Young Women’s Perceptions of and Attitudes towards Mental Health and Mental Illness:
A Qualitative Interview Study

by

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Dedication

To Patrick
Curriculum Vitae

The author was born in Rochester, NY on March 26, 1980. She attended the Rochester Institute of Technology from 1998 to 2002, and graduated with a Bachelor of Science degree in Psychology. She then attended the University of Rochester from 2002 to 2005, and graduated with a Master of Science degree in Community Counseling. She returned to the University of Rochester in the summer of 2007 and began graduate studies in the Counseling and Counseling Education program. She pursued her research on the perceptions and attitudes towards mental health and mental illness under the direction of Dr. Karen Mackie.
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Abstract

Late adolescents face a multitude of stressors in their daily lives and must find ways to weather this distress. The attitudes and beliefs late adolescents hold about seeking formal help when appropriate can influence their engagement in formal help seeking behaviors. Previous research suggests that adolescents’ willingness to seek help for mental health concerns varies as a function of social support, with adolescents being more willing to seek help from informal than formal resources. This study explored late adolescent female perceptions of and attitudes towards mental health and mental illness as one possible factor in their avoidance of seeking formal help. To date, little research exists on late adolescent perceptions and attitudes towards mental health, mental illness, and formal help seeking behaviors that attempts to understand matters from the late adolescent’s point of view. This study fills this apparent gap in the literature through the use of a qualitative interviewing method to explore in one localized setting how late adolescent females understand, perceive, and make meaning of mental health, mental illness, and formal help seeking. Individual interviews were conducted with ten 18-22 year old women, who were enrolled in a psychology course at one community college in the northeast. Results support earlier psychological research findings on adult avoidance factors towards seeking formal help, including social stigma, treatment fears, fear of emotion and fear of self-disclosure (Vogel, Wester & Larson 2007). However, the results from this study also identified two factors unique to late adolescent women: a more summative factor identified as anticipated utility versus risk and the existence of dissonance between
perceptions held and action taken which was not fully admitted to consciousness.

The implications of these findings suggest that mental health practitioners and other formal helping professionals may find it difficult to engage late adolescent women in services despite their increased familiarity with the language and practices of mental health intervention through its popularization in the media.
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CHAPTER 1: Introduction

The purpose of this qualitative study was to explore with a sample of late adolescents their perceptions of and attitudes towards mental health and mental illness. It was anticipated that the knowledge generated from this inquiry would afford new insights to mental health practitioners and the larger community. Exploring further understanding of adolescent perceptions of and attitudes towards mental health and mental illness may lead to an increased awareness of adolescents’ current judgments, beliefs, and feelings regarding mental health and mental illness. This research study may also lead to increased understanding of an adolescent’s possible avoidance or engagement in mental health therapy, when appropriate. This research employed interview methodology to address the research problem and question of interest. Participants in this study consisted of ten 18-22 year old adolescent females who were asked about their perceptions of and attitudes toward mental health and mental illness.

This chapter begins with an overview of the context and background that frames the study. Following this is the problem statement, the statement of purpose, and the accompanying research questions. Also included in this chapter is discussion of the research approach, the researcher’s perspective, and the researcher’s assumptions. The chapter concludes with a discussion of the proposed rationale and significance of this research study.
**Background and Context**

Late adolescents face a multitude of stressors in their daily lives, ranging from major life events such as the death of a family member, or moving away from parents (Compas, Davis, Forsythe, & Wagner, 1987) to daily hassles such as babysitting, homework, studying, peer pressure and car trouble (Compas et al., 1987; Moulds, 2003). Many individual studies investigated the domains in which adolescents face stressors, for example, family financial strain (Blustein, 1997), parental divorce (Burns & Dunlop, 1998; Moulds, 2003; Sandler, Tein, Mehta, Wolchik, & Ayers, 2000), peer pressure for risky behavior (Lerner & Galambos, 1998), developing independence (Burnett & Fanshawe, 1997), social adjustment (DuBois, Bull, Sherman, & Roberts., 1998), sexual readiness (Lerner & Galambos, 1998), academic concerns and dealing with teachers (Burnett & Fanshawe, 1997), bullying in school (Natvig, Albrektsen, & Qvarnstrom, 2001), teen pregnancy (Lerner & Galambos, 1998), and sexuality concerns (Timlin-Scalera, Ponterotto, Blumberg, & Jackson, 2003).

Adolescents have to find ways to weather this distress. Lazarus and Folkman (1984), described psychological stress as the relationship between the person and the environment, in which the individual believes that his or her resources or skills will be overwhelmed and well-being will be interrupted. In times of distress one path that can be taken is to engage or connect with an informal (e.g., friend, parent, or teacher) or formal (e.g., mental health professional) resource to aid in lessening the distress.
Adolescent Help-Seeking

Marcell and Halpern-Felsher (2007) studied adolescents’ beliefs about preferred resources for help varying depending on the health issue. One health issue the researchers studied was depression. Preferred resources for depression were friend, parent, psychologist, partner, school counselor, phone line, sibling, and doctor (Marcell and Halpern-Felsher, 2007). The researcher’s findings highlighted the importance of adolescents’ social support, including friends, siblings, and significant adults (particularly parents) as their preferred resources for a non-physical-related health issue, i.e., mental health. These findings are consistent with a previous study by Raviv, Sillis, and Wilansky (2000) that found that adolescents’ willingness to seek help for mental health concerns varied as a function of social support, with adolescents being more willing to seek help from informal (friends) vs. formal (mental health professional) resources.

When it comes to help seeking, the number of resources one has, who one goes to for support, the attitudes and beliefs about health and care - seeking held by these resources, and the knowledge about the availability of adolescent services, when appropriate, can influence an adolescent’s connection to care (Pescosolido, Gardner, and Lubell, 1998). Moulds (2003) investigated stress in high school age adolescents and stated that schools are in a particularly good position to intervene with students, especially to assist in coping with daily stressors and hassles. These interventions early on may even be productive in heading off future stress and coping related problems (Moulds, 2003). However, Csikszentmihalyi & Larson (1984)
found that during an average week, high school students spend 23% of their time with classmates, 29% with friends, 27% alone, and 19% with family. Only 2% of an average adolescent’s week is spent with other non-related adults, such as professionals within schools. Although school personnel may be positioned to help students with stress, students seem not to avail themselves of such adult help. This leads us to wonder how such assistance is being perceived. Thus, this current research was interested in understanding late adolescent’s perceptions of and attitudes towards mental health and mental illness given that their most preferred resources (informal) for help in distressing situations may not be familiar or have adequate information for dealing with the issues at hand.

**Informal Help-Seeking**

Late adolescents do appear to use informal help-seeking as a means of coping with the multitude of obstacles they endure in daily life. Informal relationships may include speaking with friends, parents, teachers, or other non-mental health professional adults. Boldero and Fallon (1995) investigated help-seeking in adolescents and found that adolescents use teachers and professionals as a last resort. Instead, adolescents were more likely to seek out the help of peers and parents. While it is important for adolescents to seek help when experiencing distress, peers and romantic partners, or even parents, may not be able to fully meet adolescent mental health needs. This may be due to informal sources’ unfamiliarity with parameters of adolescent’s mental health and mental illness. Many peers may not have the skills needed to help and may exacerbate the problem (Rickwood, Deane,
Wilson, & Ciarrochi, 2005). One reason that peers may exacerbate the problem is that many adolescents with emotional concerns often have peers who have their own emotional concerns and difficulties (Sabornie & Kauffman, 1985). In such instances, professional help-seeking is a good resource for an adolescent overcoming distress and difficulties because a professional can focus on the adolescent’s needs without the possible problems created by a peer relationship.

**Formal Help-Seeking**

Professional counseling can be very important to adolescent mental health and well-being. Unfortunately, many adolescents do not take advantage of available counseling resources delivered by adults (Boldero & Fallon, 1995). Mental health services are available to students in schools but are poorly utilized, therefore, it is important to understand the factors that may contribute to or detract from adolescents’ intentions to seek professional help. This study hoped to explore late adolescent’s perceptions of and attitudes towards mental health and mental illness as one possible factor. When these factors are understood, counseling professionals can better respond to and provide services for students. Researchers have not yet explained why adolescents do or do not readily use counseling. Previous researchers have investigated some factors in adults that may influence help-seeking, such as level of attachment (Shaffer, Vogel, & Wei, 2006), public stigma (Vogel, Wade, & Hackler, 2007) feelings of distress (Cepeda-Benito & Short, 1998; Cramer, 1999; Vogel & Wei, 2005), and coping (Kemp & Neimeyer, 1999). The research as to how their
findings may be relevant to adolescents is under explored. A few notable studies relevant to this application do however exist.

Timlin-Scalera et al. (2003) found that high school students were apt to go to counseling if they thought their problem was serious enough. In their study, high school males reported they were most likely to seek professional counseling if they were experiencing concerns about their sexual orientation. In one of the few studies that investigated help-seeking and school counselors, Schonert-Reichl, Offer, and Howard (1995) found that adolescents were more willing to seek help from the school counselor if they were experiencing symptoms of anxiety and depression.

When adolescents fail to seek professional help, a variety of factors may be present. Adolescents may avoid seeking professional help because they view professional help as involving risk. Seeking help takes trust (West & Kayser, 1991) and willingness to self-disclose distressful information (Vogel & Wester, 2003). Cepeda-Benito and Short (1998) and Cramer (1999) found that distress and help-seeking are positively related. Using an adolescent sample, Shirk, Gudmundsen, and Burwell (2005) found that as adolescents’ experienced higher levels of school or peer related stress they were more likely to seek formal support.

However, other researchers have argued that distress alone does not predict help seeking; the process is an interaction between distress and the anticipated outcome of counseling (Shaffer et al., 2006; Vogel & Wester, 2003; Vogel, Wester, Wei, & Boysen, 2005). Many other factors also appear to contribute to a willingness to seek counseling, such as past counseling experience, anticipated risk and benefit
Methodologically aligned with the current research study researchers have studied help-seeking qualitatively. West and Kayser (1991) interviewed students about seeking professional help in the schools. Adolescents gave reasons such as “It is difficult for me to talk to the counselor,” “I don’t trust counselors,” “Counselor was too busy or not in,” and “Counselors prefer students with good grades” (pp.119-120). All of these factors may contribute to whether adolescents will seek help from a formal source as opposed to seeking informal help. The sole reliance by adolescents on informal resources (e.g., parents and peers) as compared with formal resources (e.g., teachers) may also be seen as less threatening to them (Dubow, Lovko, and Kaush, 1990). Yet, this reliance, in part, may contribute to adolescents lack of connection to the mental health care system when needed because their most preferred resources may not be familiar with the availability of confidential adolescent health services or with adolescents mental health issues (Marcell and Halpern-Felsher, 2007) or may also not trust that they will be helpful.

Additionally, Wilson, Deane, and Ciarrochi (2005) found that belief-based barriers to seeking therapy and more negative attitudes about counseling appeared to account for some of the help negation effect. Specifically, beliefs and attitudes suggesting that self management is admirable and counseling is a last resort may contribute to processes of help negation, whereas a view of counseling as effective at relieving distress may help reduce this effect (Wilson, Deane, and Ciarrochi, 2005).
It was speculated by the researchers that such attitudes and beliefs might correspond with developmental processes related to individuation and desire for autonomy.

**Mental Health and Mental Illness**

Mental health and mental illness have been described and defined in a variety of ways. Literature provides theoretical guidance in understanding the meaning of psychological well-being. One literature, developmental psychology, particularly life-span developmental psychology, offers numerous depictions of wellness, conceived as progressions of continued growth across the life course. One recent and significant development in the study of mental health that has the potential to help explain (and more importantly, alleviate) the difficulty of ensuring people get appropriate help when they need it, has been the field of mental health literacy. Mental health literacy refers to the understanding, or knowledge and beliefs about mental disorders, which aid in their recognition, management, or prevention (Burns and Rapee 2006). Burns and Rapee (2006) suggest that the public does not currently (or yet) possess a high level of mental health literacy, even though attributes of mental health were being discussed in the literature over 50 years ago.

Dr. Marie Jahoda (1958) listed psychological attributes of a mentally healthy person. Included were: (a) self-awareness, self-acceptance, and a sense of identity, (b) being open to growth, and to the modification of one’s ideas, (c) integration of the personality, which implies consistency, and resistance to stress, (d) autonomy, which meant the ability to act independently, making one’s own decisions, (e) undistorted perception of reality, which includes both realism” and sensitivity to other people’s
feelings, and (f) environmental mastery, which includes the ability to love, as well as the ability to solve problems when they are encountered, and to engage in practical work. When one or more of the attributes listed above are in question there is the possibility for some type of mental illness.

Mental illness is one of the most stigmatized conditions in our society. People with mental illnesses experience all of the key features of the stigma process; they are officially tagged and labeled, set apart, connected to undesirable characteristics, and broadly discriminated against as a result (Alexander & Link, 2003). A central aspect of stigma for people with mental illnesses is the perception that they are dangerous and unpredictable. In the absence of real world experiences with mental illnesses, people must rely on their community’s message and the media for social cues and interpretation. In our society, these cues are often in the form of images that are typically inaccurate and overwhelmingly negative, characterizing people with mental illnesses as violent, dangerous, unpredictable, incompetent, and unlikable (Wahl, 1992).

In the 1950’s, the public defined mental illness in much narrower and more extreme terms than did professional psychiatry, and fearful and rejecting attitudes toward people with mental illnesses were common. Regarding public conceptualizations of mental illness, Star (1952, 1955), based on interviews with over 3,000 Americans, concluded that there was a strong tendency for people to equate mental illness with psychosis and to view other kinds of emotional, behavioral, or personality problems in non-mental health terms-as, - “an emotional or character
difference of a non-problematic sort” (Star 1952, p. 7). Several recent indicators suggest that definitions of mental illness may have broadened and that rejection and negative stereotypes may have decreased since that time (Phelan, Link, Stueve, Pescosolido, 2000). Phelan, Link, Stueve, Pescosolido (2000) found that several factors, including increased utilization of mental health services, greater disclosure of mental health problems by public figures, and empirical findings regarding public conceptions and attitudes, suggest that this situation may have changed significantly since the 1950’s.

For millennia, scholars, physicians, clergy, and the public at large have debated whether abnormal behavioral displays are a product of evil spirits, lack of moral fiber, social inequities, or disease states residing within the individual. Haslam (2005) and Haslam et al. (2007) also describe lay conceptions of mentally disordered behavior as falling into several dimensions including (a) pathologizing (judgment of statistical deviance and social norm violations), (b) moralizing (perceptions of ethical violations or weak personal will), (c) medicalizing (essentialist beliefs that the deviance is unintentional and categorically distinct from the norm), and (d) psychologizing (views that deviant behavior is lawful and rooted in life history, but not the direct result of overtly medical causes. Hinshaw & Stier (2008) define mental illness as a term referring to a wide variety of categories of deviant or dysfunctional behavioral and emotional patterns, subject to being variously defined but constituting hugely impairing conditions for individuals, families, and societies at large.
Such wide ranges of lay understandings and definitions of mental health and mental illness and such variability in the phenomenon as experienced by adults, suggests the possibility that even less maybe known about adolescent’s understandings, perceptions of, and attitudes towards mental health and mental illness and mental health and mental illness. Exploring adolescent’s understandings and definitions of mental health and mental illness as constructs becomes a fruitful extension of this kind of inquiry into the ways in which mental health is conceived. One possible contemporary influence on adolescents understanding of mental health that deserves specific attention is the exposure to media.

**Mental Health and Mental Illness in the Media**

Through media exposure, the contemporary public learns that people with mental illnesses are dangerous and that they should be avoided. Collectively, the current body of research on media influence on mental health maintains a common theme: The common perception is that those afflicted with mental disorders (not just those who suffer from schizophrenia but also those with severe depression) are dangerous; developmentally disabled; of low intelligence; have communication disorders; are dysfunctional; or all of these; and do not contribute as workers as they lack desire or are lazy (Klin & Lemish, 2008). Even some psychiatrists hold negative attitudes of those afflicted with mental disorders, possibly even more negative views than those held by the public at large (Chaplin, 2000; Sartorius, 2002). Visual culture is saturated with negative and inaccurate representations of people who suffer from
mental illness, and these portrayals significantly contribute to the detrimental effects of stigmatization (Eisenhauer, 2008).

Negative social attitudes toward those suffering from psychiatric disorders that derive from misconceptions are a key mental health and social problem (Corrigan & Penn, 1999). One negative impact may be that those who need assistance are actively avoidant in seeking professional mental health help. One of the explanations for the low percentage of persons suffering with mental disorders who seek professional assistance is fear of stigma and its negative consequences, including the fear of being the target of disparaging laughter (Corrigan & Penn, 1999). Prejudice and fear of stigma are among the principal factors explaining why many people who suffer with mental disorders do not seek or postpone seeking assistance (Klin & Lemish, 2008).

The mass visual media is an important source of information about mental health and plays an important role in cultivating both perceptions and stigma (Wahl, 2004). As Wahl argues, the media continues to circulate stock figures such as the deranged serial killer, psycho-rapist, child molester, homicidal maniac, loony artist, demented scientist, unstable roommate, rampaging, escaped mental patient, insanely jealous lover, sociopathic murderer, and weird psychiatrist or psychotherapist. Thus, assuming that a negative framing of mental disorders and mental health providers in the media contributes to misperceptions, myths and hostile attitudes towards the mentally ill and their caregivers.
**Problem Statement**

Mental health, mental illness, and mental health treatment have been described in a myriad of ways, including but not limited to potentially difficult, embarrassing, and overall risky enterprises that may induce fear and avoidance in some individuals. Consistent with this statement, research indicates that less than one-third of individuals who experience mental illness seek help from a mental health professional, perceiving counseling as a last resort only to be considered after their own attempts to handle things have failed (Vogel, Wester, & Larson, 2007). Poor and inconsistent perceptions of mental health and mental illness continue to persist despite research showing that seeking and engaging in counseling and psychotherapy is beneficial (Vogel, Wester, & Larson, 2007).

Mental health literacy refers to knowledge and beliefs about mental disorders, which aid in their recognition, management, or prevention (Burns and Rapee 2006). Mental health literacy includes the ability to recognize specific disorders, knowing how to seek mental health information, knowledge of risk factors and causes, knowledge of self-treatment, and of professional help available; and attitudes that promote recognition and appropriate help seeking (Burns and Rapee 2006). While there is a growing literature on the mental health literacy of adults, to date there has not been a parallel interest in the mental health literacy of young people. The most important reason to raise and explore adolescent mental health literacy is to increase the likelihood that young people can access the most appropriate help when needed. The majority of research on mental health literacy to date has relied on the use of
brief case vignettes. The extent to which such data can be translated into what actually is likely to happen in a real world context in unclear. Burns and Rapee (2006) offer that the next challenge for mental health literacy research is to develop research methodologies that assess literacy in a more naturalistic context citing interviews with adolescents as a natural extension.

**Statement of Intention**

It is unclear what adolescents’ perceptions of and attitudes are towards mental health and mental illness and formal help-seeking; therefore, this research attempted to understand late adolescents’ perceptions of and attitudes towards the two phenomena. Adolescents’ may understand mental health and mental illness if both are normalized and the adolescent is given clear explanations of each. However, adolescents seek out informal sources for help more often than formal, which may lead to a lack of understanding and not seeing clearly. The mental health community should be aware of uniformed or erroneously informed adolescent reluctance to seek formal help and attempt to maintain patience, sensitivity, and an empathetic stance as they seek to educate their young clients and other members of the public (Bram, 1997). It is imperative that late adolescents’ understandings regarding mental health and mental illness are understood if we are able to influence their response to mental health issues in the future.

This research also has implications for mental health delivery. It sought to better understand late adolescents’ perceptions of and attitudes related to mental health and mental illness that may influence them to make choices in favor of or
against mental health therapy for themselves. Before they will seek counseling, individuals who have concerns about the counseling process may need additional information, support, or awareness of what the process is like. Information designed to increase public awareness about the benefits of seeking professional services may be more efficient if that information is focused on these anticipated concerns and if adolescents have access to it. However, if predominant sources of information or influences portray negative or inaccurate information, poor resulting perceptions and attitudes of mental health may increase. Fear of losing control because of uncertainty or even a misperception about what counseling is and what will happen, or from unfamiliarity with it, can be problematic (Vogel & Wester, 2003). Furthermore, reframing counseling services as education, consultation, or coaching, when appropriate, may go far in reducing people’s perceptions of the anticipated risks associated with talking to a counselor (Vogel, Wester, & Larson, 2007).

**Statement of Purpose and Research Questions**

This research hoped to explore late adolescent female perceptions of and attitudes towards mental health, mental illness, and help-seeking. To shed light on the problem, the following research questions are addressed: How do late adolescents understand mental health and mental illness? Sub-questions that follow for this research question include: How do adolescents perceive mental health and mental illness? How do adolescents judge or value what they perceive? (i.e., What attitudes do adolescents have towards mental health and mental illness?) and How do adolescents consider formal help seeking?
According to the avoidance factors research (Vogel and Wester, 2003; Vogel, Wester, Wei, & Boysen, 2005; Vogel, Wade, & Haake, 2006; Vogel, Wade, & Hackler, 2007; Vogel, Wade, Wester, Larson, & Hackler, 2007; Vogel, Wester, & Larson, 2007), there is a clear disconnect between adolescents’ and formal help-seeking. However, questions remain. For example, what is the lived experience of late adolescents in relation to mental health and mental illness? How do they situate themselves in mental health and mental illness? How are their perceptions and attitudes maintained or shifted? This research study hoped to address some of the remaining questions by shifting methods to permit exploring the rest of the story through taking a qualitative direction. Exploring and understanding qualitatively those perceptions of and attitudes towards mental health and mental illness that may deter late adolescents from seeking professional help, when appropriate, may offer a more thorough explanation and fuller story of not only their perceptions of and attitudes towards mental health and mental illness, but of their story in deeper and richer way than current research is offering.

**Methodology**

With the approval of the University’s Institutional Review Board, the researcher studied the experiences and perceptions of ten female students aged 18-22. These participants were either first or second year students in a 2-year community college enrolled in a Psychology course. Given the small sample size, scale and design, the participants were not a representative sample, but rather a purposive sample. Most research conducted on adolescents and mental health looks through a
quantitative lens, whereas, this study looked through a qualitative lens exploring an in-depth understanding of the late adolescents’ perceptions and attitudes. This research study utilized qualitative research methods, particularly interviews.

**Assumptions**

Based on this researcher’s experience in counseling and teaching late adolescent undergraduate and graduate students, certain observations have led to two assumptions about this study. The first assumption was that the late adolescents’ perceptions of and attitudes regarding mental health and mental illness is understudied and not well understood. The second assumption was that previously mentioned research found that adolescents’ reliance on informal resources may lead to inaccurate or skewed perceptions of mental health and mental illness which could lead to avoidance of mental health treatment when it would actually be appropriate.

**The Researcher**

As a doctoral student in counseling and counselor education, my interest was in contributing to practices that improve perceptions of and attitudes towards mental health and mental illness. In my experience, counseling has provided a platform for clients to begin to express their thoughts and feelings and encouraged a new and sometimes difficult self-reflective stance. My personal and professional training in mental health has resulted in a belief in the ability of counseling to transform clients in a myriad of positive ways. Therefore, I have strong desire to understand perceptions of and attitudes towards mental health and mental illness that may lead to possible avoidance. I understand that my strong belief in the value of positive
perceptions of mental health creates a bias at the onset of the study. I mitigated that bias through continual self-reflection, member checking with the participants, and by allowing the participants understandings of mental health and mental illness to shine through. However, I looked through a researcher lens rather then a therapist lens by bracketing my thoughts, feelings, and reactions for further analytical reflection and focus primarily on listening carefully for how research participants talk about the topic. I listened for diverging evidence, which is participants’ view at variance with my own, utilizing analytic memos.

**Rationale and Significance**

The rationale for this study emanates from the researchers’ desire to uncover adolescents’ perceptions of and attitudes regarding mental health and mental illness. There is limited research on late adolescents’ perceptions of and attitudes towards mental health and mental illness. Additionally, the evidence that is available is almost solely comprised of research that has explored the phenomenon quantitatively. This research hoped to understand and explore late adolescents’ perceptions of and attitudes mental health and mental illness from a qualitative stance, looking for a richer understanding of how adolescents partner themselves relative to their encounters with mental health constructs and representations.
CHAPTER 2: Overview

The purpose of this study was to explore with a sample of late adolescent females their perceptions of and attitudes towards mental health and mental illness. A critical literature review of current research literature helped to locate the particular focus of this study in the wider discussion of late adolescents’ experience. This critical review explored the interconnectedness of the experiences of late adolescents within such realms as adolescent social development, help-seeking, adolescents help-seeking, avoidance of help-seeking and mental health and mental illness.

Throughout the review, the researcher attempted to point out important gaps and omissions in particular segments of the literature when they became apparent. In addition, relevant contested areas or issues were identified and discussed. Each section of the literature review closes with a synthesis that focuses on research implications. The interpretive summary that concludes the chapter illustrates how the literature has informed the researcher’s understanding of the material and how the material contributes to the ongoing development of the study’s conceptual framework.

Adolescent Social Development

Adolescence Defined

Adolescence is characterized as a time of change and transition, a time when the individual must acquire important skills and accomplish many developmental tasks (Schonert-Reichl, 1992). Although adolescence may span a decade, so many social and psychological changes occur during this period of growth that many social
scientists have now begun to differentiate among early adolescence, which occurs between the ages of 11-14 years, middle adolescence, occurring between the ages of about 15-18 years, and late adolescence (also frequently referred to as youth) which occurs between the ages of 18-21 years (Steinberg, 1985).

**Adolescent Development Framework**

Adolescents are faced with both developmental (e.g., puberty) and environmental (e.g., transitions to school and work) stresses. Despite the numerous changes that occur during adolescence, it is only recently that researchers have turned their attention to conducting research specifically on the adolescent age-period (Schonert-Reichl, 1992). A framework for studying adolescent development has been posited by Hill (1980). This framework provides information regarding the many changes with which adolescents are confronted and provides a working framework to guide researchers in further understanding adolescent evolution.

John Hill’s framework (1980) consists of three basic components. The first component involves the fundamental changes of adolescence and includes biological, cognitive, and social changes. The changes that occur in each of these areas have special significance during adolescence. Biological changes include puberty, cognitive changes refer to the emergence of more advanced thought processes, and social changes refer to the transitions into new roles in society.

The second component of Hill’s (1980) framework includes the “context” of adolescence. That is, adolescence does not occur in a vacuum; it occurs in the
context in which the adolescent is emerged. These contexts include families, peers, schools, and work settings.

Finally, the third component put forth by Hill (1980) encompasses five sets of developmental concerns that become particularly salient during adolescence: identity, autonomy, intimacy, sexuality, and achievement. These constitute the aspects of “psychosocial” development and refer to aspects of adolescence that are psychological and social in nature. For the purpose of this review and research study the first component of Hill’s framework (1980) was discussed more thoroughly in the next section.

**Cognitive and Social Changes**

Inhelder and Piaget (1958) posit that adolescence is characterized by the emergence of new mental capabilities that allow the adolescent to consider possibilities and alternatives. It is in other words, a time when the individual is able to generate hypotheses and possible solutions. Besides influencing adolescents’ perceptions in the cognitive realm, these changes in mental capabilities have repercussions for adolescents’ perceptions in the social realm (Schonert-Reichl, 1992). That is, adolescents’ ability to think more abstractly, consider possibilities, and hypothesize in matters of scientific problems or physical objects also allows them to use more sophisticated thinking about their social world (Lapsley, 1990).

This merging of both cognitive and social developmental theory has been designated as the theory of “social cognition,” and supplies a useful theoretical framework with which to view the capabilities that adolescents possess that would
lead them to seek help and support in adolescence (Schonert-Reichl, 1992). Social cognition refers to the processes by which individuals learn about and interpret their social world and apply cognitive skills to social situations (Bandura, 1977; Kohlberg, 1969, 1976; Youniss, 1980). Specifically, the theory of social cognition supplies researchers with a theoretical framework with which to answer questions regarding the adolescent’s growing ability to understand how he or she feels and thinks about one another’s behaviors as well as how the adolescent conceptualizes other people’s thinking along with his or her own thinking (Schonert-Reichl, 1992).

Schonert-Reichl (1992) suggest, “the cognitive-developmental theory of social cognition provides a way to understand the complex individual behaviors that lead an adolescent to seek help and social support in three different ways” (p.16).

First, previous research has found that as children become older they gain increasing sophistication in their ability to understand both the internal and external factors that influence mental illness (Coie & Pennington, 1976; Dollinger, Thelen, & Walsh, 1980; Kalter & Marsden, 1977; Kazdin, Griest, & Esveldt-Dawson, 1984; Marsden & Kalter, 1976; Whiteman, 1967). Second, the adolescent’s ability to use recursive thinking helps the adolescent to realize that other’s perspectives are different from his or her own and that others can take into account the adolescent’s thinking. Thus, social cognitive theory would suggest that the adolescent would seek help from someone that he or she believes will truly understand his or her feelings and problems (Schonert-Reichl, 1992). Finally, social cognitive abilities not only allow the adolescent the opportunity to hypothesize and generate the possible
alternative courses of action to take to seek help, but also give the adolescent capabilities to imagine the consequences associated with seeking help.

Undoubtedly, the adolescent’s perceptions of whether or not seeking help will positively impact his or her life is inextricably linked to whether or not they will seek help in the first place. Indeed, how the adolescent assess the probable outcome of a future event, specifically seeking help, influences the adolescent’s help-seeking behavior (Schonert-Reichl, 1992).

**Help Seeking**

Help-seeking is a term that is generally used to refer to the behavior of actively seeking help from other people. It is about communicating with other people to obtain help in terms of understanding, advice, information, treatment, and general support in response to a problem or distressing experience (Rickwood, Deane, Wilson, & Ciarrochi, 2005). Help can be sought from a diversity of sources varying in their level of formality. *Informal help-seeking* is from informal social relationships, such as friends and family. *Formal help-seeking* is from professional sources of help; that is, professionals who have a recognized role and appropriate training in providing help and advice, such as mental health and health professionals, teachers, youth workers, and clergy (Rickwood, Deane, Wilson, & Ciarrochi, 2005). Research has been conducted specifically looking at adolescent informal and formal help-seeking patterns. This research study hopes to contribute to this line of inquiry by exploring the late adolescents perceptions and attitudes about mental health and mental illness qualitatively. Adolescent help-seeking behaviors can be directly related to their
perceptions of and attitudes towards mental health and mental illness. It is anticipated that throughout the course of this study that mental health therapy, counseling, and/or mental health practitioners will be discussed as topics with which the adolescent research participants has either direct or indirect experience (possibly seen in the media). Thus, research on adolescent help-seeking will be discussed next.

**Adolescent Help-Seeking**

Although, the research into help-seeking patterns is neither consistent nor clear, some trends are generally found: First, young people tend to not seek help from professional sources. Few young people seek professional help for mental health problems, and young people tend to seek informal help before they turn to formal sources (Rickwood, Deane, Wilson, & Ciarrochi, 2005). Second, for young people friends and family are the main sources of help. Friends tend to be the preferred help source for personal-emotional problems while parents are generally ranked second to friends (Boldero & Fallon, 1995; Schonert-Reichl & Muller, 1996). Third, girls and women are more likely to seek help than boys and men. This varies somewhat according to the source of help and type of problem, but overall females are more likely to seek out other people for support and advice for mental health problems (Boldero & Fallon, 1995). Wilson, Deane, and Ciarrochi, 2005 researched hopelessness and adolescents’ beliefs and attitudes about seeking help, accounting for help negation. One finding from their work showed students were significantly less likely to seek help from partners, friends, and family and significantly more likely to see help from a mental health professional or telephone help line for suicidal thoughts
than for personal-emotional problems, indicating that students had significantly different preferences for help. Some types of problems are more likely to prompt help-seeking behavior than others and different sources of help are deemed more appropriate for particular types of problems. For example, relationship problems are often discussed with friends, personal problems with parents, and educational problems are more likely to be taken to teachers (Boldero & Fallon, 1995).

During the adolescent age-period, the teenager expands his or her perspective beyond the family into a larger social system (Youniss, 1980). Often perceptions of, attitudes towards, and behaviors in help-seeking are formed within interactions and in communities of meaning, such as families and social networks, thus cultivating and conveying cultural values.

**Family and Social Networks**

In these changing times, adolescents may not receive the guidance necessary to successfully traverse the road to successful adult roles due to the stability of close family ties and extended family circles from which to draw nurturance and social support becoming much less frequent (Schonert-Reichl, 1992). Parental divorce, drugs, poverty and other various concerns may lead to the breakdown of traditional support systems from which adolescents could previously draw guidance and nurturance.

Vogel, Wade, Wester, Larson, & Hackler (2007) examined the influence of social networks. They assert that “two potential factors that might facilitate help seeking are having a relationship with someone (a) who recommends seeking help or
(b) who themselves have sought help” (p. 233). The researchers discovered that both being prompted to seek help and knowing someone who sought help were related to positive expectations of counseling and more positive attitudes toward help seeking. However, there is also a large body of research and literature about avoidance factors that inhibit help-seeking, despite all informal and formal relationships that an adolescent might have. Carlton and Deane (2000) found for example that having no experience of previous professional mental health care significantly predicted lower intentions to seek help for suicidal thoughts among high school students.

**Avoidance Factors that Inhibit Help Seeking**

Previous research indicates negative perceptions of counseling and psychotherapy persist despite research indicating that seeking help is often helpful the result is that less than one-third of individuals who experience mental illness seek mental health counseling (Corrigan, 2004; Shaffer, Vogel, & Wei, 2006; Vogel, Wester, & Larson, 2007; Vogel, Wade, & Hackler, 2007; Vogel, Wade, & Haake, 2006; Vogel, Gentile, & Kaplan, 2008).

Vogel, Wester, & Larson (2007) indicate that previous research first conceptualized the act of seeking professional help as being an approach/avoidance conflict wherein approach factors, such as one’s level of distress and the desire to reduce that distress, increase the likelihood that one will seek out counseling services. On the other hand avoidance factors, such as the risks of being perceived as crazy, decrease the chances that an individual will seek out services. Vogel, Wester, & Larson (2007) cite a previous research study which found that more than 90% of a
sample in one study agreed that the fear that they would be thought of as crazy was a potential barrier to seeking help (p. 411). Therefore, Vogel, Wester, & Larson (2007) “examined the broad array of research on help seeking from counseling, clinical and social psychology, social work, and psychiatry perspectives to assist counselors in providing professional service to individuals who are reluctant to seek help despite the need for such help” (p. 410). Their focus was on leading practitioners in the helping profession to at least understand why perceptions of psychological help seeking matters.

Vogel, Wester, & Larson (2007) examined five specific psychological avoidance factors in the help seeking process that have recently been identified in the mental health literature: social stigma, treatment fears, fear of emotion, anticipated utility and risks, and self-disclosure. These five factors will now be examined.

**Social Stigma**

Previous research has defined social stigma as the fear that others will judge a person negatively if she or he seeks help for a problem. The social stigma attached to seeking professional help has been conceptualized as one of the most significant barriers to treatment, due in part, to the general public providing negative descriptions of individuals who experience mental illness (Vogel, Wester, & Larson, 2007). Studies have also indicated that public stigmatization not only stems from having a disorder, but from the seeking of help from a professional which may be a predictor of a person’s attitude toward seeking help in the present or future (Vogel, Wester, & Larson, 2007).
Vogel, Wade, & Hackler (2007) have also studied perceived public and self-stigma as it pertains to the individual’s attitudes towards counseling. These authors cite that previous research asserts, “the negative images expressed by society toward those who seek psychological services may be internalized and lead people to perceive themselves as inferior, inadequate, or weak (Vogel, Wade, & Hackler, 2007, p. 41). Thus, people with high self-stigma may forego mental health services to maintain a positive self-image. Vogel, Wade, & Hackler (2007) conducted a study with college students to better understand how public and self-stigma relate to the help seeking process. Attitudes toward seeking professional help along with perceived public stigma, self-stigma, and willingness to seek counseling for psychological and interpersonal concerns were all measured. The results supported their hypothesis “that perceived public stigma is positively related to self-stigma, that self-stigma is negatively associated with the attitudes individuals have toward counseling, and that these attitudes are positively associated with willingness to seek help for psychological and interpersonal concerns” (Vogel, Wade, & Hackler, 2007, p. 46).

Corrigan (2004) asserted that although the public stigma associated with seeking psychological services is one potentially important factor in the decision to seek treatment, an equally important barrier is the stigmatizing beliefs about mental illness on one’s self-esteem. In support of Vogel, Wade, & Haake (2006) research findings they concluded that: “Self-stigma is the reduction of an individual’s self-
esteem or self-worth caused by the individual self-labeling herself or himself as someone who is socially unacceptable” (p. 325).

In follow up and in response to research conducted on self-esteem associated with seeking psychological help, Vogel, Wade, & Haake (2006) conducted a first if its kind project, involving five studies examining the reliability and validity of a measure of self-stigma and self-esteem. The authors were thus responsible for creating a psychometrically sound measure of self-stigma as it relates to the seeking of psychological help in the undergraduate student population.

Vogel, Wester, & Larson (2007) suggest multiple ways that counselors can reduce self-stigma as a potential barrier:

“First, counselors may try to decrease the negative perceptions that society hold towards mental illness and those seeking professional help. In doing so, counselors may be able to reduce clients’ fears that others will look down on them for seeking help. Second, counselors can directly help clients by identifying and learning ways to cope with the stigma associated with seeking help that is present in society” (p. 416).

The researchers also suggest that it may be beneficial for counselors to reach out directly to those experiencing the distress and help them learn ways to cope with the negative effects of the public stigma. Finally, the authors suggest beginning social support groups so that the individuals suffering know that they are not alone whilst having a place that they can give and provide useful information.

**Treatment Fears**

Treatment fears have been defined as a “subjective state of apprehension arising from aversive expectations surrounding the seeking…of mental health services,
which have been measured with concern for how a mental health professional will

treat the individual, fear about what the mental health professional will think of the

individual if she or he seeks help, and fear of being coerced by the counselor” (Vogel,

Wester, & Larson, 2007, p. 411). However, previous research in this field has shown

inconsistent results with regards to treatment fears. Whereas some research has

shown treatment fearfulness as predictive of intentions to seek professional help,

other research has shown treatment fears were not uniquely predictive (Vogel,

Wester, & Larson, 2007). Therefore, although it is clear that treatment fears are an

important avoidance factor more research is needed to determine the level of their

importance.

The goal for counselors as indicated by Vogel, Wester, & Larson (2007) is to

aid clients in reducing their treatment fears by correcting the negative perceptions that

surround seeking counseling services, particularly inaccurate myths about therapy and

the counseling process. The authors also suggest counselors make better use of the

media to educate the public about the counseling process. Vogel, Gentile, & Kaplan

(2008) indicate, “the images presented on television can have significant influence

over a person’s social construction of reality” (p. 276). Furthermore, Vogel, Gentile,

& Kaplan (2008) express “the field must consider what role portrayals of

psychologists and psychotherapy may have on the public’s perception of psychologist

and psychotherapy. If the portrayals are inaccurate or misleading, they could have
direct implications on people’s mental health (p. 292).
Fear of Emotion

Fear of having to discuss painful emotions is another reason that some individuals avoid seeking counseling (Vogel, Wester, & Larson, 2007). Additionally, Vogel, Wester, & Larson (2007) state that reluctance to seek counseling was greater for individuals who were not open about their emotions. Similarly, persons who were less skilled at dealing with emotions have been found to be less likely to seek help in general, as well as less likely to seek help from a mental health professional (Vogel, Wester, & Larson, 2007, p.411). “To address these concerns, it may be important to inform people that in counseling, the client controls what, how much, and when to share emotional information” (Vogel, Wester, & Larson, 2007, p. 417). The authors continue to urge counselors to work with their clients to dispel the myths of counseling and therapy in hopes of lowering their fear. It also remains the counselor’s responsibility to build a comfortable and safe environment that would enhance feelings of respect and care and diminish feelings of fear for the client.

Anticipated Utility and Risk

Current expectations of counseling and therapy can influence a client’s decision whether to engage in counseling. In particular, the anticipated utility of and risks associated with seeking therapy have been suggested as two of the most important influences in a person’s decision to seek counseling. Anticipated utility refers to the perceived usefulness or lack thereof regarding seeking services from a counselor, whereas, the anticipated risk refers to an individual’s perception of the potential dangers of opening up to another person (Vogel, Wester, & Larson, 2007).
Vogel, Wester, & Larson (2007) encourage counselors to focus on expanding a potential client’s ability to fully evaluate the decision to seek help, paying particular attention to the “true” relative costs and benefits of seeking help.

Self-Disclosure

An individual’s comfort in disclosing distressing or personal information, or self-disclosure has also been shown to have an impact on a person’s decision to seek professional help. Researchers have found that people who tend to conceal report less positive attitudes about seeking help.

Vogel & Wester (2003) conducted a study investigating the reasons why people seek counseling, paying particular attention to self-disclosure as an avoidance factor. The authors hypotheses were (1) the lower the tendency for individuals to self-disclose distressing information, the more negative their attitudes would be about counseling and the less likely they would be to seek counseling; (2) increased feelings of risk associated with self-disclosing to a counselor…would lead to less positive views of therapy; and (3) these avoidance factors will influence an individual’s help-seeking attitudes. Vogel & Wester (2003) measured: distress disclosure, emotional disclosure, perceived risk and utility of disclosing emotions, and attitudes towards counseling. The study indicated that “the results support the role of avoidance factors in inhibiting help seeking as participant’s decreased tendencies to self-disclose distressing information to others and increase feelings of risk associated with self-disclosing to a counselor were related to less positive attitudes” (Vogel & Wester, 2003, p.354)
Vogel, Wester, & Larson (2007) share that “one way to increase help seeking may be to increase individual’s comfort, ability, and feelings of appropriateness about discussing problems with others, which can help people to feel understood and accepted, thereby beginning the healing process” (p. 418).

Shaffer, Vogel, & Wei (2006) have also studied the “mediating effects of anticipated risks, benefits, and attitudes towards seeking counseling on the link between adult attachment and help-seeking intentions for psychological and interpersonal concerns of undergraduate students” (p. 442). Shaffer, Vogel, & Wei (2006) cite Bowlby’s (1988) hypothesis that evolution furnished human infants with an innate biological drive aimed at maintaining proximity to caregivers, thus enhancing safety and the likelihood of survival (p. 442). Therefore, Shaffer, Vogel, & Wei (2006) conducted a study examining the relations between attachment avoidance and attachment anxiety and the intentions to seek counseling. The results confirmed their hypothesis, finding that “attachment contributed to perceptions of the benefits and risks of counseling, which, in turn, influenced help-seeking attitudes and eventually, help-seeking intentions” (Shaffer, Vogel, & Wei, 2006, p. 442).

In addition to internal avoidance factors, research has shown that individuals are also externally influenced by positive and negative information regarding mental health as a larger concept.

**Mental Health**

Views about mental health must be understood in a social and cultural context and vary with age, social and economic status, education, sex and so forth
(Johansson, Brunnberg, & Eriksson (2007). Adolescents believe that children and adults’ health differ, regarding their own problems as trivial and minor, in contrast to adults’ problems (Armstrong, Hill, & Secker (2000). Brunnberg, & Eriksson (2007) asked young boys and girls about the concept of mental health to find out their perspective. The researchers “aimed to analyze the concept of mental health from the perspectives of girls and boys and to describe what they regard as being important determinants of mental health” (Brunnberg, & Eriksson, 2007, 185). The findings indicate that adolescents perceive mental health as an emotional experience, which could be described as negative or positive and family, friends, and school as the three most important determinants of mental health ((Brunnberg, & Eriksson, 2007, p.193). This study hopes to understand this same concept with late adolescents.

**Perception of Formal Help**

Researchers have studied the public’s perception of and attitudes towards mental health professionals (Schindler, Berren, Hannah, Beigel, & Santiago, 1987; Von Sydow & Reimer, 1998). Accompanying two decades of change in the mental health system has been a diffusion of the roles and practices of mental health professionals as well as in the public’s perceptions of various specialties (Schindler, Berren, Hannah, Beigel, & Santiago, 1987). Findings suggest, “psychiatrists and psychologists receive significantly higher ratings than both nonpsychiatric physicians and the clergy on competence to treat most mental health problems” (Schindler, Berren, Hannah, Beigel, & Santiago, 1987, p.371). The research on adolescent
perceptions of mental health professionals, competence to treat most mental health problems, and helping qualities is also underdeveloped.

**Helping Qualities**

Although research on adolescent perceptions of mental health professionals is lacking, some research has been conducted on adult helping qualities preferred by adolescents. Most studies of therapeutic alliance have focused on adult populations and been written from the therapist’s perspective, thus leaving a clear need for studies of therapeutic alliance that focus on adolescent populations from the perspective of the adolescents.

Martin, Romas, Medford, Leffert, & Hatcher (2006) conducted focus groups with adolescents to determine which traits in adults might foster alliance, with the assumption that the same traits would apply to therapeutic settings. Findings suggest that there are twelve adult qualities found to be preferred by adolescents: respect, time, shared, openness, role characteristics, recognition, guidance, identification, trust, freedom, like/dislike, responsibility, and familiarity (p. 127). Research addressing adolescent perceptions of mental health professionals and the most helpful qualities to possess continues to be deficient. It is also unclear where late adolescent’s perceptions of and attitudes towards mental health and mental illness originate.

**One Current Source of Adolescent Information**

This study posits to explore late adolescents perceptions of and attitudes towards mental health and mental illness. It is anticipated that the sources of
influence on those perceptions and attitudes may be discussed. One possible source of influence may be the media.

The scientific study of mental health issues in the media began with Nunnally’s (1957) investigation, which compared the views of mental illness held by mental health experts, the general public, and mass media. The study found that the view of mental illness expressed by the mass media was even further removed from health professionals than that of the lay public (Diefenbach & West, 2007).

Wahl and Roth (1982) examined prime-time television content and found that “not only did mental illness appear to be a common theme in both the news and entertainment media, but the depiction of the mentally ill in these media was found to be decidedly negative” (p.600). Also the Wahl and Roth (1982) Washington, DC media study found that more then 1 in every 11 television shows included a mentally ill character and almost one third of all prime-time shows involved some mental illness themes. Diefenbach (1997) found that television characters that were portrayed as mentally disordered were 10 times more violent than the general population of television characters. Wilson, Nairn, Coverdale, and Pananpa (2000) examined children’s television in New Zealand and found common use of labels, such as “crazy” and “mad,” to denote the mentally disordered, and that several mentally disordered characters were portrayed with virtually no admirable attributes.

The U.S. President’s Commission on Mental Health (1978) concluded that attitudes toward mental illness are significantly influenced by mass media sources. Wahl and Harman (1989) surveyed members of the National Alliance for the
Mentally Ill about their experience with the stigma of mental illness. The respondents consistently cited media sources as the perpetuators of mental illness stereotypes and stigma.

In addition to documenting the frequency and accuracy of media depictions of mental illness, research has documented the power of the mass media in molding the general perceptions that individuals form of mental illness. For example, Lopez (1991) examined the attitudes of 89 Florida adolescents toward people with mental illness. Adolescents reported the sources of information about mental illness they used to base their attitudes. Approximately 54% of the respondents ranked the mass media (i.e., books, magazines, newspapers, television) as the first or second most important source of their opinions and attitudes about mental illness.

**Media influence on Seeking Help**

The attitude of mental health professionals, if negative toward clients, can cause persons who suffer from depression to feel embarrassed to seek their advice, primarily for fear that they will be perceived to be imbalanced or neurotic (Klin & Lemish, 2008). In this regard, the public image of psychiatrists is less positive than that associated with other doctors as they often are considered to be cruel. In addition, images associated with psychotherapists, psychologists, and psychiatrists as being crazed, lacking an understanding of the patient and involved in unethical sexual behavior are detrimental especially in installing trust in those in need of their assistance (Von Sydow & Reimer, 1998).
Bram (1997) suggested that cinematic portrayals of psychotherapists contribute to the viewing public’s tendency to erroneously believe that therapists are likely to act on counter transference, sexual-romantic and aggressive wishes; that therapy for complex problems is typically effected quickly, and that therapists need psychological help more than their clients do (p.170). Vogel, Gentile, & Kaplan (2008) state:

“Although researchers have examined the relationship between television viewing and perceptions of certain health attitudes, they have not empirically examined the relationship of television viewing and expectations and attitudes towards seeking mental health services…and the role of these expectations and attitudes in predicting intention to engage in mental health services” (p. 277).

The researchers hypothesized that television exposure would significantly predict an individual’s intentions to seek therapy based on perceptions of stigma and anticipated risks and benefits. The research study’s participants were measured on: stigma, anticipated risks and benefits, attitude towards therapy, intentions to seek therapy for psychological and interpersonal concerns, depression, and television exposure. The results “reveal a positive correlation between viewers’ television exposure and their perceptions of stigma, which then negatively predicted their attitudes towards seeking professional mental health services and ultimately less willingness to seek help” (Vogel, Gentile, & Kaplan, 2008, p.287).
CHAPTER 3: Methodology

The purpose of this qualitative study was to explore, with a sample of 10 late adolescent females, perceptions of and attitudes towards mental health and mental illness. In seeking to understand this phenomenon, the study will address the following research question: How do late adolescents understand mental health and mental illness? Sub-questions that follow for this research question include: How do adolescents perceive mental health and mental illness? How do adolescents judge or value what they perceive? (i.e., What attitudes do adolescents have towards mental health and mental illness?) and How do adolescents consider formal help seeking?

This chapter describes the study’s research methodology and includes discussions around the following areas: (a) rationale for research approach, (b) description of research sample, (c) overview of research design, (d) methods of data collection, (e) analysis and synthesis of data, (f) ethical considerations, (g) issues of trustworthiness, etc., and (h) limitations of the study. The chapter culminates with a brief summary.

Rationale for Qualitative Research Design

Qualitative research is grounded in an essentially constructivist philosophical position, in the sense that it is concerned with how the complexities of the sociocultural world are experienced, interpreted, and understood in a particular context and at a particular point in time. The intent of qualitative research is to examine a social situation or interaction by allowing the researcher to enter the world of others and attempt to achieve a holistic rather than a reductionist understanding.
Qualitative methodology implies an emphasis on discovery and description and the objectives are generally focused on extracting and interpreting the meaning of experience (Bogdan & Bicklen, 1998). These objectives are contrasted with those of quantitative research, where testing and hypotheses to establish facts and to designate and distinguish relationships is usually the content.

It is the researcher’s contention that purely quantitative methods are unlikely to elicit the rich data necessary to address the proposed research questions. In the researcher’s view, the fundamental assumptions and key features that distinguish what it means to proceed from a qualitative stance fit well with this study. These features include: (a) understanding the processes by which events and actions take place, (b) developing contextual understanding, (c) facilitating interactivity between researcher and participants, (d) adopting an interpretive stance, and (e) maintaining design flexibility.

Through a qualitative lens utilizing interviews, this researcher hopes to develop a contextual understanding of adolescent’s perceptions of and attitudes towards mental health and mental illness and help seeking and to understand the processes by which such perceptions and attitudes are maintained. The large majority of previous research on adolescents and mental health has been conducted quantitatively thus losing interactivity between researcher and participants. This research hopes to foster the interactivity to broaden the understanding of adolescents’ perspectives through one-to-one interviews. It’s intent is exploratory in nature.
Within the framework of a qualitative approach, the study was most suited for qualitative interviewing. Interviewing gives access to the observations of others. Through interviewing that we can learn about places we have not been and could not go in and about settings in which we have not lived. We can learn also, through interviewing, about people's interior experiences. We can learn that what people perceived and how they interpreted their perceptions. We can learn how events affected their thoughts and feelings. We can learn the meanings to them of their relationships, their families, their work, and their selves. We can learn about all the experiences, from joy through grief, that together constitute the human condition.

Interviews that sacrifice uniformity of questioning to achieve fuller development of information are properly called a qualitative interviews and a study based on such interviews, a qualitative interview study. Because each respondent is expected to provide a great deal of information, the qualitative interview study is likely to rely on a sample very much smaller than the samples interviewed by a reasonably ambitious survey study. And because the fuller responses obtained by the qualitative study cannot be easily categorized, their analysis will rely less on counting and correlating and more on interpretation, summary, and integration. The findings of the qualitative study will be supported more by quotations in case descriptions than by tables or statistical measures. This researcher hoped to collect qualitative data, i.e., thick, rich and detailed data by studying a group of late adolescents in their natural setting on their perceptions of and attitudes towards mental health and mental illness.
The Research Sample

A purposeful sampling procedure was used to select the sample for this study due to the importance of participants having past direct or indirect experience with mental health. However, screening for participants that are engaged in the mental health system currently and or have nuclear family members in the mental health system was conducted as this research is looking to mitigate any potential harm or bias to informants. The researcher sought to locate individuals at a single community college. Participants will be enrolled in either their first or second year at the community college within a psychology course. Ten participants were chosen to participate in individual interviews, which is congruent with qualitative and naturalistic inquiry research designs. The study participants were advised of the proposed research study and their informed consent obtained. Following selection of participants, the participants contacted the researcher if they wished to participate and a convenient time to hold each interview was scheduled. Below is a chart representing some demographic and descriptive data of the participants in the study.

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As evident from the above chart the participants are rather homogenous in all aspects. The benefits of the participants being homogenous was that the research and the researcher were able to tap into the thoughts, perspectives attitudes, and stories of young women aged 18-22 to the point of saturation, where the researcher began to see replicating data coming from the interviews. The limitations of studying such a homogeneous group was that other groups, i.e., young men or older women might offer differing stories and perspectives related to avoidance factors among late adolescents that this research did not elicit.

**Overview of Research Design**

Individual interviews were utilized as the method of data collection for this study. Semi structured interviewing was also chosen as the researcher did not intend to explain behavior within pre-established categories or to impose limits or restrict in any way the field of inquiry. However, the researcher had some questions prepared to guide the participants and to ascertain answers to the research questions. Additionally, semi structured interviewing was intended to preserve confidentiality and limit interference with individual expression. Semi structured interviews were
conducted in a small office on campus in an effort to gather an understanding of late adolescent perceptions of and attitudes towards mental health and mental illness.

**Data Collection Methods**

The use of qualitative methods is critical in attempting to obtain an in-depth understanding of the phenomenon in this research study. This strategy adds rigor, breadth, and depth to the study and provides corroborative evidence of the data obtained (Creswell, 1998; Denzin & Lincoln, 2000).

Semi-structured interviews were selected as the primary method for data collection in this research. The interview method was felt to be crucial to the study because it had the potential to elicit rich, thick descriptions. Further, it gave the researcher an opportunity to listen to and subsequently understand and interpret the participant’s individual account. Creswell (1994) states that the major benefit to collecting data through individual, in-depth interviews are that they offer the potential to capture a person’s perspective on an event or experience.

The interview questions are as follows:

1. What comes to your mind when you think about mental illness?
   a. What do you think of when you think of someone with mental illness?
      Or what does it mean to be mentally ill, do you think?
   b. Can you tell me about any times you’ve known someone who’s struggled in these ways? What happened? What was going on?

2. What comes to your mind when you think about being healthy, mentally, emotionally, and psychologically, etc.?
3. Have you ever experienced someone that you felt was struggling to the point of needing help because of how they felt? What happened?

4. Did you ever know anyone who needed more help than they received? What happened? What was in the way?

5. Can you talk about or share your personal experience, direct or indirect, with mental health and/or mental illness or needing help?

6. What comes to your mind when you think about counseling or therapy?

7. Do you think people tend to feel comfortable asking for help when they need it?
   a. How so and how not?
   b. Who do they seek help/support from?

8. What comes to mind when you think about counselors or therapists?

9. What do you think counselors or therapist do?

10. What comes to mind when you think about counselors or therapists being helpful?

11. Can you talk about or share your thoughts regarding any books, magazines, or movies that you have seen that portray mental health or mental illness?

12. What do you think other people would think about mental health or being mentally healthy and mental illness or needing help?

**Methods for Data Analysis and Synthesis**

The challenge throughout data collection and analysis was to make sense of large amounts of data, reduce the volume of information, identify significant patterns,
and construct a framework. In this regard, Merriam (1998) cautions researchers to make data analysis and data collection a simultaneous activity to avoid the risk of repetitious, unfocused, and overwhelming data. This researcher kept track of participants through the participant information forms, made sure the written consent forms were copied and filed in a safe place, labeled audio tapes of interviews accurately, managed the extensive files that developed in the course of working with the transcripts of interviews, and kept track of decision points in the entire process all requiring attention to detail, a concern for security, and a system for keeping material accessible.

The data analysis and synthesis approach to collecting and analyzing the data was an inductive one. It was necessary to adapt this inductive approach as the study proceeded and categories and themes emerged. In addition to interview transcripts, the researcher took notes and wrote memos to help focus the study. Transcripts, notes, and memos were used to create codes to help themes to emerge. As the researcher, it was important to acknowledge that in this stage of the process exercising judgment about what was significant in the interview transcripts was inevitable. To reduce the material this researcher began to analyze, interpret, and make meaning of the data. The data analyses continued during and after data collection until all of the themes and patterns observed in the data were identified.

The most frequent social science approach to analyze the findings of a qualitative interview study is to describe what has been learned from all respondents about people in their situation (Weiss, 1994). An analysis whose aim is issue focused
would concern itself with what could be learned about specific issues-or events or processes—from any and all respondents is called Issue-Focused Analysis (Weiss, 1994).

In the issue-focused description is likely to from discussion of issues within the one area to discussion of issues within another, with each area logically connected to the others. In the current research, the interview questions will focus on mental health, mental illness, and formal help seeking behaviors and thoughts moving from one issue of discussion to another issue of discussion. Weiss (1994) indicates that there are four distinct analytic processes involved in producing an issue-focused analysis of interview material. These are coding, sorting, local integration, and inclusion integration. Coding helped link what the participant’s said in the interview to concepts and themes and sorting helped organize and file all of the data. Local integration was a way of organizing and integrating this researcher's observations in understandings or summarizing the initial coding. Inclusive integration brought all of the data in the local integration phase into a coherent story or theme. Early in the analysis of the current research data, coding and sorting was predominant; later, local and inclusive integration absorbed the majority of energy and attention.

**Ethical considerations**

Ethical issues enter at every phase of the research process and as such, consideration must be taken for the participants, the research sites, and potential readers (Bogdan & Biklen, 2007; Creswell, 2009; Denzin & Lincoln, 2000; Merriam, 1998). In any research study, ethical issues relating to protection of the participants
are of vital concern. A social science researcher is responsible for both informing and protecting respondents.

First, informed consent remained a priority throughout the study. Written consent to voluntarily proceed with the study was received from each participant. Second, participants’ rights and interests were considered of primary importance when choices were made regarding the reporting and dissemination of data. Cautionary measures were taken to secure the storage of research related records and data, and no one other than the researcher and the faculty advisor as the co-investigator has access to the material.

**Issues of Trustworthiness**

In qualitative research trustworthiness features consist of any efforts by the researcher to address the more traditional quantitative issues of validity and reliability. In seeking to establish the trustworthiness of a qualitative study, Guba and Linclon (1998) use the terms credibility, dependability, confirmability, and transferability.

**Credibility**

The criterion of credibility (or validity) suggests whether the findings are accurate and credible from the standpoint of the researcher, the participants, and the reader. To enhance the interpretive validity of this study, the researcher employed various strategies. Assumptions were clarified up front, and the steps through which interpretations were made were charted through journal writing. The researcher also
reviewed and discussed findings with professional colleagues to further ensure that the reality of the participants was adequately reflected in the findings.

**Dependability**

Reliability in the traditional sense refers to the extent that researcher findings can be replicated by other similar studies. Thus, it became incumbent on this researcher to document the procedures and demonstrate that the coding schemes and categories were used consistently.

**Confirmability**

The concept of confirmability corresponds to the notion of objectivity in quantitative research. The implication is that the findings are the result of the research, rather than an outcome of the biases and subjectivity of the researcher. Ongoing reflection by way of memoing, excerpts of which were shared with the reader, serve to the reader an opportunity to assess the findings of the study.

**Transferability**

Although generalizeability is not the intended goal of this research, transferability, or the ways in which the reader determines whether and to what extent this particular phenomenon in this particular context can transfer to another particular context, is also addressed. This researcher attempted to address the issue of transferability by way of thick, rich description of the participants and the context.
CHAPTER 4: Results

The purpose of this qualitative study was to explore late adolescent females attitudes towards and perceptions of mental health and mental illness. Specifically, it looked to answer the following research questions: How do late adolescents understand mental health and mental illness? Sub-questions that follow for this research question include: How do adolescents perceive mental health and mental illness? How do adolescents judge or value what they perceive? (i.e., What attitudes do adolescents have towards mental health and mental illness?) and How do adolescents consider formal help seeking? To answer those questions, data was gathered through in-individual interviews with ten late adolescent college students at one community college in the northeast. Participants were 18-22 year-old single Caucasian females from a middle class socio-economic-status within a two-year community college. Interviews were transcribed and coded to reveal many categories or groupings. The participant’s answers or data were initially placed into many small categories. As time was spent with the data, nuances became recognizable in the data revealing larger themes or categories. This led to a process of fine-tuning the categories and renaming them. Repeating concepts relevant to the research questions were subsequently organized and grouped into large common themes. Common patterns were then integrated revealing six core themes upon which the results from this study are inextricably organized. The six core themes identified in this research study are consistent with Vogel, Wester, & Larson’s (2007) previous research on perceptions of and attitudes towards mental health and mental illness: social stigma,
treatment fears, fear of emotion, anticipated utility and risks, fear of self-disclosure, and dissonance. Although, the themes identified by Vogel, Wester, & Larson’s (2007) have been identified as fruitful categories to use, the empirical contribution in the current research goes beyond, adding the theme of dissonance which stems from a rich account of participants perceptions and attitudes.

For the late adolescent females in this research study, discussing mental health and mental illness with someone outside of their families or friends was a new experience. As late adolescents, they are beginning to enter into new environments and situations that are often foreign and unlike anything they have experienced in the past. One of the underlying goals of my interviews related to mental health and mental illness was to understand late adolescents’ perceptions and attitudes, i.e., their stories, as clearly and thoroughly as possible. As the interview data was explored social stigma, treatment fears, fear of emotion, anticipated utility and risks, fear of self-disclosure emerged as the resounding themes. These themes are congruent with those identified in the body of work of Vogel, Wester, & Larson (2007). Discussion of points of connection and collaboration will occur late in this chapter.

A review of previous research found that poor and inconsistent perceptions of mental health and mental illness continue to persist despite research showing that seeking and engaging in counseling and psychotherapy is beneficial. Consistent with this statement, research indicates that less than one-third of individuals who experience mental illness seek help from a mental health professional, perceiving counseling as a last resort only to be considered after their own attempts to handle
things have failed. Previous research noted that negative attitudes perceptions of mental health, mental illness, could lead to avoidance of help seeking behaviors producing a worsening of symptoms. The current research study complements and expands previous research by broadening our understanding of the underlying beliefs and perceptions specific adolescents hold about how their experiences with mental health and mental elements and considering what they might mean for their involvement with formal help seeking.

**Social Stigma**

The social stigma attached to mental health, mental illness, and seeking professional help has been conceptualized as one of the most significant barriers to treatment, due in part, to the general public providing negative descriptions of individuals who experience mental illness (Vogel, Wester, & Larson, 2007). Throughout the course of the interview participants offered responses in the form of stories of mental health, mental illness, and help seeking behaviors situated in social stigma. When asked “What comes to your mind when you think about mental illness? Or “What do you think of when you think of someone with mental illness?” Melanie a 19-year-old single white female offered:

> I think delusional, crazy, angry, out of their mind, and not thinking a logical way. That person may not think the same as I do or they may do very strange things that may be unusual.

Jeannie, a 22-year-old single white female, shared:
I guess the first thing I think of is really serious mental illness - the type that keeps you from functioning on a day-by-day basis like schizophrenia.

Notice how Jeannie continues on adding a valuing comment that is full of emotion:

I guess mostly I just feel sympathy for that person, but I'd also be nervous, because that type of person is unpredictable and erratic so I guess it's best to keep your distance.

Jeannie appears to be struggling between her feelings of sympathy for a person with a mental illness and her fear of the person being erratic and maybe even hurtful so that she would want to keep her distance. It makes the researcher wonder how she would know if someone was schizophrenic and if she would avoid conversations or interactions with that person because look like they have a mental illness.

Similarly Emily, a 19-year-old single white female, shared:

To be mentally ill is having troubles or problems that don't allow you to function through the day as a normal person or the average person. Mental illness is also having a tainted view of yourself and the way you perceive yourself, that is, anorexics and bulimics.

Emily seems to share a different perspective than Jeannie on the level or intensity of diagnosis when she thinks of mental illness or someone being mentally ill, i.e., schizophrenia versus having an eating disorder. Her comment suggests that she weighs the two conditions differently.

Notice here how Emily, similar to Jeannie, adds a valuing comment:
I think that people see it as a weakness and also as a problem...that you aren't normal and there is something wrong with you. Which is sad to say because people, I guess like me, do that without knowing the persons whole story.

Emily, also continues furthering her point on people not knowing the whole story about someone’s struggle but still maintaining those beliefs through justifications:

In my job I work in a pharmacy so I see a lot of people who come in and get medicine for bipolar and other mental disorders.

She continues on adding an emotional evaluation:

Although I don't know these people personally, I can see how they act in public and their mannerisms compared to others without mental illnesses and it is very different... sometimes it makes me nervous.

Like Jeannie and Emily, Shelby, a 21-year-old single white female shared her perception of and attitude towards mental illness:

Someone who is mentally ill may not be able take in information the same as someone who is not mentally ill, they may interpret things differently or not be able to express themselves like the average person. A friend of mine has Aspergers, and in social situations he seems withdrawn and uncomfortable.

Also he doesn’t really know what is appropriate to talk about, and sometimes talks about violent or sexual things and at times that it is not okay.

Notice how Shelby continues making a judgment statement:

It makes me question whether or not I want to be his friend because it is like there are two sides to him.
Jen, an 18-year-old single white female, shared a perception of mental illness:

I think of schizophrenia for some reason or someone who is not mentally stable and comes off as crazy to other people. I usually think of someone who is not from a stable family or who grew up in a bad environment…even thought I don’t know if any of those things are true. But, I definitely think being mentally ill means that there is something wrong with you and your thought process and the way you deal with things in your day-to-day life.

Participants offer such statements as: “She didn't really want to do anything,” “She almost gave up,” “She didn't see herself as good enough,” and “She blames herself” as theories of why people in their lives felt that they were struggling.

Media Influences

Vogel, Wade, & Hackler (2007) article related to television cite that, “the negative images and views expressed by society toward those who seek psychological services may be internalized and lead people to perceive themselves as inferior, inadequate, or weak (Vogel, Wade, & Hackler, 2007, p. 41). Thus, people with high self-stigma may forego mental health services to maintain a positive self-image.

Social stigmas, either from media influences or familial influences, were strongly held by the late adolescents in this research study. Late adolescents perceive talking to friends or family as the first path to dealing with mental illness rather than formal help seeking. Emily shares:
Growing up children have been taught who to ask for help and who are good people to turn to like teachers, parents, older figures, or aunts and uncles. But I also think that people who don’t ask for help that it roots back to something that they learned from someone older or never learned themselves. I know that I have found support and help from my mom and dad, my cousin, and my friends. I think most people lean on friends and family. Family is always a constant and even though friends can come and go it feels much better to talk to them a counselor who is a stranger.

The participants were asked to share their thoughts regarding any books, magazines, or movies that portray mental health or mental illness. They described movies as being particularly influential regarding their attitudes and perceptions of mental illness, therapy, and therapists. Emily shared how movies not only depict people who have “mental illness” but also people in the mental health field, particularly therapists:

Movies have stereotyped therapists. The person lies on a couch, the crazy guy is sitting in the waiting room waiting for the moment his appointment is ready and when he can’t see his therapist he can’t handle it. Also the therapists have weird hair, wear 70-ish clothes, or are very snobby and stuck up.

She continues:

I have thought about going and talking to someone, but my ideas of therapists and counselors have been some what tainted from movies and television. My fear was that I would be told that I have some sort of personality disorder and
have to take pills for not being able to deal with it, I do not want to be labeled by a therapist. I would just want to talk to someone professional on my feelings and how I've changed and why that has been and what I can do to sort of counteract it all. But, I am not sure that that would happen and I guess I'm too scared to find out.

Melanie shared that movies can also promote negative thinking and misinformation that some people could take as the truth. To explain more she offered:

I recently saw the movie “Precious” and it portrayed how the mother believed that the daughter being raped by her own father was ok, and having his kids were no worse. Her mother also believed that having an education was nonsense.

Jen related to scary movies:

I think of scary movies, because after I watch them I always think of how mentally ill you have to be in order to kill people like they do in scary movies. There are people out there that are that unstable which is even scarier.

Similar to Jen, Fran shared, “there have been so many movies that depict mental illness as something evil.

Participants offered how the media, particularly movies, offered additional reasons why their perceptions of and attitudes towards not only mental health and mental illness but therapy and therapists, are held. The media appeared to be a salient factor in how late adolescents come to make judgments and values, and understand their attitudes and perceptions towards mental health and mental illness. The media,
particularly movies, is also an important piece in late adolescence consideration of seeking formal help. If movies depict therapy and therapists in a particular way, late adolescents may assume and justify their perceptions and attitudes towards mental health and mental illness and formal help seeking.

**Social Stigma and Dissonance**

Female Adolescents offer their native understandings as they interpret and offer reasoning about mental health and mental illness. However, through the late adolescent women’s stories on perceptions of and attitudes towards mental illness, dissonance in the form of competing ideas began to emerge. Jeannie offered that she would “feel sympathy for a person with a mental illness,” but also felt justified in “feeling nervous, because that type of person is unpredictable and erratic.” Emily also shared that is “sad to think about what she and other people say about people with mental illness without knowing the persons whole story.” However, maintains “being mentally ill is having troubles or problems that don't allow you to function through the day as a normal person and that she and other people see mental illness as a weakness and also as a problem.” Finally, Jen shared that even though she doesn't know if it is true, “people with mental illness have something wrong with them.” Competing ideas or cognitive dissonance occurs when a person perceives an inconsistency in their beliefs, i.e when one idea implies the opposite of another.

**Treatment Fears**

Treatment fears have been defined as a “subjective state of apprehension arising from aversive expectations surrounding the seeking…of mental health services,
which have been measured with concern for how a mental health professional will treat the individual, fear about what the mental health professional will think of the individual if she or he seeks help, and fear of being coerced by the counselor” (Vogel, Wester, & Larson, 2007, p. 411). Emily shared her fears:

My fear would be that I would be told that I have some sort of personality disorder and have to take pills for not being able to deal with it. I do not want to be labeled by a therapist. Personally I would be afraid to admit that I want or need that sort of help, to my parents and even to close people around me.

Notice here how Emily associates therapy and therapists with pills and medication rather than talking and discussion.

Fran agreed and offered her thought:

I do not think that people feel comfortable asking for help. I think most people feel as though they don't need anyone's help, or that it is a sign of weakness.

Within the theme of treatment fears some participants offered contradictions; differing beliefs regarding their ideas of help seeking behaviors for themselves versus their ideas of help seeking behaviors for others, specifically friends or family. For example, although Melanie believes that formal help “gives you tools on how to overcome or control your situation,” she offered that “would not seek formal help because of fear. She shared a personal example:

Well, I get very emotional when it comes to taking care of daily struggles such as finances, going to school, trying to get more hours at work, taking
care of bills and a household. I was so stressed at one point where I became very angry all the time. I really wanted to go to anger management for my problems but I didn’t go because I would be too scared.

Here although Melanie has significant stress in her life, she would be unwilling to go to therapy due to fear. Her comment leads the researcher to assume that the fear is overwhelming the benefit of having a place to talk about all of her stress or that her concept of what “anger management” groups might entail frightens her.

Although Emily wanted her cousin to seek formal help when she was struggling with mental illness, she continues on by sharing a personal story related to formal help seeking when she was dealing with a break up:

I have thought about seeking professional help. The break up of an ex-boyfriend was really hard for me. I was depressed for a time after the break up and although I would say I needed help, I did not go.

Shelby, earlier shared a strong desire for her mom to seek formal help along with her medication. She then offered her thoughts on formal help seeking when she was struggling:

I have gone through situations in my personal life that has led me to be more upset than I think the average person would be. Because of this I have thought about seeking out therapy to see if talking out my problems would help. I think it would be too scary and a lot of work.
Whereas, Jen urged both her friend in high school and her best friend to seek formal help, she shares, “it is too expensive and I don’t like asking for help.” Fran, although she wanted and encouraged her ex-husband to seek formal help shared, “I don’t think people feel comfortable asking for help…I know I don’t.”

Previous quantitative research in this field has shown inconsistent results with regards to treatment fears. Whereas some research has shown treatment fearfulness as predictive of intentions to seek professional help, other research has shown treatment fears were not uniquely predictive (Vogel, Wester, & Larson, 2007). However, this research study found dissimilar results. In this qualitative research study it appears treatment fears held as much meaning and clarified understandings as similar to the other themes identified.

**Treatment Fears and Dissonance**

Dissonance is also present in treatment fears. Melanie believes that formal help “gives you tools on how to overcome or control your situation” however offered that “I really wanted to go to anger management for my problems but I didn’t go because I would be too scared.” Emily wanted her cousin to seek formal help when she was struggling with mental illness, however shared, “I have thought about seeking professional help. The break up of an ex-boyfriend was really hard for me. I was depressed for a time after the break up and although I would say I needed help, I did not go.”
Fear of Emotion

Fear of having to discuss painful emotions is another reason that some individuals avoid seeking counseling (Vogel, Wester, & Larson, 2007). Additionally, Vogel, Wester, & Larson (2007) state that reluctance to seek counseling was greater for individuals who were not open about their emotions. Similarly, persons who were less skilled at dealing with emotions have been found to be less likely to seek help in general, as well as less likely to seek help from a mental health professional (Vogel, Wester, & Larson, 2007, p.411). Both Jeannie and Jen shared evaluative comments:

Jeannie shared:

I would worry that it's [therapy] a self-indulgent thing. I would be scared I’d become like really obsessed with my own happiness and myself.

Jeannie’s comment makes the researcher wonder how being focused on her own happiness became a bad or negative thought or path.

Jen also shared:

Some people just need to know what they think is important and matters and they [therapists] do the job of making sure that person feels like they are heard and what they are feeling is important. But, that could be really scary…like crying in front of a therapist…that would be really embarrassing.

Melanie shared:

I get very emotional when it comes to taking care of daily struggles such as finances, going to school, trying to get more hours at work, taking care of bills and a household. I was so stressed at one point where I became very angry all
the time. It didn’t matter to me who anyone was I would just give that person attitude if I felt like it.

**Fear of Emotion and Dissonance**

Contradicting ideas or thoughts were also evident in fear of emotion. Jen shared that “therapists do the job of making sure that person feels like they are heard and what they are feeling is important,” She however also shared that that “therapy would be really scary…like crying in front of a therapist…that would be really embarrassing”. So, although the therapist is there to make the person feel important and heard, fear of emotion would overwhelm her from ever experiencing therapy.

**Self-Disclosure**

Participants encouraged others in their lives struggling to seek out formal help, which obviously involves self-disclosure, but were considerably wary when thoughts of their own self-disclosure became relevant.

Jen recounted a story of a girl she went to high school with:

There were rumors about a girl I went to high school with. She was very obese and had many problems in her home and school life. She tried to kill her self many times, and was in a boot camp through out parts of high school. She used to write my friends and I suicide notes and we would to take the notes into the school counselor to try to help her. I really hoped that she would go and to talk to them. However, I guess I would hate to have things like that known about me and have to go and talk to somebody about it. It would be awful to have to tell a stranger that about yourself.
Fran shared a personal story about a man she used to be married to:

I was married to a man who has serious mental issues. He was at times very happy and easy to be around and then he would become aggressive and judgmental. He was very often abusive mentally and verbally. He fought with depression, addiction, feelings of guilt and inadequacy, and would often spiral into a pit of despair. It ended our marriage. His behavior eventually drove me away. He was too toxic to be around. I was beginning to resent and be just as angry as he was. He never got the help he should have. I left the marriage to save myself but never talked to anybody or got the help I needed as well. I guess I was too ashamed to tell someone else what had happened.

These stories speak to how late adolescents understand both mental health and mental illness in others and the formal help seeking behaviors that late adolescents believe others should follow.

**Self-Disclosure and Dissonance**

Whereas, the participants feel it would be beneficial for others to engage in formal help as a way to deal with their struggles, participants share that they themselves do not consider or engage in formal help seeking as a way of dealing with their mental illness. Late adolescent women believe that their friends and family should seek out formal help when dealing with mental illness, whereas the same idea or belief applied personally does not hold true. They thus offer another example of dissonance or competing ideas at work in determining their attitudes and subsequent actions. The same participants that wanted, desired, and encouraged
others, i.e., friends and or family to seek our formal help, often have strong reactions to the absence of such help seeking behaviors, i.e., anger, sadness, and even divorce when others do not pursue help again suggesting dissonance between responses to others choices and their own similar choice despite expressed values about the desirability of help. Despite clearly identifying struggles in their own lives, participants describe clear dissonance leading to a separation of their own mental illness and their formal help seeking behaviors.

**Anticipated Utility vs. Risk**

Current expectations of counseling and therapy can influence a client’s decision whether to engage in counseling. In particular, the anticipated utility of and risks associated with seeking therapy have been suggested as important influences in a person’s decision to seek counseling. Anticipated utility versus risk appeared to be a more summative category than Vogel et. al’s original findings suggested. Social stigma, fear of emotion, treatment fears, etc., are all evident or noticed under the theme of anticipated utility versus risk. Noticing the numerous themes in each of the participant’s answers allows the individual theme of anticipated utility versus risk to add up to an overall assessment of adolescent’s perceptions and attitudes towards mental health, mental illness, and formal help seeking behaviors.

Jeannie offered:

I know a lot of people who refuse to go, either because of their own pride or because they fear at what others would think. I would be scared of what others
would think of me or what I would think of myself and the risk would be too high.

Shelby agreed and offered:

I think how you think of therapy depends on the person. I was raised thinking it's not okay to get help if you need it outside of friends or family so I would not feel comfortable and think it's a sign of weakness.

Jen offered a similar thought:

I think it depends on the person but for the most part I think those people don't like asking for help were going to therapy because they don't want to burden anyone or have anyone thinking they're really crazy. I mean, most people I know including myself go to their close friends or close family, anyone that they know won't judge them like a therapist might.

Emily shared:

I think that if you go to therapy counselor's listen and give advice on what they think you should do. But what if they're wrong? That would be too scary for me.

Late adolescent participants offered that anticipated utility versus risk was a major component in their consideration of formal help seeking behaviors. The vast majority of participants shared stories of risk being too high over the anticipated utility of formal help seeking. Melanie offered that counseling and therapy “offers strategies that give you tools on how to overcome or control your situation,” however, offered that she “would not seek formal help because of fear.” Jen also
shared, “I think more people should go to counseling or therapy. However, I think of it being expensive.”

Jeannie offered her thoughts:

I think it’s probably a good idea for most people. I mean it can’t hurt, right? Except for maybe your wallet. Honestly sometimes I worry that it’s a self-indulgent thing. I’m scared I would become really obsessed with myself and my own happiness to the point where I become like people I don’t like. I don’t think I could ever go.

The above stories offer perceptions of and attitudes towards seeking formal help. Thus, furthering our understanding of how late adolescents understand and perceive formal help seeking and how late adolescents utilize anticipated utility versus risk when considering these formal help seeking behaviors. It appears that in the body of work that Vogel et al present, the research does not go far enough in ascertaining how all of the themes combine, under the category description “anticipated utility versus risk” to create an sense of the weighing late adolescents give to each component in the formation of their perceptions and attitudes towards mental health, mental illness, and help seeking behaviors. The development of this point appears especially salient for late adolescent women, particularly in relation to factoring in fear, because of adolescent’s developmental stage.

It is imperative to notice how the late adolescents’ stories broaden our understanding of their perceptions and attitudes towards seeking formal help. Their perceptions and attitudes range from “fear of being a burden,” “social stigma,” “fear
and pride,” “asking for too much help,” expensive,” to “fear of judgment.” These are vitally important in understanding the values and attitudes placed on seeking formal help.

**Dissonance**

Late adolescent women believe that there is a clear divide between people with mental illness and those without mental illness. These women also describe wishing that their family member or friend would seek formal help, begin treatment and find the path to being healthier. However, participants who encouraged their family members or friends to seek formal help, have themselves avoided reaching out for help in times of struggle out of fear, stigma, and rejection related to self-disclosure. This contradiction can be interpreted to suggest that these women maintain a level of personal confidence and stability through discerning their need for formal assistance but not acting on it, while recommending it for loved one. This need may be due in part to the risk of disclosure that is imperative when engaging in a therapeutic relationship.

**Summary**

This study qualitatively explored late adolescents’ perceptions of and attitudes towards mental health and mental illness. The study was qualitative by design and sought to better understand and explore late adolescents’ attitudes and perceptions of psychological distress as it relates to formal help seeking and the larger world of mental health and mental illness. Consistent with previous research on mental health and mental illness and adolescent help seeking, the results of this study seem to
confirm that adolescents arrive at their attitudes and perceptions through friends, family, and the media. Also, consistent with previous research regarding help seeking, attitudes and perceptions are beginning to change in a positive way, whereas, help seeking behaviors continue to be aligned with avoidance factors when it applies to people in a direct or personal way. In other words adolescents report that it is understandable for others to seek help but not for the participants themselves.

Late adolescents believe that there is a clear divide between people with mental illness and those without mental illness. Many late adolescents also describe wishing that their family member or friend would seek formal help and begin treatment and find the path to being healthier. However, participants who encouraged their family members or friends to seek formal help, have themselves avoided reaching out for help in times of struggle out of fear, stigma, and rejection related to self-disclosure. They maintain a level of personal confidence and stability through discerning their need for formal assistance while recommending it for loved ones. This may be due in part to the risk of disclosure that is imperative when engaging in a therapeutic relationship. The results from this study contribute to our understanding of mental health and mental illness and adolescent formal help seeking behaviors through the lived experiences and stories of the late adolescents themselves.

**Beyond Dissonance**

The participants in this research study provided a brief glimpse into late female adolescents’ attitudes and perceptions of mental health and mental illness and formal help seeking behaviors. Social stigma, treatment fears, fear of emotion,
anticipated utility and risks, and self-disclosure seemed to be the core factors or themes that resonated with all of the participants. Within these five themes, participants frequently offered contradictory or competing ideas when discussing mental health, mental illness, and avoidance towards formal help seeking, specifically when these related to the participants themselves versus others in their life. Late adolescents understood when others were struggling with mental illness and wished that those others, their friends and family, would seek formal help. However, when the late adolescent participants were dealing with psychological distresses themselves, they did not engage in a formal help seeking behaviors.

Participants experienced dissonance in various ways, such as sympathy, nervousness, sadness, questioning of friendships, and anger. Perhaps adolescent’s participants utilize dissonance to put people that they care about into a framework that they can understand. Perhaps holding dissonant or contradictory notions is an attempt to make sense of mental health and mental illness that affect people participants care about in a compassionate way. Do participants experience dissonance or competing ideas when they attempt to give fair consideration to mental health, mental illness, and formal help seeking behaviors?

In the next chapter I will situate the results of this study in relation to previous research, discuss the implications of the current findings, discuss the strengths and limitations of this study, and suggest possibilities for future research.
CHAPTER 5: Discussion

Findings in Relation to Previous Research

Previous studies established the foundation upon which the rationale for the current research study is based. However, these studies are overwhelmingly quantitative and evaluate the attitudes perceptions of late adolescents in survey format offering no opportunity explanatory insight or further discussion. The findings from this research study are three pronged by: supporting earlier research findings about social stigma, treatment fears, fear of emotion, and self-disclosure; elaborating on the summative theme of anticipated utility vs. risk and; adding the construct of dissonance to the understandings that late adolescent’s hold toward mental health, mental illness, and formal help-seeking.

A review of related literature also noted the dearth of qualitative research on adolescent help seeking. While studies by West and Kayser (1991) utilized qualitative methods, the participants were solely comprised of students in either middle or high-school regarding school counselors.

The current research study, however, moves a small step forward and beyond the quantitative analyses of previous research by ascertaining the in-depth, lived perceptions and attitudes late adolescents hold towards mental health and mental illness. This research also elaborates on the theme of anticipated utility versus risk that was found in previous research by Vogel, Wester, & Larson (2007). Although some of the themes/phrases utilized from Vogel, Wester, & Larson (2007) work have been found fruitful, the current research attempts to do more than illustrate Vogel,
Wester, & Larson (2007) key themes with the current data. In the current research study anticipated utility versus risk becomes a more summative category. Social stigma, treatment fears, fear of emotion, and fear of self-disclosure all combine to form the category known in this research has anticipated utility versus risk. This research study also adds the theme of dissonance not previously discussed in relation to late adolescents’ perceptions and attitudes towards mental health, mental elements, and formal help seeking. Thus the current research utilized a semi-structured interviewing format, allowing late adolescents greater opportunity to discuss their perceptions and attitudes that we wouldn't know otherwise.

Implications

Most of the results from this study correlate well with previous research, which indicates negative perceptions of mental health and mental illness, and formal help seeking persist despite research indicating that seeking help is often helpful. The result is that less than one-third of individuals who experience mental illness seek mental health counseling (Corrigan, 2004; Shaffer, Vogel, & Wei, 2006; Vogel, Wester, & Larson, 2007; Vogel, Wade, & Hackler, 2007; Vogel, Wade, & Haake, 2006; Vogel, Gentile, & Kaplan, 2008). Although late adolescents felt that seeking help for mental illness was understandable and most often necessary for others that was not that case when mental illness and formal help seeking was directly related to the participants. There was a strong dissonance and avoidance of formal help seeking when it applied to participants themselves.
The themes that emerged from the late adolescent women’s stories in this research study have valuable implications for better understanding adolescent formal help seeking behaviors in relation to mental illness, particularly for their own distress or illness. Participants often offered competing ideas when sharing their perceptions of and attitudes towards mental illness and seeking formal help when discussing themselves versus others. As late adolescent participants shared their stories of their attitudes and perceptions in relation to mental health and mental illness for others as opposed to themselves there was a dramatic contradiction. This contradiction appeared as participants vividly articulated how they hoped, wished, and desired that family members and friends would seek formal help for their concerns, whereas when participants were dealing with their own concerns, they did not include formal help seeking as an option. Participants felt genuinely comfortable in discussing their concern for others and prophesize the success they saw if they “would only seek help.” But, when speaking of themselves and seeking help there was discomfort, hesitancy, and avoidance.

It appears as though the late adolescent women struggled to hold the tension between thoughts of others versus the thoughts of themselves related to mental health, mental illness, and formal help seeking. However, it is important to note that although there was a dramatic contradiction in the young adolescent women’s’ descriptions of mental health, mental illness, and formal help seeking, this dissonance appeared to be unconscious. Although the late adolescents continue to offer competing ideas and
experience dissonance, the late adolescents did not catch or were not aware of the presence of dissonance.

According to the avoidance factors research (Vogel and Wester, 2003; Vogel, Wester, Wei, & Boysen, 2005; Vogel, Wade, & Haake, 2006; Vogel, Wade, & Hackler, 2007; Vogel, Wade, Wester, Larson, & Hackler, 2007; Vogel, Wester, & Larson, 2007), there is a clear tension, if not outright disengagement between male and female adolescents’ and formal help seeking. This research study aligns and adds to these findings by qualitatively specifying more clearly the underlying perceptions of at least late female adolescents. Furthermore, the current results add the construct of dissonance regarding late adolescents perceptions of others’ mental health, mental illness and formal help seeking behaviors compared to their own. Future study on mental health and mental illness and formal help seeking is encouraged to further consider this dissonance. Considering this emergent theme would broaden and add to current body of research in a way not yet explored. Late adolescent females’ experience of dissonance regarding mental health, mental illness, and formal help seeking behaviors may add, not only to the literature on adolescent help seeking behaviors but, to the larger overall body of literature on mental health, mental illness, and professional help

Current mental health practitioners should notice how dominant the theme of dissonance was throughout all of the late female adolescent participant interviews along with their clear avoidance of engagement in formal help seeking behaviors. This research suggests that current mental health practitioners may have a hard job in
front of them trying to engage late adolescents in formal help seeking due to the state of their current perceptions and attitudes and help avoiding inclinations.

This research study’s findings complement and build well upon the existing body of literature on mental health and mental illness and help seeking behaviors and offers a new insight, the presence of dissonance. This interesting and important result, found through semi structured interviewing, takes what we know to be true regarding late adolescents views of mental health and mental illness and help seeking, one small step forward offering a new insight not already established through quantitative methods.

There are however, limitations in taking a purely psychological or individual approach to studying avoidance factors. Although, from a psychological lens the individual offers their account and their stories, lives are influenced by a myriad people, places, and things, which reach far beyond the psyche. For example, a socio-cultural perspective offers an interpretation of individual avoidance factors relative to other realities such as how lives are lived in consideration of the needs of others. A generational perspective understands the young women’s’ perspectives relative to their age and the generation of others around them. Thus, it is important to note that although an individual approach was used for this study, there are other perspectives that may offer differing data or interpret information related to avoidance factors differently.
Strengths of the Study

One of the major strengths of the current research study is its methodology and design. To date, most studies on mental health and mental illness and their connectedness to formal help seeking have employed quantitative methods. Little research exists that uses qualitative methods. This study adds to the current scholarship on mental health and mental illness and adolescent formal help seeking research by moving beyond statistics or correlational findings. The use of individual semi-structured interviews allowed participants to freely discuss their attitudes and perceptions without constraint, allowing only their inherent understandings and values to emerge. Moreover, those attitudes and perceptions were gathered through procedures consistent with qualitative interviewing providing a unique vantage point from which to understand and explore the value of further consideration of late adolescents’ experience in the world of mental health and mental illness.

Structured interviews may not allow a researcher to obtain the kind of data that gives voice to the students themselves (Fontana & Prokos, 2007). The use of individual interviews served as a medium for participants to continue a line of inquiry and thinking, extending previous research beyond statistics of attitudes and perceptions toward contributing to our understanding of late adolescents themselves, through rich and illustrated stories of their experiences. The data was analyzed utilizing an issue-focused analysis approach allowing for coding, sorting, local integration, and inclusive integration to help code, sort, and ultimately bring together all of the data resulting in the current research studies six themes.
Limitations

Strengths notwithstanding, there are some important limitations to this study to keep in mind when considering its results. First, this study was conducted at one public community college in the northeast. The findings from this study may be unique to this sample of late adolescents at this community college and may not necessarily hold true for other college and/or late adolescents. If seeking to apply these results to other localized settings, one must consider the circumstances and context of the current study when determining the viability and transferability of its findings.

Second, the study sample contained a small number of participants, all of whom were female. While the purpose of this study was to understand their attitudes and perceptions in depth, the results are not intended to generalize beyond these specific students. Additionally, while the participants came from varied backgrounds and hometowns, the sample was disproportionately white, and all of the students entered the research study from the similar academic course, however not from the same academic major.

Finally, the influence of the researcher may also lend itself to limitations. In this respect, I am not speaking about my own personal biases and values about help seeking regarding mental health and mental illness, but my own influences as an interviewer. The participants’ responses to my questions could have depended in part upon the degree to which they felt comfortable talking to me. While I believe I established trust and rapport with all of the participants, I also understand that an
underlying apprehension could still have existed and that total trust or comfort may not have been achieved. However, given the richness of the data, the topics covered, and the apparent honesty, openness, and sincerity I vividly observed in my discussions with these late adolescent women, I believe this limitation, if any, to be minimal.

Suggestions for Future Research

While this study provides an incremental first step forward in understanding mental health, mental illness and adolescent help seeking, clearly more qualitative research is needed in this area. One way to expand this body of research is to duplicate a similar study at other types of institutions. For example, this study was conducted at a community college in the northeast, therefore, it would be interesting to see if other late adolescents express similar or varying attitudes and/or perceptions based on their experiences at other community colleges or four year colleges around the country or universities internationally. Expanding this research to other community colleges and institutions not only increases our understanding across campuses and possibly across countries but also expands research to include the uniqueness of other late adolescents regarding attitudes and perceptions of mental health and mental illness.

Future researchers seeking to build on this study should also try to increase and expand the study sample. For example, given the unique perspectives and challenges facing late adolescents, future researchers can seek to gain a greater understanding of their attitudes and perceptions of not only mental health and mental
illness but also help seeking behaviors and avoidance factors. Including more African-American, Hispanic, and Native-American late adolescents as well as males, for example, would yield interesting findings. Moreover, designing and conducting separate studies, for example, devoted exclusively to each subgroup could possibly yield more targeted and/or broader findings. Thus, expanding the study sample along race, ethnicity, gender, or other personal characteristics, as well as, varying courses for participant recruitment, would yield a plethora of multiple perspectives from which we can begin to understand and explore late adolescents’ attitudes and perceptions. In doing so, we can learn more about heightening awareness and having better understandings in the mental health community regarding the attitudes and perceptions of late adolescents in the hopes of mitigating some of the avoidance factors that has been found in previous research and in this research study as well.

Finally, a significant finding from this study—the presence of what has been termed dissonance, offers an avenue for further inquiry. Despite perceptions of counselors and formal help seeking to be “necessary”, “helpful”, and “a good idea,” there remains a gap between these perceptions and the behavioral pursuit of formal help seeking based on the simultaneously help perceptions that help seeking is a good idea for others but alarming to pursue for oneself. There is a feeling of urgency regarding counselors and help seeking behaviors for family members, friends, and acquaintances in need but not when it comes to the participants themselves. Further research on the theme of dissonance in adolescent females could lead to more new
and exciting insights thus adding the existing body of literature on mental health, mental illness, and formal help seeking among young people.

References


