The Graduate Review

Volume 7 Article 11

2022

Observing the Relationship between Health Locus of Control and Help-Seeking Attitudes: A Multicultural Perspective

Jaymmy Cruz Matias
Bridgewater State University

Erica A. English
Bridgewater State University

Alan J. Stamper
Bridgewater State University

Follow this and additional works at: https://vc.bridgew.edu/grad_rev

Part of the Clinical Psychology Commons

Recommended Citation

Cruz Matias, Jaymmy; English, Erica A.; and Stamper, Alan J. (2022) Observing the Relationship between Health Locus of Control and Help-Seeking Attitudes: A Multicultural Perspective. *The Graduate Review*, 7, 81-90.
Available at: https://vc.bridgew.edu/grad_rev/vol7/iss1/11

This item is available as part of Virtual Commons, the open-access institutional repository of Bridgewater State University, Bridgewater, Massachusetts.
Copyright © 2022 Jaymmy Cruz Matias, Erica A. English, and Alan J. Stamper

Observing the Relationship Between Health Locus of Control and Help-Seeking Attitudes: A Multicultural Perspective

JAYMMY CRUZ MATIAS, ERICA A. ENGLISH, AND ALAN J. STAMPER
Bridgewater State University

Help-Seeking Attitudes

Help-seeking attitudes can guide the actions taken by the person holding them, whether they are negative or positive. Clement et al. (2015) defines help-seeking as all the stages of the process, initiation, and engagement with care. In this case, care refers to any type of mental health help. Most help-seeking outcomes manifest in attitudes or intentions, but they can also be associated with experiences in mental health care (Clement, 2015). Help-seeking attitudes refer to the way a person feels about the behavior of seeking mental health treatment, whether they view it with a more positive or negative attitude. These attitudes are shaped and impacted by a multitude of factors, including stigma.

Stigma can be a barrier to progress when it is associated with mental health. Mental health stigma is a process that involves labeling, stereotyping, prejudice, and discrimination in context of social groups (Link & Phelan, 2001 as cited in Clement et al., 2015). Stigma can manifest in two ways that lead people to avoid mental health care: the threat of reduced self-esteem and being publicly identified as a mentally ill person (Corrigan, 2004). There are many types of stigmas, including self-stigma, external stigma, perceived stigma, and help-seeking stigma. Self-stigma refers to the negative attitudes one holds about themselves regarding mental illness (Clement et al., 2015). External stigma is the negative attitudes directed toward an individual by others. Perceived stigma refers to the fear of discrimination due to mental illness by others (Shannon et al., 2020). Help-seeking stigma refers to the concern an individual feels about what the important people in their life may think if they were to seek psychological help (Mackenzie et al., 2004).

Help-seeking attitudes are complex, and they reflect the types of mental health stigma. While self-stigma is not related to help-seeking attitudes in some studies, greater external stigma has a negative impact on help-seeking attitudes. One study found that feelings of not mattering predicts greater perceived self-stigma by others but is unrelated toward help-seeking attitudes (Shannon et al., 2020). However, this result could have happened because the study was looking at self-stigma as opposed to external stigma. Other studies have found that mental health stigma

has a negative impact on help-seeking for individuals with mental illness. For example, one study found that external stigma is a moderately important barrier in seeking out mental health help (Clement et al., 2015). This suggests that external stigma produces a greater risk of manifesting negative help-seeking attitudes, making it less likely for these individuals to seek out mental health care/treatment.

Styles of Help-Seeking Tendencies of Ethnic Groups

In numerous studies, race/ethnicity has been shown to be a significant factor in understanding an individual's help-seeking attitude or style. For example, Sun et al. (2016) conducted a meta-analysis to explore sociocultural factors and their effect on racial and ethnic minorities. Researchers found that ethnic groups' affiliation with their culture/heritage was associated with their attitudes toward seeking psychological help (Sun et al., 2016). Stigma could be considered a sociocultural factor in influencing these negative attitudes towards help-seeking. Martinez de Andino & Weisman de Mamani (2022) explored cultural factors like stigma and discrimination in relation to mental health help-seeking and found that higher levels of discrimination were significantly associated with poorer help-seeking attitudes.

When exploring an ethnic group's help-seeking styles, a further evaluation of a group's utilization of psychological vs. traditional/religious treatment is important. Specific ethnic groups could embody certain cultural norms and characteristics that exemplify a more religious approach to receiving treatment for mental health, which influences their attitudes toward help-seeking. For example, Avalon and Young (2005) found that their African American participants were less likely to utilize psychological help compared to White participants because they preferred to seek and utilize religious services. This shows that African American participants' attitudes toward seeking psychological help were influenced by their racial/ethnic classification.

Health Locus of Control Levels

Health locus of control (LOC) is connected to help-seeking attitudes and behaviors; however, this relationship has become increasingly complex with further research. Health LOC refers to one's perceived control over their physical and/or mental health as well as the attributions of one's health consequences to either an internal or external source as well as a passive or active spiritual source (Wilson et al., 1994). Therefore, this concept is divided into four categories: internal LOC, external LOC, active spiritual LOC, and passive spiritual LOC. Previous research has focused on the connection between internal or external LOC with help-seeking attitudes and behaviors, while scant research has been conducted on the spiritual LOC connection to help-seeking attitudes and behaviors.

Internal LOC

Greater internal LOC has shown the greatest association to help-seeking attitudes. Chan et al. (2019) found that an internal locus of control is associated with positive help-seeking attitudes within Western populations. This suggests that in Western cultures, individuals who believe they have control over their own health are more likely to adopt help-seeking attitudes, which could lead to more help-seeking behaviors. This finding is also consistent in African American popu-

lations within Western cultures, as Holt et al. (2003) found that African American women in the U.S., who had greater internal health locus of control, were more likely to perceive greater benefits to health screening. This suggests that a greater internal LOC being associated with greater help-seeking attitudes and behaviors could be universal for Western cultures.

Even though greater internal LOC has been associated with greater help-seeking behaviors and attitudes, not all populations have equal levels of internal LOC. Wilson et al. (1994) found that African American boys are more likely to have a lower internal health LOC compared to White participants. Since a greater internal LOC has been linked to greater help-seeking attitudes, it could be suggested that due to decreased levels of internal LOC in African American boys, they may also exhibit less help-seeking attitudes.

External LOC

Although the connection between internal LOC and help-seeking attitudes appears to be a clear positive correlation, the connection between external LOC and help-seeking attitudes has been suggested to be negative in nature. According to Lease (2004), African American populations are often more likely to have greater external LOC compared to White populations. Additionally, higher levels of illness have been linked to external LOC (Roddenberry & Renk, 2010). This suggests that if an individual believes that their ability to control their health is not within themselves, they may be less likely to engage in help-seeking behaviors, which could result in greater health risks and negative health outcomes.

Spiritual LOC

While the previous research on internal and external LOC has agreement in its connection to help-seeking attitudes, spiritual LOC has been less researched and does not show a clear agreement across studies on its connection to help-seeking attitudes. For instance, Boyd and Wilcox (2020) found a weak, positive correlation between spiritual LOC and external LOC, which was stronger for non-White participants and even more so for non-White, female participants. This, coupled with previous research on external LOC, would suggest these individuals with higher levels of spiritual LOC would be less likely to adopt help-seeking attitudes (Lease, 2004; Roddenberry & Renk, 2010).

However, when spiritual LOC is further examined, this simple connection between greater spiritual LOC, external LOC, and decreased help-seeking behaviors becomes more complex. Holt et al. (2003) made the decision to split spiritual LOC into an active (God empowers the individual to achieve better health outcomes) and passive (belief in God will create better health outcomes) spiritual LOC. This then revealed that a passive spiritual LOC was linked to external LOC, and an active spiritual LOC was more connected with internal LOC. This would suggest that individuals with greater active spiritual LOC would also have greater internal LOC and therefore adopt more positive help-seeking attitudes. However, those individuals with greater active spiritual LOC perceived more barriers and less benefits from Western help-seeking behaviors such as preventative health screenings. This suggests that while internal and external LOC have a clear connection to help-seeking attitudes, measures of

spiritual LOC are much more complex and require further examination to fully understand them.

The Current Research

The purpose of this research was to first investigate how racial/ethnic factors impact mental health help-seeking attitudes. We then explored if health LOC influences this relationship between racial/ethnic factors and mental health help-seeking attitudes. We developed three hypotheses. First, we hypothesized that higher levels of internal LOC would positively correlate with help-seeking attitudes. Second, we hypothesized that White populations compared to all other ethnic groups would be more likely to seek psychological help. Third, we hypothesized that all other ethnic groups compared to White populations would be more likely to seek out spiritual help. Last, we aimed to explore whether passive or active spiritual LOC would be associated with help-seeking attitudes.

Method

Participants

The current study included data from 192 participants recruited from a combination of Bridgewater State University students and the researchers' friends and family members. The age of the participants ranged from 18 to 89 years old (M = 30.44, SD = 13.73). The majority of participants, 142, identified as Caucasian/White; 19 as African American/Black; 16 as Multiracial; 7 as Hispanic; 3 as Latino/Latina/Latinx; 1 as Cape Verdean; 1 as Portuguese; 1 as Haitian; 1 as Native American/Indigenous American; and 1 as Asian/Asian American. Most of the participants, 145, identified as women; 40 identified as men; 5 as non-binary; 1 as transgender woman; and 1 as genderfluid, primarily agender.

Procedure and Materials

We recruited participants by e-mailing potential people individually. We created a template for the e-mail, and each researcher sent out an e-mail to people they knew and asked them if they were interested in completing our survey. The survey was also posted on Bridgewater State University's "Student Announcements" daily e-mail, which is received by all students at Bridgewater State University.

After agreeing to complete the survey, participants read a consent page in which their rights as a participant were explained as well as a brief explanation of the purpose of the study. The participants were asked to agree that they consented to the survey, and if they did, they began answering demographic questions. The questions that followed included our specific area of interest, as well as questions that were part of a larger study with measures not described in this paper. Our specific area of study included questions regarding health LOC, help-seeking attitudes, and help-seeking preferences. At the end of the study, participants were debriefed and given a detailed explanation of the purpose of the study, which included our specific hypotheses.

Health Locus of Control

The Health Locus of Control (Holt et al., 2003) items were used to measure an individual's perceived control over their physical and/or mental health as well as the attributions of their health consequences. Participants were asked to respond to each item using a 4-point Likert scale (1 = *I strongly disagree*, 4 = *I*

strongly agree). The Health Locus of Control was split into four dimensions: Internal Locus of Control, consisting of four items (e.g., "Keeping my health depends on having a healthy lifestyle," α = .74); External Locus of Control, consisting of two items (e.g., "No matter what I do, if I'm going to get sick, I will get sick," α = .47); Active Spiritual Locus of Control, consisting of two items (e.g., "If I lead a good spiritual life, I will stay healthy," α = .69); and Passive Spiritual Locus of Control, consisting of two items (e.g., "I rely on God to keep me in good health," α = .79). Since the reliability for the External Locus of Control items was too low, we were unable to conduct inferential analyses related to this variable.

Help-Seeking Attitudes

The Inventory of Attitudes Towards Seeking Mental Health Services (IASMHS) (Mackenzie et al., 2004) was used to measure an individual's attitude towards seeking help, which consisted of 24 items. There were three subscales, each consisting of eight items. The first subscale measured psychological openness, or how likely the participant was to acknowledge a psychological problem and seek help for it (e.g., "There are certain problems which should not be discussed outside of one's family," α = .73). The second subscale measured help-seeking propensity, or one's willingness and ability to seek psychological help (e.g., "If I were to experience psychological problems, I could get professional help if I wanted to," α = .80). The third subscale measured help-seeking stigma, or the degree to which the participant was concerned about what others would think if they were seeking psychological help ("Having been mentally ill carries with it a burden of shame," α = .70). Participants were asked to respond to each item using a 5-point Likert scale (1 = *strongly disagree*, 5 = *strongly agree*).

Help-Seeking Preferences.

The help-seeking preferences items were used to measure how likely an individual would be to utilize different forms of mental health care. The scale was called Openness to Choosing Help from Clergy (Bonner et al., 2013) and it read "If you were depressed or had other emotional troubles, how likely would you be to choose each of the following providers to help you with these problems?". The options for providers were as follows: primary care physician; psychiatrist; another mental health specialist; or a spiritual counselor, such as a clergy member or another type of devotional leader. Participants rated each provider option using a 5-point Likert scale, with options ranging from 1 (*very unlikely)* to 5 (*very likely).*

Results

Primary Analyses

We first looked at whether higher levels of internal LOC were related to more positive help-seeking attitudes using correlations. Levels of internal LOC did not significantly correlate with psychological closedness ($r(155) = .10$, $p = .24$), help-seeking propensity ($r(154) = .09$, $p = .27$), or help-seeking stigma ($r(154) = .09$, $p = .29$). This indicates that internal LOC seemed to have no relationship with help-seeking attitudes.

We then conducted a series of independent sample *t*-Tests to determine if White participants, compared to all other ethnic groups, would be more likely to seek out psychological help. White participants were

more likely to seek psychological help from a primary care physician (*M* = 3.20, *SD* = 1.32) compared to all other ethnic groups (*M* = 2.73, *SD* = 1.30), *t(*183) = 2.12, *p* = .04, 95% CI [.03, .90], *d* = .35. White participants were also more likely to seek psychological help from a psychiatrist (*M* = 3.60, *SD* = 1.33) compared to all other ethnic groups (*M* = 3.16, *SD* = 1.43), *t(*183) = 1.94, *p* = .05, 95% CI [-.01, .89], *d* = .32. In the final analysis of comparing White participants and other ethnic groups on seeking psychological help from other mental health professionals, Levene's Test was significant, *F* = 7.11, *p* = .01, indicating an unequal variance between White participants and all other ethnic groups; therefore, degrees of freedom were adjusted from 183 to 72.65. White participants were more likely to seek psychological help from other mental health professionals (*M* = 4.07, *SD* = 1.11) compared to all other ethnic groups (*M* = 3.45, *SD* = 1.36), *t*(72.65) = 2.89, *p* = .005, 95% CI [.19, 1.10], *d* = .53. These analyses suggest that White participants were more likely to seek help from a primary care physician, psychiatrist, and other mental health professionals when compared to all other ethnic groups.

Our last primary analysis was an independent samples *t*-Test to determine if all other ethnic groups, compared to White participants, would be more likely to seek out spiritual help. We found that all other ethnic groups (*M* = 2.31, *SD* = 1.37) were more likely to seek out spiritual help compared to White participants (*M* = 1.88, *SD* = 1.24), *t(*183) = -2.03, *p* = .04, 95% CI [-.85, -.01], *d* = -.34.

Exploratory Analyses

We also looked at the relationships between active spirituality LOC, passive spirituality LOC, and help-seeking attitudes. We wanted to explore external LOC alongside these but were unable to due to the low reliability of the scale. We ran correlation tests between active and passive spiritual LOC and public stigma, self-stigma, psychological closedness, help-seeking propensity, and help-seeking stigma.

Active Spiritual LOC

Active spiritual LOC did not significantly correlate with public stigma (*r(*169) = .03, *p* = .72) or help-seeking propensity (*r(*153) = -.05, *p* = .54). However, active spiritual LOC was marginally, positively correlated with self-stigma (*r(*169) = .14, *p* = .06) and help-seeking stigma (*r(*153) = .15, *p* = .07) and was significantly, positively correlated with psychological closedness (*r(*154) = .23, *p* = .004). These analyses suggest that active spiritual LOC is not related to public stigma and help-seeking propensity. However, if an individual has higher active spiritual LOC, they are also more likely to have higher levels of psychological closedness and possibly higher levels of self-stigma and help-seeking stigma.

Passive Spiritual LOC

Passive spiritual LOC did not significantly correlate with public stigma (*r(*169) = .04, *p* = .63); self-stigma (*r(*169) = .04, *p* = .64); or help-seeking propensity (*r(*153) = -.002, *p* = .98). However, passive spiritual LOC was significantly, positively correlated with psychological closedness (*r(*154) = .23, *p* = .004) and help-seeking stigma (*r(*153) = .17, *p* = .03). These analyses suggest that while there is no relationship between passive spiritual LOC and public stigma,

self-stigma, or help-seeking propensity, there does appear to be a positive relationship between passive spiritual LOC and psychological closedness, as well as between passive spiritual LOC and help-seeking stigma. This suggests that individuals with greater levels of passive spiritual LOC are more likely to be psychologically closed and stigmatize help-seeking.

Discussion

Our results indicate that two of our original hypotheses were supported by our study. Our first hypothesis was not supported, as the internal LOC had no correlation with help-seeking attitudes. Additionally, the external LOC variable was unable to be measured, as the scale was found to be unreliable. Our second hypothesis was supported, as White participants were more likely to seek psychological help from more medical-focused resources. Finally, our third hypothesis was also supported, as all other races/ethnic groups were more likely to seek psychological help from spiritual-focused resources. Regarding our exploratory analysis, both active and passive spiritual LOC were correlated with psychological closedness. Only active spiritual LOC was correlated with self-stigma. Neither active nor passive spiritual LOC was correlated with public stigma and help-seeking propensity.

Implications

Contrary to our first hypothesis, internal LOC had no correlation to help-seeking attitudes, which challenges previous research (Chan et al., 2019; Holt et al., 2013). This challenges the hypothesis that individuals who have a higher internal LOC will then be more likely to seek help. Instead, what could be happening is that individuals who are seeking help, then increase their level of internal LOC, which could explain the previous findings. If this is the case, internal LOC may not be a reliable measure for individuals seeking help, but, with further research, it could be used as an outcome measure to track a client's progress.

Concerning our second hypothesis, White participants were more likely to seek psychological help from medical-focused resources, including primary care physicians, psychiatrists, and other mental health professionals. This aligns with previous research that White populations are more likely to seek psychological help (Avalon & Young, 2005).

Our third hypothesis was also confirmed, as other ethnic groups that were not White were more likely to seek psychological help from spiritual resources such as clergy rather than medical resources. When coupled with our exploratory finding that individuals with higher levels of active or passive spiritual LOC are more likely to have greater psychological closedness, one can begin to see a possible explanation for why non-White ethnic groups would seek spiritual help. If an individual does not value learning more about their own psyche, then they would be unlikely to seek help from a professional who is trained to help individuals understand their own psychology. Therefore, the reason why other ethnic groups would be more likely to seek spiritual help is because that is what they value more in life. This could inform various mental health agencies trying to reach non-White communities to focus less on promoting just mental health, but to incorporate spirituality to encourage these individuals to seek help from multiple sources.

While passive and active spiritual LOC seem

similar, we found one significant difference regarding self-stigma. Individuals with a greater active spiritual LOC were also more likely to have greater self-stigma; however, this finding was not evident with passive spiritual LOC. Since an active spiritual LOC is related to individuals being empowered by God, this would suggest that they still feel responsible for their own health. Therefore, if they feel responsible for their health, and they become mentally ill, they would be more likely to put the blame on themselves and internalize stigma regarding mental health. On the other hand, in passive spiritual LOC, the individual's belief in God is what keeps them healthy, which places the responsibility for illness outside of themselves.

These results suggest a few implications for considerations to various outreach programs, especially in multicultural communities. Since many non-White participants indicated that when their passive or spiritual LOC was high, they were more likely to be psychologically closed, it would be important to incorporate a level of spirituality when attempting to provide psychological care to individuals who value spirituality over psychology. This could include partnering with local community leaders or clergy to work together in providing care or providing psychological training to clergy members. In doing this, more individuals can benefit from greater psychological care. Additionally, with further research, clinicians can take note of how individuals with a passive, rather than active, spiritual LOC were less likely to self-stigmatize, which could indicate that individuals who are more spiritual may benefit from gaining a more passive spiritual LOC. Therefore, individuals working with people who are more spiritual may not benefit from a typical therapy goal of creating more agency within themselves.

Limitations & Future Directions

There were a few limitations when considering this study. First, the sample obtained for the study was not broad enough to generalize our findings to the general population. To increase generalizability for the findings in this study, a larger sample size or broader population target would have to be established. Additionally, we were unable to compare findings from our exploratory analysis because the external LOC was unable to be analyzed. Future studies should look to use or create a more reliable scale to measure external LOC. The findings in this study would need to be replicated in the future to increase the strength and consistency of the results. With further evaluation, future studies should consider exploring possible sociocultural factors and their impact on help-seeking attitudes and behaviors in depth. Many of these sociocultural factors could impact the formation of help-seeking attitudes. Accessibility and socioeconomic status should be explored, as some individuals may not have the access to mental health resources that others do. If a client does not have access to help, they would not be able to understand which type of help would be most beneficial and productive for them. Along with accessibility, the impact of education on mental health should also be explored. Future studies could also look at the impact of religious beliefs. All these factors and their impact should be explored, as they all can impact help-seeking attitudes.

Conclusion

In conclusion, we found that White participants were more likely to seek psychological help from

medical sources, while all other ethnicities/races were more likely to seek help from spiritual sources. We also found that active and passive spiritual LOC were correlated with psychological closedness, and active spiritual LOC was correlated with self-stigma. These results indicate that non-White populations seek help based on their values, which typically have a stronger spiritual focus than a psychological focus. The results also indicate that when individuals with an active spiritual LOC feel responsible for their own health in some capacity, they would be more likely to internalize the blame and stigma they face when dealing with mental illness. However, if an individual has greater passive spiritual LOC, they feel God will keep them healthy, making them unlikely to internalize blame or stigma. Taking our findings into consideration along with directions for future research, we believe mental health agencies attempting to reach non-White communities will find success in incorporating spiritual aspects and searching for help from multiple sources. Effective outreach to non-White communities will help even more people gain access to treatment, thus shrinking the stigma around mental health even further.

References

Ayalon, L., & Young, M. (2005). Racial group differences in help-seeking behaviors. *The Journal of Social Psychology, 145*(4), 391-403. https://doi.org/10.3200/SOCP.145.4.391-404

Bonner, L., Lanto, A., Bolkan, C., Watson, G., Campbell, D., Chaney, E., Zivin, K., & Rubenstein, L. (2013). Help-seeking from clergy and spiritual counselors among veterans with depression and PTSD in primary care. *Journal of Religion and Health, 52*(3), 707-718. https://doi.org/10.1007/s10943-012-9671-0

Boyd, J., & Wilcox, S. (2020). Examining the relationship between health locus of control and God locus of health control: Is God an internal or external source? *Journal of Health Psychology, 25*(7), 931-940. https://doi.org/10.1177/1359105317739099

Chan, K. R., Thompson, N. S., & Yu, C. K. (2019). Help-seeking attitudes, locus of control, and emotional expressivity in Hong Kong and Western people. *Asia Pacific Journal of Counseling and Psychotherapy, 10*(2), 95-110. https://doi.org/10.1080/21507686. 20191634603

Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., Morgan, C., Rusch, N., Brown, J., & Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine, 45*(1), 11-27. https://doi.org/10.1017/S0033291714000129

Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist, 59*(7), 614-625. https://doi.org/10.1037/0003-066X.59.7.614

Holt, C., Clark, E., Kreuter, M., & Rubio, D. (2003). Spiritual health locus of control and breast cancer beliefs among urban African American women. *Health Psychology, 22*(3), 294-299. https://doi.org/10.1037/0278-6133.22.3.294

Lease, S. (2004). Effect of locus of control, work knowledge, and mentoring on career decision-making difficulties: Testing the role of race and academic institution. *Journal of Career Assessment, 12*(3), 239-254. https://doi.

org/10.1122/1069072703261537

Martinez de Andino, A., & Weisman de Mamani, A. (2022). The moderating role of cultural factors and subclinical psychosis on the relationship between internalized stigma, discrimination, and mental help-seeking attitudes. *Stigma and Health*. Advance online publication. https://doi.org/10.1037/sah0000377.

Mackenzie, C., Knox, V., Gekoski, W., & Macaulay, H. (2004). An adaptation and extension of the attitudes toward seeking professional psychological help scale. *Journal of Applied Social Psychology, 34*(11), 2410-2435. https://doi.org/10.1111/j.15591816.2004. tb01984.x

Roddenberry, A., & Renk, K. (2010). Locus of control and self-efficacy: Potential mediators of stress, illness, and utilization of health services in college students. *Child Psychiatry and Human Development*, *41*(4), 353–370. https://doi.org/10.1007/s10578-010-0173-6

Shannon, A., Flett, G. L., & Goldberg, J. O. (2020). Feelings of not mattering, perceived stigmatization for seeking help, and help-seeking attitudes among university students. *International Journal of Mental Health and Addiction*, *18*(5), 1294–1303. https://doi.org /10.1007/s11469-019-00138-6

Sun, S., Hoyt, W. T., Brockberg, D., Lam, J., & Tiwari, D. (2016). Acculturation and enculturation as predictors of psychological help-seeking attitudes (HSAs) among racial and ethnic minorities: A meta-analytic investigation. *Journal of Counseling Psychology*, *63*(6), 617–632. https://doi.org/10.1037/cou0000172

Wilson, D., Williams, Z., Arheart, K., Bryant, E., & Alpert, B. (1994). Race and sex differences in health locus of control beliefs and cardiovascular reactivity. *Journal of Pediatric Psychology, 19*(6), 769-778. https://doi.org/10.1093/jpepsy/19.6.769

About the Authors

Jaymmy Cruz Matias is currently enrolled in Bridgewater State University's clinical psychology master's program. This paper was written under the mentorship and supervision of Dr. Ashley Hansen-Brown as part of PSYC 506: Research Methods/Designs II. Jaymmy is a full-time student and plans to gain his license in mental health counseling to offer quality care to multiple organizations/establishments.

Erica A. English is a graduate student in the clinical psychology master's program at Bridgewater State University. This paper was completed as part of the PSYC 506: Research Methods/Designs II course and was written under the mentorship of Dr. Ashley Hansen-Brown. Erica currently works as a mental health worker at a community crisis stabilization unit. Erica plans to receive her license in mental health counseling in the Commonwealth of Massachusetts and work with adolescents who have eating disorders.

Alan J. Stamper is currently a student in the clinical psychology master's program at Bridgewater State University. This paper was written under the mentorship of Dr. Ashley Hansen-Brown. Alan plans to receive his license in mental health counseling in New Hampshire upon graduation. He is interested in working with trauma populations in the future.