Choosing mental health: An investigation of the relationship between college student help seeking and self-authorship

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CHOOSING MENTAL HEALTH: AN INVESTIGATION OF THE RELATIONSHIP BETWEEN COLLEGE STUDENT HELP SEEKING AND SELF-AUTHORSHIP

A Dissertation

Presented to

The Faculty of the School of Education

The College of William & Mary

In Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

By

Kendra A. Surmitis

July 2014
CHOOSING MENTAL HEALTH: AN INVESTIGATION OF THE RELATIONSHIP
BETWEEN COLLEGE STUDENT HELP SEEKING AND SELF-AUTHORSHIP

By

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Approved July 2014 by

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DEDICATION

This project is dedicated to all who find themselves in need of help, seeking help, and providing help along life's journey. May you embrace the delightful moment beyond times of despair.

"I had come to realize that, when things were going very well, indeed, it was just the time to anticipate trouble. And, conversely, I learned from pleasant experience that at the most despairing crisis, when all looked sour beyond words, some delightful 'break' was apt to lurk just around the corner."

- Amelia Earhart (1897 – 1937)
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ABSTRACT

The current study serves as a response to the disparity between the increases in needs for mental health support and the low numbers in help seeking in today’s college student population (see ACHA, 2013; Kitzrow, 2003). While stigma is the primary lens through which researchers understand this disparity, there continues to exist an opportunity for a deeper understanding of additional barriers to help seeking and the relationship it shares with college student development. There are no current empirical or theoretical studies illustrating these potential relationships, thus, the current study provides a novel approach for understanding help seeking in the context of college student development.

The focus of this study is the exploration of relationships between self-authorship as a measurement of college student development, stigma, and help seeking behaviors. Hypotheses suggested that self-authorship would be associated with help seeking, and that lower-levels of self-authorship would be associated with the decision not to seek help. Furthermore, it was hypothesized that low-levels of stigma would be associated with the decision to seek help voluntarily, and that higher levels of stigma would be associated with the decision not to seek help. While statistical results did not provide conclusive support for these hypotheses, narrative data provided meaningful insight into student perspectives on help seeking and its potential relationship to self-authorship. Based on the findings of this study, research investigating college student belief systems associated with mental illness, mental health, and help seeking is recommended. The insights derived from this current study support the existing body of research suggesting that further investigations are necessary to develop a comprehensive understanding of college students’ decisions to seek help.
CHOOSING MENTAL HEALTH: AN INVESTIGATION OF THE RELATIONSHIP BETWEEN COLLEGE STUDENT HELP SEEKING AND SELF-AUTHORSHIP
CHAPTER ONE: INTRODUCTION

This paper reports on a dissertation research study that investigated the possible relationships between college student help seeking, stigma, and self-authorship. The first chapter discusses the current disparity between apparent needs for the use of college counseling services and the actual numbers of students seeking help from those services. The chapter also provides a general synopsis of the current state of the college campus climate and explores the purpose of the study, which was to broaden the current understanding of college student help seeking behaviors and to introduce the potential relationship that the decision to seek help may have with student developmental level. Finally, an overview of the study is presented, including an introduction to the research questions and hypotheses. The second chapter provides a review of professional literature that is relevant to the research including college student help seeking, barriers to help seeking, developmental theory, and self-authorship. Chapter Three describes the methodology of the study, and Chapter Four will present the results of both the statistical analysis utilized in the study as well as the results of the narrative data provided by the participants. The fifth and final chapter will discuss the implications of the findings and provide suggestions for future research.

Statement of the Problem

Disparity Between Need and Use

Concern regarding increases in mental health related issues affecting college students has grown throughout recent years following mass media coverage of on campus safety concerns, the development of governmental task forces to improve mental health on campus (Gallagher, 2012; Golberstein, Eisenberg, & Gollust, 2008), and documented increases in subclinical and clinical issues affecting college students (i.e. ACHA, 2013; Zivin, Eisenberg, Gollust, & Golberstein, 2009). While emotional distress is on the rise and environmental stressors are profuse, research reports that college students
often choose not to pursue mental health counseling for support (i.e. Cheng, Kwan, & Sevig, 2013; Gallagher; Kitzrow, 2003; Rosenthal & Wilson, 2008). Although university efforts as well as government attention to funding have established strategies to confront student distress, a disparity continues to exist between college student needs for mental health services and the actual use of such services, such as mental health counseling (Gallagher; Rosenthal & Wilson).

In an empirical study focused on the use and disparity among college student use of mental health services, researchers Rosenthal and Wilson (2008) examined college students’ actual use of counseling for emotional issues. Participants included 1,733 students (68% female, 32% male) attending either an urban college or a two-year community college. Student demographics established a diverse participant sample, including 13% Asian, 49% African American/Black, 28% Latino, and 10% Caucasian/White. Data was collected across six years, between 1999 and 2005, and included the use of self-report measures collecting a wide range of student demographic data as well as a single item assessment of counseling use.

Approximately three fourths of the students in Rosenthal & Wilson’s (2008) participant sample reported moderate levels of distress, and 9% of students reported clinically significant levels of distress. Most notably concerning usage of counseling services, this study found that 75% of students reporting clinically significant levels of distress did not choose to seek counseling services within the previous six months, whereas only 10% of the sample did engage in counseling services within the previous six months. The study illustrates that students, more often than not, refrained from seeking campus support services despite having needs for those services. Similar to the outcomes of this study, national averages illuminate the disparity between need and usage of counseling services as a critical issue affecting college health, the emotional climate on campus, and ongoing prevalence of distress (ACHA, 2013).
The American College Health Association’s (ACHA) comprehensive inquiry of college student health factors further illustrates an increase in student distress throughout the past decade (ACHA, 2013). Results of their National College Health Assessment (NCHA), involving a national survey of college students, provide evidence of the evolving need for attention to mental health problems facing students. Specifically, the 2013 NCHA summary report examines frequencies of factors associated with college student health including drug use, campus crime, sexual intercourse, institutional distribution of psychoeducational materials, and a variety of mental health related topics (i.e. loneliness, thoughts of suicide, disordered eating, anxiety).

The most recent ACHA findings expose striking frequencies of mental health problems and distressing experiences as reported by the students who participated in the assessment (n = 123,078). For example, approximately half of the participants reported feeling a sense of overwhelming anxiety within the past year, and 30% reported feelings of intense anger. Twenty-percent of all students reported having seriously considered suicide. Over 15% reported feeling so depressed that it was difficult to function, and over 1,000 participants reported having attempted suicide over the past 12-months. Additionally, over 22% of all students reported feeling lonely within the two weeks prior to the assessment. It seems that significant portions of the college student population are experiencing feelings of hopelessness, some of whom are emotionally isolated, angry, and overwhelmed (ACHA, 2013).

Comparable to the statistics concerning college student experiences highlighted above, ACHA (2013) also collects data concerning student reports of mental health diagnosis and the status of treatment being provided that further illustrates the high presence of distress on campus. Results indicated that approximately 52% of students reported experiencing tremendous stress or more than average stress, but despite this, approximately 98% reported having no clinical diagnosis and no mental health treatment. Overwhelming numbers of students reported having high rates of depressive
symptoms, however very few reported seeking treatment or support. In fact, 28% of students answered “No” to the question, “If in the future you were having a personal problem that was really bothering you, would you consider seeking help from a mental health professional?” (ACHA, p. 40). It can be determined that on a national platform, students are experiencing distress, they are feeling alone, and many are unwilling to utilize mental health services.

In addition to research regarding experiences of distress and service use on a national level, the persistence of mental health problems and clinical needs of college students were assessed at one public higher education institution by researchers Zivin, Eisenberg, Gollust, and Golberstein (2009). The purpose of this study was to develop a longitudinal dataset, identified as a missing link in understanding student distress and help seeking behaviors over time. The baseline sample consisted of 5,021 undergraduate and graduate students enrolled in a large, public university. Participants completed a survey assessing their mental health, service use, and demographic characteristics. Two years later, 3,012 (60%) participants from the original sample completed the same survey a second time. Regression analyses established changes over the two points in time (2005 and 2007). Results provided usage of services data for three student population groupings, which included: (a) all students in the sample, (b) students with mental health related problems at the baseline assessment, and (c) students with mental health related problems at both baseline and at the time of the follow-up survey.

Of the entire sample, approximately 85% of all students did not seek mental health treatment services at either time of the survey (2005 and 2007). Twenty-five percent of students did, however, perceive a need for services at time two, while only 14% of these students sought services. Additionally, more than three-fourths of those who perceived the need for services at time one also perceived the need for services at time two, however a portion of these students (approximately 100-students) consistently did not seek treatment (Zivin, Eisenberg, Gollust, & Golberstein, 2009).
The second grouping of students, those with a mental health problem at baseline (n = 270), were assessed for perception of need as well. The majority of these students, those who were screened as positive for having a mental health problem at time one, did not perceive a need for services at either time (61%). Furthermore, 80% of those who did not seek treatment at time one also did not seek treatment at time two (Zivin, Eisenberg, Gollust, & Golberstein, 2009). The disparity between positive assessment for a mental health problem and usage of treatment was clearly evident in this second subsample of students.

Finally, the third grouping of students, those who were assessed as positive for a mental health problem at both baseline and follow-up consisted of 162-students. Fifty-percent of this sample perceived no need for mental health services at both time one and time two. Seventy-four percent of this third subsample (85-students) chose not to seek services at either time one or time two (Zivin, Eisenberg, Gollust, & Golberstein, 2009). Despite the fact that some students held a positive perception of need as well as positive assessments of mental health problems, a significant portion of students chose not to seek treatment.

Highly suggestive of the disparity among perception, need, and use of mental health treatment, this research reveals a cause for concern that many advocates for college student health share: mental health needs are currently unmet within the college student population. While statistical data has provided insight into the disparities among students in need of support and the low level of help seeking, this data does not provide insight into factors contributing to the problem. Therefore, a deeper understanding of individual student decisions to seek support services on campus requires a broadened awareness of student perceptions of need for mental health counseling, individual differences among the student body, and the potential effects of the current college campus climate.

**College Climate**
The current college climate encompasses student experiences of transitional stressors (Hicks & Heastie, 2008), increasing mental health concerns (Blom & Beckley, 2005; Zivin, Eisenberg, Gollust, & Golberstein, 2009), and rising tensions in response to financial instability (Brougham, Zail, Mendoza, & Miller, 2009). In addition to many students’ normal, expected reactions and responses to transition to the college campus, they encounter increased numbers of incidences of sexual crime, violation of property, discrimination, and other serious interpersonal stressors at a markedly high rate in comparison to their non-collegiate counterparts (ACHA, 2013; Rayburn, Earleywine, & Davison, 2009; Tomsich, Gover, & Jennings, 2010). Recent literature concerning the particularly challenging aspects of college life highlights the high frequencies of these types of stressors as well as their consequences including increased student distress and perceptions by students and other campus community members that the campus is a dangerous place.

Most notably, in her discussion of mental health needs of today’s college students, Kitzrow (2003) cited the challenges posed by increases in psychological distress and the contributing environmental factors impacting the student experience on campus. Kitzrow indicated that from the 1950’s era of career-focused college counseling to the more psychiatric-focused, treatment based interventions provided by today’s college clinicians, higher education professionals have seen stark increases in psychological distress and the environmental factors that contribute to its persistence. Significant components of the increases in college student distress have included contact with illegal drugs and intoxicating substances, an increase in sexual assault-related concerns on campus, and gambling. Additionally, Kitzrow noted the significant impact on the college experience generally of student safety concerns, the potential for victimization, and the psychological issues of students and those around them.
Help seeking and self-authorship

Understanding the wellbeing of students and their perceptions of threat to their livelihood and safety begins with assessing the basic need for safety on campus. Data acquired by the United States Government, Department of Education (2013) provides a profile of the nation’s college crime rates in both 2002 and 2009. Homicide rates, reported at 23 total incidences on-campus in 2002, dropped in 2009 to 11; Forcible sex offenses increased from 2,235 in 2002 to 3,948 in 2009; Robbery decreased from 2,215 in 2002, to 1,664 to 2009; Aggravated assault offenses decreased from 3,086 in 2002 to 2,616 in 2009. Generally, national crime rate statistics highlight a primarily decreasing trend, yet criminal behavior and victimization continue on campus. Compounding a reality of danger on campus, is the perception of risk and its affect on individual students, Tomsich, Gover, and Jennings (2010) surveyed the perceptions of fear and risk of crime among college students and other members of their campus community, as well as the prevalence of campus victimization. Of the 997 participants who completed the survey, 8% of all students indicated that they were victims of crime since their enrollment in the university. Furthermore, all respondents, including faculty and students, indicated moderate fear of being at risk of being victimized. While these rates are particular to the urban college setting at which the survey was administered, national statistics indicate levels of victimization that exceed those on this particular campus (ACHA, 2013). Therefore, a comprehensive understanding of student fears and experiences of crime are arguably dependent upon a variety of contextual factors associated with the specific campus environment.

The variables impacting the college climate are increasingly complex as students of diverse backgrounds, nationalities, and worldviews step onto campus. Individuals who are members of stigmatized groups are often at higher risk of victimization due to hatred for their gender, race, ethnicity, religion, national origin, sexual orientation, or disability (Rayburn, Earleywine & Davison, 2003). In fact, in their comparison of two hate crime survey methods (self report versus the unmatched count
technique), Rayburn, Earleywine, and Davison assessed that 75% of minority-group students indicated being victims of verbal assault, 28% being victims of sexual harassment, 24% being victims of sexual assault, and 10% as being victims of physical assault (n = 287). While multicultural sensitivity and awareness are increasingly prominent objectives in college course curricula, and numbers of diverse students continue to multiply, still there exists a “rising tide of bigotry and bloodshed in American society as a serious problem” (Rayburn, Earleywine, & Davison, p. 1209). It seems that minority students may experience increased risk of harm as well as elevated perceptions of risk in addition to the expected, normal sources of distress in transition to college experiences by all college students.

For example, a student’s transitional first year of college is arguably the most challenging period of adjustment that a college student confronts (Johnson, Gans, Kerr, & LaValle, 2010). In their recent review of high school to college transitional factors, Hicks and Heastie (2008) profiled stressors affecting first year college students. Participants (n = 514) consisted of predominately African American students (77%), most of whom where freshman or sophomores (66%), who were asked to reflect upon their early experience with campus climate both as on-campus residents and off-campus (commuter) residents. Data obtained for their study consisted of a self-rated health and quality of life questionnaire as well as assessments of health-related behaviors.

Participants were administered assessments that examined a range of items including quality of life, health behaviors (such as eating healthy and exercising), health status, mental wellbeing, lifestyle, and indications of depression. Analysis following the survey consisted of a chi-square test to determine variable stressors that were central to student quality of life, both for those living on-campus as well as those living off campus. Significant sources of stress included on-campus student stress associated with a roommate (indicated by 47% of on-campus students) and off-campus and on-campus student experiences with poor housing (46% and 21%). Additionally, off-campus student experiences with
distress due disease, injury, and abuse of prescription medication were significantly higher than of those
students living on-campus (Hicks & Heastie, 2008). The student perspectives revealed by this research
include both those living on and off campus, and therefore provide higher education professionals with
meaningful insight into the variety of distress experienced by college students, extending beyond the
more familiar and understood experiences of those students who live on campus.

Increases in concern for college student wellness are evident across the nation (ACHA, 2013). A
variety of research studies have brought attention to the need for prevention methods in response to
increasing rates of mental illness and maintenance of wellness on campus, as a function of institutions of
higher education (see ACHA, 2012; Gallagher, 2005; Zivin, Eisenberg, Kitzrow, 2003). Given the
current college climate, which presents a variety of challenges (e.g. campus crime and transitional
stressors) and stressful experiences for today’s college students, researchers have identified a need to
investigate possible reasons for the disparity between apparent need and utilization of support services in
order to better support the wellbeing of all members of the campus community.

Theoretical Rationale for the Study

Justification for a Developmental Framework

The concept of self-authorship provides a useful theoretical lens through which researchers and
student support personnel can understand student development throughout college (Baxter Magolda,
2008). Self-authorship is defined as the “internal capacity to define one’s beliefs, identity, and social
relations” (Baxter Magolda, p. 269), and explains how students mature and develop throughout their
college experience. Embedded within the larger body of established research concerning holistic aspects
of individual development and, more explicitly college student development, self-authorship is derived
Kegan refers to his theory of the evolving self as the individual’s, “personal unfolding of ways of
organizing experiences that are not simply replaced as we grow, but subsumed into more complex systems of mind” (p. 9).

Kegan’s (1982) theory integrates interpersonal, intrapersonal, and epistemological dimensions of holistic development into an increasingly complex meaning making system. This developmental process occurs throughout three phases: (a) External Formulas, (b) Crossroads, and (c) Early Self-Authoring. The three foundational dimensions (interpersonal, intrapersonal, and epistemological) to the interrelated facets of this meaning making system and inform how students critically make decisions during each phase of development at critical moments and begin to take personal authority of their lives - a process that is referred to as self-authorship.

Self-authorship is relevant to research pertaining to college student development and help seeking behaviors for a variety of reasons. College presents students challenges between following external formulas (predetermined curricular experiences established by authorities) and making independent decisions about the course of their lives. (Thelin & Hasman, 2011). Students must ultimately engage in critical decision-making as they face unknown challenges associated with their academic pursuits, interpersonal relationships, and personal value systems as well as their mental health (Baxter Magolda, 2008; Torres, 2011). These points at which a crucial decision is made according to the consideration of contexts and consequences, or crossroad, take place often; however, according to Baxter Magolda, they only occasionally bring about meaningful, qualitative, shifts in students’ epistemological, intrapersonal, and interpersonal structures.

In her investigation of student development of self-authoring, Baxter Magolda (2004) found that the subsequent shift from the Crossroads phase to the mature phase of Early Self-Authoring was often caused by a conflict between a student’s externally formulated plans and pressures associated with the need for a change of plans. She proposed that at the most mature phase of self-authorship: Early Self-
Authoring, a student's personal decisions to seek support, are informed by external formulas, pressures, and needs and determined by the student’s internal voice. As students developing according to this phasic conceptualization of the development of self-authorship, the abovementioned dimensions inform the developmental process epistemologically (as to how they relate to new information), interpersonally (as to how they make meaning of relationships), and intrapersonally (as to how they develop an understanding of their identity).

Several assumptions that informed Baxter Magolda’s conceptualization of self-authorship are shared across other cognitive developmental models. The first assumption is that individuals have an intrinsic potential for psychological growth from lower to higher level functioning. Mastery is developed over the individual’s environment as he or she becomes increasingly advanced and complex in his or her meaning making systems. The second assumption, which considers the environment’s role in growth, is that development is possible only when a person’s context provides an appropriate balance of challenge and support. The third assumption is that higher levels of development are better than lower levels. Conceptual complexity and mastery over a complex environment are greater, and therefore more desirable, at higher developmental levels. These three assumptions serve as a developmental foundation from which individual growth can be conceptualized as students make decisions about their lives in the context of their environment (Piaget, 1952; Kegan, 1994; Sprinthall).

Models of adult psychological development have proven useful in educational research (e.g. Brendel, Kolbert, & Foster, 2002; Peace, 1992) as well as in research regarding college student development (e.g. Pizzolato, 2004; McAdams & Foster, 1998). For example, Brendel, Kolbert, and Foster utilized developmental theory in their pedagogical approach to educating counselors on basic skills and theories of counselor education, and in assessing the program’s effectiveness in facilitating student development. The research study’s sample included 30 students in school counseling,
community counseling, and addictions/community counseling. The researchers assessed changes in student cognitive complexity and moral reasoning as outcomes of the developmentally-based educational program at three separate times: at the start of the program, 1 year into the program, and 2 years into the program. Results confirmed a significant increase in overall cognitive complexity of the students between their start of the program and its completion. Implications of this research suggest that intentional use of developmentally appropriate learning environments may be useful in increasing the cognitive complexity of students.

Providing additional support for the usefulness of developmental theory in educational research, Pizzolato (2004) reported that a theoretical relationship exists among high-risk college student coping style, adaptation, and self-authorship. Through a series of interviews with 27 high risk college students, struggling to maintain academic standards, Pizzolato found that self-authorship was an important factor in student problem-solving and coping strategies. Understanding college student experiences, decision-making, and utilization of personal authority were deemed important to student success and ability to cope with college-related challenges. Similarly, this study is intended to utilize developmental theory, specifically using the construct of self-authorship, to better understand college student experiences during challenging moments that call upon their ability to problem-solve and exert personal authority.

**Justification for the Study**

A developmental framework is a potentially valuable lens through which to understand the disparity between need for support and actual college student help seeking behaviors. Limitations in the current literature have led to weaknesses in understanding the dilemma students face when considering their decision to seek help. While recent research does account for particular barriers to support, such as stigma (e.g. Eisenberg, & Gollust, 2008) and possible access to care-related issues (e.g. Eisenberg Golberstein and Gollust, 2007), developmental factors have not yet been explored as potential variables
accounting for differences in help seeking in the student population. Self-Authorship, as a developmental construct, may provide a new perspective on understanding student decision making in the context of the university environment specific to seeking mental health-focused support on campus.

**Purposes of the Study**

The purposes of this proposed research study were: (a) to more fully understand college student help seeking behavior as it may relate to college development, and, (b) to understand possible relationships between the decision to seek help, self-authorship, and stigma. It was proposed that higher levels of self-authorship would be associated with the decision to voluntarily seek help on campus, despite the presence of stigma. Specifically, the following research questions were:

1. How is college student developmental level related to the student’s decision to seek help on campus?
2. How do college students construct their decision to seek help on campus?
3. What variables influence college student help seeking decisions?

**General Hypotheses**

Research hypotheses for this research study included:

1. Students in the high risk population, who are mandated to receive counseling will have significantly lower levels of self-authorship, as assessed by the Self-Authorship Subscale of the Career Decision Making Survey (CDMS-SA), in comparison to students who voluntarily seek treatment.
2. There will exist a significant, positive relationship between self-authorship, as assessed by the CDMS-SA, and voluntary counseling services use.
3. Students who have high levels of stigma, as assessed by the Revised Discrimination-Devaluation Scale (D-D) will be significantly less likely to seek voluntary counseling services than students with low levels of stigma.

4. Students who seek counseling will be assessed at significantly lower levels of stigma, as assessed by the Discrimination-Devaluation Scale (D-D), than students who are mandated to counseling.

**Sample Description and Data Collection Procedures**

The sample for this study consisted of a convenience sample of undergraduate college students registered two public universities, each located on the East Coast. Specifically, the sample consisted of two groups of participants, which included: (a) students who had voluntarily sought counseling services at the university and, (b) students who had been mandated to receive counseling services through an agreement with the university. The total number of participants included 76 students, 40 (52.6%) of which participated in counseling services voluntarily. Thirty-six participants who were required to participate in counseling services through an agreement with their university (47.4%) comprised the second group. The majority of the participants indicated that they identified as White (78.9%), followed by Asian American (7.9%), Multiracial (5.3%), Hispanic American (3.9%), African American (1.3%), Black (1.3%), and Native American (1.3%). The sample included a majority of participants who identified as female (60.5%), followed by male (38.2%) and transgender (1.3%).

All participants who were requested to participate in the study were administered the following instruments: an Informed Consent agreement, a Demographics Questionnaire, the Revised Discrimination-Devaluation Scale, and the Career Decision Making Scale - Self-Authorship Subscale. Additionally, participants were asked one, open-ended question for the purpose of providing additional, descriptive data on the process of deciding to pursue or not pursue help on campus. All data was
collected by means of either an emailed or paper invitation to participate in the study that directed them to a Qualtrics Internet-based survey. Quantitative survey data was subsequently transferred from Qualtrics to IBM SPSS software for the purpose of statistical analyses.

Data Analysis

Demographic data was examined using frequencies and descriptive statistics using IBM SPSS software. Each research hypothesis was tested using a Pearson $r$ correlational analysis, including the use of a significance level of $p< .05$. A multiple regression analysis was utilized for the purpose of exploring variance in help seeking as accounted for by the research variables. Finally, the narrative data was analyzed through a three-stage coding process, as recommended by Creswell (2009) that was intended to identify emerging and prescribed themes associated with college students’ perspectives of help seeking at their university.

Summary

Chapter One presented issues associated with the disparity between the significant numbers of college students in distress and low levels of help seeking on college campuses as well as a review of the research study intended to provide a new lens through which to understand this disparity. The primary topics related to this disparity were presented, and included the statistical representation of the disparity in need and use issues as well as the identified variables impacting the college climate (e.g. student victimization). College student developmental theory, with the particular emphasis on self-authorship, was introduced as a guiding theoretical framework for a new understanding of college student help seeking. The research questions, hypotheses, participant sample, research design, methodology, and subsequent analyses were outlined in this chapter. The following chapter, Chapter Two, provides a more comprehensive literature review of critical topics and issues presented within Chapter One.
CHAPTER TWO: LITERATURE REVIEW

Relevant literature concerning the primary concepts of mental health stigma, help seeking, and self-authorship will be reviewed in this chapter. First, the primary approach to understanding stigma as a principal contributor to the issue of disparity between need and use of support services within the college student population will be explored. In addition to stigma as a primary deterrent to help seeking, issues related to access to care are considered in determining an individual’s choice to remain without support as well as other secondary barriers will be presented. Finally, the theory of self-authorship as well as its foundational theory of Kegan's (1992) Evolving Self will described as a theoretical framework for this study. Relevant empirical research that supports the use of the theory of self-authorship will be presented throughout this chapter.

Current Approaches to Understanding College Student Help Seeking

Stigma

The avoidance of signs and symptoms of mental illness and their associated treatments is most often attributed to issues of stigma: the undesirable social phenomenon experienced by those living with mental health related issues (Corrigan, 2004). The theory of stigma asserts that as a stigmatized person, one is perceived by society as belonging to a category of individuals who are viewed as undesirable and of less value, and is oftentimes socially rejected (Corrigan; Crocker, Major, & Steele, 1998). Researchers who seek to understand the barrier of stigmatization often find that the fear of this phenomenon serves as a main deterrent to seeking help, requiring one to identify oneself as experiencing mental illness and therefore subsuming the associated, undesirable consequences (i.e. Rüsche et al., 2009; Vogel, Shechtman, & Wade, 2010; Vogel, Wade, & Hacker, 2007).

In a review of the literature concerning college student help seeking, stigma has been identified as the primary factor associated with the decision not to pursue help. Therefore, the current
understanding of the disparity between college student need for support and use of counseling services is conceptualized as an issue of self-preservation and avoidance of self-stigma. In recent years, researcher Patrick Corrigan has extensively investigated the role of public and self-stigma in predicting attitudes towards counseling. Providing the missing link between perceived public stigma of mental illness (i.e. people with mental illness are bad, therefore if I have a mental illness, I am bad too), his research explores the ways in which individuals are influenced and harmed by the social perception of individuals who are mentally ill. Corrigan (2004) hypothesizes that stigma serves as a barrier to seeking care as well as adherence to treatment according to four social-cognitive processes. Specifically, these four social-cognitive processes include: (a) cues, (b) stereotypes, (c) prejudice, and (d) discrimination.

Cues. The first process of stigma plays in creating a barrier to seeking treatment includes cues. Corrigan (2000) suggests that members of society seem to infer mental illness from four cues, which include: (a) psychiatric symptoms, (b) social skills deficits, (c) unusual physical appearance, and (d) labels. These indicators can oftentimes communicate that the individual is suffering with a mental illness, however it is important to remember that not all cues are associated with the presence of mental illness. Cues that are, however, preserved as indicators of illness may elicit the second social-cognitive process included in phenomenon of stigma: stereotypes. Corrigan (2004) explains that the general public:

\[ \text{...seems to infer mental illness from four cues: psychiatric symptoms, social-skills deficits, physical appearance, and labels. Many of the symptoms of severe mental illness like psychoses – for example, inappropriate affect and bizarre behavior – are manifest indicators of psychiatric illness that produce stigmatizing reactions. (p. 615)} \]
**Stereotypes.** Stereotypes, or knowledge structures that the general public learns about a specific social group, represent collective notions about the group (Corrigan, 2004). Stereotypes are both "social" and "efficient" (p. 616, Corrigan), in that they are shared among members of a community and can quickly generate public impressions and expectations of individuals within the stereotyped group (Hamilton & Sherman, 1994). Examples of stereotypes shared by the general public about people who are mentally ill include violence, incompetence, and blame for their particular illness (Corrigan; Mueser, Bellack, Douglas, & Morrison, 1991; Penn, Mueser, & Doonan, 1997).

**Prejudice.** The third social-cognitive process associated with stigma is prejudice, and is defined as attitudes that involve an evaluative component based on cues and stereotypes (Allport, 1954; Corrigan, 2004). Prejudicial evaluations are oftentimes negative and lead to the generation of negative emotional reactions (Kruger, 1996), such as, "I’m frightened by those people!" The prejudicial evaluations can also be positive, however, they oftentimes endorse negative stereotypes, thus perpetuating the social belief systems associated with mental illness (Corrigan).

**Discrimination.** Discriminatory behavior, such as avoidance, is the behavioral result of prejudicial beliefs and subsequent emotions (Corrigan, 2004). Discrimination is the negative manifestation of beliefs, which often becomes an action against the out-group or "exclusively positive action for the in-group" (Corrigan, p. 616). Thus, avoidance of those who are believed to be mentally ill is one example of a discriminatory action based on negative beliefs (e.g. People who are mentally ill are violent).

**Stigma and Mental Health Care.** Corrigan (2004) further explored the relationship between the four social-cognitive processes of stigma and mental health diagnosis and treatment. In regards to cues, Corrigan cautions that diagnostic labels for mental illnesses (e.g. Bipolar Disorder) from perhaps a clinician or a false attribution from a peer also signal the cue that one may be experiencing mental
illness. Although clinical diagnoses serve a significant role in the effective treatment through classification of individuals and their symptoms in the practice of mental health care, diagnostic labels also serve as knowledge constructs to categorize individuals. Thus, diagnostic labels inform the ways that the general public makes sense of and discriminate against groupings of ill people (Corrigan, 2007). In addition to the public’s reaction to diagnostic labels, modified labeling theory (MLT) posits that due to the negative associations with diagnostic labels, negative external beliefs held publically can create negative affects on one’s sense of self (Link, Cullen, Struening, Shrout, & Dohrenwend, 1989) and lead to the development of self-stigma (Corrigan, 2004).

Self-stigma is a result of perceived public stigma, or the personal awareness of societal, prejudicial beliefs, stereotypes, and discriminatory acts against individuals who belong to a discriminated against group (Corrigan, 2004). The construct of self-stigma refers to the introjection of society’s negative perceptions of this group and associated, negative beliefs. Avoidance of this introjection of negative attributes is oftentimes accomplished through attempts to conceal group membership or association, or the choice to refrain from association. For example, the avoidance of self-stigma is sometimes accomplished by people who are gay, as their membership of the gay community, as a stigmatized group, is concealable (Corrigan, 2004). In regards to mental illness, individuals also attempt to avoid self-stigma by avoiding group association, which can lead to dangerous behaviors such as declining to seek help or communicating one’s distress. Thus it seems that the avoidance of self-stigma impedes care seeking (Corrigan & Matthews, 2003).

Demographic Variables

Although a substantial amount of the variability in college student help seeking behaviors is attributed to the roles of perceived social stigma as well as self-stigma (i.e. Eisenberg, Downs, Golberstein, & Zivin, 2009; Golberstein, Eisenberg, & Gollust, 2008), this literature does not include in-
depth research considering the role of other variables, such as demographic differences among students. A small number of studies do, however, provide additional insight into relationships between specific college student characteristics and the need and use of services disparity phenomenon. The student characteristics include: gender (Blazina & Watkins, 1996; Leong & Zachar, 1998), socioeconomic background, culture, and emotional wellbeing (see Ciarrochi, Wilson, Deane, & Rickwood, 2003; Eisenberg, Golberstein, & Gollust, 2007; Komiya, Good, & Sherrod, 2000).

More specifically, researchers have found that the population of students with lowest likelihood of seeking help, and therefore the greatest “risk factors” (p. 4, Hunt & Eisenberg, 2010), consist of men, students who grew up in poverty, students of Asian national background, and those students with higher levels of worrisome thoughts. While these characteristics are associated with low levels of help seeking, Hunt and Eisenberg note they are also associated with higher levels of perceived stigma, and therefore reinforce the utilization of stigma research in understanding disparities college student need and initiation of counseling services. These associations, however, account for low levels of variation in predicting help seeking behaviors of college students. For example, in their research concerning variables associated with the disparity in college student need and help seeking, Leong and Zachar (1998) found that only 15% of variance in help seeking was associated with gender. This research and similar investigations are insufficient in revealing more extensive student differences and individual characteristics related to actual help seeking behavior.

Access to Care

In addition to student demographic differences associated with stigma, issues related to access to care have been identified as a contributing factor in understanding student help seeking behavior, and in some cases, they have been identified as a secondary risk factor (Eisenberg Golberstein and Gollust, 2007). Campus communities are unlike most public communities due to their lack of financial barriers to
healthcare as well as student "near-universal health insurance as well as automatic access to free campus mental health and primary care services" (Eisenberg, Golberstein, & Gollust, 2007, p. 594). While accessibility is most often a recognized factor in community help seeking (see Bristow et al., 2011), it is often ruled out as a potential issue for college students who are seeking support on a traditional college campus.

Despite greater-than-average levels of accessibility that the majority of college students have to mental health care, Eisenberg Golberstein and Gollust (2007) examined a broad range of factors that may impact access to care for a representative college student sample. Comparing the voluntary responses of mental health users and nonusers, including undergraduate and graduate students, outcomes showed that nearly all students had a form of health insurance (94%), and nearly half (49%) of all students indicated that they would know where to go for mental health care. All registered students in this particular sample had access to support on campus and high numbers of students have access to insurance coverage for mental health services. However, many students were not aware of the specific location or the process of initiating counseling services. General community barriers to seeking help, including accessibility issues and stigmatization, are critical factors affecting college students in need of emotional support. Access to care is regarded as a less substantial issue due to the availability of health care services on today’s college campuses despite the potential issue of students lacking awareness of these services (Corrigan, 2004; Corrigan & Matthews, 2003; Eisenberg, Golberstein, & Gollust, 2007).

**Current Research**

Stigma, as the primary variable associated in the college student mental health literature, is consistently found to account for some portion of variability explaining the disparity among individual need for support services, initiation of services, and the continued utilization of such services (see Golberstein, Eisenberg, & Gullust, 2008; Vogel, Shechtman, & Wade, 2010). Limitations, however,
exist in terms of the consistency of research support for the relationship between stigma and help seeking. Additionally, limitations exist due to the lack of a comprehensive understanding of the relationship between stigma and actual help seeking. A critical review of current literature on the topic of stigma as a barrier to help seeking emphasizes the necessity for additional well-rounded investigations of individual differences and meaning making of the role of perceived social stigma and self-stigma in decisions to seek help.

The relationship between perceived stigma and help seeking in comparison to self-stigma and help seeking proves inconsistent through various research analyses due to mixed findings in regards to the overall role of stigma in the decision to pursue help. For example, Golberstein, Eisenberg, and Gollust (2008) used a cross-sectional research design to study the role of perceived stigma in help seeking. Results suggest that, at least in the researcher’s sample of students (n= 2,782) at this particular university, perceived stigma “may not be as important a barrier to mental health care as the mental health policy discourse currently assumes” (p. 1). Outcomes of their study as well as others (i.e. Eisenberg, Downs, Golberstein, & Zivin, 2009) illustrated that some student characteristics are highly associated with stigma (e.g., being a male student, being an older student); however, there was no evidence that perceived stigma was associated with degree of service use.

Showing a significant relationship between the role of stigma and help seeking, and therefore contrasting with the abovementioned insignificant relationship, Vogel, Shechtman and Wade’s (2010) research demonstrated that public sigma accounts for a significant amount of variance (52%) in attitudes towards help seeking. These researchers noted that the actual behavior of seeking help differs considerably from attitudes associated with help seeking, although the two are highly correlated (Vogel, Wade, & Hackler, 2007). Their findings would seem to support further research for the purpose of
investigating relationships between the actual behavior of help seeking, self-stigma, and perceived stigma, rather than their relationship to attitudes alone.

Aside from inconsistencies in findings concerning the role of stigma in the current disparity between need and use of counseling services, limitations are also evident in research findings regarding the role of stigma across individuals and groups. For example, cultural limitations of current stigma-related research are noted by Vogel, Shechtman and Wade (2010), who asserted: “In cultures where these norms are less well defined, individuals may be able to rely more on their own evaluations” (p. 915). The assumption that stigma is the primary reason for the global disparity between need and use of support services is arguably limited as campuses become increasingly ethnically diverse (US News, 2013). Implications of the work by Vogel, Shechtman and Wade, therefore, include a call for less reliance on stigma as a determining factor in future investigations of help seeking, and a call for cultural competency and understanding of the individual’s conceptualization of mental health seeking, which is often neglect within the current research.

Serving as an additional example of limitations in the current approach to understanding trends in college student help seeking, Gallagher’s (2005) investigation of mental health support for college students, which consisted of a national survey of 366 counseling office directors, found that 93% of counseling center directors perceived an increase in psychiatric service needs on their campuses. Additionally, participants indicated the percentage of students using the services at their particular institution ranged from 1-61%, and averaging at 9%. The wide range indicates possible environmental and student differences that may account for the complexity of initiating student support services, as well as other unidentified variables. A limitation to this study may be that the findings were solely dependent upon the perceptions of counseling directors and did not account for student perspectives of mental health counseling on campus. In addition neither a thorough presentation of the statistical
outcomes of this particular study nor the specific methodology and limitations of design were provided, further calling into question the usefulness of the findings in understanding college student mental health needs and services use. The findings and limitations of this study suggest the need for a deeper and more meaningful investigation of increases in need and use of college counseling services.

In their investigation of student distress and help seeking behaviors, Rosenthal and Wilson (2008) collected survey responses from a large sample of urban college students (n = 1,773), including 68% women and 32% men from a range of diverse ethnic groups (10% Caucasian, 49% Black, 13% Asian, 28% Latino). Participants were administered a demographics questionnaire, and three subscales including the Anxious Arousal, Depression, and Anger/Irritability subscales of the Trauma Symptom Inventory. Use of counseling was measured from a single item: individuals reported whether they used counseling services during the prior 6 months. The findings of an analysis of variance (ANOVA) indicated a large disparity between the numbers of students experiencing clinically significant distress and those seeking counseling. Researchers Rosenthal & Wilson found that 10% of students utilized services, while nearly 75% of those living with significant levels of distress, as measured by the subscales, had not initiated services. These numbers mirror national averages; however, limitations to the design and methodology of the study call for additional research for the purposes of understanding disparity in support service use and student experiences of distress. For example, Rosenthal and Wilson's use of self-report measures of clinical variables is recognized as potentially limiting, inasmuch as best research practice calls for both self-report and external, behavioral measures for the accurate assessment of psychological symptomology in research (see Lounes, Khan, & Tchanturia, 2011).

Furthermore, the researchers cautioned the following:

Before we can develop more effective strategies for increasing use of mental health services among people who need them, however, we need a better understanding of the
individual's perception of need and his or her means of coping with that need. (p. 66, Rosenthal & Wilson, 2008)

A deeper need for the exploration of additional variables, including student perceptions of need and strategies for coping is called for in the development of understanding the complexities of the disparity as well as clinical implications in confronting the problem.

Based on the abovementioned research, both statistical and survey research providing insight into the disparity seen in college student counseling highlight the need for additional research (Gallagher, 2005; Rosenthal & Wilson, 2008). Recommendations for future research include the exploration of student perceptions as well as the "values and attitudes that enhance or inhibit an individual's use of mental health services" (p. 66, Rosenthal & Wilson). It can be argued that the addition of students' meaning making systems regarding decision making as well as their conceptualizations of the decision to seek help ought to be provided to achieve more comprehensive inquiry into the disparity between need and use of counseling support services. A more extensive investigation into diverse student differences and individuals' perceptions of health and help seeking is arguably necessary to provide depth and breadth of understanding for the development of strategy to support students in their process of deciding to seek help.

Despite ongoing investigations of the presence and impact of stigma as a critical variable in the disparity in need and usage phenomena on campuses, the dilemma of inadequate use of mental health support continues. Research concerning stigma and student perceptions of college counseling continues to expose high rates of clinically significant distress paired with low levels of usage; an average of 75% of students experiencing such distress choose not to seek help (ACHA, 2012; Rosenthal & Wilson, 2008). While knowledge and statistics concerning the presence of stigma during a time of increased psychiatric need are useful in exploring some avenues for reaching students who otherwise choose not to
seek help, the reality of missed opportunities to understand and reach all students remains. The identification of a more complete picture of students at risk is necessary in continuing efforts to meet the needs of all students at their particular developmental level and within their personal meaning making systems as they navigate the decision to pursue mental health support.

**College Student Development**

Throughout the decades, researchers and practitioners have established best practices in providing support for college students as they growth personally, academically, and socially (i.e. Evans, Forney, Guido, Patton, & Renn, 2009; Pascarella & Tetenzini, 1991; Schuh, Jones, & Harper, 2011). The movement of support for developmental growth, known as the student development movement, has rested upon three foundational assumptions which include: (a) the consideration and use of environmental factors are critical to the facilitation of student growth (b) the consideration of each student is an individual with unique developmental needs, and (c) the notion that students have personal authority and responsibility for achieving growth and education (Evans, Forney, Guido, Patton, & Renn, 2009). Although the developmental theories and models applied to the application of these assumptions have proven to facilitate growth in a variety of contexts, they have not been applied to the current disparity between college student mental health needs and lack of support service use.

Prior to 1970, much of the college student support literature focused on topics related to predominately White, middle to upper class males and their maturation in relation to their coursework (Evans, Forney, Guido, Patton, & Renn, 2009). As the student population became increasingly diverse, including increasing numbers of women and students of diverse international backgrounds, theories related to college student development evolved. Theory and practice of student support transitioned towards a focus on matching diverse student experiences including individualized developmental tasks, or vectors (Chickering, 1969), and social identity differences (Cass 1979; Helms & Cook, 1999; Perry,
Recognizing that higher levels of college student development are associated with increasingly advanced levels of adaptation to stressors and more mature responses to interpersonal relationships, personal need, educational outcomes, and intellectual complexity; colleges have established deliberate objectives and strategies to assist students in developmental growth that are informed by the developmental literature (i.e. Baxter Magolda, 2004; Flowers & Pascarella, 2011; Schuh, Jones, & Harper, 2011).

Currently, as reflected in the above mentioned literature and research, students are experiencing an increasingly diverse range of mental health issues and needs for support and levels of need for support; however college student developmental models for interpersonal, personal, and intellectual growth have not attended to these issues. The investigation of relationships between student development, help seeking, and conceptualizations of mental health problems would provide a comprehensive foundation on which to begin confronting the disparity that exists between students’ need for support and levels of distress. One distinctive deficit in the literature and practice of supporting college students in their developmental journey lies in the lack of understanding of the complex nature of the ways in which students make meaning of the decision to engage or not engage in help seeking in times of distress. While current literature answers the call to understand the social phenomenon of stigma and its impact on college student help seeking, individual differences and levels of development in regards to seeking help are yet to be discovered. Only when this discovery occurs can developmentally based initiatives, and appropriately and individually matched interventions begin to temper this marked disparity in the current college population in distress.

**Applying a Developmental Lens to Understanding Help Seeking Behavior**

Theories of college student development serve as the foundation for both understanding and supporting students throughout their higher education experience (Evans, Forney, Guido, & Patton,
Inherent in college student developmental theory is the potential for positive change within a variety of aspects of a student's life including, but not limited to, cognitive function, moral character, intrapersonal awareness, racial identity, internal voice, and intellectual growth. Moreover, developmental frameworks for growth have been effectively applied to a range of diverse college student issues aside from help seeking, including: academic retention, ethical decision making, sexual behavior, parental relations, engagement, grades, and social networking (see Arnold, 2010; Flowers & Pascarella, 2011; Junco, Heilberger, & Loken, 2010; Sax & Wartman, 2010). College student developmental theories inform a variety of models of understanding the ways in which support personnel and individuals acting in a guiding capacity with students can identify opportunities to enhance development and join with students at their individual developmental level throughout the growth process (Shuh, Jones, & Harper, 2011). Creating bridges between student experience and the application of informed support from higher education personnel is crucial to this process, and, therefore, is essential in guiding students as they face challenges and opportunities throughout their collegiate years.

**Cognitive Development.** The development of growth-enhancing, guiding relationships begins with an understanding of the process students undergo as they make meaning of their interactions with their newfound environments. Cognitive developmental theories, anchored in the work of Jean Piaget (1952), assume that an individual's engagement with his or her surroundings produces a constructive outcome, in which he or she makes meaning of and adapts to new information through interaction. This evolutionary process occurs through two cognitive mechanisms, assimilation and accommodation, which occur simultaneously as disequilibration of existing schema occurs. The former results as a person encounters new information and interacts with it through existing schema or
organized patterns of thought. The latter, accommodation, is a more complex process of developing new patterns of thought to make sense of new information.

Cognitive development relies on sufficient and necessary time for differentiation, integration, and synthesis of schema. Inherent to this process is a sense of crisis or dissonance, however it is: "...not a time of panic or disruption. It is a decision point – that moment when one reaches an intersection and must turn one way or the other" (Widick, Parker, & Knefelkamp, 1978, p.3). Students are engaged in a continuous process of making sense of their experiences, developing meaning and determining their response to information, while, at the same time, encountering a sense of challenge. Anticipation and maintaining an awareness of this challenge is important in the role of support personnel on the college campus as they guide students in making sense of their experiences and the new information encountered in their college transition.

**Developmental Relationships.** Successful guidance, provided by higher education personnel who are invested in developmentally focused relationships, is grounded in the concept of balancing challenges and supportive frameworks. Sanford (1966) conceptualized this process as a means towards student growth, in which students are provided varying levels of support and challenge in programs, relationships, and policies established by the university. Hunt (1975) further emphasized the importance of matching according to developmental needs; a process that includes adequate challenge and support for the person as he or she engages with the environment. The maintenance of the support and challenge balance is achieved through the strategic, "matched environment" (Hunt, 1975, p. 223) facilitated by college student support personnel, working to meet students at their developmental level. Specifically, achievement of developmental growth requires support personnel to provide individuals at higher levels of development with a sense of encouragement of independence and a sense of empathic understanding in their developmental process. At lower levels of conceptual complexity, a high structure
environment is presented, for the purpose of establishing a necessary growth relationship. This model of matching is used most effectively when support persons maintain an awareness of student readiness for growth along their developmental process rather than forcing individuals into higher stages prior to readiness for such complexity, or "committing what Piaget deemed, 'the American fallacy'" (Hunt, p. 224).

The use of the matching model in support of development is further illustrated in the Learning Partnerships Model (LPM) and the Deliberate Psychological Education (DPE) model. Each model contains specific standards of practice that are intended to match student developmental needs and facilitate developmental growth. A discussion of each framework as well as an illustrative example is provided below.

**Learning Partnerships Model.** Colleges and universities utilize the LPM as they apply developmental literature in the conceptualization of the institution's role in supporting student learning and intrapersonal maturity. The intention of this particular model is to assist students in developing a sense of trust in the internal voice through learning in a supportive, relational environment with the university personnel. As the support personnel and educators methodically validate learners' capacity to know through respect for their perspectives and feelings, they also provide challenge to guide learners to more complex knowledge construction. In numerous contexts, the LPM, as one example of the application of developmental understanding, has proven useful in increasing student complexity in ways of knowing, feeling, making healthy choices, and relating socially (Schuh, Jones, & Harper, 2011).

At present, and largely because research regarding the effectiveness of programs and interventions informed by the LPM is in its early stages, there is limited research-based support for the facilitation of student outcomes associated with the development of self-authorship (Wawrzynski & Pizzolato, 2006). One study, by Pizzolato and Ozaki (2007), illustrates the usefulness of LPM-informed
interventions in college student developmental research and practice. The purpose of their research was to investigate the impact of a developmental, LPM intervention on the following developmental variables: beliefs, cognitive interdependence, and affect regulation. The study included 18 undergraduate students, predominately male (78.9%), whose ages ranged from 20-41 ($M = 23.05, SD = .43$). All students were enrolled in the LPM-based model entitled, The Support to Enhance Performance Program (STEP), which provides students on academic probation support through a learning partnership.

The STEP program provided ongoing, one-on-one advising sessions, and was tailored to the individual needs of each of the 22 students. Most students attended one session every three weeks throughout the academic semester. The components of the program aligned with Baxter Magolda’s (2001) assumptions of the LPM, and included: (a) Validating Students’ Capacity to Know, (b) Situating Learning in Students’ Experiences, and (c) Defining Learning as Mutually Constructing Meaning. Each session was taped and transcribed for future analyses. In addition to the analysis of session content, two, semi-structured interviews between the student and one member of the research team were conducted. Grounded theory was used to make meaning of the data (Pizzolato & Ozaki, 2007).

The findings of Pizzolato and Ozaki’s (2007) qualitative investigation included the outcomes that emerged for students who entered the program as formula followers (i.e., at lower levels of self-authorship). Although the authors note that it is unlikely that students will develop self-authorship within one semester, their findings suggest that students do experience qualitative shifts in their belief systems as they develop more internalized beliefs, cognitive interdependence as they co-construct meaning, and affect regulation as they develop a sense of control over emotions during challenging situations over time. Each of these findings is understood as a precursor to self-authorship development, and thus this study serves as an example of the benefits of a LPM-based developmental intervention in the college environment.
**Deliberate Psychological Education.** Similar to the LPM, the DPE model provides a structured approach to application of developmental theory and establishes standards of practice in supporting students in the challenging college environment. Sprinthall (1994) listed conditions necessary for the promotion of development as presented through the DPE framework, applied by support persons. They include the following experiences of the individual being provided support: (a) a significant new role-taking experience as a helper, (b) careful and continuous guided reflection on the new role-taking experience through supportive feedback from the support person, (c) an equal balance between experience and reflection, (d) continuous experiential intervention that provides adequate time (6-12 months) for psychological adaptation to new schema, thus development, to occur, and (e) the combination of support as old systems are revised and challenge in learning. The utilization of this framework has proven useful in a variety of populations to encourage growth in areas such as moral development, ego-development, principled reasoning, and conceptual-complexity level (Brendel, Kolbert, & Foster, 2002; Schmidt, McAdams, and Foster, 2009; Sprinthall).

Further enhancing the body of research supporting the use of the DPE model in promoting development, Schmidt, McAdams, and Foster (2009) found significant outcomes in their study of cognitive increases in undergraduate business students. Participants included 172 undergraduate students attending a school of business administration. One section of four business ethics courses was selected as the intervention group, and was assessed in comparison to the remaining four courses. A single instructor taught all four intervention sections, enhancing the internal validity of the supportive results. Students were pretested and post tested for developmental variables including moral reasoning (using the Defining Issues Test) and business ethical reasoning (The Multidimensional Ethics Scale, MES).

Results of Schmidt, McAdams, and Foster’s (2009) study suggested increases in pre test to post test measures of principled reasoning, an indicator of development, as well as the rejection of lower
level reasoning in both groups; however more significant gains were found in the experimental group. Additional qualitative findings further support the student’s development as an outcome of this study and resulted in seven themes: (1) observed changes in moral reasoning and decision making process, (2) greater confidence (enhanced decision making) in ethically challenging situations, (3) development of broader perspectives, (4) consideration for multiple perspectives, (5) development of personal ethical principles, (6) movement toward moral action, and (7) uncertainty of ability to maintain new ethical principles. The findings of this research demonstrate that through a developmental intervention such as the DPE, cognitive moral development can be facilitated within an undergraduate population. It suggests that this developmental framework may be useful in supporting students and understanding their growth.

**Ethical Practice Guidelines**

The investigation of a developmental understanding of college student experiences of help seeking is further justified from the standpoint of both professional ethical standards in higher education and the emphasis on cultural sensitivity in supporting the diverse college student population. Regarding ethical practice, higher education professionals must meet the developmental needs for student growth as outlined in the National Associations for Student Affairs Administrators in Higher Education’s (NASPA) current ethical practice guidelines, which reads: “Members demonstrate and promote responsible behavior and support actions that enhance personal growth and development of students” (NASPA, 2012, p. 1). The demonstration of such enhancement of growth, requires a developmental understanding as well as a range of support actions, tailored to individual needs and experiences of students during their collegiate experience, and as they make decisions about their mental health.

Concerning cultural sensitivity, a developmental model for understanding help seeking decisions is justified in understanding challenges and experiences faced by the diverse, college student body. As noted by Vogel, Shechtman and Wade (2010), stigma as the primary lens for understanding the need
verses utilization disparity issue, does not adequately explain the experiences and conceptualizations of individuals of particular cultures that are less sensitive to social norms, thereby placing less emphasis on their process of decision making. In contrast, developmental frameworks for facilitating individual growth achieve cross-cultural validity and can arguably offer a more appropriate lens through which researchers might understand a diverse range of people and the ways they conceptualize seeking help (Hy & Loevinger, 1996; Sprinthall, 1994). Establishing a culturally appropriate framework to achieve a more comprehensive understanding of student experiences will lead to more effective interventions and strategies to meet the needs of students of minority cultures on campus who are statistically more likely to avoid counseling services in times of distress (see Hunt & Eisenberg, 2010). Opportunities for providing all students with support and encouraging their growth is dependent upon a comprehensive, culturally sensitive approach, which is applicable to a variety of anticipated student experiences including help seeking.

**Self-Authorship**

Self-authorship is one conceptualization of the ways in which an individual college student matures and develops throughout his or her experience in higher education, as he or she makes meaning of and respond to challenges in a time of increased autonomy and personal responsibility. A derivative of the abovementioned developmental model of growth, and informed by a neo-psychoanalytic perspective of subject-object relationship, Kegan’s (1982) concept of self-authorship refers to a holistic shift. This qualitative shift includes the transition from an uncritical acceptance of the values, beliefs, interpersonal loyalties and intrapersonal states of others to the development of internal foundations of these elements within the individual. Transition from lower levels of development towards more mature states is brought about by “evolutionary truces” (p. 44, Kegan), or moments of dissonance and incongruence between other and self. Specifically, self-authorship is a construct that refers to a shift of
meaning-making capacity from outside of self to inside self, further defining one's sense of self through a constant process of individuation and integration. Kegan further explains that in the process of maturing and developing self-authorship:

...an individual constructs self-authorship, he or she takes values, convictions, generalizations, ideals, beliefs, abstractions, interpersonal loyalties, and interpersonal states as objects or elements of its system, rather than the system itself; it does not identify with them but views them as parts of a new whole. This new whole is an ideology, an internal identity, a self-authorship that can coordinate, integrate, act upon, or invent values, beliefs, convictions, generalizations, ideals, abstractions, interpersonal loyalties, and intrapersonal states. It is no longer authored by them, it authors them and thereby achieves a personal authority. (p. 185)

Thus, achievement of self-authorship is recognized in the coordination of defining identity, beliefs, and social relationships while critically considering external variables and perspectives.

Baxter Magolda (2008) cautions that the concept of self-authorship may be misinterpreted as a focus on self, establishing increasingly egocentric (self-focused) cognitive frameworks as indicators of an individual's maturity. However, Kegan (1994) clarifies that self-authorship is an increasingly mature reconstruction of mutually beneficial, authentic relationships rather than the separation from others. Complete development includes three elements of construction, including the intrapersonal (self), interpersonal (in relation to others), and epistemological (how we view the world) (Kegan). The self is therefore one aspect of the comprehensive development of mature individuals, in conjunction with one's construction of relationship and meaning of the environment around them. According to Baxter Magolda, the development of self-authorship: "...evolves when the challenge to become self-authoring is present and is accompanied by sufficient support to help an individual make the shift to internal
meaning making” (p. 271) and is therefore not an independent venture. While development requires the support of a guiding other, the process is also dependent upon experiences and challenges inspiring disequilibration and change within individuals as they make new meaning of their experiences as a part of a larger context.

**Stages of Development of Self-Authorship**

Baxter Magolda (2004) explains the stages of development of self-authorship, which includes: (a) External Formulas, (b) Crossroads, and (c) Development of Self-Authorship. At the start of the journey of development of self-authorship, individuals experience a strong reliance on external influences and methods of decision-making. At this first stage, there is a lack of ability to identify one’s own values and a desire for social approval. The correct answers and approved identity are based on the answers of others. Knowledge is regarded as outside of oneself, and provided by figures of authority.

The second stage of development of self-authorship, Crossroads, involves the evolution of personal awareness of one’s own values and the creation of an identity. Individuals at the Crossroads stage have begun to individuate from the identities and values of others as they establish their own beliefs. Knowledge claims and decision-making are understood as responsibilities at this stage. An evolving awareness of one’s self as distinctively different than others, and the limitations of dependent relationships are recognized at this stage (Baxter Magolda, 2004; Creamer & Laughlin, 2005).

Full development at the third and final stage of the development of self-authorship is includes an “internally generated sense of self” (Creamer & Laughlin, 2005, p. 17). An individual at this stage is capable of internal decision-making and has developed an ability to evaluate and interpret knowledge claims as well as perspectives of others. Complex ways of understanding oneself and one’s relations with others inform mature interpretations of one’s experience at this final stage (Baxter Magolda, 2004).

**Self-Authorship Research**
In pursuit of a greater understanding of individual student differences and development of self-authorship, Wawrzynski and Pizzolato (2006) explored participant variables that may influence self-authorship. Participants included 368 undergraduate students at a large public university, located in the Midwest (69.5% female). Demographics included 19% of students who identified as “students of color” (p. 680), which included Black, Asian American/Pacific Islander, Latino, Latina, or Hispanic students. The Self-Authorship Survey (Pizzolato, 2005) was administered to each participant and included the following subscales: (a) Capacity for Autonomous Action, which assessed ability to be independent of peers (b) Problem Solving Orientation, which assessed ability to solve problems independent of authority (c) Perceptions of Volitional Competence, which assessed student ability to set career goals, and (d) Self-Regulation in Challenging Situations, which assessed the degree to which students believes they are able to control their emotions during times of distress (Wawezyinski & Pizzolato). The purpose of this research was to investigate the relationship between self-authorship as a macro-level indication of development along with micro-levels associated with subscale measures, and additional, student input variables, which included: race, sex, age, transfer status, social class, generational status (i.e. first generation college student), high school grade point average, ACT scores, and Holland type. The assessment was administered at two data collection points, first at the beginning of the fall semester and second at the end of the semester.

Correlational analyses of the relationships between student macro-level scores (total self-authorship score) and micro-level scores (associated with subscales noted above) and student variables (e.g. Holland Type) were utilized to explore possible relationships among variables. Regression analyses were completed to explore relationships among variables and survey time—either at the beginning or end of the academic semester. The purpose of the study was to understand the influence of a variety of variables on self-authorship as a whole as well as its subscales (Wawrzynski & Pizzolato, 2006).
Important findings of this research included a number of relationships between self-authorship and the variables of student statuses, Holland type, and race. First, transfer student status at the beginning of the semester was least likely to predict higher self-regulation in challenging situations at time one, whereas, it was more likely to predict higher self-regulation at time two. This result is of particular importance due to the fact that it contradicts the common assumption among colleges that transfer students do not endure high levels of distress in comparison to their non-transfer student counterparts. In fact, the result suggests that transfer students regress to earlier stages of development during transfer experiences, likely due to transitional distress.

According to the additional findings of this study, the Social Holland type-oriented students are less likely to exhibit high macro-level, self-authorship scores. That is, they are less likely to exhibit independent problem solving abilities, perceive their ability to self-regulate emotions during times of distress, develop career goals, and establish independence outside of peer relationships. The authors hypothesized that these results may be related to accommodating social personality traits. As Wawarznski and Pizzolato (2006) note, Social Holland-types are less likely to question their preferences in times of dissonance (i.e., Crossroads), as they are likely to maintain congruence with social group preferences.

Finally, results of this study presented a significant relationship between race and overall, macro-level scores of self-authorship. Specifically, being a student of color predicted higher levels of self-authorship. The authors suggested that this relationship may relate to the impact of the distress and personal challenges that are often experienced by youth of minority races who are more likely to have experienced Crossroads at a young age, thus leading to self-authorship development prior to college. While this research provides insight into the relationship among variables associated with individual students and self-authorship, possible limitations to the research process exist in regards to time allotted
for the development of self-authorship, as a one-semester time period may not have allowed for adequate time for change.

Self-authorship research also provides a lens through which to understand coping and transition to college in first year students. In a series of interviews with 27 high-risk, first-year students, Pizzolato (2004) studied the relationship between self-authorship, coping style, and student adaptation to academic challenges, utilizing qualitative methodology. High-risk was defined by Pizzolato as being at risk for academic withdrawal or failure due to feelings of being inadequate. Findings of this study suggest that the first year college student experience serves as an important crossroads in self-authorship development, and, consequently, may also serve to initiate student maturity, evoking a shift from other-orientation to self-focus. Participants explained overwhelming challenges during their first year of college and found themselves calling upon internal foundations, or their sense of self in moments of disequilibration. Students shared that in these moments, they assessed the level of conflict between internal foundations (self-authored knowing) and the external challenges, sometimes leading to a retreat from more advanced stages of development, as they failed to act in congruence with internalized values. While this failure appears to be contrary to the definition of self-authorship, Pizzolato (2004) considered the influences of developmental regression from higher to lower stages of development and consequential negotiation of external formulas during times of distress to be a functional, developmental task in college.

Limitations to this qualitative analysis of student experiences with freshman year transition largely pertain to sampling procedures. Specifically, students were contacted through their experiences in help seeking at a university-based support program designed specifically for high-risk students; therefore, these students were solely sampled from a group that contained only those who had chosen to seek help or who were identified as high need. Students who had not chosen to seek the assistance of
this program were not included in the study and, therefore limited the scope of this investigation of freshman year transition. Furthermore, students attending this program were from a predominately Black or African American minority student population on campus, thus the results of this study are limited in generalizability to only this particular racial group, and not to a more diverse student population. The potential impact of student identification as high-risk may require further investigation for a more comprehensive understanding of the findings, as the findings to date have been limited to a relatively narrow scope of students and to students who have been able to recognize their need for academic support. In conclusion, Pizzolato (2004) suggested the necessity for further “data-driven” (p. 441) research concerning developmental opportunities for high-risk students to empirically validate the qualitative findings and provide more complete support for developmentally based, student support programming.

A second qualitative exploration of high-risk student meaning making experiences investigated the following questions: (a) “To what degree do high-risk college students possess self-authoring ways of knowing?” and (b) “What types of experiences are associated with development of self-authoring ways of knowing?” (Pizzolato, 2003, p. 797). Utilizing the grounded theory approach, Pizzolato developed a theory through constant comparative analysis of material provided through interviews of 35 high-risk college students. Interviews focused on pre-collegiate and early-collegiate experiences and self-concepts for the purpose of determining which experiences and decisions these students had identified as important to their developmental process.

Findings revealed that the students who participated in the study possessed self-authoring ways of knowing prior to their collegiate experience, but the development of these ways of knowing varied. Themes regarding the differential developmental processes included what the researcher referred to as: (a) disequilibrium and the provocation of self and, (b) privilege. The first theme, disequilibrium and the
provocation of self, emerged through stories of students “committing to new goals and/or values” (Pizzolato, 2003, p. 802) following varying challenging experiences that required the reconsideration of internal foundational beliefs and values (for example, reflecting on gang membership following the murder of a relative by a gang member). The level of disequilibration following the challenging life experience affected the degree to which the student self-authored (Pizzolato, 2003).

The latter theme, privilege, refers to students’ level of ability to determine how they would pay for college. High privilege students possessed the ability to easily navigate their financial decisions during the admissions process and acquire funding. Emerging results suggested that students of this high privilege (oftentimes athletes who were assisted through sports-related recruitment practices) were less likely to reach their “possible self” (Pizzolato, p. 805), or the successful, collegiate-version of oneself that differed from the “street mentality” proven essential prior to the students transition to college life. Lower levels of privilege were associated with developmental gain in the development of self-authorship. Results also suggested that challenging admissions processes might provide students with opportunities to take authority of their situation and achieve developmental growth. The author concluded that particular collegiate-experiences provide students with growth-facilitating challenges, however the extent to which students are challenged may lead to varying levels of opportunity for growth (Pizzolato, 2003).

Limitations of Pizzolato’s (2003) qualitative research primarily include the researcher’s sampling methodology. The sampling procedures may have impacted the findings, as they may not be generalizable to students who attend universities other than the single institution examined in the study. For example, the growth facilitating challenges that the author noted in the findings (e.g. privilege associated with academic funding), may not apply to students’ experiences at outside universities.
Despite this limitation, the research provides insight into the developmental opportunities that students face in spite of challenges associated with college.

Through the accumulation of both empirical data as well as student voice in emerging stories, researchers have begun to establish a more clear understanding the ways students make meaning of challenging decisions and navigate levels of development of self-authorship. One particular area untouched by this literature concerns the student population who are considering the importance of seeking help. The decision to seek help is a potential crossroads moment, or experience that calls upon personal values, needs, and variables associated with a social context. Social perceptions that may negatively affect one’s sense of self are weighed against more important understandings of one’s needs (Baxter Magolda, 2008; Kegan, 1982). Therefore, self-authorship is arguably related to the decision to seek help in times of distress and disequilibration, wherein an individual recognizes his or her personal need for support despite stigmatizing social biases and prejudices that may inhibit decisions to seek out and secure such support. The development of a new understanding of help seeking as a developmental task and student crossroads opportunity may provide perspective and an enhanced comprehension of students’ decision-making process of seeking support on campus.

Summary

This chapter has presented a review of current approaches to understanding the disparity between need and use of counseling services within the college student population. Stigma, a dominant focus of literature concerning help seeking, was explored as a fundamental variable associated with understanding this disparity. Concepts of developmental theory, including Kegan’s (1982) theory of the Evolving Self as well as Baxter Magolda’s (2004) theory of the development of self-authorship, were presented as alternative frameworks for understanding the disparity between need and use of counseling services within the college population. Support was established for the hypothesis that college student
help seeking ought to be understood through a developmentally informed lens. The following chapter will provide the research hypotheses, methodology, and subsequent analyses included in the current study.
CHAPTER THREE: DESIGN AND METHODOLOGY

The purpose of this study was to explore the relationships between college student help seeking, college student development, and the presence of stigma associated with mental illness. The focus of this chapter is to describe the design of this study. Additionally, a description of the population and sample being studied, data-gathering procedures, instrumentation, research questions, hypotheses, process of statistical and narrative data analysis, and ethical considerations are provided.

Research Design and Rationale

This study utilized a quantitative correlational design to examine the relationship between college student self-authorship, mental health stigma, and help seeking behaviors. The quantitative design was chosen due to its appropriate fit for determining relationships among quantifiable variables, which were the principal focus in this study. In comparison to qualitative research, which is primarily focused on exploring less objective concepts through non-numerically based research, the quantitative design uses numeric values and statistical analyses to quantify and objectively explore patterns and relationships. As such, the correlational-design of this research was chosen to appropriately match the quantitative, numerical properties of the chosen instruments that measure the variables in this study: the revised Discrimination-Devaluation Scale (Eisenberg, Downs, Golberstein, & Zivin, 2009), Self-Authorship Subscale (Creamer, Baxter Magolda, & Yue, 2010), and Demographic questionnaire. The correlational design is also considered appropriate for this study, in that it achieves an analysis of variables without intervention or the manipulation of an independent variable (Creswell, 2009; Gall, Gall & Borg, 2007).

An additional justification for the quantitative design of this research study is the contribution towards the development and understanding of a quantitative measure of the construct of Self-Authorship. Historically, Self-Authorship has been investigated through extensive, qualitative
methodologies (Baxter Magolda, 2007). In 2007, Pizzolato was the first to design, research, and publish an exclusively quantitative measurement of Self-Authorship. Due to only moderate correlations between the author's related instruments, the Self-Authorship Survey and the Experience Survey, work on a reliable measure of Self-Authorship was warranted (Creamer, Baxter Magolda, & Yue, 2010). Baxter Magolda and King (2007), in support of assessing student intrapersonal, interpersonal, and epistemological development wrote, “... judging the effectiveness of educational practice in promoting self-authorship requires some means of assessing students’ developmental progress” (p. 494). Furthermore, Creamer, Baxter Magolda, and Yue note:

It [a quantitative measure of Self-Authorship] will also offer a way to compare the impact of educational environments that promote its development. A quantitative measure of self-authorship has the potential to address a number of theoretical questions emerging from the research about self-authorship. (p. 551)

Creamer, Baxter Magolda, and Yue developed the most recent quantitative measurement of Self-Authorship, which is embedded within the Career Decision Making Survey, and is used in this study.

An opportunity to provide subjective, narrative responses, presented to participants at the end of the Qualtrics survey, is intended to both support quantitative research findings and to provide further information to address the research problem: the disparity between college student’s need for counseling services and the decision to pursue counseling services on campus. Specifically, participants were asked: What has influenced your decision to pursue counseling, or not pursue counseling, at your university? Subjective information was collected in response to this question for the purpose of enhancing the researcher’s understanding of student meaning making in the decision to seek counseling services as well as understanding of student barriers to seeking help.

The purpose of the current study was to answer the following research questions:
4. How is college student developmental level related to the student’s decision to seek help on campus?

5. How do college students construct their decision to seek help on campus?

6. What variables influence college student help seeking decisions?

**Population and Sample**

The target population for this study was the college student population in need of counseling services within the United States. The accessible sample population consisted of students registered at two small public universities located on the East Coast that provide counseling services to registered students. Previous professional relationships between the researcher and institution existed prior to the start of this research. The researcher obtained permission from each university to contact the samples of interest through two points of contact: the Dean of Students Office as well as the University-based counseling center. One university provided an additional point of contact, which included a University-based brief substance abuse treatment program. Following agreement with university stakeholders, the researcher forwarded invitations to participate in the study. All participants in this study participated voluntarily.

**Data Collection**

Two methods of data collection were utilized in this study’s data collection stage, as determined by the preferences of the University-based point of contact. Methods included: (a) an email invitation to participate in the study, and (b) a postcard invitation to participate. Each method included a link to the Informed Consent, followed by the Qualtrics-based Internet survey. Students initially received an email or postcard requesting their participation in the study that included information about the purpose of the research and importance of their contribution to enhancing the practice of providing counseling services.
to students in need. An incentive, consisting of the chance to win one of five $25 Target Brand gift cards through a random drawing, was also noted for the purpose of enhancing student response rates.

Following agreement with the Informed Consent, participants were presented with three instruments, which, as noted previously, included the Self-Authorship Subscale, the Discrimination-Devaluation Scale pertaining to stigma, and a demographic data questionnaire. Next, participants were presented with an open-ended question concerning the factors that impacted their decision to seek, or not to seek, counseling. Finally, participants were directed to end the survey process by either choosing to enter the drawing for the incentives, or not. Upon completion of the survey, the participants' collective data was made available to the researcher through the Qualtrics software. The researcher then proceeded to enter the data into SPSS programming for further data analysis.

Consideration of Limitations and Identified Threats to Internal Validity

Preventative design measures were utilized for the purpose of responding to identified limitations and decreasing threats to internal validity within this correlational study. Due to the voluntary nature of participation, it was suspected that participants might differ developmentally in levels of altruism, thus confounding their representativeness to the larger student population (Gall, Gall, & Borg, 2007). In response to this threat to validity, the researcher added the monetary incentive to encourage students to participate who might not be likely to do so for altruistic reasons alone.

A second possible threat to internal validity included data collector characteristics. Specifically, since students often wish to maintain positive reputation and standing within the university, the researcher anticipated that they might feel uncomfortable declining participation. This risk was suspected to be even higher in students who were mandated to participate in counseling and possibly more careful not to further violate university policies. In response to this risk, the researcher included reminders of anonymity both in the request for participation and within the Qualtrics survey such that
students would know clearly that declining participation would not damage their standing with the university.

An anticipated limitation to this study was specific to the choice to utilize Creamer, Baxter Magolda, and Yue’s (2010) CDMS-SA assessment scale to measure self-authorship. Due to its range of moderate to low subscale reliability, it was suspected that this instrument might not have been able to provide an accurate and consistent measure of a participant’s level of self-authorship across dimensions. Specifically, a range of low reliability exists for certain stages, ranging from $\alpha = .58$ to $.71$, suggesting that caution is necessary in interpreting scores on those stages with low reliability. Nonetheless, the authors of the instrument argue that the instrument has, “strong enough reliability to support use in future research” (Creamer, Baxter Magolda, & Yue, p. 559.). To address the potential limitation of low reliability, the researcher included the descriptive, final open-ended question in the survey. Participants were asked to provide the rationale for their decision to seek counseling or not to seek counseling, potentially clarifying outcomes of the developmental, CMDS-SA results.

**Instrumentation**

In total, five instruments were used to collect information related to the purpose of this study. These instruments included: (a) an informed consent form, (b) a general demographic questionnaire form, (c) the Self-Authorship subscale derived from the Career Decision Making Survey, and (d) a revised Discrimination-Devaluation Scale. The survey software that was used to collect data in this study was Qualtrics. Used by 13,000 colleges and universities worldwide, this software provided a suitable platform for collecting data and assessing responses from participants (IBM, 2014).

**Informed Consent Form**

The informed consent (Appendix A) form was presented to participants as the first page upon accessing the Qualtrics survey. This form provided the following information: (a) purpose of the study,
(b) requirements of participation, (c) right to withdraw at anytime, (d) risks of participation, (e) how results would be used, (f) assurance of confidentiality, (g) researcher contact information, and (h) verification of Institutional Review Board approval. Participants were asked to acknowledge that they were at least 18-years of age as well as their agreement with the informed consent information.

**Career Decision Making Survey – Self-Authorship Subscale**

An 18-item subscale, derived from Creamer, Baxter Magolda, and Yue’s (2010) *Career Decision Making Survey* (CDMS) (Appendix B) was included in the survey and used to assess an individual’s current state in the development of self-authorship. Defined as an “internal capacity to define one’s beliefs, identity, and social relations” (Baxter Magolda, 2008), the construct of self-authorship is comprised of three, multidimensional stages of development including External Formulas, Crossroads, and Early Self Authoring. These multidimensional stages of self-authorship address three broad questions: *How do I know? Who am I? What relationships do I want?* (Baxter Magolda, 2001). The first question concerning knowing is associated with the epistemological dimension of self-authorship. Next, the intrapersonal dimension is associated with the development of a sense of self. Finally, relational questions are associated with the interpersonal aspects of the development of self-authorship. Each of the three dimensions of self-authorship are accounted for in the CDMS-SA instrument, and contribute to specific assessment items as seen in Table 3.1 below.

In addition to the item alignment with dimensions of development noted above, items also coincide with the aforementioned stages of development. The first stage, External Formulas, involves the significant external influences encountered as one navigates the dimensions noted above. Following disequilibration and a consequential qualitative shift in one’s developmental process, the individual then enters the second stage of self-authorship: Crossroads. At this stage, the external influences that held great significance in the previous stage move into the background, and the personal voice enters
the foreground. There is not a loss of the external influences; however, the personal voice arises as a dominant influence. Last, Early Self-Authoring, the third stage in the development of self-authorship, results in the culmination of increasingly complex meaning-making structure and developed sense of self. Each of the three stages of the development of self-authorship is accounted for in the CDMS-SA instrument and contributes to specific assessment items as seen in Table X below (Baxter Magolda, 2001; Creamer, Baxter Magolda, & Yue, 2010).

The corresponding, 18-items are found in the “Diverse Viewpoints and Decision Making” (Creamer, Baxter Magolda, & Yue, p. 554) section of the CDMS (see Figure 3.1 below). The measure contains seven prompts, five of which are specifically related to career decision-making. Two prompts are the “more abstract kind often found on measures of epistemological development” (Creamer, Baxter Magolda, & Yue, p. 554). Each item uses a 4-point Likert-type scale ranging from 1 (disagree) to 4 (agree).

Figure 3.1.

CDMS-SA instrument items (Creamer, Baxter Magolda, & Yue, 2010, p. 555).
<table>
<thead>
<tr>
<th>Phase and Dimension</th>
<th>Questionnaire Item (by Item Number)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phase 1: External Formulas</strong></td>
<td></td>
</tr>
<tr>
<td>Epistemological</td>
<td>9. To make a good career choice about a career, I think that facts are the strongest basis for a good decision.</td>
</tr>
<tr>
<td></td>
<td>11. To make a good career choice about a career, I think that experts are in the best position to advise me about a good choice.</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>13. The most important role of an effective career counselor or advisor is to be an expert on a variety of career options.</td>
</tr>
<tr>
<td></td>
<td>14. The most important role of an effective career counselor or advisor is to provide guidance about a choice that is appropriate to me.</td>
</tr>
<tr>
<td>Intrapersonal</td>
<td>1. My primary role in making an education decision... is to acquire as much information as possible.</td>
</tr>
<tr>
<td></td>
<td>2. My primary role in making an education decision... is to seek direction from informed experts.</td>
</tr>
<tr>
<td><strong>Phase 2: Crossroads</strong></td>
<td></td>
</tr>
<tr>
<td>Epistemological</td>
<td>10. To make a good career choice about a career, I think that it is largely a matter of personal opinion.</td>
</tr>
<tr>
<td></td>
<td>22. When people have different interpretations of a book, I think that some books are just that way. It is possible for all interpretations to be correct.</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>8. If a teacher or advisor recommended a career in a field that I have never considered before, I would explain my point of view.</td>
</tr>
<tr>
<td></td>
<td>15. The most important role of an effective career counselor or advisor is to help students think through multiple options.</td>
</tr>
<tr>
<td>Intrapersonal</td>
<td>4. My primary role in making an education decision... is to consider my own views.</td>
</tr>
<tr>
<td><strong>Phase 3: Early Self-Authoring</strong></td>
<td></td>
</tr>
<tr>
<td>Epistemological</td>
<td>12. To make a good career choice about a career, it is not a matter of facts or expert judgment, but a match between my values, interests, and skills and those of the job.</td>
</tr>
<tr>
<td></td>
<td>24. When people have different interpretations of a book, I think that multiple interpretations are possible, but some are closer to the truth than others.</td>
</tr>
<tr>
<td></td>
<td>26. Experts are divided on some scientific issues, such as the causes of global warming. In a situation like this, I would have to look at the evidence and come to my own conclusion.</td>
</tr>
<tr>
<td></td>
<td>27. Experts are divided on some scientific issues, such as the causes of global warming. In a situation like this, I think it is best to accept the uncertainty and try to understand the principal arguments behind the different points of view.</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>8. If a teacher or advisor recommended a career in a field that I have never considered before, I would try to understand their point of view and figure out an option that would best fit my needs and interests.</td>
</tr>
<tr>
<td></td>
<td>19. In my opinion, the most important role of an effective counselor or advisor is to direct students to information that will help them to make a decision on their own.</td>
</tr>
</tbody>
</table>

Evidence of the validity and reliability of the 18-items measuring self-authorship in the CDMS assessment was established by means of a series of statistical procedures. Validity of the measure was found through evidence of correlations among the three dimensions (Epistemological, Interpersonal, and Intrapersonal) and three stages (External Formulas, Crossroads, and Early Self-Authoring) of self-
authorship. The authors of the instrument suggest that the correlational results confirm the multidimensional aspect of the construct of self-authorship, in that they show stronger correlations between the scales representing each of the three dimensions (Creamer, Baxter Magolda, & Yue, 2010). Specifically, the interpersonal dimension correlated more strongly with the intrapersonal dimension ($r = .706$), than the intrapersonal dimension correlated with the epistemological dimension ($r = .654$). The strongest correlation existed between epistemological and interpersonal dimensions ($r = .809$). The authors suggest that these findings are in line with the Kegan's (1982) theory of the evolving self as the foundational theory of self-authorship, which postulates that the development of the cognitive dimension and related epistemological dimension of the individual leads to development of other aspects, including the intrapersonal.

The sequential development of the stages was also supported by the results of a correlational, statistical procedure (Creamer, Baxter Magolda, & Yue, 2010). Specifically, a weak but statistically significant, positive correlation between the first stage, External Formulas, and second stage, Crossroads, ($r = .369$) was found. A much stronger, positive correlation was determined between the second stage, Crossroads, and third stage, Early Self-Authoring ($r = .888$). Finally, the weakest correlation was found between the first stage (External Formulas) and third stage (Early Self-Authoring) ($r = .298$) confirming the authors’ contention that self-authorship develops in progressive stages as each stage develops from the previous stage, from lower stages to higher stages of development (Creamer, Baxter Magolda, & Yue). According to Creamer, Baxter Magolda, & Yue, an exception to this progression in the development of self-authorship can occur as a result of regression. However, they noted that: “when it [regression] occurs, is temporary and does not exceed one phase”, and therefore contributes to the positive correlations found between stages (p. 558).
The reliability of the stages of the development of self-authorship was "moderately" (Creamer, Baxter Magolda, & Yue, 2010, p. 558) demonstrated. The reliability of the dimension scales ranged from moderate for epistemological (α = .595), and interpersonal (α = .614), to high for the intrapersonal dimension (α = .713). Reliability of the stages was moderately strong, ranging from (α = .58) for External Formulas, to (α = .62) for Crossroads, to a (α = .70) for Early Self-Authoring (Creamer, Baxter Magolda, & Yue).

**Discrimination-Devaluation Scale**

Perceived public stigma, personal stigma, and overall stigma of mental illness was assessed by the Discrimination-Devaluation Scale (D-D), developed by Link (1987) and adapted recently by Eisenberg, Downs, Golberstein, and Zivin (2009) (Appendix B) for use with the college student population. This scale asks participants whether they strongly agree, agree, somewhat agree, somewhat disagree, disagree, or strongly disagree (ranging 0-5) with 12 statements concerning mental illness.

Regarding adaptation of the instrument, Eisenberg et al. noted:

…the original D-D scale refers to a ‘mental patient’ or ‘former mental patient’ or ‘a person who has been hospitalized for mental illness’. We adapted the wording to refer instead to ‘a person who has received mental health treatment’ because our objective was to measure perceived stigma regarding a broader concept of mental health treatment (rather than institutional treatment for sever mental illness per se). (p. 6)

For similar reasons, the adapted version of the D-D was selected for use in the current study to assess college student perceived public stigma of mental health treatment. Examples of statements on the instrument include: “I would willingly accept someone who has received mental health treatment as a close friend” and “Most people believe that a person who has received mental health treatment is just as intelligent as the average person” (Eisenberg et al., p. 18). In addition to the appropriateness of the
language utilized in this particular version of the stigma scale to the goals of the current study, this scale was also chosen for use in the study due to its statistical soundness; Eisenberg et al. report a “relatively high” (p. 6) internal reliability (Cronbach’s alpha .78).

**Demographic Questionnaire**

A general demographic questionnaire (Appendix B) was included in the survey for the purpose of collecting the following participant data: age, gender, race, and year in school (e.g. freshman). The questionnaire also assessed the nature of their participation in counseling services (i.e. voluntary or required by the university), their current number of months “on contract” or in agreement with the university to participate in counseling services, and their current perception of need for counseling (in a yes or no format). This data was collected for the purpose of enhancing the researcher’s understanding of differences in help seeking behavior, stigma, and self-authorship, as well as her perception of need within the sample.

**Scoring Procedures**

**Self-Authorship Subscale Scoring**

Scoring the CDMS-SA was accomplished through the use of a 3x3 matrix of 9 cell scores (refer to Figure 3.1 above). Each cell score was comprised of a mean of the total number of responses in each cell. The scores in the rows of the matrix represent the average level of agreement (disagree – agree) with progressive stages. Scores are, therefore, indicators of participant agreement, or alignment, with particular progressive stages of development of self-authorship. A mean score between 1 and 2 would represent a general disagreement with the statements associated with the specific cell, while a mean score of 3 to 4 would represent agreement. The authors of the instrument did not account for the occurrence of non-whole numbers in the scoring; therefore, in the current study, non-whole sum scores were rounded to whole numbers before determining Self-Authorship stage. Scores that indicate
agreement with early stages of the development of self-authorship (e.g. 4-1-1) represent lower levels of development in regards to self-authorship, or the External Formulas stage. Scores that indicate agreement with the mid-level stages of development of self-authorship (e.g. 2-4-1) represent the second stage of development of self-authorship, or the Crossroads stage. Scores that indicate agreement with the latest stage of the development of self-authorship (e.g. 1-3-4) represent the final stage, or Early Self-Authoring (Creamer, Baxter Magolda, & Yue, 2010). Furthermore, participants whose scores resulted in unclear results (i.e. 4-1-4) were marked *unclear* and excluded from the Self-Authorship dataset and subsequent analyses concerning the development of self-authorship.

Note that one cell score was limited due to the erroneous deletion of an instrument item in the current study. Specifically, the Crossroads scale does not include one item, which would have contributed to the mean score. Therefore, this particular scale does not represent all items of the original CSMA-SA subscale, a fact that may diminish the reliability of the instrument used in the current study in comparison to the instrument used by its authors in the original norming sample.

**Discrimination-Devaluation Scale Scoring**

On the D-D scale, participants responded to 15-items associated with stigma, which included three items comprising the personal stigma scale and 12-items comprising the perceived public stigma scale. As directed by the authors of this instrument, six items included in the perceived public stigma scale and 1-item of the personal stigma scale were reverse scored. Scores of all items were then averaged to determine the total stigma score. Next, the personal stigma score was calculated by averaging the individual scores of the three items associated with personal stigma. The final step included determining the average score for the perceived stigma scale, which was calculated by averaging the individual scores of the 12-items of the perceived public stigma scale.

**Research Hypotheses**
Research hypotheses for this study included:

5. Students in the high risk population, who are mandated to receive counseling will have significantly lower levels of self-authorship, as assessed by the Self-Authorship Subscale of the Career Decision Making Survey (CDMS-SA), in comparison to students who voluntarily seek treatment.

6. There will exist a significant, positive relationship between self-authorship, as assessed by the CDMS-SA, and voluntary counseling services use.

7. Students who have high levels of stigma, as assessed by the Revised Discrimination-Devaluation Scale (D-D) will be significantly less likely to seek voluntary counseling services than students with low levels of stigma.

8. Students who seek counseling will be assessed at significantly lower levels of stigma, as assessed by the Discrimination-Devaluation Scale (D-D), than students who are mandated to counseling.

**Data Analysis**

Information collected from the demographics questionnaire, scores from the CDMS-SA, and scores from the D-D scale were collected through the Qualtrics software and, entered into IBM SPSS software. Descriptive statistics were conducted for the purpose of providing information on patterns and frequencies within the sample. Correlational analyses were also performed to achieve a correlation coefficient, that was then used to correlate scores between measures including the CDMS-SA, D-D, D-D subscales, perceived need for counseling, and help seeking status (mandated or non-mandated status). The Pearson product-moment coefficient (Pearson’s R), a measure of the linear dependence between variables, was also determined in order to assess for dependence among variables. A minimum significance level was set at $p < .05$. A multiple regression analysis was conducted for the purpose of
exploring the variance in help seeking explained by all the variables (i.e. self-authorship, demographic data, and stigma) (Gall, Gall, & Borg, 2007).

The researcher also completed an analysis of the narrative data collected from the open-ended survey item, which asked: "What has influenced your decision to pursue counseling, or not pursue counseling, at your university?" This narrative data was collected for the purpose of investigating the deeper meaning of participant responses. The researcher and one other peer researcher, a master’s level assistant trained in psychological research, independently engaged in a three-stage process of coding of the data as articulated by Creswell (2009).

The first stage in the coding process was the initial read-through of the data for the purpose of achieving a "general sense of the information...to reflect on its overall meaning" (Creswell, 2009, p. 185). Meaning, for the purpose of this study, is what Moustakas (1994) refers to as the essence description or the phenomenological quality of significant statements provided by participants. Therefore, by reviewing each statement provided by individual participants, the researchers created an initial assessment of the general meaning of the data. The second stage included the researchers’ thorough review individual narrative statements as well as the researchers’ notation of his and her responses to the question: What is this about? The researchers recorded their responses in the margins of the data sheet. A list of emerging themes was then compiled, followed by clustering of similar themes based on similarity or uniqueness. Thereafter, a final, agreed upon list of general themes and unique themes was created. Codes (or abbreviated segments of text) were then developed to reflect the themes that emerged within the data as well as the themes prescribed by the researcher (Bogdan & Biklen, 1992; Creswell).

The next stage in the analysis of the narrative data included the development of a small number of themes, or categories, that emerged from the first stage of the analysis. The researchers developed six
themes, in alignment with Creswell's (2009) suggested five to seven themes per research study. Layers of analysis were also explored, and included consideration of the context surrounding the research question as a potentially influential variable on the responses provided by participants. Specifically, it was suspected that students might respond differently based upon the source of the invitation to participate in the study. Potential differences and similarities of mandated and voluntary participation in counseling services were accounted for during this phase of data interpretation. Additional contextual variables were also taken into consideration including participant demographic variables, including: gender, race, and age.

The results of each stage of analysis were debriefed between the two research peers throughout the coding and interpretation processes. Conflicts between the perspectives held by each researcher were resolved by means of Creswell's (2009) suggested inter-coder agreement crosschecking process, which includes researcher conversations and agreements regarding coding decisions and mutual interpretations of the data. Additionally, a final reviewer fulfilled the role of the external auditor and reviewed the entire project, which occurred at the end of the coding and interpretation processes. The multiple-reviewer aspect of this research method served to enhance the reliability and validity of the results of the narrative analysis as an accurate portrayal of the meaning of the participant responses (Creswell, 2009).

**Ethical Considerations**

For the purpose of institutional review and ethical research practice, the proposal of this research study was initially submitted to the researcher's dissertation committee as well as to the Internal Review Board of The College of William and Mary, School of Education. It was also sent to the Institutional Review Board of the other participating universities. The following safeguards ensured that ethical standards were maintained throughout the study:
1. Participants were provided an Informed Consent form that included information regarding their privacy, purpose of the research study, and researcher contact information.

2. Names were not required nor requested during the survey process.

3. Participants retained the right to refuse participation.

4. Individual scores were not disclosed nor used for analyses throughout this study.

5. Internet links between the survey instruments and incentive sign-up form were detached; therefore separating participant survey data and identifying email contact information.

**Summary**

The focus of this study was on the relationships between college student help seeking, college student development (self-authorship), stigma, and other demographic factors associated with the college student population. This chapter presented the research purpose, design, and methodologies used in this investigation of potential relationships among variables. Population, sample, instrumentation, researcher response to anticipated limitations, and ethical considerations were reviewed. In the following chapter, the statistical outcomes and outcomes of the narrative analysis of the study will be reported.
CHAPTER FOUR: RESULTS

This chapter provides a description of the results of research analyses described in Chapter Three. Four hypotheses were presented in Chapter Three, and included relationships among variables including college student help seeking, self-authorship, and stigma. This chapter presents results of the study, including: (a) a description of the sample population, (b) demographic data reported for the sample, (c) results of the correlational tests between variables, (d) the results of a multiple regression analysis, and (e) narrative data findings.

Participants

Participants in the sample included all individuals who completed the research survey. One hundred post card invitations were provided to counselors at two university counseling centers for distribution to students; however, the total number that was actually distributed to students is unknown. In addition to the post card invitations, university Deans distributed approximately 100 email invitations (combined) to all students who had been mandated to participate in counseling at their given institution. Six participants did not fully complete the survey and were therefore excluded from the final sample. In total, the sample for this study was comprised of 76 participants who completed the research survey.

Demographics

Demographic data was collected by means of a Demographic Questionnaire presented to participants as the final portion of the survey. Participants responded to questions regarding their gender, age, race, year in school, perception of need for mental health counseling, whether or not they have been required by their university to participate in counseling services, and the status of counseling services if requested by the university. Additionally, participants were asked to respond to the following open-ended question: What has influenced your decision to pursue counseling, or not pursue counseling, at
As noted above, participants who failed to fully complete the survey were excluded from the final dataset.

**Gender.** Demographic data regarding gender is presented in Table 4.1. Categories included: (a) female, (b) male, and (c) transgender. Females were most represented in this sample, followed by males. One participant identified as transgender.

Table 4.1.

*Participants' gender*

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>46</td>
<td>60.5%</td>
</tr>
<tr>
<td>Male</td>
<td>29</td>
<td>38.2%</td>
</tr>
<tr>
<td>Transgender</td>
<td>1</td>
<td>1.3%</td>
</tr>
<tr>
<td>Total</td>
<td>76</td>
<td>100%</td>
</tr>
</tbody>
</table>

In comparison to institutional data reported by the universities from which the sample was collected, the gender distribution of this study is comparable. Specifically, these institutions report a slight majority of female students (51% and 57%), which is reflected in this study's sample population (60.5% female) (College A, 2013; The College B, 2014).

**Age.** Participants' ages are presented in Table 4.2. Categories included: (a) 18, (b) 19, (c) 20, (d) 21, (e) 22, (f) 23, (g) 24, (h) 25, (i) 26-35, (j) 36-50, and (k) Above 50. All participants were over the age of 18-years, and their ages ranged from 18 years to the 36-50 years. The modal age was 20-years. Over 50% (51.3%) of the participants were between 18 and 20-years of age.
Table 4.2.

*Participants' age*

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>9</td>
<td>11.8%</td>
</tr>
<tr>
<td>19</td>
<td>13</td>
<td>17.1%</td>
</tr>
<tr>
<td>20</td>
<td>17</td>
<td>22.4%</td>
</tr>
<tr>
<td>21</td>
<td>13</td>
<td>17.1%</td>
</tr>
<tr>
<td>22</td>
<td>11</td>
<td>14.5%</td>
</tr>
<tr>
<td>23</td>
<td>4</td>
<td>5.3%</td>
</tr>
<tr>
<td>24</td>
<td>4</td>
<td>5.3%</td>
</tr>
<tr>
<td>25</td>
<td>2</td>
<td>2.6%</td>
</tr>
<tr>
<td>26-35</td>
<td>2</td>
<td>2.6%</td>
</tr>
<tr>
<td>36-50</td>
<td>1</td>
<td>1.3%</td>
</tr>
<tr>
<td>&gt; 50</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>76</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Race.* All participants reported their identified race. Categories included: (a) African American/Black, (b) Asian American, (c) White, (d) Hispanic American, (c) Multiracial, and (d) Native American. The sample was comprised of 60 (78.9%) White participants, and this was consistent with
samples utilized in previous related research. Asian American participants were the second most representative racial group. Frequencies of participants' race are depicted in Table 4.3.

Table 4.3.

Participants' race

<table>
<thead>
<tr>
<th>Race</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American, Black</td>
<td>2</td>
<td>2.6%</td>
</tr>
<tr>
<td>Asian American</td>
<td>6</td>
<td>7.9%</td>
</tr>
<tr>
<td>White</td>
<td>60</td>
<td>78.9%</td>
</tr>
<tr>
<td>Hispanic American</td>
<td>3</td>
<td>3.9%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>4</td>
<td>5.3%</td>
</tr>
<tr>
<td>Native American</td>
<td>1</td>
<td>1.3%</td>
</tr>
<tr>
<td>Total</td>
<td>76</td>
<td>100%</td>
</tr>
</tbody>
</table>

In comparison to institutional data reported by the universities from which the sample was collected, the racial distribution of this study is comparable. Specifically, these institutions reported that 7.9% of their student populations are Black/African American, which is reflected in this study's sample population (7.9%); 2.3% and 6.8% of their student populations are Asian, which is slightly lower than the percentages reflected in this study's sample (7.9%); 77.1% and 59.6% of their student populations are White, which is slightly lower than the percentages reflected in this study's sample (78.9%); 4.6% and 9.1% of their student populations are Hispanic/Latino, which is higher than the percentages reflected in this study's sample (3.9%); 4.6% and 4.7% of their student populations identify as Multiracial, which
is reflected similarly in this study's sample (5.3%), and .2% of their student populations are Native American, which is reflected similarly in this study's sample (1.3%) (College A, 2013; College B, 2014).

**Year in School.** All participants reported their status as a student in college as identified by their year of school. Categories included: (a) Freshman, (b) Sophomore, (c) Junior, (d) Senior, (c) Graduate Student, and (d) Non-degree Seeking Student. The sample included participants from each category, with the exception of Non-degree Seeking Student status. Senior student status was the most prevalent year in school within this sample. Frequencies of participants' identified year in school are depicted in Table 4.4.

<table>
<thead>
<tr>
<th>Year in School</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freshman</td>
<td>15</td>
<td>19.7%</td>
</tr>
<tr>
<td>Sophomore</td>
<td>13</td>
<td>17.1%</td>
</tr>
<tr>
<td>Junior</td>
<td>20</td>
<td>26.3%</td>
</tr>
<tr>
<td>Senior</td>
<td>26</td>
<td>34.2%</td>
</tr>
<tr>
<td>Graduate Student</td>
<td>2</td>
<td>2.6%</td>
</tr>
<tr>
<td>Non-degree Seeking Student</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>76</td>
<td>100%</td>
</tr>
</tbody>
</table>
Perception of Need for Counseling. All participants reported their perceived need for mental health counseling. This survey item asked participants to respond either yes or no to the question: Do you feel that you are in need of mental health counseling at this time? Most participants (55.3%) responded with a positive perception of need for mental health counseling. Frequencies of participants’ perceptions of need for mental health counseling are presented in Table 4.5.

Table 4.5.

Participants’ perception of need for counseling

<table>
<thead>
<tr>
<th>Perception of Need</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>42</td>
<td>55.3%</td>
</tr>
<tr>
<td>No</td>
<td>34</td>
<td>44.7%</td>
</tr>
<tr>
<td>Total</td>
<td>76</td>
<td>100%</td>
</tr>
</tbody>
</table>

Requirement of Counseling Services. All participants reported whether or not they were required to participate in counseling by means of an agreement or contract with their perspective university. This item asked participants to respond either yes or no. Most participants (52.6%) responded that they had not been required to receive counseling services by means of an agreement or contract with their university, and were therefore seeking counseling voluntarily. Table 4.6 depicts the frequency of students who were required as well as those who were not required to participate in counseling services.

Table 4.6.

Participants’ requirement of counseling services

<table>
<thead>
<tr>
<th>Requirement of Counseling Services</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>76</td>
<td>100%</td>
</tr>
</tbody>
</table>
**Status of Required Counseling Services.** All participants responded to the following question:

*If you are receiving counseling as mandated or requested by your university, at what point are you currently?* Participants were provided with the following responses: (a) I am not required to receive counseling, (b) One month or less following agreement with the university, (c) 2-6 months following agreement with the university, (d) 7-11 months following agreement with the university, (e) 1-2 years following agreement with the university, and (f) > 2 years following agreement with the university.

Most participants (63.2%) responded that they had not been required to receive counseling services. The majority of participants who are required to receive counseling responded that they have received services one month or less following agreement with the university. Table 4.7 depicts the frequency of responses regarding participant status of required counseling services.

Table 4.7.

**Participants’ status of required counseling services**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Required</td>
<td>48</td>
<td>63.2%</td>
</tr>
<tr>
<td>One month or less</td>
<td>11</td>
<td>14.5%</td>
</tr>
</tbody>
</table>
HELP SEEKING AND SELF-AUTHORSHIP

2-6 months 5 6.6%
7-11 months 3 3.9%
1-2 years 6 7.9%
>2 years 3 3.9%
Total 76 100%

Prompt. The end of the research survey included an open-ended question regarding participant decision-making and university counseling services. The prompt read: *What has influenced your decision to pursue counseling, or not pursue counseling, at your university?* Fifty-nine participants chose to respond to the prompt. Participant responses are listed in Appendix C.

Results

Career Decision Making Survey – Self-Authorship Subscale

As presented in Chapter Three, the CDMS-SA is a measure of the development of self-authorship, measured in three phases including External Formulas, Crossroads, and Early Self-Authoring. Scoring methodology of this instrument is comprised of a 3x3 matrix of 9 cell scores to determine the participant’s phase of self-authorship, on the progressive scale of self-authorship. The researcher summed, averaged, and determined whole numbers associated with each participant’s matrix scores. A portion of the participants’ responses yielded unclear results, while others ranged from External Formulas to Early Self-Authorship. Categories included: (a) Unclear, (b) External Formulas, (c) External Formulas/Crossroads, (d) Crossroads, (e) Crossroads/Early Self-Authorship, and (f) Early Self-Authorship. The categories aligned with the progressive development of self-authorship, thus the scale is progressive.
Twenty-eight participants (36.8%) responded with unclear results. For example, this group includes participants that responded with high levels of agreement with all three phases of self-authorship, therefore providing indistinguishable responses. Forty-eight participants’ CDMS-SA results indicated clear responses. Six participants (7.9%) scored at the earliest phase of self-authorship: External Formulas. Four participants (5.3%) scored at the External Formulas and Crossroads phase of self-authorship. Eleven participants (14.5%) scored at the middle phase of self-authorship: Crossroads. Eighteen participants (23.7%) scored at the Crossroads and Early Self-Authorship phase of self-authorship. Finally, 9 participants scored at the highest phase of self-authorship: Early Self-Authorship. The average score for the entire sample was 3.42 ($SD = 1.25$), which correlates with the Crossroads phase of this Self-Authorship subscale. Distribution of the participants’ Self-Authorship phase scores appeared skewed to the left (skewness statistic = -.65), suggesting that the majority of values lie to the right of the distribution and that a larger portion of the students measured as transitioning from Crossroads to Early Self-Authoring or Early Self-Authoring. Due to the lack of reported findings and norms for this instrument, the researcher was unable to compare this sample’s results to another research group. Frequencies of CDMS-SA scores are presented in Figure 4.1.

Figure 4.1.
Note. Count refers to the frequency of participants whose scores indicate agreement with the self-authorship categories.

**Discrimination-Devaluation Scale**

As presented in Chapter 3, the revised Discrimination-Devaluation scale measures two types of stigma including perceived public stigma and personal stigma as well as overall stigma associated with mental illness. The scale ranged from 0-5, with higher numbers associated with higher levels of stigma. The researcher scored participant responses according to the average score for each of the three types of stigma. Stigma scores according to demographic variables including gender and race are depicted in Table 4.8 below.

**Table 4.8.**

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>Perceived Public</th>
<th>Personal</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>46</td>
<td>3.49</td>
<td>1.61</td>
<td>3.12</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>--------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>Male</td>
<td>29</td>
<td>3.47</td>
<td>1.94</td>
<td>3.16</td>
</tr>
<tr>
<td>Transgender</td>
<td>1</td>
<td>4.00</td>
<td>1.00</td>
<td>3.40</td>
</tr>
<tr>
<td>African American, Black</td>
<td>2</td>
<td>2.46</td>
<td>1.00</td>
<td>2.17</td>
</tr>
<tr>
<td>Asian American</td>
<td>6</td>
<td>3.21</td>
<td>1.78</td>
<td>2.92</td>
</tr>
<tr>
<td>White</td>
<td>60</td>
<td>3.47</td>
<td>1.74</td>
<td>3.12</td>
</tr>
<tr>
<td>Hispanic American</td>
<td>3</td>
<td>4.14</td>
<td>2.11</td>
<td>3.73</td>
</tr>
<tr>
<td>Multiracial</td>
<td>4</td>
<td>4.02</td>
<td>1.50</td>
<td>3.52</td>
</tr>
<tr>
<td>Native American</td>
<td>1</td>
<td>4.50</td>
<td>1.67</td>
<td>3.93</td>
</tr>
<tr>
<td>Total</td>
<td>76</td>
<td>3.49</td>
<td>1.73</td>
<td>3.14</td>
</tr>
<tr>
<td>Reference Group</td>
<td>5,555</td>
<td>2.43</td>
<td>1.01</td>
<td>not reported</td>
</tr>
</tbody>
</table>

The average score of the total Stigma score was a mid-range score ($M = 3.14$, $SD = .84$), on a scale ranging from 0-5. Similarly, Perceived Public Stigma average score was a mid-range score ($M = 3.49$, $SD = .98$). The average score on the Personal Stigma scale, unlike the total score and the Perceived Public Stigma score, was a low-level score ($M = 1.73$, $SD = .86$).

Independent-samples t-tests compared the above results, seen in Table 4.8, to the mean scores of a national sample of data collected by Eisenberg, Downs, and Golberstein (2009). Significantly higher mean scores on the Perceived Public Stigma subscale were found. Specifically, there was a significant difference in the overall indication of stigma, $t(76) = 3.49$, $p = .00$, with the participants of this study scoring higher scores than the national sample ($M = 2.43$, $SD = .75$). In addition, the male ($t(29) = 3.46$, $p = .00$), female ($t(47) = 3.49$, $p = .00$), White ($t(60) = 3.47$, $p = .00$), and Hispanic ($t(3) = 4.14$, $p = .02$) participants of this study all had higher scores than those within the national sample.
Independent samples t-tests also showed significantly higher scores on the Personal Stigma subscale. Specifically, there was a significant difference in the overall indication of Personal Stigma, \((t(76) = 1.73, p = .00)\), with the participants of this study scoring higher scores than the national sample \((M = 1.01, SD = .84)\). In addition, the male \((t(29) = 1.94, p = .00)\), female \((t(47) = 1.61, p = .00)\), and White \((t(60) = 1.74, p = .00)\) participants of this study all had higher scores than those within the national sample.

**Analysis of the Research Hypotheses**

**Research Hypothesis 1**

Students in the high risk group, who are mandated to receive counseling will have significantly lower levels of self-authorship, as assessed by the Self-Authorship Subscale of the Career Decision Making Survey (CDMS-SA), in comparison to students who voluntarily seek treatment.

**Results.** Analyses included clearly identified CDMS-SA participant data \((N = 48)\). Correlations were conducted between the CDMS-SA subscale categories and the participants’ indication of whether or not they are required to receive counseling services by means of a contract or agreement with their university (reported in the demographic questionnaire portion of the research survey). Results indicated that there was no significant correlation \((r(48) = -.26, p = .069)\) between the CDMS-SA category and the group of participants who were mandated to participate in counseling services. Thus, the first hypothesis was not supported by the statistical outcomes.

**Research Hypothesis 2**

There will exist a significant, positive relationship between self-authorship, as assessed by the CDMS-SA, and voluntary counseling services use.

**Results.** Analyses included clearly identified CDMS-SA participant data \((N = 48)\). Correlations were conducted between the CDMS-SA subscale categories and the participants’ indication of whether
or not they are required to receive counseling services by means of a contract or agreement with their university. Results indicated that there was no significant correlation ($r(48) = -.264$, $p = .069$) between the CDMS-SA category and the group of students who were not mandated to participate in counseling services. Thus, the second hypothesis was not supported by the statistical outcomes.

**Research Hypothesis 3**

Students who have high levels of stigma, as assessed by the Revised Discrimination Devaluation Scale (D-D) will be significantly less likely to seek voluntary counseling services than students with lower levels of stigma.

**Results.** Correlations were conducted between the D-D total and subscale scores and the participants’ indication of whether or not they are required to receive counseling services by means of a contract or agreement with their university. Results indicated that there was no significant correlation between the D-D total ($r(76) = .004$, $p = .97$) and the group of students who were not mandated to participate in counseling services. Results also indicated that there was no significant correlation between mandated status the D-D perceived public stigma subscale ($r(76) = .04$, $p = .73$) or the personal stigma subscale ($r(76) = -.18$, $p = .13$). Thus, the second hypothesis was not supported by the statistical outcomes. The correlations between D-D scores and participants’ status of required counseling services are presented in Table 4.9 below.

Table 4.9.

*Correlations between D-D scores and participants’ status of required counseling services*
Correlations

<table>
<thead>
<tr>
<th></th>
<th>Pearson Correlation</th>
<th>Mandated</th>
<th>Dtot Mean</th>
<th>PSmean</th>
<th>PPSmean</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mandated</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>1</td>
<td>.004</td>
<td>-.177</td>
<td>.041</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>76</td>
<td>76</td>
<td>76</td>
<td>76</td>
</tr>
<tr>
<td><strong>Dtot_Mean</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>.004</td>
<td>1</td>
<td>.444**</td>
<td>.982**</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>76</td>
<td>76</td>
<td>76</td>
<td>76</td>
</tr>
<tr>
<td><strong>PSmean</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>-.177</td>
<td>.444**</td>
<td>1</td>
<td>.270*</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>76</td>
<td>76</td>
<td>76</td>
<td>76</td>
</tr>
<tr>
<td><strong>PPSmean</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>.041</td>
<td>.982**</td>
<td>.270*</td>
<td>1</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>76</td>
<td>76</td>
<td>76</td>
<td>76</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).

Note. Mandated refers to the participants' indicated status as either mandated to participate in counseling, or are participating voluntarily. Dtot_Mean refers to the mean total score on the D-D scale. PSmean refers to the mean scores on the personal stigma subscale. PPSmean refers to the mean scores on the perceived public stigma subscale.

Research Hypothesis 4

Students who seek counseling will be assessed at significantly lower levels of stigma, as assessed by the Discrimination-Devaluation Scale (D-D), than students who are mandated to counseling.

Results. Correlations were conducted between the D-D total and subscale scores and the participants' indication of whether or not they were required to receive counseling services by means of a contract or agreement with their university. Results indicated that there was no significant correlation between the D-D total ($r(76) = .004, p = .97$) and the group of students who were mandated to participate in counseling services. Results also indicated that there was no significant correlation between mandated status and the D-D perceived public stigma subscale ($r(76) = .04, p = .73$) or the personal stigma subscale ($r(76) = -.18, p = .13$). Thus, the fourth hypothesis was not supported by the statistical outcomes.
Analyses did, however, demonstrate a positive correlation between total stigma scores and perceived public stigma ($r(76) = .98, p = .00$) as well as a positive correlation between total stigma scores and personal stigma ($r(76) = .44, p = .00$). Analyses further indicated that there was a significant correlation ($r(76) = .70, p = .02$) between D-D subscales, suggesting that levels of personal stigma and perceived public stigma are positively related. The statistical outcomes with regard to Hypothesis 4 are presented in Table 4.10 below.

Table 4.10.

*Correlations between D-D scores and participants' status of required counseling services*

<table>
<thead>
<tr>
<th>Correlations</th>
<th>Mandated</th>
<th>DDtot Mean</th>
<th>PSmean</th>
<th>PPSmean</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pearson Correlation</td>
<td>1</td>
<td>.004</td>
<td>-.177</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>.974</td>
<td>.125</td>
<td>.725</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>76</td>
<td>76</td>
<td>76</td>
</tr>
<tr>
<td>DDtot_Mean</td>
<td>Pearson Correlation</td>
<td>.004</td>
<td>1</td>
<td>.444**</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>.974</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>76</td>
<td>76</td>
<td>76</td>
</tr>
<tr>
<td>PSmean</td>
<td>Pearson Correlation</td>
<td>-.177</td>
<td>.444**</td>
<td>1</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>.125</td>
<td>.000</td>
<td>.019</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>76</td>
<td>76</td>
<td>76</td>
</tr>
<tr>
<td>PPSmean</td>
<td>Pearson Correlation</td>
<td>.041</td>
<td>.982**</td>
<td>.270*</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>.725</td>
<td>.000</td>
<td>.019</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>76</td>
<td>76</td>
<td>76</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

Notes. Mandated refers to the participants indicated status as either mandated to participate in counseling, or are participating voluntarily. DDtot_Mean refers to the mean total score on the D-D scale. PSmean refers to the mean scores on the personal stigma subscale. PPSmean refers to the mean scores on the perceived public stigma subscale.

**Supplemental Post-hoc Analyses**

Supplemental analyses were conducted for the purpose of further informing research outcomes. These analyses included additional correlational investigations as well as a multiple regression analysis. Correlations were conducted between self-authorship scores and demographic variables including (a) gender, (b) age, (c) year in school, and (d) race. It was found that no significant relationships existed.
Additional correlational analyses were conducted for the purpose of exploring potential relationships between the perception of need for counseling services and demographic variables as well as dependent variables including participant CDMS-SA scores. These correlations indicated no significant relationships among variables and the CDMS-SA.

Further analyses were conducted between stigma scores (D-D overall and subscale scores) and perception of need for counseling services as well as demographic variables including (a) gender, (b) age, (c) year in school, and (d) race. Correlational analyses found that two variables had a significant relationship with stigma scores. There was a positive correlation between the measure of perception of need for counseling services and Personal Stigma \((r = .33, p = .00)\), suggesting that participants who indicated that they do not perceive a need for counseling services were more likely to have indicated higher levels of Personal Stigma. There were positive correlations found between race and Perceived Public Stigma \((r = .27, p = .02)\), as well as between race and the overall D-D score, \(r = .26, p = .02\).

Significant, positive relationships were also found between D-D subscales (Perceived Public Stigma and Personal Stigma) \((r = .27, p = .02)\) as well as between each subscale and the total D-D score: Perceived Public Stigma \((r = .98, p = .00)\) and Personal Stigma \((r = .44, p = .00)\).

Finally, for the purpose of further investigating variance in help seeking according to multiple variables, a multiple regression analysis was conducted. Participants whose CDMS-SA scores were unclear were removed from this regression model. The predictors included: (a) age, (b) race, (c) gender, (d) perception of need for counseling, (e) stigma, and (f) self-authorship. The criterion variable was the indication of help seeking: mandated versus voluntary participation in counseling. The linear combination of the predictor variables was significantly related to help seeking, \(F(6, 41) = 2.42, p = .04\). The sample multiple correlation coefficient was .51, indicating that approximately 26.2% of the variance of help seeking behavior in the sample can be accounted for by the linear combination of the predictor
variables. Two of the six predictor variables made a significant contribution to the prediction equation: (a) overall stigma, $t(48) = 2.36, p = .02$, and CDMS-SA scores associated with self-authorship, $t(48) = -2.6, p = .01$. The results of the multiple regression analysis are presented in Table 4.11 below.

Table 4.11.

*Multiple correlation coefficient model summary and coefficients*

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std. Error of the Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.512a</td>
<td>.262</td>
<td>.154</td>
<td>.463</td>
</tr>
</tbody>
</table>

a. Predictors: (Constant), DDtot_Mean, Gender, Age, Coun_Need, Category, Race_Ethnicity

Notes. Coun_Need refers to participant indication of whether or not they feel that they are in need of counseling services. DDtot_Mean refers to the mean total score on the D-D scale. Category refers to CDMS-SA scores.

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Constant)</td>
<td>1.834</td>
<td>.438</td>
<td>4.184</td>
<td>.000</td>
</tr>
<tr>
<td>Race_Ethnicity</td>
<td>.001</td>
<td>.103</td>
<td>.002</td>
<td>.011</td>
</tr>
<tr>
<td>Age</td>
<td>-.065</td>
<td>.350</td>
<td>-.260</td>
<td>.070</td>
</tr>
<tr>
<td>1 DDtot_Mean</td>
<td>.213</td>
<td>.090</td>
<td>.336</td>
<td>.023</td>
</tr>
<tr>
<td>Coun_Need</td>
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<td>.140</td>
<td>.098</td>
<td>.481</td>
</tr>
<tr>
<td>Category</td>
<td>-.149</td>
<td>.057</td>
<td>-.371</td>
<td>.013</td>
</tr>
<tr>
<td>Gender</td>
<td>-.034</td>
<td>.128</td>
<td>-.036</td>
<td>.794</td>
</tr>
</tbody>
</table>

a. Dependent Variable: Mandated

**Narrative Data Findings**

An overall narrative data analysis of the single, open-ended survey item, "What has influenced your decision to pursue counseling, or not pursue counseling, at your university?" indicated several themes. Emerging themes included (a) Participants' Desire for Growth, (b) Beliefs about Counseling, (c)
Distress, (d) Reflection, (e) Hesitation to Seek Help. Prescribed themes, drawn from the literature, included (a) Self-Authoring, and (b) External Formulas. In addition to the identification and prescription of these themes, the research also found relationships between themes and layers including: (a) gender, (b) mandated or voluntary help seeking status. A more thorough explanation of themes is provided below.

**Participants' Desire for Growth.** Participants indicated that a sense of hopefulness to achieve personal growth was influential in their decision to pursue counseling at their university. One participant aptly states an example of this theme: “I want to improve myself.” Another wrote: “I feel like I can’t handle my own life anymore as well as I should, so I just want to get to the point where I can again.” One participant wrote that she wished to continue counseling “…in hopes that I will get the help I needed so that I could succeed in college to my fullest potential.” Layered differences were evident in this theme, as females were more likely than males to express the desire to achieve personal growth by means of counseling.

**Beliefs about Counseling.** Beliefs about counseling were the most commonly noted responses to the open-ended question. This overarching theme included participant beliefs that were associated with the benefits of counseling, the drawbacks of counseling, and assumed attributes about counselors (e.g. compassionate). A positive belief about counseling was noted by one participant who replied: “The need for guidance in a direction towards finding my interests.” Another participant noted her beliefs about what the counseling relationship would offer them in regards to support and privacy: “I wanted to anonymously figure out what was wrong with me without informing family and friends that I needed help.” Others mentioned their negative beliefs about counseling as influential in their decision to not seek services. For example, a participant responded, “My perception of university counseling as limited has led me to seek help elsewhere.” With regard to layered differences in responses, it is evident that a
majority of the negative beliefs shared by participants were from those who are mandated to participate in counseling. Furthermore, females were most likely to express beliefs about counseling, both positive and negative.

**Distress.** Clinical issues and symptoms of overall distress were frequently identified as influential in the decision to pursue counseling services at the university-based counseling center. Participant responses that aligned with this theme communicated dissatisfaction with their emotional wellbeing and inability to independently manage distress. For example, a participant wrote: “I needed support for coping with anxiety challenges.” Another noted: “I had a panic attack and thought about suicide.” Females were overwhelmingly more likely to communicate distress as an influential factor in their decision to pursue counseling services.

**Reflection.** The theme of reflection refers to participant responses that communicate a previous phenomenon or experience that has led to the decision to pursue counseling services. For example, one student wrote: “I pursued counseling outside the University system. I was compelled by the remembrance of the peace it brought be in the past.” Both male and female participants responded with reflective statements, however this particular theme was not as prominent as abovementioned themes.

**Hesitation to Seek Help.** Hesitation to seek support from the university-based counseling center was communicated in a variety of messages, including those of frustration, lack of trust, and more specific concerns for privacy. For example, a participant wrote: “I don’t believe counselors have my best interest at heart, and I hate to have things on record.” Another stated: “I don’t feel that I can trust the Counseling Center on campus to make objective decisions without jumping to conclusions.” With regard to layered differences, both mandated and voluntary participants provided responses that aligned with frustrations and hesitations to seek counseling.

**Self-Authoring.** The prescribed theme of Self-Authoring is comprised of statements that reflect
a position of personal authority and objectivity in decision-making. In keeping with Kegan’s (1982) definition of Self-Authorship, the researcher identified comments that suggested objectivity, contemplation of the perspectives of others, and the critical coordination of personal decision-making. One example of the self-authoring theme reads: “I have pursued counseling because I want to reach a healthier mental state. Plus, I was encouraged by people who love me.” Other examples include: “There was not one main person at my university to influence me to have counseling. It was a decision I came up with on my own” and, “My personal beliefs: I want to take care of my individual well-being and know that is done most effectively by seeking mental health help.” Few participants provided responses that aligned with characteristics of self-authorship (e.g. objectivity, contemplation of the perspectives of others) and, from a layering standpoint, most of those who did were female. Furthermore, participants who were assessed as “Early Self-Authoring”, the highest level on the CDMS-SA scale, provided two (50%) of the Self-Authoring narrative responses.

**External Formulas.** As the second prescribed theme, External Formulas refers to the external influences that are negotiated as participants make personal decisions about their mental health. Many participants noted that the primary influence on their decision to seek counseling at the university-based counseling center was their contract for mandated counseling services, thus an external formula for their mental health care. For example, several provided responses similar to: “It is required by my medical compliance” and, “Agreement that I made with school in order not to be penalized and to receive my diploma.” Others mentioned external formulas outside of the university system, such as, “Raised on fix it yourself attitude, not the best mindset though.” Concerning layers, participants who responded with statements including external formulas were primarily those who were mandated to participating in counseling services.

**Unique perspectives.** Unique statements were provided by a number of participants, and
included unusual perspectives on the decision to pursue counseling as well as perspectives that are complex in nature. The following statements are of the former: “The counselor was extremely beautiful so I may return, but it is unlikely”, and “Interest in helping others.” Statements that suggest a more complex decision-making process regarding help seeking include: “Since the beginning of the sophomore year, I voluntarily attended counseling for anxiety and depression. The most recent time that I came in for counseling was because a [Program X]-mandated decision-making session” and, “I think it is a privilege to have these services and I appreciate being able to take advantage of them. I think everyone should be in counseling some point in their life, even if it is only a few times per year”, which was provided by a participant who was mandated to participate in counseling services.

Summary

Chapter Four presented the statistical analysis and findings of the research data, including descriptive statistics of the participants’ demographics, correlational analyses, and post-hoc analyses. Four hypotheses were tested producing no significant results as indicated by statistical analyses. Hypotheses 1 focused on whether students in the high risk group, who are mandated to receive counseling would have significantly lower levels of self-authorship, as assessed by the Self-Authorship Subscale of the Career Decision Making Survey (CDMS-SA), in comparison to students who voluntarily seek treatment. The measures for Hypothesis 1 were found to have no significant relationship.

Hypothesis 2 focused on whether students who are not mandated to receive counseling would have significantly higher levels of self-authorship, as assessed by the Self-Authorship Subscale of the Career Decision Making Survey (CDMS-SA), in comparison to students who involuntarily participate in counseling services. The measures for Hypothesis 2 were found to have no significant relationship.

Hypotheses 3 and 4 focused on the relationship between stigma scores and help seeking, as indicated by whether or not participants participated in counseling voluntarily. Hypothesis 3 focused on
whether or not students who have high levels of stigma, as assessed by the Revised Discrimination Devaluation Scale (D-D) would be significantly less likely to seek voluntary counseling services than students with lower levels of stigma. The measures for Hypothesis 3 were found to have no significant relationship. Finally, hypothesis 4 focused on whether or not students who seek counseling voluntarily will be assessed as having lower levels of stigma, in comparison to students who are mandated to participate in counseling services, as assessed by the D-D scale. The measures for Hypothesis 4 were found to have no significant relationship.

Additional analysis found that significant relationships exist among several variables. First, there exists a significant relationship between race and Perceived Public Stigma and total D-D scores, however not Personal Stigma. Second, there exists a significant relationship between Perceived Public Stigma and Personal Stigma. Finally, a significant relationship exists between the lack of perceived need for counseling and Self Stigma. The multiple regression analysis model also indicated support for relationships among variables, as 26.2% of the variance in help seeking was predicted by the following predictor variables: (a) age, (b) race, (c) gender, (d) perception of need for counseling, (e) stigma, and (d) self-authorship.

Analysis of the narrative data, as an outcome of the open-ended question on the survey revealed seven themes, five of which emerged from the data. The emerging themes included: (a) Participants’ Desire for Growth, (b) Beliefs about Counseling, (c) Distress, (d) Reflection, and (e) Hesitation to Seek Help. Prescribed themes included: (a) Self-Authoring, and (b) External Formulas.

Chapter Five will discuss the reported results in relation to the research questions and highlight their meaning and further interpretation. Information provided in response to the open-ended survey prompt will be included in further analysis and interpretation of findings reported in Chapter Four.
CHAPTER FIVE: DISCUSSION

The purpose of this study was to understand possible relationships between college students’ decisions to seek help, self-authorship, and stigma, and to develop a more comprehensive understanding of college student help seeking and its relationship to college student development. The participants of this study were administered an Informed Consent form, Career Decision Making Scale Self-Authorship Subscale (CDMS-SA), Revised Discrimination-Devaluation Scale (D-D), and Demographics Questionnaire. Participants were also asked to respond to an open-ended question regarding their decision to pursue or not pursue help at their university counseling center. It was hypothesized that higher levels of self-authorship would be associated with the decision to voluntarily seek help. It was also hypothesized that lower levels of self-authorship would be related to participation in mandated counseling. Concerning stigma, it was hypothesized that higher levels of stigma would be related to participation in mandated counseling. Inversely, it was hypothesized that lower levels of stigma would be related to voluntary participation in counseling. Although the statistical findings of this study were non-significant, the study produced meaningful narrative data related to the research questions. In this fifth chapter, results of the statistical and narrative data will be
explored and discussed. Implications of this study, limitations of the research, and future research recommendations will be presented.

**Discussion of Major Research Findings**

**Discussion of Hypotheses**

This section will discuss the major research findings as they pertain to each research hypothesis. Due to the similar nature of the first and second hypotheses relating to self-authorship and the similar nature of the third and fourth hypotheses relating to stigma, this section has been divided into parts: an integrated discussion of hypothesis one and two followed by an integrated discussion of hypothesis three and four.

**Hypotheses 1 & 2.** The first and second hypotheses of this study concerned the statistical investigation of the relationship between self-authorship and help seeking. Specifically, the first hypothesis proposed that participants in the mandated counseling group would have significantly lower levels of self-authorship, as assessed by the CDMS-SA, in comparison to participants who voluntarily sought counseling services. The second hypothesis proposed that there would be a significant, positive relationship between self-authorship, as assessed by the CDMS-SA, and voluntary counseling services use. No significant relationship was found between help seeking and self-authorship; therefore, the statistical results of this study did not support these hypotheses.

With regard to this result, there is the possibility that the hypothesized relationships between help seeking and self-authorship do not exist; however, this conclusion may be premature considering potential alternative explanations for the findings. A chief concern about the statistical results of the first and second hypotheses is the impact of limitations associated
with the CDMS-SA instrument, which was intended to measure the participants’ levels of self-authorship. As noted by authors Creamer, Baxter Magolda, and Yue (2010),

> As fits any scientific endeavor, there is a healthy amount of skepticism among members of the community of scholars conducting research about self-authorship about the feasibility of constructing a quantitative instrument that captures the complexity of the way self-authorship has been conceptualized. (p. 560)

Creamer, Baxter Magolda, and Yue further call into question the extent to which a quantitative measure can accurately evaluate an individual’s cognitive, intrapersonal, and interpersonal dimensions. This accuracy is particularly difficult due to the fact that the dimensions are “intertwined but expressed in a qualitatively different way at each phase in development” (p. 557). Moreover, indications of low to moderate reliability of the phases as measured by the CDMS-SA call into question the consistency of the measure. Limitations regarding reliability were known previous to the execution of this study, nevertheless, the researcher chose to utilize the instrument as it is requires further research as a new instrument. The phase-specific reliability scores reported by the authors of the CDMS-SA included: (a) Phase 1: $r = .58$, (b) Phase 2: $r = .62$, and (c) Phase 3: $r = .70$. This study found somewhat consistent, yet lower reliability scores: (a) Phase 1: $r = .54$, (b) Phase 2: $r = .36$, and (c) Phase 3: $r = .52$. Due to these conceptual and reliability concerns, the validity of the findings from this particular instrument are subject to the possibility of Type II error, and, thus, inferences based on the findings cannot be made with complete confidence.

The failure of the study to substantiate the first and second hypotheses is tempered to a degree by the results of the multiple regression analysis, which indicated that self-authorship, as
one of six predictor variables (age, race, gender, perception of need for counseling, stigma, and self-authorship), contributes to differences in help seeking. As indicated by the regression model, self-authorship made a significant contribution to the prediction equation, which indicated that approximately 26.2% of the overall variance of help seeking behavior in the sample could be accounted for by the linear combination of all six predictor variables. It appears that a relationship, although limited, may still exist between self-authorship and help seeking.

The failure to prove the first and second hypotheses also appears to be tempered by the meaningful data concerning the relationship between stigma and help seeking, provided through the narrative portion of the survey results. Specifically, participant responses to the question: “What has influenced your decision to pursue counseling, or not pursue counseling, at your university?” suggest that a number of participants formulated their decision to seek help based on personal authority, mutuality, and an internal belief system. This data is suggestive of self-authorship as a component of their decision to seek help.

The following examples reflect the theme of self-authoring among participant responses to the abovementioned, open-ended question: “I chose to pursue counseling at my university because I enjoy verbalizing my problems to find solutions”; “There was not one main person at my university to influence me to have counseling. It was a decision I came up with on my own”; “My personal beliefs: I want to take care of my individual well-being and know that is done most effectively by seeking mental health help”. These particular responses illustrate attributes of self-authorship including personal authority, the evaluation of information regarding their decision (e.g. the process of verbalizing problems leads to solutions), and internal beliefs (e.g. personal responsibility for self-care).
Both mandated and voluntary participants of counseling services provided an approximately equal number of responses of this nature. This balance in perspectives would seem to support the notion that self-authorship is unrelated to differences in help seeking behavior. However, it is possible that maturation may have impacted college student development (e.g. Loevinger, Cohn, Bonneville, Redmore, Streich, & Sargent, 1985; Redmore, 1983), during the course of the counseling relationship. That is, in the process of development over time, and during the process of aging, the students may have achieved personal development irrespective of the influence of the counseling process. As such, the consideration of maturation effects during the counseling process may be important to future efforts at understanding the possible relationship between help seeking and self-authorship that was measured by this study.

**Hypotheses 3 & 4.** The third and fourth hypotheses of this study concerned the investigation of the relationship between stigma and help seeking. Specifically, the third hypothesis proposed that participants who are assessed at higher levels of stigma, as assessed by the D-D, are less likely to seek voluntary counseling services than participants who are assessed at lower levels of stigma. The fourth hypothesis proposed that participants who sought voluntary counseling services would be assessed to be at lower levels of stigma, as assessed by the D-D, in comparison to those who are mandated to participate in counseling services. No significant relationship was found between help seeking and stigma; therefore, the statistical results of this study did not support these hypotheses.

Similar to the points raised concerning the first and second hypotheses of this study, there is a possibility that the hypothesized relationships between help seeking and stigma do not in fact exist; however, this conclusion may, once again, be premature without the consideration of
alternative explanations for the findings of this study. One alternative consideration for the
statically non-significant relationship found between help seeking and stigma pertains to the
social response bias as a “systematic tendency to respond to a range of questionnaire items on
some basis other than the specific item content (i.e., what the items were designed to measure)”
(p. 17). In this case, participants may have formulated their responses on the basis of which
answers were most socially desirable given their knowledge that their responses could reflect
either socially desirable or undesirable information about them to university personnel (i.e. the
Dean of Students). This idea is explored in more detail in the following paragraphs.

In an in-depth review of the underlying cognitive processes that affect measurement
responses, Tourangeau and Rasinski (1988) state that participant responses are the product of a
four-stage process. This process begins as respondents determine what attitude the question is
about. Secondly, the respondents retrieve relevant feelings and beliefs. Third, they apply the
beliefs and feelings in “rendering the appropriate judgment” (p. 299, Tourangeau & Rasinski),
and, fourth, they use that judgment to select a response. When applied to this study’s
measurement of stigma associated with mental illness, this process suggests that participants may
have chosen answers that minimized stigma and communicated positive attributes such as
openness, empathy, and tolerance, rather than communicating authentic attributes that may have
appeared more negative to others.

Feldman and Lynch’s (1988) research regarding the measurement of beliefs may also
help to explain participants’ response patterns. According to Feldman and Lynch, the
measurement items themselves may create respondent beliefs and attitudes if the measured
constructs do not already exist in long-term memory. Responses formulated as a participant
completes the survey can have direct effects on answers to other questions that follow. In the current study, participants were exposed to items or response options initially in the survey that may have influenced later responses on the survey as a result of socially prescribed beliefs or attitudes associated with earlier items. For example, the early item, “Most people feel that receiving mental health treatment is a sign of personal failure” may elicit negative attitudes (blame), which influences the participants’ responses to later items (e.g. “I would think less of a person who has received mental health treatment”). Although the confounding influence of social response bias cannot be proven in the current study, it remains a possible justification for the non-significant outcomes associated with the measurement of stigma.

A related consideration that may help to explain the lack of relationship found between help seeking and stigma pertains to the possible impact on participants of impression management, a phenomenon that may occur due to the relationship between participants and the individual who provided them with the invitation to complete a research survey. In the current study, for example, a participant who received his or her invitation to complete the survey from the Dean of Students (who is currently overseeing their contract with the university for mandated counseling) may have responded cautiously to questions concerning attitudes and beliefs about mental health treatment due to impression management, thus attempting to portray himself or herself acceptable. Inversely, a participant who received an invitation to participate in the research from a trusted counselor from whom he or she had received voluntary counseling services, may have been less cautious (and, thus, more honest) in responding due to the positive relationship with the counselor. The impact of the variable origins of the invitation to participate in this study may have contributed to unanticipated response patterns and subsequent findings of this study with regard to stigma (Ganster, Hennessey, & Luthans, 1983).
A third possible variable associated with the statistically non-significant relationship found between help seeking and stigma is that stigma may truly not play a substantial role in the current trends in college student help seeking. In keeping with the literature presented in Chapter Two, recent research has found that although stigma has been identified as the primary reason for the low numbers of students seeking help previously, it may not be as influential today. As previously noted by researchers Golberstein, Eisenberg, and Gollust (2008), stigma "may not be as important a barrier to mental health care as the mental health policy discourse currently assumes" (p. 1). Furthermore, as Eisenberg, Hunt, and Speer (2012) note in their evaluation of student perspectives on mental health care that: "...traditional barriers, such as stigma, can only partially explain the high prevalence of untreated disorders" (p. 222). It may be that the statistical outcomes of this research reinforce these propositions that stigma may play a less than significant role in college student help seeking.

The statistical results for the third and fourth hypotheses might be tempered by the results of the multiple regression analysis, which indicated that stigma, one of six predictor variables (age, race, gender, perception of need for counseling, self-authorship, and stigma), contributes to variance in help seeking. Stigma made a significant contribution to the prediction equation, which overall indicated that approximately 26.2% of the variance of help seeking behavior in the sample can be accounted for by the combination of all six predictor variables, according to the linear prediction model. Based on these findings, a limited relationship may still exist between stigma and help seeking.

Similar to the findings for the first and second hypotheses, the results for the third and fourth hypotheses might also be tempered by data concerning the relationship between stigma and help seeking that was, once again, provided through the narrative portion of the survey.
results. Participant responses to the question: “What has influenced your decision to pursue counseling, or not pursue counseling, at your university?” suggested that negative beliefs regarding mental illness or mental health care were a primary reason for participants choosing not to seek help. For example, negative beliefs and attitudes about the nature of counseling were illustrated in the following responses: “I don’t believe counselors have my interests at heart, and I hate to have things on record”, and “I don’t feel that I can trust the Counseling Center on campus to make objective decisions without jumping to conclusions.” Negative beliefs about counseling were shared by almost exclusively those who were mandated to participate in counseling services.

Additionally, participants provided narrative responses specific to the role of personal stigma and help seeking. For example, one participant responded: “I have trouble admitting I have problems.” Interestingly, this particular student also shared that he did, in fact, perceive a need for counseling at the time of the survey. This information is meaningful in that it illuminates the negative belief systems and stigma associated with counseling that has influenced students’ decisions not to pursue counseling services voluntarily, and rather, to ignore a possible need for counseling services.

**Additional Findings**

As noted in Chapter 4, several additional findings were revealed in the study aside from the findings directly related to the research hypotheses. Additional statistical findings include the discovery of the following significant relationships: (a) a significant positive relationship among the D-D subscales, Perceived Public Stigma and Personal Stigma, (b) a significant positive relationship between race and Perceived Public Stigma, and (c) a significant positive relationship between perception of need of counseling and Personal Stigma.
D-D subscales, Perceived Public Stigma and Personal Stigma

The statistically significant relationships among the D-D subscales, Perceived Public Stigma and Personal Stigma, are consistent with Eisenberg, Downs, Golberstein, and Zivin's (2009) discussion regarding the awareness of stigma in society and development of personal stigma. Concerning the relationship between the two distinct forms of stigma, Eisenberg, Downs, Golberstein and Zivin note: “Public stigma can be thought of as the aggregate of each individual’s stereotypes and prejudices” (p. 2). As an individual is exposed to the presence of public stigma, he or she then forms personal attitudes, or personal stigma, that oftentimes influence how one feels about themselves (i.e. self-stigma) (Corrigan, Watson, & Barr, 2006). Thus, the statistically meaningful relationship found in this study between Perceived Public Stigma and Personal Stigma supports the anticipated theoretical relationship between these forms of stigma.

The implications of this relationship suggest that there is an opportunity for higher education professionals to positively influence the college campus culture of Perceived Public Stigma for the purpose of preventing increased rates of Personal Stigma and, thus, potentially impacting help seeking behaviors. Roberts (2011) suggests that the assessment of opportunities for increasingly cohesive campus communities and subsequent community development plans are important to college support personnel as agents of community change. The impacts of such campus culture change initiatives may be particularly important for students who have not yet developed Personal Stigma. This population of students may respond positively to reinforce campus culture where there are positive associations with mental health care and openness towards individuals who struggle with mental illness. At least theoretically, they may be less likely to attach personal stigma to the mental health treatment process.
Race and Perceived Public Stigma

In the current study, it was found that there is a relationship between race and Perceived Public Stigma: students of minority races, such as Hispanic American students and Multiracial students, measured higher on Perceived Public Stigma in comparison to White students. The statistically significant relationship determined between race and Perceived Public Stigma is also consistent with statistical findings of previous research. Research suggest that students of minority races are often assessed at higher levels of Perceived Social Stigma due to frequent experiences of discrimination and prejudice in the social structure (e.g. Eisenberg, Downs, Golberstein, & Zivin, 2009; Helms & Cook, 1999; Sheu & Sedlacek, 2004). Replication of this finding in the current study suggests a need for the further investigation into experiences of marginalization and discrimination as experienced by students of minority races at the universities.

It should be noted that this study included low numbers of students of minority races. Reasons for the low representation of students of minority races (e.g. two students who identified as African American/Black were included in this study) may be specific to the particular university populations included in the current study, however national findings suggest that members of minority racial backgrounds are less likely than Caucasian students to pursue support at the university-based counseling center (see Kearney, Drapor, and Baron, 2005). Factors that appear to influence the infrequency of counseling services use by students of minority groups include: the perception that mental health services are unrelated to their needs (Atkinson, Morton, & Sue, 1998); their awareness that few counselors are of the same racial background as them (Atkinson, Jennings, & Liogson, 1990); the presence of stigma associated with the use of mental health services (Root, 2003); and their use of family resources for
personal problems (McMiller & Weisz, 1996). Further investigation of the factors associated with the beliefs of the students of minority races is therefore crucial to understanding of help seeking beliefs and behaviors.

**Perception of Need for Counseling and Personal Stigma**

An additional, statistically significant inverse relationship was found between perceived need for counseling services and Personal Stigma. Specifically, a lack of perceived need for support was associated with higher levels of Personal Stigma. In keeping with Corrigan's (2004) notions regarding Personal Stigma, this relationship might be explained as resulting from the participants' possible avoidance of an association with a stigmatized group - individuals who are mentally ill. The participants' perception that they did not need counseling services and their corresponding higher levels of Personal Stigma mirror the avoidance response theoretically attributed to self-stigma as described in the related literature (Corrigan & Matthews, 2003). In addition, the current study's narrative data reveals a related association. Participants who responded that they currently did not perceive a need for counseling services most often noted that the primary reason for their decision to pursue counseling services is the contractual agreement with their university, without mention of other reasons for their participation in counseling (such as the behavior, or distress, that has necessitated their contract). The relationship between the lack of perception of need and mandated participation in counseling observed in some participants in the current study may reinforce the notion that those participants were avoiding being associated with those whom they perceive as needing counseling services - the mentally ill.

**Limitations**

**Threats to Internal Validity**
Although the current study provides meaningful information regarding college student help seeking, there exist potential limitations to its validity, in addition to those discussed above. First, given that the CDMS-SA instrument was recently developed, its reliability and validity have not been established and, thus, threaten the current study’s internal validity. Furthermore, the accuracy of participants’ responses is an additional consideration that further calls into question the validity of this study’s measurement of self-authorship. Twenty-eight participants (36.8%) responded with unclear results in this study, in that they did not identify with a specific phase of self-authorship development. The fact that the CDMS-SA was unable to identify the developmental phase of a substantial portion of participants may further illustrate the limitations of this instrument as a measurement of self-authorship. However, the CDMS-SA is the only available, quantitative measurement instrument of self-authorship, and was therefore utilized by the researcher of this study for the purpose of adding to the literature regarding the potential usefulness of this instrument.

Another potential threat to the study’s internal validity was related to subject mortality. However, subject mortality, or the loss of subjects due to non-availability or withdrawal from the study, led to the exclusion of only a small number of survey data in this study. Specifically, the researcher did not include surveys with more than one item omitted, which included a total of only six surveys. As a result of the small number of omitted surveys, mortality is not determined to be a significant threat to the study’s internal validity.

In addition to measurement-related limitations, there may also be a limitation in sampling due to differences between College A and College B. Given that the majority of participants who were mandated to participate in counseling services were enrolled at College A, and the majority of students who voluntarily participated in counseling services were enrolled in College B,
differences in institutions may affect participant responses and thus, internal validity. These differences could include admissions requirements, campus culture, expectations of students and academic pressures. Although there were no such differences detected in this study, a broader investigation of campus differences may be warranted in future research.

**Threats to External Validity**

Limitations to the generalizability and utilization of the results of this investigation were identified as possible threats to external validity. First, the accessible population for the current study of college students may not have been representative of the national population of college students. The U.S. News and World Report has consistently categorized one of the two universities from which the sample population was derived as "Most Selective" (U.S. News and World Report, 2103) with regard to admissions requirements and prospective student selection. As a result, the participants in this study may not be representative of college student populations nationally in terms of academic ability, as measured by national achievement measurements such as the SAT (The College Board, 2014).

In addition to possible limitations on this study's external validity due to the potential uniqueness of its participants, this study's sample was collected from students with limited ethnic and racial representation in comparison to the national college population. According to the most recent data regarding national college enrollment provided by the United States Census Bureau (2009), the current study included fewer Black students (2.6%) than the national population (14.3%) and fewer Hispanic students (3.9%) than the national population (12.5%); White students (78.9%) were overrepresented in comparison to the national population (62.3%). Students who identify as Asian (7.9%) or Native American (1.3%) were represented comparably to the national population. Gender also represented national averages of male (current study:
43.3%) and female (current study: 57.1%) students, however transgender status is not included in the national census (current study: 1.3% were transgendered).

The current study is further limited in its generalizability given that the findings are restricted to students who were participating in counseling services, thus the data is reflective only of students who are currently participating in counseling, and not students who are either not participating in counselor or have chosen to seek help outside of the university without the university’s involvement in that decision. Finally, the results cannot be generalized to students who are enrolled at community colleges and Internet-based academic programs, as students of these populations were not included in this research. Research concerning the relationships among help seeking, stigma, and self-authorship may need to be extended to include a broader, more diverse national sample, in order to increase the external validity of the current study.

Despite the noted limitations, the current study provided an initial step towards acquiring a developmental understanding of college student decisions to seek help and the potential influence of stigma on those decisions. Furthermore, the study yielded useful information for strengthening the CDMS-SA and developing future valid and reliable quantitative measures of self-authorship. It may also serve as a basis for future qualitative investigations of the factors influencing college student decisions to seek help. Above all, it is hoped that the study will contribute to greater understanding and more effective support for contemporary college students as they navigate the many challenges of college life and make decisions about their mental health care.

Implications

The findings of the current study offer tentative support for the continued investigation of the relationship between self-authorship as well as the impact of stigma on college student
decisions regarding help seeking. As supported by the study's narrative findings, decisions to seek help from the university-based college counseling center appear to be related to factors that include positive experiences and beliefs about counseling, a desire for personal growth, a need for relief from emotional distress, and a contractual agreement with the university. Decisions not to seek counseling services appear to be related to factors that include negative experiences and beliefs associated with counseling, trust-related concerns, and the lack of perceived need for services.

Although limited in generalizability, the current study's results provide meaningful information about how college students come to decide to pursue support at their university-based counseling center as well as their perceptions of public and personal stigma. The study has multiple implications for student affairs' professionals as well as mental health counselors practicing at a university-based counseling center.

As the members of the division responsible for providing support services and resources at institutions of higher education, student affairs professionals are responsible for attending to the needs of the whole student: physical, emotional, and mental (Task Force on the Future of Student Affairs, 2010). Professionals who work in this division include those involved in the following areas: academic services, admissions, financial aid, religious services, orientation for new students, campus safety, Greek affairs, judicial affairs, health services, disability services, multicultural support, residence life, and counseling services (NASPA, 2014). The wide scope of student affairs professionals' support roles exposes them to a diverse population of students in multiple developmental contexts, where they are in a key position to provide accurate information regarding the benefits and positive associations of counseling services. The current findings can assist them in this responsibility in several ways.
The National Association of Student Personnel Administrators' (NASPA) (2014) principles of best practice, outlines the guiding objectives of Student Affairs professional practice. Specific to the fifth principle of best practice (Good Practice in Student Affairs uses Resources Effectively to Achieve Institutional Missions and Goals), student affairs professionals are expected to use resources optimally to promote the institutional mission of supporting the whole student. On the basis of the negative beliefs associated with counseling as found in the narrative data of this study, student affairs professionals are given reason to inform all students to the greatest degree possible regarding the benefits of counseling services. Rather than solely sharing the purpose of counseling as a resource for students in distress, university professionals are encouraged to engage students in conversations and outreach programs that promote positive connotations and associations of counseling services, therefore providing students with new information that may contradict their current negative associations with counseling and help them overcome reservations about seeking counseling. Increased information can help to dispel negative myths about help seeking and assist students in new meaning making about counseling services as they make decisions to use those services or not.

A second implication of the current study is related to the seventh principle of best practice (Good Practice in Student Affairs Builds Supportive and Inclusive Communities). Support personnel have a tremendous opportunity to co-construct support plans (agreements, contracts, etc.) with students by means of developing relationships that embrace understanding of student belief systems. A majority of narrative responses relayed in the current study conveyed both positive and negative belief systems held by students in regards to university support resources, especially counseling services. When student affairs professionals build partnerships with students, they are then better able to appropriately match students' needs to their
developmental levels and, thus, to their meaning making systems (Baxter Magolda, 2008). Appropriately matching student support services to the developmental structure underlying students’ belief systems will provide students with a developmental support framework, which can promote the development of self-authorship and personal authority. Furthermore and in keeping with Hunt’s (1970) Conceptual Matching Model, student affairs’ professionals who are accurately aware of their students’ method of meaning making can better maintain a high level of structure and support for those in distress, while inviting more developmentally advanced students to co-construct or collaborate on their plans for future support.

A third implication is aligned with both the fifth and seventh principles of best practice (Good Practice in Student Affairs uses Resources Effectively to Achieve Institutional Missions and Goals & Good Practice in Student Affairs Builds Supportive and Inclusive Communities) and pertains to the enhancement of support for students of minority races within the campus community. Further assessments and investigations towards deeper understanding of minority student beliefs are necessary to begin building a deeper understanding of all students’ needs and beliefs about counseling. Through this process of understanding and relationship building, student affairs professionals can work to respond to belief systems and campus-specific barriers that may inhibit minority students’ decisions to abstain from seeking help at their university’s counseling center.

**Recommendations for Future Research**

The implications as well as limitations of the current study would seem to warrant continued investigations of the relationships among college student development, stigma, and help seeking. The current study was successful in initiating the conceptualization of college students’ decisions to seek help as a developmentally influenced process. Additional research is
necessary in the comprehensive investigation into relationships among college student help seeking, stigma, and college student development. Based on the outcomes of the current research, multiple research directions are needed including both quantitative and qualitative methodologies.

Quantitative Methods of Future Research

As previously discussed, the validity and reliability of the CDMS-SA instrument needs to be established for the purpose of determining the usefulness of this tool as a measurement of self-authorship. A stronger instrument would also contribute more meaningful results with regard to proposed correlations between help seeking and self-authorship. Additionally, the CDMS-SA lacks normative data and could benefit from comparative analysis with norming samples on a national scale. This may be a fruitful direction for future researchers interested in continuing to establish a quantitative measure of self-authorship.

A second recommendation for future quantitative research includes conducting additional survey research investigating the sources of information that influence college students’ beliefs systems about counseling and mental health. Gaining greater perspective into the beliefs that college students have about counseling, the aspects of those beliefs that are most important to them, and the degree to which those beliefs are shared among peers may be beneficial to the development of a better understanding, and subsequent approach, to college student support. Similarly, longitudinal research is also recommended as a means through which student affairs professionals and college student counselors may come to better understand the ways in which students make meaning of mental health services as they progress through the college years.

An additional quantitative-focused recommendation pertains to the development of an instrument that measures positive associations and attitudes regarding mental health and mental
health counseling. The purpose of this instrument might include the investigation of the inverse of the D-D scale of Perceived Social Stigma and Personal Stigma, thereby exploring college students’ associations with mental health rather than illness. Such an instrument could serve as a comparative instrument to assess validity of the D-D instrument, thus revealing social desirability and other response biases. Furthermore, the new instrument along with the D-D could be useful in measuring outcomes of experimental research concerning the benefits of partnerships between students in need and student affairs professionals as they co-construct effective mental health support plans.

A final quantitative-focused recommendation concerns the results of this study’s multiple regression analysis, which indicated that 26.2% of the variance in help seeking is predicted by the following variables: self-authorship, stigma, age, gender, race, and perception of need for counseling. Although the portion of variance predicted is limited, this result suggests that a further investigation of the relationship between these variables is warranted. Both quantitative and qualitative research may be useful in the development of a comprehensive understanding of the individual predictor variables associated with college student help seeking, that were indicated collectively by this linear model.

**Qualitative Methods of Future Research**

The primary recommendation for future qualitative research is the qualitative exploration of self-authorship and the decision to pursue help and/or cope with distress associated with mental illness in college. Phenomenological research intended to reveal the relationships between self-authorship and disequilibrating circumstances that lead to the pursuit of help may expose experiences of students in need of support. Additionally, qualitative research concerning help seeking decisions made by bystanders and peers of those experiencing mental health issues
may bring about new insights into the peer-support system of college students in crisis who are hesitant to seek help. Similarly, grounded-theory-based focus-group research may further illuminate the experiences and beliefs of particular groups of students who may refrain from help seeking, such as African American or Asian students, who have shown to be less likely to pursue support on campus. Qualitative research of specific college student groups may benefit researchers and practitioners aspiring to best meet the needs of the changing university population as it becomes increasingly more diverse.

**Conclusion**

Concern regarding increases in mental health related issues affecting college students has grown due to marked increases in mental health issues being diagnosed among college students (ACHA, 2013; Kitzrow, 2003). At a time when emotional distress is on the rise and stressors affecting the lives of college students are greater than ever before, current reports reveal that college students often choose not to pursue mental health counseling for support (i.e. Cheng, Kwan, & Sevig, 2013). While research investigations have historically pointed to stigma as a primary barrier to help seeking, it seems that a more comprehensive investigation into college student help seeking behaviors may be needed. College student developmental theories have oftentimes applied to understanding trends in college student life, however, prior to this study; they had not been applied to the disparity between need and use of counseling services (Evans, Forney, Guido, & Patton, 2010).

The current study explored the relationships between self-authorship as a measurement of college student development, stigma, and help seeking behaviors. It was hypothesized that self-authorship would be associated with help seeking, and that lower-levels of self-authorship would be associated with the decision not to seek help. Additionally, it was hypothesized that low-
levels of stigma would be associated with the decision to seek help voluntarily and that higher levels of stigma would be associated with the decision not to seek help. Although the hypothesized relationships were not statistically supported, narrative data provided meaningful insight into factors associated with the decision to seek help, and included themes related to participant belief systems as well as external influences on their decision to seek help.

The current results lend support to the existing body of research suggesting that further investigations are necessary to develop a more comprehensive understanding of college students’ decisions to seek help. Future research investigating college student belief systems associated with mental illness, mental health, and help seeking is recommended. Moreover, research investigating the relationship between college student development and meaning making systems associated with mental health and counseling may be useful in providing developmentally-appropriate support for students in need as they strive in college to develop a sense of personal authority for their wellbeing that will continue to serve them throughout their adult lives.
References


Appendix A

Informed Consent

Overview: The purpose of the research study is to better understand college student decision-making and perceptions of mental health help seeking. Your participation will assist college support personnel in better meeting the needs of students on your campus.

Requested from you: To complete a brief survey concerning decision-making and perceptions of mental health help seeking that is linked to this document. The questionnaire should take 10-15 minutes of your time.

Risks: There are no anticipated risks to yourself or others participating in this study.

Benefits: There are no direct benefits to you for participating; however, your participation will assist university administrators in better understanding college student decision-making and help-seeking around mental health issues.

Privacy: Data gathered from the questionnaire will remain anonymous, and will be reported only as aggregate descriptive information or percentages. If you are interested in entering a drawing for one of five gift cards, you will need to provide contact information (i.e., your email address) which will not be linked in any way to the analysis or reporting of this survey. Contact information will be separated from all questionnaire responses.

Results: Findings of this study will be made available to participants who request them from the researcher. To receive a copy of the results please contact the researcher using the contact information below.

Voluntary Participation: Participation in the study is strictly voluntary, and if, at any point, you would like to withdraw from this study you are free to do so without penalty. If you wish to withdraw from the study while taking the survey, do not submit your answers.

Consent: By voluntarily completing this survey, I signify that I am at least 18 years of age, and that I have agreed to participate in the study as it has been described above.

Thank you very much in advance for your participation!

For questions about this study, please contact:

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Appendix B

Questionnaire

Part I. CDMS-SA Scale (Creamer, Baxter Magolda, & Yue, 2010).

The following questions are about your viewpoints toward diverse situations. Choose the number that shows how much you disagree or agree with each of the following statements.

- My primary role in making an educational decision, like the choice of a major or career is to
  - Acquire as much information as possible
    - Disagree Slightly Disagree Slightly Agree Agree
      1     2     3     4
  - Seek direction from informed experts
    - Disagree Slightly Disagree Slightly Agree Agree
      1     2     3     4
  - Make a decision considering all the available information and my own views
    - Disagree Slightly Disagree Slightly Agree Agree
      1     2     3     4
  - Consider my own views
    - Disagree Slightly Disagree Slightly Agree Agree
      1     2     3     4

- If a teacher or advisor recommended a career in a field that I have never considered before,
  - I would listen, but I probably wouldn't seriously consider it because I have already made a decision.
    - Disagree Slightly Disagree Slightly Agree Agree
      1     2     3     4
  - I would try to understand their point of view and figure out an option that would best fit my needs and interests.
    - Disagree Slightly Disagree Slightly Agree Agree
      1     2     3     4
  - I would try to explain my point of view.
    - Disagree Slightly Disagree Slightly Agree Agree
      1     2     3     4

- To make a good choice about a career, I think that
  - Facts are the strongest basis for a good decision.
    - Disagree Slightly Disagree Slightly Agree Agree
      1     2     3     4
  - It is largely a matter of personal opinion.
    - Disagree Slightly Disagree Slightly Agree Agree
      1     2     3     4
  - Experts are in the best position to advise me about a good choice.
    - Disagree Slightly Disagree Slightly Agree Agree
      1     2     3     4
• It is not a matter of facts of expert judgment, but a match between my values, interests, and skills and those of the job.
  - Disagree Slightly Disagree Slightly Agree Agree
    1 2 3 4

- In my opinion, the most important role of an effective advisor is to ____________________________.
  - Direct students to information that will help them to make a decision on their own.
    - Disagree Slightly Disagree Slightly Agree Agree
      1 2 3 4
  - Provide guidance about a choice that is appropriate to me.
    - Disagree Slightly Disagree Slightly Agree Agree
      1 2 3 4
  - Be an expert on a variety of career options.
    - Disagree Slightly Disagree Slightly Agree Agree
      1 2 3 4

• When people have different interpretations of a book, I think that ____________________________.
  - Some books are just that way. It is possible for all interpretations to be correct.
    - Disagree Slightly Disagree Slightly Agree Agree
      1 2 3 4
  - Multiple interpretations are possible, but some are closer to the truth than others.
    - Disagree Slightly Disagree Slightly Agree Agree
      1 2 3 4

- Experts are divided on some scientific issues, such as the causes of global warming. In a situation like this,
  - I would have to look at the evidence and come to my own conclusion.
    - Disagree Slightly Disagree Slightly Agree Agree
      1 2 3 4
  - I think it is best to accept the uncertainty and try to understand the principal arguments behind the different points of view.
    - Disagree Slightly Disagree Slightly Agree Agree
      1 2 3 4

Part II. D-D Scale (Eisenberg, Downs, Golberstein, Zivin, 2009).

The following questions are about your viewpoints toward mental illness. Please indicate whether you agree or disagree with the following statements, with the following indications:

1: Strongly Agree
2: Agree
3: Somewhat Agree
4: Somewhat Disagree
5: Disagree
6: Strongly Disagree

1. Most people would willingly accept someone who has received mental health treatment as a close friend.
2. Most people believe that a person who has received mental health treatment is just as intelligent as the average person.
3. Most people believe that someone who has received mental health treatment is just as trustworthy as the average person.
4. Most people would accept someone who has fully recovered from a mental illness as a teacher of young children in a public school.
5. Most people feel that receiving mental health treatment is a sign of personal failure.
6. Most people would not hire someone who has received mental health treatment to take care of their children, even if he or she had been well for some time.
7. Most people think less of a person who has received mental health treatment.
8. Most employers will hire someone who has received mental health treatment if he or she is qualified for the job.
9. Most employers will pass over the application of someone who has received mental health treatment in favor of another applicant.
10. Most people in my community would treat someone who has received mental health treatment just as they would treat anyone.
11. Most young adults would be reluctant to date someone who has been hospitalized for a serious mental disorder.
12. Once they know a person has received mental health treatment, most people will take that person’s opinions less seriously.
13. I would willingly accept someone who has received mental health treatment as a close friend.
14. I would think less of a person who has received mental health treatment.
15. I believe that someone who has received mental health treatment is just as trustworthy as the average person.

Part III. Demographic Questionnaire. Please complete the following information.

- What is your gender?
  1. Female
  2. Male
  3. Transgender

- What is your age?
  1. 18
  2. 19
  3. 20
  4. 21
  5. 22
  6. 23
  7. 24
  8. 25
  9. 26-35
  10. 35-50
  11. Above 50

- What is your race/ethnicity?
  1. African American
  2. Asian American
3. Caucasian
4. Hispanic American
5. Multiracial
6. Native American
7. Other, Please fill in: __________________

- Which best describes you?
  1. Freshman
  2. Sophomore
  3. Junior
  4. Senior
  5. Graduate Student
  6. Non-degree Seeking Student

- Do you feel that you are in need of mental health counseling at this time?
  1. Yes
  2. No

- If you are receiving counseling as mandated or requested by your university, at what point are you currently?
  1. Yes
  2. No

- If you are receiving counseling as mandated by your university, at what point are you currently:
  1. I am not required to receive counseling
  2. One month or less following agreement with the university
  3. 2-6 months following agreement with the university
  4. 7-11 months following agreement with the university
  5. 1-2 years following agreement with the university
  6. >2 years following agreement with the university

- Please use the following space to provide a response to the following: What has influenced your decision to pursue counseling, or not pursue counseling, at your university?

Part IV. Incentive: You have now completed the survey. If you are interested in entering a drawing for one of five $25 Target gift cards, please click on the link below that reads, “I WOULD LIKE TO ENTER THE DRAWING”. By clicking this link, you will close the current survey, submitting your responses anonymously, and a new window will open. Next, you will be prompted to enter your email address for the purpose of contacting you in the event that you have won the drawing for one of the five Target gift cards. Your survey information will not be linked to your contact information. If you do not wish to enter the drawing, simply click END below.

  I WOULD LIKE TO ENTER THE DRAWING (LINK)

  END (LINK)
Appendix C

Narrative Responses to Open-ended Survey Item

1. I struggle with depression, self harm, and suicidal thoughts and counseling has helped me overcome a lot of it.
2. I had a panic attack and thought about suicide.
3. Personal experience and interest in helping others
4. The need for guidance in a direction towards finding my interests
5. I have depression
7. I chose to pursue counseling at my university because I enjoy verbalizing my problems to find solutions. I knew counseling could listen and respond.
8. I am the counselor for all of my friends and sometimes I feel like my problems aren't significant/addressed. Counseling at [College B] is helpful because it gives me the opportunity to talk about my problems/thoughts/worries during the week.
9. I had heard many recommendations about counseling services and decided to give it a try. I love my counselor, [X], and appreciate all the interesting nuggets of wisdom and inspiration she gives when I see her. She has also helped me think more critically. I appreciate it!
10. Stress of school work.
11. I went because I had gotten counseling before college and wanted to continue it in hopes that I will get the help I needed so that I could succeed in college to my fullest potential.
12. Personal need more than anything else. I don't show my deeper problems publicly and appear to be very well adjusted, so much of it is internalized. I go to counseling so I can externalize it.
13. I needed help, and I thought they could help me.
14. I chose to pursue counseling because I need help dealing with all the problems in my life
15. Past experiences
16. I needed support for coping with anxiety challenges
17. Don't want to
18. Pro's outweigh the cons
19. I am not ready yet. I have been busy.
20. I do not like to go to counseling
21. The fact that I don't feel like I need it.
22. The compassion shown by councilors. Their availability fits with my class schedule.
23. There was not one main person at my university to influence me to have counseling. It was a decision I came up with on my own.
24. I suffer from anxiety and depression.
25. To help me talk through issues
26. I feel like I can't handle my own life anymore as well as I should, so I just want to get to point where I can again.
27. I felt that I couldn't handle the stress in my life on my own anymore.
28. my personal beliefs, I want to take care of my individual well-being and know that is done most effectively by seeking mental health help
29. Personal issues and have been asked to by [Program X]
30. I needed to go, so I went.
31. I want to continue counseling at the university but they won't let me. They think my problems are too severe and they want me to contact an outside service.
32. The counselor was extremely beautiful so I may return, but it is unlikely.
33. slight depression, want to get help.
34. I wanted to anonymously figure out what was wrong with me without informing family and friends that I need help.
35. to solve my internal issues
36. Required
37. Since the beginning of the sophomore year, I voluntarily attended counseling for anxiety and depression. The most recent time that I came in for counseling was because of a [Program X] mandated decision-making session.
38. I was required to go to a counseling session as mandated by [Program X]. After the session both me and the therapist came to a conclusion that counseling was not necessary for me, though she did recommend stress handling meetings as she does with every student
39. I was required by my University to receive counseling, but only one appointment.
40. Life stressors
41. Personal concerns that were impacting my daily life as a student
42. I want to improve myself
43. I pursued counseling outside the University system. I was compelled by remembrance of the peace it brought me in the past.
44. The school deemed itself incapable of helping me to the degree that I required; I went on medical leave and used the community resources available to me.
45. The counselors are useless and do not give actual advice that is helpful to the student. They do not seem to care about the wellbeing of the students; you can tell that they are doing it for their job and not because they care.
46. I think it is a privilege to have these services and I appreciate being able to take advantage of them. I think everyone should be in counseling at some point in their life, even if it is only a few times per year.
47. My perception of university counseling resources as limited has led me to seek help elsewhere
48. I don't believe counselors have my best interests at heart, and I hate to have things on record.
49. Personal need for it
50. I don't feel that I can trust the Counseling Center on campus to make objective decisions without jumping to conclusions.
51. My depression/suicidal tendencies
52. [Dr. X] and [Dr. X]
53. I have pursued counseling, because I want to reach a healthier mental state. Plus, I was encouraged by people who love me.

54. I need the help in the form of someone to talk to.

55. After pursuing counseling, I felt empowered enough and well enough so that I no longer felt that further counseling was necessary.

56. it is required by my medical compliance

57. Largely it was the College who required me to go to counseling, I personally would be a lot less ready to attend on my own since it is both time consuming and I have trouble admitting I have problems.

58. Raised on fix it yourself attitude, not the best mindset though

59. i was required to pursue counseling

60. Agreement that I made with school in order not to be penalized and to receive my diploma.