

# Journal of Graduate Education Research

---

Volume 4

---

2023

## Evaluating the Relationship Between Ethnicity and Attitude Toward Seeking Mental Health Services

Victoria Simmons  
*Harding University*

Follow this and additional works at: <https://scholarworks.harding.edu/jger>



Part of the [Education Commons](#), and the [Psychology Commons](#)

---

### Recommended Citation

Simmons, Victoria (2023) "Evaluating the Relationship Between Ethnicity and Attitude Toward Seeking Mental Health Services," *Journal of Graduate Education Research*: Vol. 4, Article 7.

Available at: <https://scholarworks.harding.edu/jger/vol4/iss1/7>

This Original Report is brought to you for free and open access by the College of Education at Scholar Works at Harding. It has been accepted for inclusion in Journal of Graduate Education Research by an authorized editor of Scholar Works at Harding. For more information, please contact [scholarworks@harding.edu](mailto:scholarworks@harding.edu).



**HARDING**  
UNIVERSITY

## Evaluating the Relationship Between Ethnicity and Attitude Toward Seeking Mental Health Services

Victoria Simmons

Harding University

### How to cite this article:

Simmons, V. (2023). Evaluating the relationship between ethnicity and attitude toward seeking mental health services. *Journal of Graduate Education Research*, 4, 32-40.

### ABSTRACT

This non-experimental study aimed to see how ethnicity affects an individual's attitude toward seeking mental health services and how ethnicity affects an individual's preference for a counselor of the same ethnicity. A convenience sample of 108 adults, 18 years of age or older, was obtained using social media platforms. The participants completed the Mental Health Service Survey, which included demographic questions and the components of the Attitude Toward Seeking Professional Psychological Scale created by Fischer and Turner (1970). The findings indicated Blacks or African Americans have a similar attitude toward seeking mental health services to non-Blacks or non-African Americans. Additionally, the results indicated Blacks or African Americans preferred a counselor of the same ethnicity significantly more than non-Black or non-African Americans. The difference in counselor ethnicity preference is more likely to account for the difference in mental health service usage among ethnicities than attitudes toward seeking mental health services. Therefore, more should be done to ensure diversity among counselors who provide mental health services.

### Keywords

Attitude toward seeking mental health services, Relationship between ethnicities, Ethnicity relationship between counselor preference

### INTRODUCTION

The challenges in life have led to an increased need for mental services; however, services are underutilized among many populations. For instance, although there is a need for mental health counseling, African Americans underutilize the services provided by community mental health agencies compared to people of other ethnicities (American Psychiatric Association, 2017). According to the American Psychiatric Association (2017), African Americans are more likely to rely on emergency room and primary care physicians for mental health services, rather than mental health specialists. In 2018, 59.6% of adult Blacks who experienced a major depressive episode received treatment for depression; however, only a reported 9.8% of adult Blacks overall received mental health services that year (U.S. Department of Health, 2021). During this same time, 70.2% of adult Whites who experienced a major depressive episode received treatment for depression; while 19.8% of adult whites received help from mental health services (U.S. Department of Health, 2021). The reason for this disparity is yet to be understood.

### RACIAL PREFERENCE AND SEEKING MENTAL HEALTH SERVICES

Racial preferences for a counselor could be one of the reasons that determine whether an individual seeks mental health services. For instance, Ferguson et al. (2008) suggest that Black individuals' willingness to seek mental health services from a White counselor may be due to positive or negative attitudes and feelings toward White people. Nioplias et al. (2018) found the preference for a counselor of the same race was stronger in individuals who reported race to be significant to how they perceive themselves. Racial preference and other factors influencing whether mental health services are sought vary among populations and ethnicities.

### **RACIAL PREFERENCE IMPLICATIONS AMONG STUDENTS**

The desire to see a counselor of the same ethnic/racial background is evident, especially among college students. Kim and Kang (2018) found that the desire for ethnic/racial matching among counselors and counsees played a substantial role in the use of mental health services among college students. Multiple sources also report an influence of ethnic/racial matching among diverse populations and ethnicities (Gildsdorf, 1975; Kenny, 1994; Kim and Kang, 2018; Thompson & Cimboric, 1978). One influence on people seeking counselors of the same race is the individual's presenting concern. According to Gildsdorf (1975), college students seeking counseling for personal concerns were more likely to prefer a counselor of the same ethnicity. Due to the preference for a counselor of the same ethnicity, Thompson and Cimboric (1978) suggest counselor center usage would increase among Black students if more counselors were Black.

Although the use of mental health services by Black students may increase if more Black counselors were available, the counselor's race is not the only factor influencing counselor preference. Atkinson et al. (1986) confirm that Black students preferred Black counselors; however, they also found that the counselor's age and education influenced Black college students' preference for Black counselors. Furthermore, while a counselor's race is important to Black students, expectations of the counseling process are another factor that affects the utilization of counseling services among students.

### **MINORITY STUDENTS' EXPECTATIONS AND PERCEPTIONS**

Expectations play a role in using mental health services. Kenney (1994) found that minority students expected less personal commitment and lower levels of counselor expertise than their European American counterparts. These expectations about counselors negatively affect whether minority students use mental health services. The effects of low expectations align with Gildsdorf's (1975) findings which indicated that the underutilization of services was due to the perception that

background differences would cause the counselor to lack understanding.

### **AFRICENTRIC CULTURAL VALUES AND SERVICES USAGE**

Worldviews can also affect the use of mental health services. Jackson and Sears (1992) noted individuals with Eurocentric worldviews (a) value the material over the spiritual, (b) value individualism, (c) promote individual rights and competition, (d) values control over nature, and (e) emphasizes external knowledge. This Eurocentric worldview stands in contrast to those with an Africentric worldview who (a) value the spiritual and material equally, (b) have group orientation, (c) promote collective responsibility and cooperation, (d) values oneness and harmony with nature, and (e) emphasizes self-knowledge (Jackson & Sears, 1992). Wallace and Constantine (2005) found that Black students with Africentric cultural values associated counseling with a stigma compared to Black students who do not have Africentric cultural values. Students with Africentric values were also more likely to withhold information they believed to be private, sensitive, and identified as harmful or upsetting from counselors. Ultimately, the level of Africentrism can also play a role in the acceptability of mental health treatment (Wallace & Constantine, 2005). But a preference for ethnic/racial matching with a counselor and stigma affect not only Black students but also how Black people in the general population seek mental health services.

### **RACIAL PREFERENCE AND PERCEPTION AMONG GENERAL BLACK POPULATION**

Many studies encompass student populations concerning racial preference and perception toward mental health services (Gildsdorf, 1975; Kenny, 1994; Kim and Kang, 2018; Thompson & Cimboric, 1978). Studies using the general population provide more insight into the relationship between racial preference and perceptions about mental health services (Fripp & Carlson, 2017; Parker & McDavis, 1983; Yaites, 2015). Parker and McDavis (1983) found that Black people generally do not believe White counselors to be more competent than Black counselors, or vice versa, yet they still underutilized mental health services. Although a counselor's race may not always be a challenge to seeking assistance, Black females are more likely to believe White counselors will understand their problems. Likewise, Parker and McDavis (1983) suggest a counselor's race is of more importance to males than females. Yaites (2015) noted that Black women preferred counselors who had cultural characteristics similar to their own. However, despite the importance of cultural similarities, African American women may also choose counselors who provide a comfortable therapeutic atmosphere. They also appreciate counselors who are direct, competent, unbiased, personable, experienced, patient and affirming (Yaites, 2015). The perception of a counselor's competence appears to be independent of the counselor's race, which

suggests the use of mental health services is dependent on factors other than the counselor’s race.

Unfortunately, there is a lack of clarity on the factors that affect the general population’s usage of mental health services. Parker and McDavis (1983) indicate that although many Black people are aware of the importance of counseling services, only a few have ever utilized mental health agencies (Parker and McDavis, 1983). Fripp and Carlson (2017) also indicated that this might be due in part to the limited knowledge of the mental health services available to them. Contradictory to Fripp and Carlson (2017), Parker and McDavis (1983) argue that Black people are aware of the locations of mental health agencies and the services they provide but choose not to use them. Despite the low utilization, Parker and McDavis (1983) found that Black people believe counselors are essential alternatives to seeking advice from friends, family, and ministers. Like Parker and McDavis’s findings, Gary (1985) noted that African Americans have a positive or neutral attitude toward community mental health agencies. Although Black people do not have a negative view toward mental health services, they still underutilize mental health providers.

Much of the research concerning the relationship between race and mental health services is conducted at colleges and universities. While findings about college students’ preference for counselors and perceptions appear consistent, results in the general population are contradictory to the student population studies. With the gap between studies using college students and the general population, additional studies are needed to fully understand the patterns of mental health services usage among Black Americans.

**PURPOSE OF STUDY**

This research aimed to identify how ethnicity affects attitudes toward seeking mental health services and how ethnicity affects the preference for a counselor of the same ethnicity.

**HYPOTHESES**

- HA1 - Ethnicity affects attitudes toward seeking mental health services.
- HA2 - There is an association between ethnicity and preference for same-ethnicity counselors.

**METHOD**

**PARTICIPANTS**

The population of interest was adults 18 years of age and older. A convenience sample of responses from 108 adults who had access to social media or the internet was used for the study (Table 1).

**Table 1**

*Demographic Characteristics of Participants*

Ethnicity	Black or African American		Non-Black or Non-African American		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
	52	48	56	52	108	100
<b>Gender</b>						
Female	39	75	50	89	89	82
Male	13	25	5	9	18	17
Prefer not to say	0	0	1	2	1	1
<b>Age</b>						
18-29	6	12	13	23	19	17
30-39	15	29	13	23	28	26
40-49	20	38	21	38	41	38
50-65	7	13	8	14	15	14
66 +	4	8	1	2	5	5
<b>Highest Educational level</b>						
Diploma or GED	2	4	7	13	9	8
Some college	11	21	8	14	19	18
Associate's degree	8	15	6	11	14	13
Bachelor's degree	15	29	12	21	27	25
Graduate degree	14	27	22	39	36	33
Other	2	4	1	2	3	3
<b>Willing to seek counseling/mental health services</b>						
Yes	40	77	40	71	80	74
No	12	23	16	29	28	26
<b>Prefer same-ethnicity counselor</b>						
Yes	37	71	5	9	42	39
No	15	29	51	91	66	61

**INSTRUMENTATION**

The instrument used in the study was the Mental Health Services Survey (MHSS) created by the researcher. The MHSS included demographic information and the Attitude Toward Seeking Professional Psychological Help Scale [ATSPPHS] (Fischer and Turner, 1970). The demographic portion of the survey comprised seven multiple-choice items and one open-ended question. The ATSPPHS consists of 29 items on a 4-point Likert scale ranging from “Strongly Disagree” to “Strongly Agree”. The ATSPPHS has moderate internal reliability of .83 and has a validity of  $p < 0.0001$  for distinguishing between persons who have experienced psychotherapeutic help and those who have not (Fischer and Turner, 1970).

**PROCEDURE**

After IRB approval, data collection for this nonexperimental study was conducted on Facebook and Instagram through

public messages from the researcher's account. The post explained the nature of the study, assured respondents of the confidentiality of their personal information, and provided a link to fill out the survey through Google forms. Respondents were encouraged to share the link to the Google forms with their contacts via e-mail, text messages, and other social media platforms. No personally identifying information, such as e-mail addresses was collected on the Google forms. However, sign-in was required to prevent multiple responses from the same account. Several follow-up private messages were sent out during the study to increase participation.

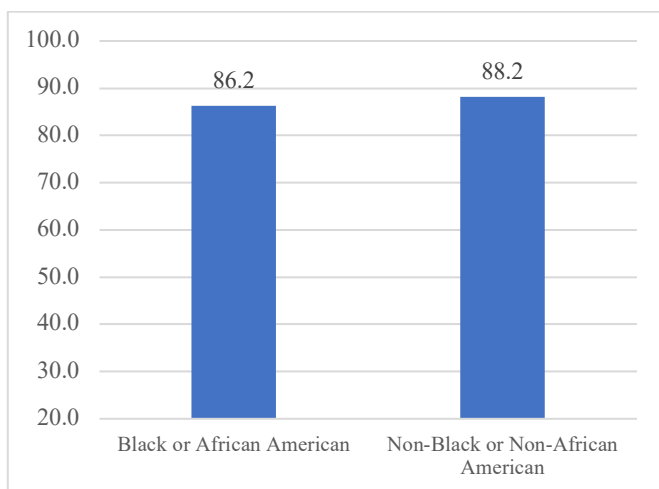
Once the data were collected, analysis of the data to test the hypotheses was conducted using an independent samples t-test to identify the effect ethnicity had on attitude toward seeking mental health services. Similarly, a Chi-square test was used to determine the association between ethnicity and preference for same-ethnicity counselors. An alpha level of 0.05 was set for both analyses.

## RESULTS

An independent samples *t*-test was calculated comparing the mean attitude toward seeking professional psychological scale (ATSPPHS) scores and two ethnic groups, Black or African American and Non-Black or Non-African American (Figure 1). No significant difference was found  $t(106) = -0.78, p = .437$ . The mean ATSPPHS score of those identified as Black or African Americans ( $M = 86.23, SD = 12.86$ ) was not significantly different from the mean ATSPPHS score of those identified as Non-Black or Non-African American ( $M = 88.18, SD = 13.04$ ). Therefore, the null hypothesis was not rejected, and the alternative hypothesis could not be supported.

**Figure 1**

*Ethnicity and mean ATSPPHS score*



A chi-square test of independence was calculated to compare the preference for a same-ethnicity counselor among Black or African Americans and Non-Black or Non-African Americans.

A significant association was found between the preference for same-ethnicity counselor and ethnicity  $\chi^2(1) = 43.93, p < .0001$ , Cramer's  $V = .64$ . Black or African Americans were more likely to prefer a counselor of the same ethnicity (71%) than Non-Black or Non-African Americans (9%) (Table 2). Therefore, the null hypothesis was rejected, and the alternative hypothesis was supported.

**Table 2**

*Association between Ethnicity and Preference for Same-Ethnicity Counselor*

	Black or African American	Non-Black or Non-African American
No	$n = 15$ (29%)	$n = 51$ (91%)
Yes	$n = 37$ (71%)	$n = 5$ (9%)

## DISCUSSION

### FINDINGS

The findings suggest that ethnicity may not influence attitudes toward seeking professional psychological help, as shown in Figure 1. It can be surmised that African Americans' attitude toward seeking mental health services is similar to those of Non-African Americans. This finding is identical to those of Parker and McDavis (1983), suggesting that Black Americans are no less knowledgeable or willing to seek mental health services than other ethnicities. On the contrary, this study's findings indicate a significant association between ethnicity and the preference for a counselor of the same ethnicity. These findings suggest that although African Americans share attitudes toward seeking mental health similar to people of other ethnicities in the United States, they prefer a counselor of their ethnicity. In contrast, most Non-Blacks or Non-African Americans did not show a similar preference for a same-ethnicity counselor. In this regard, the findings in this study are similar to those of Thompson and Cimboric (1978), who also found ethnicity to play a role in the preference for counselors.

### IMPLICATIONS

One implication of this study is that the ethnicity of the counselor may play a more critical role in influencing when and how Black Americans seek professional psychological help. This preference for a same-ethnicity counselor would mean that access to Black or African American counselors may affect the help-seeking decisions of people in this population. These findings should inform policy to ensure that Blacks and African Americans are aware of counselors available to them who share their ethnicity. Unfortunately, for many African Americans,

emergency rooms and primary care physicians are their main source of mental health assistance (American Psychiatric Association, 2017). These facilities should therefore be proactive in providing resources that help patients find mental health providers that best fit their needs. It is worth noting that the American Counseling Association website offers a directory of counselors for specific unique communities. This directory includes categories such as Therapy for Black Girls, Therapy for Black Men, and Therapy in Color – Mental Health for Black, Indigenous, and People of Color (American Counseling Association, n.d.). Information about these resources should be available in emergency rooms and primary care facilities, so Black and African American community members can be aware of counseling resources available to them.

## LIMITATIONS

There are several possible limitations to the findings of this study. One limitation in using a convenience sample from social media platforms (Facebook and Instagram) and word of mouth. A convenience sample typically introduces systemic sampling errors and can create limitations to the external validity of a study. Also, individuals without access to a Google account could not participate in the survey, creating further sampling limitations. This resulted in a small sample size, which may limit these findings' generalizability to the larger population. Additionally, the use of a nonexperimental design and a self-report instrument could have also affected the results of this study. Although participants were informed that their responses would be treated with the highest possible degree of confidentiality, they may still have been reluctant to answer truthfully.

## FUTURE RESEARCH

Although the extant literature suggests that Black and African Americans underutilize mental health services, additional research is always needed to understand why this is the case. Further research into this phenomenon could include appropriate experimental studies to test if mental health service usage would increase if facilities provided additional resources and referrals relevant to Black and African Americans. Research should identify whether the cost of services or stigmas about mental health services has as much of an impact on mental health usage among this ethnic group as the preference for same-ethnicity counselors. Ultimately, understanding the historical and social circumstances that produce this phenomenon of same-ethnicity preference among African Americans regarding seeking mental health services can equip providers and agencies with information to assist members of this population.

## REFERENCES

American Counseling Association. (n.d.). *Find a counselor*. Retrieved May 1, 2022, from <https://www.counseling.org/aca-community/learn-about-counseling/what-is-counseling/find-a-counselor>

- American Psychiatric Association. (2017). *Mental health facts for African Americans*. <https://www.psychiatry.org/psychiatrists/cultural-competency/education/african-american-patients>
- Atkinson, D. R., Furlong, M. J., & Poston, W. C. (1986). Afro-American preferences for counselor characteristics. *Journal of Counseling Psychology, 33*, 326–330. doi/10.1037/0022-0167.33.3.326
- Ferguson, T. M., Leach, M. M., Levy, J. J., Nicholson, B. C., & Johnson, J. D. (2008). Influences on Counselor Race Preferences: Distinguishing Black Racial Attitudes from Black Racial Identity. *Journal of Multicultural Counseling and Development, 36*(2), 66.
- Fischer, E. H., & Turner, J. I. (1970). Orientations to seeking professional help: Development and research utility of an attitude scale. *Journal of Consulting and Clinical Psychology, 35*(1, Pt.1), 79–90. <https://doi.org.libraryproxy.harding.edu/10.1037/h0029636>
- Fripp, J. A., & Carlson, R. G. (2017). Exploring the influence of attitude and stigma on participation of African American and Latino populations in mental health services. *Journal of Multicultural Counseling and Development, 45*(2), 80–94.
- Gary, L. E. (1985). Attitudes toward human service organizations: Perspectives from an urban Black community. *Journal of Applied Behavioral Science, 21*(4), 445–458. doi/10.1177/002188638502100408
- Gilsdorf, D. L. (1975, March 23–26). *Minority counselors: Are they really needed?* [Paper Presentation]. Annual Convention of the American Personnel and Guidance Association, New York, NY, United States.
- Kenney, G. E. (1994). Multicultural investigation of counseling expectations and preferences. *Journal of College Student Psychotherapy, 9*(1), 21–39. [https://doi.org/10.1300/J035v09n01\\_03](https://doi.org/10.1300/J035v09n01_03)
- Kim, E., & Kang, M. (2018). The effects of client–counselor racial matching on therapeutic outcome. *Asia Pacific Education Review, 19*(1), 103–110. <http://dx.doi.org/10.1007/s12564-018-9518-9>
- Jackson, A. P., & Sears, S. J. (1992). Implications of an Africentric worldview in reducing stress for African American women. *Journal of Counseling & Development, 71*, 184–191.
- Nioplias, A., Chapman-Hilliard, C., & Jones, B. J. (2018). Minority status stress, racial centrality, and racial socialization as predictors of Black Americans' preference for counselor race in a United States sample. *Counselling Psychology Quarterly, 31*(4), 428–445. doi/10.1080/09515070.2017.1324761
- Parker, W. M., & McDavis, R. J. (1983). Attitudes of Blacks toward mental health agencies and counselors. *Journal of Non-White Concerns in Personnel & Guidance, 11*(3), 89–98. doi/10.1002/j.2164-4950.1983.tb00106
- Thompson, R. A., & Cimboric, P. (1978). Black students' counselor preference and attitudes toward counseling center use. *Journal of Counseling Psychology, 25*(6), 570–575. doi/10.1037/0022-0167.25.6.570
- U.S. Department of Health and Human Services Office of Minority Health. (2017). *Mental and Behavioral Health -*

*African Americans*. Retrieved February 27, 2022 from <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=24>

Wallace, B. C., & Constantine, M. G. (2005). Africentric cultural values, psychological help-seeking attitudes, and self-concealment in African American college students. *Journal of Black Psychology, 31*(4), 369–385.

Yaites, L. D. (2015). *The Essence of African Americans' Decisions to Seek Professional Counseling Services: A Phenomenological Study*. [Doctoral dissertation, University of North Texas].

## APPENDIX A

### Mental Health Services Survey

Dear Respondent,

My name is Victoria Simmons and I am conducting a study about mental health as part of a graduate level research methods class. I would truly appreciate your participation in this study by completing a brief mental health services survey. Your identity and email will not be collected by completing this survey. Furthermore, any information you provide will be treated with the highest level of confidentiality. Your participation and honesty in filling out this survey are greatly appreciated. Should you have any questions or concerns regarding the study please do not hesitate to contact me by e-mail.

1. I acknowledge I have read the purpose of this form and give consent for my responses to be used for research purposes.\*

- Agree

### Section 1

Please select the demographic information that best applies to you

2. Ethnicity

- Black or African American
- White
- Hispanic
- Asian American
- Native Hawaiian or Pacific Islander
- Native American
- Other:

3. Age

- 18-29
- 30-39
- 40-49
- 50-65
- 66 +

4. Gender

- Female
- Male
- Choose not to say

5. Highest Level of Education

- did not complete high school
- High School diploma or GED
- Some college
- Associate's degree
- Bachelor's degree
- Graduate degree
- Other

6. In what region of the United States do you reside?



- West (includes Hawaii and Alaska)
- Midwest
- South
- Northeast
- Other:

7. If I was experiencing personal difficulties that I could not solve I would seek counseling/mental health services

- Yes
- No

8. If I were experiencing personal difficulties, the main reason I WOULD NOT seek mental health services is

Your answer

9. If I were to receive counseling services, I would prefer a counselor that comes from the same ethnic background as I do.

- No
- Yes

### Section 2

Please answer as accurately as possible. Select answers according to the following scale:

1-Strongly Disagree, 2-Disagree, 3-Agree, 4-Strongly Agree

1. Although there are clinics for people with mental troubles, I would not have much faith in them.

- 1
- 2
- 3
- 4

2. If a good friend asked my advice about a mental problem, I might recommend that he see a psychiatrist

- 1
- 2
- 3
- 4

3. I would feel uneasy going to a psychiatrist because of what some people would think.

- 1
- 2
- 3
- 4

4. A person with a strong character can get over mental conflicts by himself, and would have little need of a psychiatrist.

- 1



- 2
- 3
- 4

5. There are times when I have felt completely lost and would have welcomed professional advice for a personal or emotional problem.

- 1
- 2
- 3
- 4

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

- 1
- 2
- 3
- 4

7. I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family.

- 1
- 2
- 3
- 4

8. I would rather live with certain mental conflicts than go through the ordeal of getting psychiatric treatment.

- 1
- 2
- 3
- 4

9. Emotional difficulties, like many things, tend to work out by themselves.

- 1
- 2
- 3
- 4

10. There are certain problems which should not be discussed outside of one's immediate family.

- 1
- 2
- 3
- 4

11. A person with a serious emotional disturbance would probably feel most secure in a good mental hospital.

- 1
- 2
- 3
- 4

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

- 1

- 2
- 3
- 4

13. Keeping one's mind on a job is a good solution for avoiding personal worries and concerns.

- 1
- 2
- 3
- 4

14. Having been a psychiatric patient is a blot on a person's life.

- 1
- 2
- 3
- 4

15. I would rather be advised by a close friend than a psychologist, even for an emotional problem.

- 1
- 2
- 3
- 4

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

- 1
- 2
- 3
- 4

17. I resent a person - professionally trained or not - who wants to know about my personal difficulties.

- 1
- 2
- 3
- 4

18. I would want to get psychiatric attention if I was worried or upset for a long period of time.

- 1
- 2
- 3
- 4

19. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.

- 1
- 2
- 3
- 4

20. Having been mentally ill carries with it a burden of shame.

- 1
- 2

- 3
- 4

21. There are experiences in my life I would not discuss with anyone.

- 1
- 2
- 3
- 4

22. It is probably best not to know everything about oneself.

- 1
- 2
- 3
- 4

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

- 1
- 2
- 3
- 4

24. There is something admirable in the attitude of a person who is willing to cope with his conflicts and fears without resorting to professional help.

- 1
- 2
- 3
- 4

25. At some future time I might want to have psychological counseling.

- 1
- 2
- 3
- 4

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

- 1
- 2
- 3
- 4

27. Had I received treatment in a mental hospital, I would not feel that it ought to be "covered up."

- 1
- 2
- 3
- 4

28. If I thought I needed psychiatric help, I would get it no matter who knew about it.

- 1
- 2
- 3

- 4

29. It is difficult to talk about personal affairs with highly educated people such as doctors, teachers, and clergymen.

- 1
- 2
- 3
- 4

THANK YOU FOR PARTICIPATING!

## ABOUT THE AUTHOR

Victoria Simmons lives in Jacksonville, Arkansas. She is a first-year graduate student working towards a Master of Science in Marriage and Family Counseling/Therapy at Harding University. Upon completing the program at Harding University, she plans to get a dual license as a Marriage and Family Therapist and a Licensed Professional Counselor. Her desire is to work with underserved populations, specifically the African American and Hispanic communities, those with low socioeconomic status, and those within the Christian community. She aspires to open a non-profit counseling center to reach these desired populations.