be willing to start and continue counseling services.

From Racism to Racial microaggressions

Race and racism. Another important element in the understanding Black experience in America is the issues of race and racism. It is through these lenses that many African Americans have come to understand themselves and their world. Omi & Winant (1994) defined race as "a concept which signifies and symbolizes social conflicts and interests by referring to different types of human beings" (p. 55). Race has typically been determined by phenotypes such as hair texture, skin color, and facial features (Omi & Winant, 1994; Thomas & Neville, 1999). Since the colonization of the Americas, European immigrants have attempted to classify different groups of people. Throughout the history of Africans in America there has been this need for Europeans to give a name to theses strange Black people. These African peoples have gone from being Negros, to Colored, to Black, to Afro-American, and finally to the politically correct term of African American.

The initial concept of race in America branched from religious categorization. European settlers distinguished themselves as Christians from Natives and Africans whom they perceived as savages (Omi & Winant, 1994). This began the establishment of a racial hierarchy. In the 1800's the works of Darwin, Galton, and others attempted to address a biological basis of race (i.e. species of mankind). Through Darwin's theory,

Whiteness was deemed superior, more intelligent, and more civilized than other races such as Natives and Blacks (Omi & Winant, 1994). As research continued to challenge the idea of a biological basis of race, the concept of race came to be understood as a social construct (Omi & Winant, 1994; Thompson & Neville, 1999). Intermixing of races challenged commonly held beliefs of race. The "one drop" rule cited in the *Plessy v. Ferguson* Supreme Court case has been upheld time and time again in the South. The general consensus appears to be whatever an individual experiences him or herself being racially depends on phenotype (Thompson & Neville, 1999).

Racism has been defined in various ways across time. The way it is defined has a lot to do with societal context and period of time. For the purpose of this study racism will be defined as a societal system that involves power which results in unequal outcomes based on race (Thompson & Neville, 1999; Okazaki, 2009). Thompson & Neville (1999) outline four forms of racism: *individual, institutional, cultural*, and *environmental*. Individual racism includes personal situations that degrade or humiliate members of racial groups and incidents of restriction of services or goods to certain races. This will typically be person(s)-to-person(s). Institutional racism refers to policies, practices, and norms that restrict opportunities for minority people. An example would be lending practices of banks that give higher interest loans to Blacks as compared to Whites. Cultural racism is based on the underlined assumption that Whiteness equates to Americaness and Whites are superior to racial minorities. This could be evident in the pathologizing of the Black cultural practice of communalism. It could be conceptualized as codependency in therapy. The final type of racism, environmental, refers to "racial discrimination in environmental policy-making… in the enforcement of regulations and

laws… and in the official sanctioning of the life threatening presence of poisons and pollutants in the communities of color" (Chavis, 1993, p. 3 as cited in Thompson & Neville, 1999).

Racial Microaggressions. Nowadays, racism has moved from being overt acts of hatred and bigotry to more covert and disguised, which often makes it difficult to recognize and acknowledge in today's society (Sue et al., 2007). These more covert forms of racism can be conceptualized as racial microaggressions. Racial microaggressions are defined as "subtle insults" aimed at people of color simply because they are a member of a racial ethnic group (Solórzano, Ceja, & Yosso, 2000). Sue et. al. (2007) outline three different forms of racial microaggressions: *microassult, microinsult*, and *microinvalidation. Microassult* is "an explicit racial derogation characterized primarily by verbal or nonverbal attack meant to hurt the intended victim through name-calling, avoidant behavior, or purposeful discriminatory actions" (p. 274). *Microinsults* are communication that "convey rudeness and insensitivity and demean a person's racial heritage or identity" (p. 274). Microinvalidation is communication that "excludes, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person of color" (p. 274). There are twelve types of racial microaggression categories including colorblindness, overidentification, denial of personal or individual racism, and minimization of racial-cultural issues just to name a few (Constantine, 2007).

Sue et al (2007) provided a thorough examination of racial microaggressions in everyday life and the role racial microaggressions could play in clinical practice. They argue that since the majority of White mental health professionals view themselves as unbiased and nonracist it is most difficult to get them to recognize racial

microaggressions that may be occurring in therapy. This inability or unwillingness to see racial microaggressions for what they are could present a barrier in therapy. Clients of color may feel threatened, unsupported, or even invisible. Therapists could even run the risks of inaccurately pathologizing a client of color for cultural values. So the authors insist that therapists make a conscience active effort to identify and monitor racial microaggressions.

Racial microaggressions make huge impacts on the lives of many African Americans. Sometimes the ugliness of racism goes unnoticed. Various studies have shown that racism and racial microaggressions cause a great deal of psychological distress to people of color (Thompson & Neville, 1999). Thompson and Neville (1999) state that racism can contribute to "distortions of the self for people of color" (p. 192). People will try to disregard their race, internalize inferiority beliefs, develop beliefs contrary to their group's interest, and even exhibit rage due to their social conditions. These distortions often cause a psychological injury to the Black person. Sue, Capodilupo, and Holder (2008) reported consequences of racial microaggressions for African Americans. These consequences are feelings of powerlessness, invisibility in social situations, forced compliance and loss of integrity when maneuvering between an Afrocentric worldview and a White worldview, and pressure to be a representative of the Black race. They insist it is important to understand these psychological impacts in order to better cope with them.

The implications of racism for counseling rest in the societal tendency in America to not openly engage in dialogue about race and racism. This unwillingness or hesitation to talk about racism, can be transmitted into a therapeutic relationship where both

therapist and client avoid the topic (Thompson & Neville, 1999). In general, ethnic minorities engage less in mental health services in part because of therapist bias (Sue et. al., 2007). The psychological impact that racism has on African Americans is substantial.

Sanchez-Hucles & Jones (2005) outlined assumptions in counseling psychology about race and racism, issues in training people to be culturally competent, and implications for practice and research in counseling psychology. There seems to be a silence about race and racism, nobody wants to talk about it. They stressed the importance of cultural competence in training as well as practice. According to the authors, training programs must be thoughtful, based in a racial awareness developmental approach, and give opportunity for individuals to explore race in a safe environment. It is especially important to allow space to engage in difficult dialogues about race and racism. Much like the multicultural counseling classes offered in counseling psychology departments, these trainings should be informative and students should be actively engaged in them to benefit most.

Stigma of Mental Illness

Stigma of mental illness has been known to be a barrier to seeking treatment for mental health issues (Thompson, Bazile, & Akbar, 2004). It is important to examine attitudes that African Americans may have about mental illness. For the purpose of this study stigma will be defined as a "spoiled identity" that is characterized as the perception of being different based on unwanted traits (Goffman, 1963 as cited in Givens, Katz, Bellamy, & Holmes, 2007).

Corrigan (2004) addressed stigma and the implications for mental health care. He identified two types of stigma associated with care seeking: *public stigma* which refers to

what the public does to stigmatize the mentally ill and *self-stigma* which refers to what the mentally ill may do to themselves by internalizing the stigma. Public stigma includes the stereotype that people with mental illness are dangerous or prejudice and discrimination towards people with mental illness. Self-stigma includes stereotype, prejudice, and discrimination as potential effects on sense of self. Often people with mental illness will internalize public stigma which has a negative impact on self-esteem, self-efficacy, and confidence. The type of stigma which most influences an individual will determine people's help seeking behavior. If public stigma is the primary area of influence, then a person will choose to not seek treatment to avoid a negative label. If self-stigma is the primary area influence, then a person won't seek treatment to avoid self stigma. Particularly with African Americans church offers a better source for mental health care. Many African Americans will avoid seeking mental health treatment because of fear of being negatively labeled.

Givens et al. (2007) studied stigma for depression treatments (i.e. prescription medication, mental health counseling, herbal remedy, and spiritual counseling) among African Americans and Whites. General findings were that stigma adversely affected approval of mental health counseling but not medication. For the case of racial differences, the researchers found that Whites actually had higher levels of depression treatment stigma than African Americans, which is contrary to previous research findings. However, African Americans did report lower approval rates for prescription medication than Whites as a treatment for depression. In a study that addressed college students' help-seeking experiences, African Americans had greater stigma towards

people diagnosed with mental illness and low stigma tolerance in help-seeking (Masude, Anderson, Twohig, Feinstein, Chou, Wendell, & Stormo, 2009).

Counseling in the African American Community

      Perceptions of psychotherapy and psychotherapists. An area that is closely related to perceived stigma of mental illness is the perception of counseling and counselors. For African Americans there appears to a general mistrust in interracial encounters (Whaley, 2001a, 2001b). This has been operationalized as cultural paranoia. Historically it has served African Americans well to have a healthy suspicion toward majority culture (e.g. the Tuskegee experiment). Historically the majority culture has repeatedly ignored the interests of Blacks.

      Research has shown that there is a strong negative correlation with cultural mistrust and willingness to seek mental health services by African Americans (Ahulwalia, 1991). This cultural mistrust has been translated into the counseling field. African Americans with higher levels of cultural mistrust have more negative perceptions and expectations of White counselors (Whaley, 2001a, 2001b). Sanders Thompson, Bazile, & Akbar (2004) found that there tends to be a general mistrust of psychotherapists because psychologists are not very involved in the community.

      African Americans who have received counseling services have the tendency to hold more negative attitudes about mental health services and are less likely to return as compared to Whites (Diala, Muntaner, Walrath, Nickerson, LaVeist, & Lesf, 2000). Preconceived percepts of therapy tend to play a role in whether counseling is sought in the first place (Constantine, 2002). Prior to receiving counseling services, African Americans tend to show more favorable attitudes towards counseling than Whites, but

less favorable attitudes than Whites after services Constantine, 2002). How do you explain these results? Perhaps it could be perceived racial microaggressions.

Religion and pastoral counseling. As noted in the section addressing Afrocentric worldview and values, spirituality is an important part of African American culture. Historically the church was seen as source of support and strength for Blacks during slavery and the civil rights movement (McAdoo, 2007; Belgrave & Allison, 2006). Likewise clergy play an important role in the lives of African Americans (Pipes, 2007; Belgrave & Allison, 2006). It is important to note that most African Americans well refer to themselves as being more spiritual than religious. Spirituality refers to having a relationship with a supreme being and religion is the mechanism by which you form the relationship (Belgrave & Allision, 2006; Pipes, 2007).

Belgrave & Allison (2006) addressed the psychological implications of spirituality among African Americans. The researchers found that spirituality plays an important role in psychological well-being for African Americans and spirituality helps reduce stress by teaching coping strategies. In children, spirituality has been shown to be linked to higher self-esteem and less aggressive behaviors. There are also some negative implications for seeking counseling or mental health services if one is in the church. Traditionally one did not need to go to counseling because God would take care of your needs. There are issues that individuals may be afraid to address and seek help for because of the Church's disproval such as addictions and homosexuality.

Another important part of spirituality is the clergy. The Black preacher serves as a community and spiritual leader. Primary examples include Martin Luther King, Jr., Malcom X, and Jesse Jackson just to name a few. It is the minister, preacher, or pastor

that many Black families turn to in time of need for counsel, be it spiritual or personal. Neighbors, Musick, & Williams (1998) described Black clergymen as being the "gatekeeper" for mental health referrals and mental health providers themselves. Williams (1998) used data collected from the National Survey of Black Americans to explore the role of clergy in help seeking of Blacks for emotional issues. Characteristics and psychosocial factors that make African Americans seek help from clergy were examined. The results indicated that women were more likely to go to ministers for help with issues. If the primary issue was finances, Blacks were less likely to contact their pastor. Death or grief were common issues for seeking help from clergy. If a clergyman was the first person contacted when problems arose then, African Americans were less likely to contact other professionals for counseling.

Psychological help-seeking. For the purposes of this study psychological help-seeking behavior is utilization of professional counseling or psychotherapy or willingness to seek such treatment. African Americans typically receive counseling from substance abuse clinics rather than private or specialty mental health clinics (Richardson, Anderson, Flaherty, & Bell, 2003). There is this tendency for African Americans to be over represented in psychiatric hospitals (Whaley, 2001a, 2001b). Perhaps African Americans believe that therapy is for people with serious mental illness and therefore are reluctant to do so.

African American help-seeking behaviors tend to be studied by examining barriers to seeking psychotherapy. As previously noted these barriers include the need to keep problems in the family, diminished pride and weakness (among men), the need to be source of family strength and foundation (among women), feelings of being rejected if

one is mentally ill, financial concerns, ignorance of sign and symptoms of mental illness, and prayer as a coping mechanism (Sanders Thompson, Bazile, & Akbar, 2004). Views of psychologists and psychotherapy included mistrust of psychologists because of their lack of involvement in the community and misunderstanding of the therapeutic process (Whaley, 2001a, 2001b; Sanders Thompson, Bazile, & Akbar, 2004). In a university counseling setting, it has been shown that African American students attend significantly less counseling sessions than their European American peers (Kearney, Draper, & Baron, 2005). As compared to White college students, fewer African American college students sought professional psychological help or knew of people who received counseling (Masuda et al, 2009).

Conclusion

This appendix covered a bibliography of research and theory related to the history of African Americans, afrocentric values, acculturation strategies, counseling stigma, racism, racial microaggressions, and counseling in the African American community. Pivotal moments in African American history in America and psychology were highlighted as well as the acculturation process that people of African descent have experienced and continue to experience in America today. This section also covered general cultural values held by Blacks as well as common beliefs held about mental health and mental health professions. It is important for psychologists to be culturally competent and aware of the impact that the history of race and racism has on African Americans. A well intentioned but culturally unaware therapist could cause harm or turn a help-seeking African American away from much needed psychological service. As previously noted, African Americans have historically sought psychological services less

often than Whites. As times continue to grow difficult for all Americans it becomes

increasing important to understand barriers to psychological help-seeking among African

Americans so that we can in turn increase the likelihood of utilizing mental health

services.

APPENDIX B

Participant Information Sheets

Participant Information Sheet/Script

Project Title: "Stigma, Racial Microaggressions, and Acculturation Strategies as Predictors of Likelihood to Seek Counseling Among Black College Students."

Investigator: Eboney Crawford, M.S., Counseling Psychology Doctoral Student

Purpose: The purpose of this study is to examine acculturation strategies, particularly traditionalist (i.e. Afrocentric values), stigma, and racial microaggressions that are associated counseling within the African American community, which in turn may impact African Americans' willingness to seek therapy. You are being asked to participate in this research project because you are an African American undergraduate student at Oklahoma State University/Langston University.

Procedures: If you agree to participate, I will ask for about 30 minutes to an hour of your time to complete a demographic form and four questionnaires. These questionnaires will ask about your attitudes about seeking counseling, your beliefs and behaviors related to culture, your intentions for seeking counseling, and feelings about your counselor.
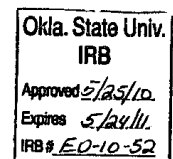
Risks of Participation: There are no known risks associated with this project which are greater than those ordinarily encountered in daily life. However since some surveys ask about past counseling experiences and experiences with racism, if you should need additional support after completing this study and would like to talk to someone about feel free to contact the University Counseling Center at (405) 744-6523, OSU-Tulsa Counseling Clinic at (918)594-8568, or the Counseling Psychology Clinic at (405) 744-6980.

Benefits: The only benefit to participating in this study is the knowledge will contribute to research and that the research could improve delivery of counseling services to the African American community.

Confidentiality: All information will be anonymous as no names or identification numbers will be recorded on the survey. The consent form will be kept in a locked file cabinet separate from any other forms the participants complete and his or her name will not be attached to any of his or her responses. The surveys will be destroyed in May 2011 after the responses have been entered into a computer. No names or identification numbers will be recorded in the data file. Any written results will discuss group findings and will not include information that will identify the participant. Research records will be stored securely in my advisor's office in 434 Willard and only the researcher and individuals responsible for research oversight will have access to the records. The OSU IRB has the authority to inspect consent records and data files to assure compliance with approved procedures.

Contacts: If you have any questions about the research or your rights as a participant in this study, please feel free to contact Eboney Crawford at 316.841.0538 or Dr. John Romans from Oklahoma State University at 405.744.9453 or email If you have questions about your rights as a research volunteer, you may contact Dr. Shelia Kennison, IRB Chair, 219 Cordell North, Stillwater, OK 74078, 405-744-3377 or irb@okstate.edu.

Participant Rights: Your participation in this project is appreciated and completely voluntary. You may choose not to participate at any time without any penalty or problem. Returning your completed survey in the envelope provided indicates your willingness to participate in this study.

Participant Information Sheet/Script

Project Title: "Stigma, Racial Microaggressions, and Acculturation Strategies as Predictors of Likelihood to Seek Counseling Among Black College Students."

Investigator: Eboney Crawford, M.S., Counseling Psychology Doctoral Student

Purpose: The purpose of this study is to examine acculturation strategies, particularly traditionalist (i.e. Afrocentric values), stigma, and racial microaggressions that are associated with counseling within the African American community, which in turn may impact African Americans' willingness to seek therapy. You are being asked to participate in this research project because you are an African American student at Oklahoma State University or another university.

Procedures: If you agree to participate, I will ask for about 30 minutes to an hour of your time to complete a demographic form and four questionnaires. These questionnaires will ask about your attitudes about seeking counseling, your beliefs and behaviors related to culture, your intentions for seeking counseling, and feelings about your counselor.

Risks of Participation: There are no known risks associated with this project which are greater than those ordinarily encountered in daily life. However since some surveys ask about past counseling experiences and experiences with racism, if you should need additional support after completing this study and would like to talk to someone about feel free to contact the University Counseling Center at (405) 744-6523, OSU-Tulsa Counseling Clinic at (918)594-8568, or the Counseling Psychology Clinic at (405) 744-6980.

Benefits: The only benefit to participating in this study is the knowledge will contribute to research and that the research could improve delivery of counseling services to the African American community.

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Investigator: Eboney Crawford, M.S., Counseling Psychology Doctoral Student

Purpose: The purpose of this study is to examine acculturation strategies, particularly traditionalist (i.e. Afrocentric values), stigma, and racial microaggressions that are associated with counseling within the African American community, which in turn may impact African Americans' willingness to seek therapy. You are being asked to participate in this research project because you are an African American undergraduate student at Langston University.

Procedures: If you agree to participate, I will ask for about 30 minutes to an hour of your time to complete a demographic form and four questionnaires. These questionnaires will ask about your attitudes about seeking counseling, your beliefs and behaviors related to culture, your intentions for seeking counseling, and feelings about your counselor.

Risks of Participation: There are no known risks associated with this project which are greater than those ordinarily encountered in daily life. However since some surveys ask about past counseling experiences and experiences with racism, if you should need additional support after completing this study and would like to talk to someone feel free to contact the Professional Counseling Center at (405) 466-3400, OSU-Tulsa Counseling Clinic at (918)594-8568, or the OSU-Counseling Psychology Clinic at (405) 744-6980.

Benefits: The only benefit to participating in this study is the knowledge will contribute to research and that the research could improve delivery of counseling services to the African American community.

Confidentiality: All information will be anonymous as no names or identification numbers will be recorded on the survey. The consent form will be kept in a locked file cabinet separate from any other forms the participants complete and his or her name will not be attached to any of his or her responses. The surveys will be destroyed in May 2011 after the responses have been entered into a computer. No names or identification numbers will be recorded in the data file. Any written results will discuss group findings and will not include information that will identify the participant. Research records will be stored securely in my advisor's office in 434 Willard and only the researcher and individuals responsible for research oversight will have access to the records. The OSU IRB has the authority to inspect consent records and data files to assure compliance with approved procedures.

Contacts: If you have any questions about the research or your rights as a participant in this study, please feel free to contact Eboney Crawford at 316.841.0538 or eboney.crawford@okstate.edu or Dr. John Romans from Oklahoma State University at 405.744.9453. If you have questions about the research and your rights as a research volunteer, you may contact Dr. Yvonne Montgomery, IRB Chair, 109 Moore Hall, Langston University, Langston OK 73050, 405-466-3242 or ykmontgomery@lunet.edu.

Participant Rights: Your participation in this project is appreciated and completely voluntary. You may choose not to participate at any time without any penalty or problem. Returning your completed survey in the envelope provided indicates your willingness to participate in this study.

APPENDIX C
Intensions to Seek Counseling Questionnaire

Below is a list of issues that college students commonly bring to psychotherapy. How likely would you be to seek help at the university counseling service (or other counseling or psychological service) if you were experiencing these problems?

	very unlikely	a little unlikely	unlikely	likely	a little likely	very likely
Weight control	1	2	3	4	5	6
Excessive alcohol use	1	2	3	4	5	6
Relationship difficulties	1	2	3	4	5	6
Concerns about sexuality	1	2	3	4	5	6
Depression	1	2	3	4	5	6
Conflicts with family	1	2	3	4	5	6
Anxiety	1	2	3	4	5	6
Couples' problems	1	2	3	4	5	6
Work problems	1	2	3	4	5	6
Difficulty in sleeping	1	2	3	4	5	6
Drug problems	1	2	3	4	5	6
Inferiority feelings	1	2	3	4	5	6
Choosing a career	1	2	3	4	5	6
Difficulties making friends	1	2	3	4	5	6
Not getting things done	1	2	3	4	5	6
Improvement of self-understanding	1	2	3	4	5	6
Loneliness	1	2	3	4	5	6

Measurement of Acculturation Strategies for People of African Descent

MAPAD 1

Directions: Answer each question as honestly as you possibly can by identifying the response that best reflects your agreement/disagreement to each item ["Strongly Disagree" (1), "Disagree" (2), "Slightly Disagree" (3), "Slightly Agree" (4), "Agree" (5), "Strongly Agree" (6)]. There are no right or wrong answers. Provide **only one response** to each item.

What is your ethnicity? _____

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1. I take a great deal of pride in being a person of African ancestry (African, African American, Black Cuban, Black Brazilian, Trinidadian, Jamaican, etc.)	1	2	3	4	5	6
2. If I have children, I will give them an African naming ceremony	1	2	3	4	5	6
3. I do not feel connected to my African heritage	1	2	3	4	5	6
4. If I have children, I will raise them to be American first and a person of African ancestry second	1	2	3	4	5	6
5. I was raised to maintain cultural practices that are consistent with people of African descent	1	2	3	4	5	6
6. I have difficulty accepting ideas held by the Black community	1	2	3	4	5	6
7. I tend to generate friendships with people from different racial and cultural backgrounds	1	2	3	4	5	6
8. I was socialized to treat my elders with respect	1	2	3	4	5	6
9. Everyone has an equal opportunity to be financially successful in this country	1	2	3	4	5	6
10. I am comfortable putting on *the mask* in order to fit in	1	2	3	4	5	6
11. Despite facing potential discrimination, it is important for me to maintain my cultural beliefs	1	2	3	4	5	6
12. I behave in ways that are consistent with people of African ancestry even if other cultural groups do not accept it	1	2	3	4	5	6
13. The way that I behave in public (work, school, etc.) is different than how I behave at home	1	2	3	4	5	6
14. I consider myself to be a spiritual person	1	2	3	4	5	6
15. I do not take things from the Earth without giving back to it	1	2	3	4	5	6
16. I consider myself to be a religious (Christian, Catholic, Muslim, etc.) person	1	2	3	4	5	6
17. It is vital for me to be actively involved in the Black community	1	2	3	4	5	6
18. The word "communalistic" describes how I interact with other people	1	2	3	4	5	6
19. I prefer to be around people that are not Black	1	2	3	4	5	6
20. I participate in many social events where few Blacks are in attendance	1	2	3	4	5	6
21. I actively support Black owned businesses	1	2	3	4	5	6
22. People should modify many of their values to fit those of their surroundings	1	2	3	4	5	6
23. I express different cultural values in order to fit in	1	2	3	4	5	6
24. I was socialized to support Black owned businesses	1	2	3	4	5	6

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
25. My beliefs are largely shaped by my religion (Christianity, Catholicism, Islam, etc.)	1	2	3	4	5	6
26. Most of my closest friends and past romantic partners are from a variety of different cultural groups	1	2	3	4	5	6
27. I prefer entertainment (movies, music, plays, etc.) that highlights Black talent	1	2	3	4	5	6
28. I buy products that are made by people of African ancestry (African, African American, Black Cuban, Black Brazilian, Trinidadian, Jamaican, etc.)	1	2	3	4	5	6
29. I do not purchase products from Black owned businesses	1	2	3	4	5	6
30. I believe festivals maintain spiritual and physical balance in my community	1	2	3	4	5	6
31. I perform various rituals for my departed ancestors	1	2	3	4	5	6
32. I see no problem assimilating into other cultural values in order to be financially successful	1	2	3	4	5	6
33. People of African descent should know about their rich history that began with the birth of humanity	1	2	3	4	5	6
34. I am actively involved in an African spiritual system	1	2	3	4	5	6
35. Verbal agreements do not mean as much to me as written contracts do	1	2	3	4	5	6
36. I do not own products that were made by people of African descent	1	2	3	4	5	6
37. I use words from an African language when participating in my spiritual practices	1	2	3	4	5	6
38. People in America should only speak English	1	2	3	4	5	6
39. I will probably marry someone that is not Black	1	2	3	4	5	6
40. Members of my culture should have an appreciation for African art and music	1	2	3	4	5	6
41. My individual success is more important than the overall success of the Black community	1	2	3	4	5	6
42. I expose myself to various forms of media (television, magazines, newspapers, internet, etc.) in order to keep up with current events that impact my community	1	2	3	4	5	6
43. Blacks should not obtain reparations for being descendents of enslaved Africans since we are all reaping the benefits of slavery today	1	2	3	4	5	6
44. I choose not to speak out against injustices that impact people of African descent	1	2	3	4	5	6
45. In embracing my culture, I can also recognize the dignity and humanity of other cultural groups	1	2	3	4	5	6

46. What **generation** best applies to you?

    1 = I was born outside of the U.S.

    2 = I was born in the U.S.; My mother or father was born outside of the U.S.

    3 = My parents and I were born in the U.S.; All grandparents born outside of the U.S.

    4 = My parents and I were all born in the U.S.; At least one grandmother or grandfather was born outside of the U.S. with remainder born in U.S.

    5 = All my grandparents, both my parents, and I were born in the U.S.

    6 = Don't know what generation best fits since I lack some information.

Stigma Scale for Receiving Psychological Help

1. Seeing a psychologist for emotional or interpersonal problems carries social stigma.

0	1	2	3
Strongly Disagree	Disagree	Agree	Strongly Agree

2. It is a sign of personal weakness or inadequacy to see a psychologist for emotional or

interpersonal problems.

0	1	2	3
Strongly Disagree	Disagree	Agree	Strongly Agree

3. People will see a person in a less favorable way if they come to know that he/she has seen a
psychologist.

0	1	2	3
Strongly Disagree	Disagree	Agree	Strongly Agree

4. It is advisable for a person to hide from people that he/she has seen a psychologist.

0	1	2	3
Strongly Disagree	Disagree	Agree	Strongly Agree

5. People tend to like less those who are receiving professional psychological help.

0	1	2	3
Strongly Disagree	Disagree	Agree	Strongly Agree

Racial Microaggressions in Counseling Scale

The statements below are intended to represent some of the situations or events that may have transpired over the course of your counseling sessions. Using the scale below, please rate your counselor with regard to the following situations or events during counseling. Please note that the term "cultural" used in each of the statements refers specifically to racial or ethnic issues.

0	1	2
This never happened	This happened, but it *did not* bother me at all	This happened and I was bothered by it

___ 1. My counselor avoided discussing or addressing cultural issues in our session(s).

___ 2. My counselor sometimes was insensitive about my cultural group when trying to understand or treat my cultural concerns or issues.

___ 3. My counselor seemed to deny having any cultural biases or stereotypes.

___ 4. My counselor may have thought at times that I was overly sensitive about cultural issues.

___ 5. My counselor at times seemed to over-identify with my experiences related to my race or culture.

___ 6. My counselor at times seemed to have stereotypes about my cultural group, even if he or she did not express them directly.

___ 7. My counselor sometimes seemed unaware of the realities of race and racism.

___ 8. My counselor at times may have either overestimated or underestimated my capabilities or strengths based on my cultural group membership.

___ 9. My counselor sometimes minimized the importance of cultural issues in our session(s).

___ 10. My counselor may have offered therapeutic assistance that was inappropriate or unneeded based on my cultural group membership.

Demographic Questionnaire

Please circle the following answers that best apply for you.

1. What is you gender?

    1-Male   2-Female

2. What is you current level of education?

    1-Freshman   2-Sophomore   3-Junior   4-Senior   5-Graduate Student

3. What university do you attend?

    1) Oklahoma State University, Stillwater, Ok

    2) Oklahoma State University, Tulsa, Ok

    3) Langston University, Langston, Ok

    4) Langston University, Tulsa, Ok

    5) Other:_____

4. Have you ever gone to counseling before?

    1- Yes   2- No (skip to question 10)

5. How many sessions? _____

6. How were you referred to counseling?

    1) Self   2) Family member 3) Friend 4) Spiritual Leader

    5) Directory 6) Website 7) Other peer   8) Professor   9) Other

7. What was your counselor/psychotherapist's race?

    1) White, Non-Hispanic   2) Black, Non-Hispanic   3) Hispanic/Latino(a)

    4) Asian/Pacific Islander   5) Native/American Indian / Alaska Native

8. Please rate your counseling experience?

    1) Very poor   2) Poor   3)Neutral   4) Good   5) Very good

9. For what reasons have you attend counseling?

    1) Family issues

    2) Relationship issues

    3) Career concerns

    4) Personal issues

10. Do you have a preference for the race of your counselor/psychotherapist?

    1) Yes   2) No (skip to question 12)

11. If yes, please indicate

    1) White, Non-Hispanic   2) Black, Non-Hispanic   3) Hispanic/Latino(a)

    4) Asian/Pacific Islander   5) Native/American Indian / Alaska Native

12. How would you describe your race/ethnicity?

    1) Black (African American, Afro-Caribbean, African, etc.)

    2) Biracial/Multiracial (Black and another race(s))

    3) Other:_____

Institutional Review Board Forms

Oklahoma State University Institutional Review Board

Date: Tuesday, May 25, 2010

IRB Application No   ED1052

Proposal Title: Stigma, Racial Microaggressions, and Acculturation Strategies as Predictors of Likelihood to Seek Counseling Among Black College Students

Reviewed and   Exempt
Processed as:

Status Recommended by Reviewer(s): Approved   Protocol Expires: 5/24/2011

Principal
Investigator(s):

Eboney Crawford   John Romans
434 Willard   434 Willard
Stillwater, OK 74078   Stillwater, OK 74078

The IRB application referenced above has been approved. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as outlined in section 45 CFR 46.

☒ The final versions of any printed recruitment, consent and assent documents bearing the IRB approval stamp are attached to this letter. These are the versions that must be used during the study.

As Principal Investigator, it is your responsibility to do the following:

1. Conduct this study exactly as it has been approved. Any modifications to the research protocol must be submitted with the appropriate signatures for IRB approval.
2. Submit a request for continuation if the study extends beyond the approval period of one calendar year. This continuation must receive IRB review and approval before the research can continue.
3. Report any adverse events to the IRB Chair promptly. Adverse events are those which are unanticipated and impact the subjects during the course of this research; and
4. Notify the IRB office in writing when your research project is complete.

Please note that approved protocols are subject to monitoring by the IRB and that the IRB office has the authority to inspect research records associated with this protocol at any time. If you have questions about the IRB procedures or need any assistance from the Board, please contact Beth McTernan in 219 Cordell North (phone: 405-744-5700, beth.mcternan@okstate.edu).

Sincerely,

Shelia Kennison, Chair
Institutional Review Board

Langston University
Institutional Review Board
Human Subjects Review

Date: May 25, 2010   IRB Proposal #118

Title: "Stigma, Racial Micro-aggression, and Acculturation Strategies as Predictors of Likelihood to Seek Counseling among Black College Students. "

Principal Investigator (s) Ms. Eboney Crawford, Graduate Student, School of Applied Health and Educational Psychology, OSU, Dr. John Romans, Advisor

Reviewed and Processed: May 5, 2010

IRB Decision Rendered:_____Approved_____
                                      (approval or disapproval)

All approvals must be subject to review by a full Institutional Review Board at the next meeting as well as subject to the monitoring process of the Board at any time during the approval period.

Approval status period valid for data collection is one calendar year. A request for continuation of a research project beyond the one-year time must be submitted to the Board in writing prior to the one-year expiration date.
Any changes or modifications to the approved project must also be submitted for approval.
Comments:
Modifications or Terms and Conditions for Approval: **Make corrections to the informed consent regarding referral to the Langston Professional Counseling Center. You have the right telephone number.**

Reason(s) for Disapproval:

Signature_____ Date_____
IRB Chair

VITA

Eboney Patrice Crawford

Candidate for the Degree of

Doctor of Philosophy/Education

Thesis: STIGMA, RACIAL MICROAGGRESSIONS, AND ACCULTURATION STRATEGIES AS PREDICTORS OF LIKELIHOOD TO SEEK COUNSELING AMONG BLACK COLLEGE STUDENTS

Major Field: Educational Psychology with a specialization in Counseling Psychology

Biographical:

   Education:

   Completed the requirements for the Doctor of Philosophy in Educational Psychology at Oklahoma State University, Stillwater, Oklahoma in December, 2011.

   Completed the requirements for the Master of Science in Educational Psychology at Oklahoma State University, Stillwater, Oklahoma in July 2007.

   Completed the requirements for the Bachelor of Arts in Psychology at The University of Kansas, Lawrence, Kansas in May 2006.

   Experience:
   Completed APA accredited Pre-doctoral Internship at the University of Texas Health Science Center-San Antonio.

   Forensic psychology, teaching, and provision of clinical supervision.

   Professional Memberships: American Psychological Association; Society of Counseling Psychology; Society for the Psychological Study of Ethnic Minority Issues.

Name: Eboney Patrice Crawford   Date of Degree: December 2011

Institution: Oklahoma State University   Location: Stillwater, Oklahoma

Title of Study: STIGMA, RACIAL MICROAGGRESSIONS, AND ACCULTURATION
          STRATEGIES AS PREDICTORS OF LIKELIHOOD TO SEEK
          COUNSELING AMONG BLACK COLLEGE STUDENTS

Pages in Study: 74   Candidate for the Degree of Doctor of Philosophy

Major Field: Educational Psychology w/ a specialization in Counseling Psychology

Scope and Method of Study:

This study looks at Black college student's perceptions of the stigma of counseling, as related to psychological help seeking. Specifically, psychological help seeking will be studied by looking at level of acculturation and perceived racial microaggressions in counseling. One hundred and ten (36 male and 74 female) participants were recruited from four Midwestern universities. Ninety-six identified as Black (i.e. African American, Afro-Caribbean, African, etc.), twelve identified as Biracial (Black and other race), and two did not indicate their race. Participants completed four questionnaires and one demographic questionnaire in a classroom setting.

Findings and Conclusions:

Analysis of the data revealed that there was not a significant relationship found between stigma of counseling and level of acculturation. There was not a significant difference in the stigma scores for participants who had counseling experience and those who had no counseling experience. For participants who had prior counseling experience racial microaggressions and traditionalist values predicted intensions to seek counseling. For participants without counseling experience counseling stigma and acculturation strategies did not predict intentions to seek counseling. Reported levels of counseling stigma from this sample of Black college students is low; however, racial microaggressions still seem to be a barrier to seeking counseling services.

ADVISER'S APPROVAL: John C. Romans, Ph.D.