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AFRICAN AMERICAN MALE COLLEGE STUDENTS'
HELP-SEEKING ATTITUDES AS A FUNCTION OF
PROBLEM SEVERITY AND GENDER ROLE

presented by

Dwaine S. Campbell

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_____ Ph.D. degree in Counseling Psychology _____

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**AFRICAN AMERICAN MALE COLLEGE STUDENTS' HELP-SEEKING
ATTITUDES AS A FUNCTION OF PROBLEM SEVERITY
AND GENDER ROLE**

By

Dwaine S. Campbell

A DISSERTATION

**Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of**

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Department of Counseling, Educational Psychology, and Special Education

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ABSTRACT

AFRICAN AMERICAN MALE COLLEGE STUDENTS' HELP-SEEKING ATTITUDES AS A FUNCTION OF PROBLEM SEVERITY AND GENDER ROLE

By

Dwaine S. Campbell

This study explored the relationship between problem severity and help-seeking attitudes, and examined how gender role may influence the relationship between problem severity and help-seeking attitude. Participants consisted on 120 undergraduate African American male students from two predominately White public Midwest universities who completed a set of self-report measures on the variables under study. Hierarchical multiple regression was used to analyze the data in terms of main effects and interaction effects. Only one of the three hypotheses was supported. The first hypotheses that help-seeking attitude is related to problem severity was not supported by the results. The second hypotheses that help-seeking attitude is related to gender role also was not supported by the results. However, the third hypothesis that gender role would moderate the relationship between problem severity and help-seeking attitude was partially supported by the results. The results indicated that the masculine gender role moderated the relationship between problem severity and help-seeking attitude. The feminine and androgynous gender roles did not moderate the relationship between problem severity and help-seeking attitude. Implications of these findings for practice and future research were discussed.

DEDICATION

This dissertation is dedicated to the many African American men who have persevered to achieve their dreams despite the obstacles placed before them and to the African American men who still struggle just to get by in America.

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CHAPTER 1: INTRODUCTION

Some African American men attend college on predominately white campuses and succeed, however, the experience of these few do not reflect the situation of the majority of African American men. It is important to note the many African American men who graduate from college and then to highlight the limited understanding of the characteristics, beliefs, and behaviors that differentiate these individuals from the significant number of African American men who drop out of college. The purpose of this dissertation is to attempt to shed some light on the within group differences among African American male students on predominately White college campuses, which may increase our understanding of the different experiences among this unique population.

African American male college students experience a significant number of difficulties (e.g., racism, social isolation, and so forth.), and they do not succeed as do well as others on predominately White college campuses (Feagin & Sikes, 1995; Gloria, et al. 1999; Gossett, et al., 1998; Austin, 1996; Wild & Wilson, 1998; Cross & Slater, 2000). Yet, African American males tend not to seek mental health services on predominantly White college campuses, (Kirk, 1986; Thomas, 1985; Tomlinson & Cope, 1988, Blazina & Watkins, 1996; Good & Wood, 1995). This is a concern because of the small number of African American males who are enrolled in college (Wild & Wilson, 1998; Slater, 1994, Harper & Catching, 2005; Cross & Slater, 2000). The explanation for this phenomenon is important to all those who are working to meet the needs of African American male students. Psychological constructs, specifically gender role, may elucidate better the relationship between problem severity and seeking mental health services.

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Whether or not gender role and problem severity interact to predict African American male student help-seeking attitudes is unclear from the research.

Few studies have examined the interaction between these variables to understand within group differences for African American male college students on predominately White campuses. African American males may identify more with the traditional masculine gender role that influences their behavior in relation to seeking the kind of help needed to address their emotional problems. Their identification with the traditional masculine gender role may be the key to understanding their failure to seek mental health services, especially in the face of emotional adversity.

The goal of this dissertation is to explore further the relationship between problem severity and help-seeking attitudes and examine how gender role may influence the relationship between problem severity and the help-seeking attitudes of African American males on predominately White college campuses. This dissertation will attempt to understand more clearly the phenomenon of African American males on predominately White college campuses who tend not to seek mental health services, especially when they are faced with challenges, such as racism. Research has supported the importance of gender roles in the help-seeking attitudes and problems that male students experience (Addis & Mahalik, 2003; Good, Dell, & Mintz, 1989; Roberson & Fitzgerald, 1992; Berger, Levant, McMillan, Kelleher, & Seller, 2005; Komiya, Good, & Sherrod, 1999; Blazina & Watkins, 1996; and Good & Wood, 1995). These data will help better clarify the influence of problem severity and gender role on help-seeking attitude so that we can move forward with developing appropriate outreach programs to meet better the needs of the African American males on predominantly White college campuses.

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CHAPTER 2: LITERATURE REVIEW

The Unique Experience of African American Males on Predominantly White College Campuses

On college campuses across the nation, the African American male student population is the smallest in comparison to White males, White females, and African American females (Wild & Wilson, 1998). Personal characteristics and environmental factors can facilitate or hinder each student's academic success and overall positive emotional experience. One's phenotypic or racial makeup is an important feature that impacts the college experience.

As one reviews the literature on African American male college students, it is important to keep in mind that African American male students are a diverse group. In fact, some African American men are excelling in college. A 2005 article by Harper highlighted the experiences of several high achieving African American male students. Harper's article focused on the experiences of 32 African American male leaders at six large predominantly White research universities in the Midwest. This group of students had an average grade-point average of 3.2, had established records of leadership on their campuses, and had earned numerous awards and scholarships for their various achievements. Collectively, the group had been awarded nearly \$500,000 in merit-based scholarships and awards. These 32 outstanding students recognized the issues and needs of African American students, as well as the issues and needs of other ethnic minority students on their campuses, and then rose to the challenge to make a difference by taking on leadership positions. One of these students (identified as Cullen in Harper's article) graduated with a degree in mechanical engineering and is currently pursuing a Ph.D. in

engineering at Stanford University (Harper, 2005). The African American men in this article represent a small percentage of the successful African American male college students who should not be forgotten as we focus on the situation of the many other African American men who struggle in college. Simply put, not all African American male students are struggling to succeed on predominately White college campuses. In fact, the success of African American male college students like the ones in Harper's 2005 article can offer ideas to help other African American males. A study by Steward, Gimenez, & Jackson (1995) found that some successful African American college males have a personality style similar to that of African American females. This study suggests that certain personality styles may be more effective for African Americans to succeed on the predominantly White college campus. It is important to understanding the characteristics, beliefs, and behaviors that differentiate successful individuals from the significant number of African American men who drop out of college.

Some African American students beginning their first year at a predominantly White college (PWC) suffer a significant culture shock. The pervasiveness of White culture brings blatant and subtle discrimination, attacks on the African American student's character, and pressure for the African American student to conform to White cultural standards (Davis, Dias-Bowie, Greenberg, Klukken, Pollio, Thomas, & Thompson, 2005; Feagin & Sikes, 1995). A study by Walter Allen (as cited in Feagin & Sikes, 1995) found that 62% of African American students on predominantly White college campuses felt that the campus activities did not coincide with their interests. This is consistent with the reality that most predominantly White colleges have shown little motivation for integrating African American values, interests, or history into the core of campus culture (Davis, et al., 2005; Feagin & Sikes, 1995).

In fact, African American students on predominately White campuses perceive the campus more negatively than their White counterparts do, which can be attributed to greater levels of overt racism (Rankin & Reason, 2005; Gloria, Kurplus, Hamilton, & Wilson, 1999; Ancis, Sedlacek, & Mohr, 2000). Racism in this type of environment is related to increased feelings of social isolation, personal dissatisfaction, and stress (Gloria, et al. 1999). Other research showed similar results; a study by Gossett, Cuyjet, and Cockriel, (1998) found that African American college students felt marginalized in their campus environment. Skin color and racism play an important role in the participation and persistence in higher education of the African American college student. As a result of these personal and environmental factors, differences can also be seen in educational attainment and graduation rates for African American males compared to those of White students and African American female students.

Headlines in the early 1990's espoused good news about the increased number of African American students who enrolled in college. In 1992, more than 25% of all African Americans between the ages of 18 to 24 were enrolled in higher education compared to only 18% in the two earlier decades. However, on further examination of these data, it was revealed that most success had been achieved by African American females. In fact, African American male college student enrollment and graduation rates had declined (U.S. Department of Education data cited in Slater, 1994).

Data from the mid-1990's showed that African Americans (25 years or older) trailed Whites in the number of those who had completed four or more years of college. In 1996, nearly 14% of African Americans had completed four or more years of college, whereas the rate for Whites was 24.3%, a rate almost twice that of African Americans.

For African American males the situation is even more bleak. The number of African American men in the 24 -29 age group who had completed four or more years of college declined from 17.2% in 1995 to 12.4% in 1996 (Wild & Wilson, 1998).

Cross & Slater (2000) noted the history and current situation for African American males in an article on the *Alarming Decline in the Academic Performance of African American Men*. They cited U.S. Department of Education data that indicated that since 1965, African American males have trailed African American females in college enrollment. African American male enrollment dropped from 45.9% (of total African American student enrollment) in 1965 to 44.9% in 1984. This trend greatly accelerated between 1984 and 1997, with African American male enrollment dropping 7.6% (from 44.9% to 37.3%) between the years 1984 and 1997. It is important to note that women, in general, have higher college enrollment levels compared to men. However, the difference is more severe for African Americans than it is for Whites (Cross & Slater, 2000; Arenson, 2003). College enrollment data from the U.S. Department of Education in 2002 (as cited in Harper & Catching, 2005), support these articles. The enrollment gap for Whites, Asian/Asian Americans, and Hispanics was 11.40%, 4.74%, and 14.20%, respectively. For African Americans the enrollment gap was an alarming 26.56%. Cross and Slater (2000) also noted the importance of this distressing trend with the following point: "If this downward enrollment trend that has persisted over the past 14 years were to continue unabated into the future, by the year 2070, Black men would disappear altogether from the halls of higher education." (Cross & Slater, 2000, p. 82)

The problems with African American male college enrollment levels have carried over to the graduation rates for this population. Data from the National Center for Educational Statistics (as cited in Austin, 1996) reviewed the graduation rate for this

population from 1977 to 1991 that revealed a depressing trend. In 1977, the number of degrees earned by African American males was 25,147. If one were to consider the efforts by many groups and institutions to address discrimination, combined with affirmative action policies at many colleges, one would expect this number to have increased over the years. Conversely, this number declined from 1977 to 1989. In 1989 there were only 22,264 degrees earned by African American males; a decrease of almost 3,000 since 1977. In 1990 the number of degrees earned by African American males began to climb with 23,264 being earned and continued to 24,326 in 1991. Despite this increase, one cannot ignore the fact that over a 13-year period (where discrimination was more aggressively addressed) no progress was made increasing the number of African American males attaining college degrees. In fact, there was a slight decline (Austin, 1996). A similar pattern in African American male degree attainment was also noted by Cross and Slater in 2000. A review of U.S. Census Bureau data found that the gap in college graduation rates between African American females and African American males had grown nearly every year between 1977 and 1997.

Research on graduation rates of African Americans at NCAA (National Collegiate Athletic Association) Division I institutions found similar trends. In 1996 White students, as a whole, had graduation rates of 59%. In contrast, the graduation rate for African American women was 42% and 33% for African American men (Wild & Wilson, 1998). The graduation rates of African American males at NCAA Division I Institutions in 1996 mirrors the national picture for African American males. According to the U.S. Census Bureau in 1998, approximately 1,739,000 African American females held a college degree compared to 1,236,000 African American males; a difference of approximately 500,000 people (Cross & Slater, 2000). In the current political era, where affirmative

action programs are being discussed and eliminated, it is expected that the degrees earned by African Americans, especially African American males, will decline further.

The experience of African American students on historically Black college campuses stands in contrast to the experience of Black students on predominately White college campuses. Black colleges are more likely to provide Black students a nurturing environment. Students are faced with less racial harassment, racial prejudice, and subtle forms of institutional racism often present on White college campuses. Black colleges provide students a relatively tension-free academic and social setting for studying ("The Blacker," 1994). The positive environment on Black college campuses is linked to the higher graduation rates of Black students compared to the national average for Black students graduating from predominately White colleges (African- American College, 1999). According to the National Center for Educational Statistics (as cited in Davis, et al., 2005), 80 percent of African American students at Black colleges complete their baccalaureate education, compared to 30 percent of African American students at predominantly White colleges.

Based on the research that examines the college experience and graduation rates of the African American male, African American male college students (in general) are not succeeding as well as others on predominately White college campuses. The lack of success is a concern because of the small number of African American males who are enrolled in college. Despite the lack of success, this population is not known for seeking services from counseling centers as a way of increasing their chances for success. Past research has found that students who utilize counseling center services have better academic performance and better rates of retention (Berry & Turner, 2000; Grogan, Kaddoura, Ochoa, and Schwitzer, 1993). There is a need to examine the experiences of

African American male college students and determine what can be done to help facilitate their success.

African Americans Males and Use of Mental Health Services

There is paucity in the literature on African American male help-seeking-attitudes. Much of the research in this area focuses on African Americans in general (not African American men). Nonetheless, this information can be helpful as African American males are both African American and men. The literature that is available suggests that African Americans are not known for seeking mental health services (June, Curry, & Gear, 1990; Constantine, Wilton, & Caldwell, 2003). Furthermore, men, in general, compared to women are not known for seeking mental health services. A recent 2003 article in *American Psychologist* noted that “A large body of empirical research supports the popular belief that men are reluctant to seek help from health professions. Men are less likely than women to seek help for problems as diverse as depression, substance abuse, physical disabilities, and stressful life events” (Addis & Mahalik, 2003, p. 5). This pattern has been shown to be consistent for men across ages, nationalities, and racial/ethnic background (Addis & Mahalik, 2003). As a result, it would be expected the African American men have lower usage rates of mental health services compared to women and other ethnic/racial groups of men.

Other information suggests that there are, within groups, differences for African Americans males. Duncan (2003) explored the relationship between age, socioeconomic status (SES), cultural mistrust, African self-consciousness, and attitudes about seeking professional help. This quantitative study consisted of 131 African American male students (81% of the subjects came from two historically Black universities and 19%

came from two predominately White universities). The results of the study suggested that African American male college students who are older and of lower SES are not opposed to counseling.

The inconsistencies in the literature beckon for additional research to help understand the perspectives of African American male students and their attitudes toward using mental health services. This issue is important to those concerned with meeting the needs of the African American male college student. Bonner (1997) echoed this perspective in his study of the African American male perspective of counseling on a predominantly White university campus. He concluded, "These results summon further research to determine among African American males what factors contribute to one seeking counseling voluntarily for certain concerns" (Bonner, 1997, p. 404).

Recent research in the area of the use of mental health services by the African American male student (Duncan, 2003; Campbell, 2003; Lucas & Berkel, 2005) has examined problem severity in an attempt to understand help-seeking attitudes. African American male students who arrive in a new environment of university life are faced with different challenges in a variety of areas. Individuals experiencing a few problems may not seek mental health services, but, as problems increase, it would be expected that a greater number of students would seek mental health services. This perception has been supported indirectly by the literature looking at the experiences of African American male students and the African American male perspective of counseling on the predominantly White university campuses.

A study by Bonner (1997) examined the relationship between education attitude; coping, and help-seeking attitudes, and counseling attitudes and racial identity. Participants consisted of 100 African American male students, at the University of Illinois

at Urbana-Champaign, who either voluntarily sought counseling or had mandatory counseling. The results of Bonner's study found a strong correlation between the severity of a student's problem and positive attitudes toward counseling. Specifically, students with more severe problems had more positive attitudes toward counseling. This study, like Duncan (2003), adds to the literature in its focus on within-group differences for African American males.

Larrabee, in a 1986 article on helping reluctant African American males, stated that men often avoid counseling until they are referred for assistance when there is a crisis in their lives. Larrabee's position has been supported by several research studies (Thorn & Sarata, 1998; Tomlinson & Cope, 1988; Campbell, 2003). Thorn & Sarata reviewed the literature from 1974 to 1994 on psychotherapy with African American men. According to the article, African American men experience a variety of problems (e.g., social, economic, psychological, etc.), yet they are less likely to receive mental health services. Thorn and Sarata further noted that when young African American men do receive services, they are likely to have been referred for assistance (Thorn & Sarata, 1998). Tomlinson and Cope (1988) explored characteristics of African American students who were seeking help at a university counseling center. Archival data from 51 users of university counseling services (15 men and 36 women) were used in the study. The archival data included demographic and treatment information (e.g., primary presenting concern, referral source, and so forth.). The results of the study yielded three important findings: (1) African American men tended to underutilize counseling services compared to African American women; (2) there was a pattern in the way African American men presented themselves for services. Under-class African American men (i.e., freshman and sophomores) were often referred for counseling by a formal network (i.e., faculty and

staff). Upper-class African American men (juniors and seniors) were often self-referred for counseling services; and (3) African American male students who sought services reported their concerns as extreme in severity. These findings are similar to the results by Duncan (2003) regarding the relationship between age and help-seeking. Although Tomlinson and Cope's study is a bit dated, it is one of the few early studies that explored help-seeking and looked at within-group differences for African Americans at a predominately White university using archival data from university counseling center clients.

A 2003 study by Campbell found a similar relationship between psychological distress and willingness to seek mental health counseling for African American college men. Campbell's study used information from 93 African American male students. The males completed questionnaires on their problem severity, racial identity, and help-seeking attitudes. The results of this study found that there was a significant positive relationship between problem severity and help-seeking attitude. In other words, African American male students with higher problem severity had more positive attitudes about seeking mental health counseling. These results are consistent with the findings of Bonner (1997) and Tomlinson and Cope (1988) regarding the positive relationship between problem severity and help-seeking attitude. Furthermore, the study by Campbell adds to the literature, like Duncan (2003) and Bonner (1997) with its focus on within-group differences for African American males.

There are also studies that look at African Americans (in general); these studies also offer insight into African American male use of mental health services. These studies are especially helpful given the paucity of research specifically done on African American males. A chapter on help-seeking in the *Handbook of Multicultural Counseling* (1995)

indicated that African Americans overutilize mental health services; however, their use tends to focus more on administrative matters (e.g., legal problems, contact with social service, and so forth), medical problems, and referral needs (Leong, Wagner, & Tata, 1995).

A study by June, et al., (1990) explored the types of problems and the help sought by users and non-users of university counseling center services. June, et al. collected data from 1,261 African American students over a span of 11 years. This study yielded several important findings: (1) there was no difference in the type of concerns ranked as the most serious by participants or use of services by participants across the years; (2) there was no difference in the average ranking of the most serious concern by gender, age, class level, and place of residence; (3) users and nonusers of counseling center services were not significantly different on their ranking of serious problems; and (4) use of certain services (e.g., academic advising, financial aid, placement services, etc.) could be predicted by a participant's background. Although June, et al's (1990) study is a bit dated, it is one of the few early major journal contributions on African Americans, and it is yet one of the larger studies (1,261 participants) to explore help-seeking and look at within-group differences for African Americans at a predominately White university. It also looked at trends in African American student problems and use of services over an 11 year period (from 1976-1987). The results of the study by June, et al. are in contradiction to the findings by Duncan (2003) which suggest that age is predictive of help-seeking attitudes. The results of the study by June, et al. (1990) also run contrary to findings by Tomlinson and Cope (1988) regarding the relationship between problem severity and help-seeking attitudes.

The relationship between problem severity and help-seeking attitudes was explored by Lucas and Berkel in 2005 but with a more racially diverse sample of students. Lucas and Berkel explored the relationship between psychological distress and presentation of vocational problems for clients at a university counseling center located within a large mid-Atlantic, predominately White university. Participants consisted of White, African American, and Asian American students. The results of the study suggested that students with the higher degree of problem severity returned for counseling more often than students with lower levels of problem severity. This pattern was found for Black students, as well as other ethnic/racial groups. These results are consistent with the findings of Tomlinson and Cope (1988) for African Americans regarding the relationship between problem severity and help-seeking attitudes. They also support the results of Bonner (1997) and Campbell (2003) regarding the positive relationship between problem severity and help-seeking attitude for African American males.

A study by Constantine, et al., (2003) looked at similar variable, and also considered the social support in the life of the African American student. Constantine, et al., explored how the relationship between psychological distress and willingness to seek psychological help is moderated by social support. This quantitative study consisted of 158 African American and Latino students. Subjects completed questionnaires on their psychological concerns, social support, and demographic background. There were significant differences for African American and Latino subjects on the variables; therefore, the data were analyzed separately for each of the groups. African American students were found to be less willing to seek mental health counseling when they reported lower psychological distress and had a larger social support network. The results

of this study, and others (Bonner, 1997; Campbell, 2003; Lucas & Berkel, 2005) showed a positive relationship between problem severity and help-seeking attitude.

Other studies examining the relationship between problem severity and help-seeking attitudes have found conflicting results when gender role is included as a variable. Blazina and Watkins (1996) and Good and Wood (1995) found that individuals with restricted emotionality had a decrease in psychological well-being (suggesting an increase in problem severity) but held negative attitudes toward help-seeking. The data seem to indicate that an increase in problem severity does not necessarily lead to an increase in utilization of mental health services. Is there a relationship between problem severity and help-seeking attitudes for African American male college students on predominately White campuses? One goal of this dissertation is to explore further the relationship between problem severity and help-seeking attitudes.

Various definitions of problem severity are found in the literature. In an attempt to stay consistent with past studies, problem severity will be defined by the number of self-reported problems and the significance of these problems. Based on these definitions, as well as prior findings, (Bonner, 1997; Tomlinson & Cope, 1988; Thorn & Sarata, 1998; Campbell, 2003; Lucas & Berkel, 2005), it is surmised that African American males reporting a greater number of problems or significant problems (i.e., grief/loss, clinical depression, and others) will be more willing to use mental health services as compared to individuals reporting fewer problems.

Research has demonstrated that African American college students tend to underutilize mental health services compared to White students (June, Curry, & Gear, 1990; Constantine, et. al., 2003). Underutilization of mental health services is especially a problem for African American male students. They utilize mental health services the least

compared to White students and African American female students (Kirk, 1986; Thomas, 1985; Tomlinson & Cope, 1988). It has also been shown that African American males may not seek mental health services, irrespective of the degree of severity of their problems. Psychological constructs, specifically gender role, may elucidate better the relationship between problem severity and seeking mental services.

Gender Role: A Potential Moderator of Help-seeking Motivations

African American males may identify more with the traditional masculine gender role that influences their behavior in relation to seeking the type of help needed to address their problems. Their identification to the traditional masculine gender role could be the key contributing factor to understanding their failure to seek mental health services, especially in the face of emotional adversity. As noted earlier, there is a paucity of literature on the help-seeking of the African American student. There is an even greater paucity of literature when looking at gender role and help-seeking attitude issues with African American males. Much of the research in this area focuses on men in general (not African American men) just as much of the literature on African Americans focuses on African Americans in general (not African American men). Nonetheless, this information can be helpful as African American males are both African American and men. Given the importance of this topic for mental health professionals and the overall lack of research on African American males, additional research is needed on help-seeking attitudes of African American college males.

Gender roles are defined as social expectations of the behavior of the male and female (Santrock, 1988; Myers, 1989). Gender roles are classified as masculine, feminine, androgynous, and undifferentiated, displaying the following characteristic: (1) the masculine gender role is associated with independence, restricted emotions,

aggressiveness, and a power orientation; (2) the feminine gender role is associated with dependence and nurturance; (3) the androgynous gender role has a high degree of both masculine and feminine characteristics; and (4) the undifferentiated gender role is described as having neither masculine nor feminine characteristics (Santrock, 1988).

Research and literature on gender roles/masculine role socialization clearly support its importance in the types of problems that men experience and the degree to which they are willing to seek counseling (Addis & Mahalik, 2003; Good, Dell, & Mintz, 1989; Roberson & Fitzgerald, 1992; Berger, Levant, McMillan, Kelleher, & Seller, 2005; Komiya, Good & Sherrod, 1999; Blazina & Watkins, 1996; Good & Wood, 1995). Although some of these studies (Good, et al., 1989; Roberson & Fitzgerald, 1992; Good & Wood, 1995) are a bit dated, they represent some of the most important research done yet on male gender role/masculinity and help-seeking attitudes.

Compared to the issues of women, little has been written on male masculinity and the relationship to help-seeking. The psychology of men is just beginning to be explored. In fact, few, if any, schools have established curriculum on the sub-discipline of the psychology of men. This fact become more evident when one recognizes that American Psychological Association's (APA) Division 51 (Society for the Psychology of Men and Masculinity) was founded in 1995. APA's Division 45 (Society for the Psychology of Women) was founded 21 years earlier in 1974 (Greer, 2005).

Two major, overlapping topics have been noted in theory and research on masculine role socialization, those of masculine ideologies and masculine gender role conflict. Alexithymia is another common term noted in the research on gender roles and traditional masculine attitudes/behavior. Masculine ideologies are belief systems about what it means to be a man in our society. Masculine gender-role conflict has been defined

as the negative consequences (e.g., physical and mental health problems) that result from men adapting to the traditional masculine gender role (Addis & Mahalik, 2003).

Alexithymia has been defined as one having difficulty describing or expressing feelings and emotions (Fisher & Good, 1997; Winerman, 2005).

The APA addressed the reluctance of men to seeking help and the role that masculine socialization plays in the June 2005 APA Monitor. A psychologist studying the psychology of masculinity stated that the problem with convincing men to seek help of any kind, including therapy, is that traditional society demands that men emulate the Marlboro man ideal (tough, independent, and unemotional) and that just is not compatible with therapy (Winerman, 2005). In other words, men learn to seek less help in our society. Societal norms push men to be always in control and to avoid intimacy (especially with other men), which runs counter to therapy. By not asking for help or by avoiding therapy for most problems, men may suffer while their problems worsen. As a result, the typical male comes to therapy when he is in an incredible amount of pain (Greer, 2005). This phenomenon and other related issues have been explored in much of the research on gender roles and help-seeking attitudes.

A study by Good, et al., (1989) explored the relationship between traditional male/masculine attitudes and help-seeking. Data were collected from 401 undergraduate (mostly White—91.5%) men enrolled in an introductory psychology class at a large Midwestern university. Participants completed measures on help-seeking attitude/behavior, attitudes about traditional male gender role, and gender role conflict factors (e.g., restrictive emotionality, power, competition, and so forth). The results of this study suggested that there is a significant relationship between aspects of the traditional male gender role and help-seeking attitudes, specifically, traditional masculine

attitudes are related to negative help-seeking attitudes. Furthermore, concern about expressing emotions or expressing affection toward men (related to restrictive emotionality) are also related to negative help-seeking attitudes. However, not every aspect of the traditional masculine attitude is related to negative help-seeking attitudes according to these results. The traditional masculine's need for success, power, and competition was not found to be related to negative help-seeking attitudes. The results of this study supported much of the theory on gender roles, but also suggested that not every aspect of the traditional masculine attitude may be anti-therapeutic.

A study by Roberson and Fitzgerald (1992) looked at similar issues but also explored a possible solution to the problem of getting men to go for counseling, that of the relationship between the traditional male gender role socialization and help-seeking attitude; and how the help-seeking attitudes of traditional gender role males is influenced by counseling interventions that are more congruent with their traditional male socialization. Participants consisted of 435 male students (76% White, 11% Hispanic, 9% Asian Pacific Islander, 2% African American, and 2% Native American) from three West Coast colleges (1 university and 2 community colleges). The results of the study found that students who scored high on measures of masculinity (with more traditional masculine attitudes) had negative attitudes toward personal counseling. However, on a more promising note, men with traditional masculine attitudes reacted more positively to interventions consistent with the masculine socialization processes. This data suggested that it is possible to adjust outreach to attract more men (especially traditional masculine men) to counseling. These results are consistent with the findings of Good, et al., (1989), regarding the relationship between traditional masculinity and negative help-seeking

attitudes. Furthermore, this study explored interventions to address negative help-seeking attitudes by men, thus adding uniquely to the literature.

Berger, Levant, McMillan, Kelleher, and Seller (2005) looked at similar issues but with a community sample. They explored the impact that gender role conflict, traditional masculine attitudes, alexithymia (difficulty describing or expressing feelings and emotions), and age have on the male help-seeking attitude. Participants consisted of 155 males (85% White, 5% Hispanic, 3% African American, .6% Asian, and 2% unspecified) between the ages of 18 and 88. Subjects were recruited from a variety of locations (i.e., social clubs, colleges, churches and synagogues, businesses, and by mail). The results of the study found that those who scored higher on measures of traditional masculinity and aspects of gender role conflict had negative attitudes toward help-seeking. However, traditional masculine attitudes were more predictive of help-seeking attitudes than gender role conflict. Results of the study found only a weak relationship between gender role conflict and help-seeking attitudes. The results also found that age was significantly related to help-seeking attitudes, with older subjects reporting more positive attitudes toward help-seeking. Alexithymia was not found to be significantly related to help-seeking attitudes. The results suggested that these psychological constructs (traditional masculine attitudes, gender role conflict, and alexithymia) may be different and/or may impact help-seeking in different ways. These results are consistent with the findings by Good, et. al. (1989) and Roberts and Fitzgerald, (1992) suggesting that males with traditional masculine gender role attitudes have less positive attitudes about help-seeking; and (Duncan, 2003; Tomlinson & Cope, 1988) that older men have more positive attitudes about help-seeking. Because of the additional focus on alexithymia when exploring these issues and its finding that the constructs of traditional masculine attitudes,

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gender role conflict, and alexithymia may impact help-seeking in different ways, the study adds significantly to the literature.

Three studies (Komiya, Good, & Sherrod, 1999; Blazina & Watkins, 1996; Good & Wood, 1995) also focused on the restricted emotionality of the masculine gender role and its link to help-seeking attitudes; however, they also considered problem severity as a variable. Komiya, et al., (1999) looked at these issues with both males and females, whereas Blazina and Watkins (1996) and Good and Wood (1995) explored these issues with only males.

Komiya, et al. (1999) explored factors associated with help-seeking attitude (seeking psychological services) with a special focus on emotional openness. Data were collected from 311 undergraduate men and women (60% women and 40 % men; 87% White, 8% African American, 2% Hispanic, 1% Asian American, and 2% multiracial American with less than 1% Native American and international students). All students were enrolled in an introductory psychology class at a large Midwestern university. The results of the study found that restricted emotionality, (which is associated with the masculine gender role) and lower psychological symptom of distress are associated with less favorable attitudes toward psychological help-seeking. This suggests that counseling would not be appealing to traditional masculine individuals with low-problem severity. These results are consistent with the findings of Good, et al. (1989); Roberts and Fitzgerald (1992); and Berger, et al. (2005) regarding the relationship between traditional masculine gender role attitudes and attitudes about help-seeking. These results are also consistent with the findings of previous research (Bonner, 1997; Campbell, 2003; Lucas & Berkel, 2005; Constantine, et al., 2003) regarding the relationship between problem severity and attitudes about help-seeking.

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Blazina and Watkins (1996) explored the relationship between gender-role conflict, psychological well-being, substance use, and help-seeking attitude. Data were collected from 148 undergraduate men (77% White, 10.8% African American, 4.1% Asian American, 4.1% Hispanic and 4.1% other). All students were enrolled in psychology classes at a southwestern university. The results of the study indicated that two major aspects of gender-role conflict (associated with the traditional masculine gender role) are related to help-seeking attitude. The traditional masculine male need for success, power, and competition was significantly related to a decrease in psychological well-being and an increase in reported alcohol use. Restricted emotionality (which is also associated with the traditional masculine gender role) was significantly related to a decrease in psychological well-being, negative help-seeking attitudes, and increased similarity in personality style to chemical abusers (based on scores from an instrument designed to distinguish alcohol abusers from nonabusers). These results suggested that the traditional masculine gender role may be related to higher levels of problem severity (including substance abuse) and negative attitudes toward help-seeking. These results run contrary to findings by Good, et al. (1989) that the traditional masculine male need for success, power, and competition is not related to negative help-seeking attitudes. These results are also consistent with the findings of Komiya, et al. (1999) regarding the relationship between restricted emotionality and help-seeking attitudes. The study adds further to the literature because of its additional focus on substance abuse when exploring these issues.

In a similar vein, Good and Wood (1995) explored the relationship between male gender role conflict, depression, and help-seeking attitude. Data were collected from 397 undergraduate men (82% White, 4% African American, 3% Asian American, and 0.5%

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Hispanic). All students were enrolled in an introductory psychology class at a large public Midwestern university. The results of this study suggested that negative attitudes about counseling are held by individuals that (1) have a high level of restricted emotionality; (2) hold the traditional masculine need for success, power and competition; and (3) are depressed. However, the results also found that counseling is seen as more acceptable to those with a low level of restricted emotionality under the same conditions. These results suggested that restricted emotionality (which is associated with traditional masculine behavior) is a key factor as to why men do not seek help for their problems, even when their problems are severe. These results are consistent with the past findings of Komiya, et al. (1999) and Blazina and Watkin, (1996) regarding the relationship between restricted emotionality and help-seeking attitudes. These consistent findings across the research studies suggest a need to further explore the various aspects of traditional masculinity and its impact on help-seeking attitudes.

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Strengths and Limitations of the Masculine Role Socialization Paradigm

There are several strengths to the masculine role socialization paradigm. One strength of the paradigm is that it allows for individual differences in men to be accounted for without much difficulty. The paradigm assumes that men vary in the degree to which they endorse the traditional masculine gender role and the impact this may have on their lives. Another strength is the impact that it has on clinical practice. This paradigm created a natural focus on psychosocial interventions designed to meet the needs of traditional masculine clients. It has also created a focus on interventions to help men become less constrained by gender role expectations (Addis & Mahalik, 2000).

There are also several limitations of the masculine role socialization paradigm. The paradigm is limited in its ability to account for the reason why some men will seek help under some conditions for certain problems but not for other problems. This limitation is the result of the paradigm's treating masculine gender role as an internal, stable trait. It is possible that men may engage in behavior consistent with the traditional masculine gender role depending on the context (Addis & Mahalik, 2000). Other limitations are reflected in the research on the paradigm. Much of the research is based on college students (convenience samples) and self-report measures. A second major limitation of the research is that most of the participants in the studies have been White men (Addis & Mahalik, 2000). Few studies in this area have involved samples of men of color or international students. A third and final limitation is in the paradigm's applicability to men of color. Literature has documented differences between mainstream White standards or worldview and the worldview for people of color (Ponterotto, Casas, Suzuki, & Alexander, 1995; Sue & Sue, 1999; Atkinson, et al. 1998; Paniagua, 1998).

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Differences on worldview have been noted on many of the concepts central to the masculine gender role paradigm (e.g., independence, expression of emotions and success/power). Thus, the above differences indicate possible limitations in applying this paradigm to men of color.

African American Male Masculinity

The adoption of traditional White male masculinity by African American males is problematic. Although traditional masculinity in mainstream White culture has admirable qualities (e.g., its focus on organization and planning to reach goals), it also has negative aspects, (e.g., its focus on dominance, power, competitiveness, and individualism) that are contrary to the worldview of the African American community. These aspects have also been linked to oppression of others, such as, racism and discrimination (White & Cones, 1999). Many African American men have internalized White male values about the importance of success and power in their manhood; however, inequities in earning potential, employment, and educational opportunities have prevented the full expression of these behaviors for many African American men (Harris, 1998). As a result of these issues and other factors that have influenced African American male masculinity, social roles and male masculinity are different in the African American community versus the mainstream White society. Hooks noted this phenomenon in her 2004 book on *Black Men and Masculinity*:

“Black men and women have always had a diversity of gender roles, some Black men wanting to be patriarchs and others turning away from the role. Long before contemporary feminist theory talked about the value of males participating in parenting, the idea that men could stay home and raise children while women worked had already been proven in Black life.” (Hooks, 2004, p. 9).

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A research study by Cazenave (as cited in Majors & Billson, 1992), supported the idea of a **unique** masculinity for African American men. Cazenave explored the impact of racism, **socioeconomic** status, and age on the sex-role perceptions of African American men **versus** White men. His results indicated that African American men are more traditionally **masculine** regarding aggressiveness, competitiveness, success at work, protecting their **family**, and self-confidence. However, the results also suggested that African American **males** place more value than White males do on gentleness, warmth, and standing up for **beliefs**. This data does not mean that all African American men fit these characteristics or **have** these values. There are within group differences, with some African American men **not participating** in the raising of their children or not valuing gentleness, warmth, etc.

One common African American male alternative to traditional White male masculinity is the “Cool Pose.” Cool pose is a unique coping mechanism that African American males use to deal with racism, discrimination, limited options, and stress that they face in their daily lives. It helps African American men to feel recognized and empowered, boosts their ego, and buffers the pain of blocked opportunities. Cool pose is made from beliefs/attitudes used to express symbolic masculinity. Cool pose also includes actions (such as, physical postures, style of walk), and clothing styles. The beliefs and actions are internalized and become part of the African American male’s psyche as he takes on a façade to ward off the anxiety of feeling like a second-class citizen in America. This façade or impression management hides the self-doubt and turmoil that he may feel inside; it gives the impression he is on top of things, while it externally shows pride, control, competence, and inner strength (Majors & Billson, 1992;

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Harris, 1998; White & Cones, 1999). An illustration of cool pose can be glimpsed from the following case example:

“A young Black man strolls down the street in Oakland, California’s African American community. He is wearing a Chicago Bulls athletic suit with expensive matching sneakers. The sneakers are untied and he walks with a slight limp, leaning just a bit to one side. His arms take turns trailing behind him as he ambles on his way. He knows he is cool and looks good. He follows the popular rap groups and knows all the latest dance steps. Since he lost his job as a stock clerk six months ago, he has been unable to contribute to the support of his two children, who live with his former girlfriend and her mother. Halfway down the block, he runs into a good friend who is similarly dressed. They exchange a variety of speech patterns and high-five handshakes. Using a combination of Black speech patterns and street terminology, they discuss the latest happenings and exchange ideas about generating some income.” . . . “Future employment possibilities for both young men are bleak, since they barely graduated from high school and have reading and math skills at about eighth-grade level. Neither young man lets on to the other that he is worried about the future.” (White & Cones, 1999, p. 92).

The utility of cool pose is evident when one considers the systematic harm done by the generations of slavery and racial oppression. Cool pose type behavior has been used by African Americans since the days of slavery. African American males did not have the liberty to express their frustration to Whites. Cool Pose allows African Americans to express themselves without risking retribution by Whites. This behavior was relevant back during slavery and is relevant today where many African American males have limited access to conventional power and resources (Majors & Billson, 1992). As an

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African American male moves toward manhood, he is faced with racism, discrimination, and attacks on his self-image. He must constantly prove to himself and to the world that he is a man. He is faced with the double bind of proving himself while being denied the resources to do it. Cool pose is a way for African American men (who have accepted society's notion of what it takes to be a man, but are denied the resources) to cope with their situation (Majors & Billson, 1992).

Cool pose has both positive and negative consequences to it for the African American male. Positive aspects of cool pose include its ability to provide African American males with a sense of social competence, pride, protection, and self-esteem (Majors & Billson, 1992; Harris, 1998). Negative consequences of cool pose include the possibility of African American males losing the ability to know their feelings and be able to express them to others, and the inability of cool pose to make up for a lack of occupational and educational achievement (Majors & Billson; White & Cones, 1999). The suppression of feelings associated with cool pose can lead to long-term interpersonal problems. Some African American men may not be able to let down the cool pose mask in safe situations. It may be difficult for these men to talk about their feelings even with individuals with whom they are very close. The cool pose mask may even interfere with African American men establishing bonds with family members and friends. It may also be an impediment to progress in therapy, since self-disclosure is a key part of therapy (Majors & Billson (1992); White & Cones (1999). Despite the negative consequences, many African American men will not let down the mask of cool pose because it is so intertwined with their defenses and masculinity. To let down the mask feels threatening, it is the same as having one's identity taken away and being defenseless in a hostile environment. This response makes sense given the historical experiences of African

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American men in America. As long as there is racism, discrimination, and injustice in the world, African American men will have a need for cool pose (Majors & Billson, 1992).

The concept of cool pose offers much in understanding African American male masculinity. This literature suggests that African American and White male attitudes about masculinity and gender roles are similar in some aspects but also different (Majors & Billson, 1992; Hooks, 2004; Cazenave, as cited in Majors and Billson, 1992). These issues need to be explored more, given the lack of research on African American male attitudes about masculinity and gender roles (Addison & Mahalik, 1992).

Reflecting more globally on the topic of gender roles, it should be noted that few studies have examined the interaction between problem severity, help-seeking attitude, and gender role to understand within group differences for African American male college students on predominately White campuses. All of the studies on these variables noted thus far have been conducted mostly on White male students. Is there a relationship between gender role and the help-seeking attitude for African American male college students? Does gender role moderate the relationship between problem severity and help-seeking attitudes for these students? A goal of this dissertation is to explore further the relationship between problem severity and help-seeking attitudes, as well as to examine how gender role may influence the relationship between problem severity and help-seeking attitudes. Given the differences in the African American male gender role attitude compared to that of the White male gender role attitude (Majors & Billson, 1992; Hooks, 2004; Paniagua, 1998) a study of the full range of gender roles (e.g., masculinity, femininity, and androgyny) appears warranted rather than just masculine gender role conflict that has been done in most studies in the area with White male samples.

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independence, restricted emotions, aggressiveness, and a power orientation), it is surmised that African American males who identify with the feminine and androgynous gender roles with a high problem severity will be more likely to have positive attitudes about utilizing mental health services compared to individuals fitting the masculine gender role with high problem severity. In addition, African American males fitting the masculine gender role with a low problem severity will be least likely to have positive attitudes about utilizing mental health services. Because this study focuses on African American male college students and past studies (Bonner, 1997; Nickerson, Helms, & Terrell, 1994; Thompson & Cimbalic, 1978) have defined mental health services as university counseling center use, this dissertation also defined mental health services as the use of university counseling center services. The study will focus on help-seeking attitude rather than behavior because few African American male college students utilize counseling services.

Summary

In general, African American male college students are not succeeding as well as others on predominately White college campuses. The plight of this population has been documented by research examining both the African American male college experience (Feagin & Sikes, 1995; Gloria, et al. 1999; Gossett, et al. 1998) and African American male college graduation rates (Austin, 1996; Wild & Wilson, 1998; Cross & Slater, 2000). The lack of success is a concern given the small number of African American males who are enrolled in college (Wild & Wilson, 1998; Slater, 1994; Harper & Catching, 2005; Cross & Slater, 2000). Some African American males excel on predominately White college campuses (Harper, 2005), and their experiences may be

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useful in helping other students. All of these factors suggest a need to examine the experiences of the African American male college student on the predominately White college campus.

Compared to White students and African American female students, African American male college students tend to underutilize mental health services despite the problems and lack of success (June, et al. 1990; Constantine, et al., 2003; Kirk, 1986; Thomas, 1985; Tomlinson & Cope, 1988). Research has shown that some African American males are more likely to come for mental health services when the problem severity increases (Thorn & Sarata, 1998; Tomlinson & Cope, 1988; Campbell, 2003; Lucas & Berkel, 2005), whereas it has also been shown that African American males may not seek mental health services when their problem severity increases (Blazina & Watkins, 1996; Good & Wood, 1995). The psychological construct of gender role may better explain the relationship between problem severity and seeking mental services.

The way African American men define their gender role may impact their attitudes about seeking mental health services for their problems. Research and literature on gender roles/masculine role socialization clearly support its importance in the types of problems that men experience and the degree to which they are willing to seek counseling (Addis & Mahalik, 2003; Good, Dell, & Mintz, 1989; Roberson & Fitzgerald, 1992; Berger, Levant, McMillan, Kelleher, & Seller, 2005; Komiya, Good & Sherrod, 1999; Blazina & Watkins, 1996; Good & Wood, 1995). This research suggested that various aspects of traditional masculinity (i.e., restricted emotionality, independence) are related to negative attitudes about help-seeking even when problem severity is higher. Literature and research also suggested that there is a difference in African American male gender role attitudes and masculinity in contrast to White male gender role attitudes (Majors &

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Billson, 1992; Hooks, 2004; Paniagua, 1998). These ideas suggested that African American men may have different ideas about how to cope with problems in their lives, which may further impact their help-seeking attitudes. To understand better how to assist the African American male college student, it is important to understand how his views on appropriate male behavior impact his views on ways of coping and mental health services.

Purpose of Study

The purpose of this study is to contribute to the literature on African American male college student help-seeking attitudes. An additional goal of the study is to improve the ability of individuals and institutions to help African American men succeed in college. Extensive research has confirmed that African American male college students do not succeed as well as others on predominately White college campuses (Wild & Wilson, 1998; Slater, 1994, Harper & Catching, 2005; Cross & Slater, 2000). Yet, African American males tend not to seek mental health services on White college campuses as a way of coping and improving their chances of success (Kirk, 1986; Thomas, 1985; Tomlinson & Cope, 1988; Blazina & Watkins, 1996; Good & Wood, 1995).

Gender role may explain better the relationship between problem severity and seeking mental services. Currently the relationship between these variables is unclear from the research. Few studies have examined the interaction between these variables to understand within group differences for African American male college students on predominately White campuses. Identification with the traditional masculine gender role may be the key to understanding their failure to seek mental health services, especially in the face of emotional adversity. Therefore, the goal of this dissertation is to explore

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further the relationship between problem severity and help-seeking attitudes, as well as to examine how gender role may influence the relationship between problem severity and help-seeking attitudes of African American males on predominately White college campuses.

The following research questions were addressed:

1. Is there a relationship between current problem severity and help-seeking attitude for African American male college students on predominately White campuses?
2. Is there a relationship between gender role and help-seeking attitude for African American male college students on predominately White campuses?
3. Does gender role moderate the relationship between problem severity and help-seeking attitudes for African American male college students on predominately White campuses?

CHAPTER 3: METHOD

Participants

The sample for this study consisted of 120 African American male students at two predominately White public Midwest colleges. One college is located in the center of an urban city. It is an urban commuter campus with 24,000 students and admission is open to anyone who wants to attend. The second college is situated in a suburban community that is just outside of an urban city. It is a residential campus with more than 40,000 students and has a selective admission process. Of the 120 participants, 65 came from the commuter campus and 55 came from the residential campus. Over sampling was done to compensate for incomplete data. Because of missing data and invalid responses, the final sample consisted of 116 individuals. Using multiple regression analysis with four predictors and an interaction term, plus three possible demographic variables, a sample size of 107 individuals gave a medium-effect size at an alpha level of .05 and a power of .80 (Cohen, 1992).

The mean age of the sample for residential and commuter campus was 20.4 years (SD=1.58) and 21.3 years (SD=3.20), respectively. Of the residential campus participants, 94% were enrolled as full-time students and 6% were enrolled less than full-time (fewer than 12 credit hours). Of commuter campus participants, 85% were enrolled as full-time students and 15% were enrolled less than full time (fewer than 12 credit hours). Most participants (98%) indicated that they were single; the other 2% were married or partnered. Thirty-nine percent of the participants lived on campus in residence halls,

while 40% lived off campus (i.e., apartment, house, married student housing), 16% lived off campus with parents, 3% lived in a fraternity or sorority house, and 2% lived in cooperative housing.

Design and Procedure

This study utilized a correlation field design because of the focus on the relationship between the variables. A convenience sample was recruited by coordinating with the Office of Racial and Ethnic Student Affairs on the residential campus. A sample was also recruited by coordinating with the Office of Multicultural Development on the commuter campus. Volunteers were recruited from the various programs and group meetings associated with these offices (e.g., Black history month events, fraternity events, Black United Students, etc.). Additional students were recruited in unstructured public settings on the campuses (e.g., the student union and student recreation facilities). Students were invited to participate in a study about the unique needs of African American male students on predominately White college campuses. As an incentive to participate in this study students were informed that those who chose to participate and complete all the research materials would receive \$5. Only after reading and signing an informed consent form were the volunteers considered participants. Participants were allowed to discontinue the study at any time. Each subject was given a packet of survey questionnaires (Demographic Questionnaire, Personal Problems Inventory, Attitudes Toward Seeking Professional Psychological Help, and Bem Sex Role Inventory) to complete. Questionnaires were counterbalanced to control for order effects. Informed consent forms were filed separately and participants' names were not associated with the packets.

Instruments

Four measures in the survey packet were used to measure demographic variables, problem severity, attitudes toward help-seeking, and gender role. Demographic variables were measured by a questionnaire developed from similar questions used in studies in the past on help-seeking behavior and related issues. The *Personal Problem Inventory* (PPI), used to measure problem severity, measures a variety of issues that may impact a student's life. The *Attitudes Toward Seeking Professional Psychological Help* (ATSPPH) has been widely used to measure help-seeking attitude for more than 30 years and has sound psychometric properties. The *Bem Sex-Role Inventory* (BSRI) is the most commonly used measure in all areas of gender-related research and is easy to administer, score, and interpret. The established instruments in this study (the PPI, ATSPPH, and BSRI) have been used in past studies with college students of color and many have been used extensively to study help-seeking attitude and other related variables. All instruments have sound psychometric properties. Studies used in the past reported reliability estimates of at least .83 for all of the instruments (range .83 to .96). The time needed to complete all four questionnaires was approximately 35 minutes. A more detailed description of each of the four instruments follows.

Demographics Questionnaire. A 20-item questionnaire (see Appendix C) was used to gather information about the subject's background, such as, class status, parental education, financial support and campus activity. The items were developed from similar questions on demographic questionnaires used in past studies looking at similar research issues.

Personal Problems Inventory (PPI). Problem severity was assessed using the PPI (see Appendix D). The PPI (Pounce & Atkinson, 1989) is a modified version of the PPI

by Cash, Begley, McCown, and Weise, (1975). It is a continuous measure designed to assess concerns that individuals may have, the extent to which the concern is currently a problem, and the individual's willingness to seek help from mental health professionals. It consists of 40 items concerning general anxiety, depression, drug use, test anxiety, trouble studying, and adjustment to college. On the first 20 questions each participant was asked to indicate to what extent the item was a problem. Each participant indicated his responses on a 6-point Likert-type Scale: 1 being, "Not a problem at all" to 6 being "Very significant problem". On the next 20 questions for each of the problems each participant indicated his willingness to seek help from mental health professionals. Each participant indicated his response on a 6-point Likert-type Scale similar to the one used with the first 20 items. Only the first 20 items were used to measure problem severity. In a study by Lopez, Melendez, Sauer, Berger, and Wyssmann, (1998) the PPI yielded an internal consistency (Cronbach's alpha) coefficient of .83. A study by Johnson and Holland (1986) on the original PPI reported reliability coefficients ranging from .83 to .92.

Attitudes Toward Seeking Professional Psychological Help (ATSPPH). Help-seeking attitude was assessed using the ATSPPHS, (Fisher & Turner, 1970; see Appendix E). This scale consisted of 29 Likert-type statements. On a scale from 0 to 3, participants were asked how much they agreed or disagreed with statements regarding general orientation toward seeking professional help for psychological problems. The scale contained several negatively scored items. Following appropriate keying of reverse-scored items, item ratings were summed to compute an overall help-seeking score. Higher scores indicated more positive attitudes about help-seeking whereas low scores indicated more negative attitudes about help-seeking. The following method was used to determine a participant's total score. The meaning of the score was interpreted by comparing it with

the norms that follow the key. Reverse scoring was used on the following items: 1, 3, 4, 6, 8, 9, 10, 13, 14, 15, 17, 19, 20, 21, 22, 24, 26, and 29. That is, 0=3, 1=2, 2=1, 3=0; then all the numbers for each statement were added up. That was the total score. Individuals with low scores (0-49) tended to have a negative attitude toward seeking professional help for themselves or their friends. Medium scorers (50-63) indicated that professional help may be useful, but they were somewhat reluctant to seek it. High scorers (64-87) had a positive attitude toward therapy.

The ATSPPHS has been widely used to measure help-seeking attitude for more than 30 years and has sound psychometric properties. For this study, the word *psychologist* replaced the word *psychiatrist*. Internal consistencies have been reported to range from .83 to .86, with test-retest reliability coefficients ranging from .84 to .89 over an 8-week and 2-week period, respectively (Fisher & Turner, 1970). Reliability (i.e., internal consistency, test-re-test) and validity of the ATSPPH is also supported by Fisher and Farina, (1995). In a study by Lopez, et al., (1998) the ATSPPHS yielded a (Cronbach's alpha) coefficient of .89. Other studies that have utilized the ATSPPHS as a measure of help-seeking attitude include many of the articles discussed in this dissertation (i.e., Komiya et al., 1999; Good & Wood, 1995; Roberson & Fitzgerald, 1992; Good et al., 1989; Blazina & Watkins, 1996; Berger et al., 2005). Duncan (2003) recently used the ATSPPHS to study help-seeking behavior with a sample consisting of African American males.

Bem Sex-Role Inventory (BSRI; Bem, 1974). Gender role was assessed using the BSRI (see Appendix F). The BSRI is the most commonly used measure in all areas of gender-related research. It consists of 60 personality characteristics (e.g. "Sensitive to the needs of others," "Forceful," "Truthful," etc.). Respondents were asked to rate themselves

on a 7-point Likert scale: 1 (never or almost never true) to 7 (always or almost always true). In 1979 Bem developed the BSRI short form. The short form contained 30 of the original 60 items, with 10 items constituting each of the three scales (i.e., masculinity, femininity, and the original social desirability test that are now filler items). Based on how a person responded to the items, the respondent received scores on both the masculine and feminine scales. The scores from the masculine and feminine scales were then used to categorize the participant into one of the four classifications of gender roles, that is, masculine, feminine, androgynous, or undifferentiated. The scores were converted to a category based on the median split scoring technique as directed from the instructions in the BSRI manual. Specifically, the participant's score was compared to the median on the Femininity Scale (5.50) and Masculinity Scale (4.80). If the score fell below the median it was considered low. If the score fell above the median it was considered high. Participants were then classified based on the following: Feminine (high feminine–low masculine), Masculine (high masculine–low feminine), Androgynous (high masculine–high feminine), and Undifferentiated (low masculine–low feminine).

For statistical purposes, dummy variables were created for each of the four classifications. The items on the BSRI original used to measure the individual's general tendency to respond in a socially desirable manner are now filler items. According to the BSRI manual, these items were discontinued as a social desirability test because analyses cast doubt on their adequacy to test social desirability. The structure of the BSRI now controls for a social desirability response set. This study utilized the short form of the BSRI because it is considered more psychometrically sound (Hoffman, 2001). Reliability coefficients for the BSRI ranged from .76 for male scores on the Masculinity Scale (original and short form) and .94 for female scores on the Masculinity Scale (original

form). A study by Bem (1974) reported four-week test-retest reliability coefficients of .90 for the masculine scores, .90 for femininity scores, and .93 for androgyny scores. The short form and original form were compared to each other and yielded a correlation coefficient in the range of .85 to .94, thus supporting the claim that the two forms are equivalent.

The BSRI is a useful research tool, is easy to administer, score, and interpret. The use of the BSRI in gender role research has been criticized on the grounds that the roles of men and women have changed since the BSRI was developed and that it uses a median split technique when comparing scores (Lantz and Schroeder, 1999). These claims have been refuted by several studies supporting the use and current validity of the BSRI. For example, Holt and Ellis (1998) found that all but two of the items (or adjectives) on the BSRI are currently valid. Oswald (2004) found that the categories of the BSRI are still useful for classifying men and women according to sex roles. The BSRI is especially relevant for this dissertation given the sample consists of African American men. Given the uniqueness of African American male gender role attitudes (Majors & Billson, 1992; Hooks, 2004; Paniagua, 1998), a study of the full range of gender roles (masculinity, femininity, etc.) appears warranted. The BSRI is a frequent choice among researchers studying masculinity and femininity and gender role beliefs (Brannon, 2004, Holt & Ellis, 1998, Lantz and Schroeder, 1999).

Research Hypotheses

Based on studies done in the past (Bonner, 1997; Tomlinson & Cope, 1988; Thorn & Sarata, 1998; Campbell, 2003; Lucas & Berkel, 2005) that suggested a higher level of problems was related to more positive help-seeking attitudes, it is hypothesized that:

HO₁. For African American males at predominately White institutions problem severity will be positively related to help-seeking attitude.

Based on past research of gender roles (Roberson & Fitzgerald, 1992; Good, et al., 1989; Komiya, et al., 1999; Blazina & Watkins, 1996; Good & Wood, 1995) and past research that addressed problem severity, it is also hypothesized that:

HO₂. For African American males at predominately White institutions gender role will be related to attitudes toward seeking psychological help.

Specifically, non-masculine gender roles orientations (feminine and androgynous) will be significantly correlated with more positive help-seeking attitudes compared to the masculine gender role orientation.

Based on research done in the past of gender roles and problem severity, it is further hypothesized that:

HO₃. For African American males at predominately White Institutions, gender role will moderate the relationship between problem severity and attitudes toward seeking psychological help.

Specifically, the masculine gender role category will significantly moderate the relationship between problem severity and help-seeking attitudes (the masculine gender role orientation and low- to moderate- problem severity will be predictive of lower help-seeking attitudes compared to the non-masculine gender role orientations, that of the feminine or the androgynous, and low to moderate problem severity.)

Data Analysis

The Statistics Package for Social Sciences (SPSS version 13.0) was used to conduct the data analysis. Preliminary analysis was done prior to the main analysis (multiple regression). Cronbach alpha (internal consistency coefficients) was computed for all scales used in this study. Bivariate statistics were used to see whether or not any of the demographic variables had a significant effect on the predictor and criterion variables in order for background effects to be controlled. Correlations among all predictor and criterion variables were calculated. Hierarchical multiple regression was used to examine all three hypotheses in this study, including the moderator relationship (Baron & Kenny, 1986).

The use of hierarchical multiple regression requires that five statistical assumptions (normality, independence, homoscedasticity, linearity, and the absence of perfect multicollinearity) are met (Shavelson, 1986; Lewis-Beck, 1980). The assumption of normality requires that scores on the criterion variable is normally distributed. The assumption of independence requires that scores of any particular research participant be independent of the scores of other participants. The assumption of homoscedasticity requires that variances of the criterion variable are equal. The assumption of linearity requires that the relationship between the criterion and predictor variable is linear (Shavelson, 1986). The assumption of absence of perfect multicollinearity requires that none of the predictor variables have a correlation of 1.00 with another predictor variable or a group of predictor variables (Lewis-Beck, 1980).

In this study there is one continuous predictor variable (problem severity), one categorical predictor variable (gender role), three interaction terms (problem severity X the three categories of gender role) and one continuous criterion variable (help-seeking

attitude). For this study the categorical predictor variable (gender role) was changed into three dummy variables. Hierarchical multiple regression looks at differences between the variables to see how much variance can be accounted for by each of the variables.

Hierarchical multiple regression also helped answer the moderator question because to show moderation, one must demonstrate that the interaction of the predictor and moderator is significant while controlling for the predictor and moderator (Baron & Kenny, 1986). In this study, problem severity was the predictor, and gender role was the moderator.

In hierarchical multiple regression, the order in which variables are entered into the regression equation is established prior to data analysis (Wampold & Freund, 1987). There were two regression equations used to examine the three hypotheses in this study. In the first regression equation, which addressed the first and third hypotheses, the variables were entered in the following manner: Control variables were entered at the first step. Problem severity (the first 20 items on the PPI) was entered at the second step. Gender role was entered at the third step (which was entered in as a block/group). Interaction terms were created for problem severity and each of the gender roles. To prepare for the creation of the interaction terms, each of the predictor variables was centered about their respective mean. The interaction term (problem severity X the three categories of gender role)) was entered as a block/group at the fourth and last step. For the second regression equation, which addressed the second hypothesis, the variables were entered in the following manner: control variables were entered at the first step and gender role (as a block/group) was entered at the second step. The change R^2 was calculated at each step and tested for significance.

CHAPTER 4: RESULTS

Preliminary Analyses

Reliability of Measures

Cronbach alphas (internal consistency coefficients) were computed for all of the scales used in the study (see Table 1). All of the scales demonstrated adequate internal consistency. The Personal Problems Inventory (PPI) had a Cronbach alpha of .82. The Attitudes Toward Seeking Professional Psychological Help (ATSPPHS) had a Cronbach alpha of .65 (.70 for the participants from residential campus and 0.60 for the participants from the commuter campus). The Bem Sex-Role Inventory (BSRI) had a Cronbach alpha of .87 (.80 for the Masculine Scale and .85 for Feminine Scale).

Demographic Variables

Bivariate statistics showed that none of the demographic variables were highly correlated with the predictor or criterion variable at a significant level, except for past use of counseling and counseling satisfaction. Past use of counseling was correlated with help-seeking attitude at a significant level (.35, $p < .001$). Counseling satisfaction was correlated with help-seeking attitude at a significant level (.35, $p < .001$). These two variables were also significantly correlated with each other (.88, $p < .001$), suggesting that they represented the same construct. Given the overlap between these two variables, only one of the variables was chosen and controlled for in the primary analysis. Past use of counseling was chosen from the two because past research has shown it to be a factor that influences help-seeking attitudes.

Descriptive Statistics and Bivariate Correlations

Table 2 presents the means, standard deviations, and correlations among the predictor and criterion variables. There were no significant correlations between the variables, except for the gender role variables, which was expected given the way the gender role categories are decided (see method section on BSRI for more detail). The masculine gender role was found to have low negative correlation with the feminine gender role ($r = -.20, p < .05$), a moderate negative correlation with the androgynous gender role ($r = -.59, p < .01$), and a moderate negative correlation with the undifferentiated gender role ($r = -.39, p < .01$). The feminine gender role was found to have a low negative correlation with the androgynous gender role ($r = -.19, p < .05$). The androgynous gender role was found to have a moderate negative correlation with the undifferentiated gender role ($r = -.37, p < .01$). Because of the correlation between the gender role variables, separate regression analyses were run for each of the gender role categories under investigation (i.e., masculine, feminine, and androgynous).

Hierarchical Multiple Regression Analyses

Assumptions

In preparation for the hierarchical multiple regression analyses, the five assumptions of multiple regression (normality, independence, homoscedasticity, linearity, and the absence of perfect multicollinearity) were met. To make sure the assumption of normality was met, a histogram of the distribution of scores for help-seeking was examined. They were observed to be normally distributed; thus the assumption of normality was met. The assumption of independence was met because each research participant was asked to report on his own personal experience. The assumption of

homoscedasticity was met because the residuals in the final models were plotted against the predicted scores, and the scatter was observed to be reasonably similar at each value of the predicted Y score. To ensure the relationship between the variables was linear, scatterplots of the relationship between each predictor variable and help-seeking attitude were examined. The relationships were observed to be linear, thus the assumption of linearity was met (Shavelson, 1986). To ensure the assumption of the absence of perfect multicollinearity was met, bivariate correlations among the independent variables were examined. There was a moderate correlation between the masculine gender role and androgynous gender role ($r = -.59, p < .01$); however, none of the criterion variables were highly correlated with each other; therefore, the assumption of the absence of perfect multicollinearity was met (Lewis-Beck, 1980; Hair, Anderson, Tatham, & Black, 1998).

Test of the Moderator Model for Help-seeking Attitude

Hierarchical multiple regression analyses were conducted to test the hypotheses of this study. Two regressions were run for each of the three gender roles (masculine, feminine, and androgynous). The first regression tested hypotheses one regarding the relationship between problem severity and help-seeking attitude. This same regression tested the hypothesis that gender role moderates the relationship between problem severity and help-seeking attitude. A second regression was used to test the hypothesis regarding the relationship between gender role and help-seeking attitude.

Table 3 summarizes the results of the first regression with the gender role category of masculine as the moderator variable. In step 1, past use of counseling was significant and positively related to help-seeking attitude. Past use of counseling was associated with higher levels of help-seeking attitude. At the first step, 12.4% of the

variation in help-seeking attitude was explained by past use of counseling ($R^2=.124$, $p<.001$). In step 2, after controlling for past use of counseling, problem severity did not significantly predict help-seeking attitude. The variation in help-seeking attitude explained at step 2 was not significantly different from the variation in help-seeking attitude explained at step 1 ($\rho R^2=.021$, $p=.122$). At step 3, gender role (masculine) was added to the regression model containing past use of counseling and problem severity. The regression model was not significant. The variation in help-seeking attitude explained at step 3 was not significantly different from the variation in help-seeking attitude explained at step 2 ($\rho R^2=.005$, $p=.444$). The interaction term (problem severity X masculine gender role) was entered at step 4. The regression equation was significant. The variation in help-seeking attitude explained at step 4 was significantly different from the variation in help-seeking explained at step 3. Adding the interaction term to the model explained an additional 3.1% of the variation in help-seeking attitude ($R^2=.181$, $p<.05$). In the final model, the interaction of problem severity and masculine gender role ($\beta=-.181$, $p<.05$) had a small effect in significantly predicting help-seeking attitude. The data indicated that for African American males who identify with the masculine gender role, problem severity is not an important factor in their help-seeking attitude. These results demonstrate that the masculine gender role moderates the relationship between problem severity and help-seeking attitude.

Table 4 summarizes the results of the second regression with the gender role category of masculine as the moderator variable. In step 1, past use of counseling was significant and positively related to help-seeking attitude. Past use of counseling was associated with higher levels of help-seeking attitude. At the first step, 12.4% of the

variation in help-seeking attitude was explained ($R^2=.124$, $p<.001$). In step 2, after controlling for past use of counseling, gender role (masculine) did not significantly predict help-seeking attitude. The variation in help-seeking attitude explained at step 2 was not significantly different from the variation in help-seeking attitude explained at step 1 ($\rho R^2=.005$, $p=.432$). There was no main effect for the masculine gender role on help-seeking attitude.

Table 5 summarizes the results of the first regression with the gender role category of feminine as the moderator variable. In step 1, past use of counseling was significant and positively related to help-seeking attitude. Past use of counseling was associated with higher levels of help-seeking attitude. At the first step, 12.4% of the variation in help-seeking attitude was explained by past use of counseling ($R^2=.124$, $p<.001$). In step 2, after controlling for past use of counseling, problem severity did not significantly predict help-seeking attitude. The variation in help-seeking attitude explained at step 2 was not significantly different from the variation in help-seeking attitude explained at step 1 ($\rho R^2=.021$, $p=.122$). At step 3, gender role (feminine) was added to the regression model already containing past use of counseling and problem severity. The regression equation was not significant. The variation in help-seeking attitude explained at step 3 was not significantly different from the variation in help-seeking attitude explained at step 2 ($\rho R^2=.003$, $p=.578$). The interaction term (problem severity X feminine gender role) was entered at step 4. The regression equation was not significant. The variation in help-seeking attitude explained at step 4 was not significantly different from the variation in help-seeking explained at step 3 ($\rho R^2=.017$, $p=.159$). Adding the interaction term to the model did not explain any additional variation in help-

seeking attitude. These results suggest that the feminine gender role may not moderate the relationship between problem severity and help-seeking attitude.

Table 6 summarizes the results of the second regression with the gender role category of feminine as the moderator variable. In step 1, past use of counseling was significant and positively related to help-seeking attitude. Past use of counseling was associated with higher levels of help-seeking attitude. At the first step, 12.4% of the variation in help-seeking attitude was explained ($R^2=.124$, $p<.001$). In step 2, after controlling for past use of counseling, gender role (feminine) did not significantly predict help-seeking attitude. The variation in help-seeking attitude explained at step 2 was not significantly different from the variation in help-seeking attitude explained at step 1 ($\rho R^2=.001$, $p=.682$). There was no main effect for the feminine gender role on help-seeking attitude.

Table 7 summarizes the results of the first regression with the gender role category of androgynous as the moderator variable. In step 1, past use of counseling was significant and positively related to help-seeking attitude. Past use of counseling was associated with higher levels of help-seeking attitude. At the first step, 12.4% of the variation in help-seeking attitude was explained by past use of counseling ($R^2=.124$, $p<.001$). In step 2, after controlling for past use of counseling, problem severity did not significantly predict help-seeking attitude. The variation in help-seeking attitude explained at step 2 was not significantly different from the variation in help-seeking attitude explained at step 1 ($\rho R^2=.021$, $p=.122$). At step 3, gender role (androgynous) was added to the regression already containing past use of counseling and problem severity. The regression equation was not significant. The variation in help-seeking attitude

explained at step 3 was not significantly different from the variation in help-seeking attitude explained at step 2 ($\Delta R^2=.021$, $p=.120$). The interaction term (problem severity X androgynous gender role) was entered at step 4. The regression equation was not significant. The variation in help-seeking attitude explained at step 4 was not significantly different from the variation in help-seeking explained at step 3 ($\Delta R^2=.025$, $p=.086$). Adding the interaction term to the model did not explain any additional variation in help-seeking attitude. These results suggest that the androgynous gender role may not moderate the relationship between problem severity and help-seeking attitude

Table 8 summarizes the results of the second regression with the gender role category of androgynous as the moderator variable. In step 1, past use of counseling was significant and positively related to help-seeking attitude. Past use of counseling was associated with higher levels of help-seeking attitude. At the first step, 12.4% of the variation in help-seeking attitude was explained ($R^2=.124$, $p<.001$). In step 2, after controlling for past use of counseling, gender role (androgynous) did not significantly predict help-seeking attitude. The variation in help-seeking attitude explained at step 2 was not significantly different from the variation in help-seeking attitude explained at step 1 ($\Delta R^2=.027$, $p=.067$). There was no main effect for the androgynous gender role on help-seeking attitude.

CHAPTER 5: DISCUSSION

The overall goal of this study was to understand better what factors impact African American male college student help-seeking attitudes. With this in mind, this study examined gender role as a potential moderator of the relationship between problem severity and help-seeking attitude for African American male college students at predominantly White universities. African American college males at predominantly White universities were studied because research had found that they tend to have problems in this setting and do not succeed as well as others students (Wild & Wilson, 1998; Slater, 1994, Harper & Catching, 2005; Cross & Slater, 2000). Yet, African American males tend not to seek mental health services on predominantly White college campuses as a way to cope and/or improve their chances of success (Kirk, 1986; Thomas, 1985; Tomlinson & Cope, 1988; Blazina & Watkins, 1996; Good & Wood, 1995). Further, the study of within-group differences is needed on ethnic minorities, especially African Americans (Lee & Richardson, 1991).

An overview of the significant findings are discussed in this chapter. As a part of this discussion, expected and unexpected results will be presented and put into context. Ideas about how the measurement of gender role may have impacted the results will also be addressed. Other matters addressed in this chapter include the limitations of the study, and the implications this study has for practice and research.

Overview of Results

This study explored the relationship of problem severity and help-seeking attitude, while also considering how it is moderated by gender role. Three research hypotheses were tested:

1. Problem severity is positively related to help-seeking attitudes;
2. Gender role is related to help-seeking attitudes, with non-masculine gender roles having more positive help-seeking attitudes than the masculine gender role; and
3. Gender role moderates the relationship between problem severity and help-seeking attitude.

In the preliminary analysis, past use of counseling was found to have a significant correlation with help-seeking attitude. As a result of this finding, past use of counseling was included in the regression model so that it could be controlled for in the analyses.

The first two hypotheses, that help-seeking attitude is related to problem severity and gender role, were not supported by the results. A main effect for problem severity and gender role was not found. However, the third hypothesis that gender role would moderate the relationship between problem severity and help-seeking attitude was partially supported by the results. The results indicated that the masculine gender role moderated the relationship between problem severity and help-seeking attitude. Results did not find that the feminine or androgynous gender roles moderated the relationship between problem severity and help-seeking attitude. Regarding the masculine gender role, the results specifically indicated that for African American males the effect of problem severity on help-seeking attitude is weaker when the person identifies with the masculine

gender role category. A main effect was also found for past use of counseling indicating that past use of counseling is related to more positive attitudes about seeking help. These findings are important as they give guidance for developing interventions to address the problem of underutilization of mental health services by African American male college students.

Problem Severity and Help-seeking Attitudes

For the African American males in this study, higher scores on the variable problem severity were not predictive of positive help-seeking attitudes. This result was unexpected but not surprising. The results were unexpected because past studies with African American students found a relationship between the two variables. Bonner (1997) found that there was a strong correlation between degree of problem and positive attitudes toward counseling. Tomlinson and Cope (1988) found that individuals who sought services reported their concerns as extreme in severity. This relationship between problem severity and help-seeking attitude was also found by Thorn & Sarata (1998); Campbell (2003); and Lucas & Berkel (2005). The contradictory findings of this dissertation suggest a need for further research on the relationship between problem severity and help-seeking attitude.

The lack of relationship between problem severity and help-seeking attitude could also be the result of a cultural distrust of counseling by African American males and a belief by African Americans that you go to nonformal support (i.e., family or friends) to solve problems (Parham and Parham, 2002). Hines and Boyd-Franklin (1996) noted that African Americans usually rely on those within their natural support system, often viewing counseling as inappropriate. It could be that regardless of problem severity level,

African Americans, as a group, have a negative view toward disclosing their personal problems in counseling; thus for this population problem severity does not predict help-seeking attitude.

Another plausible explanation for the lack of significant relationship found between problem severity and help-seeking attitude is that, for this population, the level of problem severity does not predict their help-seeking attitude. This explanation suggests that other factors besides problem severity predict help-seeking attitudes for African American college males. Based on this reasoning, other factors need to be explored as possible predictors of help-seeking attitudes for this population.

When interpreting the finding regarding the relationship between problem severity and help-seeking attitude, a final factor to consider is the scale used to measure problem severity and help-seeking attitude. The Personal Problem Inventory (PPI) was used to measure problem severity in this study. There may be specific characteristics of the PPI that impact these results. It is also important to note that the average (mean) score on the PPI for this study was relatively low. Scores on this instrument can range from 20 to 120. The average score for this study was 38.36, indicating that the participants reported their problem severity level to be minimal. This relatively low average score may have been why the relationship between problem severity and help-seeking was not significant. The instrument used to measure help-seeking was the Attitudes Toward Seeking Professional Psychological Help (ATSPPH). In this study, the internal consistency estimates (cronbach alphas) for ATSPPH were adequate; however, they were not as high as they have been in other studies. Future research on African American males should examine the relationship between problem severity and help-seeking attitude with other measures.

In summary, this study did not find a significant relationship between problem severity and help-seeking attitude. These results, although not significant, are helpful. Future research on African American males is needed to understand why these results were not consistent with past research that found a relationship between these two variables. Future research on African American males should also explore informal sources of support for this population.

Gender Role and Help-seeking Attitudes

For the African American males in this study, gender role (masculine, feminine, and androgynous) was not predictive of help-seeking attitudes. This finding was unexpected and puzzling because of the attitudes associated with the various gender role categories. There is a significant body of research and literature that suggests that gender role is related to help-seeking attitudes (Addis & Mahalik, 2003; Good, et al., 1989; Roberson & Fitzgerald, 1992; Berger, Levant, McMillan, Kelleher, & Seller, 2005; Komiya, Good, & Sherrod, 1999; Blazina & Watkins, 1996; Good & Wood, 1995). Specifically, this research suggested that various aspects of traditional masculinity (e.g., restricted emotionality, for one) are related to negative attitudes about help-seeking.

Although the results regarding gender role as a predictor of help-seeking were not significant ($p < .05$), one of the gender role categories did approach significance. As noted in the Results section, the androgynous gender role variable had a p value of .067. These results suggest that gender role should be explored as a predictor of help-seeking attitude in future research with African American men.

The lack of significance related to this finding could also reflect a limitation in the generalizability of gender roles/masculine role socialization paradigm. If this finding is

accurate, gender role may not impact perceptions and decision making as much as researchers believe. Addis and Mahalik (2000) noted that the gender role paradigm is limited in its ability to account for the reason why some men seek help under some conditions for certain problems but not for other problems. This suggests that men may engage in behavior consistent with the traditional masculine gender role, depending on the context.

Another factor to consider when interpreting these results is that much of the gender role paradigm research is based on White male college students (Addis & Mahalik, 2000). Few studies in this area have involved samples only of African American men. The uniqueness of the African American male gender role attitudes and masculinity, in contrast to White male gender role attitudes (Majors & Billson, 1992; Hooks, 2004; Paniagua, 1998), may limit the applicability of the gender role paradigm and its research to African American men. African American men may have different ideas about how to cope with problems in their lives, that may impact their help-seeking attitudes.

Another plausible explanation for the lack of significant relationship found between gender role and help-seeking attitude is that, for this population, their gender role does not predict their help-seeking attitude. This explanation suggests that other factors besides gender role predict help-seeking attitudes for African American college males. Based on this reasoning, other factors need to be explored as possible predictors of help-seeking attitudes for this population.

A final factor to consider when interpreting the results on the relationship between gender role and help-seeking attitude is the instrument used to assess gender role. The Bem Sex Role Inventory (BSRI) was used to assess gender roles in this study. Although the BSRI fit the needs of this study, based on the uniqueness of African American male

masculinity and the range of gender roles that the BSRI assess, the BSRI has been criticized as outdated in its conceptualization of gender roles and for the way it categorizes individuals (Lantz & Schroeder, 1999). Future researchers on African American male masculinity and help-seeking attitudes should consider using other measures of gender role and help-seeking attitude in order to rule out instrument issues. The Personal Attributes Questionnaire (PAQ) is similar to the BSRI in that it assesses the full range of gender roles (masculinity, femininity, etc.); however, it does not have the long history of use as does the BSRI (Hoffman, 2001). Another more commonly used alternative to the BSRI in the area of gender role research is the Gender Role Conflict Scales (GRCS-I and GRCS-II). These instruments assess a man's difficulties in life that result from adapting the traditional masculine gender role. This instrument has been used extensively in the research on gender role; however, it only looks at a limited aspect of gender role. Despite these limitations, the use of these instruments in research on African American males would add to the understanding of African American male masculinity.

Gender Role, Problem Severity, and Help-seeking Attitude

The hypothesis that gender role would moderate the relationship between problem severity and help-seeking attitude was partially supported by the results. The masculine gender role was found to moderate this relationship; however, the same was not found for the feminine and androgynous gender roles. Although the results regarding the feminine and androgynous gender roles as moderators did not meet significance, they did approach significance.

Regarding the masculine gender role, the results specifically indicated that for African American males, the effect of problem severity on help-seeking attitude is weaker

when a person identifies with the masculine gender role category. Although it was expected that the masculine gender role would moderate the relationship between problem severity and help-seeking attitude, the way it moderated the relationship was unexpected but not surprising. It was hypothesized that problem severity would be more important to the African American men who identify with the masculine gender role (e.g., they would have more positive help-seeking attitudes if their problem severity were high). These results indicate that for traditionally masculine African American men problem severity has little impact on their help-seeking attitudes. This suggests that these individuals would not consider seeking out help, whether they have minor problems or even when their lives are falling apart. These results make sense when one recognizes that counseling may not be an acceptable way of dealing with problems for some individuals, (e.g., African American men who identify with the masculine gender role). This idea has been supported in the research examining the relationship between problem severity, traditional masculine attitudes, and help-seeking attitudes. Blazina and Watkins (1996) and Good and Wood (1995) found that individuals who held negative attitudes toward help-seeking were emotionally restricted (which is associated with traditional masculine attitudes and the masculine gender role) and had a decrease in psychological well-being. Literature on the African American male perception of counseling also supports these findings. June (1986) noted that African American men view the use of counseling as being unmasculine and a sign of weakness. Lee and Bailey (1997) further supported this conclusion by arguing that many African American men view the counseling process as just one more infringement on African American manhood. These findings suggest that getting traditionally masculine African American men into counseling will require more effort than just helping them recognize they have problems in their lives.

It is not clear why the feminine and androgynous gender role variables did not moderate the relationship between problem severity and help-seeking attitude. Although results regarding the feminine and androgynous gender role variables as moderator did not support the moderator hypothesis, their findings deserve comment. The results regarding feminine and androgynous gender role variables as moderator were not significant ($p < .05$), but they did approach significance. As noted in the Results section, the feminine gender role variable had a p value of .159 and the androgynous gender role variable had a p value of .067. These results suggest that the gender roles of feminine and androgynous should be explored as moderators of problem severity and help-seeking attitude in future research with African American men.

There are many reasons why the feminine and androgynous gender role variables were not significant as moderators of help-seeking attitude. A factor to consider is the sample size for each of the BSRI categories. The masculine category had the largest number of participants identify with it, followed by the androgynous, with the feminine gender role category having the smallest number. As noted in the previous paragraph, the androgynous gender role variable came very close to being significant ($p = .067$), followed by the feminine gender role group ($p = .159$). These numbers suggest that if the sample size was larger, significant results may have been found for these gender role categories (Shavelson, 1986).

Other factors, noted earlier, that need to be considered here include possible limitations of the gender-role paradigm and how problem severity was measured. As noted earlier, these results could reflect a limitation in the generalizability of the gender-role paradigm. Much of the research exploring the relationship between gender role and help-seeking attitude has linked traditional masculinity or aspects of traditional

masculinity with negative help-seeking attitudes (Good, et al., 1989; Roberson & Fitzgerald, 1992; Berger, et al., 2005; Komiya, Good, & Sherrod, 1999; Blazina & Watkins, 1996; Good & Wood, 1995). However, there are fewer studies linking androgyny and femininity to positive help-seeking attitudes. Thus, the lack of significant findings regarding the androgynous and feminine gender roles in this dissertation may be related to the lack of studies linking androgyny and femininity to positive help-seeking attitudes. Further, the uniqueness of African American male masculinity may add to the limitations of the paradigm. In sum, results of this study, and results of other studies on the topic of gender roles, suggest that there may be limitations to the generalizability of the gender-role paradigm, especially to African American males. When interpreting the current findings, a final factor needing consideration is the instruments used to measure the variables of interest in this study. Future research on African American males should examine problem severity, gender role, and help-seeking attitudes with other measures.

Strengths and Limitations

There are several strengths and limitations to this research study. Among the limitations should be noted the sampling procedure that consisted partially of students who participated in the various programs and of groups associated with specific university offices (i.e., the Office of Racial and Ethnic Student Affairs, and Office of Multicultural Development). There may be important differences between those who chose to participate in the various services/programs associated with these offices and those who did not. Another limitation in the sampling procedure is that the participants came from two Midwest, predominately White, public institutions. The population of African American males at these institutions may be different from the African American

males on other predominately White college campuses or at private colleges. For example, the counseling center at one institution has a unique counseling program geared specifically to the needs of minority and international students, and thus may affect the help-seeking attitudes of African American males on that campus. Overall a larger, more diverse, sample is needed in future research. Each of the above items could be a threat to the external validity of the study.

The design, by definition, has limitations. Correlation field designs are known for low internal validity and a lack of experimental control. Also they are limited in the ability to make causal statements concerning the effects of predictor variables on criterion variable. Other limitations include the use of self-reports and convenience sampling: self-reported data may be biased and/or inaccurate; a convenience sample can be problematic because the findings from college students or students associated with specific universities/programs may not be generalizable to other samples, thus affecting the external validity of this study. There are also limitations based on the measures used to assess the constructs under investigation. The Ben Sex-Role inventory has been criticized on several issues (i.e., its theoretical rationale, score interpretation, and so forth.), yet it is the most commonly used measure in all areas of gender-related research (Hoffman, 2001). The instrument used to assess help-seeking attitude also has limitations. Scores on the Attitudes Toward Seeking Professional Psychological Help (ATSPPH) may not predict actual help-seeking behavior.

Many strengths are related to this study. Correlation field designs are known for high external validity/applicability. Use of continuous variables in the study maximized the variability of key constructs. Much of the interaction with the participants was standardized which helps limit experimenter error and bias. African American male

students from two different college campuses were studied: (1) an urban commuter campus with 24,000 students with an open admissions policy, and (2) a large residential campus with over 40,000 students situated in a community just outside of an urban city with a selective admission process. The sample allowed for a greater variety of perspectives to be studied within this population. Applied implications of this study offer practitioners new insight into the help-seeking attitudes of African American males. The largest benefit is the possibility of having a better understanding of how problem severity interacts with gender role to affect the help-seeking attitude of African American males in college. This data will aid in creating more appropriate outreach programs to meet better the needs of the African American male student.

Implications and Suggestions to Address the Current Situation

Applied implications of this study offer practitioners additional insight into the help-seeking attitudes of African American males and give ideas for addressing their underutilization of mental health services. The findings of this study indicated that practitioners cannot assume that African American male students in college seek counseling when they experience problems. African American male students may continue to hold negative help-seeking attitudes even when they recognize that they have problems and their lives maybe falling apart. These findings suggest that practitioners need to focus less on getting African American male students to recognize that they have a problem and focus more on what is preventing them from going for counseling. With these ideas in mind, there are several implications of this study.

Counseling centers need to take greater action to make therapy more attractive to African American men. Specific suggestions and interventions are noted in the literature

that counseling centers can employ to reach out to African American male students and make therapy more attractive to African American men. Many of these suggestions were originally written for African Americans, men in general, or African American men. Regardless of their origin, they are being discussed here because I believe they may be helpful in attracting more African American men to counseling.

Interventions directly related to the results of this study include: using a seeking-mode of service delivery, using an aggressive outreach approach, and developing relationships with the community. I recommend that counseling centers develop a “seeking-mode” of service delivery, rather than the traditional waiting mode of service delivery, as the seeking mode of service delivery may be more effective in attracting African American male clients. The “seeking mode” of delivery is similar to community mental health, where services more often take place outside the counselor’s office. This approach also emphasizes societal and environmental variables more often compared to the waiting mode of service delivery (June 1986; Bonner 1997).

An aggressive outreach approach will be an important component of the seeking-mode of service delivery. Students identified as being at-risk could be required to have periodic contact with their academic advisors. These academic advisors should be trained as counselors. Further, the counseling center needs to develop a good relationship with the other departments and programs that African American males utilize (e.g., multicultural affairs, financial aid, career services) so that they will refer African American males for counseling when needed. The university counseling center could and should send counselors out in the university community in areas where African American male students frequent (e.g., the residence halls, fraternities). Counselor centers might also want to assign counselors as liaisons to the residence halls and the athletic

department to work with African American male students. As part of this outreach, the counseling center should assist African American student groups with activities and programming. This will make the staff more visible to African American male students. The counseling center staff should make it a point to develop relationships with the African American community (Bonner, 1997).

If we are successful in getting more African American men into therapy we need to keep them coming, accordingly the following interventions are suggested: having a diverse staff; applying knowledge of multicultural counseling and Black psychology; working to eliminate the stigma of counseling and constructing a positive atmosphere in the office environment.

Based on these suggestions, I recommend that university counseling centers attend to the counseling center environment. A key part of this is the staff. Counseling centers need to have a diverse staff. To achieve this, more African Americans and other people of color need to be trained as mental health professionals. It is also important for a diverse counseling staff to apply knowledge of multicultural counseling and Black psychology in their clinical work (June, 1986; Bell, 1996; Thorn & Sarata, 1998). When these interventions are applied, it suggests an atmosphere where diversity is appreciated. Something that is often overlooked in this atmosphere is construction of a positive atmosphere in the office environment. The office environment should be designed to help the African American male feel welcome and this involves both making sure the office is a gender-neutral environment and adjusting therapy to fit the different style of male interaction (Greer, 2005). Some African American males prefer more directive therapy, where the therapist functions as a teacher and model, confronting clients to help them improve their lives (Okonji, Ososkie, & Pulos, 1996). It is also important to have in the

office magazines and brochures that interest males (Greer, 2005). Each of the interventions previously noted will help to reduce the stigma of the counseling process, which should be a priority for the counseling center (June, 1986).

Counseling centers might consider other interventions that include focusing on the marketing of counseling services. Use materials that remind men they are not weak for seeking help (e.g., the Real Men Real Depression campaign posters by the National Institute of Mental Health). Part of this new marketing strategy could include adjusting the language that mental health professionals use with African American men (e.g., using the term “consultation” or “meeting” instead of “counseling”). While changing the marketing strategies, counseling centers and the mental health profession also need to reach males at a younger age by working with parents to change the way African American boys are socialized to cope with problems. Young African American men need to be helped to realize that expressing feelings is appropriate. African American men also need to be taught that utilizing resources when one needs assistance is a strength rather than a weakness. Other ideas include bringing African American men in for help by using services they find less threatening (e.g., career counseling and educational counseling). Each of these interventions attempt to reach the African American male, despite his negative ideas about seeking help.

Implications for Future Research

Although, only one of the three research hypotheses was supported in this study, the study has many research implications. Theoretically, the results of this study were similar to, as well as different from, past research on gender roles. The significant results

about the masculine gender role moderating the relationship between problem severity and help-seeking attitudes are consistent with past research on traditional masculinity. These results indicate that for traditionally masculine African American men, problem severity has little impact on their help-seeking attitudes. This suggests that these individuals would not consider seeking help, whether they have minor problems or critical problems. Future research needs to explore what factors keep these men from considering counseling. One promising line of research examined the use of interventions consistent with traditional masculine attitudes. Roberson and Fitzgerald, (1992) found that men with traditional masculine attitudes reacted more positively to interventions consistent with the masculine socialization processes. This data suggested that it is possible to adjust outreach to attract more men (especially traditional masculine men) to counseling. Qualitative research would be helpful detailing the experiences of African American male students in college and showing how these men cope.

The nonsignificant findings of this study also offer ideas for future research. The divergence in findings can be seen in two important ways. First, the divergence may offer new insight into the generalizability of the gender-role paradigm to the coping and decision making of African American male clients. Results of this study neither found a relationship between problem severity and help-seeking attitudes, or gender role and help-seeking attitudes. The results also did not find that the feminine or androgynous gender role moderated the relationship between problem severity and help-seeking attitudes. These results run counter to the available research and literature. This suggests that other factors may play a larger role in the help-seeking attitude for African American male students. Various African American cultural values may be some of these factors that impact help-seeking attitude (Hines & Boyd-Franklin, 1996). The uniqueness of the

African American male masculinity may be a factor that impacts help-seeking attitude and various personal factors may also be important given the significant relationship found between some of the demographic variables (past use of counseling) and help-seeking attitudes. More research is needed on African American males to find out what these factors are and how they impact help-seeking attitudes. Second, the divergence may also suggest the need for more research on the relationship between gender role and help-seeking attitude. As noted in the introduction, there is a paucity of research on the relationship between gender role and help-seeking attitudes for African American males.

A final research implication based on both the convergent and divergent findings is the need to replicate this study with other measures of gender role, problem severity, and help-seeking attitude. Despite the strengths of the Bem Sex-Role Inventory, some studies suggested that current college students view the gender related items on the BSRI differently than college students in the 1970's (Hoffman and Borders, 2001). Since the development of the BSRI in 1974, other measures have been developed and used in research. Some of these measures include the Personal Attributes Questionnaire (PAQ) and the Gender Role Conflict Scales (GRCS-I and GRCS-II). Replication of this study with one of these other measures will add to our understanding of gender role and the various ways it can be assessed.

Conclusions

African American male college students (in general) are not succeeding as well as others on predominately White college campuses. Despite the problems and lack of success for African American male college students, they tend to underutilize mental health services. Research suggests the psychological construct of gender role moderates the relationship between problem severity and help-seeking attitudes. The results of this study found that gender role, specifically the masculine gender role, moderates the relationship between problem severity and help-seeking attitudes for African American male college students.

The study demonstrated that for African American males the effect of problem severity on help-seeking attitude is weaker when a person identifies with the masculine gender role category (associated with traditional masculine attitudes). These results indicate that for traditionally masculine African American men, problem severity has little impact on their help-seeking attitudes. This suggests that these individuals would not consider seeking help, whether they have minor problems or critical problems. This idea has been supported in the research and literature. The results of this study also suggest that there may be limitations to the generalizability of gender-role paradigm, especially to African American males. The significant and nonsignificant results of this study suggested the need for additional research on the gender role and help-seeking attitudes of African American male students who are in college. Applied implications of this study offer practitioners additional insight into the help-seeking attitudes of African American males and ideas for addressing the underutilization of mental health services by this population.

APPENDICES

APPENDIX A

TABLES

Table 1

Cronbach Alpha Coefficients Measuring Internal Reliability of Measures (N = 108 - 112)

Instrument	α
Attitudes Toward Seeking Professional Psychological Help	.65
Personal Problems Inventory	.82
Bem Sex-Role Inventory	.87
Masculine Scale	.80
Feminine Scale	.85

Table 2

**Means, Standard Deviations, and Correlations of Predictors and Outcome Variables
(N = 108 – 116)**

Variable	M	SD	1	2	3	4	5	6
1. Help-seeking Attitude	45.96	9.14	--	-.09	-.08	.07	.15	-.13
2. Problem Severity	38.36	11.50		--	-.00	.11	-.15	.13
3. Masculine Gender Role	.39	.49			--	-.20*	-.59**	-.39**
4. Feminine Gender Role	.06	.24				--	-.19*	-.13
5. Androgynous Gender Role	.35	.48					--	-.37**
6. Undifferentiated Gender Role								--

*p<.05, **p<.01

Table 3

Summary of Hierarchical Regression Analysis for Problem Severity & Gender Role (Masculine) Predicting Help-Seeking Attitude. (N = 108-116)

	Variable	B	SE B	β
Step 1				
	Past Use of Counseling	8.660	2.280	.352***
Step 2				
	Past Use of Counseling	9.110	2.280	.370***
	Problem Severity	-.116	.074	-.145
Step 3				
	Past Use of Counseling	9.040	2.280	.369***
	Problem Severity	-.116	.074	-.145
	Masculine Gender Role	-1.320	1.740	-.071
Step 4				
	Past Use of Counseling	8.730	2.260	.335***
	Problem Severity	-.092	.074	-.116
	Masculine Gender Role	-1.330	1.700	-.071
	Problem Severity x Masculine Gender Role	-.286	.146	-.181*

Note. $R^2 = .124$ for Step1; $\rho R^2 = .021$ for Step 2 (n.s.); $\rho R^2 = .005$ for Step 3 (n.s.); and $\rho R^2 = .032$ Step 4 ($p < .05$).

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 4

Summary of Hierarchical Regression Analysis for Gender Role (Masculine) Predicting Help-Seeking Attitude (N = 112-116)

Variable		B	SE B	β
Step 1				
	Past Use of Counseling	8.660	2.190	.352***
Step 2				
	Past Use of Counseling	8.630	2.200	.351***
	Masculine Gender Role	-1.320	1.670	-.071

Note. $R^2 = .124$ for Step1; and $\rho R^2 = .005$ for Step 2 (n.s.).

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 5

Summary of Hierarchical Regression Analysis for Problem Severity & Gender Role (Feminine) Predicting Help-Seeking Attitude. (N = 108-116)

Variable		B	SE B	β
Step 1				
	Past Use of Counseling	8.660	2.280	.352***
Step 2				
	Past Use of Counseling	9.110	2.280	.370***
	Problem Severity	-.116	.074	-.145
Step 3				
	Past Use of Counseling	9.020	2.290	.367***
	Problem Severity	-.120	.075	-.150
	Feminine Gender Role	1.990	3.560	.052
Step 4				
	Past Use of Counseling	8.830	2.280	.359***
	Problem Severity	-.129	.075	-.162
	Feminine Gender Role	4.510	3.970	.118
	Problem Severity x Feminine Gender Role	-.529	.373	-.146

Note. $R^2 = .124$ for Step1; $\rho R^2 = .021$ for Step 2 (n.s.); $\rho R^2 = .003$ for Step 3 (n.s.); and $\rho R^2 = .017$ Step 4 (n.s).

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 6

Summary of Hierarchical Regression Analysis for Gender Role (Feminine) Predicting Help-Seeking Attitude (N = 112-116)

	Variable	B	SE B	β
Step 1	Past Use of Counseling	8.660	2.190	.352***
Step 2	Past Use of Counseling	8.580	2.210	.349***
	Feminine Gender Role	1.410	3.440	.037

Note. $R^2 = .124$ for Step1; and $pR^2 = .001$ for Step 2 (n.s.).

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 7

Summary of Hierarchical Regression Analysis for Problem Severity & Gender Role (Androgynous) Predicting Help-Seeking Attitude (N = 108-116)

	Variable	B	SE B	β
Step 1				
	Past Use of Counseling	8.660	2.280	.352***
Step 2				
	Past Use of Counseling	9.110	2.280	.370***
	Problem Severity	-.116	.074	-.145
Step 3				
	Past Use of Counseling	9.160	2.260	.373***
	Problem Severity	-.098	.074	-.123
	Androgynous Gender Role	2.760	1.760	.145
Step 4				
	Past Use of Counseling	9.060	2.250	.368***
	Problem Severity	-.097	.074	-.121
	Androgynous Gender Role	3.054	1.750	.160
	Problem Severity x Androgynous Gender Role	.266	.153	.158

Note. $R^2 = .124$ for Step1; $\rho R^2 = .021$ for Step 2 (n.s.); $\rho R^2 = .021$ for Step 3 (n.s.); and $\rho R^2 = .025$ Step 4 (n.s.).

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 8

Summary of Hierarchical Regression Analysis for Gender Role (Androgynous) Predicting Help-Seeking Attitude (N = 112-116)

		B	SE B	β
Step 1				
	Past Use of Counseling	8.660	2.190	.352***
Step 2				
	Past Use of Counseling	8.800	2.170	.358***
	Masculine Gender Role	3.110	1.680	.163

Note. $R^2 = .124$ for Step1; and $\rho R^2 = .027$ for Step 2 (n.s.).

* $p < .05$, ** $p < .01$, *** $p < .001$

APPENDIX B
INFORMED CONSENT

Informed Consent

You are invited to participate in a study being conducted by Dwaine Campbell, a doctoral level student from the College of Education, Department of Counseling and Educational Psychology and Special Education at Michigan State University, East Lansing, MI.

The purpose of this study is to learn more about the problems and help-seeking attitudes of African American males on predominately White college campuses. If you choose to participate in this study, you will be asked to complete a background questionnaire and three survey questionnaires at a convenient time and place for you. These surveys contain items about your personal concerns, gender role and willingness to seek help. There are no right or wrong responses to the items on the surveys. Individuals that choose to participate and *complete* the questionnaire will receive a one time payment of \$5.00. The time needed to complete all four questionnaires could range from 30-40 minutes.

Participation in the project is completely voluntary. If you agree to participate, you may refuse to answer any questions and may withdraw from the study at any time without penalty.

Your confidentiality will be protected throughout the study. All information that you provide and your identity will be treated with strict confidence, only known to the researcher. Any data obtained from you through the questionnaires will be kept confidential and will not be viewed by anyone but the researcher and his advisor. No names will appear on any of the questionnaires. Identifying information will not be linked to any research findings. Your privacy will be protected to the maximum extent allowable by law. All identifying information will be retained in a locked cabinet or other locked storage area. The data will be kept for seven years and will be destroyed upon completion of the project.

There are no anticipated benefits or risks to you as a participant, aside from helping us have a better understanding of the help-seeking attitudes of African American college males.

Please make sure that you have all of your questions answered before you sign this consent form. The investigator of this study is Dwaine S. Campbell, a doctoral student in counseling psychology at Michigan State University, working under the supervision of Professor Gloria S. Smith. If you have any questions about the research project or concerns that may be raised by participating in the study, you can contact him at (435 Erickson Hall, 517-896-9475, campbl24@msu.edu) or his advisor Dr. Smith at 517-355-8508.

This research project has been reviewed and approved by Michigan State University's University Committee on Research Involving Human Subjects. If you have any questions about your role and rights as a subject of research, contact Dr. Peter Vasilenko at 517-355-2180, email: ucrihs@msu.edu. If you have read the information above and consent to participate in this research study, please print and sign your name below.

I consent to participate in this project

(Name)

(Signature)

(Date Signed)

**African American Male College Student Help-seeking Attitude
As a Function of Problem Severity & Gender Role**

Informed Consent

This study is being conducted by Dwaine Campbell, a doctoral level student from the College of Education, Department of Counseling and Educational Psychology and Special Education at Michigan State University, East Lansing, Michigan.

The purpose of this study is to learn more about the problems and help-seeking attitudes of African American males on predominately White college campuses. Individuals that choose to participate in this study will be asked to complete a background questionnaire and three survey questionnaires at a convenient time and place for them. These surveys contain items about personal concerns, gender role and willingness to seek help. There are no right or wrong responses to the items on the surveys. Individuals that choose to participate and *complete* the questionnaire will receive a one time payment of \$5.00. The time needed to complete all four questionnaires could range from 30-40 minutes. Participation in the project is completely voluntary. Individuals that agree to participate may refuse to answer any questions and may withdraw from the study at any time without penalty.

All information provided and participant identity will be treated with strict confidence, only known to the researchers. No names will appear on any of the questionnaires. All data obtained through the questionnaires will be coded with designations (e.g., 1, 2, 3, etc.) in lieu of names, thereby being anonymous. Identifying information will not be linked to any research findings. Participant privacy will be protected to the maximum extent allowable by law. All information will be retained in a locked cabinet or other locked storage area. The data will be kept for seven years and will be destroyed upon completion of the project. There are no anticipated benefits or risks as a participant, aside from helping us have a better understanding of the help-seeking attitudes of African American college males.

Please make sure that you have all of your questions answered before you sign this consent form. The investigator of this study is Dwaine S. Campbell, a doctoral student in counseling psychology at Michigan State University, working under the supervision of Dr. Gloria S. Smith. Questions about the research project or concerns that may be raised by participating in the study should be directed to Dwaine S. Campbell at 306 Simmons Hall, 330-972-7082, campb124@msu.edu or his MSU advisor (Dr. Smith) at 440 Erickson Hall, 517-355-8508, gsmith@msu.edu, or University of Akron supervisor (Dr. Julia Phillips) at 306 Simmons Hall, 330-972-7082, julia7@uakron.edu.

This research project has been reviewed and approved by The University of Akron's Institutional Review Board. If you have questions or concerns regarding your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may call Sharon McWhorter, University of Akron's Associate Director for Research Services at (330) 972-7666 or 1-888-232-8790. You may also contact – anonymously, if you wish – Peter Vasilenko, Ph.D., Michigan State University's Chair of the University Committee on Research Involving Human Subjects (UCRIHS) by phone: (517) 355-2180, fax: (517) 432-4503, e-mail: ucrihs@msu.edu, or regular mail: 202 Olds Hall, East Lansing, MI 48824. If you have read the information above and consent to participate in this research study, please print and sign your name below.

(Name)

(Signature)

(Date)

APPENDIX C
DEMOGRAPHIC QUESTIONNAIRE

Demographic Questionnaire

Thank you for deciding to participate in our project. The following questions ask about your background. Please circle the appropriate letter under each of the items below or enter the correct information in the blank spaces that are provided.

-
- 
-
1. How old are you? _____ years

 2. How many semesters have you completed at college? (don't count the current semester, put 0 if you are a first semester student) _____ Semesters

 3. Enrollment level:
A) Full Time (12 or more credit hours)
B) Less than Full time (11 or less credit hours)

 4. Please indicate your cumulative (overall) undergraduate grade point average: (write NA if you don't have a GPA yet) _____ GPA (4.0 scale)

 5. Relationship status:
C) Single, currently not dating
D) Single, dating many individuals
E) Single, dating or partnered in a committed relationship
F) Married
G) Divorced
H) Separated
I) Widowed

*****The following questions 6- 8 ask about your MOTHER or the person who is or was the primary female caregiver in your family (If these questions do not apply write NA next to the question).

6. How much education has she completed?
(A) less than high school
(B) high school degree (or GED)
(C) post high school (e.g., trade, technical, secretarial)
(D) some college (e.g., one year, associate's degree)
(E) completed college (e.g., bachelor's degree)
(F) some graduate or post-bachelor's training
(G) completed graduate or post-bachelor's training
(H) Don't know

7. What is her current employment status?
- (A) she works full-time
 - (B) she works part-time (less than 30 hours per week)
 - (C) she does not work outside the home because she is employed full-time in home-making
 - (D) she does not work because she is laid off or unemployed
 - (E) she does not work because she is disabled
 - (F) she does not work because she is retired
 - (G) other (describe)_____
 - (H) Don't know
8. If applicable, what is her current occupation?
- (Please name job or describe what she does or did, even if she is laid off, disabled, or retired.)
-

*****The following questions 9 – 11 ask about your FATHER or the person who is or was the primary male caregiver in your family (If these questions do not apply write NA next to the question).

9. How much education has he completed? (please circle)
- (A) less than high school
 - (B) high school degree (or GED)
 - (C) post high school (e.g., trade, technical, secretarial)
 - (D) some college (e.g., one year, associate's degree)
 - (E) completed college (e.g., bachelor's degree)
 - (F) some graduate or post-bachelor's training
 - (G) completed graduate or post-bachelor's training
 - (H) Don't know
10. What is his current employment status?
- (A) he works full-time
 - (B) he works part-time (less than 30 hours per week)
 - (C) he does not work outside the home because he is employed full-time in home-making
 - (D) he does not work because he is laid off or unemployed
 - (E) he does not work because he is disabled
 - (F) he does not work because he is retired
 - (G) other (describe)_____
 - (H) Don't know

11. If applicable, what is his current occupation?
(Please name job or describe what he does or did, even if he is laid off, disabled, or retired.)

12. Please circle the number next to your current living situation while attending college:

- (A) live on campus in a residence hall
- (B) live in a fraternity or sorority
- (C) live off-campus in an apartment or house (includes Married Student Housing)
- (D) live off-campus with parent(s)
- (E) cooperative house

13. Identify the sources of your financial support (circle all that apply):

- A) Self
- B) Spouse or Partner
- C) Parents
- D) Loan
- E) Grant
- F) Scholarship
- G) Fellowship
- H) Other: _____

14. During the Past 12 months have you participated regularly in any of the following activities? (Check all that apply)

- | | | |
|--|---|---|
| A. Student Government | Y | N |
| B. A regular fitness program | Y | N |
| C. Religious affiliation or spiritual discipline | Y | N |
| D. Membership in a Greek organization | Y | N |

15. How many official organizations are you involved with at school (for example, clubs, athletics, fraternities/sororities, etc.)? _____ organizations

16. Have you ever used psychological counseling services? Y N

17. If you have used psychological counseling services, were you satisfied? Y N

18. Where do you go to school?

- A) The University of Akron
- B) Michigan State University

19. What is your ethnicity? _____

20. Use the numbers (4-Strongly agree, 3-Somewhat agree, 2-Somewhat disagree, 1-Strongly disagree) to indicate how much you agree or disagree with the following statement.

"I have a strong sense of belonging to my own ethnic group" _____ (number)

APPENDIX D

PERSONAL PROBLEMS INVENTORY

PERSONAL PROBLEMS INVENTORY

Listed below are several concerns that you may or may not have. Please indicate to what extent each of these concerns is currently a problem for you by circling the appropriate number on the scale next to each item

SCALE

	Not at all a problem		Moderate problem		Very significant problem	
	1	2	3	4	5	6
1. General anxiety.....						
2. Alcohol use.....						
3. Shyness.....						
4. Sexual functioning.....						
5. Depression.....						
6. Conflicts with parents.....						
7. Speech anxiety.....						
8. Dating difficulties.....						
9. Career Choice.....						
10. Insomnia.....						
11. Drug use.....						
12. Inferiority feelings.....						
13. Test anxiety.....						
14. Difficulties making friends....						
15. Trouble studying						
16. Academic performance.....						
17. Financial matters.....						
18. Alienation — not belonging....						
19. Adjustment to college.....						
20. Loneliness/isolation.....						

Now, indicate your willingness to see a professional counselor/psychologist about each of the list concerns, REGARDLESS OF WHETHER OR NOT IT IS CURRENTLY A PROBLEM FOR YOU. Indicate your willingness by circling the appropriate number on the scale next to each item.

SCALE

	Not at all willing		Somewhat willing		Very willing	
1. General anxiety.....	1	2	3	4	5	6
2. Alcohol use.....	1	2	3	4	5	6
3. Shyness.....	1	2	3	4	5	6
4. Sexual functioning.....	1	2	3	4	5	6
5. Depression.....	1	2	3	4	5	6
6. Conflicts with parents.....	1	2	3	4	5	6
7. Speech anxiety.....	1	2	3	4	5	6
8. Dating difficulties.....	1	2	3	4	5	6
9. Career Choice.....	1	2	3	4	5	6
10. Insomnia.....	1	2	3	4	5	6
11. Drug use.....	1	2	3	4	5	6
12. Inferiority feelings.....	1	2	3	4	5	6
13. Test anxiety.....	1	2	3	4	5	6
14. Difficulties making friends....	1	2	3	4	5	6
15. Trouble studying	1	2	3	4	5	6
16. Academic performance.....	1	2	3	4	5	6
17. Financial matters.....	1	2	3	4	5	6
18. Alienation — not belonging....	1	2	3	4	5	6
19. Adjustment to college.....	1	2	3	4	5	6
20. Loneliness/isolation.....	1	2	3	4	5	6

APPENDIX E

**ATTITUDES TOWARD SEEKING PROFESSIONAL
PSYCHOLOGICAL HELP**

Attitudes Toward Seeking Professional Psychological Help
(Fischer & Turner, 1970)

Read each statement carefully and indicate your agreement or disagreement by using the scale below. Please express your honest opinion or feeling about each statement.

Disagree	Probably Disagree	Probably Agree	Agree
0	1	2	3

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

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

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

_____ 4. A person with a strong character can get over mental conflicts by himself or herself and would have little need of a psychologist.

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

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

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

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

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

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

_____ 11. A person with a serious emotional disturbance would probably feel most secure in a good mental hospital.

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

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

Disagree	Probably Disagree	Probably Agree	Agree
0	1	2	3

- _____ 14. Having been a psychiatric patient is a blot on a person's life.
- _____ 15. I would rather be advised by a close friend than by a psychologist, even for an emotional problem.
- _____ 16. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.
- _____ 17. I resent a person -- professionally trained or not -- who wants to know about my personal difficulties.
- _____ 18. I would want to get psychological attention if I were worried or upset for a long period of time.
- _____ 19. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.
- _____ 20. Having been mentally ill carries with it a burden of shame.
- _____ 21. There are experiences in my life I would not discuss with anyone.
- _____ 22. It is probably best not to know everything about oneself.
- _____ 23. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.
- _____ 24. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.
- _____ 25. At some future time, I might want to have psychological counseling.
- _____ 26. A person should work out his or her own problems; getting psychological counseling would be a last resort.
- _____ 27. Had I received treatment in a mental hospital, I would not feel that it had to be covered up.
- _____ 28. If I thought I needed psychological help, I would get it no matter who knew about it.
- _____ 29. It is difficult to talk about personal affairs with highly educated people such as doctors, teachers, and the clergy.

Scoring of the ATSPPH Scale
Attitudes Toward Seeking Professional Psychological Help

1. Several items on the scale should be reversed scored. The following items (numbers) on the scale should be reversed scored: 1, 3, 4, 6, 8-10, 13-15, 17, 19-22, 24, 26, and 29

2. For the above items only, instead of using the number initially used in responding, convert it to the following "reverse score."

Your Response		The Reverse Score
0	=	3
1	=	2
2	=	1
3	=	0

3. Add up the numbers for the entire scale. For all items not reverse scored, the ratings initially made will be totaled. This total will be added to the total of the reverse scores for the items that are designated in "1" above.

4. The total gives an indication of how willing someone is to seek professional help for a psychological problem. Different cutoffs apply for males and females.

	Males	Females
High (Very likely to seek help)	68+	75+
Medium (Somewhat likely)	44-67	52-74
Low	Below 44	Below 52

APPENDIX F
BEM SEX ROLE INVENTORY

Bem Sex Role Inventory (BSRI)
(Sandra L. Bem, 1974)

On the next page, you will find listed a number of personality characteristics. We would like you to use those characteristics to describe yourself, that is, we would like you to indicate, on a scale from 1 to 7, how true of you each of these characteristics is. Please do not leave any characteristics unmarked.

Example: sly

Write a 1 if it is never or almost never true that you are sly.

Write a 2 if it is usually not true that you are sly.

Write a 3 if it is sometimes but infrequently true that you are sly.

Write a 4 if it is occasionally true that you are sly.

Write a 5 if it is often true that you are sly.

Write a 6 if it is usually true that you are sly.

Write a 7 if it is always or almost always true that you are sly.

Thus, if you feel it is sometimes but infrequently true that you are “sly”, never or almost never true that you are “malicious,” always or almost always true that you are “irresponsible,” and often true that you are “carefree,” then you would rate these characteristics as follows:

Sly	3
Malicious	1

Irresponsible	7
Carefree	5

Bem Sex Role Inventory - Short Form

1	2	3	4	5	6	7
Never or almost never true	Usually not true	Sometimes but infrequently true	Occasionally true	Often true	Usually true	Always or almost always true

1. Independent	
2. Affectionate	
3. Reliable	
4. Dominant	
5. Compassionate	

*** The short form of the Bem Sex Role Inventory (BSRI) contains 30 items. The company that owns the BSRI (Mind Garden, Inc.) does not allow the entire BSRI to be included in a dissertation. They allow only five sample items to be included in a dissertation.**

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