## ABSTRACT

Effects of Self-Disclosure on Attitudes Toward Seeking Professional Psychological Help Among Black Males

By

Jody C Grandy

July 2024

Director of Dissertation: Jennifer McDougal, Ph.D.

Major Department: Department of Addictions and Rehabilitation Studies

Black American males reported sadness and hopelessness and that everything takes an effort at a higher rate than Black women, Caucasian males, and other groups. Although the statistics related to Black males' depression are high, their attitudes toward seeking professional psychological help remain unfavorable. Black males are often grounded and socialized in traditional masculinity and ethnic ideologies, including those that prevent professional psychological care, a normative method of coping with distress. As men, they are socialized not to self-disclose their feelings, and as Black Americans, they learn the importance of social support within the Black community.



*Keywords: Black males, Attitudes toward help-seeking, Self-disclosure, social support*

# EFFECTS SELF-DISCLOSURE ON ATTITUDES TOWARD SEEKING PROFESSIONAL PSYCHOLOGICAL HELP AMONG BLACK MALES

A Dissertation

Presented to the Faculty of the Department of Addictions and Rehabilitation Studies

East Carolina University

In Partial Fulfillment of the Requirements for the Degree

Ph.D. Rehabilitation Counseling and Administration

by

Jody C Grandy

July 2024

Director of Dissertation: Jennifer McDougal, PhD

Dissertation Committee Members:

W. Leigh Atherton, PhD

Dominiquie Clemmons-James, PhD

Stephen Leierer, PhD

Jonathan Livingston, PhD

# DEDICATION

This dissertation is dedicated to all the Black men, young and old, who are fearful of speaking about their mental health. Remember, talking does not make you weak. Your words are your strength, and your voices are heard. Give yourself permission to heal.

ACKNOWLEDGEMENTS

First and foremost, I thank my Lord and Savior, Jesus Christ, for being the ultimate source of my scholarly wisdom and motivation and for providing this opportunity to research a topic not often acknowledged. I want to express my deep gratitude to my committee, Dr. Atherton, Dr. Crawford-James, and Dr. Livingston. Your unwavering support and guidance have been helpful and integral to this process. A special thanks to Dr. Leierer and Dr. McDougal for their committed support, including weekend meetings and focus on helping me graduate. I thank you for all you have done to make this completion possible. Thanks to Gary Owens, who was always available for last-minute meetings. Your time assisting me is appreciated. Also, thanks to all the IRB committee members at ECU and all the campus support at NCCU, Elizabeth City, and Winston Salem State Universities, who went the extra mile to assist me with this endeavor.

To my family, you are the greatest! You watched me laugh, cry, and become delirious at times. Mommy, I thank you for your prayers and dedication to push me when I did not want to push myself. To my big brother, thanks for always telling me to “get on it (paper).” But most of all, to my son, Christian. I love you so much and strive to be better because of you. I know you were often weary of my counsel because I’m a therapist, but know this study is dedicated to you and all the men who look like you who were and are afraid to ask for help. I love you much.

Thanks to my extended family and friends, who have been on this journey with me since day one and provided much encouragement and support at the right time, so I thank you, Treesa, Parris, Keisha H., Yumekco, Kim O., Tiffany, Erica, Amelia, Shannon, Osaffo, Gary, Jacque, LaMuriel, Eula, Andrea, Lucretia, Sherra’, and Tanya T. Your words made me strive harder to complete the journey. Qu’Nesha, thank you so much for being a voice of reason and a major support during this home stretch. I so appreciate you.

An extra special thanks to Dr. Richard Mizelle, Sr., who encouraged me to take the next steps to achieve a PhD and to be a voice of encouragement to those behind me. To Dr. Sias, you are amazing, and your thoughtful spirit and kindness helped me to stay humble throughout this process. To Nathalie, my amazing professor, friend, and confidante, I finished the journey because of your tenaciousness in seeing me win. I'm forever grateful for your support and wisdom.

Lastly, to Dr. Toriello, where do I begin? From the acceptance phone call to my Advance Theories course to my comprehensive exams, all the way to my dissertation proposal, you have always been a driving force in my motivation in this journey. You never questioned my absence, only my dedication. You helped me remember the importance of moving forward with this research. Most of all, you reminded me that the best dissertation is a finished dissertation. And for that, I say thank you.

As a young girl growing up in NYC, I always listened to street philosophers speak knowledge in a language that was a part of my culture. As an adult, I've learned that the foundation of my philosophical journey is intertwined with culture and scholarly knowledge.

My faith in God, culture, and scholarly wisdom have helped me complete this journey that I saw as "never-ending." Now, I'm moving to the next God-ordained assignment in my life. I'm proud to say I am a philosopher because ECU gave me the opportunity, but my culture shaped me to be the best I can be. I am faithful that my learning will never end. I am truly blessed. Love you, Daddy!

## TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

# CHAPTER 1: INTRODUTION

## Introduction to the Chapter

Attitudes regarding seeking professional psychological help for emotional distress and sharing one's feelings are unfavorable within the Black community (So, Gilbert, Romero, 2005). This is especially true for Black males with negative attitudes and perceptions of seeking psychological help (Lindinger-Sternart, 2015). Moody (2014) reported that Blacks collectively cope in alternative ways rather than sharing feelings outwardly, which includes poor coping strategies (e.g., alcohol, drug use, and impulsive behaviors). Additionally, when Blacks share their psychological distress, they may share it with informal options such as family, close confidantes, or clergy but rarely with professionals such as counselors or therapists (Franklin, 1992; Moody, 2014).

Black males are less inclined to share their feelings of distress with formal or informal options compared to their female counterparts (Franklin, 1992). Several researchers have offered explanations for these findings. Wilson (2001, p. 1) explained that Black males are "inexpressive" and have been taught not to share their feelings during tricky situations, unlike Black females. Another example of research concluded that males are emotionally restrictive regarding illnesses due to their ideas of masculinity (Wade, 2009). Franklin (1992) postulates that Black males perceived counseling negatively because sharing feelings of distress gives away control and one's power to someone who lacks understanding of their struggles. Wilson (2001) also argued that Black males often ignore the onset of distress because of their daily concerns ranging from employment burdens and financial obligations to racial slights and discriminatory practices. Wilson (2001) further reports that culture and gender norms have also created concerns with Black males self-disclosing signs of distress. Culture and gender socialization have

significantly influenced attitudes and behaviors toward seeking professional help for psychological difficulties (Lindinger-Sternart, 2015).

The current study will examine how Black males' willingness to self-disclose distress influences their attitudes toward seeking professional psychological help for distress. The help-seeking attitudes of Black males at Historically Black Colleges and Universities (HBCU) in North Carolina will be surveyed. This chapter provides an overview of the background of the study, a statement of the problem, the purpose of the study, research questions, study justification, significance of the study, definitions of terms, and a chapter review.

## Overview of the Study

Black males' attitudes toward seeking professional psychological help are convoluted and multidimensional (Moody, 2014). The complexities are rooted in traditional social norms of how Blacks perceive one should cope with everyday stressors (Moody, 2014). Blacks' attitudes regarding help-seeking for psychological distress are developed through cultural constructs and social experiences (Franklin, 1992; Wilson, 2001) and gender development and expectations (Yousaf, Grunfeld, & Hunter, 2015). These combined experiences shape the way Black males navigate the world. Black males have a sense of pride, strength, and autonomy to uphold first as a Black and second as a man (Wilson, 2001). Wallace and Constantine (2005) reported that Black males are expected to be resilient when coping with the adversities of everyday living, and it is frowned upon to seek professional help, especially outside of the Black community.

Black males do not seek professional psychological help because of reasons such as stigma or being perceived as crazy; however, many choose not to seek help due to the lack of confidence in the counseling process and losing control of their manhood (Aymer, 2010). Franklin (1999) explained that sharing one's feelings does not provide solutions as a Black man.

Also, sharing feelings with someone who does not know one's concerns contradicts traditional masculine ideas (Wade, 2009). Wade (2009) discussed that self-disclosing emotional concerns with a stranger and seeking psychological services do not coincide with the resilient behaviors of Black males, especially when the norm is to show a sense of self-reliance. Black males are less likely to seek professional psychological help after severe symptoms arise (Hood, Golembiewski, Benbow, Sow, Thompson, 2017). Ward, Wiltshire, Detry, and Brown (2013) reported that most Blacks sought counseling until their distress became unbearable, leading to crisis or possible psychiatric inpatient treatment. Because Blacks choose not to share signs of distress openly, the actual percentage of psychological dysfunction is often unclear (Moody, 2014).

**Black Males and Mental Health**

Black males are underrepresented in sharing their experiences of mental health problems until asked. For example, a national survey concluded that when questioned, Black males reported feelings of distress 10% more than their Caucasian counterparts (U.S. Department of Health and Human Services Office of Minority Health, 2023; Cadaret & Speight, 2018). Also, it has been found that Black males are "20% more likely to experience serious mental health problems than the general population" (Hood, Golembiewski, Benbow, Sow, & Thompson, 2017, p. 1). In 2014, the Centers for Disease Control surveyed Black men, and they reported significant findings of sadness, hopelessness, and other feelings of distress (as cited by Office of Minority Health, 2023). Regarding mental distress, Blacks reported sadness, depression, hopelessness, and daily efforts at a higher rate than their Caucasian male counterparts (see Table 1; Office of Minority Health, 2018). These findings show that Black males report more mental distress related to symptoms of depression when surveyed (Office of Minority Health, 2023).

**Table 1**

*Feelings of sadness, hopelessness, worthlessness, or that everything is an effort all of the time (18+)*

| | Non-Hispanic Black | Non-Hispanic White | Non-Hispanic Black/White Ratio |
|---|---|---|---|
| Sadness | 4.2 | 2.6 | 1.6 |
| Hopelessness | 1.8 | 2.2 | 0.8 |
| Worthlessness | 1.8 | 2.3 | 0.7 |
| Everything is an Effort | 11.0 | 6.6 | 1.7 |

*Note. Source: CDC 2021 Summary Health Statistics: National Health Interview Survey:2018; Office*

The Office of Minority Health (2023) reports that Black males are not led to positive help-seeking attitudes or service engagement. The trend is that men will typically suffer in silence, believing that seeking help does not eliminate the psychosocial factors that may have created distress in the first place (Franklin, 1992; Wallace & Constantine, 2005; Aymer, 2010). However, Black males tend to minimize their mental health problems and seek cultural standards about mental health as a guide (Wallace & Constantine, 2005). There are several explanations for this concern.

For Black males, research has suggested that the onset of psychological symptoms is often triggered by various psychosocial difficulties, including blatant discrimination and racism, financial adversities, poor health conditions, and other stressors (Office of Minority Health, 2016; Hood et al., 2017). The U.S. Department of Health and Human Services Office of Minority Health (2023) reported that psychosocial aspects are more likely to affect the mental health status of Black males than other groups. When surveyed, Black males are likely to report experiences with psychological distress (Office of Minority Health, 2023). Willis, Combs, Cockerham, and Frison (2002) reported that Black males experience severe mental health

concerns that trigger thoughts of self-harm. Also, these serious mental health concerns can be triggered by the reluctance of Black males to seek professional psychological help at the initial onset of symptoms (Holden & Xanthos, 2009). Black males are less likely to seek professional psychological services, and there is a concern about the higher rates of suicide triggered by various ongoing psychosocial factors, including psychological distress (Lindsey, Joe, & Nesbitt, 2010).

In 2018, suicide was the third leading cause of death among Black males and females ages 15 to 24 (Office of Minority Health, 2019). The rate of death by suicide among Black males was 17.3%, only .6% lower than their Caucasian male counterparts but 13.1% higher than Black females (Office of Minority Health, 2019). Also, Black males aged 24-44 have a 2% higher suicide completion rate than males ages 15-24, highlighting the importance of professional psychological services (Office of Minority Health, 2019). Although the number of deaths by suicide continues to grow, there are some inaccuracies due to unclear reporting (Joe & Kaplan, 2001). Willis et al. (2002) explained that suicides in the Black community are not as simple as self-inflicted harm. It is difficult to determine if Black homicides directly result from behaviors incited by the victim and should be studied further (Willis et al., 2002). According to Joe and Kaplan (2001, p.111), "victim-precipitated homicides are those provoked by the victim to cause others to inflict harm." Durkheim's theory of suicide explains that the line between "homicides and suicides are ambiguous" (Willis et al., 2002, p. 909), and the number of suicides of Black males may be higher but underreported due to this blurred line (Joe & Kaplan, 2001). Although there are no definitive risk factors regarding Black males and suicide, it is suggested that research must continue to focus on psychological distress, lack of support, and negative attitudes regarding treatment while being culturally sensitive (Willis et al., 2002; Black Doctors, 2020).

**Understanding Cultural Norms of Black Males**

To understand Black males' mental health perception, one must understand Blacks' history, culture, and communities. Historically, Black males were the providers and protectors of their homes and communities. As community protectors, they are expected to have and maintain masculine characteristics and resiliency (Wilson, 2001). Wilson (2001) explained that Black masculine qualities also serve as a protective survival skill from mainstream America. Black males cope with racial slights and discriminatory practices regularly. Black males learn early how to think and behave based on cultural norms, social influences, historical factors, and survival experiences (Aymer, 2010; Pernell & Akers, 2019) but also gender expectations (Wester, Vogel, Wei, & McLain, 2006). Wilson (2001) explained that the socialization process of Black males is cultivated within racial identity and gender development. Further, these perspectives influence attitudes and behaviors related to health matters, specifically psychological treatment (Wade, 2009). Because culture and gender shape the attitudes of Black males, it is crucial to understand the combined socialization process.

As it relates to culture, the Black community plays a vital role in developing Black males (Brown, 2008). Racial identity is an integral part of the Black male's development. Early on, Black males acquired values through engaging in cultural practices, language, and behaviors developed within the community (Franklin, 1999; Brown, 2008). Wallace and Constantine (2005) explained that Black males' cultural practices, language, and behaviors are protective factors to cope with past, present, and future adversities. For example, Hammond and Mattis (2005) explained that some Black males practice the "cool pose" to cope with feeling invisible, daily discriminatory practices, and slights by the majority culture. These behaviors may include speech, attire, mannerisms, etc., adhering to culturally masculine influences, and suppressing

feelings of distress (Wilson, 2001; Wester et al., 2006; Adams, 2019). Also, the Black culture has various values that are critical in shaping the attitudes and behaviors of Black males (Wallace & Constantine, 2005). Boutte and Hill (2005) explained that communalism, spirituality, and oral tradition are a few of the many important values of Black culture.

Communalism is an essential cultural value within the Black neighborhood because the emphasis is on relationships and social support (Wallace & Constantine, 2005). Communalism is being socially connected to others within the community and having an allegiance to similar beliefs; therefore, there are norms regarding specific attitudes and behaviors (Boute & Hill, 2005). Connectedness is a valuable principle of communalism. Black males rely on the connectedness of their community to acquire history and knowledge, as well as attitudes about life and navigating through difficult situations (Wallace & Constantine, 2005; Boutte & Hill, 2006). Blacks are reserved about sharing their feelings with others but are more inclined to share in their communal spaces, such as barbershops or locations of spiritual worship (Neighbors, Musick, & Williams, 1998; Barksdale & Molock, 2008; Buser, 2009). Also, Blacks are selective in what they share when they share information due to stigmatization and resiliency (Cadaret & Speight, 2018).

Another significant value within the Black community is spirituality and religious practices. In the Black community, religion and places of worship are perceived as a top priority (Neighbors, Musick, & Williams, 1998). This is a place of social gatherings where individuals can connect with others. For years, places of worship have provided Blacks with a ritual and moral foundation (Joseph, 2015). In places of worship, the ideas of spirituality are shaped through religious practices such as confessions, prayer, and spiritual healing (Neighbors et al., 1998). Black places of worship have provided emotional support through positive relationships

and pastoral guidance (Chatter, Taylor, Woodward, & Nicklett, 2014; Joseph, 2015). Joseph (2015) explained that the Black places of worship or spiritual leaders are essential to the community because they help to shape the spiritual and nonspiritual beliefs on how to deal with life, including coping with psychological distress. Most Black males will seek the guidance of religious leaders before seeking professional psychological help during times of distress (Neighbors et al., 1998). Regardless of the denomination (e.g., Christianity, Muslim, Jehovah's Witness), these religious affiliations provide a space to connect, fellowship, and communicate one's feelings of hardship and distress (Chatters et al., 2014).

Lastly, understanding Black culture means understanding Black language, communication, and the oral tradition of how Blacks dialogue (Boute & Hill, 2006). Banks-Wallace (2002, p.417) states, "The Black oral traditions emphasize storytelling as a tool for providing instruction, building community, and expressive language." Banks-Wallace (2002) further explained that oral tradition allows one to self-express, which can be helpful when coping with distress or encouraging oneself. The stories of Blacks are often about adversities, which are told on many different platforms, including places of worship, barbershops, music, dance, and other avenues (Wallace & Constantine, 2005). According to Banks-Wallace (2002), oral tradition is a communication style that is culturally acceptable among Blacks, allowing individuals to share their frustration, happiness, and other feelings. Oral traditions and communication give Blacks a sense of belonging and clarity of the world (Franklin, 1985; Hamlet, 2011). Wallace and Constantine (2005) further concluded that Black communication and oral tradition provide social validation, self-expression, relational development, identity clarification, and social control.

**Understanding Gender Norms of Black Males**

Gender socialization is a learning process that begins at birth and continues throughout the lifespan of Black males (Wilson, 2001). Mahalik et al. (1998) explained that the gender socialization process is less biological and more socially reinforced regarding the behavior of males and females. Early on, men learn to suppress their feelings, and eventually, these behaviors are reinforced as strength (Mahalik et al., 1998). Traditional masculine behavior frowns upon showing public emotions, including crying and any forms of weakness (Mahalik et al., 1998). Black males adhere to the cultural expectations of Blacks but also identify with these traditional gender roles of males (Hunter & Davis, 1994).

Black males' gender roles are similar to traditional masculinity regarding specific behaviors such as emotional restrictiveness; however, Black males are considered a marginalized group with less favorable experiences and outcomes, such as success and power, compared to their Caucasian counterparts (Franklin and Boyd-Franklin, 2000). For example, Wester et al. (2006) explained that financial success and power are two of four guiding principles of traditional masculinity but are often unattainable for Black males due to social injustices and racist workplace practices. Franklin and Boyd-Franklin (2000) explained that Black males fall short of gaining the same opportunities, such as success and power. Often, their daily struggle is learning to cope with discrimination and prejudices. Black males learn to exude strength but not too much, which comes across as hostile and belligerent (Hunter & Davis, 1994). It has been argued that masculinity for Black males is about justifying their strength but maintaining self-control (Hunter & Davis, 1994; Wilson, 2001). Wester et al. (2006) reported that Black males receive messages from two cultures on how to adapt; however, each engages in "restrictive

emotionality" practices to minimize dealing with their emotions outwardly (Hammond, 2012, p. S233).

Most Black males learn gender role differences during young childhood play (Howard, Rose, & Barbarin, 2013). Imaginary play is comparable to socially appropriate birth-assigned gender roles and behaviors for men and women (Howard et al., 2013). Howard et al. (2013) further explained that Black parents are less expressive when speaking to Black sons than Black daughters; however, mothers tend to be more expressive but display more sternness toward their sons. These masculine social practices encourage emotional restrictiveness behaviors (Adams, 2019; Howard et al., 2013). As previously discussed, the "cool pose" is a part of the Black males' gender development process that minimizes outward emotions (Major & Billson, 1994, p.4). Cool Pose is defined as:

> A ritualized form of masculinity that entails behaviors, scripts, physical posturing, impression management, and carefully crafted performances that deliver a single, critical message: pride, strength, and control" (Major & Billson, 1994, p.4).

"Cool Pose" behaviors, like other coping mechanisms, are helpful for Black males to feel valued and appreciated when they fall short of achieving the power and success identified by traditional masculine norms (Majors & Billson, 1994).

Like traditional masculine norms, Black males are expected to restrict their emotions and manage their distress (Powell, 2012). Black males are expected to show resilience and negate any forms of outward emotions, let alone seek professional psychological services (Wilson, 2001). Wade (2009) explained that males who live within the traditional masculinity ideology are less likely to report favorable help-seeking attitudes and behaviors. Cultural and gender socialization have significantly influenced attitudes and behaviors toward help-seeking

professional psychological help for psychological difficulties (Lindinger-Sternart, 2015). Wade (1996) argued that Black males have a different reality in comparison to their Caucasian male counterparts, including when to seek help or share feelings of distress. Lindinger-Sternart (2015) reported that men have negative attitudes toward seeking professional help and no desire to self-disclose feelings to others, but this tends to be especially true among minority groups, including Black males. Masculine and cultural ideologies condition Black males' attitudes regarding seeking help for psychological distress (Wade, 2009; Lindinger-Sternart, 2015).

## Statement of the Research Problem

In general, it has been found that males are less likely to seek mental health services compared to their female counterparts (Wallace & Constantine, 2005; Lindinger-Sternart, 2014). Males are more self-reliant, and attitudes are less accepting of seeking professional psychological help, especially among Black males (Wade, 2009; Lindinger-Sternart, 2014). Also, the percentage of men meeting with a mental health professional at least once over their lifetime is meager (Good, Dell, & Mintz, 1989). As previously discussed, Black males are more likely to suffer from psychological distress but less likely to seek help for psychological distress (Wade, 2008). Also, Black males are more likely to conceal their distress than disclose it (Wallace & Constantine, 2005). Research has identified gaps in mental health services among Black males, and their help-seeking attitudes and behaviors have become essential topics in counseling research (Barksdale & Molock, 2008).

For decades, Black males denied the need for psychological help, and when needed, the preference was to seek assistance from nonprofessionals or advice from community elders or pastors (Barksdale & Molock, 2008). Lindinger-Sternart (2014) indicated that Black males are less likely to seek professional psychological help based on their masculine role expectations and

cultural attitudes learned through informal social connections (Howard et al., 2013). Barksdale and Molock (2008) and Ward et al. (2013) further explained that these informal social supports, such as family, friends, and significant others, influence Black males' attitudes toward seeking professional psychological help. These social supports shape Black males' attitudes toward mental illnesses and professional psychological services (Ward & Besson, 2012; Ward et al., 2013).

Black males are less likely to seek help due to the gender norms of not disclosing feelings to others and unfavorable attitudes toward seeking professional psychological help (Wade, 2009). Black males are not seeking professional psychological help because, as men, they are conditioned to restrict their emotions (Addis & Mahalik, 2003; Wade, 2009; Hammond, 2012; Lindinger-Sternart, 2014). Also, Black males believe that seeking psychological services acknowledges the existence of an uncontrollable mental illness or a disorder (Ward & Besson, 2012). Buser (2009) reported that mental health labeling and diagnosing are often stigmatized in the Black community, which explains why many are not willing to seek help because of the fear of being "mocked by their peers and a social perception of weakness" (p.96). Because of this stigma, Black males will not only restrict self-disclosure with Caucasian therapists because they are seen as the oppressor but also Black therapists because of the fear of being ostracized in the community (Buser, 2009). Ongoing research is needed regarding Black males' openness and attitudes toward seeking professional psychological help. The lack of updated research on the topic of Black males and mental health is problematic in understanding current challenges; however, these historical perspectives provide insight into a topic that needs continuous exploration.

## Purpose of the Study

The purpose of this study is to explore the attitudes of Black males toward seeking professional psychological help, specifically their willingness to self-disclose feelings of distress and the influence of perceived social support on their attitudes toward seeking help. The proposed study will examine the relationships between self-disclosure of distress and perceived social support influencing Black males' attitudes toward seeking professional psychological help. Self-disclosure outcomes will include openness about feelings of distress and social support referring to family, friends, and significant others.

## Research Questions

Negative attitudes toward seeking professional psychological help among Black males affect the utilization rate of treatment services, thus exacerbating psychological distress and other psychosocial concerns, such as difficulty maintaining employment, relationships, and healthy quality of life (Wade, 2009). The proposed study will examine the effect of self-disclosure on attitudes toward seeking professional psychological help. Specifically, this study will examine the following research questions:

**Research question 1**: How well does self-disclosure of distress predict Black males' attitudes toward seeking professional psychological help?

**Research question 2**: How well does perceived social support predict Black males' attitudes toward seeking professional psychological help?

**Research question 3:** Does Perceived Social Support mediate the influence of self-disclosure of distress on Black males' attitudes toward seeking professional psychological help?

**Research question 4:** How well does perceived social support of family predict Black males' attitude toward seeking professional psychological help?

**Research question 5:** How well does perceived social support of friends predict Black males' attitudes toward seeking professional psychological help?

**Research question 6:** How well does perceived social support of one's significant other predict Black males' attitudes toward seeking professional psychological help?

## Study Justification

Black males struggle with psychological distress yet underutilize professional psychological treatment at a lower rate than their Caucasian male counterparts (Buser, 2009; Cadaret & Speight, 2018). Black males' attitudes are not favorable regarding engagement in professional psychological treatment (Wilson, 2001). Also, Black males are not openly expressive about emotional support due to their cultural norms (Wester et al., 2006; Hammond, 2012). This study is justified based on the limited research on the effects of Black males' willingness to self-disclose feelings of distress and how it impacts one's attitudes toward seeking professional psychological help. Previous studies have focused on the attitudes or behaviors toward seeking professional help but rarely factor in one's emotional openness and the impact informal social supports have on Black males' attitudes and behaviors.

For years, Black males have suffered in silence due to adhering to the cultural perspectives of masculinity, mental illness stigma, and mistrust of health providers, specifically psychological professionals. Black males have experienced a history of being mistreated, misunderstood, and misdiagnosed by mental health providers, reinforcing their negative attitudes (Major & Billson, 1994; Buser, 2009; Holden & Xanthos, 2009). Buser (2009) has made a

compelling case that Black males' negative experiences have guided their negative attitudes and behaviors regarding seeking formal support to self-disclose their distress. If willing to share, Black males tend to be more accepting of sharing their feelings with informal social supports, including family, friends, and significant others (Hood et al., 2017).

Family, friends, and other significant and informal relationships (e.g., clergy and barbers) play an essential role in shaping the attitudes and behaviors of Black males, including seeking professional psychological help (Hood et al., 2017). It is wise for mental health professionals to gain an in-depth understanding of Black males' social support and work with these support systems to help change the trajectory of mental health utilization and treatment commitment. Also, mental health professionals must work with community leaders to understand the plight of Black males (e.g., racism, unemployment, health risks) and dissuade professional psychological treatment stigma. Furthermore, Black males are reluctant to self-disclose feelings of distress to their informal support due to the stigma of mental illness and the fear of community judgment (Hood et al., 2017). This study will help clinicians understand the Black male perspective of seeking professional psychological help by exploring Black males' self-disclosing feelings of distress and social support and how impactful the relationship is to one's attitude toward seeking help.

## Significance of the Study

This proposed study examines Black males' attitudes toward seeking professional psychological help and their willingness to self-disclose feelings of distress to others. In 2018, only 8.7% of Black males reported utilizing professional psychological treatment compared to 18.6% of Caucasian males (Office of Minority Health, 2019). Once engaged, Blacks tend to "prematurely discontinue treatment" due to a lack of trust and unwillingness to engage (McGuire

& Miranda, 2008, p.3). As discussed, Black males' beliefs about professional psychological treatment are formulated not only by cultural norms but also by one's expectation to be self-reliant by the standards of their communities (Wallace & Constantine, 2005). Because of this phenomenon, inpatient treatment rates for elevated chronic concerns are increased instead of seeking and engaging in formal outpatient treatment (Ward et al., 2013). Ward et al. (2013) further explained that Black males' unwillingness to disclose their psychological distress is a significant barrier to professional psychological help, and further research is needed.

Wade (2009) explained that there is a need to develop more culturally sensitive theoretical treatments and services that will cater to the plight of Black males. The results of this study will support the need for ongoing research regarding Black males' attitudes toward seeking professional psychological help and how distress disclosure and social networks influence their attitudes toward seeking services. Also, this study's results will provide heightened insight into informal social support and how they encourage or deter seeking professional psychological help. This is a step toward a better understanding of helping Black males.

## Definition of Terms

The following is an alphabetical list of terms relevant to the study:

***Cool Pose:*** According to Majors and Billson (1992, p. 4), "cool pose is a form of masculinity that entails behaviors scripts, physical posturing, impression management, and carefully crafted performances that deliver a single, critical message: pride, strength, and control.

***Cultural Norms:*** Defined as "shared, sanctioned, and integrated systems of beliefs and practices that characterize a cultural group" (Encyclopedia.com, 2020, np).

***Help-Seeking:*** Defined as "seeking help from anyone including friends, family, minister, or professional counselor" (Vogel & Wester, 2003, p. 352).

***Professional Psychological Help (Professional Mental Health Services):*** Defined by Kessler et al. (2005) as "formal facilities where specialized professionals (e.g., psychiatrist, psychologists, or licensed clinical social workers) provide specialized treatment to individuals with mental disorders that seek to attenuate their symptomatology" (Motley & Banks, 2018, p.2).

***Psychological Distress:*** Defined by Burnette and Mui (1997) and Decker (1997) as "a range of symptoms including lack of enthusiasm, problems with sleep, feeling downhearted or blue, feeling hopeless about the future, and feeling emotional, such as feeling like crying" (Lincoln, Taylor, Watkins, & Chatters, 2011, p.2).

***Restrictive Emotionality:*** Defined by O'Neil, Good, and Holmes (1995) as "having difficulty and fears about expressing one's feelings and difficulty finding words to express basic emotions (Hammond, 2012, p.233).

***Self-Disclosure:*** Defined by Greene et al. (2006, p.1) as "what individuals verbally reveal about themselves to others, including thoughts, feelings, and experiences" (Rimé, 2016, p.66).

***Social Support:*** Defined as "the perception that other people would be there for us if needed (perceived support) or the actual receipt of social resources from our relationships (received support); also related to significant mental health outcomes including depression, anxiety, and life satisfaction" (Uchino, Bowen, & Kent, 2016, p.189).

## Chapter Summary

This chapter introduced the proposed research study to assess how self-disclosure affects Black males' attitudes toward seeking professional psychological help when experiencing distress. The statement of the problem included Black males' low utilization rates and gaps in services related to professional psychological help due to cultural and gender perspectives. An

overview of Black males' cultural and gender socialization was discussed, including how informal social supports influence attitudes and behaviors. The chapter concluded with the justification and significance of the proposed study. The following chapter will explore a more comprehensive review, including a relevant theoretical framework of self-disclosure and empirical literature on Black college males' informal social supports and their attitudes and behaviors toward seeking professional help.

# CHAPTER 2: LITERATURE REVIEW

Limited research explores the relationship between self-disclosure of distress, social support, and attitudes toward seeking professional psychological help. The current study examines the Black males' influence of distress disclosure on their attitudes toward seeking professional psychological help. Also, social support (e.g., family, friends, and significant other) is examined as an influential factor in help-seeking attitudes among Black males. This literature review begins with understanding Black males help-seeking attitudes, defining self-disclosure and the models of self-disclosure, and utilizing distress disclosure as the conceptual framework to understand Black males' openness about their psychological distress. Lastly, this chapter will review the social support networks of Black males and discuss the barriers to counseling among Black males. This literature review will conclude with a summary of this chapter, which will provide relevance to this study.

## Help-Seeking Attitudes of Black Males

Traditionally, males are less likely to share their feelings openly and seek help than their female counterparts (Addis & Mahalik, 2003). It is perceived that the male persona should radiate strength and power, which gives little room to seek help from others, including professional psychological counseling services for help with psychological distress (Addis & Mahalik,2003). Addis and Mahalik (2003) further explained that help-seeking attitudes are often negative toward males who follow traditional masculinity. Regardless of their level of distress, some men will not compromise their masculinity and ask for help (Vogel & Wester, 2003). Black males identify with this concept. Black males are socialized as manly men who should behave in a manner that displays strength and control of one's situation (Majors & Billson, 1994; Wilson, 2001).

Black males are not seeking professional help because of traditional masculine norms and cultural perspectives about professional psychological help (Wilson, 2001; Wade, 2009; Hammond, 2012; Lindinger-Sternart, 2014). Traditional masculine norms may include but are not limited to reliance only on self, dominance, power, financial gains, and dismissing anything that identifies with weak (Franklin, 1985; Major & Billson, 1994; Addis & Mahalik, 2003: Vogel & Wester, 2003; Lindsey et al., 2010). Franklin (1999) explained that along with the traditional masculine norms, Black males have other aspects of manhood. The Black male experience is also wrapped in institutional racism, social injustices, psychosocial challenges, and learning to cope, and emotional and mental strength is a part of their traditional masculine norms (Franklin, 1992; Buser, 2009; Holden & Xanthnos, 2009; Aymer, 2010;). Because of traditional masculine norms, Black males place preventive and treatment needs secondary to some psychosocial concerns, such as employment (Griffith et al., 2012). This is specifically true with professional psychological services. Research consistently reports Black males' negative attitudes regarding professional psychological help (Ward & Besson, 2012). As discussed, Black males are self-sufficient and less likely to seek professional psychological services (Griffith et al., 2012; Hammond, 2012; Cadaret & Speight, 2018).

Wade (2009) explored the relationship between traditional views of masculinity and healthcare attitudes and behaviors of 208 Black men living in New York City. Participants ranged from 18 to 71, with an average age of 37 (SD = 13.3), and 70% of the men were single. Level of education included 17% having 12 years or less, 43% having a GED or a high school diploma, 24% having some college, and 14% having a college degree. Many (44%) of the participants were unemployed, and 48% of the men received federal assistance (Social Security Disability, Supplemental Security Income, public assistance, or unemployment insurance).

Wade (2009) used the following instruments: (a) Male Role Norms Inventory (traditional masculinity ideology); (b) Holistic Lifestyle Questionnaire (health-related behaviors related to personal wellness; and (c) Health Orientation Scale (health-related attitudes). Results showed that facets of traditional masculinity were correlated to health attitudes and behaviors. Self-reliance was correlated with personal wellness and several health orientations (awareness of one's health, avoidance of poor health, and one's influence on health). Also, aggression was correlated to personal wellness. However, holding traditional masculinity norms was correlated with health-related anxiety and the belief that outside influences impact one's health. Study limitations include: (a) a small sample, which limits the generalizability of the findings; (b) the use of correlational statistics, which show a relationship among variables but not causation; and (c) the correlations found were small and not account to much of the variance. Other factors not included in the study may have influenced the finding. Despite these limitations, Wade (2009) suggested that Black males who hold traditional masculinity norms may experience more health-related anxiety and believe outside influences impact their health. Also, this health-related anxiety and the lack of an internal locus of control related to health may negatively impact Black males seeking health-related services.

Black males' socialization process is unique, as they adhere to masculine norms and, most importantly, cultural perspectives of Afrocentric and other demographic customs (Wallace & Constantine, 2005). Black males' social environments have knowingly and unknowingly shaped their core beliefs through conversations about psychological challenges, illnesses, betrayals, and trust (Franklin, 1992; Wallace & Constatine, 2005). Regarding the cultural perspective, Black males are more likely to dismiss the idea of professional psychological services due to discriminatory practices and a lack of trust in the healthcare system, which dates

back several decades (Wallace & Constatine, 2005; Buser, 2009; Lindinger-Sternart, 2014). Also, the socialized messages learned from family, peers, and community members about mental health and support are how Black males proceed when asking for help regarding mental health distress (Lindsey et al., 2010; Griffith, Gunter, & Watkins, 2012).

Healthcare and treatment providers have a history of misleading Black males. For example, the "Tuskegee Study of Untreated Syphilis" unwillingly and unlawfully withheld treatment from Black males infected with syphilis for four decades without their knowledge and consent, and many were wrongfully infected with the virus (Buser, 2009, p. 99). Although laws are in place to restrict unlawful and detrimental acts in research, there is a lack of trust and several concerns about the best treatments. Buser (2009) reiterates this sentiment of mistrust among Black males toward mental health professionals and their diagnoses practices. Black males are more likely to be diagnosed with a more severe mental health challenge than their White counterparts (Franklin, 1992; Buser, 2009). Black males are more likely to receive a "diagnosis of schizophrenia" because mental health professionals do not deep dive into the individual's full psychosocial history (Buser, 2009, p. 99). Research has concluded that the Black male experience includes "healthy cultural paranoia" due to the negative discriminatory experiences and developed coping engrained in their daily functioning (Franklin, 1992, p. 351). Because of this, Franklin (1992) explained that Black males' attitudes are less favorable toward seeking professional support. Black males perceive mental health professionals as overanalytical, attempting to minimize their mental strength and resiliency (Franklin, 1992; Buser, 2009). These concerns have created fear and underutilization of mental health treatment among Black males (Franklin, 1992; Buser, 2009; Holden & Xanthos, 2009).

Another concern that negatively affects help-seeking attitudes is knowledge of psychological distress. Black males' perceptions of psychological distress vary. Franklin (1992) discussed that the Black community believes more severe psychological concerns warrant support from a professional. Help is only sought when one can no longer handle distress and complete simple tasks (Holden & Xanthos, 2009). Ward et al. (2013) explained that previous studies concluded that Black males identified psychological challenges, such as depression, as individuals lacking focus, drive, and inhibition, but most of all, weak. Black males' understanding and beliefs of mental illness are imperative for acknowledgment and help (Ward & Beeson, 2012). Wallace and Constantine (2005) discussed how Black males' core beliefs could influence attitudes and behaviors regarding professional psychological services.

Ward and Beeson (2012) explored the knowledge, beliefs, and attitudes about mental illness and support among Black males. Ward and Beeson's (2012) descriptive, exploratory qualitative study (N = 17) investigated Black men's beliefs about mental illness, stigma, and help-seeking behaviors. The interview questions were:

> (a)What does "mental illness" mean to you? (b) What do you think causes mental illness? (c) What do you think are some signs that suggest a person is experiencing a mental illness? (d) What do you think happens to people with mental illness? (e) How do you feel when you see someone with a mental illness? (f) Do you think people with mental illness can get better? If yes, how? (g) What do you think can help people with mental illness? (Ward & Beeson, 2012, p. 367).

Data collection included semi-structured, face-to-face individual interviews conducted by a male graduate student. Thematic analysis was performed with participant interview transcriptions. Findings indicated that participants did not hold stigmatic beliefs toward mental

illness and were open to seeking professional help. It was also concluded that each participant believed that leaving mental challenges untreated created more immense consequences, including more severe mental illness, medication, or psychiatric confinement. Secondly, Black males were concerned about their dependency on others and daily functioning. The participants in this study discussed the importance of their interactions with others, including social activities, and how devasting it would be if they lost this aspect of life. Surprisingly, stigma was not a significant concern as in previous studies, and the majority discussed the importance of support from religious affiliations and other informal networks. The study highlights the need for more research on Black males' perceptions and attitudes toward seeking support from others.

The previous study suggests that Black males are okay with supporting others but, most importantly, seeking support as needed (Ward & Besson, 2012). After acknowledging and overcoming social and self-stigma, sharing one's distress is the next important step (Hood et al., 2017). Black males disclose information when comfortable with the individual; therefore, they usually do not disclose their distress to professional providers (Hood et al., 2017). Black males are more likely to openly share with those they know as trustworthy individuals before speaking to a professional provider (Hood et al., 2017; Woodard, Taylor, & Chatters, 2011). However, because of masculine and cultural norms, Black males have difficulty disclosing their feelings to most (Wilson, 2001; Brown, 2008; Adams, 2019), yet there is a desire to share feelings of distress with someone who understands and whom they perceive as caring (Hood et al., 2017).

Because Black males are less likely to be vulnerable and openly disclose their feelings, their attitudes are less favorable toward seeking professional psychological help (Wilson, 2001; Wallace & Constantine, 2005). Komiya et al. (2000) explained that individuals who felt more significant situational discomfort with emotional disclosure had less favorable attitudes toward

seeking professional counseling services. Derlega, Metts, Petronio, and Margulis (1993) and Keum, Oliffe, Rice, Kealy, Seidler, Cox, Levant, & Ogrodniczuk (2021) explained that sharing information is only likely if the discloser feels safe and understood by the receiver.

## Self-Disclosure

Self-disclosure has been the focus of research since the 1960s to understand how relationships develop through open communication (Rimé, 2016). Sidney Jourard was a clinical psychologist who discussed the importance of self-disclosure in the client-counselor relationship but recognized how important self-disclosure is for all relationships (Derlega et al., 1993; Greene, Derlega, & Mathews, 2006; Rimé, 2016). Rimé (2016) suggests that self-disclosure is integral to how "close relationships" are developed. Research highlights self-disclosure as critical in maintaining one's psychological well-being through openness and relationship-building with others (Greene et al., 2006). Overall, having free, open expressions of thoughts and feelings has been associated with positive psychological benefits (Coates & Winston, 1987; Rimé, 2016).

Self-disclosure has been researched in various disciplines, including communication, psychology, and other social sciences, and all areas have described this concept as open communication for expression and building relationships (Derlega & Berg, 1987; Rimé, 2016). According to Derlega et al. (1993, p.1), self-disclosure is defined as "information that individuals verbally reveal about themselves to others (including thoughts, feelings, and experiences) and plays a major role in the development of close relationships" (Rimé, 2016, p. 66). Self-disclosure is a multidimensional process ranging from simple statements to more intimate dialogue (Omarzu, 2000). Rimé (2016) added that self-disclosure is messages ranging from simple non-verbal statements such as facial expressions and increases to more intimate communication of

thoughts and feelings about oneself. Masaviru (2016) further explained that nonverbal communication could begin with identifying information such as statements on hats, stickers on cars, team, or sorority emblems, etc., eventually leading to trivial conversations such as the weather and further progressing to profound verbal interactions. Vogel and Wester (2003) explained that self-disclosure is more of a "verbal" form of communication than a non-verbal, passive form. One common factor regarding self-disclosure research is information sharing and relationship building (Derlega & Berg, 1987; Derlega et al., 1993;). The concept of self-disclosing is providing varying layers of information to others, but this self-disclosure can have positive and negative consequences (Rimé, 2016).

**Theoretical Framework for Self-Disclosure**

Most researchers have concluded that self-disclosing information to others has positive and negative aspects (Kowalski, 1999; Masaviru, 2016; Rimé, 2016). Rimé (2016) discussed the positives of self-disclosure, which can range from learning healthy emotional openness to validating one's feelings to gaining self-understanding while establishing social connections. Rimé (2016) further explained that self-disclosing could diminish the "physiological and psychological pressure of painful and shameful experiences" (p.67) due to disclosing personal information. Whether professional help or natural social support, self-disclosing information to others can be practical for some, but there are damaging pitfalls to sharing too much information (Rimé, 2016).

Disclosing thoughts and personal feelings at the wrong time demonstrates minimal self-awareness and could be perceived as emotionally immature, unhinged, or lacking emotional intelligence (Greene et al., 2006). The perception of being emotional, immature, and unhinged can create thoughts and feelings of shame and embarrassment (Rimé, 2016). On the receiving

end, self-disclosing information too soon can trigger rejection by others (Rimé, 2016). Rimé (2016) discussed that individuals must follow social norms to prevent rejection so individuals are mindful of what and how much should be disclosed. Lastly, those who self-disclose must accept or acknowledge their hidden truth (Rimé, 2016).

Self-disclosing requires self-awareness, understanding, and a willingness to share information to build relationships (Coates & Winston,1987; Greene et al., 2006; Rimé, 2016). Self-awareness is an intricate part of self-disclosing feelings and thoughts to others (Masaviru, 2016). There are models and dimensions of self-disclosure that further explain disclosure levels, including what, how much, and to whom it is shared (Greene et al., 2006). Self-disclosure models, including the Johari Window and Social Penetration, are discussed in more detail, and examples are provided.

**Johari Window Model**

The Johari Window is a model of the self-disclosure theory that delves deeper into the level of openness based on self-understanding and awareness. Developed and named after psychologists Joseph Loft and Harrington Ingham, the Johari Window model was created to understand what and how much is verbally shared and to whom (Masaviru, 2016). This research, developed by these psychologists, was created to explain in a visual context what and how much information self-disclosure is through the four-quadrant lens (Masaviru, 2016). The four quadrants of the Johari Window model are the Open pane, Hidden pane, Blind pane, and Unknown pane (see Table 2; Masaviru, 2016, p.45). These quadrants provide a perspective of how we see ourselves and how others perceive us.

**Table 2**

*Johari Windowpane*

| **Open Pane** | **Blind Pane** |
|---|---|
| Information is known to self and others | Information unaware to self but known to others |
| **Hidden Pane** | **Unknown Pane** |
| Information we prefer to hide from others | Information unknown to self and others |

The first quadrant, located at the top left, is identified as the Open Pane. The open pane is the window of public knowledge where information is openly shared with others (Masaviru, 2016;). Also, it has been explained that the Open pane is information that would include glib statements and details about oneself, such as one's name (University of Minnesota, 2016). The Open Pane is evident to others as it relates to behaviors, attitudes, and emotions. This pane grows as we connect with others (Masaviru, 2016). The general information usually within the open pane is how relationships begin; however, the information is basic (Rimé, 2016). Beginning with the basics, then gradually progressing to sharing information, such as places of origin and likes and dislikes. For example, two males arriving at college know each other's names and noticeable information, such as his roommate's favorite football team, because one is wearing a New York Giants hat and jacket. However, the roommates are unaware of each other's demographic backgrounds, university majors, and other information until after the dialogue occurs and information is shared. Depending on how the relationship progresses will determine the amount of information disclosed (Rimé, 2016; Derlega et al., 1993).

The hidden pane on the bottom left quadrant is the information we know about ourselves but prefer to keep hidden from others (Masaviru, 2016; Anonymous, 2016; Cruz, 2020). Masaviru (2016) further explained that this pane is more about the information we share with those we feel we can trust because this pane brings forth more personal information. This can

include information such as experiencing mental health challenges, relationship problems, and other personal situations. An explanation using the previous example is that Student A is comfortable with Student B and will share more information about himself, such as his favorite foods, likes and dislikes about campus, and interest in playing sports. As a trusting relationship is forged, more selective personal information is divulged with an expectation that information will be reciprocated.

The upper right quadrant describes the blind area of oneself. This quadrant provides insight and self-awareness, usually by learning and accepting information from others about oneself (Anonymous, 2016). In this area, individuals are oblivious to situations that are apparent to others (Masaviru, 2016; Anonymous, 2016; Cruz, 2020). For example, Student A may realize that Student B has a body odor, but Student B is only aware once this information is shared. Another example is Student B identifying Student A as rude, argumentative, and confrontational. Still, Student A may not recognize problematic behaviors and perceive his attitude as merely assertive. The blind area of Johari's window can usually limit effective interactions and create conflict in relational growth without clear communication or social compassion for conveying the messages (Anonymous, 2016).

Lastly, the bottom right quadrant is the unknown pane. The unknown pane is information that is consciously unknown to oneself and others but becomes conspicuous in the future (Anonymous, 2016; Masaviru, 2016). The unknown pane takes information and knowledge about one's behaviors, attitudes, and situations from the unconscious to the conscious (Masaviru, 2016; Cruz, 2020). An unknown pane example is Student A and Student B enjoying and playing sports for the first-time during college, eventually becoming instrumental players for their

college basketball team. Each student was unaware of their talents, but once allowed to play, they were aware of their skills to the team.

Looking through each pane of the Johari Window can provide insight into self-awareness and developing attitudes about specific ideas, such as seeking professional psychological help (Anonymous, 2016). Coates and Watson (1987) explained that gaining more insight and self-awareness allows for effective and discreet self-disclosure related to distress and other private topics.

**Social Penetration Model**

Research has explained that self-understanding is integral to self-disclosing; however, relationship-building is essential to sharing personal information (Coates & Watson, 1987; Rimé, 2016). The Social Penetration model is another framework of the self-disclosure theory that explains relational progression, specifically how it occurs through communication layers (Carpenter & Greene, 2015). This concept was created in 1973 by Irvin Altman and Dallas Taylor (Masaviru, 2016, p. 45). This model once identified self-disclosure and relationships as a linear process but later explored it as systematic and gradual with each time spent with the other individual (Masaviru, 2016). According to the Social Penetration concept, the more intimate the information disclosed, the more intimate the relationship becomes (Greene et al., 2006; Carpenter & Greene, 2015; Masaviru, 2016; Rimé, 2016). Altman and Taylor Describe this as the Depth and Breadth of information sharing and relationship development.

**The Depth and Breadth Dimensions of Self-Disclosure**

Depth and Breadth are the dimensions of the Social Penetration model of self-disclosure (Tolstedt & Stokes, 1984). Greene et al. (2006) explained this concept as "depth and breadth," which begins with superficial nonverbal information (i.e., messages on t-shirts, names of teams

displayed on banners, etc.) to increasingly sensitive communication, such as verbal statements related to self-reflective feelings. Breadth refers to the various topics discussed with others, whereas Depth refers to how personal and private the information is shared when self-disclosing (Greene et al., 2006; Carpenter & Greene, 2015). Depth and Breadth become increasingly meaningful as the relationship develops (Anonymous, 2016).

The breadth is the outer layer of the self-disclosing process. As discussed, the dimension of breadth is the topics shared with others during initial conversations (Tolstedt & Stokes, 1984; Carpenter & Greene, 2015). These topics can range from a present situation, such as the weather, to other random socially appropriate topics (Omarzu, 2000). Omarzu (2000) further explained that the topics are the initial open dialogue with others to determine similar interests and reciprocity. For example, reciprocity is expected if college students meet for the first time and begin talking about challenging situations (e.g., course, cafeteria, campus) related to school. There is an expectation for the other students to share their thoughts about school challenges without adding personal information. Without reciprocity, the student disclosing the information may end the conversation. The same may happen if the student reveals too much too soon. Carpenter and Greene (2015) explained that the goal of breadth is to break the ice and get to know each other to move toward sharing more personal information.

The depth dimension is the inner layer of self-disclosure. Depth occurs over time with sharing more information with others (Hill & Stull, 1987). Tolstedt and Stokes (1984) explained that depth has ranges that can lead to intimate details about oneself. Carpenter and Greene (2015) further explained that depth is the "core self" revealed to others in stages. Derlega et al. (1993) explained that depth ranges vary based on the type of relationships and the trust formed with the relationships. Again, social aspects play a role in how much and what we share with others

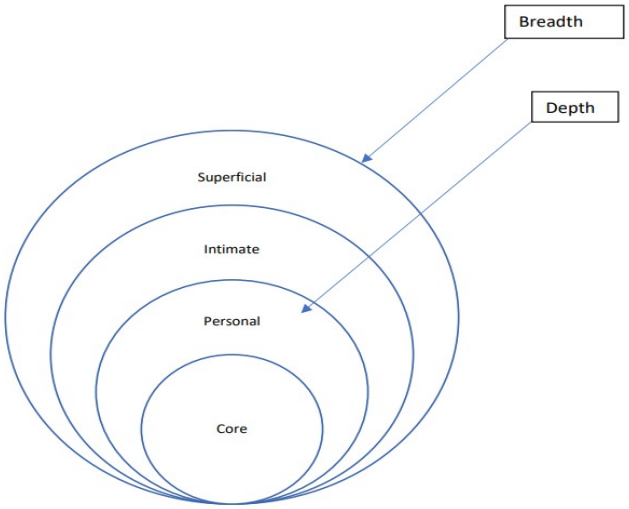
(Derlega et al., 1993; Greene et al., 2006). Omarzu (2000) reported that disclosure decision-making allows individuals to be subjectively selective on what to share to minimize social disapproval. Personal information such as distress disclosure too soon and to the wrong individuals can harm the discloser. For example, if a student shares private information regarding his STI status on the first day of meeting his classmates, it is not socially appropriate to share in an open setting among acquaintances.

Social Penetration highlights depth and breadth but has five stages that progress with time. The Social Penetration concept is often explained using the "Onion Model" analogy (Carpenter & Green, 2015; Masaviru, 2016). Carpenter and Green (2015) explained the Social Penetration or "Onion Model" as the process of "peeling back" layers of personal information ending in more pertinent and personal information, including feelings of distress, which would be considered the core of the Onion. Masaviru (2016) explained that one's comfort level in one's relationship would determine the sincerity of the information disclosed to others. Orientation, exploratory affective exchange, affective exchange, stable exchange, and depenetration are the five stages of the Social Penetration Model (Anonymous, 2016; Carpenter & Greene, 2015; Masaviru, 2016).

The social penetration model or the onion theory is a progression of superficial information with acquaintances, then disclosing more private information to supportive connections (Anonymous, 2016; Carpenter & Greene, 2015; Masaviru, 2016). As seen in Figure 1, the outer layer is the most superficial realm, which provides as much verbal information as possible. As layers are peeled to the core, more details are shared, including fears, dreams, and inner thoughts (Anonymous, 2016).

**Figure 1**

*Social Penetration Model - Breadth and Depth*




*Note.* Breadth-superficial information; Depth-gradually personal/private information.

The first stage of the Social Penetration model is Orientation. Orientation is considered the outer layer of the onion (Anonymous, 2016; Carpenter & Greene, 2015). Several topics are discussed with others (Omarzu, 2000; Carpenter & Greene, 2015; Masaviru, 2016). These encounters are usually with acquaintances, classmates, or teammates. Carpenter and Greene (2015) further explained that individuals are often selective about what is disclosed to others during this stage and only allow their visual persona to show, which may include decorum and exclude problematic behaviors. Like Johari's Window's Open Pane, the information shared in the orientation stage is more superficial, with little or no substance. At this time, one may determine if the relationship should go further or remain at an acquaintance level.

The first stage of the Social Penetration model is Orientation. Orientation is considered the outer layer of the onion (Anonymous, 2016; Carpenter & Greene, 2015). Several topics are discussed with others (Omarzu, 2000; Carpenter & Greene, 2015; Masaviru, 2016). These encounters are usually with acquaintances, classmates, or teammates. Carpenter and Greene

(2015) further explained that individuals are often selective about what is disclosed to others during this stage and only allow their visual persona to show, which may include decorum and exclude problematic behaviors. Like Johari's Window's Open Pane, the information shared in the orientation stage is more superficial, with little or no substance. At this time, one may determine if the relationship should go further or remain at an acquaintance level.

The second stage is the exploratory affective exchange. This stage is less superficial and provides more information about one's authentic self (Carpenter & Greene, 2015). The exploratory affective exchange sheds the top layer by disclosing more details in conversations, which may include sharing one's political affiliations or attitudes towards topics other than the superficial self (Anonymous, 2016; Carpenter & Greene, 2015; Masaviru, 2016). The exploratory affective exchange is more about building a causal relationship with the other individual (Derlega et al., 1993). Although more information is shared, it is not too personal but, as the name suggests, exploring relationships. The interaction is more relaxed, especially if the interaction is reciprocal.

The third stage is the "Affective Exchange"; at this point, relationships are formed with an expectation of trust and reciprocity (Greene et al., 2006). The relationship has a more profound exchange than being mere acquaintances. As the relationship becomes more significant, the discloser feels comfortable sharing pertinent information (Carpenter & Greene, 2015). Individuals are becoming more relaxed and trusting and tend to disclose with people they like (Greene et al., 2006). Carpenter and Greene (2015) explained that this stage is the development of more intimate relationships, including close friendships and romantic partners. More private information is usually shared in the next stage of the exchange process.

The fourth stage is “Stable Exchange,” in which one freely discloses information about one's inner self (Anonymous, 2016; Carpenter & Greene, 2015; Masaviru, 2016). Relationships at this stage provide comfort where everyone can honestly share thoughts and feelings without reservation or fear of judgment (Carpenter & Greene, 2015). Carpenter and Greene (2015) added that these open disclosures tend to occur with trusting relationships such as family, friends, or significant others. Regardless of the relationship, self-disclosing private topics like psychological distress are complex for many, creating potential relationship concerns (Coates & Winston, 1987; Carpenter & Greene, 2015). Masaviru (2016) discussed that the stable exchange stage could trigger criticism and judgments, leading to breakups with intimate partners and loss of friendships.

The last stage of the Social Penetration model is social depenetration. This stage is the separation from the relationship developed due to disagreements, lack of trust, or determining that the relationship has more costs than rewards (Carpenter & Greene, 2015). The disconnection depends on the nature of the relationship status (e.g., roommate, friendship, romantic). Carpenter and Greene (2015) explained that stress from the relationship could trigger discord, leading to the end of the disclosure of private information and ending the interactions altogether. Although this is the last stage listed, it may occur sooner because the model is not a linear process (Anonymous, 2016; Masaviru, 2016).

The Social Penetration model used points from the social exchange theory, which explains that relationships can progress or fade based on rewards or costs (Carpenter & Greene, 2015; Masaviru, 2016). Cost and benefits are monetary, emotional, behavioral, physical, and other beneficial (Carpenter & Greene, 2015). If there are no beneficial reasons to remain in the relationship, we let go and no longer exchange information or self-disclose (Masaviru, 2016).

Carpenter and Greene (2015) explained that the Social Penetration model utilizes the reward/cost concept with progressing relationships by determining both while peeling back layers and disclosing information. If negative information is shared, such as distress, outcomes that are not favorable will lead the discloser to renegotiate the relationship through exploratory affective exchange or social depenetration (Carpenter & Greene, 2015; Masaviru, 2016). The following example below will provide examples of the framework discussed in more detail regarding Black male college students.

Sharing one's feelings of distress with a friend or confidante has been an effective identified strategy by many (Coates & Winston, 1987). The Social Penetration stage of self-disclosure helps us understand why we share information with others and why some withhold it. There are areas for improvement in the theory, including understanding the differences in communication styles and how individuals are socially normed on self-disclosing information (Omarzu, 2000). Regardless, self-disclosure of private information, including distress, may have benefits when it occurs with the right individual at the right time. When individuals cope with mental distress, they prefer to discuss their psychological distress with people they know and who reciprocate positively (Greene et al., 2006; Rimé, 2016).

Understanding what and how much to disclose to others is critical in developing trusting connections (Derlega et al., 1993). For example, Brian shared his distress, related to his fears, and may have felt at ease with disclosing the information; however, Adam shared Brian's private information with a third party (Dean of Pledges-Chris), which created tension within the relationship. Adam did not show empathy in the traditional ways one would show support. Adam did not ask, "Are you okay" but helped Brian with school and fraternity assignments. Although they will spend more time together as fraternity brothers, Brian has gained awareness

about his relationship with Adam and how to share information. Although cordial, he will decide what private information, if any, he will share in the future. Unknown information is that they all experience anxiety symptoms; however, Brian has learned to minimize stigma and self-disclose when in need. Table 3 explains the social penetration process, using two Black male students' friendship development.

**Table 3**

*Social Penetration Model of Self-Disclosure*

| Stage of Social Penetration (Depth/Breadth) | Examples of Social Penetration |
|---|---|
| Orientation Stage (Breadth) | Student Adam begins a conversation with his new roommate, Student Brian. They discuss majors |
| Exploratory Stage (Breadth) | Adam and Brian meet for lunch each day and discuss their favorite sports team, fraternity to join, and dating. |
| Affective Exchange Stage (Depth) | Adam and Brian disclose plans to join the same fraternal organization. They feel comfortable with this openness. They also fly to Brian's family's home in Florida. |
| Stable Exchange Stage (Depth) | Brian discloses personal feelings, including distress related to joining a fraternity, maintaining good grades, and dating. |
| Social Depenetration Stage (Breath) | Adam shares with the Dean of Pledges that Brian is distressed about joining the fraternity. Adam and Brian stopped sharing private information, joined the same fraternity, and remained cordial. (Cost) |

*Note. Examples of each stage of the Social Penetration Model of Self-Disclosure.*

**Distress Disclosure**

Distress disclosure is the "open expression of negative thoughts and feelings to others" (Coates & Winston, 1987, p. 229). Distress disclosure is an extension of self-disclosure but highlights differences, where the focus is on verbalizing feelings. Kahn and Hessling (2001)

explained that individuals who self-disclose may or may not share their psychological distress; however, distress disclosure is about sharing negative feelings or the problems that trigger unwanted distress. Like self-disclosure, distress disclosure has positive benefits. Research proved that distress disclosure correlates with healthy psychological health (Coates & Winston, 1987). Coates and Winston (1987) discussed that distress disclosure has several benefits that are positively correlated to psychological and physiological well-being. Also, individuals who decided not to share psychological distress created further health complications, including psychological and medical challenges over time (Coates & Winston, 1987; Consedine, Sabag-Cohen, & Krivoshekova, 2007). Distress is shared with others at least 60% of the time, resulting in positive health benefits (Rimé, 2016). Beyond positive mental health benefits, distress disclosure allows insight into challenges through openness and sharing emotions with others (Consedine et al., 2007). Although beneficial in some situations, including healthy well-being, distress disclosure can be problematic for those uncomfortable sharing their feelings with others (Coates & Winston, 1987; Ward et al., 2007).

Studies have shown that disclosing information related to psychological and emotional distress can be helpful or incriminating depending on the relationship and the reaction of the person receiving the information (Wei, Russell, & Zakalik, 2005; Rimé, 2016). When we think of distress disclosure, we think of releasing bottled-in emotions. However, disclosing more intimate details about oneself to others can provoke unpleasant feelings in the discloser and receiver, resulting in the termination of the relationship (Derlega & Berg, 1987; Coates & Winston, 1987). As discussed, sharing private information too soon or often can be problematic based on the cost and rewards of the relationship (Greene et al., 2006; Carpenter & Greene, 2016). Omarzu (2000) explained that distress disclosure could create further distress if the

receiver rejects or misunderstands the discloser. Individuals, specifically males, expressed the desire to be heard and understood when sharing information and, most importantly, accepted by others (Vogel & Wester, 2003; Keum et al., 2021). Keum et al. (2021) further explained that disclosers who lack understanding from others are likely to feel isolated from their social connections. Because of this concern, individuals may disclose less or conceal their distress (Coates & Winston, 1987; Greene et al., 2006).

Several research studies conclude an association between low self-disclosure and increased psychological distress, resulting in poor coping, limited interpersonal interactions, and intentional withdrawal (Coates & Winston, 1987; Keum et al., 2021). Disclosing psychological distress varies based on the individual's perspective, verbalizing their feelings with others, and upholding a stoic demeanor, such as playing it cool (Majors &Billson, 1992; Hammond, 2012). Some Black males may not disclose distress due to a lack of expressiveness; however, individuals who suppress their psychological challenges experience difficulty hiding their feelings after some point (Kahn & Garrison, 2009; Hammond, 2012). As learned, Black males wait until their distress becomes so unbearable that they disclose after symptoms are no longer controllable and impede their daily functioning (Ward et al., 2013). Kahn and Garrison (2009) report that concealing challenges has become increasingly intentional among those with high levels of psychological distress.

Campbell-Sills and Barlow (2007, as cited in Kahn & Garrison, 2009) added that people tend to avoid symptoms during high levels of distress (e.g., emotional and behavioral symptoms) to minimize their onset of psychological challenges. Campbell-sills and Barlow (2007, as cited in Kahn & Garrison, 2009) explained that regulating one’s emotions in a maladaptive way, such as avoidance and suppression, is debilitating, leading to further distress. However, Kahn and

Garrison provided several reasons for individuals avoiding their symptoms of depression and anxiety, including not having the support to share about psychological distress (2009). As learned, acknowledging psychological distress is not always the most desirable topic of discussion (Omarzu, 2000). At times, sharing symptoms of psychological distress triggers further challenges.

Kahn and Garrison (2009) explored this phenomenon by researching the relationship between individuals reporting symptoms of anxiety and depression and levels of self-disclosure of symptoms to others among 831 college students. The samples were mainly Caucasian women (645) and men (186), but also surveyed were Blacks (7%), Latino/a (3%), Asian American or decent (3%), ranging from ages 18-44 years and mean of 19.49 years (SD = 2.11). Kahn and Garrison (2009) utilized the Mood and Anxiety Symptoms Questionnaire (MASQ) to assess the sample symptoms, The Emotion Regulation Questionnaire (ERQ) to assess avoidance of symptoms, and the Distress Disclosure Index (DDI) to identify the level of self-disclosure of the distress symptoms. The results concluded a negative correlation between depression and anxiety symptoms and self-disclosure, ranging from -.18 to -. 28 ($p < .001$), supporting the hypothesis that the more elevated the symptoms (distress scores), the less emotional disclosure occurred. Also, the study further explored demographic factors, and there were no significant correlations; however, an independent t-test revealed that college women disclosed distress to others more frequently than their male counterparts ($d = .66$, $p <.001$).

In this previous study, women were less suppressive of emotions than men (Kahn & Garrison, 2009). Males are less likely to share feelings of distress because of masculine behavioral norms, including self-reliance, restrictive emotionality, and non-verbal expression of feelings or openness (Lindinger-Sternart, 2015). As previously learned, men are less likely to

self-disclose due to masculine ideas and tend to suppress their distress-related feelings (Wade, 2009; Keum et al., 2021). Also, the study used primarily Caucasian women; therefore, more information is needed related to gender and ethnicity. It was highlighted that the lack of racial diversity and minimal gender samples were scant, giving unhelpful information regarding distress disclosure and the role of diversity in the study (Kahn & Garrison, 2009).

The socialization of males and gender norms play a role in males verbally sharing emotional information with others (Addis & Mahalik, 2003; Cox, Ogrodniczuk, Oliffe, Kealy, Rice, & Kahn, 2020; Keum et al., 2021). Keum et al. (2021) provided insight into positive benefits and distress disclosures using a sample of 1,821 adult males. The association between distress disclosure and low psychological distress was hypothesized using different variables as mediators, such as loneliness and feeling understood (Keum et al., 2021). Most of the participants were from Canada (42%, n = 767), but also included the United Kingdom (18%, n = 332), United States (16%, n = 284), Australia (4%, n = 79), and other (19%, n = 355), with a mean age of the participants 37.53 (SD = 13.3). The sample was mainly European (72%, n = 1307), but Asian (13%, n = 245), Black (4%, n = 72), Multiracial (5%, n = 82), Indigenous (2%, n = 37), Hispanic (2%, n = 30) and others (2%, n = 26) were included. The participants were selected through the website Heads Up Guys, an online resource for male psychological referrals.

Keum et al. (2021, p 3) utilized the (a) Kessler-6 to measure general psychological distress, (b) Distress Disclosure Index to measure how much is shared about distress, (c) Loneliness, which will measure one question: “I feel completely alone.”. First, the study concluded that less distress disclosure significantly predicted psychological distress” (Keum et al., 2021, p. 5). The study showed that the serial mediators, loneliness and feeling understood,

have an indirect effect (standardized total indirect effect β = -.116, 99% bootstrapped CI = [-.177, -.055]), suggesting a significant effect of large amounts of distress disclosure with low psychological distress when both variables are used. As discussed, men want to be understood and socially connected when sharing feelings of distress (Keum et al., 2021). This study's limitation included removing race as a factor to examine the prediction significance, but it was later completed post-hoc using White and Asian males. Also, it was recognized that gender plays a significant role in building trusting relationships and self-disclosure of distress; however, it is also important to understand the cultural aspects of sharing private information (Greene et al., 2006).

**Black Males and Distress Disclosure**

As previously discussed, racial and gender norms play a prominent role in distress disclosure (Consedine et al., 2007) and in shaping help-seeking attitudes (Vogel & Wester, 2003; Wade, 2009). Black males cope with various adversities yet rarely openly share their distress (Matthews, Hammond, Cole-Lewis, Nuru-Jeter, & Melvin, 2013). Black males are less likely to share emotional distress than other groups as they adhere to cultural and gender norms (Matthews et al., 2013).

Black males are socialized early to mask their emotions and not share their feelings of distress (Majors & Billson, 1992; Aymer, 2010; Hammond, 2012; Matthews et al., 2013; Lindinger-Sternart, 2015; Adams, 2019). Brown (2008) explained that racial socialization begins with parents teaching their children how to navigate the world and handle the hardships of racial biases and disproportionate factors without complaints (e.g., unemployment and social injustices). This may be especially true for Black males. Adams (2019) further explained that the

socialization process for males is identified as “tough love.” This process encourages Black males to conceal their feelings and remain indifferent in vulnerable situations (Adams, 2019).

Majors and Billson (1992) discussed that Black males tend to emulate other males representing strength. Black males learn to adapt to the pressures of life to protect their families and, most of all, their psychological well-being (Griffith et al., 2012; Hammond et al., 2012; Matthew et al., 2013; Adams, 2019). Hammond (2012) and Matthews et al. (2013) identified several toxic protective factors within Black males' racial and gender norms, minimizing distress disclosure.

The first factor is self-reliance and independence from others. Self-reliance is a traditional masculine norm identified within other races among males (Lindinger-Sternart, 2015). However, self-reliance for Black males has a different connotation. Self-reliance among Black males includes minimizing asking for help, directions, and support and, most notably, doing things independently and with pride about caring for one’s family. Black males have learned to handle situations independently due to years of overt and covert racism of the dominant culture and other minority groups, coping within one’s community and meeting the demands without challenges (Rowan et al., 1996; Bennett, 2022). Black males have learned to adapt to oppression and socioeconomic pressure, providing a valued sense of self (Aymer, 2010). Aymer (2010) further explained that it is easier for Black males to find trust in themselves than to trust the dominant culture to provide fair opportunities and cope with their oppression and systemic racism through hard work.

“John Henryism,” a form of self-reliance, is a term coined referring to an “individual’s self-perception of meeting the demands of his environment through hard work and determination” (James et al., 1983, p. 263, as cited in Matthews et al., 2013, p. 37). “John

Henryism" embodies the concept of hard work and internal coping from socioenvironmental stressors (Griffith et al., 2012; Hammond, 2012; Matthews et al., 2013). This form of coping has led to detrimental outcomes for Black males, including health concerns like high blood pressure and psychological distress (Griffith et al., 2012). Hammond (2012) explained that John Henryism could be a resourceful strategy if used to cope with completing daily tasks but may become a health and psychological risk if used for an extended period. However, Black males who ignore their psychological distress become less caring towards others and ambivalent about their toxic masculine behaviors (Adams, 2019).

The second negative adaptive behavior related to Black males' racial and gender norms is restrictive emotionality. Unlike distress disclosure, restrictive emotionality is a protective factor with little to no emotional openness or expression shared with others (Hammond, 2012). As previously discussed, restrictive emotionality is another layer of masculine norm behavior that encourages males to disengage from their emotions (Hammond, 2012). Disengagement from one's feelings typically triggers emotional distress, including sadness or anger over time (Hammond, 2012; Adams, 2019). Adams (2019) explained that suppressed feelings or restrictive emotionality could lead to sadness, animosity, or a lack of compassion toward others.

Hammond (2012) hypothesized this in a study proposing that restrictive emotionality and racial discrimination would correlate with symptoms of depression. Also, restricted emotionality would moderate racial discrimination and depression symptoms with age. The study was a cross-sectional study from 2003-2010. The samples were recruited from barbershops in Michigan, Georgia, California, and North Carolina, a community college in Michigan, a Historical Black university in North Carolina, and a law enforcement event in Miami, Florida. The Everyday Racial Discrimination scale, Masculine Role Norms, Center for Epidemiological Studies

Depression Symptoms Scale, and Sociodemographic variables were all used. Hammond (2012) reported that 86% of the men approached completed all the information for the study and received $25 gift cards as an incentive. The majority of Black males aged 18-79 (mean age 32, SD = 11.1).

Results concluded that Black males aged 18-20 reported exposure to everyday racial discrimination (P = .002) and had higher masculine role norms encouraging restrictive emotionality than did men aged 40 years or older (P = .04), also a positive relationship between everyday racial discrimination and depressive symptoms was more evident with men you endorsed higher restrictive emotionality (Hammond, 2012). Hammond (2012) explains that older men working and completing college appeared to have less restrictive emotionality. Demographics and socioeconomics play a role in how emotions are restricted. The more Black males experience the stress of racial discrimination, the more they have symptoms of depression but are unable or fearful to express or disclose these symptoms to others.

Along with cool pose and machismo, other factors encompass the identity of Black males and why they chose not to disclose. Community perception, specifically social and self-stigma, should be acknowledged. Moses (2009b) has identified this as "societal devaluation or public stigma" (cited in Lindsey et al., 2010, p 260). The perception of the community is important to Black males, and emotional openness regarding psychological distress could threaten one's manhood, classifying him as weak (Majors & Billson, 1992; Ward et al., 2013). Because of the community's perception and stigma related to mental health, there is a fear of sharing psychological distress with others (Ward et al., 2013). In the Black community, sharing personal details such as psychological distress with others is like "airing out the dirty laundry" (Consedine et al., 2007. p.254). The repercussions of sharing information related to psychological distress

can lead to insecurities due to admission to weakness, community stigmatization, self-stigma, and isolation (Majors & Billson, 1992; Rowan et al., 1996; Adams, 2019).

Lindsey et al. (2010) explained that previous research with Black males concluded that participants responded negatively to disclosing mental health challenges compared to disclosing information about physical disorders. Furthermore, Black males will not acknowledge potential psychological distress as a challenge or problem (Lindsey et al., 2010). Franklin (1992) explained that Black males struggle with self-doubt, insecurities, and daily stressful events; therefore, vulnerability and disclosing distress are not solutions. Keeping on with the cool pose sustains the perception of having things in control (Majors & Billson, 1992; Aymer, 2010). Rowan et al. (1996) explained that Black males have not always been portrayed favorably in media; therefore, they are concerned with image and labeling, especially with the community. Black males want to be seen as the opposite of the hostile outlook society has betrayed them to be (Franklin, 1992; Major & Billson, 1992).

We have learned that disclosure is necessary to build relationships. However, too much emotional sharing interferes with the development of connections with others, including family, friends, and significant others in the Black community (Majors & Billson, 1992). Looking at our example, Brian (Black male discloser) may have shared too much information with his roommate and new acquaintance, Adam (Black male receiver). Although we are unsure of Adam's intentions, we know he was comfortable sharing with someone he recently met (Chris, Dean of Pledges). We will discuss Adam's role shortly. Again, too much sharing is not helpful as the relationship begins. Derlega et al. (1993) explain that the information we disclose should be socially pleasing because we initially seek validation to allow the relationship to progress.

Cool Pose and controlling emotional openness are the Black male's defense mechanism from being bothered by the world's ills yet staying respected in his community (Majors & Billson, 1992). We have learned that the benefits and costs of distress disclosure are subjective but also culturally intuitive. Black males prefer verbal and emotional control over disclosing distress to others (Majors & Billson, 1992; Hammond, 2012). Omarzu (2000) concluded that social control is best used unless there is motivation by supportive social connections to disclose distress. Black males will disclose to various informal social networks that they are experiencing challenges, but their open engagement may occur in an expressive, collective manner (Wallace & Constantine, 2005; Aymer, 2010; Hood et al., 2017).

The identity of Black males begins in their respective communities, along with other relevant teachings of Black culture (Boute & Hill, 2006). Communalism is a fundamental value of the Black community (Wallace & Constantine, 2005; Boute & Hill, 2006). The community is the protection buffer from daily feelings of invisibility, providing support and comfort to Black males (Franklin, 1999). Invisibility is "the inner struggle with the feelings that one's talents, abilities, personality, and worth are not valued or recognized because of prejudiced views and racism" (Franklin, 1999, p. 761). The community is the Black male's safe space when feeling inferior. Wallace and Constantine (2005) explained that communalism is developing relationships beyond the immediate family, and the more positively connected with the community, the better the relationship and support (Franklin, 1999). Disclosure is necessary for the Black community to build community bonds and relationships.

Research has concluded that self-disclosure is pertinent for building dependable and supportive relationships (Greene et al., 2006; Carpenter & Greene; Masaviru, 2016). Greene et al. (2006) further explained that to increase relationship building, "two or more individuals will

have the intent of deliberately divulging something to the other individual as they move beyond acquaintances" (p. 410). As the relationship progresses, more intimate thoughts and feelings are shared with an expectation of reciprocity (Coates & Wintson, 1987; Greene et al.,2006). Relationships will grow with the investment and approval of one's social settings if individuals' attitudes, behaviors, and styles align (Omarzu, 2000). This is true for Black males. We have learned that Black males do not self-disclose feelings of distress for reasons that include self-reliance, restricted emotionality, and social stigma, but also commonalities, trust, and lack of support by others (Franklin, 1992; Griffith et al., 2012; Hammond, 2012).

Research has reported positive benefits for disclosing distress (Coates & Winston, 1987). There are positive outcomes related to Black males disclosing distress to informal support networks (Mattis, Murray, Hatcher, Hearn, Lawhon, Murphy, & Washington, 2001; Brown, 2008; Hood et al., 2017). Talking to trusting support networks can provide a safe space for males as they identify challenges (Lindsey et al., 2010). However, there are consequences with self-disclosing distress (Omarzu, 2000). Black males have been ostracized and devalued, and self-disclosing feelings of distress further alienate them (Franklin, 1999; Aymer, 2010; Lindsey et al., 2010; Pernell & Akers, 2019). Greene et al. (2006) discussed that although self-disclosure is vital for connecting with others, the information shared impacts how the relationship will grow. Most importantly, one must consider the background factors, including sociocultural background, individual personalities, and social support networks.

## Black Males and Social Support Networks

Social support networks and informal social support are often used interchangeably; however, it is important to understand how it is defined and used within relationships. Social networks are the social entities in our relationships, such as family, friends, and

significant others (Drageset, 2021). Also, community members, such as barbers, spiritual leaders, and community elders, are a part of these supportive networks (Ozbay, Douglas, Dimoulas, Morgan, Charney, & Southwick, 2007; Brown, 2008). It has been researched that informal social support networks are a significant defense against psychological distress (Brown, 2008; Chatters et al., 2014; Hood et al., 2017). Social support is given to another for assistance (Uchino et al., 2016; Drageset, 2021). Social support has two dimensions: structural, which is how often and how extensive the support is, and functional, which explains what forms of support (e.g., emotional, informational, esteem, spiritual, monetary) are provided by the networks (Ozbay et al., 2007; Drageset, 2021). The functional dimension is the social connections developed who provide social support to others, which commonly include "emotional (e.g., expression of caring), informational (e.g., advice or guidance), instrumental (e.g., direct material aid or financial support), and belonging (e.g., others to engage in social activities) support" (Uchino et al., 2016, p. 190; Drageset, 2021, p. 138).

As previously explained, social support is either perceived, which individuals believe to be helpful, or received, factual, undeniable support provided by others (Uchino et al., 2016). These social networks range from superficial to meaningful and change at various stages of one's socialization process and social exchange with others (Johnson & Carter, 2020). For example, Brian and Adam's relationship began with superficial conversations but progressed into a more solid connection due to daily meetings and commonalities (e.g., women and fraternity interests). As Brian began sharing personal details, Adam did not know how to support Brian. Unfortunately, Adam began to share Brian's challenges with someone else. Brian no longer perceived Adam as a supportive network offering emotional support. Adam may have perceived his actions to be "received" or supportive because he

sought out someone to help his friend in distress. Social networks can show varying social support behaviors and attitudes depending on the relationships and connections within these networks (Drageset, 2021). Most importantly, social support is based on the perception of the individual receiving the support (Mattis, Murray, Hatcher, Hearn, Lawhorn, Murphy, & Washington, 2001; Drageset, 2021). Culturally diverse communities have different social networks projecting specific norms and values that work best for each group (Kim & McKenry, 1998). This is specifically true in Black communities.

Black communities are diverse yet share similar Afrocentric values and behaviors. Understanding social support networks for Black males is understanding community values and norms. We have learned that communalism is vital to the Black culture (Boute & Hill, 2006). One of the nine principles of Black culture, Communalism, is a "commitment to social connectedness, which includes an awareness that social bonds and responsibilities transcend individual privilege" (Boutte & Hill, 2006, p. 315). Communalism can include but is not limited to family, extended family, friends, significant others/close confidantes, teachers, spiritual advisers, barbers, and anyone who is adding to the socialization process of Black males (Wallace & Constantine, 2005). These networks can encourage a sense of belongingness, pride, and esteem among Black males (Franklin, 1999). Beyond communalism, other important aspects exist to understand the Afrocentric culture.

The Black community has a rich history of generational knowledge, providing insight ranging from spirituality to language (Wallace & Constantine, 2005; Boutte & Hill, 2006). Each dimension plays a role in how Black males navigate daily living to sustain peace during economic, discriminatory, and other hardships. Most importantly, the culturally relevant dimensions are embedded in how Blacks' attitudes, thoughts, and

behaviors are shaped (Wallace & Constantine, 2005; Boutte & Hill, 2006; Aymer, 2010). These dimensions are another layer intertwined in the socialization process of Black males (Aymer, 2010; Pernell & Akers, 2019). Black males are socialized to understand these dimensions. They become culturally and gender relevant.

**Table 4**

*Dimensions of Black Culture*

| |
|---|
| **Spirituality** – An approach to life as being vitalistic rather than mechanistic, the belief that nonmaterial forces influence people's everyday lives; |
| **Harmony** – The notion that one's fare is interrelated with other elements in the scheme of things, that humankind and nature are harmonically conjoined; |
| **Movement** – An emphasis on the interviewing of movement, rhythm, percussiveness, music, and dance, all of which are taken as central to psychological health; |
| **Verve** – A propensity for relatively high levels of stimulation and action that is energetic and lively; |
| **Affect** – An emphasis on emotions and feelings, together with a specific sensitivity to emotional cues and a tendency to be emotionally expressive; |
| **Communalism** – a commitment to social connectedness, which includes an awareness that social bonds and responsibilities transcend individual privilege; |
| **Expressive individualism** – the cultivation of a distinctive personality and proclivity for spontaneous, genuine personal expression; |
| **Oral tradition** – A preference for oral/aural modes of communication, in which both speaking and listening are treated as performances, and cultivation of oral virtuosity- the ability to use alliterative, metaphorical, colorful, graphic forms of spoken language; |
| **Social time perspectives** – An orientation in which time is treated as passing through a social space rather than a material one and in which time can be recurring, personal, and phenomenological. |

*Note.* Adapted by Boykin, 1983.

Table 4 provides a snapshot of the social aspects of the Black community through the Dimensions of Black Culture (Boykin, 1983; as cited by Boutte & Hill, 2006, p. 315).

Examples of the Afrocentric dimensions are found in the socialization of music (e.g., Hip-Hop, Blues, Afro-beats), tagging, and b-boy or breakdancing, which falls under the dimension of movement, oral tradition, verve, and at times expressive individualism. While menacing to some, these activities allow for cultural expression and inner peace to young men who feel heard and understood (Washington, 2018). Washington (2018) explained that hip-hop music allowed Afro-decent individuals to share their distress, anger, and social and psychological challenges through movement and oral tradition over the decades. Hip-hop was cultivated due to the dire and oppressed conditions of the Bronx, New York, and created a movement primarily for Black males that highlighted the good, bad, and ugly of Black culture and socioeconomic oppression (Washington, 2018). The nine dimensions are intertwined, emphasizing connections and relationships (Wallace & Constantine, 2005). The dimensions are reiterated within this genre of music and dance, but also community networks.

Social support networks, such as places of worship and barbershops, play a prominent role in the socialization process of Black males. Many Black males find support in their community spaces and engage in varying dimensions within their space, including barbershops and places of worship. Identified as "cultural spaces," these locations and others provide a safe space to learn and embody what being a Black male means (Alexander, 2003, p.107). In the Black community, the Barbershop is a 0"socialization setting" for young Black males (Franklin, 1985, p.966). Franklin (1985) explained that young men emulate gender-specific roles in these spaces and receive cultural mentorship, fellowship, and support. In essence, this is a trustworthy place for Black males. Because of this, Wester et al. (2006) argued that Black males' masculine norms differ from the majority culture that represents individuality, power, and financial success.

Black males' norms are developed within social learning environments where they learn male role norms, a sense of community, and Afrocentric values (Wester et al., 2006).

Besides one's family, the barbershop is critical in shaping cultural behaviors, language, and attitudes among Black males (Alexander, 2003). Franklin (1985) reports that barbershops are a place of acceptance. The setting provides a cultural and gender rite of passage for young Black males (Shabazz, 2016). Black males learn to adapt to cultural cues in the barbershop by listening to uncensored stories and experiences. The stories can create stereotypical attitudes about women, manhood, relationships, and current events (Franklin, 1985). Shabazz states, "The Black Barbershop is described as a discursive space where men congregate, debate, and bond" (2016, p.3).

These barbershop socialization processes are rooted in Ancestral traditions, including seeking elders' advice and passionately communicating one's frustration to the group (Franklin, 1995). The barbershop is an opportunity to communicate passionate emotions during this social interaction (oral traditions). Because this is a place of bonding and trust, the disclosure would be the exploratory affective exchange stage and a safe space to build close relationships and encourage distress disclosure. However, although it is a bonding space, this process may take time due to community perception and stigma towards challenging mental health and distress disclosure.

There have been more discussions about mental health and wellness in the barbershop and how barbers can aid in normalizing the communication about mental health in this space (Ogborn, Bowden-Howe, Burd, Kleijn, & Michelson, 2022). A recent study was done in London, England, that identified the barbershop as a place of support to assist Black males in coping with isolation and other emotional distress during the COVID-19 pandemic (Ogborn et al., 2022).

Two phases were conducted for the study. Phase 1 began with Barbers recruited through Google search, then contacted by phone to request their participation (n=300). A link to the survey was emailed or provided through social media as a consent form and the 11-question survey. This qualitative study asked Barbers the following:

> (a) In what ways do you usually develop social connections with your clients? (b) How important do you think these connections are to the mental health of your clients? (c) When was the last time you became aware of a client's psychological needs? How did you respond, and what differences do you think this made to your client? (d) In what ways do your clients open up about their mental health to you and what changes, if any, have you noticed since the start of the pandemic? (e) are there any groups of clients that you think are particularly prone to mental health difficulties? How has this changed during the pandemic? (f) Based on interactions with your clients since the pandemic, which of the following stressors seem particularly important to their mental health? (g) How would you describe the role of barbershops in the local community? In what ways do you think the role has changed during the COVID-19 pandemic? (h) what role(s), if any, do you think barbers can play in supporting the mental health of clients? Has your view of this changed as the pandemic evolved? If so, how? (i) What is the potential for barbers to work with NHS/other mental health professionals to identify and support vulnerable clients? What resources and approaches would be needed to make this work? (j) Can you think of any challenges developing mental health support through barbershops? What do you think is needed to overcome such challenges? (k) What strategies could be used to engage barbers in developing mental health support through barbershops? (l)

> Would you be interested in taking part in an online follow-up workshop discussing the trends we find to further our research at a later date? (Ogborn et al., 2022, p 6-Supplementary material).

Only 30 participants completed the survey and were prompted to phase 2; however, only 15 agreed and responded to the call. Phase 2 interviews were completed using a virtual video call. The interviews provided results to the completed surveys, including the need for layperson training related to mental health for barbers, checking in at the beginning of the appointment, talking about mental health with many patrons engaging and welcoming a non-stigma environment, and educational information, to name a few of the responses. The disadvantages barbers reported were boundaries, interfering with personal private matters, and the barber's role in discussing sensitive information and limited confidential spaces (Ogborn et al., 2022). Unfortunately, a few responses align with the social stigma perception, but the conversation must continue encouraging Black males to disclose their psychological distress.

As informal supporters, barbers are encouraged to use mental health initiatives as a starting point to change the perception of mental health challenges among Black males (Ogborn et al., 2022). previous research has reported on Black males' attitudes about health challenges and disparities and provided health-related education in community locations such as Barbershops (Alexander, 2016). It has been researched that social connections and positive feedback from informal supporters influence if emotional support is sought (Hood et al., 2017; Ogborn et al., 2022). It will be beneficial for formal, professional psychological, social support (e.g., mental health counselors) to consider barbershops as informal cultural spaces to share mental health-related information and complete future research.

Like Barbershops, religious places of worship have served as cultural learning spaces and informal social support networks for years. Blacks revere religion and religious practices, identifying it as the moral and values compass of the community (Gutierrez, Goodwin, Kirkinis, & Mattis, 2014; Chatters et al., 2015). Religion, specifically Black churches, has spiritually and socially provided for the community in various ways (Taylor & Chatters, 2010). Many southern Black churches became a place of refuge and support during slavery, reconstruction, the Jim Crow era, and beyond (Taylor & Chatters, 2010, p. 287). Taylor, Ellison, Chatters, Levin, and Lincoln (2000) discussed that religious leaders and spaces played a pivotal role in the community's development, including higher education and favorable changes with systemic pitfalls. This includes assisting with distress through emotional support and religious practices (Taylor et al., 2000). Defining religion to understand its role in the Black community is crucial. Religion is defined as

> "a multidimensional construct encompassing public and private behaviors, attitudes, and beliefs, organized around a structured system of tenets, practices, and ritual and characterized as community-focused, formal, behaviorally oriented (Ellison & Levin, 1998; Idler & George, 1998; Idler et al., 2003; Koenig, McCullough & Larson, 2001; as cited by Taylor & Chatters, 2010, p. 281). Koenig et al. (2001) explained that Spirituality is subjective, individualistic, and informal and is seen as a means of establishing relationships to the sacred and searching for answers to fundamental life questions" (as cited by Taylor & Chatters, 2010, p. 282).

The definition of both can be complex because "spirituality and religion are used interchangeably"; however, religion focuses more on the structured doctrine than spirituality's independent beliefs of divine guidance and worship of something or someone superior to self

(Taylor & Chatters, 2010, p. 282). Regardless of how it is understood, 84% believe religious principles are significant (Taylor & Chatters, 2010). These values of religion and spirituality have been passed down for generations. Blacks often called on religious leaders when in need of support. Whether through spiritual practices or assistance from religious leaders, Blacks felt more at ease discussing their challenges to this informal support network (Taylor et al., 2000). One study showed that Black religious leaders spent more time listening to psychological distress with their congregation than Caucasian religious leaders did with their congregation (Taylor et al., 2000).

Black males and females connect with this informal support network because religious and spiritual concepts are most often the values within the Black family (Taylor et al., 2000; Gutierrez et al., 2014). Gutierrez et al. (2014, p 785) explained that Blacks "learn about God from families; learn to pray and meditate with families; read sacred texts with, and learn the tenets of faith from, families; families engage their children in the rituals of faith." Taylor and Chatters (2010) reported that Black utilized spiritual concepts more than their Caucasian counterparts because this is a learned behavior learned at an early age. The expectation to seek religious support or spiritual coping is a learned behavior, reiterated from childhood to adulthood (Gutierrez et al., 2014). The church is often seen as an extended family outside of the home, but the family impacts how individuals use this network as support (Gutierrez et al., 2014). Gutierrez et al. (2014) report that Black families play a significant role in religious and spiritual concepts. Beyond religion, the Black family is the key to Black males' growth and learning process (Brown, 2008).

**Perceived Social Supports – Family**

Black families typically follow traditional Afrocentric beliefs (Wallace & Constatine, 2005; Aymer, 2009). However, Black families differ based on varying religious preferences, parental social roles, cultural variations, and locations or regions of residency. Black families are not the typical conventional family unit, yet they are often researched as such (Kane, 2000). Brown (2008) identifies the family unit as the Blacks' foundation and significant social support. Black males find support in their communities, but the family unit is how they learn and gain the most practical support (Brown, 2008; Hood, 2017). Research identifies families as the initial support offering comfort and empathetic advice (Brown, 2008; Lindsey et al., 2010). In the Black community, families are connected to places of worship because these two entities are frequently intertwined due to religious practices used or provided by family members as support (Brown, 2008; Gutierrez et al., 2014). Gutierrez et al. (2014) explain this as a true occurrence because spiritual practices are learned from family members and encouraged to be utilized as a coping strategy during stressful situations (e.g., prayer and worship). More research is needed to understand Black families as a support network that stands independently from other social support networks, such as religious entities.

Black families are frequently grouped as if all families follow the same cultural diaspora or are compared to other racial groups, specifically European Americans (Kane, 2000). Most Black families lack the nuclear structure because there is a strong emphasis on extended family members (Brown, 2008). These distant relatives may be identified as grandparents, uncles, aunts, and close neighbors or friends who are considered someone with close connections and an understanding of the family's dynamics (Kane, 2000; Gutierrez, 2014). Goodwill, Mattis, and Watkins (2022) explained that grandmothers were identified as significant support among

Blacks. Immediate and extended family support is frequently monetary and informational (Brown, 2008). Parental roles have become more "egalitarian and flexible" in providing informational, monetary, and esteem support (Barbarin, 1983; McAdoo, 1993; as cited by Kane, 2000, p. 693). Along with parents, the extended family has the task of switching roles and teaching the younger family members how to become strong and prideful Black males (Kane, 2000; Brown, 2008). Parents and extended family of Black males shape their feelings, attitudes, and behaviors to cope with systemic discrimination and socioeconomic pressures but maintain cultural values and pride (Buser, 2009; Watkins, Johnson-Lawrencee, & Griffith, 2011; Griffith et al., 2012; Hammond, 2012; Matthews et al., 2013).

As learned, Black men learn early on to hide their emotions when inflicted with different forms of pain (Majors & Billson, 1992). Brown (2008) explored the social messages and support that played a role in Blacks' resiliency. Brown (2008) sampled a total of n=154 students (108 females, 45 males, and one unknown) enrolled in a general psychology class at a large midwestern university. The sample was restricted to Black students. The mean age was 19 (SD = 2.7), and over half of the participants were classified as first-year students (58.4%), with 20% sophomores, 6.5% juniors, two seniors, and one participant identified as an enrolled graduate student. Family income ranged from less than $10,000 to more than $200,000; however, the median was $35,000-$49,000.

Brown (2008) used the following instruments for the study: (a) Multidimensional Scale of Perceived Social Support (MPSS); (b)Teenager Experience of Racial Socialization Scale (TERS), which has five subscales: The Cultural Coping With Antagonism subscale (CCA), The Cultural Pride Reinforcement subscale (CPR), The Cultural Appreciation of Legacy subscale (CLA), Cultural Alertness to Discrimination (CAD), and The Cultural Endorsement of the

Mainstream (CEM); (c) the Connor-Davidson Resilience Scale (CD-RISC), and a demographic questionnaire to capture participant's ethnicity, age, gender, family income, college rank and major. The results concluded that resiliency was positively related to CPR (r = .28) and CCA (r = .23) socialization messages. This means that participants with high resiliency reported receiving higher levels of coping with antagonism and cultural pride socialization. Also, it is important to report that resiliency was positively associated with perceived social support (MPSS; r = .22). To be more specific, resiliency was positively associated with significant other (r = .23) and family (r = 22) support. This confirms what has been identified about family: those with high resiliency perceived that they had more support from their family and significant other. Lastly, MPSS (family support) was positively associated with CPR socialization (r = .22), which means the participants who perceived more support from their family also reported receiving more cultural pride socialization (Brown, 2008).

The study supports the idea that Black families instill a sense of pride and resiliency, and males tend to have the support (perceived) they need from their families. However, there may be concerns about sharing feelings of distress with families who adhere to cultural and gender socialization of being strong and resilient (Lindsey et al., 2010). This is especially true of Black fathers. Watkins et al. (2011) discussed the enormous effect Black fathers tend to have on their sons. One study identifies the importance of having some form of a father figure in the home to provide instrumental and instructional support to minimize psychological distress (Watkins et al., 2011). Watkins et al. (2011) explained that Black male father figures, whether biological or extended networks, who reside in the home or within the socialization environment, are supportive factors in showing young males role reversals and emotional support and allow other emotions beyond the cool pose.

Watkins et al. (2011) also added that Caribbean Black men showed distress when raised by a male model (e.g., father, grandfather). It is unclear if the socialization of Caribbean men played a role in the outcome of the research study, but the participants reported strict male gender roles, norms, and expectations (Watkins et al., 2011). Black males will learn to trust and share their feelings with their male peers when they are socialized as less emotionally guarded (Franklin, 1992). Lindsey et al. (2010) reported that some Black adolescents preferred not to share their distress but would solicit emotional help from family, specifically mothers, before seeking help from friends. Although research identifies the family as the initial supportive network for emotional support, more research is needed on the "received" emotional support provided by families, especially fathers, to Black males seeking assistance related to psychological distress.

**Perceived Social Support- Friends**

Black males' friendships are unique bonds that range from trivial to brotherly connections (Franklin, 1992; Mattis et al., 2001; Goodwill et al., 2022). Mattis et al. (2001) explained that friends are principal to Black males' relational growth and self-awareness. Franklin (1992) reports that friendships with male peers are supportive but require understanding similarities or challenges before having a closer bond or disclosing private information. This means most friendships are with other Black males. Because of their similar interests, traditional college-aged Black males tend to look for connections in fraternities, roommates, teammates, etc. Also, it has been researched that Black male friendships have various functions based on one's demographics, including age, SES, and education (Franklin, 1992). The dynamics of male friendships are complicated, especially those identified as an informal social network for emotional support.

Franklin (1992) explained that Black males focused on traditional masculine norms tend to have fewer friendships based on bonding and emotional support but more on societal standards, such as gaining social dominance, lacking emotional reciprocity, self-reliance, competitiveness, and building success. These relationships are connected for reasons beyond support. The Black males adhering to racial and cultural norms, who are less focused on the traditional masculinity of the dominant culture, are more willing to have emotionally supportive friendships where trusting bonds are made (Franklin, 1992). As learned, Black males generally have a social perception to uphold. They prefer to know that others are genuinely supportive without judgment before sharing psychological distress (Lindsey et al., 2010; Hood et al., 2017). However, there is no extensive research to show positive or negative significance related to Black males' friendships and emotional support. Black males may or may not perceive their friendships as supportive when they need to disclose information.

One research study was completed to understand how Black males understand and identify their friendships with peers (Mattis et al., 2001). Mattis et al. (2001) explored emotional and advice sharing, subjective religiosity and spirituality, and perceived friendship support among a group of Black males (N=171), ranging from 17-79 years old (SD = 16.12), with a median age of 22 years. In this study, 69% were single and never married. The participants were recruited from metropolitan cities in Georgia, Maryland, Michigan, New York, and Virginia within colleges, community centers, businesses, and religious centers. Participants were given $5 for their time completing the surveys. Another important demographic to report is income, which ranges from $10,000 to $80,000+, with a median income of $50,000-$59,000. Also, only 1% of the sample reported education less than high school, with the majority (56%) completing some college, 14% completing college, and 18% earning a graduate degree. Mattis et al. (2001)

concluded that Black males reported higher salaries and educational levels than the national average in this study. Mattis et al. (2001) used the following questions regarding emotions and sharing to assess the sample's perceptions of male and female friendships:

> (a) Affective Sharing – How likely are you to share your feelings with male friends (Sample items included "sadness," "frustration," "Empathy," and "Vulnerability" (b) Affective sharing with female friends, (c) Advice exchange with male friends, (d) Advice exchange with female friends, and (e) How spiritual are you (single item questions)? Also, the levels of perceived support from male and female friends were assessed using four statements: (a) "My male/female friends are supportive," (b) "My male/female friends understand me," (c) "My male/female friends are dependable," and (d) "My male/female friends are there for me in a crisis." All the measures used a 5-point Likert scale.

Results showed that the men perceived their male and female friends as supportive (M = 3.98, SD = .88 and M = 3.91, SD = .98, respectively); however, there were differences related to age but significant noteworthy outcomes. Males ages 21-34 years scored higher on sharing advice with male friends (t, 78 = 3.01; $p < .01$) compared to the older men ages 35-79 years old, sharing advice with female friends (t, 80 = 3.90; $p < .000$), sharing feelings with male friends (t, 100 = 2.53; $p < .000$), sharing feelings with female friends (t, 100 = 3.75; $p < .000$), and perceived support from female friends only (t, 96 = 218; $p < .05$), and not showing males peers as perceived support. High subjective spirituality scores were significantly and positively related to males sharing feelings with male friends ($r = .28, \leq .001$). Subjectively spirituality was also positively significant with perceived support of male-to-male friendships ($r = .34, p \leq .001$), but subjective spirituality was not significantly related to perceived support of female friendships.

Lastly, the results show that spirituality was part of Black males' relationships. The more spiritual the participant, the more open they were to share their feelings and giving advice with males they perceived as supportive (Mattis et al., 2001). Mattis et al. (2001) shared that more research is needed to understand the subjective spirituality and gender norms of Black males. Mattis et al. (2001) explained that 21–34-year-old males not only give advice but want to be heard and supported by their friends to discuss their feelings; however, it also strengthens the idea that some men do not perceive their same-sex friends as perceived support. There are various factors to consider when looking at friendships, including family relationships, Intra and Inter ethnicities (Black or Caribbeans), age, and other dynamics (Cross et al., 2018). Most of all, there is a crucial need for Black male socialization process to shape caring for others in need outside of the family unit and asking for help without feeling different (Franklin, 1992; Mattis et al., 2001; Addis & Mahalik, 2003; Cross et al., 2018).

Previously, we learned that Adam and Brian shared similar interests and joined the same fraternity. We also know that Brain began to share secrets openly. However, after sharing his emotional challenges with Adam, he did not feel heard or understood due to Adam's stoic and dismissive attitude. Adam did not reciprocate with support or advice, leaving Brian confused about his friendship. This confusion is based on Brian's perception and expectations of Adam as his perceived support. Derlega (2006) defines this as reciprocity disclosure, in which individuals share information to make others feel heard and understood. Adam explained to Brain that he has similar distress but was always disciplined by his father and grandfather for sharing his problems with others. Adam told the Dean of Pledges to see if he would pass judgment on Brian with the hopes that he would show leniency in the pledging process. Sarason and Sarason (2006) explained that the way individuals show and provide support is often learned at a young age

through caregiver interactions or lack thereof. How relationships develop within the family will illustrate how individuals build significant friendships, share and provide emotional support to others and themselves (Sarason & Sarason, 2006). Adam was experiencing distress because of his academics, limited time to learn the bylaws and history of the fraternity, and no time for social outlets, like spending time with friends. Adam masked his psychological distress so he would not appear weak for sharing his challenges. Adam could not assist Brian with his distress because he did not have the mental capacity to handle his own.

**Perceived Social Support – Significant Others**

Emotional Support from one's significant other can be helpful or detrimental (Sarason & Sarason, 2006). Close relationships (e.g., spouses, significant others, long-term partnerships, or close confidantes) can provide undivided emotional support or become less supportive, depending on their expectations of the support (Coates & Winston, 1987; Sarason & Sarason, 2006). As previously discussed, masculine expectations may interfere with seeking emotional support (Addis & Mahalik, 2003; Keum et al., 2021). Black couples cope with discriminatory stressors that affect how they support each other in the relationship (Clavel, Cutrona, & Russell, 2017). For example, Black married couples cope with burdensome psychosocial stressors; however, the expectation of serving as an emotional support person or seeking support from others is sometimes an added layer of distress (Bryant, Wickrama, Bolland, Bryant, Cutrona, & Stanik, 2010).

Black married couples coping with negative stressors are less likely to be supportive and more likely to have less marital satisfaction (Bryant et al., 2010). In some situations, support is second nature in relationships; however, added stress creates marital discord or less satisfaction with the relationship (Clavel, Cutrona, & Russell, 2017). Clavel et al. (2017) completed research

that supports the concept that one's own negative emotions can influence the emotional support one gives to one's spouse. Clavel et al. (2017, p. 1053) conducted a "longitudinal research study on how financial strain and racial discrimination influenced the support provided to their Black counterparts over three years." At the beginning of the research project, 889 families were enrolled, of which 163 were in heterosexual, married, or cohabiting partnerships. The dynamics of the other families are unclear and not discussed in the research. The ages of women ranged from 27 to 73 years (M = 38, SD = 7.55), and men's ages ranged from 22 to 74 years (M =41, SD = 8.97). The average number of years couples have lived together is 13.2 years. Data collection occurred during 1997-1998 and 1999-2000, with an annual median income of $41,875. The years were identified as Time 1 (1997-1998) and Time 2 (1999-2000).

Clavel et al. (2017) used self-report surveys and observational measures to capture data for this study, which included the self-assessment of (a) Financial Strain; (b) Racial Discrimination; (c) Relationship Quality measure. Each was a computer-assisted personal survey completed in Time 1. Lastly, the (d) Observational Outcome Measure was completed during Time 2. Overall, the results showed gender differences in supportive behaviors, beginning with financial strain among males. The more financial strain males endure, the less support they provide for their spouses; however, racial discrimination has a direct positive correlation with spousal support. Lastly, men who reported satisfaction with their relationship during Time 1 were more emotionally supportive of their spouses in Time 2. The study showed that partners who understand or have similar, uncontrollable experiences and psychological distress tend to be more supportive of the other (Clavel et al., 2017). Clavel et al. (2017) concluded that participants were less empathic toward their significant others responsible for their outcomes, such as distress

due to poor money management. There is a possibility that the receiver's support will waiver due to the discloser's distress concerns (Coates & Winston, 1987).

Romantic partners, significant others, close confidantes, and best friends have bonds similar to married couples because more intimate and confidential details are shared (Derlega et al., 2008). The interaction is more than a passing acquaintance or buddy; it is one with personal value. Greene et al. (2006) explain that distress disclosure is more open because the relationship has progressed to another level. These are the relationships that are more trusting, and disclosing distress means the relationship has progressed and reciprocation has occurred, allowing the discloser and receiver to feel comfortable (Coates & Winston, 1987; Greene et al., 2006; Carpenter & Greene, 2015). Derlega et al. (1993) explained that having a confidante or close friend is helpful when a discloser shares personal information, specifically information related to distress. According to research, sharing too much distressing information in close relationships is sometimes considered "disturbing and unappealing" (Coates & Winston, 1987, p. 235). Omarzu (2000) explained that there is a perfect timing to disclose distress to others. In close relationships, disclosers prefer not to worry about their significant others with mundane distress details (Derlega et al., 2008). If disclosing distress to close friends and spouses is problematic, who can Black males trust?

In conclusion, Black males' social networks are viable options for emotional support. These networks are not only supportive but influential with the attitudes and behaviors of Black males (Hood et al., 2017). Like other cultures, Black male relationships contribute to their well-being and sense of acceptance (Major & Billson, 1994; Franklin, 1999). The more significant the relationships, the more influential one becomes in shaping the other's attitudes and behaviors among Black males (Brown, 2008; Aymer, 2010; Guterriez et al., 2014; Hood et al., 2017).

Black males' social support networks, including formal and informal supports, must better understand mental health challenges and the barriers that impede beginning and continuing treatment services.

## Barriers to Professional Psychological Services

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), in 2020, 37% of Non-Hispanic Blacks received professional psychological services, compared to 51.8% of Caucasians (As cited by Office of Minority Health, 2023). The lower utilization (e.g., COVID-19 restrictions) is unclear, but several barriers prevent Black males from engaging in professional psychological services. It is critical to remember and understand that the previously discussed ideas and norms are barriers to help-seeking professional psychological services, the most critical being the perspective of gender and cultural norms of Black males and their social support networks regarding professional psychological services.

Research suggests that men with traditional attitudes of masculinity (e.g., competitiveness, toughness, showing little emotional expression, or affectionate behavior) are less likely to seek professional help (Addis & Mahalik, 2003; Wade, 2009). Resiliency is deeply rooted and learned young in the Black community (Brown, 2008: Adams, 2019). Self-reliance and solution-focus are how Black males are emotionally aligned, dismissing the idea of seeking professional psychological help (Hood et al., 2017; Cadaret & Speight, 2018). These behaviors with Black males are identified as "cultural coping" and are used to provide a sense of satisfaction and visibility (Buser, 2009, p. 102). As learned, these attitudes and behaviors directly result from cultural socialization. Unfortunately, how the Black community understands and acknowledges distress and psychological challenges is a barrier (). There is a need for respected

support networks to lead the charge in dispelling social stigma about seeking professional psychological support.

Another barrier to Black males' use of professional psychological services is access to treatment services. Because professional psychological services tend to be financially accessed, this service is not always available for Black males (Holden & Xanthos, 2009). Holden and Xanthos (2009) discussed that income disparities among Black males hinder treatment services due to financial priorities. This financial gap also includes a lack of insurance access to professional psychological services. Only 55% of Blacks were health insured compared to 73% of their Caucasian counterparts; however, 9% of Blacks were uninsured compared to 5% of Caucasians (Office of Minority Health, 2023). It was further reported that in 2021, 20% of Blacks lived below the poverty line (Office of Minority Health, 2023). This would have been problematic regarding gaining access to professional psychological services during COVID restrictions if the household lacked internet services or electronic hardware for teletherapy. Free psychological services and Medicaid are available for those in need; however, there continues to be a waiting list for professional psychological services.

The lack of diversity among psychological professionals is the next barrier to Black males utilizing services. There are several concerns regarding diversity. First, many psychological professionals are trained with a European perspective of how the counseling process should flow (Holden & Xanthos, 2009). Holden and Xanthos (2009) further explained that psychological professionals are not culturally competent beyond classroom knowledge related to Blacks. It is important to incorporate the Afrocentric Dimension, specifically asking how they guide one's daily living (Wallace & Constantine, 2005; Aymer, 2010). Encouraging

more Black males to consider professional careers in psychological care is important. Black males rarely witness representation, especially psychological professionals who are Black males.

Black males are not represented well in psychological healthcare. Holden and Xanthos (2009, p. 18) reported that 2% of psychiatrists, 2% of psychologists, and 4% of clinical social workers in the United States identify as Black. Although more Black women are providing professional psychological services, Black males are rarely accounted for to provide professional psychological care. Minorities often prefer to meet with someone who not only looks like they do but has similar experiences or cultural backgrounds (Holden & Xanthos, 2009). Holden and Xanthos (2009) explained that preconceived ideas about someone's culture could hinder a connection, thus making the interaction awkward. It is suggested that professionals not only meet the client where they are but allow Black males to openly share their distress related to systemic discrimination and racism (Holden & Xanthos, 2009). Black males have difficulty expressing their distress because of cultural and gender conditioning to cope with oppressed situations (Consedine et al., 2007; Hammond, 2012; Lindinger-Sternart, 2015; Adams, 2019). However, we have learned that Black males want to share their challenges occasionally, but more so with informal support than a professional psychological provider (Hood et al., 2017). Black males must speak freely about their feelings and know they have the support of their community and beyond.

## Chapter Summary

Because Black males are socialized to be resilient, restrict their emotions, and protect their families and communities, their attitudes are less favorable regarding seeking professional psychological help (Wilson, 2001; Wade, 2009; Adams, 2019). This literature reviewed Black males' attitudes toward seeking professional psychological help, self-disclosure (e.g., distress

disclosure), various social support networks, and barriers to counseling services. Distress disclosure and social support are factors explored in detail, and how each impacts the daily living of Black males, including influencing one's attitudes toward seeking professional psychological help. Although an extensive examination of social support was provided, there is a continuous need for research on Black males' self-disclosing feelings of distress to others and how it affects their attitudes toward seeking professional psychological help.

# CHAPTER 3: METHODOLOGY

## Introduction

This chapter will explain the methodology used to examine and understand the problem statement of why Black males do not seek professional psychological services (e.g., mental health counseling and therapy) and how the perception of Black males about self-disclosing distress is influenced by the social support of family, friend, and significant others. Additionally, this chapter will outline the research questions, population and sampling procedure, research design, instrumentation, statistical analyses, and ethical considerations. This chapter will conclude with a chapter summary.

## Research Questions

This study aims to understand the effects of self-disclosure and social support and their interaction influence on Black males' attitudes toward seeking professional psychological help. This study will examine how Black males disclose distress to others, including family, friends, and significant others, and how these social supports can influence their attitudes toward seeking professional psychological help, especially when disclosing distress. Specifically, this study will examine the following research questions:

**Research question 1**: How well does self-disclosure of distress predict Black males' attitudes toward seeking professional psychological help?

**Research question 2**: How well does perceived social support predict Black males' attitudes toward seeking professional psychological help?

**Research question 3**: Does perceived social support moderate the influence of self-disclosure of distress on attitudes toward seeking professional psychological help?

**Research question 4:** How well does perceived social support of family predict Black males' attitudes towards seeking professional psychological help?

**Research question 5:** How well does perceived social support of friend(s) predict Black males' attitudes toward seeking professional psychological help?

**Research question 6:** How well does perceived social support of one's significant other predict Black attitudes toward seeking professional psychological help?

Addressing these research questions provides a framework to examine the influences of Black males' attitudes toward seeking professional psychological help related to self-disclosing distress to perceived support. The current research suggests a positive correlation between the two, considering that the more Black males self-disclose about their emotional distress, the more positive their attitudes toward seeking professional psychological help. This research study will provide a framework for how Black males, their families, friends, and significant others perceive self-disclosing emotional distress.

## Research Design

The researcher focused on understanding Black males' attitudes toward seeking professional psychological help and how their attitudes may or may not be influenced by self-disclosing distress and their social support of family, friends, and significant others. This study used a quantitative method, complex correlational research, and a cross-sectional survey design. The method examined the relationship between self-disclosure, social support, and their interactions and attitudes toward seeking professional psychological help.

Complex Correlational research designs are non-experimental studies that examine the relationship between two or more variables in one study (Heppner, Wampold, and Kivlighan, 2008; Curtis, Comiskey, & Dempsey, 2016; Seeram, 2019). Seeram (2019) explained that

complex correlational designs predict the relationship of the variables and utilize correlation analyses, such as regression, to understand the strength of the relationship. As in this study, continuous variables can show a linear or nonlinear association, ranging from -1 to +1, which will identify a negative or positive relationship between the variables (Seeram, 2019). Several healthcare researchers have completed studies using correlational designs to predict dependent and independent variables without manipulating them (Heppner et al., 2008; Curtis et al., 2016; Seeram, 2019). Heppner et al. (2008) explained that true experimental designs require controlled groups and randomizations to conclude causation by manipulating variables; in contrast to correlational designs, the researcher does not control. Overall, correlational research designs are practical and straightforward studies and have shown to be an effective non-experimental design, specifically when making causal inferences about predicting and criterion variables (Curtis et al., 2016; Seeram, 2021).

As previously mentioned, this research will utilize a cross-sectional survey design. This survey design is often used in social science studies to analyze several participants with similar characteristics (Mahmutovic, 2021). Cross-sectional survey designs are best with non-experimental studies because there are no experimental procedures (Mahmutovic, 2021). Cross-sectional survey methods occur at one point with samples selected for research studies (Mann, 2003; Mahmutovic, 2021). Also, cross-sectional survey studies can survey several participants simultaneously, and the process is less expensive and time-consuming than other designs (Mann, 2003; Mahmutovic, 2021). Cross-sectional surveys are not used to identify cause and effect but typically to analyze relationships among unrelated variables (Mahmutovic, 2021). This study will collect data from questionnaires completed by enrolled Black male college students in two locations.

Students will complete an electronic survey packet (see "Procedure"), including a demographic questionnaire and three questionnaires (see "Instrumentation"). The surveys will be disseminated through a digital format known as the Research Electronic Data Capture (REDCap). REDCap software is a methodological tool that can "collect, store, and disseminate" specific information for research, including surveys (Harris et al., 2009, p. 378). REDCap has shown to be a reliable electronic source for completing research collection (Blumenberg & Barros, 2016). REDCap will allow the researcher to create settings, including the sequential order of the surveys and how the sample will respond, thus minimizing omitted responses while completing the survey packet.

## Population

The population surveyed for this study began with students enrolled in General Psychology courses at two public Historically Black Colleges and Universities (HBCU) in the southeastern United States. However, the sample expanded to students at a third stated supported HBCU in North Carolina. Students in the common area were asked to participate, including student unions, cafeterias, and residence halls. The total number of undergraduate students enrolled is 9,586 students. These HBCUs are state-supported universities offering undergraduate and at least master-level degrees. These HBCUs were chosen because most students are from lower and middle-class households.

The Black male students are from various cultural backgrounds and locations, specifically the Southeast. All the Black males selected from the total population of enrolled students who completed the surveys for this study were classified as undergraduate students, ranging from first-year students to seniors. It is important to note that each HBCU selected for this study offers male mentorship programs to help Black males achieve in college through

educational cohorts (e.g., Men's Achievement, Champion Scholars). These programs encourage academic, social, and cultural support through peer and mentor engagement. For example, one university has various programs specifically aimed at academic, identity, financial, and spiritual development. The other university's program aims to enhance educational achievement and cultural engagement for minority males, improving retention, graduation, and a sense of pride as a minority college. However, these mentorship programs with communal spaces on campus provide support outside the classroom; however, the discussion of attitudes toward seeking professional psychological help when in mental distress is unclear. Some students participating in this study are enrolled in these mentorship programs.

## Sample and Sampling

For this study, the researcher will use a convenience sampling method. The convenience sampling method is a nonprobability selection procedure based on the availability, criteria, and willingness to participate in a research study (Etikan, Musa, & Alkassim, 2016). Mann (2003) explained that convenience sampling is more common in cross-sectional survey designs due to the non-randomization and the selection of commonalities in those chosen to participate. However, before the selection process, it is best practice to determine the number of participants, making the research credible and preventing a Type II error.

A Priori Power Analysis was conducted to determine an adequate sample size for the study using G*Power calculation software. A priori power analysis is a calculation performed to estimate a meaningful sample size for research (Kang, 2020). Power analysis calculation will help support or reject the research hypothesis, thus minimizing a Type I or Type II error (Cohen, 1988; Kang, 2020). Also, Type II errors occur "when the research does not have enough power" (Kang, 2020, p. 2). The power, identified as 1-β, is the probability that the study will find a

difference and support the research (Cohen, 1988). In this study, a Type II error would occur if the researcher concluded that self-disclosure and other variables do not predict Black males' attitudes toward seeking professional psychological services when one or more do. The power is controlled by the significance level (α), sample size, and statistical analysis used for the research (Cohen, 1988; Kang, 2020). Preplanning is critical in this research process to identify key areas for an accurate calculation and prevent a false-negative outcome.

This research study will use multiple linear regression analyses (see "Statistical Analysis") to determine prediction outcomes based on the research questions and variables. As mentioned, this information is essential to complete the calculations on the G*Power software and determine the desired number of participants to survey for the study. Kang (2020) explained that tedious calculations are no longer necessary due to completed equations preset on the G*Power software. The process is to set the correct input settings on the G*Power software based on the statistical analysis and test chosen for the study. Each input on the G*Power is populated based on the type of regression used in the research study (Kang, 2020). The researcher selected an F-test to calculate the statistical power. The F-test is commonly used when studies have one dependent and multiple independent variables (Cohen, 1977, 1988). Cohen (1977) further explained that an F-test is used when conducting a regression analysis to determine whether any independent variables are significant predictors of the dependent variable and the power or strength of the predicting variable.

The critical parameters set in the G*Power calculator for multiple linear regressions are the effect size ($f^2$), α err prob, power (1- err prob), and the number of predictor variables to begin the calculations. In research, the effect size can range from small (.02), medium (.15), and large (.35), and the significant level or p-value is .05 or .01(Cohen, 1992). Previous studies have used

a medium effect size of .25, but this has changed for multiple regression studies, which shows that .15 is a sufficient effect size to determine sample amounts (Cohen, 1992). The researcher chose a medium effect size of .15, a p-value of .05, and a Power of .80, with 6 predicting independent variables. With the parameters set, the G*Power program computed the following to conclude the best sample size for this research study:

**Table 5**

*G*Power — A Priori*

| | | | |
|---|---|---|---|
| Effect Size $f^2$ | .15 | Numerator DF | 7 |
| A err prob | .05 | Denominator df | 95 |
| Power (1-β err prob) | .80 | Total sample size | 98 |
| Number of predictors | 6 | Actual Power | .8004218 |

*Note.* Test Family: F Tests; Statistical Test: Multiple Linear Regression: Fixed model, $R^2$ dev.

McDonald (2014) explained the significance of $R^2$, a statistical measure reporting how much the independent variable can explain the dependent variable, identifying the data of a predictor close to one is a significant predictor. After the G*Power calculations were completed, it was determined that an estimated sample size of at least 98 Black male students would be appropriate for this study. The calculations further concluded that there is an 80% chance that the r-squared value will differ from zero with 98 participants in the study, thus preventing a Type II error that the predicting variables equal zero.

## Procedures

The research procedure began after receiving approval from the Institutional Review Board (IRB) at East Carolina University. Afterward, the information was provided to the IRB departments, and approval was received from each HBCU participating in the study. Next, the researcher sought approval to survey the students enrolled in the General Psychology classes. The researcher emailed the Psychology Department Chairs and Faculty Professors with potential dates and times and an overview of the study (Appendix). Later, two more historically Black

Universities were added to pull a larger sample: Winston-Salem State and Fayetteville State. Fayetteville State University's IRB committee later declined participation unless a full IRB submission was completed. Due to time constraints, the university was not added to the sampling process. In the Fall semester, the researcher sampled the students enrolled in the class. In the Spring semester, the research utilized campus locations frequently visited by students, including the campus dining hall, student unions, and a residence hall entrance.

The researcher typed an overview of the study, consent form, demographic page, and the three questionnaires (Attitudes Toward Seeking Professional Help-Short Form, Distress Disclosure Index, and Multidimensional Scale of Perceived Social Support) into REDCap. After the content was entered, IRB approval was granted, and each university's IRB acknowledged the study, then the data collection process began.

**Data Collection**

1. The researcher traveled to each university during the Fall and Spring semesters of the academic school year to collect data. The purpose was to explain the study and answer students' questions about the research and survey packet.
    a. The researcher read a brief explanation of the study and asked the willing students to sign the electronic consent in REDCap.
    b. Students were informed of their rights, confidentiality, and decision to participate or discontinue while completing the surveys. They were also informed of risks, including feelings of uneasiness. Resources were provided on the explanation page.

c. Students were informed about a randomized contest drawing for two $50 gift cards (at each school) for fully completing the surveys in REDCap. This is optional, and the drawing will be shown on the last electronic page in REDCap.

2. As previously discussed, REDCap disseminated the link, provided the survey packet for each participant to complete, and secured their data for the next five years.
3. Because the maximum number of completed surveys was less than 98 Black male participants, the researcher added two HBCUs and returned to the previous universities sampled, Elizabeth City State and North Carolina Central University, to randomly select participants. Only one of the two new campuses acknowledged the IRB approval from ECU. The other university, Fayetteville State, was excluded from the sampling process and would not honor the ECU IRB's approval. Campus support was contacted for the remaining three universities, which provided a location for the researcher to collect data. Again, these locations were highly populated, including the Student Unions, Dining Halls, and a freshman residence hall. As advised, the researcher returned to each campus on Mondays between 11:00 am- 3:00 pm (once at each university). All students enrolled were eligible to complete the electronic surveys and to enter the raffle drawing. A participant flyer, which
4. After visiting each university, a timeline of one week was provided for participants to submit their completed surveys at each location. Once at least 98 survey packets were completed by Black males, the following procedure occurred:
    **a.** All data was transferred from REDCap to SPSS software, version 28.0.1.1, to complete the statistical analysis, a multiple linear regression, for this study.

**b.** Contact numbers were entered into the electronic software Hat 3.1 to randomly select a gift certificate winner. Contact numbers are used instead of names to maintain anonymity.

**c.** Winners will be contacted about their win using the numbers provided to add to the electronic software for randomly selected contact numbers.

## Instrumentation

Each participant was asked to complete an electronic survey packet in REDCap that consisted of a brief overview of the study, consent to participate, a demographic questionnaire, Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF), the Distress Disclosure Index (DDI), and the Multidimensional Scale of Perceived Social Support (MSPSS), and lastly a brief thank you for the participants' time and completion of the survey for the study. Each survey for this study is carefully typed into REDCap to prevent a random error in the outcomes due to incorrect information added to the software. Each instrument used for this research study is discussed in more detail.

### Demographic Questionnaire

*The Demographic Questionnaire* (see Appendix B) was the first survey shown in the REDCap questionnaire packet for the participants to complete. The demographic questionnaire collected information from each student that included the participant's age, race (Black/Black, White, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander), If the participant identifies as African-American or Black, cultural ethnicity: Black, African, Afro-Caribbean, Afro-Latino, Afro-Asian), are you biracial (yes or no), major, classification, home residency (rural or metropolitan), spiritual affiliation (yes or no, name if yes), past therapy (yes or no, If yes, was therapy mandated, yes or no, number or sessions?),

knowledge of others engaged in therapy (social support) – circle one or more that apply (family member in therapy, a friend in therapy, significant other in therapy), would you share feelings of distress with someone (yes or no), would you engage in professional psychological services if in distress (yes or no) and are you familiar with professional psychological resources (yes or no).

**Attitudes toward Seeking Professional Psychological Help Scale – Short Form**

*The Attitudes Toward Seeking Professional Psychological Help Scale – Short Form* (ATSPPHS-SF) is a self-report survey that will be used to assess attitudes toward professional psychological help. This shortened scale was derived from the Attitudes Toward Seeking Professional Psychological Help Scale, developed in 1970 by Edward Fischer and John Turner (Elhai, Schweinle, & Anderson, 2008). The initial scale consisted of 29 items, with multidimensional factors to assess the participant's need for professional psychological services, confidence in the mental health profession, interpersonally openness, and social stigma (Fischer & Farina, 1995). The ATSPPHS-SF was shortened by one of the original authors, Edward Fisher and Amerigo Farina, to create a unifactorial scale to assess attitudes related to treatment, which combines the recognition of the need for services and confidence in treatment services (Elhai et al., 2008). Although the form is specifically focused on being a unifactorial survey, which means it will measure attitudes toward seeking professional psychological help, it has two dimensions: openness and emotional challenges (Fischer & Farina, 1995).

The ATPPSH-SF is a 10-question instrument with a four-point Likert scale ranging from 0 to 3 (0= Disagree, 1= Partly disagree, 2= Partly agree, 3= Agree), which totals from 0-30 after the instrument is complete, and the higher number reflects positive attitudes toward professional psychological help (Fischer & Farina, 1995; Wallace & Constantine, 2005; Elhai et al., 2008). The ATPPSH-SF has five questions that require reverse scoring (items 2,4,8,9,10), which focus

on help-seeking, and the remaining questions focus on the emotional aspect of the participant (Fischer & Farina, 1995). Elhai et al. (2008) explained that the new survey was updated from the original version using modern language and understanding.

The ATSPPH-SF has been used in previous research studies, proving strong reliability and validity (Elhai et al., 2008). The initial study of the ATSPPH-SF was conducted with college students and showed an internal consistency of $\alpha = 0.84$ (Fisher & Farina, 1995; Wallace & Constantine, 2005; Elhai et al., 2008). Elhai et al. (2008) identify these results as favorable, indicating good internal consistency with the ATSPPH-SF. The test-retest reliability is 0.80, and the construct validity is 0.87. These values tend to hold firm with college students who were typically used to test the psychometrics of the ATSPPH-SF. Several studies have used the ATSPPH original scale with Black college students and shown strong internal reliability (Gilbert & Romero, 2005). When data is analyzed, the researcher will calculate the reliability of ATSPPH-SF with Black male college students.

**Distress Disclosure Index**

*Distress Disclosure Index (DDI)* is a 12-item self-report instrument created by Jeffrey Kahn and Robert Hessling in 2001. The DDI is a measure created to understand "one's tendency to disclose (versus conceal) personally distressing information across time and situations" (Kahn & Hessling, 2001; Kahn, Hucke, Bradley, Glinski, & Malak, 2012, pg 134). The DDI was developed to focus on sharing distressing concerns and examining one's self-concealment of distress instead of disclosing casual information as in previous scales (Kahn et al., 2012). The DDI is created as a unidimensional scale instead of separating self-disclosing and concealment (Kahn et al., 2001).

The DDI initially began with 90 items but eventually scaled to 45 valid items, reduced to 32, and finally, 12 unidimensional items. The DDI 12 questions are responded to with a Likert scale ranging from 1 to 5 (1=Strongly disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strong Agree), with a total range from 12-60 points. The scores of the 12 items reflect personal challenges, negative thoughts, and feelings (Kahn et al., 2012). The DDI has reverse scoring for items 2,4,5,8, 9, and 10. Although this scale is unidimensional, the reversed items reflect self-concealment. The lower the score, the tendency to disclose less to others, and the higher the score, the tendency to disclose more (Kahn, Hucke, Bradley, Glinski, & Malak, 2012).

In the initial studies of the DDI, 12-item scores reported internal consistency of .93 and internal validity of .80 when college students were sampled (Kahn et al., 2001; Kahn et al., 2012). The initial study only sampled 3% of Black college students (Kahn et al., 2001). Since the initial study, the authors have updated the validity analysis, studying the convergent and discriminatory validity of the DDI scores (Kahn et al., 2012). The construct validity scores were positively correlated to similar scales, at r= .71, and negatively correlated to constructs testing emotional restriction or suppression, overall showing reasonable validity (Kahn et al., 2012). The DDI continued to demonstrate an excellent Cronbach alpha; however, research with primarily Black male college students is unclear and needs more support. When data is analyzed, the researcher will calculate the reliability of DDI among Black male college students.

**Multidimensional Scale of Perceived Social Support**

*The Multidimensional Scale of Perceived Social Support (MSPSS)* is a self-reported questionnaire developed by Gregory Zimet, Nancy Dahlem, Sara Zimet, and Gordon Farley. The MSPSS was created to subjectively measure one's perception of emotional and social support from family, friends, and significant others (Zimet, Dahlem, Zimet, & Farley, 1988; Zimet,

1998). Previous scales identified social support measurements as objective and more complex than the MSPSS (Zimet, 1998). Zimet (1998) further explained that family, friends, and significant others are critical dimensions when addressing one's social life should be measured.

The MSPSS Is a 12-item questionnaire with a 7-point Likert scale, ranging from 1-7 (1= Very Strongly Disagree, 2= Strongly Disagree, 3=Mildly Agree, 4=Neutral, 5=Mildly Agree, 6=Strongly Agree, 7=Very Strongly Agree), which the total is the sum across all 12 items, then divided by 12, with the higher the score, the higher the social support (Zimet et al., 1988; Zimet, 1998; Bronder, Speight, Witherspoon, & Thomas, 2013). For the present study, the significant other may include an intimate partner or close confidante. Questions 3, 4, 8, and 11 are the items on the family subscale; questions 6, 7, 9, and 12 are the items on the friend's subscale; and questions 1, 2, 5, and 10 are the items on the significant other subscales. There is no reverse scoring for this instrument. To retrieve the total subscales, add across each subscale, then divide by 4 (Zimet, 1998). Zimet (1998) explained that the items are simplistic and elementary in understanding, allowing participants to respond without challenges.

The MSPSS is a reliable and valid scale to assess perceived social support. Overall, the MSPSS is reliable, with the initial test-retest reliability for the full scale being .85, and the subscale for family, friends, and significant other was .85, .75, .72, respectively (Zimet et al., 1988; Zimet, 1998). No specific group, such as race, gender, or college students, is classified as the norm for using the MSPSS; however, many studies have used the questionnaire with diverse populations, including culturally and gender diverse (Zimet et al., 1988; Zimet, 1998). Most recently, the MSPSS has been used with Black and African American samples, ranging from adolescents to college students. One study with most Black students assessed the internal reliability and calculated the Cronbach α at .93 for the 12 items total (Canty-Mitchell & Zimet,

2000). The internal consistency for the subscales was .91(family) .89 (friends).91 (Significant other), and .85 for the friend subscale among Black males (Canty-Mitchell et al., 2000).

## Statistical Analysis

The information collected and stored in REDCap was transferred to the SPSS version 28.0 (SPSS: An IBM Company, 2022) to examine the research data. The study focused on understanding how several independent variables, including distress disclosure, perceived social support, distress disclosure, family support, friend support, and significant other support, predict the dependent variable, Black males' attitudes toward seeking professional psychological help. A simultaneous or standard multiple linear regression was used to analyze the data collected and understand this phenomenon further. Multiple linear regression is a statistical technique to predict or understand the relationship between independent and dependent variables (Cohen, 1988; Pallant, 2020). Pallant (2020) further explains that standard regression computations are often the preferred method to determine variable predictions on a dependent variable: the $\mathcal{Y}$= dependent variable, $X$= explanatory variables (McDonald, 2014; Pallant, 2020). The multiple regression will address two research models: Model Interaction and Model Social Support. The first regression model, the Interaction Model, is shown below:

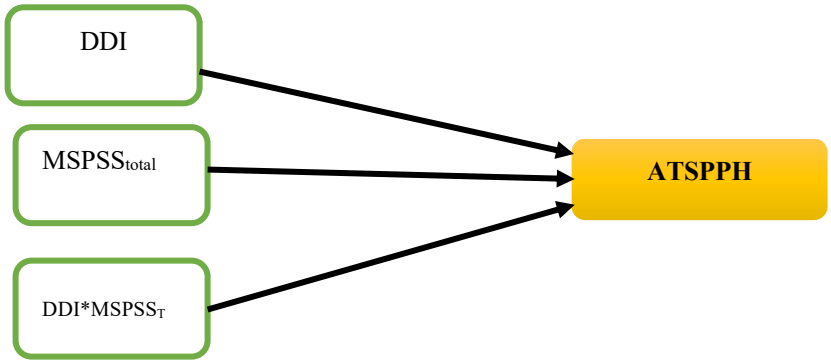
$$\mathcal{Y} = \alpha + \beta_1 \times \mathbf{DDI} + \beta_2 \times \mathbf{MSPSS_{total}} + \beta_3 \times \mathbf{DDI} \times \mathbf{MSPSS_{total}}$$

This equation is used to understand if there is a linear relationship between the У variable (ATSPPH) and X variables (DDI, $MSPSS_{Total}$, $DDI*MSPSS_{Total}$), with an assumption that there is a relationship between the $\mathcal{Y}$ and $X$ variables to show the strength of the relationship. The variables are entered into the equation to verify if each has a prediction power. The Interaction Model (Figure 2) shows distress-disclosure and perceived social support (total), and the social

support mediating distress -disclosure (interaction) as predictors of Black males' attitudes toward psychological help.

**Figure 2**

*Conceptual Model – The Interaction Model*




*Note.* Multiple Linear Regression – $X$ variables and $\mathcal{Y}$ variable.

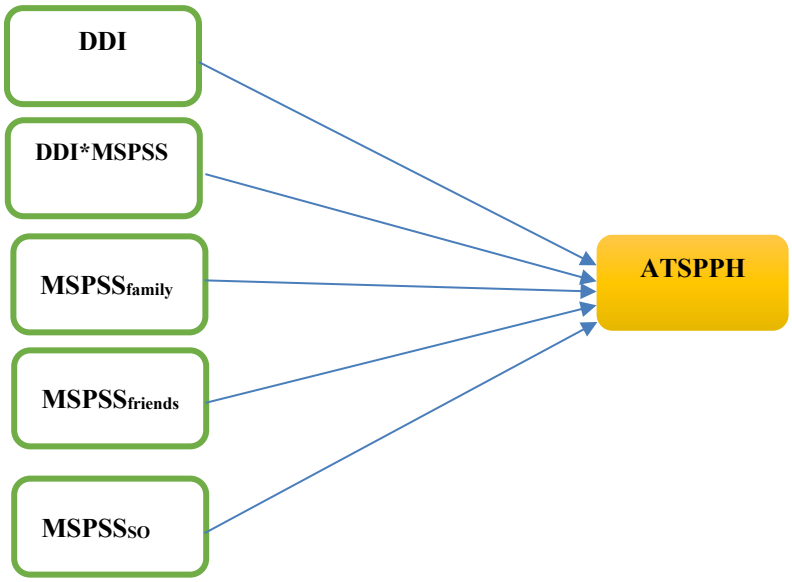
The second model, Social Support, the equation is shown below:

$$\mathcal{Y} = \alpha + \beta_1 \times \mathbf{DDI} + \beta_3 \times \mathbf{DDI} \times \mathbf{MSPSS}_{total} + \beta_4 \times \mathbf{MSPSS}_{family} + \beta_5 \times \mathbf{MSPSS}_{friends} + \beta_6 \times \mathbf{MSPSS}_{sig\_O}$$

Again, the variables are entered into the equation to determine if the variables of $X$ (DDI, DDI * MSPSS$_{total}$, MSPSS$_{family}$, MSPSS$_{friends}$, and MSPSS$_{sig_O}$) will predict the criterion variable of $\mathcal{Y}$ (ATSPPH), The Social Support Models shown in Figure 3 shows distress-disclosure and perceived social support (family, friends, and significant other) as predictors of Black males' attitudes toward psychological help.

**Figure 3**

*Conceptual Model – The Social Support Model*




*Note.* Multiple Linear Regression – $X$ variables and $\mathcal{Y}$ variable.

The study's SPSS analyses will provide descriptive statistics for the demographic information collected from the sample surveyed; however, the simultaneous multiple regression analysis was used to evaluate the variables as potential predictors, including distress disclosure and perceived social support (family, friends, significant other).

## Limitations

There are some identifiable limitations related to the study. The following are just a few probable limitations that should be mentioned:

1. As previously stated, the non-experimental, cross-sectional research design is not a true experimental design. Cross-sectional designs cannot conclude a cause and effect based on the outcomes (Mann, 2003). The only inference made for this study is variable predictors, limiting true causation related to attitudes toward seeking professional psychological help. Also,

this design allowed the participants to complete the survey packets in their respective spaces, thus allowing students to answer by consulting with peers or not truthfully responding due to fear of judgment. Lastly, the researcher did not perform a longitudinal or comparison study. This limitation is fixable with future research using all participants or variables as predictors or other research designs.

2. The sample group represented in the study was not indicative of all Black, Indigenous, People of Color (BIPOC), and male population. Generalizability is a limitation of this research because of the two universities' locations and enculturation. Although the universities selected are public institutions open to all races, cultural backgrounds, and creeds, each is in the mid-Atlantic South, enrolling more in-state, rural students than out-of-state students due to guidelines created by their respective system offices. Also, similarities and differences related to various demographic factors must be considered regarding the participants' attitudes toward seeking professional psychological help (Cadaret & Speight, 2018). Because of this, the researcher asked about Black males' cultural backgrounds to understand Black males' socialization and supportive networks. The Demographic Questionnaire specifically asked about cultural background, age, and place of residency (see Demographic Questionnaire in the Appendix).

3. Self-reporting is a questionnaire that tends to be a limitation for several reasons. Assumptions were made that participants would comprehend each question in the surveys in REDCap. Most college students continuously develop academically and have a higher order of thinking; however, cultural language and understanding by the reader can create challenges. Language barriers or a clear comprehension based on ethnic understanding can interfere with comprehension of the survey questions (Heppner et al., 2008). Heppner et al. (2008) further explained that disabilities could be a factor in comprehending self-reported surveys. Students

who identify with a reading or comprehension disability may need clear verbal directions, possibly for each question asked on the survey. The surveys are said to be simplistic and easy to understand; however, only one instrument was previously identified to have good cultural reliability.

## Ethical Considerations

The researcher received prior approval from East Carolina University and the participating university's Institutional Review Board (IRB) to conduct research using students enrolled at the institutions. The IRB ensures that the researcher uses procedures that protect human subjects, as evidenced by the researcher's proposals to utilize best practices and procedures conducted in a study. Ethical principles are considered throughout this research study to ensure that the best practices will occur on behalf of the participants.

Ethical and core behavioral norms, including autonomy and veracity, are considered in this research. The researcher respected participants' free will and decision to participate and truthfully explained the study's purpose. Each participant read an informed consent form to read and sign that they agreed to participate in the study. This informed consent will outline the purpose of the study. Participants can cease participation in the study at any time while completing the survey packet. To ensure anonymity, data is stored in REDCap. REDCap software follows the Health Insurance Portability and Accountability Act (HIPAA) compliance, including the storage of protected health information (PHI) (Harris et al., 2009). Also, to protect the participants' privacy, only contact numbers are entered into Hat 3.1, which will be added to a secured and protected laptop.

Justice, or treating all participants equally, is another ethical consideration in this study. To treat each student enrolled in the course equally, all will be allowed to complete the electronic

survey packet and enter the gift certificate drawing for the $50 gift card. This includes all male and female students of every race and ethnicity. Also, students were asked to complete the electronic survey packet, and no specific group was placed in a non-treatment group. Lastly, all participants received information regarding professional psychological services in their respective areas (e.g., Elizabeth City State, North Carolina Central, and Winston-Salem State).

There were no foreseen ethical issues based on this study. Information for Student Counseling Services was provided, including a contact number and location. Professional psychological services were added to the informed consent. These services are available for any student participant experiencing psychological challenges (e.g., sad moods, anxiety, guilt, etc.) or interested in meeting with a professional to experience psychological services for the first time. In the case of an imminent threat during the survey administration, the researcher would have assessed the student and contacted Student Counseling Services, allowing the on-campus staff to follow their protocol to assess for threats of self-harm or threats toward others.

## Chapter Summary

This study has explored the relationship between the independent variables of self-disclosure of distress and perceived social support as predictors of the dependent variable of attitudes toward seeking professional psychological help among Black males. The methodology, the convenience sampling procedure, instrumentation reliability and validity, and correlational statistical analysis were discussed regarding the hypothesis of this study. A cross-sectional survey allowed participants to complete an electronic survey packet using HIPAA-compliant software, REDCap. Lastly, insight was provided regarding the study's limitations and ethical considerations.

# CHAPTER 4: RESULTS

The chapter begins by reviewing the sample response rate, the sample demographics, and the survey's psychometric properties. A discussion of the samples' descriptive statistics and an analysis of the data collection results addressing each research question follows the response rate and demographic discussion; specifically, this review will analyze the relationship between self-disclosure of distress, social support, and attitudes toward seeking professional help. The chapter concludes with a summary of the study's results, which are crucial for understanding the dynamics of self-disclosure, social support, and attitudes toward seeking help in the context of mental health.

## Response Rate

The sample for this study was meticulously collected, ensuring a high level of data integrity and reliability. The sample consisted of students from three Historically Black Colleges and Universities (HBCUs) in North Carolina, which included Elizabeth City State, North Carolina Central, and Winston-Salem State Universities. The sampling procedure initially involved surveying students enrolled in the General Psychology courses. However, it expanded due to low response rates, which were less than the desired response of 98 participants completing the surveys. As previously discussed, the G*Power calculation determined that an estimated sample size of at least 98 Black male students would be appropriate for this study. The calculations further indicated an 80% probability that the R-squared value would deviate from zero, with a sample size of 98 participants, thus preventing a Type II error that the predicting variables equal zero. The researcher made every effort to survey more participants in the study to ensure the best research outcomes and prevent a Type II error.

The researcher took a proactive approach and added two universities as potential locations for student surveys to ensure comprehensive data collection. Permission was granted to survey one university, Winston Salem State University. All students 18 years and older, regardless of race or gender, were approached to complete the survey. This inclusive approach ensured that the study's findings would be representative of a diverse student population among Black males. Initially, 218 students of all races, cultures, and genders consented to participate and began the surveys, but only 186 (85%) of the participants completed the survey. The researcher set parameters to prevent participants from skipping questions or jumping to the end of the packet to register for the gift card drawing. These parameters ensured the integrity and reliability of the collected data.

Of the 186 students who completed the survey, 113 (60.8%) participants identified as males, and 73 (39.2%) identified as females. Of the 113 participants, 100 (88%) identified as Black males, representing a significant portion of the sample. The researcher separated data for the participants who identified as Black males in REDCap and transferred this data to SPSS 28.0.0 for further analysis. All the selected participants identified as males at birth. Below are additional characteristics of the sample relevant to this study.

## Sample Demographics

The researcher used convenience sampling to recruit Black male students from various demographic backgrounds. The demographic characteristics data is collected to describe the participants who have completed the survey. The demographic page asked basic demographic questions but also asked about participant’s therapeutic experiences. Basic demographics included age, major, academic classification, gender at birth, gender identification, race, home residency (e.g., metropolitan or rural), spiritual affiliations, and sexual orientation. Questions

regarding therapeutic experiences included past therapy, knowledge of others in therapy, whether you would share feelings of distress with someone, whether you would engage in professional psychological services when in distress, and whether you were familiar with professional psychological resources. This research has identified a few key characteristics to discuss with percentages of the sampled survey.

**Age and Classification**

The age and classification demographic markers provide valuable insights into the study participants. Among the 100 Black males in the sample, 36% were aged 19, and 27% were 18. This distribution suggests that younger participants were more receptive to participating in the study, with over half of the sample reporting under 20. The participants who reported 20 years of age accounted for 12%, 21 years at 14%, 22 years at 4%, 23 years at 6%, and 31 years at 1%. These participants identified their classification status from freshman to graduate, with 51% identifying as students, followed by sophomores (25%), juniors (11%), seniors (12%), and graduate students (1%). This breakdown of age and classification is significant as it helps to understand the attitudes of younger Black males, which could differ from those of older males, towards seeking professional help (Hammond, 2012).

**Cultural Ethnicity**

Regarding race and cultural ethnicity, a sample of 100 identified themselves as Black males; however, 7% of the sample also listed themselves as biracial or added a cultural ethnicity other than African Americans (see Appendix C). As previously discussed, cultural ethnicity plays a significant role in attitudes and support because time spent with families and neighborhoods with similar cultural environments shapes attitudes, thoughts, and behaviors (Hood et al., 2017). In addition to African American, the cultural backgrounds were Latino, with

Dominican showing for 2%, and the remaining cultural backgrounds were listed as other Latino ethnicities.

**Home Residency**

The sample used for this study reported 70% rural home residency and 30% metropolitan. The survey did not specify which city or state, so it is unclear if the locations identified as rural and metropolitan are all in North Carolina.

**Religious Affiliation**

Religion and spiritual beliefs were listed on the demographic page. The data shows that 56% of the sampled Black males have some form of religious affiliation. Of this percentage, 41% identify as Christians, 2% as God-related, and 1% reported self-spiritual identification (see

**Past Therapy**

The data collected concluded that only 23% of the participants had previously utilized therapeutic services, while 77% stated that they had not. Among the 23% of Black males who acknowledged previous therapy, only four reported that the services were mandated, while the remaining 19% reported non-mandated therapy services. For those who sought help, the sessions ranged from 1 to 20. The number most report for the number of therapy sessions reported is two, which accounted for 5%. Participants who received five sessions represented 4% of the sample, while those with four therapy sessions comprised 2% of the sample.

**Sharing Feelings of Distress and Professional Services**

From the current sample of Black male participants, 74% stated they would share feelings of distress with someone, whereas 26% reported they would not (Table). Also, a majority of the respondents in this sample (63%) reported that they would engage in professional psychological

services. Lastly, 68% of the 100 sampled Black males stated “yes” to being aware of professional psychological services and knowing where to receive help.

### Knowledge of Others in Therapy

Of the 100 Black males sampled, 37% of the participants were aware of a family member in therapy, 22% were aware that a friend was utilizing therapy, and 3% reported a significant other engaged in therapy. The questions regarding the knowledge of others in therapy are related to the last three research questions, which focus on family, friends, and significant others.

## Survey Reliability

The survey packet consisted of a consent form, a demographic page, the Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF), the Distress Disclosure Index (DDI), and the Multidimensional Scale of Perceived Social Support (MSPSS). Each instrument was selected to provide an understanding of the research questions. The instruments required recoding or dividing the total scores to achieve accurate scoring. Further explanation is provided with each instrument. The researcher completed a reliability test for each instrument using the sample used for this study. The researcher was seeking at least an $\alpha = .70$.

### Attitudes Toward Seeking Professional Psychological Help – Short Form

The ATSPPH-SF is designed to measure attitudes toward seeking professional help. The ATSPPHS-SF was shortened to create a unifactorial scale to assess attitudes related to psychological treatment, which combines the recognition of the need for services and confidence in treatment services (Elhai et al., 2008). The shortened version is a 10-question, 4-point Likert scale focusing on openness and emotional challenges (Fischer & Farina, 1995). The total score for the shortened form ranges from zero to 30. The ATPPSH-SF was recoded to reverse the scoring of questions #2, 4, 8, 9, and 10. In previous studies, the ATPPSH-SF reported an $\alpha = .84$.

The scale was shown to be a reliable survey for Black males. One study reported a Cronbach's alpha of .83 when used with African American males (Wallace & Constantine, 2005). The Cronbach's Alpha for this research study is .77, somewhat lower than the original study, and the latter reliability test with African American males; however, it is considered acceptable with this study. The shortened form was chosen for this study because it saved time, allowing participants to answer ten questions rather than 29 items in its original version. The scale has also proven to be a reliable measure, as shown by consistent reliability scores.

**Distress Disclosure Index**

The Distress Disclosure Index (DDI) focuses on sharing distressing concerns and examining one's self-concealment of distress instead of disclosing casual information versus concealing distressing information from others (Kahn et al., 2012). The DDI 12 questions are responded to with a Likert scale ranging from 1 to 5 (1=Strongly disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strong Agree), with a total range from 12-60 points. The DDI is a 12-item scale with reverse scoring for questions 2, 4, 5, 8, 9, and 10. After re-coding these items, a reliability test was completed using the instrument and the sample—the $\alpha$=.437, showing a poor reliability score with the sampled population. After switching the recoded scores back to the original scoring output, a reliability test was conducted with the sample, yielding a Cronbach's Alpha coefficient of .84 for the DDI. This suggests high internal consistency among the index items. The findings indicate that the DDI tends to function more effectively without reversing the scores; therefore, the original scoring output was used to address the research questions.

In previous studies, Kahn et al. (2012) discussed reliability testing with nationalities other than European Americans; however, no reports were made on reversing the scores or showing reliability with African or Black American males. Also, previously reported studies identified a

small sample of Blacks/African Americans. Some studies were as small as 3%, and 4% of African Americans were sampled using the DDI, suggesting the need to include more minorities (Kahn et al., 2012). When using this instrument with Black and African American males, one may consider testing the Cronbach Alpha on the sample to determine the internal consistency of the research study.

**Multidimensional Scale of Perceived Social Support (MSPSS)**

The Multidimensional Scale of Perceived Social Support (MSPSS) is a 12-question, 7-point Likert scale that subjectively measures one's perception of emotional and social support from family, friends, and significant others (Zimet et al., 1988; Zimet, 1998). The scale ranges from 1-7 points, with 1-2 considered low support, 3-5 moderate, and 6-7 high. The total range is from 12 to 84; this instrument has no reverse scoring or recoding. The higher the score, the higher the perceived social support. This is also true for the subscales as well.

The survey's author granted the researcher verbal and written permission to use the survey. The researcher used this instrument because of its strong reliability scores. It has been used with diverse groups of students and non-students to measure one's perception of social support (Zimet, 1998). The previous Cronbach Alpha for the full scale was .85, and the subscale for family, friends, and significant other was .85, .75, and .72, respectively (Zimet et al., 1988; Zimet, 1998). The reliability testing for this research study concluded at .96 for the total scale and .95, 94, and .95 for family, friends, and significant other, showing strong reliability with the sample of Black males.

## Descriptive Statistics

This section discusses the response averages in greater detail. The descriptive statistics identify the mean, median, mode, and Standard Deviation of the total scores of the sample of 100 Black male participants.

The ATSPPH-SF scores serve as the dependent variable of this study. The scores range from 0 to 30, which explains the participant's attitudes regarding help-seeking; the higher the scores, the more favorable the attitudes. The median score for this study is 17 (out of 30 points), Mode = 20 ($M$ = 17, $SD$ = 5.69). Looking at the independent variable, the first is the DDI. The scores for the DDI range from 12 to 60, explaining that the higher the participant's scores are to 60, the more likely they are to disclose distress. For this study, the median score for the participants was 35 ($M$ = 34, $SD$ = 8.17). The last independent variable is the MSPSS, which provided four outcomes. As discussed, the outcome of scores determines one's perceptions of social support collectively and with family, friends, and a significant other. The range for scores can vary from 1 to 2.9, identified as a low perception of support, 3 to 5, a moderate perception, and 5.1 to 7, a high perception of support. Beginning with the total scale, the participants' (N = 100) median score was 4.9 ($M$ = 4.7; $SD$ = 1.5). The family subscale median and mean scores were slightly higher, with a median score 5.0 ($M$ = 4.82; $SD$ = 1.7). The median score for the friends subscale is 4.75 ($M$ =4.64; $SD$ = 1.6) and a mode score of 4.0. Lastly, the Significant Other subscale has a median range 5.0 ($M$ = 4.8; $SD$ = 1.6) and a mode score of seven.

## Statistical Analysis Results

This section included the analysis results for the research questions, with the independent variables (predictor) of distress disclosure and social support and the interaction of distress disclosure and social support on the dependent variable, attitudes toward professional

psychological help. A summary of the research questions follows the analyses. The sample size for the correlations is N = 100. Table 6 shows the correlations of each research question.

**Research Question 1**

How well does self-disclosure of distress predict Black males' attitudes toward seeking professional psychological help?

A linear regression was conducted to determine whether a relationship exists between self-disclosure (using the DDI) and attitudes toward seeking professional psychological help among Black males. The regression equation used was $\hat{Y} = \alpha + \beta DDI$. The results indicated a positive relationship, which was statistically significant, $R = .36$, $p < .0001$. The Adjusted R – Square for this regression model is .138. This suggests that disclosing feelings of distress positively influences attitudes toward seeking help. Additionally, 14% of the variation in the distress disclosure scores can explain the dependent variable of attitude toward seeking professional psychological help.

**Research Question 2**

How well does perceived social support (total) predict Black males' attitudes toward seeking professionals?

Research continued using linear regression to determine if perceived social support has a relationship with Black males' attitudes toward seeking professional psychological help, $\hat{Y} = \alpha + \beta * MSPSS_{Total.}$ We found that the MSPSS positively correlated with the correlation coefficient of .181 ($p = .035$), and based on the p-value, the correlation shows a statistical significance below .05. The Adjusted R-Square for this regression is .02, which concludes that only 2% of the variance in ATSPPH-SF can be accounted for by the $MSPSS_{total.}$

**Research Question 3**

Does perceived social support moderate the influence of self-disclosure of distress on attitudes toward seeking professional psychological help?

To understand if perceived social support moderates or mediates the influence of self-disclosure of distress, $\hat{Y} = \alpha + \beta_{DDI} * \beta_{MSPSStotal}$. The results indicated a moderately positive correlation between variables, suggesting that regression was completed to identify the significance. It was determined that with this study, there is a moderately positive correlation, $r=.318$ ($p < .0006$). The regression model's Adjusted R-squared value was .09, indicating that only 9% of the variance in the attitudes toward seeking professional psychological help can be accounted for by the interaction of distress disclosure and perceived social support.

**Research Question 4**

How well does perceived social support of family predict Black males' attitudes toward seeking professional psychological help?

The use of linear regression analysis in this study revealed the predictor power of perceived social support by family on the dependent variable of Black males' attitudes toward seeking professional psychological help: $\hat{Y} = \alpha + \beta * MSPSSfamily$. The analysis unveiled a positive relationship between the variables, with a Pearson correlation coefficient (R) of .186, which, although not statistically significant ($p = .063$), provides valuable insights. While suggesting a limited predictive power toward Black males' attitudes (between .05 and .1), the weak correlation underscores the need for further investigation, specifically if we look below a p-value of .05. The regression model's Adjusted R-squared value was .03, indicating that only 3% of the variance in attitudes could be explained by the social support variable – family.

**Research Questions 5**

How well does perceived social support of a friend predict Black males' attitudes toward seeking professional psychological help?

This research question also employs linear regression to determine if there is a relationship between the perceived social support by a friend and attitudes toward seeking professional psychological help, $\hat{Y} = \alpha + \beta * MSPSSfriends$. While not statistically significant, the results of this research question show a positive relationship at $R = .172$ ($p = .087$). However, data shows that the perceived social support of friends does not significantly predict the attitudes of seeking professional psychological help among Black males. An Adjusted R-squared value of .020 indicates that the model explains only a small proportion of the variance, consistent with the variability accounted for by the perceived social support of the family. Despite the limited explanatory power, a positive relationship underscores the need for urgent and further investigation.

**Research Question 6**

How well does the perceived social support of one's significant other predict Black attitudes toward seeking professional psychological help?

The last research question used linear regression to analyze the data to determine a predictive factor of perceived social support and attitudes toward seeking professional psychological help, $Y = \alpha + \beta_6 * MSPSS_{sig\_O}$. The data analysis revealed a positive relationship between the two variables, as indicated by the regression coefficient of .144 ($p < .154$); however, the relationship between the variables did not reach statistical significance. The R-squared value for this regression was .02%, lower than the previous variables of family and friends. Despite the low variance explained by the predictor variable of social support of a significant other, it is

crucial to remain mindful of potential confounding factors that may influence the outcome of the analysis.

**Table 6**

*Correlation Table*

| | | R Correlation | R Square (Regression) | Adjusted R Square (Regression) | SEE | F | Significance |
|---|---|---|---|---|---|---|---|
| **Q_1** | DDI | .382 | .146 | .138 | 5.29059 | 16.789 | 0.000 |
| **Q_2** | $MSPSS_{Total}$ | .181 | .033 | .023 | 5.63120 | 3.323 | 0.071 |
| **Q_3** | $DDI*MSPSS_{Total}$ | .318 | .101 | .092 | 5.42832 | 11.039 | 0.001 |
| **Q_4** | $MSPSS_{Family}$ | .186 | .035 | .025 | 5.62544 | 3.531 | 0.063 |
| **Q_5** | $MSPSS_{Friends}$ | .172 | .030 | .020 | 5.64071 | 2.982 | 0.087 |
| **Q_6** | $MSPSS_{SO}$ | .144 | .021 | .011 | 5.66662 | 2.060 | 0.154 |

**Total Interaction Regression Model**

The total interaction regression model (Table 7) examined the interaction and social support models to predict the dependent variable (ATSPPH-SF). The interaction model included the Distress Disclosure (no recode), Multidimensional Scale of Perceived Social Support Total ($MSPSS_{Total}$), and the interaction variable ($DDI*MSPSS_{Total}$) to assess a potential positive relationship and statistically significant predictor of attitudes toward seeking professional psychological help.

The Interaction Model explained 15.6% of the variance in ATSPPH (R-squared =0.156). The adjusted R-squared value of 0.13 indicates a slight adjustment in model complexity, meaning that the predictors explain 13% of the variance in Attitudes Toward Seeking Professional Psychological Help when accounting for the number of predictors.

**Table 7**

*Total Interaction Regression Model*

| Model | R | R Square | Adjusted R Squared | Std. Error of the Estimate | R Square Change | F Change | df1 | df2 | Significance |
|---|---|---|---|---|---|---|---|---|---|
| 1 | .395 | .156 | .130 | 5.31400 | .156 | 5.927 | 3 | 96 | < .001 |

*Note*. Predictors (Constant), $MSPSS_{Total,}$ DDI, Interaction-DDI*$MSPSS_{Total.}$

The ANOVA table (Table 8) shows that the regression model is significant (F (3, 96) = 7.747, p < 0.001), indicating that the predictors together explain a significant amount of variance in attitudes toward seeking professional psychological help.

**Table 8**

*ANOVA – Model 1*

| Model 1 | Sum of Squares | df | Mean Square | F | Significance |
|---|---|---|---|---|---|
| Regression | 502.099 | 3 | 167.366 | 5.927 | < .001[b] |
| Residual | 2710.901 | 96 | 28.239 | | |
| Total | 3213.000 | 99 | | | |

*Note.* Dependent Variable: ATSPPH.

Predictors: (Constant), MSPSSTotal, DDI, Interaction-DDI*MSPSSTotal

The Regression Coefficient table highlights no statistically significant relationships for the Interaction Model. First, the distress disclosure shows no statistically significant relationships with the ATSPPH (B = 0.338, p< .0.061) if we look at a p-value between .05 and 01. However, if we look below the .1 p-value, distress disclosure is significant at .061. This indicates that with this model, the increase in distress disclosure is associated with increased attitudes toward seeking professional psychological help. Also, with this model, the distress disclosure mediating $Perceived\ Social\ Support_{Total}$ concluded a non-significant negative relationship with ATSPPH (B = -0.018, p = 0.597). Lastly, the $Perceived\ Social\ Support_{total}$ shows no statistically significant

relationship with ATSPPH (B = 0.079, p= 0.437), indicating that the interaction between DDI and $MSPSS_{total}$ significantly predicts ATSPPH.

**Table 9**

*Regression Coefficients – Model 1*

| Model 1 | Unstandardized B | Std. Error | Standardized Coefficients Beta | t | Significance |
|---|---|---|---|---|---|
| Constant | 4.143 | 5.961 | | .695 | .489 |
| DDI | .338 | .178 | .485 | 1.897 | .061 |
| $MSPSS_{Total}$ | .078 | .100 | .257 | .780 | .437 |
| Interaction: DDI* $MSPSS_{Total}$ | -.018 | .034 | -.238 | -.531 | .597 |

*Note.* Dependent Variable: ATSPPH.

**Total Social Support Model**

The multiple regression analysis (Table 10) used the Multidimensional Scale of Perceived Social Support subscales: family, friends, and significant others as the predictor variables. The social support regression model explains 16,2% of the variance in ATSPPH (R-squared = 0.162). The adjusted R-squared value of 0.117 indicates that after adjusting the model complexity, the predictors account for 11.7% of the variance in ATSPPH.

**Table 10**

*Multiple Regression Analysis*

| Model | R | R Square | Adjusted R Squared | Std. Error of the Estimate | R Square Change | F Change | df1 | df2 | Significance |
|---|---|---|---|---|---|---|---|---|---|
| 1 | .402 | .162 | .117 | 5.35301 | .162 | 3.626 | 5 | 94 | < .005 |

*Note.* Predictors (Constant), DDI, Interaction-DDI*$MSPSS_{Total}$, $MSPSS_{Family}$, $MSPSS_{Friends}$, $MSPSS_{Significant\_Other}$.

Dependent Variable: ATSPPH.

The ANOVA results (Table 11) indicate that the overall regression model is significant ($F(5, 94) = 3.626$, $p < 0.01$). This means that the predictors collectively explain a significant proportion of the variance in ATSPPH.

**Table 11**

*ANOVA – Model 2*

| Model 2 | Sum of Squares | df | Mean Square | F | Significance |
|---|---|---|---|---|---|
| Regression | 519.455 | 5 | 103.891 | 3.626 | < .005[b] |
| Residual | 2693.545 | 94 | 28.655 | | |
| Total | 3213.000 | 99 | | | |

*Note.* Dependent Variable: ATSPPH.

Predictors: (Constant): DDI, Interaction-DDI*$MSPSS_{Total,}$ $MSPSS_{Family}$, $MSPSS_{Friends}$, $MSPSS_{Significant\_Other.}$

The coefficients for the Social Support model are listed below in Table 12:

**Table 12**

*Regression Coefficients – Model 2*

| Model 2 | Unstandardized B | Coefficients Std. Error | Standardized Coefficients Beta | t | Significance |
|---|---|---|---|---|---|
| Constant | 3.804 | 6.046 | | .629 | .531 |
| DDI | .350 | .181 | .503 | 1.939 | .056 |
| Interaction: DDI* $MSPSS_{Total}$ | -.018 | .034 | -.238 | -.531 | .597 |
| $MSPSS_{Family}$ | .183 | .168 | .228 | 1.087 | .280 |
| $MSPSS_{Friends}$ | .060 | .191 | .068 | .312 | .755 |
| $MSPSS_{SO}$ | .006 | .175 | .008 | .037 | .971 |

*Note.* Dependent Variable: ATSPPH.

In this model, the DDI shows a borderline significant positive relationship with ATSPPH ($B = 0.350$, $p = 0.056$), indicating a potential trend where higher DDI is associated with higher ATSPPH. Lastly, the MSPPSFamily, MSPPSFriends, and MSPPSSO were not significant predictors of ATSPPH when analyzed with this model.

## Chapter Summary

A sample of 100 Black male students enrolled at three Historically Black Universities participated in this study. Each participant completed consent to participate form, demographic page, Attitudes Toward Seeking Professional Psychological Help – Short Form, Distress Disclosure Index (Self-Disclosure), and the Multidimensional Scale of Perceived Social Support. The participants were randomly selected students of all races, ethnicities, and genders; however, all 100 participants sampled for this study identified as Black males over 18 years old.

This chapter provided detailed demographics, descriptive statistics regarding the participants' responses, and analyses of each research question. The results suggest that self-disclosure of distress and perceived social support do not directly predict attitudes toward seeking professional psychological help among Black males. However, the analyses revealed a positive relationship between the dependent and independent variables. To better understand attitudes and utilization of professional psychological help among Black males.

# CHAPTER 5: DISCUSSION

## Introduction to the Chapter

In this pivotal chapter, we delve into the interplay of cultural norms and gender expectations that influence Black males' attitudes toward seeking professional psychological help. The researcher thoroughly examined the study's purpose, methodologies, and core findings. Additionally, the researcher provided a comprehensive review of the variables, samples, and data collection procedures, along with a nuanced exploration of participant demographics and research analyses. Also, the researcher further provided a thorough discourse on the potential shifts in mental health paradigms by assessing the limitations and broader implications of the research. Importantly, this chapter outlines actionable insights for mental health professionals and educators, setting the stage for future scholarly inquiries into this complex and underexplored study area.

## Overview of the Purpose

The study embarked on an exploration of the psychological landscape affecting Black males, a group historically underrepresented in mental health research. Initiated by findings from the Office of Minority Health (2023), which highlighted the high rates of psychological distress among Black males, this research aimed to delve deeper into the underlying factors contributing to their reluctance to seek professional help. In previous studies, the attitudes toward help-seeking psychological help have been less favorable. Black males experience significant distress and are the least likely demographic group, compared to White males and Black women, to pursue psychological services because of their attitude toward help-seeking (Office of Minority Health, 2023). The lack of mental health utilization by Black males is an alarming trend that underscores the urgency of this study.

The researcher strategically focused on two fundamental variables: willingness to self-disclose distress and the perception of social support, viewed through the lens of gender and cultural norms of Black males. These variables were chosen to uncover the complex interplay between societal obliviousness of Black males' health and health-seeking behaviors. By employing a robust methodological framework of distress disclosure, including linear regression and complex correlational analyses, the study sought to illuminate the nuances of how these factors influence attitudes toward professional psychological help among Black males. This inquiry provides a multicultural perspective that enriches our understanding of Black males' mental health help-seeking, leading to the dismantling of mental health care barriers, and may catalyze a shift in community support structures and professional practices.

The Self-Disclosure Theory, a theoretical framework that focuses on the willingness to share one's thoughts and feelings with others openly, was chosen to understand this study. Rime (2016) explained that self-disclosure ranges from superficial to more personal information about oneself. The theory further explained the breadth and depths of self-disclosing, which included an individual gaining more self-knowledge and relationship-building. Also, the Self-Disclosure Theory provides a framework for one's connection to others and how this connection, including the perception of support, is an important factor in how much we share about ourselves. The self-disclosure theory helped the researcher understand Black males' relationship development, self-disclosure patterns, openness to sharing feelings, and how sharing those feelings shapes their attitudes toward seeking professional psychological help. However, there is a significant lack of updated research on Black males and self-disclosure. This underscores the urgent need for more research on Black males' self-disclosure and mental health support. Clinical providers can use this research better to support this population.

## Methodology

The data for this study was collected using a convenience sampling method. Although convenient, the sampling method can be problematic for bias selection and generalization (Etikan et al., 2016). However, the researcher used this process to select participants for this study who were enrolled at three Historically Black Universities (HBCUs). Students were asked to meet the criteria of 18 years and older. All students, including female and non-Black/African American students, were encouraged to participate. Students were guaranteed to enter a gift card drawing if they completed the entire survey packet and shared their contact number at the end of the survey. Initially, students in general psychology courses were asked to participate in a study; however, other locations were added due to the low response rate or incomplete surveys. The researcher traveled to each university, twice at Elizabeth City State and North Carolina Central University and once at Winston Salem State University.

The researcher surveyed students in General Psychology classes at Elizabeth City State and North Carolina Central universities. During the visit to North Carolina Central University, the online infrastructure was offline due to a cyberattack, and many students did not have the Wi-Fi support needed to complete the survey electronically. The researcher provided flyers for students to take home and complete with a QR code, but many did not participate due to ongoing system issues. The visit to Elizabeth City State University also presented challenges. In the General Psychology course, several students identified as early college students, which meant they were under 18 and could not participate in the study. These identified situations played a role in the small number of completed surveys in the first round of the selection process.

The second attempt to survey the participants occurred in the Spring semester of 2024. The researcher added Winston-Salem and Fayetteville State universities to the research selection

pool, hoping the latter would produce more non-traditional military students due to its location. An addendum was submitted and approved by East Carolina University's Institutional Review Board (Appendix). Unfortunately, Fayetteville State University requested that the researcher complete a Fayetteville State University Institutional Review Board application. Due to time constraints, Fayetteville State University was excluded from the study.

The researcher traveled to three universities over three weeks, connecting with campus support for the research study. The researcher set up a display table at each location, approached students in the common areas, including the student union, cafeteria, and residence halls, and asked students to participate. The researcher verbally explained the study's purpose and consent. Most students discussed their opinions about the topic, which we will discuss later in this chapter. Some students stopped by the table to read the flyers that displayed a QR Code with the survey. The QR code landing page began with the purpose of the study and a signature line to consent to participate. A signature was required if the student agreed to move forward, leading the participant to the surveys. The survey included a demographic form, the ATSPPH-SF, DDI, and MSPSS. After each campus visit, a flyer was left behind in the common areas, resulting in ten extra complete surveys.

Over the five visits to each campus and emails sent to students enrolled in the General Psychology course, 218 participants began the survey. However, only 186 completed the study and entered the gift drawing. After one hundred participants met the criteria for this study: Black or African American males, 18 years and older, the researcher concluded the recruitment process. The researcher separated the data based on race, ethnicity, and gender and uploaded the data identified as Black males (N=100) to SPSS 28. After the data was uploaded to SPSS, the

raw numerical data was cleaned to begin the statistical analysis. The statistical analysis began with identifying the demographic frequency of the data.

## Demographics

Demographic information was collected through a demographic form stored in the REDCap electronic system. The demographic page asked 15 questions about the participants' backgrounds, including age, classification, past counseling, and knowledge of others in counseling, to name a few. Although the questions were not used as variables for this study, they provided insight into the participants' similarities and differences. Among the Black males, we learned that most were 19 years old (n =36) and classified as Freshmen (n = 51). Also, most participants identified as African Americans (n = 93), and a small percentage identified as Hispanic or Black/Hispanic (n =7). The participants identified predominately rural residency (n = 70) and Spiritual Affiliations (n = 55; 53% Christian). Lastly, a few participants engaged in past therapy (n = 23) or were aware of others in therapy (n = 37). The sample was skewed toward African American males between the ages of 18 and 19, first-year students, who had a significant role in the outcome of this study.

The demographic factors were important to ask to gain an understanding of the cultural and gender nuances responsible for shaping the attitudes toward seeking counseling among Black males. Many Black/African American males are receptive to the cultural and gender norms they live each day. The researcher concluded that the participants in this study were younger college students who over half identified with some spiritual affiliations, and some reported prior engagement with counseling services. These factors alone can have an impact on the attitudes of seeking support.

In this study, the researcher learned that each school provided counseling support and attempted to normalize the mental health concept in the Black community. This is especially true for first-year students inundated with promotional information about mental health, wellness, and support at each school. These younger participants responded with more favorable attitudes toward seeking professional psychological help. Some studies support the idea that younger Black males tend to be more open about their distress. Ward et al. (2013) provided insights into this phenomenon, reporting in their study that younger African American males exhibit greater openness to sharing psychological distress compared to their older counterparts. Although this is not a comparison study, the researcher highlighted that the participants were younger and African American. It is still being determined what drives this phenomenon, but learning about these services and having free access to providers on campus is a possible explanation.

One university participating in the study reported weekly mental health talks and resources for students to engage in, including inclusive spaces for their male students. Another university displayed posters with contact information for campus counseling support in residence halls, using culturally specific language and excluding the clinical words of depression, anxiety, and mental illness. Another demographic to discuss is the participants' past engagement in counseling. In this research study, 23% reported previous treatment, with 4% being mandated.

A recent study reported that Black women with prior treatment engagement reported more favorable help-seeking attitudes and willingness to disclose their challenges. Nelson et al. (2021) report that Black women shared more favorable attitudes toward seeking psychological support based on their past experiences of culturally sensitive psychological treatment. Past engagement is a factor; however, feeling heard and understood determines positive attitudes toward seeking help (Nelson et al., 2021). This same study goes on to reveal interesting

outcomes related to self-disclosure. Nelson et al. (2021) reported a negative correlation between depression symptoms, psychological openness (disclosure), and propensity to seek help. Like the previous study, this research was conducted to develop more updated research on self-disclosure and help-seeking attitudes among Black males.

Lastly, spirituality is another construct of cultural norms among Black males to discuss. In this study, more than half of the Black males surveyed reported spirituality as a part of their lives (n = 55%). As previously reported, spirituality is important in the Black community (Boutte & Hill, 2006). Chatters et al. (2015) reported that religious practices and leaders are an important aspect of the lives of Black Americans. The study further reports that religious practices, including service engagement, were positively correlated with less mental distress. The cultural aspect of spirituality has positively influenced mental health in the Black community, but only when it is identified as a positive form of support (Chatters et al., 2015). More than half of the participants identified as spiritual, so including spirituality in future research is important.

## Descriptive Statistics

The researcher used the Attitudes Toward Seeking Professional Psychological Help (ATSPPH-SF), an instrument designed to assess attitudes toward seeking professional psychological help by answering questions on a Likert scale from 1 to 3 (Picco et al., 2016). The dependent variable was derived by computing the Attitudes Toward Seeking Professional Psychological Help (ATSPPH-SF) responses. Scores are reversed (recoded) for items 2, 4, 8, 9, and 10, with total individual scores ranging from 0 to 30. High scores indicate positive attitudes toward seeking professional psychological help. The total score was used as a dependent variable.

The research sample comprised 100 Black males, with a mean score of 17.1 (SD =5.696) on the Attitudes Toward Seeking Professional Psychological Help – Short Form (ATSPPH-SF). The median score of n = 17 indicated that half of the participants scored at or above this value. The mean score suggests a positive trend, indicating increasingly favorable attitudes among Black males toward seeking professional psychological help, particularly within this demographic group. Similar studies have shown acceptable reliability with culturally diverse populations. Rayan, Baker, and Fawaz (2020) studied 519 students attending eight Jordanian universities and reported a Mean = 15.7, SD = 4 on the ATSPPH-SF. The reliability for the study was .72, which is close to the current study of α = .77.

Using the ATSPPH-SF with diverse populations is important to continue examining the scale's reliability and mean response. The independent variables or predictor scores were obtained by computing the Distress Disclosure Index (DDI) and the Multidimensional Scale of Perceived Social Support (MSPSS) total score, family sub score, friends sub score, and significant other subscore. Beginning with the DDI, the mean total score is *M* = 34.09 (N = 100; *SD* = 8.17), with the total scores ranging from 12-58. Initially, the researcher reversed the scores, but the reliability with the sample was .432. Scores were reversed to the original scoring output, and a reliability test with the sample received a Cronbach's Alpha of .84 (M = 34.09; SD = 8.17).

The DDI works better as a unilateral measure, focusing on sharing rather than concealing information with this sampled population. The DDI was originally validated with college students, mainly those of European descent. The scale items may not validly capture the construct meaning of distress disclosure related to Black males. The original study reported that 4% of African Americans participated (Kahn et al., 2012). One research study sampled Chinese women reported a similar mean score to the current study (M = 34.30; SD = 13.18) and α = 86

after using a revised version of the DDI (Gao et al., 2022). The mean and reliability scores were calculated after revisions to the survey were made, but the authors did not discuss the types of changes made to the DDI. However, the authors concluded that distress disclosure significantly predicted the dependent variable, quality of life (Gao et al., 2022, p.6). The researcher used the instrument because of the questions. Each question asked about one's tendency to disclose distress to others, specifically friends (Kahn et al., 2012).

The MSPSS was the last predictor variable used to determine a relationship between social support and Black males' attitudes toward seeking professional psychological help. The scores for perceived social support (total scale), family support, friends support, and significant other support were analyzed, ranging from 1 – 7.00 total. The total score for MSPSS among the sample of Black males (N = 100) was $M = 4.92$ ($SD = 1.56$). For the subscales, similar Mean scores and SD were reported: Family ($M = 4.8$, $SD = 1.77$), Friends ($M = 4.6$, $SD = 1.77$), and Significant Other ($M = 4.8$, $SD = 1.67$). The raw score for the MSPSS includes the MSPSS total ($M = 57.08$, $SD = 18.79$), family ($M = 19.31$, $SD = 7.09$), friends ($M = 18.57$, $SD = 6.51$), and significant others ($M = 19.2$, $SD = 6.69$). These scores reflect a lower mean than similar studies using the MSPSS as a predictor variable. For example, one study discussed social support as a predicting factor of emotional resiliency, resulting in an average score of $M = 69.02$, $SD = 13.07$ (Brown, 2008). Studies have shown a higher average response to perceived social support than the current research study. As learned previously, social support is an important aspect of the culture and gender norms of Black males (Aymer, 2008). Hood et al. (2017) discussed that social support is an important protective factor for African Americans.

## Results of Statistical Analysis

For this research study, six research questions were devised; however, two total models were analyzed using a linear regression. Research questions 1, 2, and 3 examined the relationships between distress disclosure, perceived social support, and the interaction of both with attitudes toward seeking professional psychological help. This is highlighted as the Interaction Model below.

### Analyses of the Interaction Model

The Total Interaction Regression Model results show that distress disclosure, social support, and the interaction of distress disclosure and social support account for 19% of the variance in ATSPPH (R-squared = 0.19). The adjusted R-squared value of .17 indicates a slight adjustment for the model complexity, meaning that the predictors explain 17% of the variance in ATSPPH; it also showed that the regression model is significant ($F(3, 96) = 7.747$, $p < 0.001$). We have learned that the predictors together explain significant variance in ATSPPH.

*Research 1:* How well does self-disclosure of distress predict Black males' attitudes toward seeking professional psychological help?

The results from statistical analysis regarding research question 1: ($\hat{Y} = \alpha + \beta_{DDI)}$ concluded a statistically significant correlation at .382 ($p < .0001$), suggesting a moderate positive relationship between the independent variable of distress disclosure and the dependent variable of attitudes toward seeking psychological professional help, which means the Black males distress disclose, the attitude toward seeking professional psychological help increases. Francis (2018) stated that Black males are less likely to share their feelings of distress and seek professional psychological help. However, based on the current findings, the more open one becomes about distress, the more favorable one's attitude toward seeking help. Kabra (2003)

reported a multiple regression study with Indian students that found disclosing distress and help-seeking inclination positively correlated and explained that disclosing distress accounts for 12.9% of the variance. She further explained that cultural factors should be considered, and the multifaceted components of one's culture should be identified (Francis, 2018; Kabra, 2023). Professional psychological support must be mindful of Black males' lack of disclosure but consider factors that may support and encourage openness of distress. As previously learned, barbershops are often used and have been successful with Black males disclosing distress without judgment (Ogborn et al., 2022).

*Research 2:* How well does perceived social support predict Black males' attitudes toward seeking professional psychological help?

The results from statistical analysis regarding research question 2 ($\hat{Y} = \alpha + \beta * MSPSS_{total}$) suggested a positive correlation at .181 ($p < .0357$); however, the correlation is weak. Culturally, it is important to understand how the individual perceives their support and the willingness to discuss the challenges with the support. Research has reported that Black males have factors such as social or self-stigma that correlate negatively with attitudes toward seeking psychological professional help (Cadaret & Speight, 2018). However, Black males tend to seek out social support first when there is a need to disclose (Hood et al., 2018). Hood et al. (2018) study reported that adult African Americans are likely to identify informal social supports to disclose physical and spiritual challenges; however, the majority of African American males' emotional supports were female or close significant other. This raised the question of whether Black males prefer to minimize what they say to other family and male friends due to fear of judgment and stigma around mental health. Cadaret and Speight (2018) report that social support, whether

good or bad, can impact attitudes toward seeking professional psychological help because individuals are often socialized through these direct contacts.

*Research 3*: Does perceived social support mediate the influence of self-disclosure of distress on attitudes toward seeking professional psychological help?

The interaction of social support mediating self-disclosure of distress with attitudes toward seeking professional psychological help ($\hat{Y} = \alpha + \beta_{DDI} \times \beta_{MSPSS\text{-}total}$) concluded a significant correlation, $r = .318$ ($p < .0006$). This outcome suggests that the combined interaction of social support and self-disclosure resulted in a mediates positive association with attitudes toward seeking professional help. No identifiable research supports the current finding that the interaction of social support and distress disclosure is positively associated with attitudes toward seeking professional psychological help. However, one study concluded that social support and self-disclosure of distress are significant factors in help-seeking attitudes and intentions (Vogel et al., 2005). Vogel et al. (2005) explained that with college students, mainly European Americans (African Americans accounted for 2% of the study), social support and self-disclosure were statistically significant and predicted attitudes toward seeking professional help, subsequentially leading to the sample's help-seeking intent. It is further explained that social support factors are researched with self-disclosure and other variables, accounting for 62% of the variance (Vogel et al., 2005). Further research is needed on the interaction of social support and self-disclosure as an interaction predictor on the attitude of professional psychological help-seeking among Black males.

**Analyses of the Social Support Model**

The Total Social Support Regression Model results show that distress disclosure, the interaction of distress disclosure, social support, social support family, social support friends, and

social support significant other account for 19% of the variance in ATSPPH (R-squared = 0.19). The adjusted R-squared value of .17 indicates a slight adjustment for the model complexity, meaning that the predictors explain 17% of the variance in ATSPPH; it also showed that this regression model is significant ($F(3, 96) = 7.747$, $p < 0.001$). We have learned that the predictors together explain significant variance in ATSPPH.

*Research 4:* How well does perceived social support of family predict Black males' attitudes toward seeking professional psychological help?

The results from statistical analysis regarding research question 4 ($\hat{Y} = \alpha + \beta * MSPSS_{family}$). Although the outcome suggests a positive relationship, the correlation between attitudes toward seeking professional psychological help is weak, with $R = .186$ ($p = .063$), showing no statistical significance (at or below the .05 value). This study identified low averages regarding family support. Regardless of the study's outcome, family support is known to be an effective protective factor and has predicted resiliency and other factors with African Americans, including positive mental health (Middleton & Ownes, 2024). Unlike the present study, Hood et al. (2017) reported that African American males are more likely to seek support from family members. Another research study also reported family as effective support, specifically when the participants identified the family as open, encouraging, and caring (Kane, 2000; Lindsey et al., 2010). Lindsey et al. (2010) further explained that family can also be detrimental if the support is not positive or useful. It is unclear why participants' scores did not reflect a higher average with social support family.

*Research 5:* How well does perceived social support of a friend predict Black males' attitudes toward seeking professional psychological help?

The results for research question 5 ( $\hat{Y} = \alpha + \beta \times MSPSS_{friends}$ ) show a positive relationship at R = .172 (p = .087) but no statistical significance in predicting the attitudes toward seeking professional psychological help. Only 2% of the variance in attitude toward seeking professional psychological help is shown, and this variable is not a significant predictor factor. Friends and peer groups tend to have social stigma connected to openly sharing feelings of distress based on the nature of the relationship (Lindsey et al., 2010). This societal norm of stoic, masculine behaviors such as "cool pose" can lead to a lack of emotional stability and the expectation to show emotional strength in the presence of others. Lindsey et al. (2020) report that friends/peer groups often damage males' emotional stability due to the lack of social support and the expectation to show emotional strength in the presence of others. Therefore, Black males could find it difficult to reach out to friends they do not trust or identify as trustworthy (Lindey et al., 2020).

*Research 6:* How well does perceived social support of one's significant other predict Black males' attitudes toward seeking professional psychological help?

The last research question ($\mathcal{Y} = \alpha + \beta_6 * MSPSS_{sig\_O}$) concluded a predictive regression coefficient of .144 (p < .154), showing that the relationship between the variables did not reach statistical significance. The R-squared value for this regression was .02% of the variance. These results for the last research question align with previous research regarding social support from significant others. Social support from significant others can be supportive or detrimental, depending on the relationship and the challenges (Clavel et al., 2017). Clavel et al. (2017) reported that the satisfaction of the relationship often determines one's perception of support. Self-disclosing feelings of distress to others begins with relationship development and trusting that the information shared will not be used negatively (Keum et al., 2021). As previously

learned, having a solid and supportive relationship built on trust is an important part of how much and what information we reveal to others (Derlega et al., 2008).

## Study Limitations

All research studies have limitations, which impact the overall results (Ross & Zaidi, 2019). Because of these limitations, it is imperative to understand that research is not the definitive answer but a sample of helpful strategies, not solutions. Ross and Zaidi (2019) reported that most research study limitations occur with research design, method sampling, and instrumentation. This section will highlight these areas to help better understand this research study's limitations.

### Research Design

The results of this research study were gathered using a quantitative, complex correlational research method with a cross-sectional survey process. Quantitative research designs are effective methods for collecting and analyzing data; they are also problematic in developing a deeper understanding of your sample. Because quantitative research is more number-driven and fails to capture the participants' experiences, attitudes, and emotions regarding the researched topic. The important nuances are missed in quantitative research due to the inflexibility of making changes once the study begins. Quantitative methods are constrained to specific research questions and identified variables that can be misinterpreted with inaccurate statistical data.

Another limitation of this study is using the complex correlation research method. Although the researcher can show relationships between the variables highlighted in the study, we cannot determine causation. There is no manipulation or control of variables, creating confounding variables that can affect the study's outcome. This can include college students,

spiritual affiliations, and previous formal engagement with a therapist. For example, younger Black males from rural North Carolina would have a different view from an older Black male from a metropolitan region. The researcher cannot control every confounding variable in this study, and attempting to do so would be challenging because the study is not a true experimental research design conducted in a laboratory.

Lastly, the cross-sectional survey process in this research design warrants limitations. Cross-sectional survey procedures are a data collection process that happens one moment at a time. This is problematic because the participant's response could be influenced by the attitudes, emotions, and behaviors of the day the surveys are administered. Cross-sectional surveys do not provide insight into the reasons for the respondents' answers but only an in-the-moment response. For example, some students were frustrated with completing assignments without internet access, thus feeling unheard by professors, friends, and others. Feeling unsupported or unheard could affect how one perceives one's social support. It is unclear if anything played a role in how the participants responded. In research designs without true experimental control, it is difficult to determine whether changes in the independent variable directly caused changes in the dependent variable. This study only provides a synopsis of relationship outcomes and not causation.

**Sampling Method**

Like the design, the sampling methodology is paramount in research studies for accurate outcomes. The researcher used a non-probability convenience sampling method for this study, which introduced some limitations. A convenience sample's first and foremost limitation is its lack of generalizability. Convenience sampling is a biased process that fails to represent the larger population (Mann, 2003). The individuals who agreed to participate were readily

available, leading to the exclusion of significant portions of the population due to factors such as location, time, and others. This nonrandomized participant selection can introduce selection bias, impacting the validity of the study's results and the ability to infer causality from observed variable relationships (Doebel & Frank, 2023).

Next, selection bias and the homogeneity of the sample can skew the results, potentially leading to poor generalizability or conclusions that lack statistical significance. A homogeneous sample may lack external validity. For example, younger Black males, college students from rural areas, or those who have engaged in counseling before, have different perceptions about counseling compared to older Black males residing in metropolitan areas without counseling experiences. Outcomes cannot be generalized beyond the specific group surveyed. Diversity within a diverse population is crucial for understanding attitudes, feelings, and behaviors, specifically with Black males. Doebel and Frank (2023) emphasized the importance of looking beyond the target population and identifying subgroups to develop better theoretical approaches and interventions in the field of social sciences. For instance, not all Black males are African American males with college degrees and Christian beliefs. The study's restriction to a limited population of Black males enrolled at HBCUs introduces significant weaknesses, limiting the ability to generalize the findings to the broader Black male population. Future research should strive to include more heterogenous samples that can better capture the diversity within the Black male population (e.g., culture, demographics). This would enhance the validity and applicability of the findings, providing a more nuanced understanding of the factors influencing help-seeking behaviors among Black males.

**Instrumentation**

The instruments used for this research provided sound reliability; however, a few limitations must be addressed. The DDI displayed some reliability concerns with the sample of Black males used for this study. The instrument has been widely used to capture distress disclosure; however, the studies often surveyed students from non-diverse populations, specifically Black males. Previous studies only account for 3-4% of Black males attending PWIs. Kahn, Hucke, Bradley, Glinski, and Malak (2012) discussed that although culturally diverse groups such as Asian and Caribbean college students have been surveyed using the Distress Disclosure Index, there is a need for continuous testing with diverse groups, specifically African/Black Americans. In this study, the scoring process was not reversed, which made the index focused more on openness and not concealment of distress. As discussed, other studies have used revisions to make the index reliable for their studies, including this study's reliability at .84.

Other instrumentation limitations of this research study include, but are not limited to, respondent bias due to completing self-reports and environmental factors. For respondent bias, participants may respond inaccurately due to social desirability and misunderstanding survey questions while completing self-reports. Social desirability is identified as participants' responses based on being viewed positively by others or selecting responses that make the outcomes favorable for the research (Kim & Kim, 2016). This research study surveyed psychology students who showed a committed interest and desire to complete the study to enhance social science research. In the fall semester, professors also informed these students about the study, making participation more socially desirable; however, they were aware that participation would not affect their grades. Lastly, Kim and Kim (2016) reminded researchers to carefully consider

cultural aspects that impact how participants respond to using self-reports. As previously discussed, cultural and gender norms impact our attitudes and behaviors (Lindinger-Sternart, 2015). Based on this idea, participants will respond to self-reported surveys in a style similar to those with similar attitudes and behaviors if completed in a group setting or with others with similar characteristics (Kim & Kim, 2016).

## Implications and Future Research

Based on what the researcher has learned from this study, it is concluded that Black males are open to disclosing their distress. After analyzing the total interaction regression model, which included the independent variable of distress disclosure, social support (total), and the interaction of distress disclosure and social support, the researcher learned that the variables are positively correlated and account for 15.6% of the variance in attitudes toward seeking professional psychological help. Also, it is concluded that the total interaction regression model is significant ($F(3, 96) = 7.747$, $p < 0.001$), which concludes that the predictors together are statistically significant in explaining the variance in attitudes toward seeking professional psychological help as it relates to Black males. Lastly, the researcher learned that social support mediates the influence of self-disclosure on attitudes toward seeking psychological professional help, concluding that the participants will disclose feelings of distress to others and have favorable attitudes toward seeking professional help. The research also concluded that Black males would disclose feelings of distress to those they deem as social support. Ogborn et al. (2022) reported that Black males will disclose distress if the social support is genuine, effective, and emotionally supportive.

The interplay of cultural, gender, societal, and systemic factors shape Black males' attitudes toward seeking professional psychological help. Therefore, understanding the various

complexities of Black males is essential to developing effective multicultural interventions and connecting them to the appropriate culturally sensitive treatment. There are a few ways to aid in improving Black males' distress disclosure and positive attitudes toward seeking professional psychological help.

The first is the development of peer mentorships and support groups. Mentorships and support groups should be identified as safe spaces for the males seeking to share their distress with others. Clinical providers and community leaders can establish programs where Black males can connect with older males or peers who have successfully navigated mental health challenges. Regarding support groups, these gatherings should be facilitated by admired community leaders to teach positive attitudes toward health and wellness and provide updated education on mental health. Again, the spaces should be known as safe spaces to provide opportunities for self-reflection, self-disclosure, and positive attitude changes about healthcare, specifically mental health. Introducing clinical professionals and approaches should be strategic and not forced on the participants.

For example, the researcher learned that some males at the participating locations verbally reported that the safe spaces and weekly talks boosted their self-awareness and provided a space to speak about their feelings. Through informal discussions and after participants completed the surveys, they approached the researcher to discuss the identified safe spaces as beneficial. They considered them beneficial because the spaces assist the males in navigating through college, developing relationships, and openly sharing their feelings. However, they quickly reiterated that the conversations and spaces were “manly,” which validated how the gender norm aspects influence the participants. Also, the participants enjoyed the less therapeutic spaces; they were more appealing and inviting outwardly, with fancy marketing and social media

posts. Several reported being aware of student counseling but perceived the alternative safe spaces as more genuine and casual. These spaces should not be stationed in one location on campus, such as a student union, but in various locations throughout the community where everyone can congregate and feel accepted. Also, it is important to have safe spaces beyond HBCUs and should be incorporated at Predominately White institutions (PWI), employment, and community settings. PWIs have fewer spaces that allow for Black males to assemble and be vulnerable (Parker et al., 2016). With guidance and cultural support training, these spaces at PWIs can flourish and give Black males a new perspective about sharing their feelings and eventually seeking professional support through mentorships and groups.

Self-disclosure workshops are another innovative program to improve Black males' attitudes toward seeking support and disclosing feelings. These workshops are organized based on the self-disclosure theory and help Black males learn and practice communication and sharing their feelings beyond anger. The self-disclosure workshops provide tools and techniques for effective communication while emphasizing the benefits of self-awareness and openness in building supportive relationships and improving the mental health of Black males. Several programs exist, such as Positive Parenting Programs (Triple P) for Black men. Many existing workshops are designed as educational courses, which minimizes the stigma of counseling or treatment groups. Another is the newly developed YBMen Project, which provides an online social media program that encourages mental health learning and supports age- and culture-specific music, videos, and other information to provoke discussions about mental health (Watkins, 2019). The themed-led workshops allow males to share their feelings beyond anger as they develop communication skills with their families. Men who learn to talk about their feelings

without feeling embarrassed promote positive support to others and minimize stigma (Watkins, 2019).

Innovative programs that promote family and community engagement are crucial in encouraging new perspectives about mental health care. These programs, inclusive of family units, should emphasize males of all ages participating and learning early how to express their feelings effectively in the presence of other males. The engagements educate families about the importance of mental health support and equip them with strategies to seek out effective informal social support, thereby enhancing the perceived social support among Black males. Family and community engagements should be culturally specific, including understanding the environment's climate (e.g., faith-based programs and fraternity meetings). The initiatives should be less clinical and more supportive and educational around natural support systems, fostering a sense of connection and involvement.

Lastly, there is a need for more culturally specific opportunities to assess Black males in non-mental health clinics. Developing wellness outreach programs for men can occur at various locations, including educational settings, barbershops, sports programs, and other locations that Black males frequently visit. For students, the classroom is the perfect place to begin teaching young males how to complete self-mental checks and communicate their feelings with others. Using open-ended surveys to gauge one’s sadness would be more effective than using the PHQ-9. Afterward, allow the student to process the response alone or with peer support they identify as trustworthy. Several programs and exercises are available to support Black males and their emotional wellness but are often marketed in a language that is not understood by this diverse population. Programs that highlight mental health, treatment, and depression deter Black males

from attending or engaging, and as previously stated, the spaces should be appealing and less therapeutic.

Some community programs understand the assignment and are doing well by recruiting Black males to participate in spaces that support their mental health. Omega Psi Phi Fraternity, Incorporated designed a toolkit identified as "Brother You are on My Mind," which provides materials needed to educate yet teach the community how stress and depression may appear with African American males (National Institute on Minority Health and Health Disparities, 2022). These toolkits and exercises provide a concrete learning experience to Black males who may not understand or know how to disclose their feelings to others. It is important to remember that safe spaces are needed in the Black community beyond the HBCUs. Black males who attend PWIs or who do not attend college also need safe spaces to learn and share their feelings of distress beyond the mental health clinics.

**Culturally Specific Research and Education**

Research regarding Black males, self-disclosure, and social support as it relates to attitudes toward seeking professional psychological help has been limited. The researcher utilized older research due to the lack of scholarly academic information; however, the older research remains relevant today. There has been a lack of exploration regarding this concern. Scholarly research is less open to studying Black males consistently and often groups Black males in one culture or with Black/African American females. It has been researched that Black males express themselves differently from their Black female counterparts (Watkins, 2019). Blacks are a diverse group of people and, like all nationalities, derive from various cultures with different languages, experiences, and perceptions related to life, mental health, and coping. Using the nine-point dimensions of African American culture may have a positive effect on

African American males but fall flat with Afro-Latinos, Caribbeans, or Africans. When researchers explore Black males as African American, it only dilutes the ethnicity of each individual, minimizing the true identity and how their attitudes are shaped.

Researchers must stay consistent with investigating the mental health of Black males, especially regarding the trauma and oppressed experiences they endure. Black and African American's unfavorable views of mental health counseling stem from years of systemic oppression, stereotypes, and misdiagnosis (Buser, 2009). Clinical researchers must continue to focus on this population and not wait for significant occurrences to begin investing (i.e., the death of unarmed Black males such as George Floyd and Trayvon Martin). At this stage, Black males have become numb and less emotional to the brutality. Research regarding Black males and their attitudes about mental health should be a consistent topic of discussion; however, future research should also address the perspective of counseling utilization and meeting Black males with an approach of holistic treatments, which should include empathy and genuine support of their daily burdens. Behaviors such as John Henryism have led to detrimental health outcomes for Black males, but cultural norms and practices are effective for coping with distress (Cadaret & Speight, 2018). These cultural norms include but are not limited to spiritual practices, music, movement, and other outlets. The holistic approach would intertwine cultural and gender norms with evidence-based therapy. Culturally innovative approaches incorporating Black male lifestyles into evidence-based treatment is a move in the right direction and should be further explored. Addressing these needs requires a collective approach that includes increasing cultural competencies and skills with clinical professionals and researchers in training.

Lastly, educational counseling programs are responsible for educating future counselors and researchers about multicultural complexities. Counselors must be prepared through

multiculturally skilled-based learning, not just competency courses that check the box for governing standards. Many counseling and psychology programs have one or two multicultural courses focusing on all diverse groups in the course. Counselors are not fully prepared to understand or counsel Black males and their traumas. Curriculums must minimize broad multicultural teaching and create more in-depth courses regarding generational traumas, gender-specific norms, help-seeking barriers, Black male stress, and other aspects regarding Black males and their communities, including how to discuss systemic issues and build trust with individuals who are normalized not to share. The changes in multicultural courses should also apply to ongoing training programs and continuing education units for experienced counselors.

Lastly, mental health educational programs need to recruit more Black males who can share their unique perspectives in the clinical field. We have learned that only 4% of Blacks make up mental health professionals (Holden & Xanthos, 2009). This number is possibly lower when gender becomes a factor. We learned that Black males see mental health challenges as personal setbacks due to a lack of resilience and determination (Ward et al., 2013). Regardless, there is a need for more Black males to be counselors, researchers, and educators in the mental health field and serve as mentors to a new generation of males. Psychology and counseling education programs must make a fervent effort to recruit Black males using creative ideas to dispel mental health stigma and showing positive outcomes, such as job prospects and helping their communities to become mentally healthier. This challenge should begin with providing mentorships to high school students and scholarships to college students. The Black male lived experiences are unique, and counselors, whether novice or expert, learning and skill development can contribute to reducing mental health disparities through promoting mental health as a rebranded health support with culturally tailored support and

## Summary

This chapter combined the research study's comprehensive findings, clarifying how cultural and gender norms influence Black males' attitudes toward seeking professional psychological help. Focusing on critical variables like distress disclosure and perceived social support, the research employed linear regression analysis to determine their effects on help-seeking attitudes. Key insights emerged from data predominately collected from young, rural Black male students at Historically Black Universities.

The Self-Disclosure Theory provided the theoretical framework for understanding the psychological mechanism underlying the study's outcomes. This theory underscores the importance of openness (distress disclosure) and relationship building (social support) in impacting attitudes toward seeking professional psychological help. The findings indicate a generally positive relationship toward seeking psychological help. The interchange between factors suggests a combined influence, enhancing the propensity to seek help when presented together. However, despite the robust insights, this research study encountered several limitations, including a nonrandomized sampling method and a potential need for more generalizability beyond the specific demographic studied. Additionally, challenges related to data collection and the reliability of the Distress Disclosure Index on the sample suggest areas for improvement in future research.

Overall, Black males' attitudes are becoming more favorable, but how psychological professionals engage with Black males is crucial and will continue to impact Black males' attitudes toward seeking professional psychological help. Based on the findings, there is a critical and continuous need for more research on counseling, education, and training professionals working with Black males.

References


Adams, K (2019). Let them cry: Toxic masculinity and black male vulnerability. Retrieved from https://itskierstenadams.medium.com/let-black-boys-cry-699752601f2

Addis, M.E. & Mahalik, J.R. (2003). Men, Masculinity, and the contexts of help-seeking. American Psychologist, 58(1), 5-14 DOI: 10.1037/0003-066X.58.1.5

Alexander, B.K. (2003). Fading, Twisting, and Weaving: An interpretive ethnography of the Black barbershop as cultural space. *Qualitative Inquiry, 9*(1), DOI: https://doi.org/10.1177/1077800402239343

Anonymous (2016). Self-disclosure and interpersonal communication. Communication in the Real World. University of Minnesota Libraries Publishing Edition. Retrieved from https://open.lib.umn.edu/communication/chapter/6-4-self-disclosure-and-interpersonal-communication/

Aymer, S. (2010). Clinical practice with Black men: What to consider and what to do. *Smith College Studies in Social Work*, 80, 20-34. DOI: https://doi.org/10.1080/00377310903504908

Banks-Wallace, J. (2002). Talk that talk: Storytelling and analysis rooted in Black oral tradition. *Qualitative Health Research, 12*(3), 410–426. doi/pdf/10.1177/104973202129119892

Barksdale, C.L. & Molock, S.D. (2008). Perceived norms and mental health seeking among Black college students. *The Journal of Behavioral Health Services and Research, 36*, 285-299. DOI: https://doi.org/10.1007/s11414-008-9138-y

Bennett, M.D. (2022). Still makes me wanna holler: Black males, dilemmas, and Disparities. *Journal of Human Behavior in The Social Environment, 32*(2), 156-171. Retrieved from https://www.tandfonline.com/doi/pdf/10.1080/10911359.2021.1875098

Boute, G., & Hill, E. (2006). Black communities: Implications for culturally relevant teaching. *The New Educator, 2*, 311-329. DOI: https://doi.org/10.1080/15476880600974875

Blumenberg, C. & Barros, A. (2016). Electronic data collection in epidemiological research: The use of REDCap in the Pelotas birth cohorts. *Application Clinical Information, 7*, 672-681. https://doi.org/10.4338/aci-2016-02-ra-0028

Brown, D.L. (2008). Black resiliency: Examining racial socialization and social support as protective factors. *Journal of Black Psychology, 34*(1), 32–48. DOI: 10.1177/0095798407310538.

Bryant, C.M., Wickrama, K.A.S., Bolland, J., Bryant, B.M., Cutrona, C.E., Stanik, C.E. (2010). Race matters, even in marriage: Identifying factors linked to marital outcomes for Blacks. *Journal of Family Theory & Review, 2*, 157-174. DOI: 10.1111/j.1756-2589.2010.00051.x

Canty-Mitchell, J. & Zimet, G.D. (2000). Psychometric of the multidimensional scale of perceived social support in urban adolescents. *American Journal of Community Psychology, 28*(3), 391-400. https://doi.org/10.1023/A:1005109522457.

Carpenter, A., & Greene, K. (2015). Social penetration theory. *The International Encyclopedia of Interpersonal Communication.* DOI:10.1002/9781118540190.wbeic160

Cadaret, M.C. & Speight, S.L. (2018). An exploratory study of attitudes toward psychological help-seeking among Black men. *Journal of Black Psychology, 44*(4), 347-370. doi:10.1177/0095798418774655

Chatters, L.M., Taylor, R.J., Woodward, A.T., & Nicklett, E.J. (2015). Social support from church and family members and depressive symptoms among older Blacks. *The American Journal of Geriatric Psychiatry, 23*(6). DOI: 10.1016/j.jagp.2014.04.008

Clavel, F.D., Cutrona, C.E., & Russell, D.W. (2017). United and divided by stress: How stressors differentially influence social support in Black couples over time. Personality and Social Psychology Bulletin, 43(7), 1050-1064. DOI: 10.1177/0146167217704195.

Coates, D. & Winston, T. (1987). The dilemma of distress disclosure. In: Derlega, V.J., Berg, J. H. (eds) Self-Disclosure. Perspectives in Social Psychology. Spring, Boston, MA.

Cohen, J. (1977). F-test of variance proportions in multiple regression/correlation analysis. Statistical power analysis for the behavioral sciences (Revised ed., pp. 1–17, 407–453). Elsevier Science & Technology

Cohen, J. (1988). Chapter 9: Multiple regression and correlation analysis. Statistical Power Analysis for the Behavioral Sciences (2nd ed). Hillsdale, NJ: Lawrence Eribaum.

Cohen, J. (1992). A power primer. *Psychological Bulletin, 112*(1), 155–159. DOI:10.1037//0033-2909.112.1.155

Consedine, N.S., Sabag-Cohen, S., Krivoshekova, Y.A. (2007). Ethnic, gender, and socioeconomic differences in young adults' self-disclosure: Who discloses what and to whom? *Cultural Diversity and Ethnic Minority Psychology, 13*(3), 253-263. DOI: 10.1037/1099-9809.13.3.254.

Cox, D.W., Ogrodniczuk, J. S., Oliffe, J.L., Kealy, D., Rice, S.M., Kahn, J.H. (2020). Distress concealment and depression symptoms in a national sample of Canadian men: Feeling understood and loneliness as sequential mediators. *The Journal of Nervous and Mental Disease, 208*(6). DOI: 10.1097/NMD.0000000000001153

Cross, C.J., Taylor, R.J., & Chatters, L.M. (2018). Family social support networks of African American and Black Caribbean Adolescents. *Journal of Child and Family Studies, 27*, 2757-2771.

Cruz, C. (2020). Real talk: Using song lyrics to teach perception and the Johari's window. *Communication Teacher, 34*(2), 131-135. DOI: https://doi.org/10.1080/17404622.2019.1624800.

Curtis, E., Comiskey, C., Dempsey, O. (2016). Importance and use of correlational research. Nurse Researcher, 23(6), 20-25. DOI: 10.7748/nr.2016.el382

Derlega, V.J., Metts, S., Petronio, S., Margulis, S.T. (1993). Self-Disclosure, Newbury Park, CA: Sage.

Derlega, V.J., Winstead, B.A., Mathews, A., & Braitman, A.L. (2008). Why does someone reveal highly personal information? Attributions for and against self-disclosure in close relationships. *Communication Research Reports, 25*(2), 115-130. DOI: http://dx.doi.org/10.1080/08824090802021756

Doebel, S. & Frank, M. (2023). Broadening convenience samples to advance theoretical progress moreover, avoid bias in developmental science. Journal of Cognition and Development, 1-12. DOI: https://doi.org/10.1080/15248372.2023.2270055

Drageset, J. (2021). Social Support. In: Haugan, G., Eriksson, M. (eds) Health Promotion in Health Care – Vital Theories and Research. Springer, Cham. DOI: https://doi.org/10.1007/9783-030-63135-2_11

Etikan, I., Musa, S.A., & Alkassim, R.S. (2016). Comparison of convenience and purposive sampling. *American Journal of Theoretical and Applied Statistics, 5*(1), 1-4. DOI: 10.11648/j.ajtas.20160501.11

Elhai, J.D., Schweinle, W., & Anderson, S.M. (2008). Reliability and Validity of the Attitudes toward seeking professional psychological help scale-short form. *Psychiatry Research, 159*, 320-329. doi: 10.1016/j.psychres.2007.04.020

Fisher, E.H. & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and consideration for research. *Journal of College Student Development, 36*(4), 368-373. doi:10.1037/t05375-000

Franklin, A.J. (1992). Therapy with Black men. *The Journal of Contemporary Human Services, 32,* 350-355. doi/pdf/10.1177/104438949207300603

Franklin, A.J. (1999). Invisibility syndrome and racial identity Development in psychotherapy and counseling Black men. *The Counseling Psychologist, 27*(6), 761-793. https://journals.sagepub.com/doi/pdf/10.1177/0011000099276002

Franklin, C.W. (1992). Hey, home – yo, bro": Friendship among Black men. In P Nardi (Ed.), Men's Friendships: Research on Men and Masculinities Series (201-214). Thousand Oaks, CA: Sage.

Good, G.E., Dell, D.M., & Mintz, L. B. (1989). Male role and gender role conflict: Relations to help-seeking in men. *Journal of Counseling Psychology, 36* (3), 295-300. DOI:10.1037/0022-0167.36.3.295

Goodwill, J.R., Mattis, J.S., & Watkins, D.C. (2022). I didn't know who to talk to: Black college men's sources and descriptions of social support. *Psychology of Men & Masculinities, 23*(2), 197-208. https://doi.org/10.1037/men0000372

Griffith, D.M., Gunter, K., Watkins, D.C. (2012). Measuring masculinity in research on men of color: Findings and future directions. *American Journal of Public Health, 102*, (2),187-194.

Gutierrez, I.A., Goodwin, L.J., Kirkinis, K., Mattis, J.S. (2014). Religious socialization in Black families: The relative influence of parents, grandparents, and siblings. *Journal of Family Psychology, 28*(6), 779-789. DOI: 10.1037/a0035732.

Hamlet, J.D. (2011). Word! The Black oral tradition and its rhetorical impact on American popular culture. *Black History Bulletin, 74*(1), 27-31.

Hammond-Powell, W., Adams, L.B., Cole-Lewis, Y., Agyemang, A., Upton, R.D. (2016). Masculinity and race-related factors as barriers to health help-seeking among African American men. *Behavioral Medicine, 42*, 150-163. DOI:10.1080/08964289.2016.1165174

Hammond, W.P. (2012). Taking it like a man: Masculine role norms as moderators of the racial depressive symptoms association among Black men. *American Journal of Public Health, 102 (*52), 232-241. DOI: https://dx.doi.org/10.2105/AJPH.2011.300485

Harris, P., Taylor, R., Thielke, R., Payne, J., Gonzalez, N., Conde, J. G. (2009). Research electronic data capture (REDCap) – A metadata-driven methodology and workflow process for providing translational research informatics support. *Journal of Biomed Information, 42(*2), 377-381. doi: 10.1016/j.jbi.2008.08.010

Heath, P.J., Brenner, R.E., Vogel, D.L., Lannin, D.G., & Strass, H.A. (2017). Masculinity and Barriers to seeking counseling: The Buffering role of self-compassion. *Journal of Counseling Psychology, 64(*1), p 94-103. DOI: http://dx.doi.org/10.1037/cou0000185

Heppner, P.P., Wampold, B.E., & Kivlighan, D.M. (2008). Research Design in Counseling Belmont, CA: Thomson Brooks/Cole.

Holden, K. & Xanthos, C. (2009). Disadvantages in mental health care among African Americans. *Journal of Health Care for the Poor and Underserved, 20*(2), 17-23. https://doi.org/10.1353/hpu.0.0155

Hood, S., Golembiewski, E., Benbow, K., Sow, H., & Thompson, V.S. (2017). Who can I turn to? Emotional support availability in Black social networks. *Social Sciences, 6*(3), 104-121. DOI: https://dx.doi.org/10.3390/socsci6030104

Howard, L.C., Barbarin, O.A., & Rose, J.C. (2013). Raising Black boys: An exploration of gender and racial socialization practices. *American Journal of Orthopsychiatry, 83* (2,3) 218-230. DOI: https://dx.doi.org/10.1111/ajop.12031

Hunter, A.G. & J.E. Davis (1994). Hidden voices of Black men: The meaning, structure, and complexity of manhood. *Journal of Black Studies. 25*(1), 20-40. doi: 10.1177/002193479402500102.

Johnson, V.E., & Carter, R.T. (2020). Black cultural strengths and psychosocial well-being: An empirical analysis with Black American adults. *Journal of Black Psychology, 46*(1), 55-89. DOI:10.1177/0095798419889752

Joe, S. & Kaplan, M. S. (2001). Suicide among Black men. *Suicide and Life-Threatening Behavior, 31*, 106-121. DOI: https://dx.doi.org/10.1521/suli.31.1.5.106.24223

Joseph, P.E. (2015). Why the Black church has always mattered. *The Root*. Retrieved from https://www.theroot.com/why-the-black-church-has-always-mattered-1790860217

Kabra, B. (2023). Beat the stigma: Distress disclosure and anticipated benefits as predictors of Attitude towards seeking psychological help. *Indian Journal of Health and Well-being* 14(4), 458–462. Retrieved from https://iahrw.org/our-services/journals/indian-journal-of-health-wellbeing/

Kahn, J.H., & Hessling, R.M. (2001). Measuring the tendency to conceal versus disclose Psychological distress. *Journal of Social and Clinical Psychology, 20*(1), 41-65. https://dx.doi.org/10.1521/jscp.20.1.41.22254

Kahn, J.H., Hucke, B.E., Bradley, A.M., Glinski, A.J., & Malak, B.L. (2012). The distress disclosure index: A research review and multitrait-multimethod examination. *Journal of Counseling Psychology*, 59(1), 134-149. DOI: 10.1037/a0025716

Kane, C.M. (2000). Black family dynamics as perceived by family members. *Journal of Black Studies, 30*(5), 691-702. https://dx.doi.org/10.1177/002193470003000504

Kang, H. (2020). Sample size determination and power analysis using the G*Power software. *Journal of Educational Evaluation for Health Professions*, *18*. DOI: https://doi.org/10.3352/jeehp.2021.18.17

Keum, B.T., Oliffe, J.L., Rice, S.M., Kealy, D., Seidler, Z.E., Cox, D.W., Levant, R.F., Ogrodniczuk, J.S. (2021). Distress disclosure and psychological distress among men: The tole of feeling understood and loneliness. *Current Psychology*, 1-10. DOI: https://doi.org/10.1007/s12144-021-02163-y

Kim, H.K. & McKenry, P.C. (1998). Social networks and support: A comparison of African Americans, Asian Americans, Caucasians, and Hispanics. *Journal of Comparative Family Studies: Comparative Perspectives on Black Family Life, 29*(2), 313-334. DOI: https://dx.doi.org/10.3138/jcfs.29.2.313

Kim, S.H., & Kim, S. (2016). National culture and social desirability bias in measuring public service motivation. Administration & Society, 48(4) 444-476. DOI: 10.1177/0095399713498749.

Komiya, N., Good, G.E., & Sherrod, N.B. (2000). Emotional openness as a predictor of college Students' attitudes toward seeking psychological help. *Journal of Counseling Psychology, 47*(1), 138-143. DOI: 10.1037//0022-0167.47.1.138

Levant, R. F. & Wimer, D.J. (2014). The relationship between conformity to masculine norms and men's health behaviors: Testing a multiple mediator model. *International Journal of Men's Health, 13*(1), 22-41. DOI: https://dx.doi.org/10.3149/jmh.1301.22

Lindinger-Sternart, S. (2015). Help-seeking behaviors of men for mental health and the impact of diverse cultural backgrounds. *International Journal of Social Science Studies, 3*(1), 1-6. DOI: https://doi.org/10.11114/ijsss.v3i1.519

Lindsey, M.A., Joe, S., & Nebbitt, V. (2010). Family Matters: The Role of Mental Health Stigma and social support on depressive symptoms and subsequent help-seeking among African American boys. *Journal of Black Psychology, 36*(1), 458-482. DOI: 10.1177/0095798409355796

Mahmutovic, J. (2021). What is a cross-sectional survey and why should I use one? SurveryLegend.com. Retrieved from https://www.surveylegend.com/survey-examples/cross-sectional-surveys/

Majors, R. & Billson, J. M. (1994). Cool pose: The dilemmas of Black manhood in America.

Mann, C. (2003). Observational research methods. Research design II: cohort, cross-sectional, and case-control studies. *Emergency Medicine Journal, 20*, 54-60. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1726024/pdf/v020p00054.pdf

Matthews, D., Hammond-Powell, W., Cole-Lewis, Y., Nuru-Jeter, A., & Melvin, T. (2013). Racial discrimination and depressive symptoms among Black men: The mediating and moderating roles of masculine self-reliance and John Henryism. Psychology of Men & Masculinity, 14(1), 35-46. DOI: https://dx.doi.org/10.1037/a0028436

Mattis, J.S., Murray, Y.F., Hatcher, C.A., Hearn, K.D., Lawhon, G.D., Murphy, E.J., & Washington, T.A. (2001). Religiosity, spirituality, and the subjective quality of African American men's friendships: An exploratory study. *Journal of Adult Development, 8*(4), 221-230. DOI: https://dx.doi.org/10.1023/A:1011338511989

McDonald, J.H. (2014). Handbook of Biological Statistics (3rd ed.). Sparky House Publishing, Baltimore, Maryland. 229-237.

Moody, A (2014). Black mental health: 3 myths that hurt us. BlackDoctor.org. Retrieved from https://blackdoctor.org/430225/black-mental-health/2/

Neighbors, H.W., Musick, M.A., Williams, D.R. (1998). The Black minister as a source of help for serious personal crises: Bridge or barrier to mental health care? *Health Education and Behavior, 25*(6), p 759-777. DOI: https://dx.doi.org/10.1177/109019819802500606

Ogborn, G., Bowden-Howe, C., Burd, P., Kleijn, M., & Michelson, D. (2022). Barbershops as a setting for supporting men's mental health during the COVID-19 pandemic: A qualitative study from the UK. *BJPsych Open, 8*(118), 1-7. doi:10.1192/bjo.2022.520.

Omarzu, J. (2000). A disclosure decision model: Determining how and when individuals will self-disclose. *Personality and Social Psychology Review, 4*(2), 174-185. DOI: https://dx.doi.org/10.1207/S15327957PSPR0402_05

Ozbay, F., Douglas, J.C., Dimoulas, E., Morgan, C.A., Charney, D., & Southwick, S. (2007). Social support and resilience to stress: From neurobiology to clinical practice. Psychiatry (Edgmont), 4(5), 35-40. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2921311/pdf/PE_4_5_35.pdf

Pallant, J. (2020). SPSS survival manual: A step-by-step guide to data analysis using IBM SPSS. McGraw-Hill Education. Retrieved from https://ebookcentral.proquest.com/lib/eastcarolina/detail.action?docID=6260745#

Rimé, B. (2016). Self-Disclosure. Encyclopedia of Mental Health, Elsevier Science, & Technology, p. 67-74.

Ross, P.T. & Zaidi, N.L. (2019). Limited by our limitations. *Perspect Medical Education* 8, 261-264. DOI: https://doi.org/10.1007/s40037-019-00530-x

Rowan, G.T., Pernell, E., & Akers, T.A. (1996). Gender role socialization in Black men: A conceptual framework. *Journal of Black Men, 1*(4), 3-22. Retrieved from https://www.jstor.org/stable/41819287

Ryan, M.B. & Kahn, J.H. (2015). Talking about daily emotional events: Psychological well-being moderates the intensity-disclosure link. *Personality and Individual Differences, 83*, 223-227. DOI: https://doi.org/10.1016/j.paid.2015.04.027

Sarason, B.R., & Sarason, I.G. (2006). Close relationships and social support: Implications for measurement of social support. In A.L.Vangelisti & D. Perlman (Eds). The Cambridge Handbook of Personal Relationships (1st ed., pp. 429-443). Cambridge University Press.

Seeram, E. (2019). An overview of correlational research. Radiologic Technology, 91(2), 176-179.

Shabazz, D.L. (2016). Barbershops as cultural forums for Black males. *Journal Of Black Studies*, 1-18. DOI: 10.1177/0021934716629337

So, D.W., Gilbert, S., & Romero, S. (2005). Help-seeking attitudes among Black college students. *College Student Journal, 39*(4), 806-816. DOI: https://eric.ed.gov/ERICWebPortal/detail?accno=EJ765288

Taylor, R. J., & Chatters, L.M. (2010). Importance of religion and spirituality in the lives of Black, Caribbean Blacks, and Non-Hispanic Whites. *The Journal of Negro Education, 79*(3), 28-294. DOI: https://eric.ed.gov/ERICWebPortal/detail?accno=EJ943038

Taylor, R. J., Ellison, C.G., Chatters, L.M., Levin, J.S., & Lincoln, K.D. (2000). Mental health services in faith communities: The role of clergy in Black churches. *Social Work, 45*(1), 73-87. DOI: https://dx.doi.org/10.1093/sw/45.1.73

Tolstedt, B.E., & Stokes, J.P. (1984). Self-disclosure, intimacy, and the depenetration process. *Journal of Personality and Social Psychology, 46*(1), 84-90. DOI: https://dx.doi.org/10.1037/0022-3514.46.1.84

Uchino, B.N., Bowen, K., & Kent, R. (2016). Social support and mental health. In Encyclopedia of Mental Health (pp. 189-195). Amsterdam: Elsevier/Academic Press, [2015] U.S. Department of Health and Human Services Office of Minority Mental Health. (2023). Mental health and Blacks. Retrieved from https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=24

Vogel, D.L., & Wester, S.R. (2003). To seek help or nor to seek help: The risk of self-disclosure. *Journal of Counseling Psychology 50*(3), 351-361.

Wade, J.C. (2009). Traditional masculinity and Black men's health-related attitudes and behaviors. *American Journal of Men's Health, 3*(2), 165- 172. DOI: 10.1177/1557988308320180.

Wallace, B.C., & Constantine, M.G. (2005). Africentric cultural values, psychological help-Seeking attitudes, and self-attitudes, and self-concealment in African-American college students. *Journal of Black Psychology, 31*(4), 369-385. DOI: https://dx.doi.org/10.1177/0095798405281025

Ward, E. C., Wiltshire, J. C., Detry, M. A., & Brown, R. L. (2013). Black men and women's attitude toward mental illness, perceptions of stigma, and preferred coping behaviors. *Nursing Research*, *62*(3), 185-194. doi:10.1097/NNR.0b013e31827bf533.

Ward, E.C., & Besson, D.D. (2012). Black men's beliefs about mental illness, perceptions of stigma, and help-seeking barriers. *The Counseling Psychologist, 4*(3), 359-390. DOI: https://dx.doi.org/10.1177/0011000012447824

Washington, A.R. (2018). Integrating hip-hop culture and rap music into social justice counseling with Black males. *Journal of Counseling & Development, 96*, 97-105. doi: https://onlinelibrary.wiley.com/doi/pdf/10.1002/jcad.12181

Watkins, D. (2019). Improving the living, learning, and thriving of young Black men: A conceptual framework for reflection and projection. International Journal of Environmental Research and Public Health. 1-13. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6518212/pdf/ijerph-16-01331.pdf

Watkins, D.C., Johnson-Lawrence, V., & Griffith, D.M. (2011). Men and their father figures: Exploring racial and ethnic differences in mental health outcomes. *Race and Social Problems*, *3*, 197-211. DOI: 10.1007/s12552-011-9051-5.

Wester, S.R., Vogel, D.L. Wei, M., & McLain, R. (2006). Black men, gender role conflict, and psychological distress: The role of racial identity. *Journal of Counseling & Development, 84*, 419-429. DOI: https://dx.doi.org/10.1002/j.1556-6678.2006.tb00426.x

Willis, L.A., Coombs, D.W., Cockerham, W.C., Frison, S.L. (2002). Ready to die: A postmodern interpretation of the increase of Black adolescent male suicide. *Social Science & Medicine, 55*, 907-920. PII: S 0277-9536(01)00235-0.

Wilson, J. (2001). The male socialization process of Black males. Counseling Black Males. Retrieved from http://www.theviproom.com/visions/counseli.htm

Woodard, A.T., Taylor, R.J., & Chatters, L.M. (2011). Use of professional and informal support by Black men with Mental Disorders. *Research Social Work Practice, 21*(3), 328-336. doi:10.1177/1049731510388668.

Yousaf, O., Grunfeld, E.A., & Hunter, M.S. (2015). A systematic review of the factors associated with delays in medical and psychological help-seeking among men. *Health Psychology Review, 9*(2), 264-276. DOI: http://dx.doi.org/10.1080/17437199.2013.840954.

Zimet, G.D. (1998). The multidimensional scale of perceived social support (MSPSS). Evaluating Stress: A Book of Resources, Volume 2.

Zimet, G.D., Dahlem, N.W., Zimet, S.G., & Farley, G.K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment, 52*(1), 30-41. DOI: https://dx.doi.org/10.1207/s15327752jpa5201_2

# APPENDIX A: IRB Approvals



**EAST CAROLINA UNIVERSITY**
**University & Medical Center Institutional Review Board**
Willis Building · Mail Stop 682
600 Moye Boulevard · Greenville, NC 27834
Office **252-744-2914** · Fax **252-744-2284** ·
**rede.ecu.edu/umcirb/**

## Notification of Exempt Certification

From: Social/Behavioral IRB
To: Jody Grandy
CC: Jennifer McDougal
Date: 10/11/2023
Re: UMCIRB 23-001219
Effects of Self Disclosure Among Black Males

I am pleased to inform you that your research submission has been certified as exempt on 10/11/2023. This study is eligible for Exempt Certification under category # 2 AB.

It is your responsibility to ensure that this research is conducted in the manner reported in your application and/or protocol, as well as being consistent with the ethical principles of the Belmont Report and your profession.

This research study does not require any additional interaction with the UMCIRB unless there are proposed changes to this study. Any change, prior to implementing that change, must be submitted to the UMCIRB for review and approval. The UMCIRB will determine if the change impacts the eligibility of the research for exempt status. If more substantive review is required, you will be notified within five business days.

| Document | Description |
|---|---|
| ATSPPH-SF(0.01) | Surveys and Questionnaires |
| DDI(0.01) | Surveys and Questionnaires |
| Demographic Questionnaire(0.01) | Data Collection Sheet |
| Demographic Questionnaire(0.01) | Surveys and Questionnaires |
| Effects of Self-Disclosure on Attitudes Toward Seeking Professional Psychological Help Among Black Males(0.01) | Study Protocol or Grant Application |
| MSPSS(0.01) | Surveys and Questionnaires |
| Participation Consent Form(0.01) | Consent Forms |
| Participation Flyer (0.01) | Recruitment Documents/Scripts |
| Psychology Professor Email (0.01) | Recruitment Documents/Scripts |
| Researcher Statement to Class(0.01) | Recruitment Documents/Scripts |
| The Hat 3.0(0.01) | Data Collection Sheet |

For research studies where a waiver or alteration of HIPAA Authorization has been approved, the IRB states that each of the waiver criteria in 45 CFR 164.512(i)(1)(i)(A) and (2)(i) through (v) have been met. Additionally, the elements of PHI to be collected as described in items 1 and 2 of the Application for Waiver of Authorization have been determined to be the minimal necessary for the specified research.

The Chairperson (or designee) does not have a potential for conflict of interest on this study.

---

IRB00000705 East Carolina U IRB #1 (Biomedical) IORG0000418
IRB00003781 East Carolina U IRB #2 (Behavioral/SS) IORG0000418

**EAST CAROLINA UNIVERSITY**
**University & Medical Center Institutional Review Board**
Willis Building · Mail Stop 682
600 Moye Boulevard · Greenville, NC 27834
Office **252-744-2914** · Fax **252-744-2284** ·
**rede.ecu.edu/umcirb/**

# Notification of Amendment Approval

From: Social/Behavioral IRB
To: Jody Grandy
CC: Jennifer McDougal
Date: 1/4/2024
Re: Ame1 UMCIRB 23-001219
UMCIRB 23-001219
Effects of Self Disclosure Among Black Males

Your Amendment has been reviewed and approved using expedited review on 1/4/2024. It was the determination of the UMCIRB Chairperson (or designee) that this revision does not impact the overall risk/benefit ratio of the study and is appropriate for the population and procedures proposed.
Please note that any further changes to this approved research may not be initiated without UMCIRB review except when necessary to eliminate an apparent immediate hazard to the participant. All unanticipated problems involving risks to participants and others must be promptly reported to the UMCIRB. The investigator must adhere to all reporting requirements for this study.
If applicable, approved consent documents with the IRB approval date stamped on the document should be used to consent participants (consent documents with the IRB approval date stamp are found under the Documents tab in the study workspace).
The approval includes the following items:

| Document | Description |
|---|---|
| Participation Flyer (0.02) | Recruitment Documents/Scripts |

For research studies where a waiver or alteration of HIPAA Authorization has been approved, the IRB states that each of the waiver criteria in 45 CFR 164.512(i)(1)(i)(A) and (2)(i) through (v) have been met. Additionally, the elements of PHI to be collected as described in items 1 and 2 of the Application for Waiver of Authorization have been determined to be the minimal necessary for the specified research.

The Chairperson (or designee) does not have a potential for conflict of interest on this study.

---

IRB00000705 East Carolina U IRB #1 (Biomedical) IORG0000418
IRB00003781 East Carolina U IRB #2 (Behavioral/SS) IORG0000418

# APPENDIX B: Permission Letters

**JODY C. GRANDY, LCMHCS, LPC**
East Carolina University
Grandyj09@Students.ECU.edu
Doctoral Candidate

**October 3, 2022**

**Dr. Gregory Zimet, PhD**
Indiana University
School of Medicine
410 West 10th Street, Suite 1001
Indianapolis, Indiana 46202

**Dear Dr. Zimet,**

I am a Doctoral Candidate at East Carolina University, completing my dissertation research for degree requirements with the Department of Addictions and Rehabilitation Studies. I am requesting permission to use the Multidimensional Scale of Perceived Social Support (MSPSS) in my research study. My research study will be supervised by my committee chairperson, Dr. Paul Toriello, Department Chair.

I want to use your scale to survey African American male college students enrolled at two Historically Black Universities in North Carolina. I am using the REDCap web application to capture my clinical research. I will not make any changes, only upload the scale to REDCap, allowing each student to provide an electronic response. Please note that I'm only using your instrument for my dissertation research; therefore, I also ask your permission to reproduce it in my dissertation appendix.

If you allow me to use your instrument under the terms highlighted, please email your approval to Grandyj09@studensts.ecu.edu. If you have any questions about my research study, feel free to contact me at (919) 710-5554. Thanks in advance for your time and consideration.

Respectfully,

**Jody C. Grandy, LCMHCS, LPC**
Doctoral Candidate

# RE: Permission to use the MSPSS

Zimet, Gregory D <gzimet@iu.edu>

Thu 10/13/2022 10:41 PM

To:Grandy, Jody <GRANDYJ09@students.ecu.edu>

1 attachments (539 KB)

0732 Zimet - MSPSS - Chapter 1998.pdf;



Dear Ms. Grandy,

You have my permission to use the Multidimensional Scale of Perceived Social Support (MSPSS) in your research. I have attached a chapter that I wrote about the scale. The documents from my website should provide you with a copy of the scale itself, scoring information, and a document listing many articles that have reported on the reliability and validity of the MSPSS.

I hope your research goes well.

Best regards,
Greg Zimet

---

**Gregory D. Zimet, PhD, FSAHM**
**Professor of Pediatrics & Clinical Psychology**
**Co-Director, IUPUI Center for HPV Research**
Division of Adolescent Medicine | Department of Pediatrics
Pronouns: He/Him/His

410 W. 10th Street | HS 1001
Indianapolis, IN 46202
+1.317.274.8812 tel
gzimet@iu.edu

INDIANA UNIVERSITY
SCHOOL OF MEDICINE

PREPARING **HEALERS.** TRANSFORMING **HEALTH.**

Web Pages:
https://medicine.iu.edu/faculty/2816/zimet-gregory
https://medicine.iu.edu/pediatrics/specialties/adolescent-medicine/research/hpv

---

**From:** Grandy, Jody <GRANDYJ09@students.ecu.edu>
**Sent:** Monday, October 3, 2022 4:03 PM
**To:** Zimet, Gregory D <gzimet@iu.edu>
**Cc:** Toriello, Paul <TORIELLOP@ecu.edu>
**Subject:** [External] Permission to use the MSPSS

Greetings, Dr. Zimet,

My name is Jody Grandy, and I am a Doctoral Candidate enrolled at East Carolina University. I am currently working on my dissertation and would like to use your survey for my study (please look at the attached letter for more details). Your website (highlighted below) has information related to your survey, but please feel free to send any additional information related to the MSPSS.

Thanks for your time and consideration regarding my request.

**Multidimensional Scale of Perceived Social Support (MSPSS) (gzimet.wixsite.com)**

**Jody Grandy, LCMHCS, LPC**
East Carolina University
Grandyj09@students.ecu.edu
(919) 710- 5554

# APPENDIX C: Sample Demographic Data

**Sample Demographic Data**

| Demographic Variable | N | Percent |
|---|---|---|
| Age | | |
| 18 | 27 | 27% |
| 19 | 36 | 36% |
| 20 | 12 | 12% |
| 21 | 14 | 14% |
| 22 | 4 | 4% |
| 23 | 6 | 6% |
| 24+ | 1 | 1% |
| College Classification | | |
| Freshman | 51 | 51% |
| Sophomore | 25 | 25% |
| Junior | 11 | 11% |
| Senior | 12 | 12% |
| Graduate | 1 | 1% |
| Cultural Ethnicity | | |
| African American | 81 | 81% |
| Afro-Caribbean | 1 | 1% |
| Afro-Latino | 2 | 2% |
| African | 1 | 1% |
| Biracial | | |
| White | 1 | 1% |
| Dominican | 1 | 1% |
| Mexican | 1 | 1% |
| Panamanian | 1 | 1% |
| Home Residency | | |
| Rural | 70 | 70% |
| Metropolitan | 30 | 30% |
| Spiritual Affiliation | | |
| Yes | 55 | 55% |
| No | 45 | 45% |
| Spiritual Identification | | |
| Christian | 41 | 41% |
| God | 2 | 2% |
| Self | 1 | 1% |
| Past Therapy | | |
| Yes | 23 | 23% |
| No | 77 | 77% |
| Knowledge of Others in Therapy | | |
| Yes | 63 | 63% |
| No | 37 | 37% |

# APPENDIX D: Study Recruitment Documents

**Researcher Statement:**

Hello!

Thank you for allowing me to speak with you today.

My name is Jody Grandy, and I'm a student at East Carolina University, completing degree requirements for a Ph.D. in Counselor Preparation and Research in the Department of Addictions and Rehabilitation Studies.

I am a Licensed Therapist in North Carolina and Virginia with over 25 years of experience providing in-the-moment support and clinical counseling. I am a two-time alumna of North Carolina Central University, where Dr. A. Carroo and Dr. R. Mizelle mentored me. They encouraged me to consider research and teaching as career options, which brings me to you today.

I've always questioned mental health and wellness among ethnic groups, genders, ages, and demographics and how these factors affect symptoms and treatment. My dissertation will provide an opportunity to look at this phenomenon further.

The purpose of this study is to:

- Gain a better understanding of Black American males' attitudes toward seeking professional psychological help when experiencing emotional distress
- Help clinical professionals and community networks understand the importance of social support regarding mental wellness.
- Help professionals to create safe spaces for mental health treatment and education for Black American males.

This study is open to all students enrolled in the General Psychology course; however, your participation is strictly voluntary. This means you are not obligated to participate. This is not mandatory; your professor will not be informed of your participation. If you decide to participate, you will receive a flyer with a QR Code leading to a consent form, a demographic page, and three brief surveys.

If you decide to participate, you can enter a drawing to win a $50.00 gift card.

Again, your participation is voluntary.

Questions?

Thanks for your time

Psychology Professor Email:

Greetings!

My name is Jody Grandy, and I am a Doctoral Candidate completing my degree requirements for a Ph.D. in Counselor Preparation and Research in the Department of Addictions and Rehabilitation Studies (DARS) at East Carolina University.

My dissertation study is entitled:

*The Effects of Self-Disclosure on Attitudes Toward Seeking Professional Psychological Help Among Black American Males*

This research study is quantitative, and I am seeking student participants from all ethnicities, genders, and races enrolled in General Psychology courses at North Carolina Central University and Elizabeth City State University. I want to meet with your class to explain this study and administer the surveys through REDCap, a HIPAA-compliant research program.

The following will be included in the process:

Consent Form
Demographic Questionnaire
Attitudes Toward Seeking Professional Psychological Help -Short Form
Distress Disclosure Index
Multidimensional Scale of Perceived Social Support
Lottery Entry (cell number)

Participating students can enter a lottery drawing for 2-$50 Gift Cards. I would like to have the opportunity to speak to your class at the beginning without your presence to prevent student-teacher coercion. Please contact me at (919) 710-5554 if you have any questions or concerns about my research or to confirm a date.

Respectfully,

Jody Grandy, LCMHC-S, LPC

JODY GRANDY, LCMHC-S
DOCTORAL CANDIDATE
EAST CAROLINA UNIVERSITY
DEPARTMENT OF ADDICTIONS & REHABILITATION STUDIES
GRANDYJ09@STUDENTS.ECU.EDU

OCTOBER 2023 – APRIL 2024

THE PURPOSE OF THIS STUDY IS TO:

- GAIN A BETTER UNDERSTANDING OF BLACK-AMERICAN MALES' ATTITUDES TOWARD SEEKING PROFESSIONAL HELP WHEN EXPERIENCING EMOTIONAL DISTRESS
- HELP PROFESSIONAL PROVIDERS AND COMMUNITY NETWORKS UNDERSTAND THE IMPORTANCE OF SOCIAL SUPPORT REGARDING MENTAL WELLNESS.
- HELP PROFESSIONALS TO CREATE SAFE SPACES FOR MENTAL HEALTH TREATMENT AND EDUCATION FOR BLACK-AMERICAN MALES.

# EFFECTS OF SELF-DISCLOSURE TOWARDS ATTITUDES ON SEEKING PROFESSIONAL PSYCHOLOGICAL HELP

***Students must be 18 years and older to participate and 20-25 minutes to complete***

**Surveys for the Study:**

- **Demographic Questionnaire**
- **Attitudes Towards Seeking Professional Psychological Help**
- **Distress Disclosure Index**
- **Multidimensional Scale of Perceived Social Support**

Scan the QR Code to Participate

# APPENDIX E: Consent Forms



## Consent Form - ECSU

**You are invited to participate in a research study titled "The Effects of Self-Disclosure on Attitudes Toward Seeking Professional Psychological Help Among Black Males " conducted by Jody Grandy, a Ph.D. student at East Carolina University in the Department of Addictions and Rehabilitation Studies.**

**I am accepting surveys from all students, regardless of race, ethnicity, gender, or sexual preferences, for future studies. It will take approximately 20-25 minutes to complete the questions. Students must be 18 or older to participate in the study.**

**It is intended that this information will assist us in better understanding the attitudes of seeking professional psychological help among Black males and external influences they experience, such as social factors, specifically family members, friends, and significant others; however, all students are welcome to complete the surveys.**

**Research committee members and I will use data collected from this study for future research. Your consent to participate acknowledges that you are okay with us using this data for future research.**

**Your responses will be kept confidential, and no data will be released or used with your identification attached. Your participation in the research is voluntary. You must complete all the questions to move on to the next ones; however, you are not obligated to complete the surveys, and you may stop anytime.**

**I cannot pay you for the time you volunteer in this study; however, if you decide to participate, you can enter a drawing for a $50 gift card. There will be two lottery drawings for 2-$50 gift cards. A link will be provided at the end of the survey that will allow you to enter your contact number. All numbers are entered into The Hat 3.0 (Deluxe): Name Randomizer. This is to randomize the number selection and identify a winner fairly. Afterward, your number will be deleted, and the winners will be called to pick up their gift cards.**

**There is no penalty for not taking part in this research study. Please call Jody Grandy, principal investigator, at (919) 400-5008/Grandyj09@students.ecu.edu or Jennifer McDougal at (252) 744-6301/ McdougalJE15@ecu.edu for any research-related questions. Also, contact the University & Medical Center Institutional Review Board (UMCIRB) at 252-744-2914 for questions about your rights as a research participant.**

**If you want to continue, select "I agree" below to start the survey. Thank you for your time and support with my dissertation research.**

**Counseling Resources:**

**Elizabeth City State University Participants:**

**Elizabeth City State University Counseling Center**
**Suite 500, Griffin Hall**

**252-335-3275**

**Haven Mental Wellness**
**1851 W Ehringhaus Rd Elizabeth City, NC 27909**
**252-619-2309**
**https://havenmentalwellness.com/**

| | I Agree | I Disagree |
|---|---|---|
| **Consent - Elizabeth City State University**<br>* must provide value | ○ | ○ |

**Signature**

* must provide value

Submit

Powered by REDCap

# Consent Form - NCCU

**You are invited to participate in a research study titled "The Effects of Self-Disclosure on Attitudes Toward Seeking Professional Psychological Help Among Black Males " conducted by Jody Grandy, a Ph.D. student at East Carolina University in the Department of Addictions and Rehabilitation Studies.**

**I am accepting surveys from all students, regardless of race, ethnicity, gender, or sexual preferences, for future studies. It will take approximately 20-25 minutes to complete the questions. Students must be 18 or older to participate in the study.**

**It is intended that this information will assist us in better understanding the attitudes of seeking professional psychological help among Black males and external influences they experience, such as social factors, specifically family members, friends, and significant others; however, all students are welcome to complete the surveys.**

**Research committee members and I will use data collected from this study for future research. Your consent to participate acknowledges that you are okay with us using this data for future research.**

**Your responses will be kept confidential, and no data will be released or used with your identification attached. Your participation in the research is voluntary. You must complete all the questions to move on to the next ones; however, you are not obligated to complete the surveys, and you may stop anytime.**

**I cannot pay you for the time you volunteer in this study; however, if you decide to participate, you can enter a drawing for a $50 gift card. There will be two lottery drawings for 2-$50 gift cards. A link will be provided at the end of the survey that will allow you to enter your contact number. All numbers are entered into The Hat 3.0 (Deluxe): Name Randomizer. This is to randomize the number selection and identify a winner fairly. Afterward, your number will be deleted, and the winners will be called to pick up their gift cards.**

**There is no penalty for not taking part in this research study. Please call Jody Grandy, principal investigator, at (919) 400-5008/Grandyj09@students.ecu.edu or Jennifer McDougal at (252) 744-6301/McdougalJE15@ecu.edu for any research-related questions. Also, contact the University & Medical Center Institutional Review Board (UMCIRB) at 252-744-2914 for questions about your rights as a research participant.**

**If you want to continue, select "I agree" below to start the survey. Thank you for your time and support with my dissertation research.**

**Counseling Resources:**

**North Carolina Central University Participants:**

**North Carolina University Counseling Center**
**919-530-7646**
**Counselingcenter@nccu.edu**

**Carolina Outreach**
**2670 Durham-Chapel Hill Blvd. Durham, NC**
**(919) 251-9001**
**https://carolinaoutreach.com/**

| | I Agree | I Disagree |
|---|---|---|
| **Consent - North Carolina Central University**<br>* must provide value | ○ | ○ |

**Signature**

* must provide value

Submit

Powered by REDCap

# Consent Form - WSSU

**You are invited to participate in a research study titled "The Effects of Self-Disclosure on Attitudes Toward Seeking Professional Psychological Help Among Black Males " conducted by Jody Grandy, a Ph.D. student at East Carolina University in the Department of Addictions and Rehabilitation Studies.**

**I am accepting surveys from all students, regardless of race, ethnicity, gender, or sexual preferences, for future studies. It will take approximately 20-25 minutes to complete the questions. Students must be 18 or older to participate in the study.**

**It is intended that this information will assist us in better understanding the attitudes of seeking professional psychological help among Black males and external influences they experience, such as social factors, specifically family members, friends, and significant others; however, all students are welcome to complete the surveys.**

**Research committee members and I will use data collected from this study for future research. Your consent to participate acknowledges that you are okay with us using this data for future research.**

**Your responses will be kept confidential, and no data will be released or used with your identification attached. Your participation in the research is voluntary. You must complete all the questions to move on to the next ones; however, you are not obligated to complete the surveys, and you may stop anytime.**

**I cannot pay you for the time you volunteer in this study; however, if you decide to participate, you can enter a drawing for a $50 gift card. There will be two lottery drawings for 2-$50 gift cards. A link will be provided at the end of the survey that will allow you to enter your contact number. All numbers are entered into The Hat 3.0 (Deluxe): Name Randomizer. This is to randomize the number selection and identify a winner fairly. Afterward, your number will be deleted, and the winners will be called to pick up their gift cards.**

**There is no penalty for not taking part in this research study. Please call Jody Grandy, principal investigator, at (919) 400-5008/Grandyj09@students.ecu.edu or Jennifer McDougal at (252) 744-6301/McdougalJE15@ecu.edu for any research-related questions. Also, contact the University & Medical Center Institutional Review Board (UMCIRB) at 252-744-2914 for questions about your rights as a research participant.**

**If you want to continue, select "I agree" below to start the survey. Thank you for your time and support with my dissertation research.**

**Counseling Resources:**

**Winston Salem State University Participants:**

**Winston Salem State University Counseling Services**
**Alexander H. Ray Wellness Center**
**336-750-3270**

**Spencer Counseling and Wellness**
**450 W. Hanes Mill Rd. Suite 238 Winston Salem NC 27105**
**336-692-5502**
**https://www.spencercounseling.org/#home**

| | I Agree | I Disagree |
|---|---|---|
| **Consent -Winston Salem State University** * must provide value | ○ | ○ |

**Signature**

* must provide value

Submit

Powered by REDCap

# APPENDIX F: Demographic Questionnaire



## Demographic

A A A

**Age:**
* must provide value

**Major**
* must provide value

**Classification**
* must provide value

○ Freshman ○ Sophomore ○ Junior ○ Senior ○ Graduate

**Gender at Birth**
* must provide value

○ Male ○ Female

**Gender Identification**
* must provide value

○ Male ○ Female ○ Non-Binary ○ Gender-Queer ○ Gender-Fluid ○ Transgender

**Race:**
* must provide value

○ Black-American ○ White ○ American Indian/Alaska Native ○ Asian ○ Native Hawaiian ○ Latino/Hispanics

**Biracial:**
* must provide value

○ Yes ○ No

**Home Residency:**
* must provide value

○ Rural ○ Metropolitan

**Spiritual Affiliations:**
* must provide value

○ Yes ○ No

**Sexual Orientation:**
* must provide value

○ Straight ○ Gay ○ Lesbian ○ Bisexual ○ Asexual ○ Other

**Past Therapy:**
* must provide value

○ Yes ○ No

**Knowledge of others in therapy**
* must provide value

☐ Family member ☐ Friend ☐ Significant Other ☐ N/A

**Would you share feelings of distress with someone:**

* must provide value

◯ Yes ◯ No

**Would you engage in professional psychological services if in distress:**

* must provide value

◯ Yes ◯ No

**Are you aware of any professional psychological services:** ◯ Yes ◯ No

* must provide value

Next Page >>

# APPENDIX G: Attitudes Toward Seeking Professional Help



## Attitudes Toward Seeking Professional Help

**If I believe I was having a mental breakdown, my first inclination would be to get professional attention.**

* must provide value

○ Disagree ○ Partly Disagree ○ Partly Agree ○ Agree

**The idea of discussing problems with a psychologist strikes me as a poor way to eliminate emotional conflicts.**

* must provide value

○ Disagree ○ Partly Disagree ○ Partly Agree ○ Agree

**If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.**

* must provide value

○ Disagree ○ Partly Disagree ○ Partly Agree ○ Agree

**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.**

* must provide value

○ Disagree ○ Partly Disagree ○ Partly Agree ○ Agree

**I would want to get psychological help if I were worried or upset for a long period of time.**

* must provide value

○ Disagree ○ Partly Disagree ○ Partly Agree ○ Agree

**I might want to have psychological counseling in the future.**

* must provide value

○ Disagree ○ Partly Disagree ○ Partly Agree ○ Agree

**A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.**

* must provide value

○ Disagree ○ Partly Disagree ○ Partly Agree ○ Agree

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

* must provide value

○ Disagree ○ Partly Disagree ○ Partly Agree ○ Agree

**A person should work out his or her own problems; getting psychological counseling would be a last resort.**

* must provide value

○ Disagree ○ Partly Disagree ○ Partly Agree ○ Agree

**Personal and emotional troubles, like many things, tend to work out by themselves.**

* must provide value

○ Disagree ○ Partly Disagree ○ Partly Agree ○ Agree

**Next Page >>**

APPENDIX H: Distress Disclosure Index



# Distress Disclosure Index

AAA

**Please read each of the following items carefully. Indicate the extent to which you agree or disagree with each item according to the rating scale below:**

**When I feel upset, I usually confide in my friends.**

* must provide value

○ strongly disagree ○ disagree ○ neutral ○ agree ○ strongly agree

**I prefer not to talk about my problems.**

* must provide value

○ strongly disagree ○ disagree ○ neutral ○ agree ○ strongly agree

**When something unpleasant happens to me, I often look for someone to talk to.**

* must provide value

○ strongly disagree ○ disagree ○ neutral ○ agree ○ strongly agree

**I typically don't discuss things that upset me.**

* must provide value

○ strongly disagree ○ disagree ○ neutral ○ agree ○ strongly agree

**When I feel depressed or sad, I tend to keep those feelings to myself.**

* must provide value

○ strongly disagree ○ disagree ○ neutral ○ agree ○ strongly agree

**I try to find people to talk with about my problems.**

* must provide value

○ strongly disagree ○ disagree ○ neutral ○ agree ○ strongly agree

**When I am in a bad mood, I talk about it with my friends.**

* must provide value

○ strongly disagree ○ disagree ○ neutral ○ agree ○ strongly agree

**If I have a bad day, the last thing I want to do is talk about it.**

* must provide value

○ strongly disagree ○ disagree ○ neutral ○ agree ○ strongly agree

**I rarely look for people to talk with when I am having a problem.**

* must provide value

○ strongly disagree ○ disagree ○ neutral ○ agree ○ strongly agree

**When I'm distressed I don't tell anyone.**

* must provide value

○ strongly disagree ○ disagree ○ neutral ○ agree ○ strongly agree

**I usually seek out someone to talk to when I am in a bad mood.**

* must provide value

○ strongly disagree ○ disagree ○ neutral ○ agree ○ strongly agree

**I am willing to tell others my distressing thoughts.**

* must provide value

○ strongly disagree ○ disagree ○ neutral ○ agree ○ strongly agree

**Next Page >>**

APPENDIX I: Multidimensional Scale of Perceived Social Support



# Multidimensional Scale of Perceived Social Support

AAA

**We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.**

| | Very Strongly Disagree | Strongly Disagree | Mildly Disagree | Neutral | Mildly Agree | Strongly Agree | Very Strongly Agree |
|---|---|---|---|---|---|---|---|
| **There is a special person who is around when I am in need.** * must provide value | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| **There is a special person with whom I can share joys and sorrows.** * must provide value | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| **My family really tries to help me.** * must provide value | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| **I get the emotional help & support I need from my family.** * must provide value | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| **I have a special person who is a real source of comfort to me.** * must provide value | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| **My friends really try to help me.** * must provide value | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| **I can count on my friends when things go wrong.** * must provide value | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| **I can talk about my problems with my family.** * must provide value | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| **I have friends with whom I can share my joys and sorrows.** * must provide value | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| **There is a special person in my life who cares about my feelings.** * must provide value | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| **My family is willing to help me make decisions.** * must provide value | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| **I can talk about my problems with my friends.** * must provide value | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

**Submit**

# APPENDIX J: Card Drawing



## Card drawing

AAA

"Please add your contact if you would like to participate in the gift card drawing. Your information is not connected to the completed survey".

"Thanks for participating in this study"

**Phone Number:**

**University enrolled**

**Submit**

Powered by REDCap