

## DOMINICAN COLLEGE STUDENTS' EXPERIENCES OF DISTRESS, HELP-SEEKING AND STIGMA

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The Dominican Republic has a population of over 10 million, from which an estimated 20% fall within the age range of 10 to 19 years old (OECD, 2012). The provision of education, particularly for Dominican youth, has been established as a long-term social and economic priority at the government level (OECD, 2012; Pimentel, 2002). Nevertheless, research suggests that education and health management in the Dominican Republic have been historically inadequate and insufficient (Schumacher, 2010; Vargas-Lundius, 1991). Further research is warranted to better understand Dominican students' mental health experiences as they attempt to succeed in formal learning environments (Schumacher, 2010).

Furthermore, psychological distress in college settings has been deemed a major challenge for students and higher education institutions alike (Baader et al., 2014; Gutiérrez Rodas et al., 2010; Kitzrow, 2009; Ross et al., 1999). Despite scholarly evidence that more and more students could benefit from accessing mental health services, low help-seeking rates continue to resurface in the literature (American College Health Association, 2009; Demyan & Anderson, 2012; Eisenberg et al., 2007). Previous findings suggest the likely interference of self- and social stigma in individuals' attitudes and intentions to seek psychological care for experiences of distress (Lienemann et al., 2013; Satcher, 2000; Vogel et al., 2013b).

Through the use of six measures and quantitative analyses, this study explores Dominican college students' ( $n = 280$ ) experiences of psychological distress, help-seeking attitudes, help-seeking intentions, self-stigma, and social stigma toward seeking psychological services. Findings reveal that from 47% males and 53% females, traditional-aged (86%), under-class (65%) college students with predominant affiliation to Health Sciences (36%) or Engineering (36%), about 71% ( $n = 200$ ) experience moderate levels of distress, 74% ( $n = 207$ ) have neutral help-seeking attitudes, and 67% ( $n = 188$ ) hold moderate help-seeking intentions, mostly toward family or friends. Additionally, 74% ( $n = 206$ ) of participants present moderate levels of self-stigma, and 76% ( $n = 212$ ) report moderate levels of social stigma toward psychological services.

Moreover, there are significant bivariate correlations among this study's main variables, with the exception of distress. A multivariate analysis of variance (MANOVA) supports main effects of gender, age, and area of academic study on the main variables. Post-hoc tests reveal multiple group differences for academic area of study related to psychological distress and help-seeking attitudes. Likely one of the first studies of its kind in the Dominican Republic, this research contributes data on Dominican college students and mental health considerations, with implications for improved practice and research. Future studies on distress, help-seeking and stigma with Dominican college students are encouraged overall.

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HELP-SEEKING AND STIGMA

by

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*Tú has sabido abrir para mí el tesoro infinito de la bondad misericordiosa de Dios.*

*Me has prestado la ayuda que necesitaba, me has consolado cuando sufría,*

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## **CHAPTER I**

### **INTRODUCTION**

This chapter introduces the study on Dominican college students' experiences of psychological distress, their attitudes and intentions toward seeking psychological help, and their reports of self-stigma (i.e., private) and social stigma (i.e., public) related to mental health treatment. This section provides an overview of background information on the research problem, including cultural considerations and data specific to the Dominican Republic. This chapter also contains a statement of the problem as it relates to Dominican college students' experiences of distress, help-seeking and stigma, in addition to a description of the purpose of the study and research questions that guided this research project. Chapter one ends with a summary and a detailed outline of content addressed in the following chapters.

#### **Background of the Research Problem**

##### **Dominican Republic**

The Dominican Republic is a sovereign country in the Caribbean, located in the eastern part of the island of La Hispaniola. With a gross domestic product of 67.1 billion dollars (World Bank, 2015), the Dominican Republic has been classified as a developing nation and economy in the Latin American and Caribbean region (United Nations, 2015). The Dominican Republic has a land area of approximately 18,815 square miles apportioned in 32 provinces (Pan American Health Organization [PAHO], 2012). Its capital and largest city, Santo Domingo, is home to over 30% of the total population (Báez & Lane, 2002).

According to the last census effectuated in 2010, the Dominican Republic has a population of over 10 million people, with approximately 20% of the population falling within the age range of 10 to 19 years old (Organisation for Economic Co-operation and Development [OECD], 2012). This younger population has been emphasized in the country's plans for increased access to K-12 and post-secondary education (OECD, 2012; Pimentel, 2002). In fact, the OECD (2012) noted that the provision of education for the younger Dominican population "will continue to be a major social and economic priority over the next 20 years" (p. 40).

This perspective has represented a shift from the importance placed on education across the country during the early 1990s. At the time, less than two percent of the nation's gross product was expended for education (Smith, 1992). Based on Vargas-Lundius' (1991) extensive research on poverty and unemployment in the Dominican Republic, education and health in the Dominican Republic have been historically inadequate and insufficient, particularly for inhabitants of rural areas. In turn, in urban areas, Dominican college student populations fluctuated from 3,000 students in 1961 to 130,000 students in 1995 (Pimentel, 2002), with 62.6% of enrollment attributed to females in the year 2002 (Quiroga, 2003). Even then, Pimentel (2002) reported that the proportion of college-aged individuals enrolled in higher education remains unchanged from previous decades. Pimentel (2002) highlighted the prevailing challenge of increasing access to and quality of post-secondary education for Dominican masses, as well.

In this sense, governmental goals have been set to address the country's identified deficiencies in the sphere of education. In their 2012 publication, the OECD provided the following summary of the Dominican Republic's established objective at the legislative level pertinent to post-secondary education in the country:

In the Dominican Republic, the government goal is that everyone, without exception, must be treated equally both in gaining access and participating within the higher education system. Thus, one of the main objectives of the Ten-Year Plan for Higher Education 2008-2018 (SEESCyT, 2008) is to increase access for vulnerable groups, to improve retention and graduation rates and to provide better opportunities in rural areas by strengthening regional provision of post-secondary education services. (p. 61)

Despite the emphasis on improving access to post-secondary education, particularly for Dominican youth, insufficient attention has been paid in scientific literature to Dominican students' well-being, distress, or overall mental health concerns as they attempt to succeed in formal learning environments (Schumacher, 2010). In what appears to be the first and perhaps only study in that regard, Peña, Zayas, Cabrera-Nguyen and Vega (2012) found that suicidality among Dominican youth has constituted a major public health issue in the Dominican Republic. Further research has been warranted yet pending to further understand the nature of Dominicans' psychosocial experiences throughout their journey in local higher education institutions.

### **Psychological Distress**

College students have been identified as a population vulnerable to psychological distress (Gutiérrez Rodas et al., 2010; Ross, Niebling & Heckert, 1999). These individuals' continued physiological and psychological development has appeared to influence their psychological well-being at the time that they begin their educational programs (Reynaga-Ornelas, Fernández-Carrasco, Muñoz-Canul & Vera-Becerra, 2015). As a result, the high incidence and serious nature of psychological distress among college students has been well documented in the literature (Erazo Caicedo & Jiménez Ruiz, 2012; Gutiérrez Rodas et al., 2010; Hirsch & Ellis, 1996; Larcombe et al., 2014; Páez Cala & Castaño Castrillón, 2010; Ross et al., 1999).

Mental health concerns overall have been increasingly prevalent in higher education institutions (Czyz, Horwitz, Eisenberg, Kramer & King, 2013; Reynolds, 2009). In their transition to adulthood, college students have been found prone to academic demands, difficulties in learning, and possible issues related to situations of failure or success (Gutiérrez Rodas et al., 2010). Other commonly distressing pressures likely for this group have included securing employment, finding a life partner, navigating gender issues, career and developmental needs, violence, or psychological concerns (Kitzrow, 2009; Ross et al., 1999).

According to existing literature, experiences of psychological distress have been especially salient among younger, traditional-aged (Bernhardsdóttir & Vilhjálmsson, 2012; Dill & Henley, 1998; Larcombe et al., 2014; Stallman, 2010), female college students (Antúnez & Vinet, 2013; Fritsch et al., 2006; Larcombe et al., 2014; Pozos-Radillo, Preciado-Serrano, Acosta-Fernández, Aguilera-Velasco, & Delgado-García, 2014). Moreover, psychological distress has been noticeably prevalent among students enrolled in Health Sciences as an academic area of study (Bermúdez Quintero et al., 2006; de La Rosa-Rojas et al, 2015; Marty, Lavín, Figueroa, Larraín & Cruz, 2005; Tija, Givens & Shea, 2005).

Although students' psychological distress has tended to reach its peak during the freshman year of college (Antúnez & Vinet, 2013; Bayram & Bilgel, 2008; Bewick, Koutsopoulou, Miles, Slaa & Barkham, 2010), findings have suggested that a significant number of students continue to manifest levels of distress that do not subside over time (Sher, Wood & Gotham, 1996). In fact, over the last decades, the quantity and severity of college students' mental health concerns have increased (Czyz et al., 2013; Del Pilar, 2008; Reynolds, 2009). This notion has been based on service-utilization data over recent years from college counseling

directors in the United States, and on the symptomatology of students around the world who have presented for psychological services on college campuses.

In general terms, Del Pilar (2008) found that Latino/a university students in the United States experience a heightened sense of isolation, alienation, and psychological distress compared to students from the mainstream culture. Similarly, studies on Latino/a college students in South America have highlighted the prevalence of psychological distress among said population (Antúnez & Vinet, 2013; Baader et al., 2014; Cova Solar et al. 2007; Reyes-Rodríguez, Rivera-Medina, Cámara-Fuentes, Suárez-Torres & Bernal, 2013). Nonetheless, data has remained scarce about Dominican college students' experiences in this regard.

**The challenging reality.** Psychological distress in college settings has represented a major challenge for students and higher education institutions alike, without the possibility of being completely eradicated (Baader et al., 2014; Ross et al., 1999). In this sense, addressing the presence of psychological distress in college settings implies a joint effort between students and universities. To support this process, a number of authors (Hirsch & Ellis, 1996; Ross et al., 1999; Wright, 1967) have proposed that students need to be better prepared in order to identify and manage their mental health needs and stressors in more effective ways, including seeking psychological help. As for universities, Baader et al. (2014) noted the need for adequate infrastructures, competent personnel, and preventative programs so as to institutionally provide psychological help to student populations and promote mental health campus-wide.

Nevertheless, “social scientists have come to acknowledge that every individual exists within a complex set of environmental systems and that these systems affect his or her psychological well-being at a fundamental level” (Cauce, 2002, p. 44). This idea overlaps with Bronfenbrenner’s ecological systems theory of development (Bronfenbrenner, 1979; 2004),

where the outer, macro or environmental layer is known to have a profound impact on people, with the possibility of ingraining subtle long-lasting effects across the overall system. Based on Bronfenbrenner's theory, the broader context of services in a given system has the potential to either facilitate or hinder mental health treatment, while also influencing individuals' overall sense of well-being (Bronfenbrenner, 1979; 2004; Cauce et al., 2002).

This said, in a macro-system (i.e., government) with financial and structural limitations, demarcated protective cultural values or stigma around mental health services, tending to psychological distress and its potential sequelae at the individual and microsystem (i.e., higher education institutions) levels may constitute a challenge with possible detrimental effects. Such appears to be the case of the Dominican Republic. In the words of Schumacher (2010): "Health disparities remain a problem in the DR [Dominican Republic] and cultural context influences health and well-being" (p. 94).

An example of how the Dominican Republic's overall context has impacted health and well-being is visible with the nation's law on mental health (Ley sobre Salud Mental No. 12-06, 2006). This law has been reportedly aimed at clarifying, regulating, and improving Dominicans' rights to access adequate mental health services. However, despite the emergence of this legislation in 2006, a document published by PAHO (2012) revealed that only approximately 0.4% of the Dominican Republic's health budget was actually allocated to treat mental health concerns. Even then, Mieses Michel, Gernay and Soto (2009) disclosed that about half of those funds have been used to meet the needs of the national psychiatric hospital, neglecting the necessities of ambulatory mental health facilities and primary care centers.

Subsequently, Mieses Michel et al. (2009) argued that despite the emergence of regulations meant to favor the Dominican mental health sector, the country has lacked effective

organizational structures, well-maintained physical spaces and services, and multidisciplinary healthcare providers to adequately address Dominicans' mental health concerns. The country's failed attempts to collect necessary data on mental health needs and services have, in and of itself, resulted in a significant barrier to improve mental health practices for Dominicans (Mieses Michel et al., 2009). From the authors' (2009) perspective, formal reports on mental health have often remained incomplete or presented conflicting numerical values regarding service-utilization of Dominican populations.

Formal assessments of regional mental health systems have further emphasized the concerning nature of psychological health in the Dominican Republic. One report exposed that mental disorders constitute 22.2% of total illnesses reported in Latin America and the Caribbean, the Dominican Republic included (PAHO & World Health Organization [WHO], 2013). PAHO and WHO (2013) additionally reported the incidence of alarming treatment gaps, referring to large percentages of individuals in Latin American and the Caribbean who do not receive any mental health services at all despite their documented need. For instance, 88% of individuals with schizophrenic disorders in the Dominican Republic have failed to receive adequate psychological treatment, as stipulated in Lora et al. (2012).

Likewise, recent research on mental health services in the Dominican Republic from the perspective of 36 Dominican health providers revealed the limited availability of financial funds for the provision of mental health services (Caplan, Queen, Nahar & Lin, 2015). Caplan and colleagues (2015) underlined that 80% of individuals with severe mental illness in the Dominican Republic have not received proper care due to lack of resources and stigma-related barriers to treatment. In line with the U.S. Surgeon General's report (U.S. Department of Health

and Human Services, 1999; Satcher, 2000), stigma has been recognized as one of the major barriers to accessibility of services and adherence to treatment for mental health concerns.

The abovementioned findings point to the pervasiveness of psychological ailments and stigma in the Dominican Republic, and the nation's limited resources and strategies to adequately address them. Also identified as potential factors that impact mental health are Dominicans' core beliefs that family, hygiene, activity, as well as spiritual and mystical practices constitute coping resources against threats to their well-being (Babington, Kelley, Patsdaughter, Soderberg & Kelley, 1999; Schumacher, 2010). Unfortunately, the dearth of information on the specific experiences of Dominican college students' leaves many questions unanswered in terms of this population's actual help-seeking strategies.

Thus, better understanding Dominican college students' help-seeking attitudes and intentions related to seeking professional psychological help has also appeared to be important, in conjunction with exploring their experiences of psychological distress and potential stigma around pursuing mental health treatment.

### **Help-Seeking**

Research has underlined the value of help-seeking as a way to effectively cope with and address psychological distress in college students (Chao, 2012; Del Pilar, 2008; Farkas, 2012). Although the constructs of help-seeking attitudes, intentions, and behaviors have concomitantly stood out in existing help-seeking literature (Uffelman, 2005; Jean-Michel, 2014), this study predominantly focused on personal and environmental characteristics toward seeking professional psychological help (i.e., attitudes) as well as on individuals' willingness to access said help (i.e., intentions).



In general, the goals of previous research related to help-seeking attitudes and intentions have been to identify and address potential barriers to help-seeking, as well as to promote early-on service utilization and preventive tools for potentially vulnerable populations (e.g., college students) (Cepeda-Benito & Short, 1998; Gutiérrez Rodas et al., 2010; Ross et al., 1999). Brown (2011) revealed that help-seeking attitudes toward psychological help-seeking may be relevant predictors of the intent to seek such help. In turn, Wilson, Deane, Ciarrochi and Rickwood (2005) collected evidence that there are positive and significant associations between help-seeking intentions and the likelihood of engaging in help-seeking behavior.

Nonetheless, the existence of ethnocultural factors specific to Latino/a populations have seemed to limit help-seeking attitudes and intentions for this group (Abdullah & Brown, 2011; Duarte, 2002; Mendoza, Masuda & Swartout, 2015; Ortega, Wang, Slaney, Hayes & Morales, 2014; Peña, Zayas, Cabrera-Nguyen & Vega, 2012). Such ethnocultural factors have propelled Latino/a students to seek mental health treatment only when faced with perceived crises or when psychological discomfort escalates to a level that disrupts academic performance (Duarte, 2002).

Some of the ethnocultural factors that have stood out as potential obstacles for professional help-seeking among Latinos/as include: a strong family orientation or *familismo*, beliefs about health and illness, and the use of alternate resources to aid with personal problems instead of consulting mental health professionals (Duarte, 2002). Other common barriers to help-seeking have stemmed from interpersonal values such as *respeto* or respect (Schumacher, 2010), *personalismo*, *vergüenza* or shame, *orgullo* or pride, and *machismo* (Abdullah & Brown, 2011; Duarte, 2002; Mendoza et al., 2015). These concepts are further explored in the following chapter, under the review of literature related to help-seeking.

Furthermore, authors have proposed that negative help-seeking attitudes and lower help-seeking intentions tend to be more common among young (Elhai, Schweinle & Anderson, 2008), male college students (Abdullah & Brown, 2011; Duarte, 2002; Mendoza et al., 2015). Additionally, research has found increased likelihood of negative attitudes and lower intentions to seek help among college students in their first years of enrollment (i.e., under-class status) (Chang, 2007). Likewise, studies revealed that students enrolled in Health Sciences as an academic area of study tend to hold more negative attitudes and intentions toward help-seeking than students from other academic areas of study (Chew-Graham, Rogers & Yassin, 2003; Givens & Tjia, 2002; Santander, Romero, Hitschfeld & Zamora, 2011).

### **Stigma**

Stigma related to mental health has manifested as an overall avoidance or discontinuation of professional help-seeking (Satcher, 2000). According to Satcher (2002), stigma has served the purpose of eluding possible appearances of fragility, faultiness or lack of credibility: all aspects that seem to threaten many of the core beliefs of Latinos/as and their families and that were summarized in the previous section. In the words of the former U.S. Surgeon General (Satcher, 2000), “stigma erodes confidence that mental disorders are valid, treatable health conditions” (p. 6) and “interferes with the willingness of many people– even those who have a serious mental illness– to seek help” (p. 12).

Vogel, Bitman, Hammer and Wade (2013b) endorsed that experiences of stigma are dominant and pivotal in relation to individuals’ attitudes and intentions toward pursuing professional assistance for experiences of psychological distress. In fact, both social and self-stigma have been found to interfere with individuals’ intentions to seek psychological care, and with their inclination to continue treatment over time (Lienemann, Siegel & Crano, 2013;

Satcher, 2000). Social and self-stigma around help-seeking appear to be heightened among younger, traditional-aged (Tillman & Sell, 2013) male college students (Vogel, Wade & Haake, 2006; Vogel, Wade & Hackler, 2007) in their first years of enrollment (i.e., under-class status) (Pingani et al., 2016; O'Connor et al, 2013) in a health sciences academic area of study (Dyrbye et al., 2015; Korszun et al., 2012; O'Connor et al., 2013; Schwenk et al.; 2010; Tija et al., 2005).

### **Need for Research**

Ross et al. (1999) proposed that the palpable effects of psychological distress may compel students to better understand and manage their potential mental health needs. Likewise, Baader et al. (2004) believed that the effects of distress could drive universities to take a look at their ethical, social, and economic responsibilities toward students as outlined in their institutional mission. In the words of Pimentel (2002), when referring to Dominican higher education institutions: “the university must also recognize its fundamental role in shaping the human resources necessary for social development and its responsibility to help solve social and cultural problems” (p. 29). Yet, the scarcity of research on Dominican college students’ experiences makes it difficult for students, universities and larger societal systems to identify and address this population’s prospective struggles involving psychological distress.

Furthermore, low help-seeking rates have been noted among college student populations in the United States despite established scholarly evidence that more and more students could benefit from accessing mental health services (American College Health Association, 2009; Demyan & Anderson, 2012; Eisenberg, Golberstein & Gollust, 2007). When students’ sources of psychological distress and mental health concerns are not addressed in a timely manner, symptoms of anxiety, depression or suicidality are common (Del Pilar, 2008; Dyrbye et al., 2015; Gulliver et al., 2010; Satcher, 2010). Similarly, unattended mental health concerns

frequently resulted in risks to overall productivity, academic success, and relationships among student populations (Feldman et al., 2008; Hunt & Eisenberg, 2010).

In sum, a major source of need for this study has been related to previous findings on Latino/a college students' disinclination to access mental health help despite reported distress among college student populations (Bewick et al., 2010; Erazo Caicedo & Jiménez Ruiz, 2012; Gutiérrez Rodas et al., 2010; Hirsch & Ellis, 1996; Larcombe et al., 2014; Páez Cala & Castaño Castrillón, 2010; Reynaga-Ornelas, et al., 2015; Ross et al., 1999). For Latinos/as in particular, ethnocultural beliefs, interpersonal values, as well as private and public stigma toward psychological services may play important roles in hindering help-seeking attitudes and intentions (Abdullah & Brown, 2011; Del Pilar, 2008; Duarte, 2002; Lienemann et al., 2013; Mendoza et al., 2015; Satcher, 2000; Vogel et al., 2013b). In this sense, insufficient data exists on how the matters of distress, help-seeking and stigma are experienced among Dominican college students in their home country.

### **Statement of the Problem**

There is a dearth of research on Dominican college students' experiences of distress, help-seeking, and stigma. The fact that there are college students of specific nationalities and ethnic groups whose experiences are scarcely studied when it comes to psychological distress, help-seeking and stigma, as is the case of Dominican college students, reveals paucity in scientific inquiry that requires action. Moreover, there is a dearth of scientific findings on the demographic characteristics of Dominican college students, and the potential interconnectedness of these demographic characteristics with constructs pertinent to the mental health field (i.e., psychological distress, help-seeking attitudes, help-seeking intentions, self-stigma, social stigma).

### **Purpose of the Study**

The purpose of this study is to describe the demographic characteristics of a sample of Dominican college students in their home country. In addition, this study intends to determine participants' levels of psychological distress, help-seeking attitudes, help-seeking intentions, as well as self-stigma and social stigma toward seeking psychological services. Results for each domain assessed are described in depth on its own, followed by a look at the nature of possibly existing relationships between the research variables, and tests of differences in terms of select demographic factors.

This study hopes to serve relevant purposes, particularly related to Dominican college students, on whom limited information has been published to date. Exploring, documenting and exposing Dominican college students' experiences of psychological distress, help-seeking, and stigma around mental health services constitute a major purpose of this study. This study also seeks to promote awareness and change at individual and microsystem levels involving help-seeking patterns and stigma surrounding psychological resources.

Specific goals for this study consist of, but are not limited to: (1) broadening scientific literature on an understudied population, (2) offering information that could equip college students with awareness of stressors likely to emerge in college; (3) discussing patterns in help-seeking attitudes and intentions of Dominicans when they attempt to cope with different stressors, and (4) revealing private and public experiences of stigma related to psychological services. This research project also intended to provide additional data to support the development of statistical properties for the instruments used with this sample, with the intention to aid in the utilization of these instruments with other Spanish-speaking populations.

In sum, this study aims to add to the existing data on psychological distress, help-seeking, and stigma while incorporating novel information on the nature and needs of a specific and understudied developmental and ethnic group: undergraduate college students in their native Dominican Republic. Overall, one of the most important purposes of this research is to generate knowledge that could serve as a stepping stone for positive action and further scientific exploration. Ultimately, this study results in recommendations that may further enhance research and best practices in the field of mental health with this specific population and other scarcely researched Latino/a groups.

### **Research Questions**

#### **Research Question 1**

What are participants' experiences of psychological distress?

#### **Research Question 2**

What are participants' attitudes toward seeking psychological help?

#### **Research Question 3**

What are participants' intentions toward seeking psychological help?

#### **Research Question 4**

What are participants' experiences of self-stigma toward seeking psychological help?

#### **Research Question 5**

What are participants' experiences of social stigma toward receiving psychological help?

#### **Research Question 6**

What are the associations between psychological distress, attitudes, intentions, self-stigma, and social stigma related to seeking psychological services for participants?

### **Research Question 7**

Are there any effects of gender, age, years of enrollment in institution, and academic area of study on psychological distress, help-seeking attitudes, help-seeking intentions, self-stigma, and social stigma?

### **Research Hypotheses and Null Hypotheses**

The following hypotheses are specific to research question 7:

#### **Hypothesis 1**

Male participants will have lower psychological distress, more negative help-seeking attitudes, less likely help-seeking intentions, higher self-stigma, and higher social stigma than female participants.

**Null hypothesis 1.** No differences will exist between male and female participants on measures of psychological distress, help-seeking attitudes, help-seeking intentions, self-stigma, and social stigma.

#### **Hypothesis 2**

Traditional-aged participants (i.e., 22 years old or younger) will have higher psychological distress, more negative help-seeking attitudes, less likely help-seeking intentions, higher self-stigma, and higher social stigma than non-traditional-aged participants (i.e., age 23 or older).

**Null hypothesis 2.** No differences will exist between traditional-aged (i.e., 22 years old or younger) and non-traditional-aged (i.e., age 23 or older) participants on measures of psychological distress, help-seeking attitudes, help-seeking intentions, self-stigma, and social stigma.

### **Hypothesis 3**

Under-class (i.e., two years or less of university enrollment) participants will have higher psychological distress, more negative help-seeking attitudes, less likely help-seeking intentions, higher self-stigma, and higher social stigma than upper-class (i.e., three years or more of university enrollment) participants.

**Null hypothesis 3.** No differences will exist between under-class (i.e., two years or less of university enrollment) and upper-class (i.e., three years or more of university enrollment) participants on measures of psychological distress, help-seeking attitudes, help-seeking intentions, self-stigma, and social stigma.

### **Hypothesis 4**

Participants enrolled in Health Sciences as an academic area of study will have higher psychological distress, more negative help-seeking attitudes, less likely help-seeking intentions, higher self-stigma, and higher social stigma than participants from all other academic areas of study.

**Null hypothesis 4.** No differences will exist between participants enrolled in Health Sciences and participants from all other academic areas of study on measures of psychological distress, help-seeking attitudes, help-seeking intentions, self-stigma, and social stigma.

### **Definition of Terms**

#### **Psychological Distress**

Psychological distress represents unpleasant and subjective states of anxiety and depression with accompanying emotional and physiological manifestations (Mirowski & Ross, 2003).



### **Help-Seeking Attitudes**

Help-seeking attitudes refer to personal and environmental characteristics, including thoughts and feelings, involving seeking psychological help (Jean-Michel, 2014; Uffelman, 2005).

### **Help-Seeking Intentions**

Help-seeking intentions represent an individual's willingness to access psychological help (Jean-Michel, 2014; Uffelman, 2005).

### **Self-Stigma**

Private or self-stigma refers to a person's decreased sense of esteem, and understanding of him or herself as socially unacceptable for seeking psychological help (Vogel et al., 2013b).

### **Social Stigma**

Public or social stigma refers to the population's perception that seeking psychological help constitutes a negative and stigmatizing act (Bathje & Pryor, 2011).

## **Summary and Outline**

Chapter one reviewed relevant information on the background and statement of the research problem, as well as the need and purpose of completing this study. This chapter explored the Dominican Republic's goal of reinforcing experiences related to higher education in the nation. Moreover, this chapter highlighted the prevalence and increased severity of psychological distress among college student populations, known patterns in college students' help-seeking attitudes and intentions, and the role of stigma and ethnocultural values as it relates to accessing mental health services. This chapter simultaneously addressed the dearth of scholarly information available on Dominican college students' experiences of distress, help-seeking and stigma and the underlying purposes of completing this research. The chapter then

highlighted specific research questions and hypotheses created to guide this study and concluded with definition of relevant terms.

Subsequently, chapter two presents related literature on the main constructs of psychological distress, help-seeking, and stigma toward psychological services, with emphases on college students and Latino/a populations. The review of related literature on psychological distress explores general experiences of physical and emotional distress. Chapter two also reviews data on help-seeking, specifically discussing help-seeking attitudes, help-seeking intentions, and factors commonly hindering the pursuit of psychological services, particularly for Latino/a populations. Chapter two further explores stigma toward mental health through the defined lenses of self-stigma and social stigma related to receiving psychological services. The review of related literature concludes with an examination of existing knowledge on the relationships between these major constructs, as well as on how these interact with specific demographic variables, including age, gender, years of university enrollment, and area of study.

Methodological characteristics of this research project are discussed in chapter three. Chapter three includes a description of the research design and outlines the process of determining both the setting and sample used in this study. A detailed description of participants' demographic characteristics is also included in chapter three. Similarly, chapter three discusses specific psychometric information on the instrumentation employed in this study. In addition, chapter three provides a thorough narrative of data collection procedures, in addition to information on statistical analyses used to obtain and interpret results.

Subsequently, chapter four offers a detailed look at obtained findings. This chapter begins with preliminary and reliability analyses, as well as descriptive outcomes for each of the instruments used. Chapter four also presents results of bivariate correlations and multivariate

statistics computed for this study. Chapter four concludes with results for research questions and hypotheses, and a summary of overall findings.

Lastly, chapter five presents a summary of the information covered in the first three chapters and of findings described in chapter four. This last section also discusses the primary conclusions gathered from the research and how these overlapped with findings previously exposed in the review of related literature. Implications for future practice and research are also explored in this section. Chapter five concludes with an expanded discussion on the study's contributions and limitations.

## **CHAPTER II**

### **REVIEW OF RELATED LITERATURE**

This chapter provides a review of literature related to psychological distress, help-seeking, and stigma with emphases on college student and Latino/a populations. More specifically, this study sought to explore data on psychological distress, help-seeking attitudes, help-seeking intentions, as well as self-stigma and social stigma for seeking mental health services. This section presents definitions and foundational knowledge for the constructs of psychological distress, help-seeking, and stigma employed in this study. The chapter then explores each construct's connection to college student populations around the world, and examines studies specific to Latino/a and Dominican college students, when available.

Supplementary, this chapter includes an overview of literature that reflects the interconnectedness of the main variables. This section presents information on known relationships between distress, help-seeking and stigma, and the demographic variables of gender, age, years of academic enrollment, and area of academic study. Chapter two ends with a summary of the reviewed literature.

#### **Psychological Distress**

Psychological distress has been defined in the literature as “unpleasant subjective states of depression and anxiety” (Mirowsky & Ross, 2003, p.8). From the perspective of authors Mirowsky and Ross (2003), the construct of psychological distress has been historically known for its accompanying emotional and physiological expressions.

Emotional manifestations of psychological distress appeared in the literature with the label of “mood”, and included feelings of sadness and worry pertinent to depression and anxiety (Barlow & Durand, 2005; Carnicer & Calderón, 2014; Deasy et al., 2014a; Mirowsky & Ross, 2003). In turn, challenging bodily states or physiological manifestations of psychological distress were often defined as “malaise”, and exemplified by restlessness, stomachaches, and dizziness. Over the years, scholars have found a connection between symptoms of mood and malaise in the sense that “a person who suffers more than usual from one also tends to suffer more than usual from the other (although not necessarily at the same time)” (Mirowsky & Ross, 2003, p. 23; Wheaton, 2007).

### **Stress and Academic Stress**

García-Ros, Pérez-González, Pérez Blasco and Natividad (2012) focused on defining stress, academic stress and psychological distress as distinct yet interconnected concepts. Based on García-Ros and associates’ (2012) work, stress was defined as a set of interactions between an individual and a situation, where tension exists due to specific stressors that require adaptation on the individual’s behalf. As a related concept, academic stress was defined in the literature as the type of stress that occurs within an educational setting, and that both professors and students could experience regardless of their level in the educational system (García-Ros et al., 2012).

Typically, stress has been understood as a physiological reaction aimed at confronting an imbalance between experienced demands and available resources to meet those demands (Pozos-Radillo et al., 2014; Scafarelli Tarabal & García Pérez, 2010). Research has suggested that not all stress is negative or ought to be avoided (Cova Solar et al., 2007; García-Ros et al., 2012; Scafarelli Tarabal & García Pérez, 2010). In fact, a certain level of stress has been deemed inevitable and necessary in all functioning (Scafarelli Tarabal & García Pérez, 2010), a notion

consistent with the Yerkes–Dodson Law (Yerkes & Dodson, 1908; Cohen, 2011). Said law proposed that a determined level of stress may serve as stimulation or arousal to perform and obtain superior results (Yerkes & Dodson, 1908).

However, the progression from stress to distress has been known to occur when an individual exceeds or exhausts his or her resources and abilities to manage a stressful event, which often leads to a number of detrimental effects on that individual’s psychological and physical health (García-Ros et al., 2012). Consequently, psychological distress has been conceptualized as an emotional state that results from a personal inability to successfully cope with a natural and proportionate stressful life event (Barlow & Durand, 2005; Deasy, Coughlan, Pironom, Jourdan & Mannix-McNamara, 2014a; García-Ros et al., 2012, Horwitz, 2007).

### **Differentiation from Psychological Disorders**

Psychological distress is not to be confused with the term psychological disorder, either. Horwitz (2007) suggested that psychological distress “fluctuates as a function of external situations and is proportionate to these situations” (p. 275) whereas psychological disorders reveal internal psychological dysfunction with manifestations of signs and symptoms that do not correspond with the nature of the external circumstances taking place. Nevertheless, psychological distress may be a precursor to a psychological disorder, contingent on individual genetic predisposition as well as on severity and duration of distress symptoms (Horwitz, 2007). Albeit the known scientific importance of psychological stress and disorders, this study focused on understanding experiences specific to psychological distress.

### **Distress Continuum**

In general terms, psychological distress has been known to subjectively take many different forms and to be experienced as gradients of a continuum (Horwitz, 2007; Mirowsky &

Ross, 2003; Wheaton, 2007). In the conceptualization of said continuum, distress and well-being have appeared to hold a contrasting relationship: the higher the level of psychological distress an individual experiences, the lower his or her level of psychological well-being (Borren, Tambs, Idstad, Ask & Sundet, 2012; Mirowsky & Ross, 2003; Perez-Blasco, Viguer & Rodrigo, 2013; Riggle, Rostosky & Horne, 2010; Thomas et al., 2015; Veit & Ware, 1983). In order to determine the individual's location in the distress continuum, a range of low to significantly high potential concerns from the individual's emotional experiences and social functioning capacities ought to be considered (Mirowsky & Ross, 2003; Wheaton, 2007).

**Historical assessment.** Individuals' experiences of distress have been historically assessed using index measurements (Carnicer & Calderon, 2014; Chang, 2007; Cleary, Goldberg, Kessler & Nycz, 1982; Gurin, Veroff & Feld, 1960; Kessler, Amick & Thompson, 1985; Kessler et al., 2002; Langner, 1962; Mirowsky & Ross, 1984; Mirowsky & Ross, 2003; Myers, Lindenthal & Pepper, 1975; Veit & Ware, 1983). Said assessment instruments have relied on previously studied symptomatology of psychological distress (Horwitz, 2007), converting results into quantitative or qualitative values. Individual scores or levels of distress have been compared to other individual reports of distress, as well as to overall trends of severity in segments of populations (Carnicer & Calderon, 2014; Cooke, Bewick, Barkham, Bradley & Audin, 2006; Horwitz, 2007). Said approach to measuring psychological distress has allowed the detection of its presence in a myriad of settings and populations, including college students.

### **Psychological Distress in College Students**

The concerning nature of psychological distress among college student populations has been vastly explored and discussed in scientific literature (Adlaf, Gliskman, Demers & Newton-Taylor, 2001; Amutio & Smith, 2008; Bewick, Gill, Mulhern, Barkham & Hill, 2008; Bewick et

al., 2010; Erazo Caicedo & Jiménez Ruiz, 2012; Gutiérrez Rodas et al., 2010; Hirsch & Ellis, 1996; Páez Cala & Castaño Castrillón, 2010; Reynolds, 2009; Ross et al., 1999; Sharkin, 2006). An exploration of research conducted in Africa (Dachew et al., 2015; Dessie, Ebrahim & Awoke, 2013; Melaku, Mossie & Negash, 2015), Asia (Ali & Malik, 2014; Chang, 2007; Kausar, 2010), Australia and Oceania (Larcombe et al., 2014; Leahy et al., 2010; Stallman, 2008, 2010), Europe (Amutio & Smith, 2008; Cabanach, Souto Gestal, Freire Rodríguez & Ferradás Canedo, 2014; Deasy et al., 2014a; Pérez San Gregorio, Rodríguez, Borda & del Río, 2003; Saías et al., 2014), North America (Adlaf et al., 2001; Hudson et al., 2008; McCarthy, Fouladi, Juncker & Matheny, 2006), and South America (Antúnez & Vinet, 2013; Bermúdez Quintero et al., 2006; Cova Solar et al., 2007) have pointed to the fact that psychological distress is a prevalent phenomenon among college student populations around the world.

Existent data has explained that college students experience increased psychological distress compared to their non-student peers in the community (Baader et al., 2014; Dachew, Bisetegn & Gebremariam, 2015; Leahy et al., 2010; Saías et al., 2014; Stallman, 2008). The transition into and the journey through college has been defined as an overwhelming time for many (Bewick et al., 2008; Cooke et al., 2006; Sharkin, 2006). As a result, many students have reported experiences of psychological distress in the form of anxiety and depression, with anxiety tending to be more commonly exacerbated than the latter (Bewick et al., 2008; Cooke et al., 2006; Sharkin, 2006).

Over decades, several have discussed the prevalent roles of psychosocial changes and academic demands as factors that increase distress and lower psychological well-being in college students (Amutio & Smith, 2008; Bermúdez Quintero et al., 2006; Carnicer & Calderón, 2014; González et al., 2007). On one hand, psychosocial changes that tend to exacerbate psychological



distress among college students have consisted of being in a novel environment, and experiencing a reduction in spare time (Ali & Malik, 2014; Antúnez & Vinet, 2013; Balanza Galindo, Morales Moreno & Guerrero Muñoz, 2009; Cabanach et al., 2014; Cooke et al., 2006; Dachew et al., 2015; Deasy et al., 2014a; Stallman, 2008, 2010). Another commonly distressing psychosocial change has been related to students' developmental process of becoming autonomous and self-sufficient, while often lacking the ability to financially provide for themselves or the employment prospects that will help with that goal (Melaku et al., 2015; Saïas et al., 2014; Sharkin, 2006). As a result, many students have become distressed from incurring in financial stressful commitments, namely academic loans or credit card debt. Unaware of the demands of variable interest rates on loans and credit cards, many students have struggled to resurface from experienced financial constraints and their potentially accompanying effects on psychological distress (Melaku et al., 2015; Saïas et al., 2014; Sharkin, 2006).

Other known psychosocial changes included in the literature are college students' development of new relationships with peers and professors, and their changing interactions at home with family members. Research has suggested that these relationships are often salient and stressful, as students tend to internalize high expectations of academic and professional success from both professors and parents (Dessie et al., 2013, Urban, Orbe, Tavares & Alvarez, 2010; Saïas et al., 2014). This has appeared to be especially true for those who ascribe to the cultural value of familism, which “reflects the attitudes and behaviors of loyalty, obligation, and support of the family” (Ortega et al., 2014, p. 407), common in many Latino/a homes (Duarte, 2002).

On the other hand, college students have been known to regularly face distressing academic demands. Some of the academic strains outlined in the literature have included: transitioning and adjusting to college dynamics, experiencing academic work overload, and

undergoing performance evaluations. Other strains have stemmed from struggles selecting or switching programs of study, scheduling classes and taking a stance in institutional decision-making processes (Cabanach et al., 2014; Carnicer & Calderon, 2014; Deasy et al., 2014a; Farkas, 2002; Melaku et al., 2015; Muñoz, 2004; Reynolds, 2009).

In terms of its effects, the presence of psychological distress has been known to affect students' learning abilities, their psychological well-being, and their sense of holistic health (Cabanach, Fariña, Freire, González & Ferradás, 2013; Carnicer & Calderón, 2014; Sharkin, 2006; Vázquez, Otero & Díaz, 2012). First of all, psychological distress has been conceptualized as a potent phenomenon capable of diminishing students' academic performance (Bermúdez Quintero et al., 2006; González, Landero & Tapia, 2007; Martínez, Marques, Salanova & Lopes-da-Silva, 2002; Melaku et al., 2015). High levels of distress have been correlated to impaired cognitive functioning in college students (Pérez San Gregorio, Rodríguez, Borda & del Río, 2003; Sharkin, 2006). Additionally, the presence of distress has been known to lead to attention and concentration deficits, memorization difficulties, problem-solving struggles, and poor decision-making among student populations (Pérez San Gregorio et al., 2003; Sharkin, 2006). This phenomenon has also played roles in weakened academic self-efficacy (Barouch-Gilbert, 2015) and increased rates of academic attrition (Cabanach et al., 2013; Vázquez et al., 2012).

Second of all, psychologically distressed students have shared the impact that their experiences have had on their psychological well-being, particularly in the form of strain or emotional exhaustion (Amutio & Smith, 2008), or through the impairment of their physical and emotional health via depression, anxiety, and somatic complaints (Adlaf et al., 2001; Chang, 2007; Melaku et al., 2015; Sharkin, 2006). In this sense, high levels of psychological distress have been found to heighten college students' likelihood of engaging in high-risk, self-injurious

behaviors (Bermúdez Quintero et al., 2006; Deasy et al., 2014a; Melaku et al., 2015; Sharkin, 2006; Vázquez et al., 2012).

For example, the presence of psychological distress has pointed to an increased risk of substance use and abuse among college student populations (Bermúdez Quintero et al., 2006; Deasy et al., 2014a; Melaku et al., 2015; Sharkin, 2006; Vázquez et al., 2012). Similarly, when distressed, students have been known to be more prone to suicidal ideation or suicidal attempts (Melaku et al., 2015; Vázquez et al., 2012). Depending on individual predisposition as well as on severity and duration of stress-related symptomatology, psychological distress has also been found to contribute to the development of psychiatric disorders among college student populations (Horwitz, 2007; Melaku et al., 2015; Vázquez et al., 2012).

Third and last, the incidence of psychological distress equally poses detrimental effects to students' sense of holistic health. Dessie et al. (2013) and Melaku et al. (2015) reported that students who experienced psychological distress related to college had noteworthy difficulties with their performance in other areas, including work and social roles. In this regard, students frequently encounter deterioration or loss of meaningful relationships (Cabanach et al., 2014; Melaku et al., 2015; Sharkin, 2006). Correspondingly, distress has been known to impact students' levels of motivation or intent to engage in self-care activities, such as physical exercise and healthy nutrition (Deasy et al., 2014a; Melaku et al., 2015; Vázquez et al., 2012).

### **Psychological Distress in the Latino/a Community**

Research studies that touch upon the experiences of distress of mainstream college students in the United States abound in academic journals. However, the experiences of ethnically diverse Latino/a college students in the United States do not appear to be as prevalent. As a matter of fact, groups of students from different areas of the Caribbean such as the

Dominican Republic, Jamaica, Trinidad and Tobago, and Puerto Rico continue to be understudied in the realm of mental health (Urban et al., 2010; Sanchez & Awad, 2016).

In an effort to add to the scarce body of literature on the abovementioned populations, Sanchez and Awad (2016) studied a sample of 159 Caribbean college students (130 females, 29 males) at a two-year community college (54.7%) and a four-year college (45.3%) in the northeast United States. About 32.1% of sample participants identified as Latino/a from Spanish-speaking Caribbean regions; 36.5% of the sample was born in their respective Caribbean country, and the remaining 63.5% identified as second-generation Americans with at least one parent born in the Caribbean. The authors found that Latino/a Caribbean students showed the highest levels of distress of all ethnic groups, particularly when assuming White cultural values over their own.

In a related study, Hudson and colleagues (2008) studied depression as a salient symptom of psychological distress. The study took place in an urban community in the northeast of the United States. Hudson et al. (2008) reported a final sample of 987 undergraduate and graduate college students of different ethnic and racial backgrounds who predominantly self-identified as Dominicans (17%), Puerto Ricans (24%), Jamaican and Haitian (9%), African American (20%), and White (16%). Approximately 38.9% of Dominicans were more likely to be depressed, compared to 20.2% of their White counterparts. In fact, “further analysis found that only Dominican students’ depression rate was significantly higher than the rates for African American and White students” (p. 110). Correspondingly, Hudson et al. (2008) found that Dominican female students reported significantly higher levels of depression than African female students. In sum, psychological distress has been found to take many distinct forms and to lack geographical limits when it comes to influencing college student populations.

In an attempt to better understand students' overall needs as well as to stimulate academic retention and success, a number of Latin American higher education institutions have also researched the phenomenon of psychological distress using their respective student populations. These studies have provided some light on the understudied population of Latino/a college students in their home countries. Additionally, findings have generated informed strategies for mental health prevention, promotion, and treatment that addresses the needs of college students (Antúnez & Vinet, 2013; Baader et al., 2014; Cova Solar et al. 2007).

For instance, Feldman et al. (2008) found that academic activities related to college life in Venezuela constitute a significant source of distress and anxiety for students. Feldman and associates (2008) reported that experiences of psychological distress negatively impact students' physical and psychological well-being while equally hindering their overall performance. This awareness has extended over a number of universities in Latin America, as noted in the literature (Antúnez & Vinet, 2013; Baader et al., 2014; Cova Solar et al., 2007; del Toro Añel, Gorguet Pi, Pérez Infante & Ramos Gorguet, 2011; Feldman et al., 2008).

Moreover, several studies from Chile revealed the incidence of psychological distress among college student populations. In Marty et al.'s (2015) study, the sample size consisted of 430 college students enrolled at the *Universidad de los Andes* (UANDES) in Santiago de Chile. Results exposed that 33% of sample participants had mild levels of distress, whereas 3% fell in the range of moderate distress. Approximately 40% of women reported distress, compared to 30% of men from the sample (Marty et al., 2005).

Likewise, a study from the *Universidad Austral de Chile* (UACh) in the southern city of Valdivia, Chile, illustrated the presence of psychological distress in a Latin American higher education institution (Baader et al., 2014). Results suggested that from a sample of sample of

804 (53.7% males; 46.3% females), approximately 26.9% of college students met criteria for a depressive disorder (Baader et al., 2014). According to the authors (2014), there were significant correlations between depression and disordered eating, alcohol use, and suicide risk among sample participants. In many ways, Baader et al.'s (2014) findings were consistent with another UACH study (Antúnez & Vinet, 2013).

Similarly, Cova Solar et al. (2007) reported evidence of psychological distress in their sample of 632 college students from the *Universidad de Concepción* in Chile. Results highlighted that approximately 25% of sample participants endorsed suicidal thoughts in the three-month period preceding the study. More specifically, about 16% of the sample endorsed depressive symptoms and close to 28% reported experiences of anxiety. An estimated 22% of women indicated depressive symptomatology, compared to 10.6% of men. Likewise, 23% of women reported incidence of anxiety compared to 10.7% of men from the sample. In turn, men scored higher than women on measures related to alcohol and drug use. Lastly, Cova Solar et al.'s (2007) findings indicated patterns of unhealthy eating and elevated alcohol consumption in about five percent of the sample.

Other studies focused on college student populations located in the Caribbean. For example, del Toro Añel et al. (2011) completed a cross-sectional study in the *Universidad Médica de Santiago de Cuba* and found high levels of distress in 60% of low-performing college students of the sample ( $N = 60$ ). Likewise, a separate study in the neighboring island of Puerto Rico (Reyes-Rodríguez et al., 2013) found that under-class college students who reported stressful experiences, concomitantly endorsed higher levels of depression. According to Reyes-Rodríguez et al. (2013), nine percent ( $N = 2002$ ) of the sample reported moderate or severe signs

and symptoms of depression and increased likelihood of suicidal ideation, with females displaying significantly higher mean scores related to depression than males.

In sum, the prevalence of psychological distress and its diverse manifestations in college student populations is noticeable across higher education institutions in Latin America and parts of the Caribbean. The following section discusses another key variable: help-seeking.

### **Help-Seeking**

Help-seeking has been defined in the literature as the social process of seeking help when a problem emerges, grows to be undesirable, and is believed incapable of disappearing on its own account (Cauce et al., 2002; Sedeño, 2006). Furthermore, help-seeking has been conceptualized as a subjective and complex process of dynamic interactions that involves several aspects, including “characteristics of the help-seeker, the type of help sought, the context, and the potential helper” (Wills & DePaulo, 1991, p. 350).

The help-seeking pathway has typically encompassed recognition of a problem, decision-making to seek help, and identification of services to select from, including informal supports (e.g., family, friends, clergy), collateral services (e.g., school counselors), or formal mental health assistance encompassing psychologists, psychiatrists and other mental health professionals (Cauce et al., 2002). A number of publications (Sedeño, 2006; Uffelman, 2005; Willis & DePaulo, 1991) have endorsed that an individual’s beliefs about helpers and the helping process as a whole determine that person’s attitudes, intentions, and behaviors to seek help.

Moreover, Fischer and Turner (1970) highlighted four elements that impact the help-seeking phenomenon: (1) the personal acknowledgement of need for psychological services, (2) the perceived threat to be stigmatized, (3) the willingness to share personal information with a professional, and (4) the trust in mental health providers. Other important factors related to help-

seeking in research have included availability, accessibility, and affordability of psychological services, as well as fear and mistrust (Benito & Short, 1998; Gulliver et al., 2010; Jean-Michel, 2014). Furthermore, in the case of Latinos/as, a number of ethnocultural factors have been documented as intricate layers of the help-seeking process (Mendoza et al., 2015). Said ethnocultural factors are discussed in depth in the section titled Culture and Context.

Overall, three main constructs have gained recognition within the help-seeking literature: (1) help-seeking attitudes, (2) help-seeking intentions, and (3) help-seeking behaviors (Uffelman, 2005; Jean-Michel, 2014). The research on help-seeking has sought to understand the aspects that impact and form people's attitudes toward accessing psychological services, as well as their intentions to seek informal or professional help to address experiences of distress (Cepeda-Benito & Short, 1998; Uffelman, 2005). As such, exploration of the help-seeking phenomenon, with focus on attitudes and intentions, has often revealed underlying patterns and dynamics relevant to individuals' decisions to seek psychological help (Hess & Tracey, 2013; Li, Dorstyn & Denson, 2014; Vogel, Wester, Wei & Boysen, 2005), while helping to better understand aspects that discourage or facilitate service utilization (Wills & DePaulo, 1991). The following subheadings further explore help-seeking attitudes and intentions.

### **Help-Seeking Attitudes**

Brown (2011) explicated that one of the variables most often examined when looking at academic studies on psychological help-seeking is the one of attitudes toward seeking professional mental health services. Help-seeking attitudes refer to personal and environmental characteristics, including thoughts and feelings, involving seeking professional psychological help (Jean-Michel, 2014; Uffelman, 2005). Elhai et al.'s (2008) study proposed that a link exists



between attitudes toward seeking professional psychological help and the intentions to seek mental health treatment, in both medical patients and college student populations.

In line with Kim and Hunter's (1993) finding that "relevant attitudes strongly predict volitional behavior" (p. 132), favorable attitudes toward psychological services have been found to predict greater perceived likelihood of seeking help irrespective of the concerns that led to pursuing professional mental health help in the first place (Benito & Short, 1998; Vogel & Wei, 2005). Consistently, unfavorable attitudes toward psychotherapy and fears of mental health services have been associated with avoidance of psychological services and unwillingness to seek help (Benito & Short, 1998). Conversely, neutral attitudes toward help-seeking have been interpreted as lack of adequate information on mental health services, limited ability to recognize both the need and benefits of seeking help, and potential stigma (Yeap & Low, 2009).

Yeap and Low (2009) published the abovementioned conclusions after studying a sample of 587 Malaysians ( $M = 34$  years old,  $SD = 12$ ) and learning that approximately 73% reported neutral attitudes toward seeking help. Through additional exploration, Yeap and Low (2009) discovered that about 19% of those with neutral help-seeking attitudes lacked information on where to seek help, and an additional 20% did not want others to find out about their reasons for considering help-seeking. Meyer (2000) echoed Yeap and Low's (2009) findings by noting that those with neutral attitudes toward help-seeking tended to be dubious of practical aspects related to pursuing services, including: potential financial implications, accessibility, protection of privacy, and level of competence of providers.

### **Help-Seeking Intentions**

Help-seeking intentions refer to an individual's willingness to access psychological help. Intentions as it relates to help-seeking have commonly involved a plan or decision-making

process to perform a specific behavior (Wilson et al., 2005). From the lens of behavioral theorists, intentions constitute immediate precursors to actual behaviors (Ajzen & Fishbein, 2005; Reynders, Kerkhof, Molenberghs & Van Audenhove, 2014). More specifically speaking, Conner and Norman (1996) defined help-seeking intentions as the “person’s motivation in the sense of her or his conscious plan or decision to exert effort to perform the behavior” (p. 12). Research has suggested that those who hold more positive attitudes toward a specific behavior are more likely to intend to engage in said behavior (Reynders et al., 2014).

As stated in Ajzen (1991): “Intentions to perform behaviors of different kinds can be predicted with high accuracy from attitudes toward the behavior, subjective norms, and perceived behavioral control” (p. 179). This notion has stemmed from Ajzen’s (1991) theory of planned behavior, which proposed that help-seeking intentions are more closely related to actual behavior than other constructs prior considered.

### **Help-Seeking in College Students**

Several studies have explored the help-seeking phenomenon in college settings, mostly in the context of college students’ service utilization patterns when experiencing psychological distress (Bernhardsdóttir & Vilhjálmsón, 2012; Brownson, Swanbrow Becker, Shadick, Jagars & Nitkin-Kaner, 2014; Chang, 2007; Demyan & Anderson, 2012; Rodríguez, Mira, Myers, Morris & Cardoza, 2003; Vogel et al., 2005). In this sense, existent literature has revealed a primary discrepancy issue, stemming from the large amount of students who report distress in the form of depression and anxiety, and the reduced number who actually seek professional help (Chang, 2007; Oliver, Reed, Katz & Haugh, 1999).

According to results from the American College Health Association’s National College Health Assessment conducted in 2009, nearly half of all college student participants from the

United States met criteria for a mental disorder in the previous year. Nevertheless, those same sample participants also reported low help-seeking rates, including unlikely utilization of professional mental health services (2009). This disparity between college students with experienced psychological distress or other mental health concerns and students that actually receive treatment or support has been acknowledged as an alarming treatment gap (American College Health Association, 2009; Eisenberg et al., 2007).

Related literature from different parts of the world have also endorsed college students' patterns of underutilization of professional services. According to Bernhardsdóttir and Vilhjálmsón (2012), only 29% of 4,894 Australian female students felt inclined to seek professional help despite above-threshold measured levels of distress. Even then, the majority of those who sought help reportedly went to their general practitioner or medical doctor for assistance, and not a mental health professional. Additionally, Bernhardsdóttir and Vilhjálmsón (2012) stated that two-thirds of students either lacked time to seek help or were unaware of where to go for professional psychological services.

In turn, Reavley, McCann and Jorm (2012) exposed that the most salient help-seeking intentions to cope with mental health struggles among a sample of 775 Australian college students from Victoria University were talking to a close friend or family member, and engaging in physical activities. Students reportedly preferred said resources over accessing services from a professional. The authors (2012) noted the high reliance on friends and family, and pointed out the emerging need to educate communities on how to support those with mental health needs through empathetic listening, emotional support, and referral to professional services.

Other studies suggested that college students attempt to resolve their experienced difficulties on their own before reaching out for social or professional support, and that

professional psychological help was commonly deemed as a last recourse (Chang, 2007). In fact, it was not uncommon in the literature for students of color to avoid professional support (Brownson et al., 2014; Rodríguez et al., 2003). In this regard, Latino/a college students were more likely to depend on family members, friends, or spiritual communities than to seek professional psychological help (Brownson et al., 2014; Rodríguez et al., 2003).

Furthermore, Brownson et al. (2014) explored students' suicidal and help-seeking behaviors using a stratified sample of 108,536 undergraduate and graduate students from 70 higher education institutions in different regions of the United States. Undergraduate students accounted for a total of 15,010 responses or 24% participation rate in this study. Using multilevel modeling analyses, the authors (2014) concluded that students from the sample who self-identified as Hispanic American and Latino/a reported psychological distress and suicidal ideation over the last 12 months and across their lifetime at the same rate than students from other racial and ethnic groups. Although one of Brownson et al. (2014) study's apparent limitation had to do with the uncertain percentage of students who self-identified as Hispanic American or Latino/a, the authors indicated that only a small fraction of said students actually sought professional help even when faced with suicidal thoughts or other experiences of distress.

### **Stigma**

Stigma has been defined as the experience of being flawed due to the presence of a personal or physical feature that is considered socially unacceptable (Blaine, 2000). In the field of psychology, stigma has been conceptualized as a strong and pervasive force that keeps individuals from recognizing their mental health concerns, and that discourages them from revealing said concerns to others (Satcher, 2000). Furthermore, stigma related to seeking

professional psychological help has involved the perception that those who seek psychological treatment are damaged and publicly undesirable (Vogel et al., 2006).

Overall, stigma has propelled individuals and societies as a whole to view mental disorders as invalid, untreatable, and non-health related conditions (Satcher, 2000). As a matter of fact, this construct has been largely shaped by societies' stereotypes and prejudices on mental illness (Satcher, 2000) and typically follows a familiar pattern. More specifically, stigma has been found to begin with the establishment of negative beliefs or stereotypes, followed by the implicit or explicit social agreement to carry on the prejudice toward whoever goes against the defined stereotype (Reynders et al., 2014; Rüsçh, Angermeyer & Corrigan, 2005). This pattern has often resulted in subtle or overt acts of discrimination as well as social rejection of members of the stigmatized group (Reynders et al., 2014; Rüsçh, Angermeyer & Corrigan, 2005).

Evidence has pointed to the systemic effects of stigma (Satcher, 2000). Research exposed that the prevalence of stigma deters societies from creating adequate infrastructures to effectively counteract mental health disorders, and thwarts service utilization in settings where resources already exist (Satcher, 2000). Furthermore, stigma has emerged in scientific literature as one of the most prominent factors that obstructs adolescents and adults' help-seeking attitudes and intentions when faced with psychological distress (Bathje & Pryor, 2011; Gulliver, Griffiths & Christensen, 2010; Rickwood, Deane, Wilson & Ciarrochi, 2005). In the words of the former U.S. Surgeon General, David Satcher (2000):

Despite the efficacy of treatment options and the many possible ways of obtaining a treatment of choice, nearly half of all Americans who have a severe mental illness do not seek treatment. Most often, reluctance to seek care is an unfortunate outcome of very

real barriers. Foremost among these is the stigma that many in our society attach to mental illness and to people who have a mental illness. (p. 6)

In general terms, the stigma phenomenon has impacted how those who struggle with mental health disorders perceive themselves, as well as how others might perceive them (Satcher, 2000). Likewise, stigma has been associated in recent literature with shame, passive coping styles, and high risk behaviors, including suicide (Reynders et al., 2014). In an effort to further conceptualize the phenomenon of stigma related to mental health, Pingani et al. (2016) summarized it from six different perspectives: social stigma (i.e., public stigma), self-stigma (i.e., private stigma), structural stigma, perceived stigma, experienced stigma, and label avoidance. In particular, social and self-stigma have had a tendency in the literature to divest individuals of self-worth and dignity in the face of experienced psychological concerns, while hindering them from accessing necessary resources for support and treatment (Satcher, 2000). Self- and social stigma are addressed next

### **Self-Stigma**

Vogel et al. (2013b) defined private or self-stigma as a decreased sense of esteem related to an individual's understanding of being socially unaccepted for seeking psychological help. This concept has been explained as the process of internalizing stereotypes and social prejudices (Lienemann et al., 2013), particularly in the context of mental health concerns or help-seeking (Corrigan, 2004; Vogel et al., 2006; Vogel et al., 2013b; Yakunina et al., 2010). Data from different sources have revealed that self-stigma tends to be exacerbated when an individual becomes aware of and internalizes stigmatizing labels originally emergent from experiences of social stigma (Bathje & Pryor, 2011; Corrigan, 2004; Wade et al., 2015).

Thus, self-stigma has been known to take place when individuals label themselves or fear being labeled negatively for: (1) having experiences of psychological distress or mental illness, and (2) holding possibly positive attitudes, intentions or behaviors that favor help-seeking (Vogel et al., 2013b). Overall, self-stigma has functioned as a major barrier to help-seeking attitudes and intentions. According to the U.S. Surgeon General's report (Satcher, 2000; U.S. Department of Health and Human Services, 1999), self-stigma has often played a discouraging role in individuals' decisions to seek help, to continue mental health treatment, or to use supportive resources for psychological concerns (Lienemann et al., 2013; Satcher, 2000; Vogel et al., 2007).

### **Social Stigma**

Social stigma, also known as public stigma, has been conceived in the literature as the population's negative and stigmatizing perception toward an individual's act of seeking psychological help (Bathje & Pryor, 2011). Social stigma has had a pattern of thriving on explicitly or implicitly communicating to those with favorable attitudes, intentions or behaviors toward help-seeking that they are or will be deemed undesirable if they were to seek psychological services (Vogel et al., 2006; Vogel et al., 2013b). Corrigan (2004), Bathje and Pryor (2011), and Eisenberg et al. (2009) proposed that practices that support social stigma are a reflection of sustained stereotypes, discrimination and prejudices, particularly in the context of mental health services.

At first glance, the power of stigma over mental health and related services have appeared unchanged despite the passing of time. In 1979, Parish and Kappes found that people's attitudes are generally very negative toward anyone who seeks psychological services. Likewise, in 2015, Vogel et al. wrote that social stigma was positively correlated to self-stigma, and held an inverse relationship with help-seeking attitudes and intentions.

## Stigma in College Students

Stigma has been explored among college student populations from the perspective of how it potentially impacts help-seeking in the face of psychological distress or related mental health concerns. For example, Lannin, Vogel, Brenner, Abraham and Heath (2016) studied a sample of 370 undergraduate students to understand their perspective on obtaining information about psychological concerns or available resources to treat them. Lannin and colleagues (2016) concluded that only about eight percent of students with high levels of distress sought professional information about psychological concerns or related treatment. The authors (2016) highlighted the power of self-stigma to hinder help-seeking, even in the form of an informal online consultation about psychological concerns.

Likewise, Eisenberg et al. (2009) studied the relationship between help-seeking, self-stigma and social stigma. Using a random sample of 5,555 college students from 13 universities across the United States, Eisenberg and associates (2009) noted that college students had significantly higher levels of social stigma than self-stigma. Furthermore, results indicated that self-stigma was noticeably higher and more prevalent for students who were male, younger, or more religious, among other factors. Lastly, the authors (2009) pointed out the inverse relationship between personal stigma and help-seeking.

Similarly, in a cross-sectional survey that took place in 2009 with 759 Health Sciences majors from the University of Michigan's Medical School, authors Schwenk, Davis and Wimsatt (2010) established that students who reported higher levels of depression and distress had higher levels of social stigma. Sample participants reportedly believed that their opinions would be less respected than that of their less depressed peers because of their mental health struggles. Congruently, Schwenk et al. (2010) endorsed that students with high levels of depression



reported less favorable attitudes and intentions to seek professional help than those with lower scores on the symptomatology measure, a finding that was ultimately attributed to high experiences of self-stigma among sample participants.

### **Panorama in Dominican Higher Education Institutions**

There is a dearth of information about the nature of higher education in the Dominican Republic, and the incidence of psychological distress for Dominican college students in this geographical context. When professional literature on experiences of psychological distress involving Dominicans living in the Dominican Republic were sought, a handful of peer-reviewed articles emerged on subjective reports of distress related to natural disasters (e.g., hurricane Georges) or somatic conditions (e.g., lymphedema; elephantiasis).

Only one study surfaced related to the spheres of Dominican higher education and distress in the Dominican Republic. This particular study focused on the potential experiences of psychological distress and post-traumatic stress disorder of Haitian undergraduate college students enrolled in the *Pontificia Universidad Católica Madre y Maestra* (PUCMM), a private higher education institution in the Dominican Republic (Silvestre, Anacrón, Théodore, Silvestre & García-Dubus, 2014). The project was aimed at understanding Haitian students' experiences following the massive earthquake that affected Haiti in the year 2010.

To fulfill their goal, Silvestre and colleagues (2014) studied a total of 246 Haitian students out of a total 523 enrolled in said university when the study first began. Silvestre et al. (2014) concluded that 36% of the students experienced severe post-traumatic stress disorder symptoms, and that 32% indicated high levels of depression in conjunction with exacerbated symptoms of anxiety. The dearth of studies specifically focused on Dominican college students while in their country of origin underlined the need for further research in this area.

Similarly, no specific studies were found that documented Dominican college students' attitudes or intentions toward professional help-seeking. The majority of studies that emerged as a result of researching help-seeking and Dominicans were related to migrant Dominicans at different developmental stages, and their culture-based help-seeking practices in the face of interpersonal violence and physical illnesses (e.g., dengue fever; HIV). Further studies are warranted to better understand help-seeking attitudes and intentions of Dominican college students in their home country.

Likewise, researching the variable of stigma in the context of Dominican higher education institutions or of Dominican college students did not yield any specific studies. The studies that actually related to and informed this project were ones focused on stigma as it applied to treatment gaps and service underutilization for mental health concerns in the Dominican Republic (Babington et al., 1999; Caplan et al., 2015; Lora et al., 2012; Mieses Michel et al., 2009; Schumacher, 2010). Evidently, most published studies on stigma in the Dominican Republic were geared at addressing the link with physical ailments, including HIV, tuberculosis, and obesity-related stigma. The absence of data on stigma and mental health as it relates to populations of Dominican college students pointed to a palpable need for further research in this area.

### **Connections between Psychological Distress, Help-Seeking and Stigma**

Studies exposed that less than one third of individuals struggling with psychological distress actually seek help from a trained professional although it has been proven to effectively reduce distress (Ciarrochi, Wilson, Deane & Rickwood, 2003; Rudd et al., 1996). Help-seeking attitudes and intentions, as well as service-utilization patterns were also reportedly lower among populations with suicidal problems versus those facing personal-emotional distress (Cusack,

Deane, Wilson & Ciarrochi, 2004; Deane, Wilson & Ciarrochi, 2001; Rudd et al., 1996; Yakunina, Rogers, Waehler & Werth, 2010).

Private (i.e., self-stigma) and public (i.e., social) mental health stigma— suggestive of an overall sense of resistance to acknowledge or address psychological symptoms, have been repeatedly found to account for negative attitudes and decreased intentions toward help-seeking (Chang, 2007; Masuda & Boone, 2011; Masuda, Anderson & Edmonds, 2012; Mendoza et al., 2015; Tillman & Sell, 2013). In fact, stigma has been consistently explained in the literature as a variable barrier to help-seeking (Gulliver et al., 2010; Jean-Michel, 2014; Yakunina et al., 2010).

A systematic review of 22 studies revealed that stigma is one of the most salient variables accountable for negative help-seeking attitudes and low help-seeking intentions among adolescents and young adults (Gulliver et al., 2010). Furthermore, the impact of self and social stigma on help-seeking for distress management was also prominent in literature involving Latino/a college students. Results with a sample of 129 Latino/a college students showed that those with high levels of mental health stigma displayed lower levels of recognition of needing psychological help, and decreased likelihood to seek professional help (Mendoza et al., 2015).

Contrasting data from The Healthy Minds Study (HMS), an annual national survey that examines mental health, service utilization, and related issues among college students, proposed that most students who did not seek psychological help actually had positive attitudes and low stigma toward psychological help-seeking (Czyz et al., 2013 Eisenberg, Speer & Hunt, 2012). Likewise, number of authors found that social stigma had no impact on actual help-seeking patterns (Czyz et al., 2013; Eisenberg et al., 2009; Eisenberg, Speer & Hunt, 2012; Golberstein, Eisenberg & Gollust, 2008; 2009). These findings contradict studies that endorsed the effects of

different domains of stigma on students' help-seeking attitudes and intentions (Deane & Chamberlain, 1994; Yakunina et al., 2010).

More specifically, Yakunina et al. (2010)'s findings portrayed college students' attitudes and stigma as unique predictors of participants' intentions to seek professional help (Yakunina et al., 2010). On a similar note, Deane and Chamberlain (1994) exposed that college students were less likely to engage in professional help-seeking when they anticipated that their family and friends would respect them less if they did so. Comparable help-seeking intentions emerged in students who believed that accessing mental health resources would negatively impact potential job offers due to stigma (Deane & Chamberlain, 1994).

In essence, seeking professional help has been commonly deemed as a last alternative after the individual rules out his or her own effectiveness at addressing the pressing issues or engages their support network to attempt to manage it for them. Nevertheless, growing evidence has clarified that the experiences of psychological distress in individuals with perceived weak support networks typically persist or even intensify over time, frequently increasing the likelihood of pursuing professional help as a necessity to manage said impactful psychological experiences (Vogel & Wei, 2005). In fact, findings proposed that individuals' engagement in help-seeking varies in concordance with the severity of the stressor they face (Holahan, Moos, Holahan, Brennan & Schutte, 2005; Carnicer & Calderón, 2014).

In general terms, psychological distress has been significantly and positively correlated with an individual's disposition to pursue professional psychological services (Vogel & Wei, 2005). Cepeda-Benito and Short (1998) reported that different levels of distress can be selectively predictive of individuals' perceived likelihood to seek help. However, clients entering therapy under severe distress have been found to terminate services prematurely (i.e., as

they began to experience slight improvement), possibly due to decreased motivation to stay in treatment as the level of distress diminished (Cepeda-Benito & Short, 1998).

Conversely, Chang (2007) suggested that many college students often do not experience increased inclination toward help-seeking even when faced with higher levels of psychological distress. Cauce et al. (2002) explained that although the recognition of a problem favors help-seeking, it does not guarantee that help-seeking will take place. In fact, a meta-analysis of 18 independent studies in the United States with a combined sample of 6,839 college student participants reported that psychological distress had a non-significant correlation with help-seeking attitudes and intentions (Li et al., 2014).

According to Chang (2007), college students often distanced themselves from professional sources of help when experiencing psychological distress because of ingrained negative beliefs about the underlying meaning of experiencing distress, and the potential fears around the emotional and social repercussions of seeking help. More specifically, Chang (2007) indicated that college students commonly perceived experiences of psychological distress as rooted in personal defects, immaturity or powerlessness. Thus, college students were likely to conceptualize seeking professional help for psychological distress as an exposing and shameful activity, for themselves and their respective family members.

Along these lines, Vogel et al. (2005) corroborated that a distressing event in and of itself did not clearly predict help-seeking, regardless of the help-seeking sources considered. However, the authors (2005) found that the interaction between anticipated outcomes (e.g., risks of talking about an emotional concern; stigma), and subjective experiences of distress was a strong predictor of help-seeking behavior (Vogel et al., 2005). Accordingly, Li et al. (2014) highlighted the prospect that psychological distress and help-seeking intentions depended on the

individual's phenomenological experiences of distress and the perception of the potential outcomes that may stem from accessing professional services.

### **Culture and Context**

Reticence to access services, thus, regardless of objective measures or subjective experiences of distress could be dependent upon other salient factors in the individual's decision-making process to access help (Vogel et al., 2005). According to Cauce et al. (2002), "the effects of culture and context are profound across the entire help-seeking pathway, from problem identification to choice of treatment providers" (p. 44), and impact how concerns are conceptualized, whether support is sought, and from whom it is obtained.

Fischer and Farina (1995), Mendoza et al. (2015), as well as Cauce et al. (2002) supported the notion that an individual's connection to culture impacts his or her attitudes toward seeking professional psychological help. According to Fischer and Farina (1995), those who held strong cultural affiliations to their specific ethnic group were less inclined to favor help-seeking of psychological services than were those who identify with the mainstream American culture. Mendoza et al. (2015) echoed this notion by reporting that diverging cultural values existed between Latino/a and Western societies, which in and of itself appeared to impact help-seeking patterns for Latino/a populations.

A closer look into the matter of attitudes, help-seeking and culture exposed that Latinos/as' typically reluctant attitudes toward help-seeking likely corresponded to this group's ethnocultural beliefs and interpersonal values (Mendoza et al., 2015; Sedeño, 2006). A major value among Latinos/as that is reported in the literature is that of *familismo* (i.e., family as a core aspect of the individual's life). Several authors have noted that attitudes toward help-seeking are transmitted by family and social network to the individual (Chang, 2007; Deane & Chamberlain,

1994; Fischer & Farina, 1995), and as such, Latinos/as less favorable help-seeking attitudes correspond with the value of *familismo* (Bermúdez, Kirkpatrick, Hecker & Torres-Robles, 2010; Brabeck & Guzmán, 2009; Duarte, 2002; Ortega et al., 2014).

*Personalismo* (i.e., relationship-building based on positive inner qualities) and *respeto*, referring to proper behavior toward others based on gender, age, socioeconomic status or level of authority, were other foundational values of Latinos/as noted in Bermúdez et al. (2010), Comas-Díaz (1995) and Duarte's (2002) work. These values have emphasized the group's inclination to reach out to family first. Similarly, these values have pointed to Latinos/as' reliance on trustworthy relationships based on positive attributes as opposed to potential problems, as well as on attention to appearance and hierarchical power in social and professional interactions (Bermúdez et al., 2010; Comas-Díaz, 1995; Duarte, 2002).

In this regard, Mendoza et al. (2015) discussed several points of reflection involving Latino/a cultural values and professional help-seeking. The authors highlighted Latinos/as' reliance on family and community, in agreement with previously stated collectivistic values. Moreover, Mendoza et al. (2015) placed emphasis on Latinos/as' preference for more passive, non-confrontational methods of conflict resolution at times of distress. Consequently, Mendoza and associates noted that professional help-seeking went against core beliefs for this ethnic group as they differed from the very nature of common psychological practice and treatment.

Mendoza et al. (2015) argued that mainstream professional psychological services typically focused on achieving individual contentment (i.e., as opposed to collectivistic well-being) through the creation of a novel therapeutic relationship and treatment goals. The goals themselves were found to, in a relatively straightforward manner, address clients' experienced conflicts. Mendoza et al. (2015) believed that this dynamic in itself conflicted with the

abovementioned cultural values of Latinos/as and could explain their underutilization of professional resources.

Additional tenets commonly prevalent in the literature when it comes to this cultural group were *vergüenza* and *orgullo*, meaning “a sense of shame in asking for help and maintaining one’s pride by not asking for help” (Duarte, 2002, p. 9) as well as *machismo*, referring to strong pride in maleness (Duarte, 2002). In comparable ways, the values of *espiritualismo*, known as the belief in spirits, prayer, and the effect of spirituality on human behavior (Bermúdez et al., 2010; Ho, Rasheed & Rasheed, 2004; Schumacher, 2010; Weaver, 1994) as well as *fatalismo*, “belief among Latinos/as that some things are meant to be regardless of the individual’s intervention” (Bermúdez et al., 2010, p. 158) stood out in the literature as important aspects to pay attention to when considering help, whether social or professional.

In addition to reaching out to significant others, family members or friends, Latinos/as have been known to reach out to priests and faith healers (Bermúdez et al., 2010; Ho, Rasheed & Rasheed, 2004; Schumacher, 2010; Weaver, 1994). In this regard, the idea of seeking professional services has been frowned upon in Latin American settings where faith and spirituality are salient. Professional help-seeking has also been traditionally evaded in spaces where folk medicine (i.e., *curandero*, *herbalista*) continues to be practiced and utilized (Bermúdez et al., 2010; Ho et al., 2004; Schumacher, 2010; Weaver, 1994).

Alternatively, research established that Latino/a populations are prone to visit medical doctors for answers and support related to mental health concerns prior to considering seeking support from a mental health professional (Brown, 2011; Dadfar & Friedlander, 1982; Mendoza et al., 2015; Reavley, McCann & Jorm, 2012). According to Chang (2007) as well as Parker,



Gladstone and Chee (2001), physical complaints and treatments for medical conditions were more socially-accepted and preferred than complaints related to psychological functioning.

Overall, help-seeking has been noted as a complex phenomenon in cultures where psychological problems and service utilization are perceived as flaws of character or moral deficiencies, leading to the broad, societal stigmatization of professional help-seeking (Chang, 2007). In the case of Latinos/as, mental health stigma and its implication on help-seeking for distress management have been expounded in the literature from the sociocultural lens of Latino/a idiosyncrasies (Alegría et al., 2002; Bermúdez et al., 2010; Brown, 2011; Cauce et al., 2002; Ho, Rasheed & Rasheed, 2004; Ishikawa et al., 2010; Rastogi, Massey-Hastings & Wieling, 2012; Schumacher, 2010; Sedeño, 2006; Vega et al., 1999; Weaver, 1994).

### **Role of Demographic Variables**

This section highlights literature on the previously described constructs of psychological distress, help-seeking, and stigma, and their potential interactions with demographic variables such as gender, age, years of enrollment, and academic area of study.

#### **Gender**

In terms of the intersection between gender and distress at the college level, mixed results pointed to significant and non-significant differences between males and females. Some authors found no significant differences in levels of distress reported by males and females in their respective studies (Amutio & Smith, 2008; Bewick et al., 2010; Dessie et al., 2013; Morrison & O'Connor, 2005). However, those findings contradicted a large number of studies which suggested that female students have heightened levels of psychological distress in comparison to their male counterparts (Adlaf et al., 2001; Bayram & Bilgel, 2008; Bernhardsdóttir & Vilhjálmsón, 2012; Bewick et al., 2008; Cooke et al., 2006; Day & Livingstone, 2003; Deasy et

al., 2014a; del Toro Añel et al., 2011; Farkas, 2002; Fritsch et al., 2006; Ghaedi & Mohd Kosnin, 2014; Leahy et al., 2010; Rosenthal & Schreiner, 2000; Sañas et al., 2014).

Evidently, being a female has been associated with increased vulnerability and risk of experiencing practically all symptomatology related to distress (del Toro Añel et al., 2011, Larcombe et al., 2014; Pozos-Radillo et al., 2014). For example, in Cova Solar et al.'s (2007) study ( $N = 632$ ), women in the sample were twice more likely to experience depressive and anxious symptomatology than men in the sample. Antúnez and Vinet (2013), Farkas (2002), Fritsch et al. (2006), and Marty et al. (2005) exposed similar scientific findings based on other Chilean college student and non-student populations, as did Reyes-Rodríguez et al. (2013) using 2,163 Puerto Rican college students as sample participants.

Data also revealed gender differences related to help-seeking attitudes and intentions. Females have been found to hold more positive attitudes and more favorable intentions toward pursuing professional psychological help than males (Cauce et al., 2002; Chang, 2007; Dadfar & Friedlander, 1982; Day & Livingstone, 2003; Deane & Chamberlain, 1994; del Toro Añel et al., 2011; Elhai et al., 2008; Fischer & Farina, 1995; Komiya et al., 2000; Mendoza et al., 2015; Rickwood & Braithwaite, 1994). In fact, males were found to utilize formal help less frequently than females do (Alegría et al., 2002; Ishikawa et al., 2010; Peifer et al., 2000; Smith, Tran & Thompson, 2008; Sue et al., 1991; Vega et al., 1999).

Furthermore, Cauce et al. (2002) supported the notion that females tend to value expressions of affect and use more emotion-focused coping techniques than males, which tended to favor help-seeking processes. Relatedly, Day and Livingstone (2003) proposed that women turned to varying sources of support to cope with emotionally demanding situations to a greater degree than men did. The authors (2003) attributed this to gender-role socialization and

stereotypes. Scafarelli Tarabal and García Pérez (2010) as well as Cabanach et al. (2013) corroborated this assertion with Uruguayan and Spanish college students, respectively.

Review of related literature also pointed to the effect of gender on private (i.e., self-stigma) and public experiences of stigma (i.e., social stigma) among college students. In this regard, men were found to hold higher levels of perceived private and social stigma toward seeking professional psychological services than women (Eisenberg et al., 2009; Korszun, Dinos, Ahmed & Bhui, 2012; Vogel et al., 2006; Vogel et al., 2007). According to Pingani et al. (2016), being a female was associated with lower prejudices against those with mental illness in comparison to males, who were inclined to hold higher levels of stigma overall.

### Age

The relationship between college students' age and experiences of psychological distress has also been examined in scholarly work. The literature has recognized traditional-aged students as those under the age of 25 and non-traditional-aged students as those 25 years old (Kena et al., 2015). Nevertheless, given the lack of official information on the specific ages that constitute traditional and non-traditional-aged college students in the Dominican Republic, the age parameter for each concept with sample participants was established by examining the data on age and their placement in the normal curve. More specifically, non-traditional-aged college students were identified as those who were one standard deviation or more above the mean score for age. In turn, those students whose age fell within one standard deviation from the mean in either direction, or more than one standard below the mean, were grouped as traditional-aged. This is further discussed in chapters three and four.

In any case, several studies (Bernhardsdóttir & Vilhjálmsón, 2012; Dill & Henley, 1998; Larcombe et al., 2014; Rosenthal & Schreiner, 2000; Stallman, 2010) revealed that young adults

or traditional-aged students tend to experience more distress than non-traditional-aged students. This information was further emphasized in importance when combined with reports from the National Center for Education Statistics (Kena et al., 2015) that 88% of college students tend to be traditional-aged college students. Additional evidence highlighted that the younger students were, the higher their chances of experiencing distress (Bernhardsdóttir & Vilhjálmsson, 2012; Dill & Henley, 1998; Marty et al., 2005; Rosenthal & Schreiner, 2000; Stallman, 2010).

On the other hand, a limited number of studies, including Chang (2007), Giancola, Grawitch and Borchert (2009), as well as Pérez San Gregorio et al. (2003) highlighted that non-traditional students' roles, demands, and time conflicts could make the group more vulnerable to anxiety and depression. In turn, other studies found no significant differences between age and distress (Fritsch et al., 2006; Ghaedi & Mohd Kosnin, 2014; Saïas et al., 2014).

In terms of age and help-seeking, research suggested that younger-aged college students tend to hold less positive attitudes toward professional help-seeking than non-traditional-aged college students, particularly males (Berger, Levant, McMillan, Kelleher & Sellers, 2005; Gulliver et al., 2010; Smith et al.; 2008). According to Smith et al. (2008) and Elhai et al. (2008), non-traditional-aged college students held more positive attitudes and intentions toward psychological help-seeking than their younger counterparts.

Consistently, Gloria et al. (2010), Chang (2007) and Mendoza et al. (2015) endorsed that females, especially those who are older in age, tend to perceive professional help-seeking as a feasible resource to meet their concerns. In addition, Elhai et al., (2008) confirmed the significant correlation between older age and positive attitudes toward mental health treatment. Meanwhile, Mendoza et al. (2015) also reported an association between being older and female in college and having higher trust in mental health professionals.

Similarly, age played a role in students' internal or external experiences of stigma. Younger, traditional-aged students have reported higher levels of self-stigma toward endorsing psychological distress or seeking professional help than older, non-traditional aged college students (Tillman & Sell, 2013). Pingani et al. (2016) encountered similar findings with a sample of 311 college students in Italy. Pingani and colleagues (2016) found that scores on stigma-related measures decreased as participants' age increased. Thus, younger college students who are 22 years old or younger had higher levels of social stigma than their counterparts, namely 23 year-old students or older (Eisenberg et al., 2009; Pingani et al., 2016).

### **Years of Enrollment**

Data on years of enrollment and psychological distress have suggested that students' level of distress tend to be higher during the first years of enrollment in college, compared to its potential magnitude following several years of enrollment (Bewick et al., 2010; Reyes-Rodríguez et al., 2013). In fact, a number of studies revealed that psychological distress tends to be more prevalent and notorious for under-class students (i.e., first years of college enrollment) compared to upper-class students (i.e., three or more years of college enrollment), maintaining a relative presence over time yet never returning to levels reported prior to starting college (Antúnez & Vinet, 2013; Bayram & Bilgel, 2008; Bewick et al., 2010; Cooke et al., 2006; García-Ros et al., 2012; Reyes-Rodríguez et al., 2013; Rosenthal & Schreiner, 2000; Sher et al., 1996; Stallman; 2008).

For instance, Bewick et al. (2010) completed a longitudinal study with  $N = 24,234$  college students from one university in the United Kingdom. The authors (2010) found that students experienced their highest levels of psychological distress during their first semester of enrollment, failing to reach baseline levels over time. Examples in Latin American higher

education institutions include Antúnez and Vinet's (2013) study with  $N = 484$  Chilean college students between the ages of 18 and 28 ( $M = 20$ ,  $SD = 2$ ). The authors (2013) found that under-class students accounted for 60% of anxious-depressive symptomatology of psychological distress highlighted in results. These findings were echoed in Marty et al.'s (2005) study based in Chile, as under-class students reported higher levels of distress than upper-class students from the sample ( $N = 438$ ). The same was true in Reyes-Rodríguez et al.'s (2013) study with  $N = 2,163$  Puerto Rican college students.

Yet, other studies have supported a directly proportional correlation between distress and years of enrollment. For instance, Cova Solar et al. (2007) established that distress-related responses of anxiety, depression as well as alcohol and drug consumption were mostly evident in upper-class college students who were further along in their programs of study. Leahy et al. (2010) found that upper-class students were prone to experience more distress than those earlier on in their programs. In contrast, authors such as Fritsch et al. (2006) and Saías et al. (2014) found no relationship between years of enrollment and distress.

When considering the roles of years of academic enrollment in help-seeking, under-class college students often reported less favorable help-seeking attitudes and intentions than their upper-class counterparts, especially in the case of males (Sheu & Sedlacek, 2004; Smith et al., 2008). As for females, those more advanced in their years of academic enrollment tended to hold more positive attitudes and favorable intentions toward seeking professional help (Chang, 2007; Gloria et al., 2010; Mendoza et al., 2015). According to Gloria et al. (2010), upper-class undergraduate Latinas had more positive help-seeking attitude than Latina students in their initial years of enrollment.

With regard to experiences of social and self-stigma in addition to years of enrollment, Pingani et al. (2016) suggested that college students' levels of social stigma decrease as they progress through enrollment in their specific program of study. O'Connor et al. (2013) corroborated this finding, as they found social perspectives of stigma to decrease around the time students' reach upper-class status, in specific for those in Health Sciences majors.

### **Academic Area of Study**

When it comes to the potential relationship between areas of academic study and experiences of psychological distress, different results stood out in the literature. Bayram and Bilgel (2008) found that students majoring in Humanities and Social Sciences had higher levels of depression, anxiety, and overall distress than those enrolled in Basic and Environmental Sciences, Engineering, and Health Sciences. Similarly, Farkas (2002) suggested that Chilean college students enrolled in Humanities and Social Sciences (i.e., Psychology) reported a large number of stressful events, more so than students enrolled in majors from other academic areas.

Other authors (Kausar, 2010; Larcombe et al., 2014; Leahy et al., 2010) documented the high incidence of psychological distress among college students majoring in Engineering programs. Leahy et al. (2010) highlighted that, from a sample of 955 Australian college students, those in Engineering were more distressed than students from other majors. Seymour & Hewitt (1997) described Engineering as an academic area with competitive students who avoided asking for or providing help to peers; however, Wolfe, Fawcett and Powell (2015) reported findings that suggest otherwise. Wolfe et al. (2015) indicated that although Engineering students continue to stumble upon barriers to access help for experiences of distress, they appear to be more receptive to and supported by their overall environment.

In turn, de La Rosa-Rojas et al.'s (2015) study from the *Universidad Peruana de Ciencias Aplicadas* (UPC) in Peru revealed that college students enrolled in Health Sciences (i.e., Medicine) held higher levels of psychological distress than students enrolled in Humanities and Social Sciences (i.e., Psychology). These findings were consistent with Marty et al.'s (2005) conclusions with a sample of 438 students from the *Universidad de los Andes* (UANDES) in Santiago de Chile.

Additional studies pointed to the pervasiveness of psychological distress among students enrolled in Health Sciences. Perales, Sogi and Morales (2003) examined the experiences of 115 and 508 college students from two Peruvian universities, respectively. The authors (2003) encountered significant reports of distress, depression, anxiety, use and abuse of alcohol, and atypical or violent behaviors among sample participants. Bermúdez Quintero et al. (2006) echoed the nature of these findings using a sample of 212 Colombian college students from a Health Sciences program, from which 40.1% presented varying levels of anxiety and depression. Overall, Health Sciences students have been presented in the literature as susceptible to high rates of distress (Chew-Graham et al., 2003; Tija et al., 2005).

Regarding help-seeking and area of academic study, students enrolled in Humanities and Social Sciences, Business, as well as Basic and Environmental Sciences were more likely to hold positive attitudes and higher help-seeking intentions than students in Health Sciences and Engineering (López Hernando, Kuhne, Pérez Marinkovic, Gallerdo Pardo & Matus Pérez, 2010). Scafarelli Tarabal and García Pérez (2010) agreed, and indicated that students from Engineering majors were less likely to seek help for their concerns than students from other majors, particularly males (Wolfe et al., 2015). In turn, Schwenk et al. (2010) found that students in Health Sciences (i.e., Medicine) held more negative attitudes and less favorable intentions



toward professional help-seeking as a way of coping with stress and distress. Others authors corroborated these conclusions for students in Health Sciences (Chew-Graham, Rogers & Yassin, 2003; Givens & Tjia, 2002; Santander, Romero, Hitschfeld & Zamora, 2011).

In the matter of stigma and area of academic study, Wolfe et al. (2015) reported that women in Engineering were usually concerned about being perceived weaker than their peers if reaching out for help. In turn, Pingani et al. (2016) sought to determine potential predictors of stigmatizing attitudes among 311 college students enrolled in Health Sciences at the University of Modena and Reggio Emilia, in Italy. Pingani et al. (2016) found that experiences of stigma toward psychological illnesses and services were common among Health Sciences' students, particularly among males who were younger in age.

In a survey research with 873 sample participants from six different universities in the United States, Dyrbye et al. (2015) observed that one third of students enrolled in Health Sciences dismissed opportunities for help-seeking. As a matter of fact, distressed and burnt-out students (33.9%) had higher levels of social stigma and greater apprehensions related to self-stigma than their peers (Dyrbye et al., 2015). The study explained that stigma could well account for the significant amount of students in Health Sciences who do not seek help despite their prevalent experiences of distress and burnout. Further studies supported the prevalence of social and self-stigma among Health Sciences students, including Korszun et al. (2012); O'Connor et al (2013); Santander et al. (2011); Schwenk et al. (2010); and Tija et al. (2005).

### **Summary**

The information gathered in this chapter explored the experiences of psychological distress, help-seeking attitudes and intentions, as well as private (i.e., self-stigma) and public (i.e., social) stigma toward psychological services for college students. The review of related

literature extracted findings on these variables from around the world, including the United States of America, United Kingdom, and Latin American countries such as Venezuela, Chile, and Cuba. The limited amount of available literature on Dominican college students' psychological distress, help-seeking pathways, and stigma were discussed in this chapter. Additionally, this chapter highlighted previously established connections in the literature between the main research variables.

Similarly, chapter two explored known effects of gender, age, years of enrollment, and area of study on distress, help-seeking, and stigma. Information gathered in this chapter pointed to the prevalence of high distress among females, and less favorable help-seeking attitudes and intentions as well as higher social and self-stigma among males. Additionally, this chapter underlined how traditional-aged, under-class students in a Health Sciences area of study tend to be more distressed, to hold less positive attitudes and intentions toward help-seeking, and to have higher levels of social and self-stigma toward psychological services than their counterparts.

## CHAPTER III

### METHODS

This study sought to understand the experiences of psychological distress among Dominican college students. Furthermore, the purpose of this research was to explore the nature of the relationship between Dominican college students' distress, help-seeking and stigma variables. The present chapter intends to describe this study's methods and research design, as well as the process of determining both the setting and sample used in this study. This section also provides a detailed description of sample participants' demographic characteristics as well as specific psychometric information on the instrumentation employed. Additionally, this chapter presents a thorough narrative of data collection procedures, as well as information on the statistical analyses used to obtain and interpret results. This section ends an overall summary.

#### Research Design

This study followed a cross-sectional, quantitative, descriptive, survey research design. According to Heppner, Wampold and Kivlighan (2008): "descriptive designs are research strategies that help to define the existence and delineate characteristics of a particular phenomenon" (p. 224). Heppner et al. (2008) proposed survey or epidemiological research as one of the salient types of quantitative descriptive research. A survey design, as stated by Creswell (2009), "provides a quantitative or numeric description of trends, attitudes, or opinions of a population by studying a sample of that population" (p. 145). This study utilized a survey research design that was predominantly quantitative and descriptive in nature, so as to provide

foundational information about the distinct and understudied research variables through data collected at one point in time.

### **Setting and Sample Determination**

Data was collected from one, mid-sized private university in Santo Domingo, Dominican Republic. At the time of data collection, the Dominican university was representative of other local mid-sized private universities given its enrollment size. This university also shared with other universities the institutional mission of being a pluralistic educational community geared to the sustainable development of society through science and technology.

The specific university used for data collection purposes in this study had an estimated overall population of 4,800 Dominican students at the time data was collected. Approximately 3,800 of the total student population were pursuing undergraduate degrees in the different areas of Basic and Environmental Sciences, Health Sciences, Humanities and Social Sciences, Engineering, and Business (E. Barinas, Director of Student Enrollment, personal communication, August 12, 2013). No additional demographic information was obtained a priori, per the university's stated restrictions on sharing demographic data pertinent to their student body.

G\*Power Statistical Software was used to determine sample size requirements for this study. Using Multivariate Analysis of Variance (MANOVA): Global Effects as statistical test, a small effect size ( $f^2 = 0.03$ ), alpha at 0.05, and power at 0.80, with five groups and five response variables, the suggested sample size was of 180 individuals. The same characteristics were used to calculate a sample size for three groups and five response variables, which yielded a sample size of 276 individuals. Based on a priori sample size calculations, the goal for this study was to recruit 280 undergraduate Dominican college students as sample participants. Gender, age, years of enrollment and academic area of study served as independent variables for the MANOVA

calculations, whereas psychological distress, help-seeking attitudes, help-seeking intentions, self-stigma and social-stigma toward psychological help served as dependent variables.

This study employed non-probability sampling as the technique to determine sample selection. More specifically, this project made use of purposive sampling to access participants. Pedhazur and Schmelkin (1991) wrote that non-probability sampling methods tend to predominate in socio-behavioral research given its overall feasibility. With this approach to sampling, results were not generalizable to the overall population but served to describe characteristics and experiences pertaining exclusively to sample participants.

### **Participants**

This study's participants were 280 Dominican undergraduate college students. Tables 1 and 2 present all results. Starting with gender, a total of 147 participants self-identified as female (52.5%) whereas 133 participants self-identified as male (47.5%). The average age of female and male respondents was 20.3 ( $SD = 2.2$ ) and 20.2 ( $SD = 2.4$ ) years old, respectively. No participants identified as "other"; as a result, this category was not included in the main analyses.

Participants' ages ranged from 18 years to 30 years ( $M = 20$  years;  $SD = 2$ ). A complete range of ages was listed in Table 1, whereas Table 2 included information based on age categories (i.e., traditional-aged; non-traditional-aged college students) created due to its noted conceptual importance in the review of related literature. Given the dearth of data on the ages that constitute said groups in the Dominican Republic, participants were assigned to one of the two categories following their placement on the normal curve. More specifically, non-traditional-aged college students were those whose age fell one standard deviation or more above the mean for age (i.e., 23 years old or older). In turn, students whose age was within one standard deviation from the mean in either direction or more than one standard deviation below

the mean were categorized as traditional-aged college students (i.e., 22 years old or younger).

About 86% were traditional-aged, whereas 14% were non-traditional-aged college students.

Table 1  
*Demographic Characteristics of Participants (N = 280)*

Variable	<i>f</i>	%
<b>Gender</b>		
Male	133	47.50
Female	147	52.50
Other	0	0.00
<b>Age</b>		
18	70	25.00
19	56	20.00
20	46	16.43
21	47	16.79
22	22	7.86
23	15	5.36
24	10	3.57
25	1	0.36
26	8	2.86
27	1	0.36
28	2	0.71
29	1	0.36
30	1	0.36
<b>Relationship Status</b>		
Single	217	77.50
In a relationship, not married	61	21.79
Married	2	0.71
Divorced	0	0.00
<b>Annual Income</b>		
USD\$ 0 – USD\$ 2,325 (Lower class)	242	86.43
USD\$ 2,326 – USD\$ 5,000 (Working class)	20	7.14
USD\$ 5,001 – USD\$ 16,000 (Lower middle class)	12	4.29
USD\$ 16,001 – USD\$ 30,000 (Upper middle class)	4	1.43
USD\$ 30,001+ (Upper class)	2	0.71
<b>Years Enrolled in University</b>		
0.5 years	64	22.86
1 year	51	18.21
2 years	58	20.71
3 years	50	17.86
4 years	34	12.14
5+ years	23	8.21
<b>Academic Area of Study</b>		
Basic and Environmental Sciences	8	2.86
Health Sciences	102	36.43
Humanities and Social Sciences	38	13.57
Engineering	102	36.43
Business	30	10.71

Table 2  
*Demographic Characteristics of Participants by Categories (N = 280)*

Variable	<i>f</i>	%
<b>Gender</b>		
Male	133	47.50
Female	147	52.50
<b>Age</b>		
Traditional-aged	241	86.10
Non-traditional-aged	39	13.90
<b>Relationship Status</b>		
Single	217	77.50
In a relationship, not married	61	21.79
Married	2	0.71
Divorced	0	0.00
<b>Annual Income</b>		
USD\$ 0 – USD\$ 2,325 (Lower class)	242	86.43
USD\$ 2,326 – USD\$ 5,000 (Working class)	20	7.14
USD\$ 5,001 – USD\$ 16,000 (Lower middle class)	12	4.29
USD\$ 16,001 – USD\$ 30,000 (Upper middle class)	4	1.43
USD\$ 30,001+ (Upper class)	2	0.71
<b>Years Enrolled in University</b>		
Under-class	173	61.80
Upper-class	107	38.20
<b>Academic Area of Study</b>		
Basic and Environmental Sciences	8	2.86
Health Sciences	102	36.43
Humanities and Social Sciences	38	13.57
Engineering	102	36.43
Business	30	10.71

Regarding relationship status, 77% of participants identified as single, whereas 22% identified as in relationship but not married. Only two participants (0.7%) reported their relationship status as married and none of the participants identified as divorced.

In terms of annual income, 86% of the sample earned US\$2,325 or less annually, and seven percent earned between US\$2,326 and US\$5,000 per year. Four percent of participants earned between USD \$5,001 and USD\$16,000 annually. In turn, one percent of the sample had an annual income between USD \$16,001 and USD\$30,000, while less than one percent of the sample earned more than USD\$30,001 on an annual basis.

In terms of years of enrollment in the higher education institution, 41% of participants reported being enrolled for a year or less. Twenty-one percent of the sample indicated being enrolled in the university for two years, whereas 18% reported being enrolled for three years. Twenty percent of the sample indicated four or more years of enrollment in the higher education institution where data collection took place. A more detailed range of responses is presented in Table 1. In turn, Table 2 presents specific information on how sample participants were grouped under one of two categories pertinent to years of enrollment: under-class (i.e., two or less years of enrollment) or upper-class (i.e., three or more years of enrollment). The groupings were done following the conceptual importance observed in the review of related literature for under-class and upper-class as terms for years of enrollment. About 62% were under-class, whereas an estimated 38% were upper-class students.

Furthermore, 36% of sample participants identified Health Sciences (i.e., Medicine) and Engineering (i.e., Mechanical Engineering; Electrical Engineering; Electronic and Telecommunications Engineering; Systems Engineering; Software Engineering; Civil Engineering; Industrial Engineering; Industrial Design; and Mechatronic Engineering), equally, as their academic areas of study. Fourteen percent identified Humanities and Social Sciences (i.e., Philosophy; Psychology) as their academic area of study, and 11% endorsed enrollment in majors of Business (i.e., Accounting; Marketing; Economics; Business Administration; International Business) as their academic area of affiliation. Three percent of participants identified Basic and Environmental Sciences (i.e., Biotechnology; Mathematics; Statistics) as their academic area of study.



### **Instrumentation**

To gather data from sample participants, this study utilized a printed packet including the following six measures: a brief demographic questionnaire, the Hopkins Symptoms Checklist-21 (HSCL-21; Green, Walkey, McCormick & Taylor, 1988), the Attitudes Toward Seeking Professional Psychological Help: Short Form (ATSPPH:SF; Fischer & Farina, 1995), as well as the General Help-Seeking Questionnaire (GHSQ, Deane et al., 2001; Wilson et al., 2005), the Self-Stigma of Seeking Psychological Help (SSOSH; Vogel et al., 2006), and the Stigma Scale for Receiving Psychological Help (SSRPH; Komiya, Good & Sherrod, 2000). Copies of all instrumentation employed in this study may be found in Appendices E through J in English (i.e., as originally created by each measure's respective authors), and K through P in Spanish (i.e., versions actually used with sample participants).

To assess each measure's reliability estimates, this study used George and Mallery's (2003) guidelines for interpreting Cronbach's alpha. Cronbach's alpha reliability coefficient typically ranges between 0 and 1 (Gliem & Gliem, 2003). According to Gliem and Gliem (2003), "the closer Cronbach's alpha coefficient is to 1.0 the greater the internal consistency of the items in the scale" (p. 87). Alpha coefficients below .50 are deemed unacceptable, whereas alpha coefficients below .60 are considered questionable. Acceptable alpha coefficients range between .60 and .79. Alpha coefficients between .70 and .89 are conceptualized as good, whereas those that are .90 or above are considered excellent in terms of instrument reliability (George & Mallery, 2003).

### **Demographic Data**

The researcher created a brief demographic questionnaire specifically for this study to gather participants' age, gender, relationship status, annual income, years of enrollment in the

higher education institution, and academic area of study. This brief demographic questionnaire was designed to describe common characteristics of the sample, to facilitate exploration of variation in results across participants, as well as to identify potential confounding variables. A copy of the brief demographic questionnaire is included in Appendices E and K, in English and Spanish, respectively.

### **Hopkins Symptoms Checklist-21**

Psychological distress was measured using the Hopkins Symptoms Checklist-21 (HSCL-21; Green et al., 1988). A copy of this measure is included in Appendices F and L, in English and Spanish, correspondingly. The HSCL-21 as self-report scale was a shortened version of the Hopkins Symptom Checklist. It contained 21 items, designed to assess overall psychological, somatic, and performance distress experienced by an individual. The HSCL-21 was created to yield a Total Distress Score (TDS) composed of values from three discrete subscales, each with seven items: General Feelings of Distress, Somatic Distress, and Performance Distress. This study solely utilized the measure's overall score or TDS.

The specific instruction for this measure was as follows: "How have you felt during the past seven days including today? Use the following scale to describe how distressing you have found these things over this time." Sample items for the HSCL-21 were "feeling blue" and "numbness or tingling in parts of your body." Responses were rated using a Likert-type scale, with possible answers ranging from not at all (1) to extremely (4). Possible scores for this measure ranged between 21 to 84 points.

Green et al. (1988) suggested that higher scores of distress on this scale indicated greater distress. Green et al.'s conclusion was consistent with observations from Horwitz (2007), Mirowsky and Ross (2003) and Wheaton (2007) previously exposed in chapter two:

Psychological distress has been defined as a continuous rather than a categorical variable given that it tends to be experienced in gradients. For the purposes of analyses and discussion in this study, total scores for each participant of the sample were assigned to one of three groups according to the normal curve: low psychological distress (i.e., scores that were more than one standard deviation below the mean); moderate psychological distress (i.e., scores that were one standard deviation on either side of the mean); or high psychological distress (i.e., scores that were more than one standard deviation above the obtained mean).

The HSCL-21 demonstrated solid internal reliability overall. Green et al. (1988) reported an internal consistency estimate of .90 for the total distress score or TDS, with a split-half reliability at .91 with a sample of 203 students in New Zealand. Similarly, Krycak, Murdock and Marszalek (2012) endorsed an internal consistency coefficient of .91 for the HSCL-21's total score based on a sample of 200 college students from which 78% were Caucasian, 8% African American, 5% Hispanic/Latino, and 9% were from other or mixed ethnicities.

The subscales of the HSCL-21 have also been found to have high internal reliability based on different studies involving college students (Deane, Leathern & Spicer, 1992; Green et al., 1988; Vogel & Wei, 2005). The General Feelings of Distress subscale had internal consistency values ranging from .84 to .90. Additionally, the Somatic Distress subscale supported internal consistency estimates from .75 to .83. In turn, the Performance Distress subscale had a range of internal consistency from .79 to .85. These values are based on the Deane et al. (1992), Green et al. (1988), and Vogel and Wei's (2005) publications.

According to Cepeda-Benito and Gleaves (2000), "the HSCL-21 is a multifactorial, short measure of distress that appears to maintain its factor structure across ethnically diverse college students" (p. 305), proving to be a cross-culturally valid measure of distress while efficient given

its brevity. Cepeda-Benito and Gleaves (2000) replicated the three-factor model of the HSCL-21 with 514 European American, 154 African American, and 229 Latino/a college student participants, and endorsed the instrument's construct validity for these groups. They found that the three-factor model for this measure fit the data well, with no substantial factor structure differences for the three groups. Although Cepeda-Benito and Gleaves (2000) found moderate to high correlations among the factors, the authors stated that discriminant validity existed among the factors. More specifically, Cepeda-Benito and Gleaves (2000) explained that the three-factor model provided a better fit than the one-factor model in data analysis, and supported the factors as distinct constructs.

Further evidence of the HSCL-21's internal reliability and construct validity to detect distress exists based on Deane et al.'s (1992) findings using an individual's total score or TDS. The authors (1992) reported that the HSCL-21 was able to demonstrate statistically significant higher scores of distress among a clinical sample of participants engaged in outpatient psychotherapy compared to scores from the non-clinical group. Deane et al. (1992) also pointed out that the HSCL-21 has "satisfactory construct validity, with moderate to strong correlations between self-reports of anxiety and therapist-completed ratings of symptom severity" (p. 24). Additionally, the HSCL-21 was able to identify the progressive reduction of 141 sample participants' symptoms throughout their participation in psychotherapy, demonstrating sensitivity to detect changes over time (Deane et al., 1992).

### **Attitudes toward Seeking Professional Psychological Help**

The Attitudes toward Seeking Professional Psychological Help: Short Form (ATSPPH:SF; Fischer & Farina, 1995) was utilized to measure help-seeking attitudes. This measure consisted of 29 items when first developed by Fischer and Turner in 1970. The version

employed in this study was Fischer and Farina's (1995) abbreviated 10-item form, included in Appendix F in English, and in Appendix L in Spanish for examination.

The ATSPPH:SF was designed as a self-report measure with the purpose of identifying a person's attitudes and beliefs on his or her "willingness to seek help from mental health professionals when one's personal-emotional state warrants it" (Fischer & Farina, 1995, p. 371). The measure offered a four-point Likert-type scale and asked participants to rate statements such as "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" as well as "I might want to have psychological counseling in the future."

The scale had five items scored in the reverse direction. Items one, three, five, six, and seven were defined as straight items, for which the responses "agree", "partly agree", "partly disagree", and "disagree" were scored 3-2-1-0, correspondingly. Reversal items, including items 2, 4, 8, 9, and 10 were scored 0-1-2-3, respectively. Possible scores ranged from zero to 30, with higher scores reflecting more positive attitudes toward seeking professional psychological help. For the purposes of analyses and discussion in this study, each total score was assigned to one of three groups according to the normal curve: more positive attitude (i.e., scores that were more than one standard deviation above the mean); neutral attitude (i.e., scores that were one standard deviation on either side of the mean); or more negative attitudes (i.e., scores that were more than one standard deviation below the mean).

The ATSPPH:SF matched the original version in terms of its psychometric features. Fischer and Farina (1995) reported that scores from the shorter form hold a strong correlation of .87 with the scores from its predecessor 29-item scale. The authors found psychometric properties that support the use of the ATSPPH:SF, including good internal consistency reliability

(Cronbach's alpha = .84), and test-retest reliability ( $r = .80$ ) over a four-week interval. Another study on psychological help-seeking with 223 Latin American immigrants in Canada reported a Cronbach's alpha of .77 for the ATSPPH:SF (Kuo, Roldan-Bau & Lowinger, 2015).

Several research projects have endorsed the scale's reliability and validity among college students (Brown, 2011; Constantine, Donnelly & Myers, 2002; Elhai et al., 2008; Fischer & Farina, 1995; Komiya et al., 2000; Yakunina et al., 2010). According to Brown (2011), the ATSPPHS-SF displayed abilities to differentiate between college students who chose to seek help and those who chose not to. Likewise, Vogel and Wei (2005) suggested that the scale had a positive association with intention to seek counseling. Furthermore, in a study with  $N = 296$  college students, Elhai et al. (2008) found that higher scores on the ATSPPH:SF were indicative of greater intentions to engage in help-seeking and less treatment-related stigma.

Moreover, Yakunina et al. (2010) documented an internal consistent coefficient of .79 when using this scale with a sample of 321 undergraduate students in the United States. In turn, Constantine et al. (2002) reported that the ATSPPH:SF had an internal reliability estimate of .83 for ethnic minority students who pursued therapy. Additionally, Rojas-Vilches and associates (2011) stated a Cronbach's alpha of .83 with a sample of Latino/a young adults. In another study focused on  $N = 129$  Latino/a undergraduate students in the United States, Mendoza et al. (2015) stated a Cronbach alpha of .85 for the ATSPPH:SF. Similarly, Gloria, Castellanos, Segura-Herrera and Mayorga (2010) reported an adequate internal consistent coefficient of .81 for the ATSPPH:SF with a sample of  $N = 121$  Latino/a students in the West coast of the United States.

### **General Help-Seeking Questionnaire**

The General Help-Seeking Questionnaire (GHSQ, Deane et al., 2001; Wilson et al., 2005) was used to measure help-seeking intentions. A copy of this questionnaire may be found

in Appendices H and N. The GHSQ was developed to assess an individual's intention to seek help from a number of different sources for issues varying in nature.

This instrument's design has typically allowed to measure help-seeking intentions for different problem-types by analyzing the measure as two scales, one for suicidal thoughts and the other for personal-emotional problems (e.g., depression). Equally, the instrument has made it possible to gather how individuals rate potential sources of help (Deane et al., 2001; Wilson et al., 2005). In sum, the GHSQ has been an adaptable instrument in that "problem types and help sources can be varied dependent on the research context and nature of the sample" (Cusack et al., 2004, p. 275; Lienemann et al., 2013).

The GHSQ was used in this study to understand sample participants' help-seeking intentions specifically for personal-emotional problems, as well as to identify most salient sources of help. Sample participants were presented with the following prompt: "Below is a list of people who you might seek help or advice from if you were experiencing personal-emotional problems. Please circle the number that shows how likely is it that you would seek help from each of these people for personal-emotional problems." Ten response alternatives were used in this study: (1) partner; (2) friend (not a relative); (3) parent; (4) other relative (family member); (5) mental health professional (psychologist, psychiatrist); (6) pastor/priest; (7) medical doctor; (8) teacher/advisor; (9) someone else not listed above (describe the person's role); and (10) I would not seek help from anyone.

This measure asked participants to rate each statement on a 7-point scale based on the individual's intention to seek help from the respective source. Rating alternatives for this measure ranged from one ("extremely unlikely") to seven ("extremely likely") for each help source option considered. Total scores were expected to fall in a range from 10 to 70 points,

with higher scores indicating higher intentions to seek help. To further guide analyses and discussion in this study, each total score on the GHSQ was assigned to one of three groups according to the normal curve: more likely intentions (i.e., scores that were more than one standard deviation above the obtained mean); moderate intentions (i.e., scores that were one standard deviation on either side of the mean); or less likely intentions to seek help (i.e., scores that were more than one standard deviation below the mean).

When initially designed (Deane et al., 2001), the GHSQ was found capable to reliably measure help-seeking intentions as a unique variable (Cronbach's alpha = .82), or to soundly measure help-seeking for suicidal problems (Cronbach's alpha = .76) and non-suicidal problems (Cronbach's alpha = .67) following a two sub-factor model. In 2003, Ciarrochi and colleagues reported significant positive intercorrelation coefficients between help-seeking intentions from one source and help-seeking intentions from other sources ( $r = .20$  to  $r = .60$ ). Cusack et al. (2004) demonstrated the GHSQ's validity to show positive correlations between past and potential future help-seeking behaviors, as well as positive reliability when reporting three-week test-retest reliability coefficients ranging from  $r = .86$  to  $r = .92$ .

In 2005, Wilson and associates published detailed information on the psychometric properties of the GHSQ. Their findings supported the notion that the GHSQ is an adequately sensitive instrument to identify help-seeking intentions depending on the presenting problem and the help sources posed as alternatives. Help-seeking intentions for personal-emotional problems had a Cronbach's alpha of .70 and test-retest reliability of .86 over a three-week span in Wilson et al.'s study (2005).

The authors (2005) also looked at the instrument's validity, examining the relationship between intentions to seek help from a number of sources and actually engaging in help-seeking



behavior three weeks later. Based on Wilson et al.'s (2005) findings, there were positive and significant associations between help-seeking intentions and the likelihood of engaging in help-seeking behavior for issues that are personal-emotional or suicidal in nature. Furthermore, Wilson et al. (2005) established that positive past experiences with mental health care were correlated with high intentions to seek help through counseling in the future.

Rickwood et al. (2005) also attested to the reliability and validity of the GHSQ, indicating that the scale items proved to be internally consistent as assessed in their study, and denoted convergent and discriminant validity. Equally, Yakunina et al. (2010) found help-seeking attitudes to be a significant predictor of help-seeking intentions. In a study with  $N = 321$  undergraduate college students from a Midwestern university (66% females; 1.6% Hispanic or Latino/a), the GHSQ had an internal consistency coefficient of .86 for an adapted 8-item version of the scale (Yakunina et al., 2010). In turn, Smith and associates (2008) reported a Cronbach's alpha of .74 when using the GHSQ with  $N = 307$  undergraduate males from a Midwestern university, with approximately two percent identifying as Hispanic or Latino/a.

In turn, Lienemann et al. (2013) created a two-factor variation of the GHSQ scale through a principal component analysis in order to better understand help-seeking intentions in 271 college students from different universities in Southern California, from which 31.9% identified as Hispanics. The first scale, based on help-seeking intentions toward professional help sources (e.g., psychiatrist, counselor, medical doctor), accounted for 43.42% of the variance in help-seeking intentions, with a reliability coefficient of .84. The second scale, focused on intentions to seek help from other close members (e.g., friend, romantic partner, family member), explained 23.88% of the variance with a Cronbach's alpha of .67 (Lienemann et al., 2013).

### Self-Stigma of Seeking Help

The Self-Stigma of Seeking Help (SSOSH; Vogel et al., 2006) scale was used to measure private experiences of stigma related to help-seeking in sample participants. A copy of the instrument is included in its English version in Appendix H, and in Spanish in Appendix N. According to Vogel and associates, the SSOSH scale was designed to “assess concerns about the loss in self-esteem a person would feel if they decided to seek help from a psychologist or other mental health professional” (2006, p. 326). In other words, the scale was created to assess potential threats in an individual’s self-assessment related to seeking psychological help (Vogel, Wade & Ascherman, 2009).

The SSOSH was presented as a 10-item self-report measure with the following instructions: “People at times find that they face problems for which they consider seeking help. This can bring up reactions about what seeking help would mean. Please use the 5-point scale to rate the degree to which each item describes how you might react in this situation.” Sample items for the SSOSH were: “It would make me feel inferior to ask a therapist for help” and “I would feel worse about myself if I could not solve my own problem.”

Answers for this measure were designed on a 5-point scale, with choices for each statement ranging from strongly disagree (1) to strongly agree (5). From the 10 items, items 2, 4, 5, 7 and 9 were reverse-scored. Possible scores ranged from zero to 50 points, with higher scores indicating a general sense of concern that seeking professional psychological help would negatively affect the individual’s self-esteem, satisfaction, and confidence. Three levels were established based on the normal curve: scores that were more than one standard deviation below the mean suggested low stigma, scores that were one standard deviation on either side of the

mean pointed to moderate stigma, and scores that were more than one standard deviation above the obtained mean denoted high stigma toward psychological help-seeking.

Vogel et al. (2013a) stated that the SSOSH scale had adequate reliability and a unidimensional factor structure for different populations in the U.S. and the world. For samples of college students in the U.S., internal consistency estimates of .89 (Tucker et al., 2013; Vogel et al., 2007) to .91 (Vogel et al., 2006) were reported in the literature, with test re-test reliability estimates of .72 (Vogel et al., 2006). The SSOSH was found helpful in predicting positive attitudes and willingness to seek counseling (Vogel et al., 2006; 2009). Additionally, the SSOSH was found sensitive to differentiate college students who sought psychological services from those who choose not to over a two-month span, according to Vogel and colleagues (2006).

As described in their article, Vogel et al. (2013a) supported the notion that “the SSOSH assesses a construct that can be meaningfully measured across many cultural groups” (p. 4). The authors (2013a) associated this to the invariance of the majority of items observed in factor loading analyses for samples from different countries, such as England, Greece, Israel, Taiwan, and Turkey. Internal consistency estimates for Latino/a American samples completing this measure were reported at .89 (Tucker et al., 2013; Vogel et al., 2013a). In a study exploring mental health and stigma (Cheng, McDermot & Lopez, 2015), the SSOSH had an internal consistency estimate of .86 for a sample 1,682 students from a mid-sized university in the Southwest of the United States, from which 41.3% identified as Latino/a.

### **Stigma Scale for Receiving Psychological Help**

To measure public or social stigma related to help-seeking, this study employed the Stigma Scale for Receiving Psychological Help (SSRPH; Komiya et al., 2000). The SSRPH was used a self-report measure that asked participants to rate from 1 (strongly disagree) to 4 (strongly

agree) a total of five items. Sample items for this measure included: “seeing a psychologist for emotional or interpersonal problems carries social stigma” and “it is advisable for a person to hide from people that he or she has seen a psychologist.” A copy of this instrument is included in Appendices J and P, in English and Spanish, respectively.

Possible total scores for this measure ranged from five to 20 points, with higher scores suggesting greater perception of stigma related to receiving psychological assistance. Based on the normal curve, responses from sample participants in this study were labeled as suggestive of “low social stigma” if their scores fell more than one standard deviation below the mean, “moderate social stigma” if their scores were one standard deviation on either side of the mean, and “high social stigma” if their scores were more than one standard deviation above the mean.

Komiya and associates (2000) reported an adequate internal consistency ( $\alpha = .72$ ), as well as construct and concurrent validity. These findings were echoed by Vogel et al. (2013b), who reported an internal consistency estimate of .73 when using the SSRPH in their study. In another study with a large college student sample ( $N = 321$ ) including 1.6% Hispanic or Latino/a participants, the measure had an internal consistency of .76 (Yakunina et al., 2010). This social stigma scale was also found to correlate ( $r = .35$ ) with the SSOSH scale, which measured private experiences of stigma (i.e., self-stigma) (Andoh-Arthur, Oppong Asante & Osafo, 2015).

Yakunina and associates (2010) indicated that the SSRPH, in conjunction with the Attitudes toward Seeking Professional Psychological Help: Short Form (ATSPPH:SF) had the ability to predict help-seeking intentions in sample participants. Similarly, in a study with 519 college students in Botswana, Africa, the SSRPH had an internal reliability index of .73 (Pheko, Chilisa, Balogun & Kgathi, 2013). Along with the ATSPPH:SF scale, the SSRPH significantly predicted students' intentions to seek psychological help (Pheko et al., 2013). Elhai et al. (2008)

also highlighted the relationship between the social stigma and the help-seeking attitudes measures. More specifically, Komiya et al. (2000) and Tucker et al. (2013) found a negative correlation between the SSRPH and the ATSPPH scale ( $r = -.40$ ), suggesting that the higher an individual's experiences of social stigma toward seeking psychological help are, the less positive attitudes to access mental health services he or she has.

## **Methodological Procedures**

### **Instrumentation Procedures**

Starting with instrumentation procedures, the researcher contacted authors for each one of the measures used in this study via electronic correspondence, and asked for written authorization to use their respective psychometric tool for research purposes. More concretely, the authors were asked for approval to photocopy and administer copies of the measures to a sample of approximately 280 individuals, and to incorporate information pertinent to their scholarly work into this research project. Since the measures were originally published in English, authors were additionally asked for approval to translate the measures into Spanish through the use of professional translation services. All authors provided written consent for the abovementioned requests related to their measure. Copies of author consent documents are presented in appendices R through V.

The instruments were translated from their original English language to Spanish in order to be consistent with the Dominican Republic's official language. An instructor from the Spanish Department at Western Michigan University completed translations for all documentation presented to participants, including informed consent and instruments approved by the Institutional Review Board. The chair of the Department of Spanish at Western Michigan University subsequently endorsed the veracity of the translated documents in a formal document

(I. Lopez, Chair of Department of Spanish, personal communication, September 19, 2014), included in Appendix P for viewing. As a Dominican whose native language is Spanish, the researcher ultimately reviewed all of the translations to ensure that the language was consistent with idioms used in the Dominican culture.

### **Approval Procedures**

The study received approval from Western Michigan University's Human Subjects Institutional Review Board (HSIRB) under the exempt category of review. Approval and renewal documents are contained in Appendices A and B for review. To obtain ethical approval for the study in the Dominican Republic and considering the inexistence of human subjects institutional review boards there, the researcher traveled to the Dominican Republic and visited the mid-sized private Dominican university where data was ultimately collected. Once there, the researcher established communication with the Psychology Department and scheduled a meeting with the Academic Coordinator for the Psychology program.

On August 20<sup>th</sup>, 2014, the researcher presented the Psychology Coordinator with a formal letter including information on the researcher, the researcher's academic program, as well as details about this study (i.e., overview of the research project; methodology; potential risks, costs, benefits, and compensations for participating in the study). The letter requested support from the Psychology Department to serve as a gateway to higher authorities of the Dominican university for approval of this study. With said support, it was explained that the researcher was to approach professors and students from the different academic areas of the higher education institution, and to anonymously collect data from Dominican students who wished to volunteer for the study. Supporting documentation included copies of Western Michigan University's approved HSIRB documents.

The Psychology Coordinator verbally consented to support the research project and to present it to the institution's higher authorities. It was verbally agreed that the Dominican institution's name would remain anonymous and unidentifiable to readers. In a personal communication received from the Psychology Coordinator on September 8<sup>th</sup>, 2014, the researcher received a copy of a document written by the institution's Academic Vice-Rector authorizing data collection at the Dominican university. Given that said document lacked the researcher's name and title of the research project, the researcher asked university authorities for a more specific consent document. In a personal written communication with date of September 30<sup>th</sup>, 2014, the Academic Vice-Rector of the Dominican university, referencing the study's title, explicitly authorized this researcher to engage in data collection on university premises for the purposes outlined in this study.

### **Recruitment Procedures**

Upon written consent from the Dominican university, the researcher returned to the Dominican Republic in December 2014 and contacted professors from all academic areas as contact information became available. The academic areas were: Basic and Environmental Sciences (i.e., Biotechnology; Mathematics; Statistics), Health Sciences (i.e., Medicine), Humanities and Social Sciences (i.e., Philosophy; Psychology), Engineering (i.e., Mechanical Engineering; Electrical Engineering; Electronic and Telecommunications Engineering; Systems Engineering; Software Engineering; Civil Engineering; Industrial Engineering; Industrial Design; and Mechatronic Engineering), and Business (i.e., Accounting; Marketing; Economics; Business Administration; International Business).

Professors were presented with approval documentation and were asked if they were willing to concede approximately 15 minutes of their class time to the researcher. One classroom

at a time, the researcher shared information about the study to class participants as delineated in the informed consent form. Participation in the study included the following criteria: (1) Dominican nationality, (2) fluency in Spanish, (3) undergraduate status, and (4) active enrollment in the specific mid-sized private university where sampling was taking place. The researcher circulated copies of the consent document (Appendices C and D) for students to review. Participants were reminded that participation was voluntary and that they could withdraw from the study at any point without consequences. The researcher answered any questions that emerged at that time.

### **Data Collection Procedures**

Subsequently, the researcher distributed the instrumentation packets in the classroom and asked students to take one and complete it anonymously if they wanted to volunteer for the study. To ensure anonymity, there were no designated spaces on the measures that asked for participants' name or the name of their academic institution. The researcher collected students' completed measures in the manner in which they indicated being done. The researcher left an assortment of individually-wrapped bite-size candy in the classroom for students and professors to consume, as desired.

Data collection lasted one week in December 2014, which was the time necessary to attain the minimum number of desired participants. The data was numbered from one to 280 and arranged according to the specific date when it was collected. Completed instrumentation packets were secured in a locked carry-on luggage and manipulated exclusively by the researcher. The data was organized into a digital database using Microsoft Excel Software, and later entered into IBM's SPSS Statistics software for statistical analyses.



## Statistical Analyses

Examination of the data through statistical analyses was aimed at understanding several points: (1) the descriptive demographic characteristics of the sample, (2) the descriptive data obtained for each dependent variable measured, (3) the strength of the associations between bivariate sets of dependent variables, and (4) the main effects of select independent variables on select dependent variables. Preliminary and reliability analyses were conducted first, followed by descriptive as well as multivariate statistical tests and techniques. Statistical analyses were conducted using IBM SPSS Statistics software, version 24.

### Descriptive Statistics

Descriptive statistics were predominantly employed for data analysis, a statistical method of research analysis that refers to “the collection, presentation, description, analysis and interpretation of data collection” (Pérez-Vicente & Expósito Ruiz, 2009, p. 314). Descriptive statistics has been known to provide relevant information from a set of values in order to offer an overview of its application to either a sample or a population (Pérez-Vicente & Expósito Ruiz, 2009). A description of the sample was completed utilizing descriptive methods on obtained demographic information. Each instrument was analyzed separately through utilization of descriptive statistics, including an overview on the instrument’s subscales, when applicable.

This study also placed emphasis on exploring potential correlations to determine “the degree of association between two variables with the same underlying scale of measurement” (Martinez-Pons, 1999, p. 14). Bivariate correlations were computed using Pearson product-moment correlation coefficients ( $r$ ) to examine the strength of association between the study’s main variables: psychological distress, help-seeking attitudes, help-seeking intentions, self-stigma, and social stigma.

## Multivariate Statistics

Data analysis examined possible effects or differences for particular demographic variables on specific dependent variables using Multivariate Analysis of Variance (MANOVA). Young (2006) defined MANOVA as “a statistical technique used to evaluate differences among the means (centroids) for a set of dependent variables, given that there are two or more levels of at least one independent variable” (p. 1). MANOVA helps to examine several independent variables at the same time. A significant main effect takes place when the centroid of one group is different from the centroid of a second group (Tabachnick & Fidell, 2001; Young, 2006).

In this particular study, four one-way MANOVA tests were run, one factor variable at a time. Independent variables of gender, age, years of university enrollment, and area of academic study were tested separately for possible effects on the same five dependent variables of psychological distress, help-seeking attitudes, help-seeking intentions, self-stigma, and social stigma. The results were covered in chapter four.

### Summary

This chapter defined the study’s fundamental methodological aspects to study Dominican college students’ experiences of psychological distress, help-seeking, and stigma. The research design, setting and sample description, and characteristics of participants were explored in detail. This section also reviewed the instrumentation employed for data collection purposes. Similarly, this chapter included an in-depth narrative of instrumentation, recruitment and data collection procedures, as well as an overview of the statistical analyses utilized.

This study followed a quantitative descriptive design, which allowed for the emergence of data on a set of research variables for a sample of an understudied specific population. It used an instrumentation packet comprised of a brief demographic questionnaire, the Hopkins

Symptoms Checklist-21 (HSCL-21; Green et al., 1988), the Attitudes toward Seeking Professional Psychological Help: Short Form (ATSPPH:SF; Fischer & Farina, 1995), as well as the General Help-Seeking Questionnaire (GHSQ, Deane et al., 2001; Wilson et al., 2005), the Self-Stigma of Seeking Psychological Help (SSOSH; Vogel et al., 2006), and the Stigma Scale for Receiving Psychological Help (SSRPH; Komiya et al., 2000). Western Michigan University's Spanish Department translated the instrumentation packet into Spanish, and this researcher verified the translations, corroborating their accuracy. English and Spanish consent and instrumentation documents were approved by Western Michigan University's HSIRB. Data was collected in December 2014 upon obtaining written consent from the Dominican university.

Participants consisted of 280 college students from a private mid-sized university in Santo Domingo, Dominican Republic. The sample had an approximately even distribution of males and females. Approximately 86% of the sample identified as traditional-aged college students and about 78% of sample participants identified as single. Similarly, around 86% of sample participants identified their annual income as students in the range of \$0 to \$2,325 dollars, previously defined in this study as lower class. Approximately 62% of sample participants reported being under-class in terms of their years of university enrollment; whereas 38% of the sample indicated upper-class enrollment. Lastly, an estimated 72% of sample participants indicated Health Sciences or Engineering as their academic area of study.

As for statistical analyses, spreadsheet software Microsoft Excel was employed to create a digital database of the collected data. The statistical software IBM SPSS Statistics (i.e., version 24) was then used to complete preliminary and reliability analyses. General descriptive data, bivariate correlations, and multivariate statistics were also computed using the abovementioned statistical software.

## CHAPTER IV

### RESULTS

This chapter presents the study's results on Dominican college students' experiences of psychological distress, help-seeking attitudes, help-seeking intentions, as well as self- and social stigma involving seeking psychological help. The chapter first includes a section on preliminary data analyses, followed by information on each instrument's reliability based on responses from sample participants. Research questions, hypotheses, and sub-hypotheses are then restated, detailing descriptive, bivariate and multivariate analyses used, as well as obtained results. All statistical procedures were completed using IBM SPSS Statistics software (i.e., version 24). This chapter ends with a summary of findings.

#### Preliminary Analyses

Preliminary analyses were completed to verify the accuracy of the data entry procedure. This process consisted of visually reviewing the database, frequency tables and graphical tools containing the data. Preliminary analyses screened for missing values, normality of distributions, and outliers. No missing values were detected during the screening process.

Additionally, collected data did not show substantial departure from normality, as evidenced by the values of skewness and kurtosis presented in Table 3, as well as based on visual inspection of graphical tests (e.g., histograms, Q-Q Plots). According to Ghasemi and Zahediasl (2012), the sampling distribution tends to be normal regardless of the shape of the data when said data is collected from large samples of 30 or more participants as large samples tend to reduce threats of violating the assumption of normality. This refers to the Central Limit Theorem,

which proposes that “for large samples, the sampling distribution of means in the univariate case will approach normality” (Burdenski, 2000, p. 19), permitting the use of parametric statistical procedures in instances when data may not appear to be normally distributed (Ghasemi & Zahediasl, 2012). Overall, data for this study originated from a large sample of 280 participants and did not appear to violate assumptions of normality.

Moreover, the data screening process did not yield any extreme points in the boxplot inspections but did highlight a total of three outliers, one for the HSCL-21 instrument and two for the SSOSH instrument. These specific scores were examined for errors and ultimately confirmed as genuine. A closer look at the HSCL-21 instrument’s 5% trimmed mean (i.e., 39.53) and original mean (i.e., 40.03) revealed that said outliers did not have a noticeable influence on the mean. Similarly, the 5% trimmed mean (i.e., 23.16) and the original mean (i.e., 23.34) for the SSOSH confirmed that the two outliers had no major influence on mean scores. Thus, all scores were retained for the main analyses. Calculated means and trimmed means are depicted in Table 3 below, along with additional descriptive values.

Table 3  
*Descriptive Statistics of Dependent Variables*

Variable	Range	Mean	5% Trimmed Mean	Standard Deviation	Skewness	Kurtosis	Cronbach’s Alpha
HSCL-21	51	40.03	39.53	9.76	.69	.04	.88
ATSPPH:SF	24	19.28	19.45	4.89	-.53	.03	.70
GHSQ	49	39.06	39.04	9.27	.05	-.37	.69
SSOSH	34	23.34	23.16	6.02	.40	.12	.73
SSRPH	13	9.81	9.75	2.85	.16	-.43	.71

*Note.*  $N = 280$ ; HSCL-21 = Hopkins Symptom Checklist-21 (distress variable); ATSPPH:SF = Attitudes toward Seeking Professional Psychological Help: Short Form (help-seeking attitudes variable); GHSQ = General Help-Seeking Questionnaire (help-seeking intentions variable); SSOSH = Self-Stigma of Seeking Help (self-stigma variable); SSRPH = Stigma Scale for Receiving Psychological Help (social stigma variable).

### Instrument Reliability

Reliability analyses were computed for each instrument employed in this study. Results are presented in Table 3 under the heading Cronbach's Alpha ( $\alpha$ ). All measures had reliability estimates considered acceptable or good, following George and Mallery's (2003) interpretation of alpha coefficients. In general terms, levels of reliability ranged from .69 to .88 for the sample of undergraduate Dominican college students recruited from a private mid-sized university in Santo Domingo, Dominican Republic.

More specifically, the 21-item HSCL-21 instrument exhibited a Cronbach's alpha of .88 when measuring overall experiences of distress in Dominican college students. Additionally, the 10-item ATSPPH:SF instrument had an internal consistency estimate of .70 when measuring help-seeking attitudes in this study. Similarly, the 10-item GHSQ instrument had a reliability coefficient of .69 when measuring help-seeking intentions among sample participants. Further analysis revealed that the only item from the measure that if deleted could increase the alpha coefficient above .7 for this measure was item nine, which would yield a new coefficient of .73. More specifically, item nine asked participants to answer the likelihood with which they would seek help from someone else (i.e., option not previously listed on the rest of the instrument) for personal-emotional problems, and to describe that person's role. It is possible that this item's unique (i.e., for this measure) open-ended format elicited inconsistent responses among sample participants. Considering that the measure had an acceptable level of reliability as a whole, all items from this instrument were retained for the main analyses.

Furthermore, the 10-item SSOSH instrument displayed a Cronbach's alpha of .73 when measuring self-stigma in this study. Conversely, the 5-item SSRPH instrument yielded a reliability coefficient of .71 based on sample participants' responses. Overall, the measures used

in this study proved to have adequate reliability estimates for the studied sample of Dominican college students in their home country. Chapter five offers a more in depth discussion on how these reliability estimates compared to those obtained and reported in previous studies with sample participants from other contexts.

### **Restatement and Results of Research Questions**

#### **Research Question 1**

*What are participants' experiences of psychological distress?*

Participants' experiences of psychological distress were determined through their total score on the HSCL-21. Total scores ranged from 21 to 84 points with higher scores indicating greater distress. The mean score for the HSCL-21 based on sample responses was 40 ( $SD = 10$ ). The item-level mean for the HCSL-21 was 1.91, with choice 2 representing the choice "a little" between 1 ("not at all") and 4 ("extremely"). This suggested that participants were, on average, reporting only "a little" distress. For example, 44% of the sample stated they were feeling "a little" blue during the past seven days, and had "a little" trouble remembering things (59%).

Frequencies at various levels of this variable were also considered. Three groups were created to indicate level of psychological distress among sample participants according to the normal curve. The low distress group stemmed from scores that were more than one standard deviation below the overall mean (i.e., scores of 29 or below). Approximately 14% ( $n = 38$ ) of sample participants experienced low psychological distress. In turn, about 71% ( $n = 200$ ) of participants scored between 30 and 50 points (i.e., one standard deviation on either side of the mean), which indicated moderate experiences of distress. Lastly, 15% of participants ( $n = 42$ ) had scores between 51 and 84 points (i.e., more than one standard deviation above the mean), suggestive of high levels of psychological distress.

## Research Question 2

*What are participants' attitudes toward seeking psychological help?*

Participants' attitudes toward seeking psychological help were defined using their total score on the ATSPPH:SF instrument. Total scores ranged from zero to 30 points with higher scores reflecting more positive attitudes toward seeking psychological help. The mean score for the ATSPPH:SF for this sample was 19 ( $SD = 5$ ). In turn, the item-level mean for the ATSPPH:SF was 1.93, with response choice 2 representing "partly agree" between choices 3 ("agree") and 0 ("disagree"). This suggested that participants were, on average, "partly agreeing" with positive attitudes toward seeking psychological help. For instance, 36% of participants stated they "partly agreed" with item 5 (i.e.: I would want to get psychological help if I were worried or upset for a long period of time), whereas 40% reported in a similar fashion to item 6 (i.e., I might want to have psychological counseling in the future).

Different levels of help-seeking attitudes were created based on the normal curve and participants' responses. Thirty-seven participants (13%) had scores suggestive of more negative attitudes toward seeking professional psychological help attitudes (i.e., scores between zero and 13 points; more than one standard deviation below the mean). Conversely, 207 (74%) sample participants had a neutral attitude toward help-seeking, corresponding with scores between 14 and 24 points (i.e., one standard deviation on either side of the mean). Furthermore, 36 participants (13%) scored within the range of more positive attitudes toward seeking psychological help, as evidenced in their total scores ranging from 25 to 30 points (i.e., more than one standard deviation above the mean).



### Research Question 3

*What are participants' intentions toward seeking psychological help?*

Sample participants answered the GHSQ instrument to report their intentions toward seeking psychological help. Total scores for the GHSQ ranged from 10 to 70 points, with higher scores indicating higher intentions to seek help. The mean score for the present sample was 39 ( $SD = 9$ ). Item-level mean equaled 3.91, with 4 being the middle choice between a range of 1 (“extremely unlikely”) and 7 (“extremely likely”) to seek help from different people for personal-emotional problems. Sample participants, on average, reported “moderate” intentions to seek help.

Further exploration of the GHSQ revealed participants' preferred sources of support when intending to seek help for personal concerns. Descriptive analysis found that approximately 39% ( $n = 110$ ) of participants were extremely likely to seek help from a parent or a partner (26%;  $n = 72$ ) when faced with personal-emotional problems. Friends were another extremely likely source of help for participants (22%;  $n = 61$ ). Nevertheless, responses varied when examining the likelihood of seeking help from a mental health professional or a medical doctor. In this sense, participants' most frequent response on seeking help from a psychologist or a doctor was choice 4 (54% and 23%, respectively) on a scale ranging from 1 to 7 (extremely unlikely to extremely likely, respectively). To be more precise on psychological help-seeking, only 13% ( $n = 35$ ) reported an extreme likelihood of seeking help from a mental health professional. Lastly, 40% ( $n = 111$ ) stated it was extremely unlikely that they would seek help from a pastor or priest, and an additional 49% ( $n = 137$ ) reported it was extremely unlikely that they would not seek help from anyone if faced with personal-emotional concerns.

Level grouping according to the normal curve suggested that an approximate 17% ( $n = 48$ ) of students had less likely intentions to seek psychological help; this was calculated based on their total scores ranging from 10 to 29 points (i.e., more than one standard deviation below the mean). Conversely, a large percentage (i.e., 67%;  $n = 188$ ) of students reported moderate intentions toward psychological help-seeking as suggested by their scores of 30 to 48 points (i.e., one standard deviation on either side of the mean). Moreover, about 16% ( $n = 44$ ) of students had more likely intentions to seek psychological help, with overall scores between 49 and 70 points (i.e., scores with more than one standard deviation above the mean).

#### **Research Question 4**

*What are participants' experiences of self-stigma toward seeking psychological help?*

Participants' experiences of private or self-stigma toward seeking psychological help were examined using their total score on the SSOSH instrument. Possible scores for the SSOSH ranged from zero to 50. Higher scores overall were suggestive of a heightened self-stigma related to seeking psychological help. The mean score for the SSHOSH for this sample was 23 ( $SD = 6$ ). The item-level mean for the SSOSH was 2.33, with response choice 2 representing "disagree" from a range of choices including 1 ("strongly disagree") and 4 ("strongly agree"). This indicated that participants were, on average, "partly disagreeing" with self-stigma toward seeking psychological help. To illustrate this point, 34% of participants said they disagreed with the statement "I would feel okay about myself if I made the choice to seek professional help".

Level grouping according to the normal curve offered further information on the obtained scores. About 11% ( $n = 32$ ) of participants had scores between zero and 16 points (i.e., scores more than one standard deviation below the mean), suggestive of low self-stigma toward psychological help-seeking. Roughly 74% ( $n = 206$ ) scored within 17 to 29 points, endorsing

moderate levels of self-stigma toward seeking psychological help (i.e., scores within one standard deviation on either side of the mean). Lastly, approximately 15% ( $n = 42$ ) scored within 30 to 50 points (i.e., scores more than one standard deviation above the mean) on the SSOSH, which suggested experiences of high self-stigma toward psychological help-seeking.

### **Research Question 5**

*What are participants' experiences of social stigma toward receiving psychological help?*

The SSRPH instrument was used to assess participants' experiences of social or public stigma toward receiving psychological help. Total scores for the SSRPH ranged from five to 20 points, with higher scores suggesting greater perception of stigma related to receiving psychological assistance. The mean score for the present sample was 10 ( $SD = 3$ ). Item-level mean equaled 1.96, with response choice 2 representing "disagree" from a range of choices including 1 ("strongly disagree") and 4 ("strongly agree"). This suggested that participants were, on average, "partly disagreeing" with social stigma toward seeking psychological help. For example, 42% of the sample endorsed they "disagreed" with the following statement: Seeing a psychologist for emotional or interpersonal problems carries social stigma". Approximately 38% of participants answered similarly to item 5, which stated: People tend to like less those who are receiving professional psychological help.

Groupings based on the normal curve suggested that an estimated 14% ( $n = 39$ ) of students had scores within five to six points (i.e., scores more than one standard deviation below the mean), interpreted as low social stigma toward psychological help-seeking. Furthermore, 76% ( $n = 212$ ) of students reported moderate levels of social stigma toward psychological help-seeking, based on their scores between seven to 13 points (i.e., scores within one standard deviation on either side of the mean). Approximately 10% ( $n = 29$ ) of students scored between

14 and 20 points (i.e., scores more than one standard deviation above the mean), interpreted as experiences of high social stigma toward receiving psychological help.

### Research Question 6

*What are the associations between psychological distress, attitudes, intentions, self-stigma, and social stigma related to seeking psychological services for participants?*

This study examined relationships between psychological distress, help-seeking attitudes, help-seeking intentions, self-stigma, and social stigma related to seeking psychological help by calculating Pearson product-moment correlation coefficients ( $r$ ). All results are in Table 4, indicating significant correlations when  $p < .01$  or  $.05$ . Interpretation of correlation coefficients' strength followed Cohen's (1988) guidelines ranging from weak to strong relationships.

Table 4  
*Pearson Correlation Matrix*

Variable	HSCL-21	ATSPPH:SF	GHSQ	SSOSH	SSRPH
HSCL-21	1				
ATSPPH:SF	.01	1			
GHSQ	-.10	.35**	1		
SSOSH	.07	-.56**	-.34**	1	
SSRPH	.12*	-.25**	-.21**	.38**	1

*Note.*  $N = 280$ ; HSCL-21 = Hopkins Symptom Checklist-21 (distress variable); ATSPPH:SF = Attitudes toward Seeking Professional Psychological Help: Short Form (help-seeking attitudes variable); GHSQ = General Help-Seeking Questionnaire (help-seeking intentions variable); SSOSH = Self-Stigma of Seeking Help (self-stigma variable); SSRPH = Stigma Scale for Receiving Psychological Help (social stigma variable).

\* $p < .05$  (2-tailed); \*\* $p < .01$  (2-tailed).

Overall, there was no significant correlation between psychological distress (i.e., HSCL-21) and help-seeking attitudes (i.e., ATSPPH:SF), help-seeking intentions (i.e., GHSQ) or self-stigma (i.e., SSOSH). Conversely, there was a weak statistically significant positive correlation between psychological distress and social stigma (i.e., SSRPH), where  $r = .12$ ,

$p = 0.45$ . These findings suggest that as levels of psychological distress increased among sample participants, so did their levels of social stigma toward seeking psychological help.

Help-seeking attitudes had a significant association with help-seeking intentions. More specifically, ATSPPH:SF had a moderate, positive correlation with GHSQ ( $r = .348, p = .000$ ). This suggested that as participants' attitudes toward help-seeking increased (i.e., more positive attitudes), their intentions to seek help also increased (i.e., more likely intentions). Additionally, there were significant negative correlations between attitudes and self-stigma, and attitudes and social stigma. A closer look revealed a moderate negative relationship between ATSPPH:SF and SSOSH ( $r = -.564, p = .000$ ): as attitudes toward help-seeking increased, levels of self-stigma toward help-seeking decreased (i.e., lower self-stigma). Similarly, as attitudes toward help-seeking increased, levels of social stigma toward help-seeking decreased (i.e. lower social stigma) among sample participants, as observed in the weak negative correlation between ATSPPH:SF and SSRPH ( $r = -.252, p = .000$ ).

Furthermore, help-seeking intentions had significant negative relationships with both self- and social stigma. A moderate negative association between GHSQ and SSOSH ( $r = -.342, p = .000$ ) suggests that when help-seeking intentions increased (i.e., more likely intentions), levels of self-stigma toward help-seeking decreased. Likewise, as help-seeking intentions increased, levels of social stigma tended to decrease among sample participants, according to a weak negative correlation found between the GHSQ and SSRPH measures ( $r = -.211, p = .000$ ).

Lastly, there was a positive association between self-stigma and social stigma toward seeking psychological help. A significant, moderate correlation was detected between SSOSH and SSRPH ( $r = .384, p = .000$ ). This suggests that when levels of self-stigma toward accessing psychological help increased, so did levels of social stigma toward psychological help-seeking.

### Research Question 7

*Are there any effects of gender, age, years of enrollment in institution, and academic area of study on psychological distress, help-seeking attitudes, help-seeking intentions, self-stigma, and social stigma?*

To answer this question, four one-way multivariate analysis of variance (MANOVA) tests were conducted. Groups consisted of one independent variable (i.e., gender, age, years of enrollment or academic area of study) at a time on five dependent variables (i.e., psychological distress, help-seeking attitudes, help-seeking intentions, self-stigma, and social stigma toward seeking psychological help). The goal was to compare the groups and to determine if, once a composite of dependent variables was created, mean differences between the groups could have occurred by chance (Pallant, 2011).

Assumption testing for one-way MANOVA analyses revealed no issues with sample size, as each cell contained more cases than the total amount of dependent variables being tested. Similarly, there were no issues with univariate and multivariate normality or outliers. Normality and potential outliers were further verified by calculating Mahalanobis distances, which indicates “the distance of a particular case from the centroid of the remaining cases, where the centroid is the point created by the means of all variables” (Pallant, 2011, p. 286). This process revealed a maximum value of Mahalanobis distance of 19.03, which was then compared to a critical value of 20.52 from a chi-square table using the number of dependent variables as the degrees of freedom (*df*). Since the maximum value for Mahalanobis distance was less than the critical value, it was determined that no substantial multivariate outliers were identified in the dataset.

The assumption of linearity was also verified by generating scatterplots between each pair of variables, and it was determined that the plots did not show apparent evidence of non-

linearity. The step of testing the assumption of homogeneity of regression was not pursued, seeing as stepdown analyses or ordering of variables were outside the scope of this study. In turn, the process of assumption testing proceeded to verify multicollinearity and singularity. Given the weak- to moderate-strength correlations observed in previous analyses between the dependent variables, it was established that multicollinearity and singularity were not of concern.

Furthermore, the homogeneity of variance-covariance matrices was examined using Box's M Test of Equality of Covariance Matrices for each MANOVA computed. The obtained value of significance exceeded the significance value of .001 in all cases. It was concluded that there were no violations to the assumption of homogeneity of variance-covariance matrices for the variables in this study.

Lastly, a look at Levene's Test of Equality of Error Variances explored the assumption of equality of variance for the specific variables. Obtained results surpassed the .05 significance value in all cases except for the Years of Enrollment MANOVA, specifically related to the help-seeking attitudes variable ( $p = .041$ ). Said exception pointed to the existence of heterogeneous variances for the Years of Enrollment multivariate analysis of variance. This concern was addressed by choosing a robust statistical test (i.e., Pillai's Trace, Tabachnick & Fidell, 2007) and setting a lower alpha level ( $\alpha \leq .01$ ) to detect statistical significance (Laerd Statistics, 2015) when examining the Years of Enrollment MANOVA results. Aside from this particular case, Levene's Test of Equality of Error Variances suggested equal variances for all other variables.

Upon completing assumption testing, multivariate tests of significance were computed. Pillai's Trace statistic was utilized to determine the significance of the different one-way MANOVAs. This statistical test was selected over other multivariate tests of significance due to its robustness, particularly with unequal  $n$  values (Tabachnick & Fidell, 2007), which were

common in most of the groupings (e.g., age; years of enrollment). An overview of all results obtained for the multivariate analyses of variance for this study are summarized in Table 5.

These are further described in the following section as hypotheses are addressed.

Table 5  
*Multivariate Analysis of Variance with Pillai's Trace Statistic*

Variable	Value	F	df	p	$\eta_p^2$	Observed Power
Gender	.15	9.84	5, 274	.000*	.152	1.00
Age	.05	2.80	5, 274	.017*	.049	.83
Years of Enrollment <sup>a</sup>	.40	2.29	5, 274	.046	.040	.74
Area of Study	.17	2.48	20, 1096	.000*	.043	1.00

Note. <sup>a</sup> = Statistical significance level set at  $p \leq .01$ .

\* $p \leq .05$

### Restatement and Results of Null Hypotheses

#### Null Hypothesis 1

*No differences will exist between male and female participants on measures of psychological distress, help-seeking attitudes, help-seeking intentions, self-stigma, and social stigma.*

The results of the one-way MANOVA comparing gender (i.e., male; female) differences on psychological distress, help-seeking attitudes, help-seeking intentions, self-stigma, and social stigma revealed a statistically significant finding,  $F(5, 274) = 9.84, p = .000, \eta_p^2 = .152$ .

According to Pallant (2011), "partial eta squared effect size statistics indicate the proportion of variance of the dependent variable that is explained by the independent variable" (p. 210), yielding a value that ranges from 0 to 1 to denote said effect. Overall, gender accounted for 15%



of the variance. Moreover, the observed power value of 1 indicated an even stronger ability to detect effects than the a priori estimated threshold of .80. These values are depicted in Table 5.

Given the significance of the multivariate test, the univariate main effects were examined. When the results for the dependent variables were considered separately using a Bonferroni adjusted alpha level of .01, gender had a statistically significant effect on distress  $F(1, 278) = 15.52, p = .000, \eta_p^2 = .053$ , observed power = .98. Gender also had a statistically significant effect on help-seeking attitudes  $F(1, 278) = 18.76, p = .000, \eta_p^2 = .063$ , observed power = .99. In addition, gender had a statistically significant effect on self-stigma,  $F(1, 278) = 12.07, p = .001, \eta_p^2 = .042$ , observed power = .93; and social stigma,  $F(1, 278) = 8.29, p = .004, \eta_p^2 = .029$ , observed power = .82. Table 6 presents these results.

Based on an inspection of marginal means, it was concluded that males had lower levels of psychological distress ( $M = 38, SD = 9$ ) than females ( $M = 42, SD = 10$ ), as well as lower scores on help-seeking attitudes ( $M = 18, SD = 5$ ) than females ( $M = 21, SD = 5$ ). Conversely, males reported more likely intentions to seek help than females did ( $M = 39, SD = 10; M = 39, SD = 9$ , respectively). Furthermore, male participants had higher levels of self-stigma toward psychological help-seeking ( $M = 25, SD = 6$ ) than female participants ( $M = 22, SD = 6$ ), in addition to higher levels of social stigma toward psychological help-seeking ( $M = 10, SD = 3$ ) than those endorsed by females ( $M = 9, SD = 3$ ). These results are presented in further detail in Table 6. In conclusion, the null hypothesis 1 that male participants have higher psychological distress, more positive help-seeking attitudes, more likely help-seeking intentions, lower self-stigma, and lower social stigma than female participants was partially rejected.

Table 6  
Gender: Between-Subjects Effects and Marginal Means

Variable	<i>M</i>	<i>Std. Error</i>	<i>F</i>	<i>df</i>	<i>p</i>	$\eta_p^2$	Observed Power
HSCL-21			15.52	1, 278	.000*	.053	.98
Male	37.67	.83					
Female	42.16	.79					
ATSPPH:SF			18.76	1, 278	.000*	.063	.99
Male	17.99	.41					
Female	20.45	.39					
GHSQ			8.56	1, 278	.753	.000	.06
Male	39.25	.81					
Female	38.90	.77					
SSOSH			12.07	1, 278	.001*	.042	.93
Male	24.62	.51					
Female	22.17	.49					
SSRPH			8.29	1, 278	.004*	.029	.82
Male	10.32	.24					
Female	9.35	.23					

Note.  $N = 280$ ; HSCL-21 = Hopkins Symptom Checklist-21 (distress variable); ATSPPH:SF = Attitudes toward Seeking Professional Psychological Help: Short Form (help-seeking attitudes variable); GHSQ = General Help-Seeking Questionnaire (help-seeking intentions variable); SSOSH = Self-Stigma of Seeking Help (self-stigma variable); SSRPH = Stigma Scale for Receiving Psychological Help (social stigma variable).

\* $p \leq .01$  (Bonferroni adjustment).

## Null Hypothesis 2

*No differences will exist between traditional-aged (i.e., 22 years old or younger) and non-traditional-aged (i.e., age 23 or older) participants on measures of psychological distress, help-seeking attitudes, help-seeking intentions, self-stigma, and social stigma.*

A one-way MANOVA revealed a significant multivariate main effect for age (i.e., traditional-aged; non-traditional-aged):  $F(5, 274) = 2.80, p = .017, \eta_p^2 = .049$ . Observed power to detect the effect was .830. This statistic compared groups of unequal  $n$  values when it came to age (i.e.,  $n = 241$  were 22 years old or younger, conceptualized as traditional-aged college students;  $n = 39$  were 23 years old or older, conceptualized as non-traditional-aged college

students), yielding a multivariate test value of .05. The proportion of the variance in the dependent variables explained by age was considered a small effect (Cohen, 1988) as it represented only 4.9% of the total variance. These results are depicted in Table 5.

When the results on age were considered separately for the dependent variables, the only difference to reach statistical significance, using a Bonferroni adjusted alpha level of .01, was psychological distress:  $F(1, 278) = 9.19, p = .003, \eta_p^2 = .032$ , with an observed power of .86. An exploration of marginal means revealed that traditional-aged (i.e., 22 years old or younger) participants had lower levels of psychological distress ( $M=39, SD = 10$ ) compared to non-traditional-aged students (i.e., age 23 or older;  $M = 44, SD = 10$ ). Table 7 presents further information on between-subjects effects and marginal means for age as an independent variable.

In addition, although non-statistically significant, obtained mean scores suggested that traditional-aged participants had more positive help-seeking attitudes than non-traditional-aged college students ( $M = 19, SD = 5; M = 19, SD = 4$ , respectively), in addition to more likely intentions to seek help ( $M = 39, SD = 9; M = 38, SD = 9$ , correspondingly). In contrast, traditional-aged participants had lower self-stigma levels than non-traditional-aged college students ( $M = 23, SD = 6; M = 24, SD = 5$ , respectively). Lastly, traditional-aged participants' mean scores for social stigma were higher than non-traditional-aged college students ( $M = 10, SD = 3; M = 9, SD = 3$ , respectively). In sum, the null hypothesis 2 that traditional-aged participants have lower psychological distress, more positive help-seeking attitudes, more likely help-seeking intentions, lower self-stigma, and lower social stigma than non-traditional-aged participants was partially rejected.

Table 7  
Age: Between-Subjects Effects and Marginal Means

Variable	<i>M</i>	<i>Std. Error</i>	<i>F</i>	<i>df</i>	<i>p</i>	$\eta_p^2$	Observed Power
HSCL-21			9.19	1, 278	.003*	.032	.86
Traditional	39.32	.62					
Non-traditional	44.36	1.54					
ATSPPH:SF			.03	1, 278	.860	.000	.05
Traditional	19.30	.32					
Non-traditional	19.15	.78					
GHSQ			.41	1, 278	.522	.001	.10
Traditional	39.21	.60					
Non-traditional	38.18	1.49					
SSOSH			.55	1, 278	.458	.002	.12
Traditional	23.23	.39					
Non-traditional	24.00	.96					
SSRPH			1.74	1, 278	.188	.006	.26
Traditional	9.90	.18					
Non-traditional	9.26	.46					

Note.  $N = 280$ ; HSCL-21 = Hopkins Symptom Checklist-21 (distress variable); ATSPPH:SF = Attitudes toward Seeking Professional Psychological Help: Short Form (help-seeking attitudes variable); GHSQ = General Help-Seeking Questionnaire (help-seeking intentions variable); SSOSH = Self-Stigma of Seeking Help (self-stigma variable); SSRPH = Stigma Scale for Receiving Psychological Help (social stigma variable); Traditional = Traditional-aged college students (i.e., 22 years old or younger); Non-Traditional = Non-traditional-aged college students (i.e., 23 years old or older).

\* $p \leq .01$  (Bonferroni adjustment).

### Null Hypothesis 3

*No differences will exist between under-class (i.e., two years or less of university enrollment) and upper-class (i.e., three years or more of university enrollment) participants on measures of psychological distress, help-seeking attitudes, help-seeking intentions, self-stigma, and social stigma.*

A previous look at Levene's Test of Equality of Error Variances for the Years of Enrollment MANOVA had revealed a violation of the homogeneity of variances ( $p = .041$ ), particularly when examining the help-seeking attitudes variable. This concern was addressed in

two ways. First, Pillai's Trace was chosen as the MANOVA statistical test to be used given its known statistical robustness (Tabachnick & Fidell, 2007). Second and last, a lower alpha level ( $\alpha \leq .01$ ) was set in order to detect statistical significance (Laerd Statistics, 2015) when examining the Years of Enrollment MANOVA results.

Following the abovementioned procedures, the results of the one-way MANOVA comparing differences of years of academic enrollment (i.e., 2 years or less of enrollment or under-class; 3 years or more of enrollment or upper-class) on psychological distress, help-seeking attitudes, help-seeking intentions, self-stigma, and social stigma exposed a non-significant multivariate effect:  $F(5, 274) = 2.29, p = .046, \eta_p^2 = .040$ , observed power = .736. This statistic compared groups of unequal  $n$  values when it came to years of enrollment (i.e.,  $n = 173$  were under-class;  $n = 107$  were upper-class), yielding a multivariate value of .04. The proportion of the variance in the dependent variables explained by academic years of enrollment had a small, non-significant effect (Cohen, 1988) that represented only 4% of the total variance. Observed power was lower than the .80 calculated a priori. These results are found in Table 5.

Given the non-statistical significance of the multivariate test on Years of Enrollment, the univariate main effects were not examined. However, an overall look at the means revealed that under-class participants had lower mean scores on psychological distress than upper-class participants ( $M = 39, SD = 9; M = 42, SD = 10$ , respectively). Similarly, under-class participants had lower mean scores than upper-class participants on help-seeking attitudes ( $M = 19, SD = 5; M = 20, SD = 4$ , correspondingly) and on help-seeking intentions ( $M = 39, SD = 10; M = 39, SD = 9$ , respectively). Lastly, under-class students had higher mean scores than upper-class students on the self-stigma ( $M = 24, SD = 6; M = 23, SD = 6$ , correspondingly) and social stigma ( $M = 10, SD = 3; M = 10, SD = 3$ , respectively) instruments. Table 8 presents these means in

more detail. In conclusion, the null hypothesis 3 that under-class participants have lower psychological distress, more positive help-seeking attitudes, more likely help-seeking intentions, lower self-stigma, and lower social stigma than upper-class participants was partially rejected.

Table 8  
*Years of Enrollment: Overall Means*

Variable	<i>M</i>	<i>Std. Error</i>
HSCL-21		
Upper-class	38.65	.73
Under-class	42.25	.93
ATSPPH:SF		
Upper-class	19.04	.37
Under-class	19.68	.47
GHSQ		
Upper-class	38.98	.71
Under-class	39.20	.90
SSOSH		
Upper-class	23.68	.46
Under-class	22.78	.58
SSRPH		
Upper-class	9.86	.22
Under-class	9.74	.28

*Note.*  $N = 280$ ; HSCL-21 = Hopkins Symptom Checklist-21 (distress variable); ATSPPH:SF = Attitudes toward Seeking Professional Psychological Help: Short Form (help-seeking attitudes variable); GHSQ = General Help-Seeking Questionnaire (help-seeking intentions variable); SSOSH = Self-Stigma of Seeking Help (self-stigma variable); SSRPH = Stigma Scale for Receiving Psychological Help (social stigma variable); Under-class = 2 years or less of enrollment; Upper-class = 3 years or more of enrollment.

#### **Null Hypothesis 4**

*No differences will exist between participants enrolled in Health Sciences and participants from all other academic areas of study on measures of psychological distress, help-seeking attitudes, help-seeking intentions, self-stigma, and social stigma.*

The results of the one-way MANOVA comparing academic area of study (i.e., Basic and Environmental Sciences; Health Sciences; Humanities and Social Sciences; Engineering; Business) differences on psychological distress, help-seeking attitudes, help-seeking intentions, self-stigma, and social stigma revealed a statistically significant finding based on Pillai's Trace multivariate test of significance,  $F(20, 1096) = .173, p = .000, \eta_p^2 = .043$ . Although academic area of study was found to have statistically significant effects on the dependent variables, it only accounted for approximately 4% of the variance. Observed power in this case was of .998. Results for this MANOVA are summarized in Table 5.

When the results for the dependent variables and academic area were considered separately, the only difference to reach statistical significance, using a Bonferroni adjusted alpha level of .01, were psychological distress:  $F(4, 275) = 4.20, p = .003, \eta_p^2 = .058$ , with an observed power of .921, as well as help-seeking attitudes:  $F(4, 275) = 5.32, p = .000, \eta_p^2 = .072$ , with an observed power of .971. Each accounted for approximately 6% and 7% of the variance, respectively. These two dependent variables exceeded the a priori calculated power of .80. Please refer to Table 9 for further information on between-subjects effects and marginal means.

More specifically, an exploration of marginal means revealed that participants enrolled in Health Sciences as an academic area of study had higher levels of psychological distress ( $M = 43, SD = 10$ ) than participants from all other academic areas of study. Groups that followed in high distress values were Business ( $M = 39, SD = 10$ ) and Engineering ( $M = 39, SD = 9$ ). Participants from Basic and Environmental Sciences reported the lowest levels of psychological distress ( $M = 34, SD = 7$ ) of the sample. Furthermore, participants enrolled in Health Sciences as an academic area of study had low scores on help-seeking attitudes ( $M = 20, SD = 5$ ) but not lower than those enrolled in Business ( $M = 19, SD = 5$ ) and Engineering

( $M = 18$ ,  $SD = 5$ ). Overall, participants enrolled in Humanities and Social Sciences endorsed more positive help-seeking attitudes than participants from all other academic areas of study ( $M = 22$ ,  $SD = 4$ ). No additional univariate results were significant.

Although non-statistically significant, an overall look at the means revealed that participants from Basic and Environmental Sciences had the lowest mean scores on intentions to seek help ( $M = 38$ ,  $SD = 10$ ), followed by Health Sciences ( $M = 38$ ,  $SD = 9$ ). In this regard, participants enrolled in Business as an academic area of study had the highest mean score on help-seeking intentions ( $M = 41$ ,  $SD = 10$ ) out of all other academic areas. As for self-stigma, participants from Humanities and Social Sciences Health Sciences had the lowest mean score ( $M = 21$ ,  $SD = 6$ ) observed, whereas Engineering students had the highest mean score ( $M = 25$ ,  $SD = 6$ ) noted. Furthermore, students from Humanities and Social Sciences had the lowest mean scores of all on social stigma ( $M = 9$ ,  $SD = 3$ ), contrasted to the highest mean score obtained on said variable, endorsed by Business students ( $M = 10$ ,  $SD = 3$ ). Overall, the null hypothesis 4 that participants enrolled in Health Sciences as an academic area of study have lower psychological distress, more positive help-seeking attitudes, more likely help-seeking intentions, lower self-stigma, and lower social stigma than participants from all other academic areas of study was partially rejected.

Multiple comparison tests were conducted as follow-up to determine which groups were different from one another on the separate variables of psychological distress and help-seeking attitudes. The Tukey – Kramer procedure (Kramer, 1956) was utilized for this purpose based on its appropriateness for hypothesis testing with unequal sample sizes “when most or all pairwise comparisons are of interest” (Huitema, 2011, p. 216). These results are included in Table 9.



Table 9  
Academic Area of Study: Between-Subjects Effects and Marginal Means

Variable	<i>M</i>	<i>Std. Error</i>	<i>F</i>	<i>df</i>	<i>p</i>	$\eta_p^2$	Observed Power
HSCL-21			4.20	4, 275	.003*	.058	.92
1	35.50 <sup>b</sup>	3.38					
2	42.96 <sup>a</sup>	.95					
3	37.18 <sup>a-b</sup>	1.55					
4	38.84 <sup>a-b</sup>	.95					
5	38.87 <sup>b</sup>	1.74					
ATSPPH:SF			5.32	4, 275	.000*	.072	.97
1	19.88 <sup>b</sup>	1.68					
2	19.46 <sup>a-b</sup>	.47					
3	22.16 <sup>a</sup>	.77					
4	18.04 <sup>a-b</sup>	.47					
5	19.10 <sup>b</sup>	.87					
GHSQ			.90	4, 275	.462	.013	.29
1	37.75	3.28					
2	37.97	.92					
3	40.63	1.51					
4	39.20	.92					
5	40.70	1.69					
SSOSH			3.26	4, 275	.012	.045	.83
1	22.50	2.09					
2	22.79	.59					
3	21.18	.96					
4	24.87	.59					
5	22.90	1.08					
SSRPH			1.39	4, 275	.237	.020	.43
1	10.25	1.01					
2	9.61	.28					
3	9.05	.46					
4	10.13	.28					
5	10.30	.52					

Note.  $N = 280$ ; HSCL-21 = Hopkins Symptom Checklist-21 (distress variable); ATSPPH:SF = Attitudes toward Seeking Professional Psychological Help: Short Form (help-seeking attitudes variable); GHSQ = General Help-Seeking Questionnaire (help-seeking intentions variable); SSOSH = Self-Stigma of Seeking Help (self-stigma variable); SSRPH = Stigma Scale for Receiving Psychological Help (social stigma variable); 1 = Basic and Environmental Sciences; 2 = Health Sciences; 3 = Humanities and Social Sciences; 4 = Engineering; 5 = Business. Means sharing the same superscript are not significantly different from each other (Tukey – Kramer,  $p \leq .05$ )  
\* $p \leq .01$  (Bonferroni adjustment).

Post-hoc results on psychological distress and academic area of study indicated that the mean score for Health Sciences ( $M = 43, SD = 10$ ) was significantly different from Humanities and Social Sciences ( $M = 37, SD = 8, p = .014$ ) and Engineering ( $M = 39, SD = 9, p = .019$ ). In turn, results from Basic and Environmental Sciences ( $M = 36, SD = 7$ ) and Business ( $M = 39, SD = 10$ ) did not differ significantly from either Health Sciences, Humanities and Social Sciences or Engineering.

Additionally, post-hoc group comparisons on the effects of academic area of study on help-seeking attitudes revealed that the mean score for Humanities and Social Sciences ( $M = 22, SD = 4$ ) was significantly different from Health Sciences ( $M = 20, SD = 5, p = .025$ ) and Engineering ( $M = 18, SD = 5, p = .000$ ). Conversely, Basic and Environmental Sciences ( $M = 20, SD = 6$ ) and Business ( $M = 19, SD = 5$ ) did not differ significantly from either Humanities and Social Sciences, Health Sciences or Engineering. This concluded post-hoc testing for academic area of study.

### Summary

Preliminary analyses revealed a data set with responses to six different measures from 280 participants. Data did not exhibit missing values, substantial departure from normality of distributions, or problematic outliers. Instrumentation used to measure dependent variables had reliability coefficients that ranged from .69 to .88, deemed as acceptable to good levels of internal consistency (George & Mallery, 2003).

Research questions and hypotheses were examined and answered using descriptive statistics, bivariate correlations, multivariate analyses, and post-hoc tests. Fourteen percent of students reported low levels of psychological distress whereas the majority of sample participants (i.e., 71%) reported moderate levels of psychological distress, and only 15% of

sample participants identified experiences of high distress. In turn, a large percentage of participants (74%) reported holding neutral attitudes toward seeking psychological help. Furthermore, the majority of students (i.e., 67%) reported moderate intentions toward seeking professional psychological help, with preference for their parents, partner or friends as extremely likely sources of help. Approximately 74% of sample participants endorsed moderate levels of self-stigma toward seeking psychological help. Moreover, 76% of students reported moderate levels of social stigma toward psychological help-seeking.

Statistical analyses also explored potential relationships between main variables using Pearson product-moment correlation coefficients ( $r$ ). Results revealed significant positive relationships between distress and social stigma, help-seeking attitudes and help-seeking intentions, as well as self-stigma and social stigma toward psychological help-seeking. Additionally, significant negative correlations were detected between help-seeking attitudes and self-stigma, help-seeking attitudes and social stigma, help-seeking intentions and self-stigma, as well as help-seeking intentions and social stigma. Overall, obtained correlations ranged from weak to moderate strength according to Cohen's (1988) guidelines for interpreting correlation coefficients.

Four one-way MANOVA tests were run between gender, age, years of enrollment, and area of academic study to determine potential effects on psychological distress, help-seeking attitudes, help-seeking intentions, self-stigma, and social stigma toward psychological help-seeking. All variables met MANOVA assumptions excluding years of enrollment. Pillai's Trace statistical tests and Bonferroni Adjustments were used to minimize error rate inflation. Results indicated statistically significant effects for all independent variables on dependent variables, except years of enrollment. The null hypotheses were partially rejected for all analyses. Effect

sizes were small despite yielding statistical significance in all cases (i.e., with the exception of years of enrollment, which was non-significant); nevertheless, combined effect sizes point to the likely practical utility of the findings.

Marginal means were also explored to determine significant between-group differences for each dependent variable ( $p \leq .01$ ). Male participants held significant lower levels of psychological distress, less positive help-seeking attitudes, higher self-stigma, and higher social stigma toward psychological help-seeking than female participants. In addition, traditional-aged students had significant lower levels of psychological distress than non-traditional-aged students. Moreover, participants enrolled in Health Sciences as an academic area of study had significant higher levels of psychological distress than participants from all other academic areas of study. In turn, students from Humanities and Social Sciences had more positive help-seeking attitudes than students from other areas of study.

The Tukey – Kramer Method was employed as a post-hoc test to determine multiple group comparisons for academic area of study, specifically on the variables of psychological distress and help-seeking attitudes. The post-hoc analysis for psychological distress indicated that the mean score for Health Sciences was significantly different from Humanities and Social Sciences and Engineering; whereas none of the other groups differed. Conversely, the post-hoc analysis for help-seeking attitudes revealed that the mean score for Humanities and Social Sciences was significantly different from Health Sciences and Engineering, and that other groups did not differ from one another.

## **CHAPTER V**

### **DISCUSSION**

The present chapter begins with a summary of the study's purpose, review of related literature, and methodology. The following section examines the study's research questions and hypotheses, summarizing and connecting the obtained findings to studies previously highlighted in the review of related literature. Implications for future practice and research are additionally discussed in this section. Lastly, this chapter examines the study's limitations and contributions, followed by closing remarks.

#### **Summary**

##### **Purpose of the Research**

The purpose of this study was to explore Dominican college students' experiences of psychological distress, help-seeking attitudes and intentions, and self- and social stigma toward psychological services. This research sought to understand the potential relationships between the study's main variables and to examine the prospective effects of age, gender, years of enrollment and academic area of study. This study added to a dearth of literature on Dominicans by assessing their psychological distress while in higher education, on the patterns in help-seeking attitudes and intentions to cope with different stressors, and on the incidence of stigma as it relates to accessing psychological services. Overall, one of the most important purposes of this research was to generate knowledge as a stepping stone for positive action and for further scientific exploration. Thus, this study also had the purpose of offering psychometric data on the administered measures in order to facilitate their use with other Spanish-speaking populations.

## Review of Related Literature

A review of related literature highlighted the high incidence and serious nature of psychological distress among college students (Erazo Caicedo & Jiménez Ruiz, 2012; Gutiérrez Rodas et al., 2010; Hirsch & Ellis, 1996; Larcombe et al., 2014; Páez Cala & Castaño Castrillón, 2010; Ross et al., 1999), the connection between help-seeking attitudes and intentions (Ajzen, 1991; Brown, 2011; Benito & Short, 1998; Vogel & Wei, 2005), and the prevalence of self- and social stigma as forces that hinder individuals' help-seeking attitudes and intentions when faced with psychological distress (Bathje & Pryor, 2011; Gulliver, Griffiths & Christensen, 2010; Rickwood, Deane, Wilson & Ciarrochi, 2005; Satcher, 2000). This section also established the dearth of information on Dominicans in higher education. Additionally, the review of the literature revealed the salience of culture and values, and their potential influences on the study's main variables. Lastly, chapter two highlighted the roles of gender, age, years of university enrollment, and academic area of study as they intersected with distress, help-seeking and stigma in the literature.

## Methodology

This study followed a cross-sectional, quantitative, descriptive, survey research design. A total of 280 participants (52.5% female; 47.5% male) were recruited through purposive sampling from one, mid-sized private university in the Dominican Republic in December 2014. Participants' ages ranged from 18 years to 30 years ( $M = 20$  years;  $SD = 2$ ). About 86% of participants were traditional-aged and 14% were non-traditional-aged college students. An estimated 77% of participants identified their relationship status as single. About 62% participants were under-class and 38% were upper-class students. Furthermore, 36% participants identified Health Sciences and Engineering, equally, as their academic areas of study; the rest

belonged to one of three other areas of study. Six measures were used: a brief demographic questionnaire, the Hopkins Symptoms Checklist-21 (HSCL-21; Green, Walkey, McCormick & Taylor, 1988), the Attitudes Toward Seeking Professional Psychological Help: Short Form (ATSPPH:SF; Fischer & Farina, 1995), the General Help-Seeking Questionnaire (GHSQ, Deane et al., 2001; Wilson et al., 2005), the Self-Stigma of Seeking Psychological Help (SSOSH; Vogel et al., 2006), and the Stigma Scale for Receiving Psychological Help (SSRPH; Komiya, Good & Sherrod, 2000). Data analysis consisted of descriptive, correlational, and multivariate methods.

**Instrument reliability.** All of the measures proved to have reliability estimates considered acceptable or good, following George and Mallery's (2003) interpretation of alpha coefficients. Overall levels of reliability ranged from .69 to .88 for the sample of undergraduate Dominican college students recruited from a private mid-sized university in Santo Domingo, Dominican Republic. Since no previous studies were found documenting the use of the instruments employed in this study specifically with Dominicans or college students in the Dominican Republic, each instrument's reliability could only be compared to reliability data from segments of populations and geographical contexts that differ from the ones covered in this research project.

For instance, the 21-item HSCL-21 instrument exhibited a Cronbach's alpha of .88 when measuring overall experiences of distress in Dominican college students. This value was compared to the range of .90 to .91 reported in Green et al. (1988) as well as in Krycak et al. (2012) with predominantly European and Caucasian students. Conversely, the 10-item ATSPPH:SF instrument had an internal consistency estimate of .70 when measuring help-seeking attitudes, compared to the Cronbach's alpha of .79 reported in Yakunina et al. (2010) and of .84 reported in Fischer and Farina (1995) with other samples of college students.

Similarly, the 10-item GHSQ instrument had a reliability coefficient of .69 when measuring help-seeking intentions as a unique variable. This contrasted with Deane et al.'s (2001) Cronbach's alpha of .82 with a sample of college students in Australia. Further analysis revealed that the only item from the measure that if deleted could increase the alpha coefficient above .7 was item nine, which would yield a new coefficient of .73. Considering that the measure had an acceptable level of reliability as a whole, all items from this instrument were retained for the main analyses.

Furthermore, the 10-item SSOSH instrument displayed a Cronbach's alpha of .73 when measuring self-stigma in the sample. Other studies had reported internal consistency estimates ranging from .86 (Cheng et al., 2015) to .91 (Vogel et al., 2006) for the SSOSH using predominantly non-Latino/a samples. Lastly, the 5-item SSRPH instrument yielded a reliability coefficient of .71 based on sample participants' responses, akin to other studies' estimates ranging from .73 (Pheko et al., 2013; Vogel et al., 2013b) to .76 (Yakunina et al., 2010) with different racial/ethnic groups. Overall, the measures used in this study proved to have adequate reliability estimates for a sample of Dominican college students in their home country.

### **Restatement of Research Questions**

#### **Research Question 1**

*What are participants' experiences of psychological distress?*

An estimated 71% ( $n = 200$ ) of Dominican college students from the sample reported moderate levels of psychological distress, whereas 15% ( $n = 42$ ) endorsed scores indicative of high distress. Such findings added this research to an extensive list of international studies to have found that psychological distress is a prevalent phenomenon among a sample of their respective college student population (Adlaf et al., 2001; Ali & Malik, 2014; Amutio & Smith,



2008; Antúnez & Vinet, 2013; Bermúdez Quintero et al., 2006; Cabanach et al., 2014; Chang, 2007; Cova Solar et al., 2007; Dachew et al., 2015; Deasy et al., 2014a; Dessie et al., 2013; Hudson et al., 2008; Kausar, 2010; Larcombe et al., 2014; Leahy et al., 2010; Melaku et al., 2015; McCarthy et al., 2006; Pérez San Gregorio et al., 2003; Sañas et al., 2014; Stallman, 2008, 2010). These results on distress also exceeded those reported in Marty et al.'s (2015) study with 430 Chilean college students, from which 33% had mild levels of distress and only 3% had moderate distress.

Similarly, the obtained data supported conclusions from previous studies that highlight the transition into and through college as a time of heightened vulnerability and exacerbated distress for students (Bewick et al., 2010; Erazo Caicedo & Jiménez Ruiz, 2012; Gutiérrez Rodas et al., 2010; Hirsch & Ellis, 1996; Larcombe et al., 2014; Páez Cala & Castaño Castrillón, 2010; Reynaga-Ornelas, et al., 2015). Based on the review of related literature, the moderate to high levels of distress reported by this sample of Dominican college students could be related to psychosocial changes (Dessie et al., 2013, Urban et al., 2010; Sañas et al., 2014), financial pressures (Melaku et al., 2015; Sañas et al., 2014; Sharkin, 2006) or academic demands, (Cabanach et al., 2014; Carnicer & Calderon, 2014; Deasy et al., 2014a; Farkas, 2002; Melaku et al., 2015; Muñoz, 2004; Reynolds, 2009), to name a few.

Previous studies had asserted that distress levels among college students have increased quantitatively and worsened in severity over the last decade (Czyz et al., 2013; Del Pilar, 2008; Reynolds, 2009). Since no preexisting data was found on Dominican college students' levels and symptoms of distress, this study was unable to test this. Nevertheless, this study's results provided baseline information with hopes that levels and severity of distress symptoms may be assessed again in the future to determine potential changes.

## Research Question 2

*What are participants' attitudes toward seeking psychological help?*

This study found that 74% ( $n = 207$ ) of Dominican college students had neutral attitudes toward help-seeking. These findings on students' neutral attitudes toward help-seeking referred back to Li et al.'s (2014) conclusions that help-seeking appears to depend on the individual's phenomenological experiences of distress and the perception of the potential outcomes that may stem from accessing professional services.

Additionally, neutral attitudes among sample participants may be suggestive of insufficient or inadequate information on mental health services, and limited recognition of potential needs and benefits of seeking help (Yeap & Low, 2009). In this sense, the main results resemble Yeap and Low's (2009) conclusions with a sample of 587 Malaysians ( $M = 34$  years old,  $SD = 12$ ), from which 73% reported neutral attitudes toward seeking help. Yeap and Low (2009) and Meyer (2000) interpreted neutral help-seeking attitudes as a sign of unfamiliarity with services, hesitation around pragmatic aspects of the help-seeking process, and potential stigma toward mental health. It is plausible that, based on preexisting literature, the same may be true for this study's sample.

## Research Question 3

*What are participants' intentions toward seeking psychological help?*

An estimated 67% ( $n = 188$ ) of Dominican college students had moderate intentions to seek psychological help. Since the GHSQ provided a list of potential individuals (e.g., parents, partner, pastor/priest, doctor, mental health professional) and then asked participants to rate how likely they were to seek help from each person on the list, it was also possible to examine participants' preferred sources of support when intending to seek help for personal concerns.

Overall, approximately 49% ( $n = 137$ ) stated it was extremely unlikely that they would not seek help from anyone. In fact, this study found that 39% ( $n = 110$ ) of participants were extremely likely to seek help from a parent, a partner (26%;  $n = 72$ ) or a friend (22%,  $n = 61$ ) when faced with personal-emotional problems. These answers were consistent with Reavley et al.'s (2012) outcomes on help-seeking intentions among a sample of 775 Australian college students. According to Reavley et al. (2012), students primarily resorted to talking to a close friend or a family member as means of help-seeking and coping.

Furthermore, the fact that only 13% ( $n = 35$ ) of Dominican college students reported an extreme likelihood of seeking help from a mental health professional for personal-emotional concerns was expected based on the review of related literature. Brownson et al. (2014) and Rodríguez et al. (2003) wrote that it was not uncommon for students of color, Hispanic American and Latino/a college students included, to avoid professional support. Instead, the authors noted an increased tendency for Hispanic American and Latinos/as to depend on family members, friends or spiritual communities (Brownson et al., 2014; Rodríguez et al., 2003)

Thus, it is possible that the moderate inclination to seek professional help paired with an increased likelihood of favoring help-seeking from family and friends among Dominican college students of the sample are related to a desire to avoid appearing weak, flawed or disgraceful (Corrigan, 2004) or to other ethnocultural values (Abdullah & Brown, 2011; Duarte, 2002; Mendoza et al., 2015; Ortega et al., 2014; Peña et al., 2012). Some of the ethnocultural values that may have played a role in this case could have been *familismo* (i.e., family as a core aspect of the individual's life) (Bermúdez, Kirkpatrick, Hecker & Torres-Robles, 2010; Brabeck & Guzmán, 2009; Duarte, 2002; Ortega et al., 2014); *personalismo* (i.e., relationship-building

based on positive inner qualities) (Bermúdez et al., 2010; Comas-Díaz, 1995; Duarte, 2002), and collectivistic over individualistic ideals of well-being (Mendoza et al., 2015).

Similarly, even though the literature had suggested that Latino/a groups seek help from medical professionals more often than they do from mental health professionals given social stigma (Brown, 2011; Chang, 2007; Dadfar & Friedlander, 1982; Mendoza et al., 2015; Reavley, McCann & Jorm, 2012), the opposite was found to be true for the sample of Dominican college students. Although only 13% of Dominican college students reported extreme likelihood of seeking help from a mental health professional for personal-emotional concerns, the same level of likelihood to seek help a medical doctor for personal-emotional concerns was approximately half of the abovementioned percentage (6%).

These findings contradicted Bernhardsdóttir and Vilhjálmsón's (2012) study with 4,894 Australian female students, who mostly sought help from their general practitioner or medical doctor instead of a mental health professional. Interestingly, Bernhardsdóttir and Vilhjálmsón (2012) stated that students who were inclined to seek help either lacked time to do so or were unaware of where to go for professional psychological services. The pattern of unfamiliarity with professional services emerges here, once again, as a potential barrier to help-seeking. Special attention should be given to Dominican college students on this regard, as they had already stated neutral help-seeking attitudes, previously highlighted as potential foreignness to help-seeking services (Meyer, 2000; Yeap & Low, 2009).

Similarly, the literature had proposed that Latinos/as were more likely to reach out to priests and faith healers than to mental health practitioners (Bermúdez et al., 2010; Brownson et al., 2014; Ho et al., 2004; Rodriguez et al., 2003; Schumacher, 2010; Weaver, 1994) since the act of seeking professional services have been traditionally frowned upon in Latin American settings

where faith and spirituality remained salient. This notion was linked to the ethnocultural concept of *espiritualismo*, namely a belief in spirits, prayer, and the effect of spirituality on human behavior (Bermúdez et al., 2010; Ho, Rasheed & Rasheed, 2004; Schumacher, 2010; Weaver, 1994), and *respeto* or respect for the culture (Schumacher, 2010). Nonetheless, findings from this study indicated a strong disinclination on Dominican college students' behalf to seek support from priests or pastors as spiritual leaders.

More specifically, 40% ( $n = 111$ ) of the sample stated it was extremely unlikely that they would seek help from a pastor or priest, yielding an unexpected finding considering the country's historically strong influence of Catholicism (Howard, 2001). In fact, only six percent ( $n = 18$ ) of participants reported extreme likelihood of considering a religious leader as a source of help, about the same percentage that was previously noted among Dominican students who reported extreme likelihood of seeking help from a medical doctor over a mental health professional.

#### **Research Question 4**

*What are participants' experiences of self-stigma toward seeking psychological help?*

Approximately 74% ( $n = 206$ ) of Dominican college students endorsed moderate levels of self-stigma toward seeking psychological help. The presence of moderate self-stigma related to psychological services served to highlight the potential scenarios in which Dominican college students may shy away from seeking or continuing to receive psychological care (Lienemann et al., 2013; Satcher, 2000). Consistent with previous findings, this population may be at risk of internalizing negative labels commonly associated with pursuing psychological services (Bathje & Pryor, 2011; Corrigan, 2004; Wade et al., 2015).

### Research Question 5

*What are participants' experiences of social stigma toward receiving psychological help?*

An estimated 76% ( $n = 212$ ) of Dominican college students reported moderate levels of social stigma toward psychological help-seeking. These outcomes coincided with Eisenberg et al.'s (2009) conclusions that college students had higher levels of social stigma than self-stigma, based on findings with a random sample of 5,555 college students across the United States.

Overall, the moderate levels of social stigma exposed in this study with a sample of college students brought forth a salient notion: What had been previously documented in the literature involving stigma in clinical settings in the Dominican Republic, namely its impact on service underutilization, treatment gaps, and societal struggles to be receptive and invest in mental health services (Babington et al., 1999; Caplan et al., 2015; Lora et al., 2012; Mieses Michel et al., 2009; PAHO, 2012; Schumacher, 2010; WHO, 2013) perhaps is not all that distant from how other institutions in the country may be reacting to the phenomenon of mental health treatment. The prevalence of moderate social stigma in a higher education institution, as gathered in this specific study, reinforced the idea that “every individual exists within a complex set of environmental systems and that these systems affect his or her psychological well-being at a fundamental level” (Cauce, 2002, p. 44).

It could be relevant to accentuate, then, that the broader perception on the mental health system of the Dominican Republic may be more influential than initially assumed, particularly in terms of facilitating or hindering access to mental health services among smaller segments of populations, including Dominican college students. This idea aligned with Bronfenbrenner's ecological systems theory of development (Bronfenbrenner, 1979; 2004), in which the outer, macro or environmental layer is known to have a profound impact on individuals, with the

possibility of ingraining subtle long-lasting effects across the overall system. Suggestions are proposed in this regard toward the end of this chapter.

### **Research Question 6**

*What are the associations between psychological distress, attitudes, intentions, self-stigma, and social stigma related to seeking psychological services for participants?*

Pearson product-moment correlation coefficients ( $r$ ) were computed to detect potential relationships between the study's main variables. Findings revealed that there were no significant correlations between Dominican college students' experiences of distress with help-seeking attitudes, help-seeking intentions or self-stigma. In this sense, this study rejected previous scientific assertions that distress was significantly and positively correlated with an individual's disposition to pursue professional psychological services (Cepeda-Benito & Short, 1998; Vogel & Wei, 2005).

Nevertheless, the lack of significant relationships between psychological distress and help-seeking attitudes and intentions may be explained, to some extent, by the following data stemming from the review of related literature: College students often do not experience increased inclination to seek help even when faced with higher levels of psychological distress (American College Health Association, 2009; Chang, 2007; Oliver et al., 1999). Although the recognition of a problem has been known to favor help-seeking, it has not been proven to guarantee that help-seeking will take place (Cauce et al., 2002). These conclusions on the unestablished relationships between distress and help-seeking were further validated by a meta-analysis of 18 independent studies in the United States with a sample of 6,839 college students (Li et al., 2014). In sum, Li and colleagues (2014) highlighted that psychological distress had non-significant correlation with help-seeking attitudes and intentions, as in this study.

Conversely, there was a weak, statistically significant, positive correlation between Dominican college students' experiences of psychological distress and social stigma ( $r = .12$ ,  $p = 0.45$ ). Thus, as levels of psychological distress increased among participants, so did their levels of social stigma toward seeking psychological help. This finding was consistent with a cross-sectional survey that took place in 2009 with 759 Health Sciences majors from the University of Michigan's Medical School (Schwenk et al., 2010), which established that students who reported higher levels of distress had higher levels of social stigma, as they reportedly believed that their opinions would be less respected than that of their less depressed peers because of their mental health struggles. However, the lack of a significant relationship between help-seeking and distress did not allow for verification of Schwenk et al. (2010), Holahan et al. (2015), and Carciner and Calderón's (2014) conclusions that individuals' engagement in help-seeking varies in concordance with the severity of the levels of distress they faced.

As for potential correlations between help-seeking attitudes and other variables, this study found that Dominican college students' help-seeking attitudes had a significant, moderate, positive association with help-seeking intentions. Participants' help-seeking attitudes also held a significant, moderate, negative relationship with self-stigma. Similarly, Dominican college students' help-seeking attitudes had a significant, weak, negative correlation with social stigma. In other words, as Dominican college students' attitudes toward help-seeking increased, their intentions to seek help also increased, their levels of self-stigma toward help-seeking lowered, as did their levels of social stigma toward help-seeking.

Furthermore, Dominican college students' help-seeking intentions had a significant, moderate, negative relationships with self-stigma. Likewise, there was a significant, weak, negative correlation between help-seeking intentions and social stigma. Lastly, there was a



significant, moderate, positive association between self-stigma and social stigma toward seeking psychological help. Overall, this study concluded that when help-seeking intentions increased, the levels of self- and social stigma toward help-seeking decreased, as self- and social stigma themselves tended to proportionately increase based on the nature of their own relationship.

Overall, results support previously observed findings depicting an inverse relationship between help-seeking and stigma (Chang, 2007; Gulliver et al., 2010; Masuda & Boone, 2011; Masuda et al., 2012; Mendoza et al., 2015; Tillman & Sell, 2013; Yakunina et al., 2010). On the other hand, obtained correlations refuted previous studies which indicated that social stigma had no relationship with help-seeking patterns (Czyz et al., 2013; Eisenberg et al., 2009; Eisenberg, Speer & Hunt, 2012; Golberstein, Eisenberg & Gollust, 2008; 2009). More concretely, the computed correlations concurred with Deane and Chamberlain's (1994) and Mendoza et al.'s (2015) conclusions on the relationships between help-seeking attitudes, intentions, as well as self- and social stigma.

Lastly, an attempt to place ethnocultural values in the context of distress, help-seeking and stigma brought forth an alternate perspective on the nature of their relationships. Beyond what has been already stated in this regard, it was also considered that the observed disconnect between distress and professional help-seeking could have been related to participants' disinclination to appear weak, flawed or disgraceful. This conjecture stemmed from the fact that those descriptors have been previously used in the context of help-seeking and stigma among Latinos/as (Corrigan, 2004), as well as recognized for their potential to taint *respeto* among Latinos/as and their families (Chang, 2007; Mendoza et al., 2015; Schumacher, 2010). Regardless of whether this notion's veracity could be documented in subsequent research, the focus on Latinos/as' ethnocultural and interpersonal values have appeared to emphasize the

importance of understanding culturally-congruent responses to distress and help-seeking in this group. More specifically, previous findings and discussions have signaled how sociocultural norms, concomitantly with social networks, likely influence help-seeking patterns among Latinos/as when faced with distress, and the potential perceptions of stigma when it comes to help-seeking (Cauce et al., 2002; Chang, 2007; Corrigan, 2004; Fischer & Farina, 1995).

### **Research Question 7**

*Are there any effects of gender, age, years of enrollment in institution, and academic area of study on psychological distress, help-seeking attitudes, help-seeking intentions, self-stigma, and social stigma?*

There were multivariate effects of gender, age, and academic area of study on the study's main variables of psychological distress, help-seeking attitudes and intentions, and self- and social stigma based on the chosen sample of Dominican college students ( $n = 280$ ). To determine multivariate effects, four one-way multivariate analysis of variance (MANOVA) tests were conducted one independent variable (i.e., gender, age, years of enrollment; academic area of study) at a time on five dependent variables (i.e., psychological distress, help-seeking attitudes, help-seeking intentions, self-stigma, and social stigma toward seeking psychological help) using Pillai's Trace test of multivariate statistical significance.

### **Restatement of Null Hypotheses**

#### **Null Hypothesis 1**

*No differences will exist between male and female participants on measures of psychological distress, help-seeking attitudes, help-seeking intentions, self-stigma, and social stigma.*

The results of the one-way MANOVA comparing Dominican college students' gender differences to the main variables revealed a statistically significant finding. More specifically, gender had a statistically significant effect on distress, help-seeking attitudes, self-stigma, and social stigma. Furthermore, results concluded that male Dominican college students of the sample had lower levels of psychological distress, more negative help-seeking attitudes, more likely intentions to seek help, higher self-stigma, and higher social stigma toward psychological help-seeking than females. Thus, the null hypothesis 1 was partially rejected.

These results supported numerous previous studies (Adlaf et al., 2001; Bayram & Bilgel, 2008; Bernhardsdóttir & Vilhjálmsón, 2012; Bewick et al., 2008; Cooke et al., 2006; Day & Livingstone, 2003; Deasy et al., 2014a; del Toro Añel et al., 2011; Farkas, 2002; Fritsch et al., 2006; Ghaedi & Mohd Kosnin, 2014; Leahy et al., 2010; Rosenthal & Schreiner, 2000; Saías et al., 2014) which found that female students had heightened levels of psychological distress in comparison to their male counterparts. On the contrary, results rejected previous studies with proposing gender effects on help-seeking intentions (Cauce et al., 2002; Chang, 2007; Dadfar & Friedlander, 1982; Day & Livingstone, 2003; Deane & Chamberlain, 1994; del Toro Añel et al., 2011; Elhai et al., 2008; Fischer & Farina, 1995; Komiya et al., 2000; Mendoza et al., 2015; Rickwood & Braithwaite, 1994).

Additionally, this study was able to corroborate male students' higher levels of private and social stigma toward psychological services compared to females' (Eisenberg et al., 2009; Korszun et al., 2012; Pingani et al., 2016; Vogel et al., 2006, 2007). Ultimately, the finding on males having more likely intentions to seek help than females was not expected based on the review of related literature. This was addressed in implications for future research.

## Null Hypothesis 2

*No differences will exist between traditional-aged (i.e., 22 years old or younger) and non-traditional-aged (i.e., age 23 or older) participants on measures of psychological distress, help-seeking attitudes, help-seeking intentions, self-stigma, and social stigma.*

This study yielded a significant multivariate effect of Dominican college students' age on psychological distress. Overall, traditional-aged Dominican college students had lower levels of psychological distress, more positive help-seeking attitudes, more likely help-seeking intentions, lower self-stigma, and higher social stigma than non-traditional-aged Dominican college students. Thus, the null hypothesis 2 was partially rejected.

Although these results were not consistent with expected findings that young adults or traditional-aged students tend to experience more distress than non-traditional-aged students (Bernhardsdóttir & Vilhjálmsón, 2012; Dill & Henley, 1998; Kena et al., 2015; Larcombe et al., 2014; Marty et al., 2005; Rosenthal & Schreiner, 2000; Stallman, 2010), they could be explained from the perspective of non-traditional-aged students' roles, demands, and time conflicts potential incidence on distress (Chang, 2007, Giancola et al., 2009; Pérez San Gregorio et al., 2003). Additionally, results did not match a number of studies that stated traditional-aged college students tend to hold less positive attitudes toward professional help-seeking than non-traditional-aged college students (Berger et al., 2005; Gulliver et al., 2010; Smith et al., 2008).

Likewise, although one study had proposed that traditional-aged students had higher levels of self-stigma toward seeking professional help than non-traditional-aged college students (Tillman & Sell, 2013), the opposite was noted in this research. In turn, this project corroborated Eisenberg et al. (2009) and Pingani et al.'s (2016) findings that social stigma tends to be higher among younger students. The nature of the discrepancy between self- and social stigma levels

based on age was unable to be clarified in this study beyond the possibility of these differences potentially happening by chance, seeing as the mean scores for both were not far apart.

### **Null Hypothesis 3**

*No differences will exist between under-class (i.e., two years or less of university enrollment) and upper-class (i.e., three years or more of university enrollment) participants on measures of psychological distress, help-seeking attitudes, help-seeking intentions, self-stigma, and social stigma.*

The results of the one-way MANOVA comparing differences of years of academic enrollment on the study's main variables exposed a non-significant multivariate effect. Although non-statistically significant, a closer look at the means did not lack importance. These noted that under-class Dominican students from the sample had lower psychological distress, more negative help-seeking attitudes, less likely help-seeking intentions, higher self-stigma and higher social stigma than upper-class participants. In conclusion, the null hypothesis 3 was partially rejected.

Findings on years of enrollment and distress did not yield expected results. In turn, this study corroborated Leahy et al.'s (2010) conclusion that upper-class students were prone to heightened distress, potentially due to conflicting responsibilities and demands. Furthermore, this study confirmed previous findings that under-class college students often reported less favorable help-seeking attitudes and intentions than their upper-class counterparts (Sheu & Sedlacek, 2004; Smith et al., 2008). With regard to experiences of social and self-stigma in addition to years of enrollment, this study confirmed Pingani et al. (2016) and O'Connor et al.'s (2013) results that students' levels of stigma decreased throughout years of enrollment.

#### **Null Hypothesis 4**

*No differences will exist between participants enrolled in Health Sciences and participants from all other academic areas of study on measures of psychological distress, help-seeking attitudes, help-seeking intentions, self-stigma, and social stigma.*

This study yielded significant multivariate effects of Dominican college students' academic area of study on psychological distress and help-seeking attitudes. Furthermore, Dominican college students enrolled in Health Sciences as an academic area of study had higher levels of psychological distress than participants from all other academic areas of study. This was consistent with de La Rosa-Rojas et al.'s (2015) Marty et al.'s (2005) conclusions.

Additionally, those enrolled in Engineering had the lowest mean scores on help-seeking attitudes, whereas those in Basic and Environmental Sciences had the lowest mean scores on intentions to seek help. Participants from Humanities and Social Sciences had the lowest self-stigma and social-stigma mean scores observed. Overall, the null hypothesis 4 was partially rejected. In general, these results were not expected as many studies reported significant findings on Health Sciences (Bermúdez Quintero et al., 2006; Chew-Graham et al., 2003; Dyrbye et al., 2015; Korszun et al., 2012; O'Connor et al., 2013; Perales et al., 2003; Santander et al., 2011; Schwenk et al., 2010; Tija et al., 2005) or Engineering (Kausar, 2010; Larcombe et al., 2014; Leahy et al., 2010; Wolfe et al., 2015) students when it comes to high distress, low help-seeking patterns and high levels of stigma toward psychological services.

The Tukey – Kramer procedure (Kramer, 1956) was utilized as a multiple group comparison test. Post-hoc results on psychological distress and academic area of study indicated that Health Sciences was significantly different from Humanities and Social Sciences as well as

Engineering. Additionally, significant group differences were noted on help-seeking attitudes between Humanities and Social Sciences, Health Sciences, as well as Engineering.

### **Implications for Future Practice**

A salient implication for future practice is the development of inexpensive and easily accessible mental health services within higher education institutions or near (Bernhardsdóttir & Vilhjálmsón, 2012; Chao, 2012). Counseling centers typically constitute an important infrastructure in the provision of such services (Chao, 2012). In this sense, the establishment of mental health services implies that counselors and other mental health providers would facilitate counseling and mental health education in the form of outreach programs and workshops (Chang, 2007; Chao, 2012; Del Pilar, 2008). Interventions with components of social support, such as support groups, would also benefit distressed students who lack supportive sources of help (Chao, 2012).

Nonetheless, in students with a high reliance on family, partners and friends as primary sources of help, as evidenced in this study, another salient need emerges: educating communities on how to support family members, partners, friends or peers with personal-emotional concerns, including psychological distress (Reavley et al., 2012). One way to accomplish this task could be through the dissemination of information on students' apparent use of and needs related to empathic listening and emotional support. Additionally, psychoeducation on the symptoms of stress and distress would be helpful for students and families. Lastly, educating students and families on how to help peers or loved ones start a referral process for professional services could be key in further supporting and addressing the needs of diverse student populations (Chang, 2007; Reavley et al., 2012).

Another major salient in this study was related to neutral help-seeking attitudes. Since Meyer (2000) as well as Yeap and Low's (2009) noted that those with neutral attitudes toward help-seeking tended to be dubious of practical aspects related to pursuing services (e.g., potential financial implications, accessibility, protection of privacy, level of competence of providers), attention needs to be paid to making help-seeking services more accessible and transparent. Appealing marketing strategies designed with college students in mind could be helpful to increase students' familiarity with their help-seeking options and their practical implications. This approach may also help to destigmatize help-seeking on campus.

The obtained effects for gender and area of academic study also suggest the importance of providing services that consider the potential needs of females and student populations from Health Sciences, Engineering and Business. Similarly, this study found that non-traditional-aged students tend to experience higher distress and more negative help-seeking attitudes than their traditional-aged counterparts. As a result, it would be valuable to foster spaces and creative interventions designed to meet the needs of these particular students. In addition to the counseling center, the establishment of collaborative efforts between departments to offer resources with an emphasis on mental health, including mentorship programs, support groups, academic coaching, and orientation would be a helpful contribution to address concerns around distress, low help-seeking and stigma toward services for these and other students (Bewick et al., 2010; Chao, 2012; Frey et al., 2004; Garcia-Ros et al., 2012).

Lastly, to address potential systemic concerns related to stigma toward mental health services, it appears important to understand the potential roles and efforts of different levels of systems in the Dominican Republic so as to normalize and streamline access to psychological services. Beginning to recognize and address the well-documented health disparities that have



continued to take place in the Dominican Republic, particularly around mental health (Caplan et al., 2015; Lora et al., 2012; Mieses Michel et al., 2009; PAHO, 2012; Schumacher, 2010; WHO, 2013) would constitute a stepping stone in this process.

### **Implications for Future Research**

Further research is encouraged on the potential incidence of and relationships between psychological distress, help-seeking, and stigma toward psychological services with students from other Dominican universities. It is recommended that future investigators undertake studies to assess actual service-utilization patterns with Dominican students. This would further clarify the extent to which stigma toward mental health impacts the help-seeking process in its entirety, particularly when faced with psychological distress (Czyz et al., 2013; Eisenberg et al., 2009; Eisenberg, 2012; Golberstein et al., 2008; 2009). Similarly, future studies should explore the role of culture and context as it relates to distress, help-seeking and stigma in the Dominican Republic as well as other parts of the Caribbean and Latin America (Andoh et al., 2015; Mendoza et al., 2015). For example, when studying distress, help-seeking and stigma in the Dominican Republic, researchers might benefit from exploring the impact of family values in a collectivist culture.

Moreover, based on findings that college constitutes a time of heightened distress for a number of students, higher education institutions are likely to benefit from studies on the availability and efficacy of their help-seeking services to assist student populations during the college experience (Bewick et al, 2010; Cabanach et al., 2014; Chang, 2007; Cova Solar et al., 2007; Dachew et al., 2015; Deasy et al., 2014a; Dessie et al., 2013; Hudson et al., 2008; Kausar, 2010; Larcombe et al., 2014; Leahy et al., 2010; McCarthy et al., 2006; Sañas et al., 2014). In this regard, it is also important to learn if psychological distress, help-seeking, and stigma vary

between students whose academic standing is deemed acceptable by the institution versus those placed under academic probation given their performance (Del Pilar, 2008).

In terms of demographic characteristics, further research is warranted to clarify the unexpected gender effects on help-seeking intentions as they contrasted with numerous previous findings (Cauce et al., 2002; Chang, 2007; Dadfar & Friedlander, 1982; Day & Livingstone, 2003; Deane & Chamberlain, 1994; del Toro Añel et al., 2011; Elhai et al., 2008; Fischer & Farina, 1995; Komiya et al., 2000; Mendoza et al., 2015; Rickwood & Braithwaite, 1994). Additional exploration of male Dominican college students' help-seeking intentions is encouraged to determine replicability of this study's results. Further studies should also explore the relationships between college students' gender, academic area of study, and help-seeking intentions. Future studies should also consider the role of socioeconomic status in college students' experiences of distress, help-seeking, and stigma. Since this study gathered data on Dominican college students' personal income, exploring family-based income may yield additional important information.

### **Limitations and Contributions**

This study contained limitations regarding its design, methodology, and findings. The nonrandomized sample selection may have introduced selection effects in addition to restricting the generalizability of the results. The nonrandomized sample design was selected over other designs given the Dominican Republic's restrictions on making institutional data publically available. The limited access to institutional data made it challenging to engage in a-priori sample determination to ensure representativeness. Although a-priori exploration of the population's normal distribution was not possible, this study had a sample size sufficiently large ( $n = 280$ ) to reduce potential threats to the assumption of normality, based on the Central Limit

Theorem (Burdenski, 2000; Ghasemi & Zahediasl, 2012). Furthermore, even without systematic sampling methods in place beforehand, this study obtained an approximately even representation of males and females in the sample.

Another limitation, in many ways related to the nonrandomized sample selection process, was that of unequal groups. This study used robust statistical resources, including Bonferroni adjustments, Pillai's Trace statistics and Tukey-Kramer when testing for univariate and multivariate significance, or when comparing multiple groups. Overall, these statistical tools helped to minimize the likelihood of Type I and Type II error, yielding stable results despite group size differences (Laerd Statistics, 2015; Pallant, 2011; Tabachnick & Fidell, 2007).

Similarly, this study created categories on age (i.e., traditional-aged; non-traditional-aged) and years of enrollment (i.e., under-class; upper-class), which may have led to unequal group sizes as well as potential issues with analyses that relied on continuous variables. Besides relying on the statistical measures described above to counteract potential negative effects of this specific limitation, this study also made a point to highlight the conceptual importance of transforming the continuous variables of age and years of enrollment into categorical ones. Said conceptual importance was noted in the review of related literature. Furthermore, since no previous studies were found on the specific characteristics of Dominican college students, the parameters for distributing the data into each category consisted of following the normal distribution of scores yielded by the data. The same was true when creating different levels for distress, help-seeking attitudes, help-seeking intentions, self-stigma, and social stigma.

Likewise, there were limitations tied to this study's measures. One of them referred to the use of self-report measures (Paulhus & Vazire, 2007), which was how data was collected in this study. Paulhus and Vazire (2007) highlighted the disadvantages of relying on data from self-

report methods because of the limited accuracy and credibility of participants' responses.

Nonetheless, the measures used in this study were chosen, to a great extent, with consideration of their sound psychometric properties. Thus, each instrument's high reliability and validity helped to ensure that any error possibly related to self-report was comparable to that likely obtained in other studies that employ measures with strong psychometric properties.

An additional limitation related to the study's measures had to do with translating and administering instruments originally published in English. All six instruments were translated from their original English language to Spanish in order to be consistent with the Dominican Republic's official language. An instructor from the Spanish Department at Western Michigan University completed translations for all documentation presented to participants, including the informed consent. To ensure the veracity of the translated documents, the chair of the Department of Spanish at Western Michigan University reviewed originals and translated documents, and endorsed their use (I. Lopez, Chair of Department of Spanish, personal communication, September 19, 2014), as noted in Appendix P. As a Dominican whose native language is Spanish, the researcher also examined the translations to ensure that the language used was consistent with idioms employed in the Dominican culture.

Furthermore, it was noted that the measures used in this study had not been as widely used with Latino/a samples as they had with other racial and ethnic groups in the past. To address this, this research found supporting data to document the effective use of the instrument with minority or understudied populations in the literature. The instruments were retained based on their strong established psychometric properties with different samples. Ultimately, instrument reliability analyses following data collection revealed adequate reliability estimates for the studied sample of Dominican college students in their home country

Moreover, the completion of this study resulted in several contributions. Consistent with the specific goals formulated for this project early on and outlined in the introduction, this research added to the previously limited data on Dominican college students, particularly in the spheres of psychological distress, help-seeking, and stigma. Based on exploration of related literature, this was possibly one of the first studies of its kind to be completed in the Dominican Republic. As such, this study offered a review of related literature as well as original findings that could equip college students and institutions alike with awareness of the nature and severity of stressors likely to emerge throughout the college experience. Similarly, this study allowed for a discussion on help-seeking patterns prevalent in a sample of Dominicans as they evaluated how they cope with personal stressors. This research also revealed the incidence of private and public experiences of stigma related to psychological services.

Furthermore, this research project contributed verified Spanish translations of six measures originally published in English. In addition, this study offered data that could facilitate normalization and comparison of reliability estimates of the instruments when used in research with other Latinos/as or Spanish-speaking populations. Last but not least, this study yielded findings with combined practical utility, with potential to further advance and streamline mental health considerations in the Dominican Republic as well as other parts of the world.

### **Overall Conclusions**

In sum, Dominican college students had levels of psychological distress in the moderate-to-high range, as well as neutral attitudes toward help-seeking. Generally-speaking, Dominican college students' moderate intentions to seek help were mostly oriented toward family members and close non-relatives (i.e., partner, friends). An inexistent relationship between distress and help-seeking attitudes and intentions further raised the question of how these students,

particularly those who endorsed high distress (15%), manage their experiences in this regard. On another note, the observed moderate incidence of self- and social stigma toward help-seeking among Dominican college students yielded information that could be used to justify the need for additional studies in this regard, particularly in the context of self-stigma's inverse moderate relationships with help-seeking attitudes and intentions. Moreover, the effects of gender, age, and academic area of study were noted on distress, help-seeking attitudes, self-stigma, and social stigma toward mental health.

Although most effect sizes in this study tended to be in the four- to five-percent range, the importance of the findings should not be minimized. Combined effects, particularly those observed in multivariate analysis (e.g., gender, academic area of study), pointed to the likely practical utility of the data in designing resources that meet the needs of specific groups of Dominican students. Furthermore, the main implication of this study for future practice had to do with the establishment of accessible counseling centers or mental health services that promote psychoeducation and support to students.

As for implications related to future research, further examination of the study's variables was encouraged, particularly with akin samples from other Dominican higher education institutions. Future studies on psychological distress, help-seeking and stigma with emphases on female, non-traditional-aged, and Health Sciences or Engineering Dominican college students ought to also be considered, based on the obtained results of this investigation. Limitations in terms of the representativeness of the sample; translation, cross-cultural validity, and self-report nature of the instruments; cross-sectional methodology; as well as generalizability of the results were noted.

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## Appendix A

### Humans Subjects Institutional Review Board Letter of Approval

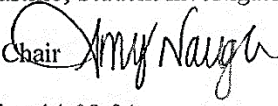
# WESTERN MICHIGAN UNIVERSITY



Human Subjects Institutional Review Board

Date: August 6, 2014

To: Joseph Morris, Principal Investigator  
 Laura Pacheco del Castillo, Student Investigator for dissertation

From: Amy Naugle, Ph.D., Chair 

Re: HSIRB Project Number 14-08-04

This letter will serve as confirmation that your research project titled "Dominican College Students' Experiences of Distress, Help-Seeking and Stigma" has been **approved** under the **exempt** category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note: This research may **only** be conducted exactly in the form it was approved. You must seek specific board approval for any changes in this project (e.g., ***you must request a post approval change to enroll subjects beyond the number stated in your application under "Number of subjects you want to complete the study."*** Failure to obtain approval for changes will result in a protocol deviation. In addition, if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

**Reapproval of the project is required if it extends beyond the termination date stated below.**

The Board wishes you success in the pursuit of your research goals.

**Approval Termination: August 5, 2015**

251 W. Walwood Hall, Kalamazoo, MI 49008-5456  
 PHONE: (269) 387-8293 FAX: (269) 387-8276

## **Appendix B**

### **Approved Anonymous Consent Form in English**

Western Michigan University  
H.S.I.R.B.

Approved for use for one year from this date:

AUG 06 2014



HSIRB Office

Western Michigan University  
Department of Counselor Education and Counseling Psychology

**Principal Investigator:** Joseph R. Morris, Ph.D.  
**Student Investigator:** Laura A. Pacheco del Castillo, M.A.  
**Title of Study:** Dominican College Students' Experiences of Distress, Help-Seeking and Stigma

You have been invited to participate in a research project titled "*Dominican College Students' Experiences of Distress, Help-Seeking and Stigma*." This project will serve as Laura A. Pacheco del Castillo's dissertation for the requirements of the Ph.D. degree in Counseling Psychology. This document will explain the purpose of this research project and will go over all of the time commitments, the procedures used in the study, and the risks and benefits of participating in this research project. Please read this consent form carefully and completely and please ask any questions if you need more clarification.

**What are we trying to find out in this study?**

This study will explore and describe undergraduate Dominican college students' experiences of distress, help-seeking inclinations, and reports of stigma toward seeking psychological services. It will be conducted to add knowledge to the limited scientific body of literature about Dominican college students. It will also serve to generate informed recommendations to better serve this target population, specifically on possible needs related to distress, help-seeking, and experiences of private and public stigma tied to seeking psychological help.

**Who can participate in this study?**

This study will recruit a sample of Dominican college students. Inclusionary criteria includes: (1) Dominican nationality, (2) fluency in Spanish, (3) undergraduate status, and (4) active enrollment in the specific mid-sized private Dominican university where sampling is to take place. This excludes individuals who are non-Dominican, not fluent in Spanish, of graduate status, or that are not presently enrolled in the specific institution where sampling is to take place. Only individuals who meet the inclusionary criteria will be asked to volunteer.

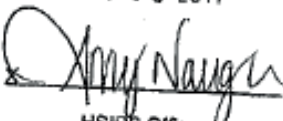
**Where will this study take place?**

This study will take place at one, mid-sized private university located in the city of Santo Domingo, Dominican Republic.

**What is the time commitment for participating in this study?**

From beginning to end, the time commitment for this study will be approximately of 15 to 20 minutes, one time only. This includes listening to a brief introduction of the research, reviewing this document, and selecting answers on the brief self-report measures.

Western Michigan University  
H.S.I.R.B.  
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HSIRB Office

**What will you be asked to do if you choose to participate in this study?**

Potential participants will be asked to review this document, ask any questions they may need clarification on, and anonymously complete six brief self-report measures.

**What information is being measured during the study?**

This study will be collecting demographic data (e.g.: age, gender, annual income) from participants in the study. Experiences of distress, help-seeking attitudes, help-seeking intentions, as well as reports of perceived private and public stigma related to seeking psychological services will also be measured during the study.

**What are the risks of participating in this study and how will these risks be minimized?**

There are minimal risks involved with participation in this study. The primary risk is that participants may be easily identifiable by peers when consenting to volunteer for the study. Also, participants may feel some discomfort when reflecting upon their possible experiences of distress, help-seeking, or stigma related to seeking psychological services. Similarly, participants that are willing to take part in this study will have to put forth time and effort to review this document and complete the brief self-report measures, which may last approximately 15 to 20 minutes.

To minimize risks, no names will be collected during this study. Answers will be completely anonymous, so participants are asked to not put their name anywhere. Each packet of measures will be assigned a number from 1 to 280. No identifiable information will be associated with the assigned numbers for each packet. Potential participants may opt to contact the researcher after the class session has ended to avoid identification by classmates. To reduce any discomfort, participants will be reminded that they may choose not to answer any questions for any reason, as well as that they may decide to discontinue their participation in the study at any time without any consequences.

**What are the benefits of participating in this study?**

There are no direct benefits related to participating in this study. It is possible, however, that participants may benefit from answering the self-report measures by having the opportunity to gain insight on their previous experiences of distress, help-seeking, and stigma.

**Are there any costs associated with participating in this study?**

There are no costs associated with participating in this study.

**Is there any compensation for participating in this study?**

There will be no compensation for participating in this study.



Western Michigan University

H.S.I.R.B.

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**Who will have access to the information collected during this study?**

Only the principal and student investigators will have access to the information collected during this study. All responses collected throughout this study will be anonymous. If the data collected is used for journal publication or scholarly conferences, no identifiable information will be disclosed. Data will be locked and kept confidential in the principal investigator's office for a minimum of three years.

**What if you want to stop participating in this study?**

You can choose to stop participating in the study at anytime for any reason. You will not suffer any prejudice or penalty by your decision to stop your participation. You will experience NO consequences either academically or personally if you choose to withdraw from this study.

The investigator can also decide to stop your participation in the study without your consent.

Should you have any questions prior to or during the study, you can contact the primary investigator, Dr. Joseph R. Morris at 269-387-5712 or joseph.morris@wmich.edu. The student investigator, Laura A. Pacheco del Castillo may be reached at 269-290-2343 or laura.a.pachecodelcastillo@wmich.edu. You may also contact the Chair, Human Subjects Institutional Review Board at 269-387-8293 or the Vice President for Research at 269-387-8298 if questions arise during the course of the study.

This consent document has been approved for use for one year by the Human Subjects Institutional Review Board (HSIRB) as indicated by the stamped date and signature of the board chair in the upper right corner. Do not participate in this study if the stamped date is older than one year.

Answering the self-report measures indicates your consent for use of the anonymous answers you supply.

## Appendix C

### Approved Anonymous Consent Form in Spanish

Western Michigan University  
H.S.I.R.B.  
Approved for use for one year from this date:

AUG 06 2014

  
HSIRB Office

Western Michigan University  
Departamento de Educación Consejera y Consejería Psicológica

**Investigador Principal:** Joseph R. Morris, Ph.D.  
**Estudiante Investigador:** Laura A. Pacheco del Castillo, M.A.  
**Título del Estudio:** Experiencias de Estrés, Búsqueda de Ayuda y Estigma de Estudiantes Universitarios Dominicanos

Usted ha sido invitado a participar en el proyecto de investigación titulado "Experiencias de Estrés, Búsqueda de Ayuda y Estigma de Estudiantes Universitarios Dominicanos." Este proyecto servirá como requisito de disertación para la obtención del doctorado en Psicología de la Consejería de Laura A. Pacheco del Castillo. Este documento explicará el propósito de este proyecto de investigación y cubrirá todos los compromisos de tiempo, los procedimientos a emplearse en este estudio, así como los riesgos y beneficios de participar en este proyecto de investigación. Por favor lea este documento de consentimiento con detenimiento de manera completa y por favor, haga preguntas si necesita más aclaraciones.

**¿Qué tratamos de averiguar en este estudio?**

Este estudio explorará y describirá las experiencias de estrés, inclinaciones hacia buscar ayuda y reportes de estigma de estudiantes universitarios Dominicanos. Se realizará para añadir conocimiento a la limitada literatura científica existente sobre estudiantes universitarios Dominicanos. También servirá para generar recomendaciones informadas con el fin de servir mejor a esta población, específicamente sobre las posibles necesidades vinculadas a estrés, búsqueda de ayuda y experiencias privadas y públicas relacionadas a buscar ayuda psicológica.

**¿Quién puede participar en este estudio?**

Este estudio reclutará una muestra de estudiantes universitarios Dominicanos. El criterio de inclusión conlleva: (1) nacionalidad Dominicana, (2) dominio del Español, (3) estatus universitario a nivel de licenciatura y (4) matriculación activa en la universidad privada específica donde se llevará a cabo el muestreo. Esto excluye individuos que no tengan nacionalidad Dominicana, que no tengan dominio del idioma Español, que sean de estatus de post-grado, o que no estén presentemente matriculados en la institución específica donde se llevará a cabo el muestreo. Solo los individuos que cumplan con el criterio de inclusión son solicitados a participar.

**¿Dónde se llevará a cabo este estudio?**

Este estudio se llevará a cabo en una universidad privada, de tamaño mediano, localizada en la ciudad de Santo Domingo, República Dominicana.

Western Michigan University  
H.S.I.R.B.

Approved for use for one year from this date:

AUG 06 2014

  
HSIRB Office

**¿Cuál es el compromiso de tiempo para participar en este estudio?**

De principio a fin, el compromiso de tiempo para este estudio será de aproximadamente unos 15 a 20 minutos, sólo una vez. Esto incluye escuchar una breve introducción sobre el estudio, revisar este documento y seleccionar respuestas en las escalas breves.

**¿Qué tendrá que hacer si decide participar en este estudio?**

Los posibles participantes tendrán que revisar este documento, realizar preguntas para las que necesiten aclaración y de manera anónima responder seis escalas breves.

**¿Qué información se está midiendo en este estudio?**

Este estudio coleccionará información demográfica (edad, sexo, ingreso anual) de los participantes. Experiencias de estrés, actitudes hacia buscar ayuda, intenciones hacia buscar ayuda, así como reportes de estigma privado o público relacionado a buscar servicios psicológicos también serán medidos durante este estudio.

**¿Cuáles son los riesgos de participar en este estudio y cómo serán estos minimizados?**

Hay riesgos mínimos asociados a la participación en este estudio. El riesgo principal es que los participantes puedan ser fácilmente identificados por sus compañeros de estudios cuando decidan participar de manera voluntaria en este estudio. También, los participantes pueden sentir cierto disconfort cuando reflexionen sobre sus posibles experiencias de estrés, búsqueda de ayuda o estigma relacionado a buscar servicios psicológicos. Similarmente, los participantes que estén dispuestos a participar tendrán que ceder su tiempo y esfuerzo para revisar este documento y para completar las escalas breves, lo cual puede tomar de 15 a 20 minutos aproximadamente.

Para minimizar los riesgos, no se coleccionarán nombres durante este estudio. Las respuestas son completamente anónimas, así que los participantes no deben poner su nombre en ningún documento. Cada paquete de escalas tendrá un número del 1 al 280 asignado. No se asociará ninguna información identificable a los números en cada paquete. Posibles participantes pueden optar por contactar a los investigadores luego de que su clase haya terminado para evitar identificación por sus compañeros de estudio. Para reducir cualquier disconfort, los participantes serán recordados que pueden elegir no responder cualquier pregunta por cualquier razón, así como pueden decidir terminar su participación en este estudio en cualquier momento sin ninguna consecuencia.

**¿Cuáles son los beneficios de participar en este estudio?**

No hay beneficios directos relacionados a participar en este estudio. Es posible, sin embargo, que los participantes se beneficien de responder las escalas al tener la oportunidad de reflexionar sobre sus experiencias pasadas de estrés, búsqueda de ayuda y estigma.

**¿Hay algún costo asociado a la participación en este estudio?**

No hay costos asociados a la participación en este estudio.

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**¿Hay alguna compensación asociada a la participación en este estudio?**

No hay compensación asociada a la participación en este estudio.

**¿Quién tendrá acceso a la información colectada en este estudio?**

Sólo el investigador principal y la investigadora estudiante tendrán acceso a la información colectada durante este estudio. Todas las respuestas colectadas durante este estudio serán anónimas. Si la data colectada se utiliza para publicación o conferencias académicas, ninguna información identificable será divulgada. La información colectada se mantendrá bajo llave y en confidencialidad en la oficina del investigador principal por un mínimo de tres años.

**¿Qué pasa si quiere dejar de participar en este estudio?**

Usted puede optar por dejar de participar en este estudio en cualquier momento por cualquier razón. Usted no enfrentará ningún prejuicio o penalidad por su decisión de cesar su participación. Usted NO enfrentará ninguna consecuencia, ya sea académica o personal, si decide retirarse de este estudio.

El investigador también puede decidir parar su participación en este estudio sin su consentimiento.

Si usted tiene alguna pregunta antes o durante este estudio, puede contactar al investigador primario, Dr. Joseph R. Morris al 269-387-5712 o joseph.morris@wmich.edu. La investigadora estudiante, Laura A. Pacheco del Castillo puede ser contactada al 269-290-2343 o laura.a.pachecodelcastillo@wmich.edu. Usted también puede contactar al Director, Comité de Revisión Institucional de Sujetos Humanos al 269-387-8293 o al Vice-Presidente de Investigación al 269-387-8298 si surgen preguntas durante el transcurso de este estudio.

Este documento de consentimiento ha sido aprobado para ser utilizado por un tiempo de un año por el Comité de Revisión Institucional de Sujetos Humanos (Human Subjects Institutional Review Board, HSIRB) como se indica en el sello y firma del director del comité en la esquina superior derecha. No participe en este estudio si la fecha en el sello es de más un año.

Responder las escalas indica su consentimiento para el uso de las respuestas anónimas que usted provee.

## Appendix D

### Brief Demographic Questionnaire

**Brief Demographic Questionnaire**

1. Age: \_\_\_\_\_ years old
  
2. Gender:
  - Male
  - Female
  - Other: \_\_\_\_\_
  
3. Relationship Status:
  - Single
  - In a relationship, not married
  - Married
  - Divorced
  
4. Annual Income:
  - USD \$0 - \$2,325 per year (RD \$0 - \$100,000)
  - USD \$2,326 - \$5,000 per year (RD \$100,001 - \$215,000)
  - USD \$5,001 - \$16,000 per year (RD \$215,001 - \$720,000)
  - USD \$16,001 - \$30,000 per year (RD \$720,001 - \$1,300,000)
  - USD \$30,001+ per year (RD \$1,300,001+)
  
5. Academic Area of Study:
  - Basic and Environmental Sciences
  - Health Sciences
  - Humanities and Social Sciences
  - Engineering
  - Business
  
6. Years Enrolled in University: \_\_\_\_\_

## Appendix E

### Hopkins Symptom Checklist (HSCL-21)



### Hopkins Symptom Checklist (HSCL-21)

How have you felt during the past seven days including today? Use the following scale to describe how distressing you have found these things over this time.

	not at all	a little	quite a bit	extremely
1. Difficulty in speaking when you are excited.	1	2	3	4
2. Trouble remembering things.	1	2	3	4
3. Worried about sloppiness or carelessness.	1	2	3	4
4. Blaming yourself for things.	1	2	3	4
5. Pains in the lower part of your back.	1	2	3	4
6. Feeling lonely.	1	2	3	4
7. Feeling blue.	1	2	3	4
8. Your feelings being easily hurt.	1	2	3	4
9. Feeling others do not understand you or are unsympathetic.	1	2	3	4
10. Feeling that people are unfriendly or dislike you.	1	2	3	4

(Continued from previous page)

	not at all	a little	quite a bit	extremely
11. Having to do things very slowly in order to be sure you are doing them right.	1	2	3	4
12. Feeling inferior to others.	1	2	3	4
13. Soreness of your muscles.	1	2	3	4
14. Having to check and double-check what you do.	1	2	3	4
15. Hot or cold spells.	1	2	3	4
16. Your mind going blank.	1	2	3	4
17. Numbness or tingling in parts of your body.	1	2	3	4
18. A lump in your throat.	1	2	3	4
19. Trouble concentrating.	1	2	3	4
20. Weakness in parts of your body.	1	2	3	4
21. Heavy feelings in your arms and legs.	1	2	3	4

## **Appendix F**

### **Attitudes toward Seeking Professional Psychological Help (ATSPPH:SF)**

**Attitudes toward Seeking Professional Psychological Help:  
Short Form (ATSPPH:SF)**

To what extent do you agree or disagree with the statements below:

	Agree	Partly Agree	Partly Disagree	Disagree
1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.	3	2	1	0
2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.	3	2	1	0
3. If I were experiencing a serious emotional crisis at this point my life, I would be confident that I could find relief in psychotherapy.	3	2	1	0
4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears <i>without</i> resorting to professional help.	3	2	1	0
5. I would want to get psychological help if I were worried or upset for a long period of time.	3	2	1	0
6. I might want to have psychological counseling in the future.	3	2	1	0
7. A person with an emotional problem is not likely to solve it alone; he or she <i>is</i> likely to solve it with professional help.	3	2	1	0
8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.	3	2	1	0
9. A person should work out his or her own problems; getting psychological counseling would be a last resort.	3	2	1	0
10. Personal and emotional troubles, like many things, tend to work out by themselves.	3	2	1	0

## Appendix G

### General Help-Seeking Questionnaire (GHSQ)

### General Help-Seeking Questionnaire (GHSQ)

Below is a list of people who you might seek help or advice from if you were experiencing personal-emotional problems.

Please circle the number that shows **how likely is it** that you would seek help from each of these people for personal-emotional problems.

	Extremely Unlikely							Extremely Likely	
1. Partner	1	2	3	4	5	6	7		
2. Friend (not a relative)	1	2	3	4	5	6	7		
3. Parent	1	2	3	4	5	6	7		
4. Other relative (family member)	1	2	3	4	5	6	7		
5. Mental health professional (psychologist, psychiatrist)	1	2	3	4	5	6	7		
6. Pastor/priest	1	2	3	4	5	6	7		
7. Medical doctor	1	2	3	4	5	6	7		
8. Teacher/advisor	1	2	3	4	5	6	7		
9. Someone else not listed above Describe the person's role: _____	1	2	3	4	5	6	7		
10. I would not seek help from anyone	1	2	3	4	5	6	7		

## Appendix H

### Self-Stigma of Seeking Help (SSOSH)

### Self-Stigma of Seeking Help (SSOSH)

People at times find that they face problems for which they consider seeking help. This can bring up reactions about what seeking help would mean.

Please use the 5-point scale to rate the degree to which each item describes **how you might react** in this situation.

	Strongly Disagree	Disagree	Agree/Disagree Equally	Agree	Strongly Agree
1. I would feel inadequate if I went to a therapist for psychological help.	1	2	3	4	5
2. My self-confidence would not be threatened if I sought professional help.	1	2	3	4	5
3. Seeking psychological help would make me feel less intelligent.	1	2	3	4	5
4. My self-esteem would increase if I talked to a therapist.	1	2	3	4	5
5. My view of myself would not change just because I made the choice to see a therapist.	1	2	3	4	5
6. It would make me feel inferior to ask a therapist for help.	1	2	3	4	5
7. I would feel okay about myself if I made the choice to seek professional help.	1	2	3	4	5
8. If I went to a therapist, I would be less satisfied with myself	1	2	3	4	5
9. My self-confidence would remain the same if I sought professional help for a problem I could not solve.	1	2	3	4	5
10. I would feel worse about myself if I could not solve my own problem.	1	2	3	4	5



## Appendix I

### Stigma Scale for Receiving Psychological Help (SSRPH)

### Stigma Scale for Receiving Psychological Help (SSRPH)

Please answer the following, by choosing one answer from (1) Strongly Disagree to (4) Strongly Agree.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Seeing a psychologist for emotional or interpersonal problems carries social stigma.	1	2	3	4
2. It is a sign of personal weakness or inadequacy to see a psychologist for emotional or interpersonal problems.	1	2	3	4
3. People will see a person in a less favorable way if they come to know that he or she has seen a psychologist.	1	2	3	4
4. It is advisable for a person to hide from people that he or she has seen a psychologist.	1	2	3	4
5. People tend to like less those who are receiving professional psychological help.	1	2	3	4

## Appendix J

### Escala Demográfica Breve

### Escala Demográfica Breve

1. Edad: \_\_\_\_\_ años
  
2. Género:
  - Masculino
  - Femenino
  - Otro: \_\_\_\_\_
  
3. Estado civil:
  - Soltero/a
  - En una relación, sin matrimonio
  - Casado/a
  - Divorciado/a
  
4. Ingreso anual:
  - RD \$0 – \$100,000
  - RD \$100,001 – \$215,000
  - RD \$215,001 – \$720,000
  - RD \$720,001 – \$1,300,000
  - RD \$1,300,001+
  
5. Área de estudios académicos:
  - Ciencias Básicas y Ambientales
  - Ciencias de la Salud
  - Humanidades y Ciencias Sociales
  - Ingeniería
  - Negocios
  
6. Años inscrito en la universidad: \_\_\_\_\_

**Appendix K**  
**Escala HSCL-21**

### Escala HCSL-21

¿Cómo se ha sentido durante los **últimos siete días**, incluyendo el día de hoy? Utilice la siguiente escala para describir lo estresante que ha percibido estas cosas durante este tiempo:

	para nada	un poco	bastante	en extremo
1. Dificultad al hablar cuando está emocionado/a.	1	2	3	4
2. Dificultad para recordar cosas.	1	2	3	4
3. Preocupado/a por su dejadez o descuido.	1	2	3	4
4. Culpándose a sí mismo/a por cosas.	1	2	3	4
5. Dolores en la parte baja de la espalda.	1	2	3	4
6. Sintiéndose solo/a.	1	2	3	4
7. Sintiéndose entristecido/a.	1	2	3	4
8. Sus sentimientos heridos fácilmente.	1	2	3	4
9. Sintiendo que los demás no le entienden o no demuestran simpatía.	1	2	3	4
10. Sintiendo que las personas son poco amigables o no gustan de usted.	1	2	3	4

(Continuación de la página anterior)

	para nada	un poco	bastante	en extremo
11. Teniendo que hacer las cosas muy despacio para asegurarse de hacerlas correctamente.	1	2	3	4
12. Sintiéndose inferior a los demás.	1	2	3	4
13. Dolor en sus músculos.	1	2	3	4
14. Teniendo que revisar y verificar lo que usted hace.	1	2	3	4
15. Sensaciones esporádicas de calor o frío.	1	2	3	4
16. Su mente en blanco.	1	2	3	4
17. Adormecimiento u hormigueo en partes de su cuerpo.	1	2	3	4
18. Un nudo en su garganta.	1	2	3	4
19. Dificultad para concentrarse.	1	2	3	4
20. Debilidad en partes de su cuerpo.	1	2	3	4

## Appendix L

### Escala ATSPPH:SF



### Escala ATSPPH:SF

¿Hasta qué punto está de acuerdo o en desacuerdo con los siguientes enunciados?

	de acuerdo	parcialmente de acuerdo	parcialmente en desacuerdo	en desacuerdo
1. Si creyera que estuviera teniendo un colapso mental, mi primera inclinación sería buscar ayuda profesional.	3	2	1	0
2. La idea de hablar sobre mis problemas con un psicólogo me parece una manera inadecuada para salir de mis conflictos emocionales.	3	2	1	0
3. Si yo estuviera enfrentando una seria crisis emocional en este punto de mi vida, estaría confiado/a en que podría encontrar alivio a través de terapia psicológica.	3	2	1	0
4. Hay algo admirable en la actitud de una persona que está dispuesta a manejar sus conflictos y miedos sin recurrir a ayuda profesional.	3	2	1	0
5. Yo querría buscar ayuda psicológica si estuviera preocupado/a o molesto/a por un periodo de tiempo largo.	3	2	1	0
6. Tal vez quisiera recibir consejería psicológica en el futuro.	3	2	1	0
7. Una persona con un problema emocional probablemente no pueda resolverlo sola; él o ella probablemente lo podría resolver con ayuda profesional.	3	2	1	0
8. Considerando el tiempo y el gasto asociado a la terapia psicológica, su valor es cuestionable para una persona como yo.	3	2	1	0
9. Una persona debería trabajar sus propios problemas; buscar ayuda psicológica o de consejería debería ser el último recurso.	3	2	1	0
10. Los problemas personales y emocionales, como otras tantas cosas, tienden a resolverse solos.	3	2	1	0

**Appendix M**  
**Escala GHSQ**

### Escala GHSQ

A continuación hay una lista de personas de las que usted podría tratar de obtener ayuda o consejo si usted estuviera enfrentando problemas personales o emocionales.

Por favor encierre en un círculo el número que demuestre **qué tan probable es** que usted busque ayuda de cada una de estas personas por problemas personales o emocionales.

	en extremo poco probable				en extremo muy probable		
1. Pareja	1	2	3	4	5	6	7
2. Amigo/a (no un familiar)	1	2	3	4	5	6	7
3. Padre/madre	1	2	3	4	5	6	7
4. Otro familiar	1	2	3	4	5	6	7
5. Profesional de salud mental (psicólogo, psiquiatra)	1	2	3	4	5	6	7
6. Pastor/sacerdote	1	2	3	4	5	6	7
7. Médico	1	2	3	4	5	6	7
8. Profesor/asesor	1	2	3	4	5	6	7
9. Alguien no mencionado arriba Describe el rol de esa persona: _____	1	2	3	4	5	6	7
10. No buscaría ayuda de nadie	1	2	3	4	5	6	7

**Appendix N**  
**Escala SSOSH**

### Escala SSOSH

Algunas veces las personas se dan cuenta de que se enfrentan a problemas por los que consideran buscar ayuda. Esto puede generar reacciones acerca de lo que implicaría la búsqueda de ayuda.

Por favor, indique el grado en que cada enunciado describe **cómo podría reaccionar usted** en cada situación:

	muy en desacuerdo	en desacuerdo	neutral	de acuerdo	muy de acuerdo
1. Me sentiría extraño/a si yo fuera a un terapeuta por ayuda psicológica.	1	2	3	4	5
2. Mi autoconfianza no se vería amenazada si buscara ayuda profesional.	1	2	3	4	5
3. Buscar ayuda psicológica me haría sentir menos inteligente.	1	2	3	4	5
4. Mi autoestima aumentaría si hablara con un terapeuta.	1	2	3	4	5
5. Mi percepción de mí mismo/a no cambiaría solo porque tome la decisión de ver a un terapeuta.	1	2	3	4	5
6. Me haría sentir inferior pedirle ayuda a un terapeuta.	1	2	3	4	5
7. Me sentiría bien conmigo mismo/a si tomara la decisión de buscar ayuda profesional.	1	2	3	4	5
8. Si fuera a un terapeuta, yo estaría menos satisfecho/a conmigo mismo/a.	1	2	3	4	5
9. Mi autoconfianza permanecería igual si buscara ayuda profesional por un problema que yo no puedo resolver.	1	2	3	4	5
10. Me sentiría peor conmigo mismo/a si no pudiera resolver mi propio problema.	1	2	3	4	5

**Appendix O**  
**Escala SSRPH**

### Escala SSRPH

Por favor responda a lo siguiente, seleccionando una respuesta entre **(1) muy en desacuerdo** y **(4) muy de acuerdo**.

	muy en desacuerdo	en desacuerdo	de acuerdo	muy de acuerdo
1. Acudir a un psicólogo por problemas emocionales o interpersonales conlleva estigma social.	1	2	3	4
2. Es una señal de debilidad personal o de deficiencia acudir a un psicólogo por problemas emocionales o interpersonales.	1	2	3	4
3. Otros verán a una persona de manera menos favorable si se enteran de que él o ella ha acudido a un psicólogo.	1	2	3	4
4. Es recomendable que una persona le oculte a la gente que él o ella ha acudido a un psicólogo.	1	2	3	4
5. A las personas tienden a gustarle menos aquellos que están recibiendo ayuda psicológica profesional.	1	2	3	4

## **Appendix P**

### **English-Spanish Translation Verification Letter**



# WESTERN MICHIGAN UNIVERSITY



Department of Spanish  
College of Arts and Sciences

September 19, 2014

To Whom It May Concern:

This letter is to confirm that the attached measures presented by Ms. Laura Pacheco del Castillo, a doctoral candidate in the Counseling Psychology program at Western Michigan University, have been translated to Spanish with accuracy and taking into account the Spanish-speaking population of the Dominican Republic, which will be the subject of the study titled "Dominican College Students' Experiences of Distress, Help-Seeking and Stigma". These instruments are therefore accessible to said population.

Sincerely,

Irma M. López, Chair  
Department of Spanish  
409 Sprau Tower  
Western Michigan University  
Kalamazoo, MI 49008-5338  
Tel: (269) 387-3014  
E-mail: [irma.lopez@wmich.edu](mailto:irma.lopez@wmich.edu)

Sprau Tower, Kalamazoo, MI 49008-5338  
PHONE: (269) 387-3001 OR 387-3023 FAX: (269) 387-3103

## Appendix Q

### E-Mail Permitting Use of HCSL-21 Instrument

From: "Frank Walkey" <Frank.Walkey@vuw.ac.nz>  
 To: "Laura Alicia Pacheco del Castillo" <laura.a.pachecodelcastillo@wmich.edu>  
 Sent: Wednesday, July 16, 2014 9:56:10 PM  
 Subject: RE: Request permission to use Hopkins Symptom Checklist-21

Hello Laura,

You are most welcome to use the Hopkins-21 in your research.

Best of luck with your study.

Frank H. Walkey  
 Adjunct Professor  
 Victoria University of Wellington  
 Wellington  
 New Zealand

---

From: Laura Alicia Pacheco del Castillo  
 [laura.a.pachecodelcastillo@wmich.edu]  
 Sent: Sunday, 6 July 2014 11:34 a.m.  
 To: Frank Walkey  
 Subject: Request permission to use Hopkins Symptom Checklist-21

July 5, 2014

Dr. Frank H. Walkey  
 Department of Psychology,  
 Victoria University of Wellington,  
 Private Bag,  
 Wellington, New Zealand.  
 <frank.walkey@vuw.ac.nz>

RE: Request permission to use Hopkins Symptom Checklist-21

Dear Dr. Walkey:

My name is Laura A. Pacheco del Castillo and I am a doctoral candidate from Western Michigan University's Counseling Psychology Ph.D. program. I am currently working on my doctoral dissertation, titled "Dominican College Students' Experiences of Distress, Help-Seeking and

Stigma". In developing my doctoral research, I have found your "Hopkins Symptom Checklist-21" measure and believe it would help to better understand my research variables.

I am writing to kindly ask authorization to use the instrument "Hopkins Symptom Checklist-21" for research purposes, specifically requesting authorization to translate the measure to Spanish through the use of professional translation services, photocopy and administer copies to a sample of approximately 280 individuals, and to incorporate information pertinent to your work into my doctoral dissertation. There will be no commercial use or gains related to this request.

I believe that you hold the copyright to this work; therefore, I am seeking your written permission to use said material. If you are not the copyright holder on this measure, I would appreciate any information you can provide about others to whom I should write, including most recent address if available.

Your consent to my request is deeply appreciated. If you need additional information, please do not hesitate to contact me. You may also contact my doctoral chair, Dr. Joseph R. Morris, via e-mail: joseph.morris@wmich.edu or phone: (269) 387-5112.

Thank you in advance,

Sincerely,

Laura A. Pacheco del Castillo, M.A.  
Doctoral Candidate  
Counseling Psychology Ph.D. Program  
Department of Counselor Education and Counseling Psychology  
Western Michigan University  
[REDACTED], Kalamazoo MI 49008, USA  
Phone: [REDACTED]  
E-mail: laura.a.pachecodelcastillo@wmich.edu

## Appendix R

### E-Mail Permitting Use of ATSPPH:SF Instrument

From: "Edward H. Fischer" <Edward.Fischer@hhchealth.org>  
 To: "Laura Alicia Pacheco del Castillo" <laura.a.pachecodelcastillo@wmich.edu>  
 Sent: Sunday, July 6, 2014 10:11:35 AM  
 Subject: RE: Request permission to use Attitudes toward seeking professional psychological help: A shortened form

Hello: no permission is necessary to use the scale for legitimate research projects (as stated in the journal article). It's been translated into other languages before, and you may be able to find a Spanish language version by searching online.

Best,  
 Ed Fischer

---

From: Laura Alicia Pacheco del Castillo  
 [laura.a.pachecodelcastillo@wmich.edu]  
 Sent: Saturday, July 05, 2014 7:43 PM  
 To: Fischer, Edward H.  
 Subject: Request permission to use Attitudes toward seeking professional psychological help: A shortened form

July 5, 2014

Dr. Edward H. Fischer  
 Department of Clinical Research,  
 The Institute of Living,  
 400 Washington Street,  
 Hartford, CT 06106  
 <Efische@harthosp.org>

RE: Request permission to use Attitudes toward seeking professional psychological help: A shortened form

Dear Dr. Fischer:

My name is Laura A. Pacheco del Castillo and I am a doctoral candidate from Western Michigan University's Counseling Psychology Ph.D. program. I am currently working on my doctoral dissertation, titled "Dominican College Students' Experiences of Distress, Help-Seeking and

Stigma”. In developing my doctoral research, I have found your “Attitudes toward seeking professional psychological help: A shortened form” measure and believe it would help to better understand my research variables.

I am writing to kindly ask authorization to use the instrument “Attitudes toward seeking professional psychological help: A shortened form” for research purposes, specifically requesting authorization to translate the measure to Spanish through the use of professional translation services, photocopy and administer copies to a sample of approximately 280 individuals, and to incorporate information pertinent to your work into my doctoral dissertation. There will be no commercial use or gains related to this request.

I believe that you hold the copyright to this work; therefore, I am seeking your written permission to use said material. If you are not the copyright holder on this measure, I would appreciate any information you can provide about others to whom I should write, including most recent address if available.

Your consent to my request is deeply appreciated. If you need additional information, please do not hesitate to contact me. You may also contact my doctoral chair, Dr. Joseph R. Morris, via e-mail: joseph.morris@wmich.edu or phone: (269) 387-5112.

Thank you in advance,

Sincerely,

Laura A. Pacheco del Castillo, M.A.  
Doctoral Candidate  
Counseling Psychology Ph.D. Program  
Department of Counselor Education and Counseling Psychology  
Western Michigan University  
[REDACTED], Kalamazoo MI 49008, USA  
Phone: [REDACTED]  
E-mail: laura.a.pachecodelcastillo@wmich.edu

## Appendix S

### E-Mail Permitting Use of GHSQ Instrument



From: "Coralie Wilson" <cwilson@uow.edu.au>  
 To: "Laura Alicia Pacheco del Castillo" <laura.a.pachecodelcastillo@wmich.edu>  
 Sent: Saturday, July 5, 2014 6:12:10 PM  
 Subject: RE: Request permission to use General Help-Seeking Questionnaire

Dear Laura,

I am sorry I missed your email last time. Please forgive my delay in response.

You have my full permission to use the measure. You will find versions of the measure that you can download and adjust at my staff webpage (address listed below).

Very best wishes for your research. I would love to hear more as you go along. If there is anything else I can do to help, please let me know.

Warm regards,

Coralie

Dr Coralie Wilson | Academic Leader Personal and Professional Development  
 Graduate School of Medicine | University of Wollongong | NSW | 2522  
 T + 61 2 4221 5135 | F + 61 4221 4341 | E Coralie\_Wilson@uow.edu.au  
 W <http://smah.uow.edu.au/medicine/contacts/UOW028294.html>

---

From: Laura Alicia Pacheco del Castillo  
 [laura.a.pachecodelcastillo@wmich.edu]  
 Sent: Sunday, 6 July 2014 9:05 AM  
 To: Coralie\_Wilson@uow.edu.au  
 Subject: Request permission to use General Help-Seeking Questionnaire

July 5, 2014

Dr. Coralie Wilson,  
 C/O Illawarra Institute for Mental Health,  
 Building 22, University of Wollongong,  
 Wollongong, NSW 2522  
 Australia  
 <Coralie\_Wilson@uow.edu.au>  
 RE: Request permission to use General Help-Seeking Questionnaire

Dear Dr. Wilson:

My name is Laura A. Pacheco del Castillo and I am a doctoral candidate from Western Michigan University's Counseling Psychology Ph.D. program. I am currently working on my doctoral dissertation, titled "Dominican College Students' Experiences of Distress, Help-Seeking and Stigma". In developing my doctoral research, I have found your "General Help-Seeking Questionnaire" measure and believe it would help to better understand my research variables.

I am writing to kindly ask authorization to use the instrument "General Help-Seeking Questionnaire" for research purposes, specifically requesting authorization to translate the measure to Spanish through the use of professional translation services, photocopy and administer copies to a sample of approximately 280 individuals, and to incorporate information pertinent to your work into my doctoral dissertation. There will be no commercial use or gains related to this request.

I believe that you hold the copyright to this work; therefore, I am seeking your written permission to use said material. If you are not the copyright holder on this measure, I would appreciate any information you can provide about others to whom I should write, including most recent address if available.

Your consent to my request is deeply appreciated. If you need additional information, please do not hesitate to contact me. You may also contact my doctoral chair, Dr. Joseph R. Morris, via e-mail: joseph.morris@wmich.edu or phone: (269) 387-5112.

Thank you in advance,

Sincerely,

Laura A. Pacheco del Castillo, M.A.  
Doctoral Candidate  
Counseling Psychology Ph.D. Program  
Department of Counselor Education and Counseling Psychology  
Western Michigan University  
[REDACTED], Kalamazoo MI 49008, USA  
Phone: [REDACTED]  
E-mail: laura.a.pachecodelcastillo@wmich.edu

## **Appendix T**

### **E-Mail Permitting Use of SSOSH Instrument**

From: "David L Vogel [PSYCH]" <dvogel@iastate.edu>  
 To: "Laura Alicia Pacheco del Castillo" <laura.a.pachecodelcastillo@wmich.edu>  
 Sent: Sunday, July 6, 2014 10:48:22 AM  
 Subject: Re: Request permission to use Self-Stigma of Seeking Help Scale

Feel free to translate and use the scale in your research. Let me know how the study turns out.

---

On Jul 5, 2014, at 6:32 PM, "Laura Alicia Pacheco del Castillo"  
 <laura.a.pachecodelcastillo@wmich.edu> wrote:

July 5, 2014

Dr. David Vogel  
 Department of Psychology,  
 Iowa State University,  
 W112 Lagomarcino Hall  
 Ames, IA 50011-3180  
 <dvogel@iastate.edu>

RE: Request permission to use Self-Stigma of Seeking Help Scale

Dear Dr. Vogel:

My name is Laura A. Pacheco del Castillo and I am a doctoral candidate from Western Michigan University's Counseling Psychology Ph.D. program. I am currently working on my doctoral dissertation, titled "Dominican College Students' Experiences of Distress, Help-Seeking and Stigma". In developing my doctoral research, I have found your "Self-Stigma of Seeking Help Scale" measure and believe it would help to better understand my research variables.

I am writing to kindly ask authorization to use the instrument "Self-Stigma of Seeking Help Scale" for research purposes, specifically requesting authorization to translate the measure to Spanish through the use of professional translation services, photocopy and administer copies to a sample of approximately 280 individuals, and to incorporate information pertinent to your work into my doctoral dissertation. There will be no commercial use or gains related to this request.

I believe that you hold the copyright to this work; therefore, I am seeking your written permission to use said material. If you are not the copyright holder on this measure, I would appreciate any information you can provide about others to whom I should write, including most recent address if available.

Your consent to my request is deeply appreciated. If you need additional information, please do not hesitate to contact me. You may also contact my doctoral chair, Dr. Joseph R. Morris, via e-mail: joseph.morris@wmich.edu or phone: (269) 387-5112.

Thank you in advance,

Sincerely,

Laura A. Pacheco del Castillo, M.A.  
Doctoral Candidate  
Counseling Psychology Ph.D. Program  
Department of Counselor Education and Counseling Psychology  
Western Michigan University  
[REDACTED], Kalamazoo MI 49008, USA  
Phone: [REDACTED]  
E-mail: laura.a.pachecodelcastillo@wmich.edu

## Appendix U

### E-Mail Permitting Use of SSRPH Instrument

From: "Nancy sherrod" <nancybeth8853@gmail.com>  
 To: "Laura Alicia Pacheco del Castillo" <laura.a.pachecodelcastillo@wmich.edu>  
 Sent: Monday, February 15, 2016 1:26:42 PM  
 Subject: Re: Permission to use stigma scale

Dear Laura,

Thank you for contacting me about the stigma scale. Your research certainly sounds very interesting and important and I would be happy to give permission for you to use the scale. I am attaching a copy for your convenience.

If you would be so kind as to contact me and let me know of your results, I would appreciate it!

Best of luck,

Nancy Sherrod

---

On Sun, Feb 14, 2016 at 2:04 PM, Laura Alicia Pacheco del Castillo  
 <laura.a.pachecodelcastillo@wmich.edu> wrote:

Dear Dr. Sherrod:

My name is Laura Pacheco del Castillo and I am a doctoral candidate from Western Michigan University's Counseling Psychology Ph.D. program. I am currently working on my doctoral dissertation, titled "Dominican College Students' Experiences of Distress, Help-Seeking and Stigma". In developing my doctoral research, I have found the "Stigma Scale for Receiving Psychological Help" measure you and your colleagues created and believe it would help to better understand my research variables.

I am writing to kindly ask authorization to use the instrument "Stigma Scale for Receiving Psychological Help" for research purposes, specifically requesting authorization to translate the measure to Spanish through the use of professional translation services, photocopy and administer copies to a sample of approximately 280 individuals, and to incorporate information pertinent to your work into my doctoral dissertation. There will be no commercial use or gains related to this request.

I have attempted to reach Drs. Komiya and Good without success. As one of the scale's authors, I am seeking your written permission to use it. Your consent to my request will be genuinely appreciated as it is the only authorization pending to proceed with my study.

If you need additional information, please do not hesitate to contact me. You may also contact my doctoral chair, Dr. Joseph R. Morris, via e-mail: joseph.morris@wmich.edu or phone: (269) 387-5112.

Thank you in advance,

Sincerely,

Laura A. Pacheco del Castillo, M.A.  
Doctoral Candidate  
Counseling Psychology Ph.D. Program  
Department of Counselor Education and Counseling Psychology  
Western Michigan University  
[REDACTED], Kalamazoo MI 49008, USA  
Phone: [REDACTED]  
E-mail: laura.a.pachecodelcastillo@wmich.edu



From: "Nobo Komiya" <nobo.komiya@aut.ac.nz>  
 To: "Laura Alicia Pacheco del Castillo" <laura.a.pachecodelcastillo@wmich.edu>  
 Sent: Monday, February 15, 2016 6:55:02 PM  
 Subject: RE: Permission to use stigma scale

Hi Laura,

You are welcome to use the scale, including translating it to Spanish.

Good luck with your research !

By the way, are you in Karamazoo ? If so, I have been there once for a job interview.

Nobo Komiya

---

From: Laura Alicia Pacheco del Castillo  
 [laura.a.pachecodelcastillo@wmich.edu]  
 Sent: 15 February 2016 10:17  
 To: Nobo Komiya  
 Subject: Permission to use stigma scale

Dear Dr. Komiya:

My name is Laura Pacheco del Castillo and I am a doctoral candidate from Western Michigan University's Counseling Psychology Ph.D. program. I am currently working on my doctoral dissertation, titled "Dominican College Students' Experiences of Distress, Help-Seeking and Stigma". In developing my doctoral research, I have found the "Stigma Scale for Receiving Psychological Help" measure you and your colleagues created and believe it would help to better understand my research variables.

I am writing to kindly ask authorization to use the instrument "Stigma Scale for Receiving Psychological Help" for research purposes, specifically requesting authorization to translate the measure to Spanish through the use of professional translation services, photocopy and administer copies to a sample of approximately 280 individuals, and to incorporate information pertinent to your work into my doctoral dissertation. There will be no commercial use or gains related to this request.

As one of the scale's authors, I am seeking your written permission to use it. Your consent to my request will be genuinely appreciated as it is the only authorization pending to proceed with my study.

If you need additional information, please do not hesitate to contact me. You may also contact my doctoral chair, Dr. Joseph R. Morris, via e-mail: [joseph.morris@wmich.edu](mailto:joseph.morris@wmich.edu) or phone: (269) 387-5112.

Thank you in advance,

Sincerely,

Laura A. Pacheco del Castillo, M.A.  
Doctoral Candidate  
Counseling Psychology Ph.D. Program  
Department of Counselor Education and Counseling Psychology  
Phone: [REDACTED]  
E-mail: [laura.a.pachecodelcastillo@wmich.edu](mailto:laura.a.pachecodelcastillo@wmich.edu)