Distress, Acculturation, and Beliefs About Psychological Services Among College Students

Louis A. Cornejo & Jeffrey T. Cookston

Family Interaction Research Lab, Department of Psychology, San Francisco State University

Introduction

Attitudes towards seeking psychological services have been widely studied since the 1970s. During that time, evidence has emerged that mental health services are currently underutilized within the college population (Leong, A. & Kim, H. W., & Gupta, A., 2011). Furthermore, individuals of Asian, Latino, and African American ancestry do not seek mental health services at the same rate as their nonminority counterparts (Birman, D., & Buki, L. P., 2003).

According to the theory of reasoned action, there is a strong link between attitudes and behavior (Ajzen, 1985). Thus, the attitude that people have regarding psychological services may help explain the likelihood of seeking mental health treatment because beliefs about receiving psychological services are correlated with the willingness to seek these services when needed (Vogel & Wester, 2003). Understanding the attitudes and beliefs about mental health services and the service utilization of individuals helps researchers gain insight into the various variables which may be related to seeking out these services. For example, individual factors such as age, gender, and prior counseling experience influence one’s attitudes about future service usage (Shechtman, Vogel & Maman, 2010; Fischer & Cohen, 1972; McConkey, 1992).

The goal of the present study is to investigate which factors influence the likelihood of individuals to seek psychological services and how psychological distress, acculturation and beliefs about psychological services are related. Furthermore, the main purpose of this project is to better understand the characteristics of people who hold positive beliefs regarding psychologists and the services they provide.

Hypotheses

H1: Women and participants with prior counseling experience will report more positive attitudes and beliefs about psychological services.

H2: Acculturation to the U.S. will significantly add to the regression model, because it will predict beliefs about psychological services.

H3: Acculturation will moderate the association among psychological distress and beliefs about psychological services.

Method

Participants

One hundred and six college students participated in the study. Participants were recruited from psychology classes at San Francisco State University (SFSU). The age of the sample ranged from 18 to 45 years old (M = 21.02, SD = 3.62). A majority of participants were female (69.2%) and had no prior personal counseling experience (50%). The sample consisted of African American (22%), Asian (27%), and Latino (20%) following the Multiracial (7%), African American (54%), and Middle Eastern (33%).

Procedure

A survey was completed online by participants who responded to a set questionnaires. To be eligible, participants had to be at least 18 years old. Participants were recruited through announcements in undergraduate psychology classes and from SONA online campus recruitment system. The participants had the option of receiving extra credit in their courses for participating in the survey.

Measure

Psychological Distress. The Brief Symptom Inventory (BSI; Derogatis, 1975) is a 53-item questionnaire that measures how distressing each item is ranked on a 5-point scale and respondents rate how much distress (0 = ‘Not at all’ to 4 = ‘Extremely’) they have experienced to various problems within the past 7 days. The questionnaire contains three global indices of psychological distress. We used the Global Severity Index (GSI) which measures current or past level of symptomatology. The GSI is the mean of all 53 items and a higher score indicates more psychological distress. Some examples of the items include comments about “Feeling depressed,” “Feeling inferior to others,” and “Feeling uneasy in crowds, such as shopping or at a movie.” The reliability ranged from α = .88 (somatization) to α = .88 (Depression) for the nine dimensions and α = .95 for the total GSI score.

Acculturation. The Abbreviated Multidimensional Acculturation Scale (AMAS-AB): Zew, M. C., Avenel-Beaufour, K. K., Birman, D., & Buell, L. P., 2003) is a 42-item questionnaire that measures acculturation to US society and one’s culture-of-origin. The AMAS-AB contains three subscales for both dimension: Identity, Language Competence, and Cultural Competence. We used total score for the US-American dimension and the Culture-of-origin dimension. Both totals are calculated by averaging each of subscales. Higher scores on the US-American dimension measures acculturation to the US and higher scores on the Culture-of-origin dimension indicates rejection of one’s native culture. Responses are ranked on a 4-point scale and participants rate how much they agree (1 = “Strongly disagree” to 4 = “Strongly agree”) with statements about feelings and beliefs related to acculturation and how familiar (1 = “Not at all” to 4 = “Extremely”) they are to both the US and their native culture. Some examples of the items include “Being American plays an important part in my life.” and “How well do you know national heroes from your native culture?” The reliability ranged from α = .88 (US-American) to α = .88 (Culture-of-Origin) Language Competence.

Beliefs about psychological services. The Beliefs About Psychological Services Scale (BAPS; Ægisdóttir, S., & Stigma Tolerance, and Expertness. Respondents were ranked on a 7-point scale and participants rate how much they agree (1 = “Strongly disagree” to 7 = “Strongly agree”) with beliefs related to psychologists and psychological services. We used the averages of the overall BAPS scores and the three subscales. Higher scores indicate a more positive view of psychologists and their services. Some examples of the items include “I would be willing to confide my intimate concerns to a psychologist.” “Going to a psychologist means that I am a weak person.” and “Because of their training, psychologists can help you find solutions to your problems.” The reliability ranged from α = .78 (Stigma Tolerance) to α = .98 for the BAPS mean.

Results

To test the first hypothesis, univariate analyses of variance were conducted with gender and prior counseling experience as independent variables and BAPS as dependent variables. We failed to find a statistically significant main effect based on gender, F(1, 81) = 8.30, p = .005 and prior personal counseling experience, F(1, 81) = 0.21, p = .650. There was no interaction among gender and prior counseling experience, F(1, 81) = 0.94, p = .329. Females with prior counseling experience (M = 4.83, SD = 0.89) reported more positive beliefs than males (M = 4.38, SD = 1.08).

For the Stigma Tolerance subscale, we also found a statistically significant main effect based on gender, F(1, 81) = 5.28, p < .05 and prior personal counseling experience, F(1, 81) = 0.21. However, there was no interaction among gender and prior counseling experience, F(1, 81) = 0.94, p = .329. Females with prior counseling experience (M = 4.50, SD = 0.82) reported more tolerance to stigmatized beliefs than males (M = 4.22, SD = 0.93).

For the Expertness subscale, we failed to find a statistically significant main effect based on gender, F(1, 81) = 3.44, p = .067 and prior personal counseling experience, F(1, 81) = 2.95, p = .112. There was also no interaction among gender and prior counseling experience, F(1, 81) = 1.59, p = .211.

To test the remaining hypotheses, Pearson correlations and hierarchical multiple regressions were conducted. The regression equations contained 5 steps in which included gender and prior counseling experience, the GSI and AMAS-AB total subscales, and the interaction between the two-AMAS-AB totals. The BAPS and AMAS-AB total subscales were centered in the regression models. See Table 1 for significant correlations among the measures and Table 2 for the predictive factors for beliefs about psychological services.

Discussion

Our findings demonstrate that psychological distress is positively related to intention to seek psychological services and negatively related to the stigma tolerance about such services. Participants who are experiencing high levels of distress may have a higher desire to seek out services in the future. However, actual service-utilization may not occur in the future because some participants may hesitate due to the stigma of seeking help from a psychologist nonetheless, overall positive beliefs about psychological services were positive to the three subscales of Intention, Stigma Tolerance, and Expertness.

As with previous studies related to attitudes and beliefs about psychological services, gender and prior counseling experience continue to play a role in service-utilization and overall positive beliefs. Females tend to hold higher positive beliefs and intention to seek psychological services in comparison to men, especially when they have previously experienced help from a psychologist. One explanation might be that men have a negative experience with psychological services and have no longer desire to have their issue resolved. Although the experience may not be the same for all individuals, women maintain their interest in such services. Future studies should not only assess participants’ beliefs, but also actual future behaviors in a repeated-measures design.

As we continue to collect more data, analyses with ethnicity will be conducted. It is also imperative that a non-college sample is recruited in future replications, since the external validity of the BAPS scale should be explored. In conclusion, research should start developing programs that increase the general population’s awareness of available psychological services and emphasize that psychologists are able to assist all individuals, regardless of ethnicity or background.

References


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