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AFRICAN SELF-CONSCIOUSNESS, CULTURAL MISTRUST, AND AFRICAN AMERICANS' HELP-SEEKING ATTITUDES TOWARD MENTAL HEALTHCARE UTILIZATION: AN EXPLORATION

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This is simply the same version as the previously accepted paper with some minor revisions as specified by my advisor.

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AFRICAN SELF-CONSCIOUSNESS, CULTURAL MISTRUST, AND AFRICAN
AMERICANS' HELP-SEEKING ATTITUDES TOWARD MENTAL HEALTHCARE
UTILIZATION: AN EXPLORATION

by

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B.A., University of Southern Mississippi, 2015

A Research Paper
Submitted in Partial Fulfillment of the Requirements for the
Master of Science

Department of Psychology
in the Graduate School
Southern Illinois University Carbondale
July 2, 2021

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RESEARCH PAPER APPROVAL

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Master of Science

in the field of Psychology

Approved by:

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Graduate School
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AN ABSTRACT OF THE RESEARCH PAPER OF

Tiara Watson, for the Master of Science degree in Psychology, presented on July 2, 2021, at Southern Illinois University Carbondale.

TITLE: AFRICAN SELF-CONSCIOUSNESS, CULTURAL MISTRUST, AND AFRICAN AMERICANS' HELP-SEEKING ATTITUDES TOWARD MENTAL HEALTHCARE UTILIZATION: AN EXPLORATION

MAJOR PROFESSOR: Tawanda Greer-Medley, Ph.D.

This research paper will consist of an examination of African Self-Consciousness, cultural mistrust, and mental health help-seeking attitudes in African Americans. Due to the influence of attitudes on help-seeking behaviors, African Americans' attitudes may play a significant role in their lack of mental healthcare utilization. Many factors may contribute to the negative help-seeking attitudes that some African Americans may have. African Self-Consciousness and cultural mistrust are two cultural factors that have been studied in the context of help-seeking attitudes. These factors are further explored in this paper. Implications and future directions for further integrating cultural considerations into research, clinical practice, and policy concerning African Americans' utilization of mental health services are discussed.

Keywords: African Self-Consciousness, cultural mistrust, help-seeking attitudes

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CHAPTER 1

INTRODUCTION

The utilization of mental health services for African Americans has been consistently lower than White Americans (McGuire & Miranda, 2008). Historically, mental health has been considered a taboo topic that was rarely discussed in many communities, and many people have held stigmatizing beliefs viewing those with mental health concerns as being dangerous and unstable (Parcesepe & Cabassa, 2012). However, as the definitions of mental health and ‘mental illness’ have expanded and mental health has been reconceptualized, more people are gaining awareness of mental health and utilizing mental health services. Thus, the field of mental healthcare has expanded; and services are becoming more available and accessible. However, for African Americans, underutilization of services continues to be a persistent, pervasive health concern (American Psychiatric Association [APA], 2017). Examining specific factors that contribute to the perpetuation of the underutilization of services in African American populations seems to be of particular importance.

Mental Health Disparities

Researchers (Feagin & Bennefield, 2013; Taylor & Kuo, 2018; Thurston & Phares, 2008) have provided evidence that, due to their experiences with racism in the U.S., many African Americans face unique barriers (e.g. socioeconomic, historical, cultural, and individual) to accessing mental healthcare. Aneshensel (2009) found an inverse correlation between experiences of racism and healthy mental functioning in African Americans. These experiences can potentially exacerbate mental health concerns, with many African Americans frequently reporting experiencing some form of psychological distress (Neighbors et al., 2007). However, only about 1 in 3 African Americans reportedly receive needed mental health services (APA,

2017), and these numbers might not account for people who do not report mental health concerns.

Racism and Mental Healthcare for African Americans

Based on the historical context of racism in the U.S., people of African descent have consistently experienced oppression, which has left an indelible impact on the psychological functioning, conceptualization of self, and perceptions of others among African Americans. (Caldwell & White, 2005). In this context, racism is defined as a belief in the superiority of one racial group over others, resulting in systemic oppression, discrimination, and prejudiced attitudes against racial and ethnic minorities (*Definition*, n.d.). Racial and ethnic minorities report receiving poorer services and less frequent health services overall than White Americans (Feagin & Bennefield, 2013; Primm et al., 2010; Snowden, 2012). Particularly, many African Americans have consistently reported experiencing racism and discrimination in healthcare settings and expressed worry about being overlooked, misdiagnosed, and underserved (Austin et al., 1990; Benkert et al., 2006). Researchers (Benkert et al., 2006; Grier & Cobbs, 1968; Townes et al., 2009) have posited that these ongoing experiences contribute to the inherent suspicion and mistrust that some African Americans' may harbor regarding White practitioners and the healthcare system as a whole.

Another factor which can influence mental health disparities in the U.S. is the Eurocentric lens through which psychology has historically been framed (Baldwin & Hopkins, 1990). This Eurocentric perspective interwoven throughout the field has contributed to psychology being used as a tool of oppression for African Americans and people from other marginalized backgrounds. Furthermore, mental health theories and treatments have mainly originated from Western, Eurocentric values and perspectives (Baldwin & Hopkins, 1990).

The disregard for and lack of understanding about cultural differences have been implicated in misdiagnosis and treatment that is considered inadequate and unrelatable by many African Americans (APA, 2017; Primm et al., 2010). Thus, researchers (Primm et al., 2010; Snowden, 2012) have stated a pressing need to gain more understanding of the cultural facets of African American communities to promote more effective, culturally relevant services.

Cultural Perspectives

The cultural context in which people live can influence their worldview, or perspective about their experiences and existence in the world at large (Ibrahim, 1985; Sue, 1978). Because worldview has been shown to impact people's behaviors and perceptions (Koltko-Rivera, 2004), understanding a more culturally-relevant worldview applicable to many African Americans may help provide additional insight on their perspectives toward mental healthcare and ways to properly rectify mental health disparities.

One of the more prominently examined worldviews held by African Americans seems to be African Self Consciousness (ASC). Baldwin (1981) considered ASC to be a manifestation of the African reality structure that exists and operates on a conscious level (Baldwin, 1981). Baldwin (1984) believed that people of African descent have an instinctual, biological inclination towards ASC and traditional African cultural values, which promote healthy psychological functioning. Contrarily, Baldwin asserted that the experience of forced assimilation and adoption of more Eurocentric cultural values by African Americans is deemed unnatural and contributes to poorer psychological functioning. Because of the sharp contrast between ASC and a more Eurocentric consciousness, researchers (Wallace & Constantine, 2005) have posited that African Americans who adhere more fervently to a more Africentric orientation may view mental healthcare – which is still predominately Eurocentric in nature – to be

oppressive and ineffective.

Contributing to some African Americans' views about the inadequate and potentially oppressive nature of psychological services may be the phenomenon of cultural mistrust. Continual experiences of racism and subjugation have fostered cultural mistrust of White Americans and White institutions in African American communities (Terrell & Terrell, 1981). Some researchers have suggested that cultural mistrust can be viewed as a healthy survival mechanism (Grier & Cobbs, 1968) and can mitigate the impacts of oppressive experiences on many African Americans' self-esteem and self-concept (Biafora Jr et al., 1993; Thompson et al., 1990). However, in the context of mental healthcare utilization, cultural mistrust may be an additional barrier that impacts some African Americans' perspectives about mental healthcare. Specifically, researchers have found that cultural mistrust influences the nature and efficacy of the therapeutic process (Benkert et al., 2006; Townes et al., 2009). It is plausible that some African Americans may believe that mental healthcare reflects the larger sociocultural climate of the United States, fostering an oppressive environment replete with a lack of understanding and a devaluing of African American cultures, unique lived experiences, and needs (Sue & Sue, 2003; Townes et al., 2009; Whaley, 2001a).

In light of these historical and sociocultural factors, it seems as though many African Americans report more negative attitudes toward seeking mental healthcare (Alvidrez et al., 2008; Obasi & Leong, 2009; Thurston & Phares, 2008). Even some African Americans who viewed mental health services as beneficial still reported a preference for using more community-based resources instead of formal mental health services (Murry et al., 2010). Because research has demonstrated that attitudes are a predictor of help-seeking behaviors (Kelly & Atcher, 1995; Nam et al., 2013; Thurston & Phares, 2008), these more negative attitudes may

prove to be a deterrent to seeking mental healthcare for many African Americans. It may be beneficial to better understand the intricacies of these negative attitudes and their potential contributing factors to more effectively encourage increased mental healthcare utilization and assuage the mental health disparities gap.

The Proposed Research Review

Based on an exhaustive review of the relevant research (Duncan & Johnson, 2007; Nickerson et al., 1994; Thurston & Phares, 2008; Wallace & Constantine, 2005), ASC and cultural mistrust may impact the attitudes that some African Americans have regarding seeking mental healthcare. People who report higher levels of ASC and cultural mistrust may also report more negative attitudes toward seeking mental healthcare. The proposed research paper will contribute to the literature by examining existing connections between sociocultural factors to provide a more nuanced understanding of sociocultural factors that may influence many African Americans' perceptions regarding mental healthcare. Furthermore, the knowledge gained may have implications for future research directions, policy changes, and more effective clinical practices with African American populations. These factors may prove to be additional barriers that clinicians and researchers need to consider and address to help assuage mental health disparities and promote increased mental healthcare usage by African Americans.

CHAPTER 2

REVIEW OF THE LITERATURE

In the United States (U.S.), African American populations utilize mental healthcare services at lower rates than White American populations (McGuire & Miranda, 2008). This trend is especially concerning since racial and ethnic minorities tend to experience greater severity in psychological symptoms than White Americans (McGuire & Miranda, 2008). Health care utilization, or a person's use of professional resources according to their health needs (Andersen & Davidson, 2007), can be affected by several factors (e.g. not having adequate insurance coverage, limited access to care, mistrust of healthcare, stigmas, and difficulties finding culturally similar and culturally competent clinicians (APA, 2017).

Health disparities are the variations in prevalence rates, frequencies, and mortality rates among different populations in a society (Primm et al., 2010). Of people who report afflictions with mental illness each year, African Americans constitute about 18.7% of this population, which is about 7.5 million people (Davis, 2005; United States Census Bureau, 2007). Prevalence rates for major mental health concerns appear to be rising. For African American adults ages 18-25, reported rates of major depression have risen from 6.1% to 9.4 % just within the span of 2015 through 2018 (Black, 2021; SAMHSA, 2018). Although many African Americans often report psychological distress (Neighbors et al., 2007), the American Psychiatric Association (APA, 2017) reported that only about 1 out of every 3 actually receive the mental health services they need. Given these prevalence rates, there is potentially a significant number of African Americans who are suffering with mental health issues silently, without attaining the care that they need. Given that racial and ethnic minorities in the U.S. tend to receive less care and a lower quality of care than members of White populations (Feagin & Bennefield, 2013;

Primm et al., 2010; Snowden, 2012), it is important to consider other factors that may contribute to health disparities.

Historical Contexts

African Americans face a plethora of unique life experiences and stressors given the historical context of their background and the continual existence of pervasive forces of racism and oppression prevalent in the United States and the world. (Aneshensel, 2009; Caldwell & White, 2005; Greer & Cavalhieri, 2019). Exposure to racism and oppression can have an impact on many African Americans' sense of self, identity development, and psychological functioning (Caldwell & White, 2005). As eloquently stated by prominent novelist, playwright, and activist James Baldwin, "To be African American is to be African without any memory and American without any privilege." Scholars have posited that the brutal acts of enslavement, dispossession, and forced assimilation by Europeans has resulted in the erasure of some traditional African customs (Baldwin, 1984; Kambon & Bowen-Reid, 2010). Additionally, these historical events have contributed to the internalization of Eurocentric cultural standards, "anti-Black" attitudes, and the deprivation of a genuine African-based racial-cultural consciousness for some African Americans (Baldwin, 1984; Kambon & Bowen-Reid, 2010). *Mentacide* is a phenomenon described as "the deliberate and systematic destruction of a person's or group's mind" (Wright, 1979). Scholars assert that this "mentacide" resulting from European oppression is pathological and exerts a negative influence on the psychological functioning and well-being of some people of African descent (Baldwin, 1984).

African Americans have faced continued oppression in the U.S., which has contributed to their trepidation and wariness concerning White institutions (Benkert et al., 2006). For example, racially discriminatory and unethical gynecological experimentation performed on enslaved

African American women (Savitt, 1982), and the Tuskegee Syphilis Experiments on African American men (Moseley, et al., 2007), have contributed to engrained suspicion and mistrust in African American communities (Benkert et al, 2006). Mistrust among African Americans toward White institutions can result in hesitancy for many African Americans to disclose personal information in healthcare settings for fear that the information will be utilized in a deleterious manner against them (Scharff et al., 2010). Specifically in the context of mental health, psychology and the field of mental health have been historically utilized as instruments of oppression that perpetuated the justification of chattel slavery, segregation, and the “inherent” inferiority of people of African descent (Caldwell & White, 2005; Guthrie 1998).

Practitioners, researchers, and theorists have asserted that cultural competence in mental healthcare is associated with more ethical, culturally-relevant interventions that are ultimately more effective for the client (Ibrahim, 1991; Kohn-Wood & Hooper, 2014). Effective training in multicultural competencies can help practitioners better conceptualize mental health concerns from the viewpoint of the clients, lower the rate of misdiagnoses, and result in more precise diagnostic processes with appropriate interventions. In this context, culture is considered to be shared beliefs, behaviors, values, and perspectives of a particular group in addition to specific universal aspects that different groups have in common (Pedersen, 1991). To properly understand the role that culture exerts in the therapeutic process, researchers have asserted that the therapist must understand the client’s worldview (Chung & Bemak, 2002; Koltko-Rivera, 2004). Relatedly, gaining a deeper understanding of the worldviews of African American clients might help practitioners provide more culturally relevant and effective mental health services to their clients. This research paper aims to describe potential implications of one specific African-centered worldview that may be pertinent to the lives, values, and perspectives that some African

Americans hold.

Mental Health Disparities

African Americans tend to utilize mental health services less often than members of other racial and ethnic groups. According to the American Psychiatric Association (APA, 2017) only about 10.3% of African American women and 6.6% of African American men utilized mental health services compared to 21.5% of White women and 11.3% of White men. Additionally, some African Americans are more likely to seek mental health services from a health care provider who does not specialize in mental health, such as their primary care provider (APA, 2017; Kohn-Wood & Hooper, 2014). Among African Americans who do seek mental healthcare, many do so only when they are forced to seek services – such as legal obligations or emergency situations (So et al., 2005; Townes et al., 2009). Researchers have identified several factors which contribute to mental health help-seeking behaviors among African Americans. Using a medical expenditure panel survey, Lau and colleagues (2014) found that there was an overall lower utilization of mental health services among people of color. Researchers have identified historical, societal, social, economic, cultural, and individual hinderances that many African Americans face. In a community study of 194 White and African American parents, Thurston and Phares (2008) found that participants' race was associated with their perceptions of barriers to seeking mental health services, such that White participants reported fewer perceived barriers for themselves and their children than African American participants. Feagin and Bennefield (2013) discussed the historical contexts of oppression and systemic racism that have contributed to socioeconomic and health inequalities for Americans of color compared to White Americans. Finally, Taylor and Kuo, (2018) discussed sociocultural barriers that some African Americans experience, including stigmatization, negative beliefs and misperceptions about mental illness,

microaggressions during therapy, and cultural mistrust. These barriers and more interact to perpetuate mental health disparities.

People of color disproportionately comprise vulnerable populations, including impoverished, incarcerated, and homeless populations who typically have lower access to mental health resources than other people (Primm et al., 2010). Furthermore, financial concerns related to the costs of services and lack of insurance present as significant deterrents of seeking services. Particularly, about 27% of African Americans in the United States survive on income that is below the nationally established poverty threshold, and about 11% of African Americans do not have adequate health insurance coverage (APA, 2017). Conditions of poverty contribute to increased stressors – such as inequitable access to resources, living in locations that are farther away from mental health institutions, poorer physical health status, and occupational limitations – that further perpetuate mental health concerns (Primm et al., 2010). An association between lower socioeconomic status and poorer health has been established, such that people who face more systemic obstacles (e.g. related to economic concerns) tend to report increased mental and emotional health concerns associated with the social stressors they face, compared to people who face fewer systemic obstacles (Aneshensel, 2009).

Experiences such as racism, discrimination, and oppression contribute to unique conditions that make African Americans susceptible to mental health concerns (Greer & Cavallieri, 2019). Racism in the United States is prevalent in a multitude of sectors in society, and the pervasive consequences reverberate throughout financial, social, occupational, educational, judicial, and healthcare experiences many that African Americans have (Jones, 1997). Exposure to racism has been shown to be associated with more negative mental health outcomes of many African Americans (Aneshensel, 2009). In addition to the perpetuation of

physical and mental health concerns, racism and discrimination experienced by many African Americans may contribute to some African Americans holding negative perceptions of mental health help-seeking (Mishra et al., 2009). These negative perceptions of mental healthcare add to the development of negative attitudes toward mental health service utilization. The potential for some African Americans to hold a negative perception of mental healthcare must be accounted for when conceptualizing the mental health concerns and unique barriers that African Americans face.

Taylor and Kuo (2018) specified that many African Americans tend to have control beliefs. These control beliefs are defined as certain aspects that impact African Americans' assessments of how easy or difficult seeking psychological services can be (Taylor & Kuo, 2018). Examples include cultural mistrust of health professionals, a lack of African American psychotherapists available, discriminatory experiences, and negative perceptions of mental healthcare seeking. Additionally, certain cultural values (e.g., religious beliefs, hyper-masculine beliefs, and stigma) may also inhibit some African Americans' help-seeking behaviors (APA, 2017; Mishra et al., 2009). Believing that mental illness can be "prayed away", emphasizing family privacy, perceiving mental illness as an indicator of a personal failing or weakness, stigmatization, and perceptions of healthcare as oppressive and disparaging may be further deterrents (APA, 2017; Mishra et al., 2009; Primm et al., 2010).

Historically, African Americans have been excluded or underrepresented in studies on mental health utilization and the efficacy of certain mental health treatments (Snowden, 2012). Although some recent research has focused on exploring African Americans' mental health, the research literature tends to impose European American cultural norms on African Americans (Thompson & Chambers Jr., 2000). Through the lens of European American cultural norms,

African Americans are often pathologized, stereotyped, and misrepresented (Kambon & Bowen-Reid, 2010). Thus, the nuances and variations that may exist in the symptoms and expressions of African Americans' mental health concerns may be overlooked and misunderstood, especially when deviating from the established "norms".

Summary and Critique

Underdiagnosis and misdiagnosis have been documented among African Americans who decide to seek out services (APA, 2017; Primm et al., 2010). Clinicians' ignorance of existing cultural variations and lack of knowledge about cultural manifestations and expressions of mental health concerns may contribute to underdiagnosis and misdiagnosis. Additionally, some African Americans may perceive mental health providers to be unrelatable and inherently biased toward African Americans (Aneshensel, 2009; APA, 2017; Primm et al., 2010). Due to the reported shortage of culturally competent services, researchers have advocated for cultural competency trainings, more racial and ethnic minorities entering the field of mental healthcare, and increased awareness of the cultural nuances that comprise African American communities (Primm et al., 2010; Snowden, 2012). The cultural construction and intricacies of African American communities are not fully understood and, therefore, not properly considered and integrated into many efforts to deliver mental health services to members of this population. Therefore, more attention should be given to the cultural contexts surrounding African Americans' help-seeking behaviors and the sociocultural barriers that exist.

Cultural Worldviews

Worldview is conceptualized as people's perspectives of the relationships they have with different aspects of the world (Sue, 1978) and the specific postulations and beliefs that people utilize to depict their lived realities (Koltko-Rivera, 2004). Culture and worldview are

intertwined, such that people's worldviews are shaped by learning within their cultural contexts (Ibrahim, 1985). This cultural lens essentially shapes the manners by which people operate and understand the world around them. The integrated theory of worldview recognizes the centrality of culture regarding people's psychological functioning (Koltko-Rivera, 2004). This particular integrated theory denotes that worldviews influence people's perceptions and behaviors, and the theory also suggests that the concept of self can be impacted by the interactions between people, thus impacting worldview. Koltko-Rivera (2004) posited that the integrated theory of worldview might provide insight into particular aspects that contribute to variations in certain psychological presentations and their conceptualizations. Thus, it seems as though worldviews potentially exert a significant role in the manifestation of clients' presenting concerns, the course of the therapeutic process, and clients' perceptions of therapy.

Due to the potential impact of differing worldviews on people's sense of self, values perceptions, and behaviors, understanding and incorporating clients' unique worldviews into the therapeutic process and interventions may be an important consideration. Eurocentric interventions and therapeutic approaches have the propensity to be ineffective and even harmful to racial and ethnic minorities when utilized without consideration and proper integration of the client's culture (Chung & Bemak, 2002). Gaining a deeper understanding of African American clients' cultures and worldviews may help therapists create more effective, healing therapeutic environments for African Americans (Copeland, 2006). Determining cultural pertinence of particular interventions may be contingent upon the worldview assumptions inherent with those interventions (Caldwell & White, 2005). For example, Jackson and Sears (1992) explored potentially positive implications of adopting an Africentric worldview framework when working with African American women. Jackson and Sears (1992) posited that an Africentric worldview

framework might foster a more affirming environment that allows for a more accurate conceptualization of issues such as stress, which can then be addressed in a more culturally relevant, efficacious manner that better resonates with the client. Ultimately, this knowledge may promote more positive attitudes towards mental health services in African American communities and increased usage and continuation of mental health services for this particular population.

In recent years, there has been a call for more intentional acknowledgement and integration of cultural factors into the field of healthcare as a whole (Kohn-Wood & Hooper, 2014). Regarding mental healthcare, researchers and clinicians have devoted time and resources to the development of trainings concerning multiculturalism, diversity, and inclusion, in addition to discussing manners by which these concepts may be integrated into therapeutic practice (Ibrahim, 1991; Kohn-Wood & Hooper, 2014). In a review and discussion exploring the association between empathy, culture, and the efficacy of cross-cultural counseling, Chung and Bemak (2002) acknowledged the importance of the provider displaying empathy with the client as a vital component of effective therapeutic practice. However, the researchers also posited that empathy must be considered in the context of appropriate cultural understanding of the client, as culture is the aspect that delineates the client's reality (Chung & Bemak, 2002). Chung and Bemak (2002) referenced a study by Akutsu and colleagues (1990) in which 160 White students and 152 Chinese students were asked to view a transcript of a counseling interview and give their impressions of the counselor's credibility, behaviors, and whether or not the students would be willing to utilize counseling. Students who reported the counselor displaying more empathy also rated the counselor higher in credibility, which was also associated with the students' increased willingness to utilize services (Akutsu, et al., 1990; Chung & Bemak, 2002). Given the influence

that culture exerts on people's perspectives, values, and beliefs, Chung and Bemak (2002) asserted that cultural empathy – described as the therapist's intentional efforts at understanding and valuing the client's culture and differences that exist within the therapeutic relationship – could potentially be a vital component that helps bolster the therapeutic relationship by increasing the client's trust in the therapist and the therapist's credibility.

Particularly concerning African Americans, Africentric worldview has been implicated in the perceptions that some African Americans have about counseling. Africentric worldview is a worldview based in harmony, communalism, authenticity, unity, and spirituality (Wallace & Constantine, 2005). Wallace and Constantine (2005) conducted a study examining potential associations between Africentric cultural values, perception of stigma related to receiving counseling, positive help-seeking attitudes, and self-concealment in a sample of 251 college students who identified as African American at a predominantly White institution located in northeastern United States. The results of the study indicated that participants who reported higher levels of adherence to Africentric cultural values also reported more stigma related to receiving counseling and higher engagement in self-concealment (Wallace & Constance, 2005). The researchers concluded that African Americans who more strongly identify with Africentric cultural worldviews might perceive counseling as holistically ineffective, oppressive, a perpetuation of negative stereotypes about African Americans, and a space in which their issues are misunderstood by culturally incompetent counselors.

Summary and Critique

In response to needs for increased cultural competency and cultural relevancy of therapy, treatments, and interventions denoted in the field of mental healthcare, clinicians, researchers, and theorists have created training programs, models, and culturally-sensitive treatments to

attempt to provide more effective care to culturally diverse clients (Ibrahim, 1991; Kohn-Wood & Hooper, 2014). An aspect that is interconnected with culture is worldview, which dictates the manners by which people operate in the world based on their cultural context (Ibrahim, 1985; Koltko-Rivera, 2004; Sue, 1978). Worldviews exert influence over people's perspectives of self and others in addition to their behaviors (Koltko-Rivera, 2004). Therefore, it would seem as though worldview would be a particularly important component for consideration when discussing cultural competency and more culturally appropriate care. However, worldview and racial consciousness seem to be constructs that are often overlooked (Koltko-Rivera, 2004) or operationalized differently, specifically regarding African Americans (Duncan & Johnson, 2007). Thus, an intentional and consistent exploration of an African-centered worldview may contribute to further understanding of the manners by which worldview factors into many African Americans' perceptions of seeking mental healthcare.

African Self-Consciousness

African Americans' worldviews, cultural values, and cultural personality structures must first be understood to gain more understanding of African Americans' attitudes and help-seeking behaviors. Although African Americans are not monolithic (Caldwell & White, 2005), they have a tendency to share similar cultural values and norms that are inherent in the African-centered worldview (Baldwin 1981; Caldwell & White, 2005). Additionally, African Americans share similar experiences with racist societal institutions (Caldwell & White, 2005; Kambon, 1998). Researchers have utilized aspects of traditional African worldviews as the foundations for the creation of psychological theories of functioning specifically for people of African descent (Caldwell & White, 2005). Important considerations for mental health professionals desiring to integrate interventions that are Africentric in nature and gain a deeper understanding of African-

centered worldviews include the racial identity of the client and the client's level of consciousness (Caldwell & White, 2005). Baldwin (1976) asserted that African cosmology, the African reality structure depicting the interconnectedness of people and nature, is the lens through which the essence of African American personalities and experiences should be examined. African Self-Consciousness (ASC) is theorized as a prominent component of African American identities and personality construction (Baldwin, 1981). ASC has been associated with the level of conscious awareness of a person's African identity, particularly behaviors (e.g. spiritual development, health responsibility, fostering interpersonal relationships) that bolster African survival (Duncan, 2003; Thompson & Chambers Jr., 2000). Baldwin and Hopkins (1990) distinguished between the general cultural worldviews and realities of African Americans. Cultural aspects of African American worldviews broadly include collectivism, group survival, solidarity with nature, and spirituality. Higher levels of ASC have been positively connected to Africentrism (Bell et al., 1990; Duncan, 2003). Africentric worldviews contribute to some African Americans' constructions of reality, behavioral tendencies, beliefs, and beyond.

Baldwin's (1981) theory of African American personalities consists of two main aspects: the African Self-Extension Orientation (ASEO) and African Self Consciousness (ASC). The ASEO— which Baldwin (1981) asserted is biological, unconscious, intrinsic, and delineated by spirituality – is considered the essence of African American personalities. According to Baldwin (1981), the African Self-Extension Orientation is the psychological foundation of shared behavioral propensities of people of African descent. He believed that this psychological foundation is defined by biogenetics and is not susceptible to social and environmental stimuli. Thus, although Baldwin acknowledged the differences in expression of behavioral tendencies and other “African personality traits” due to socialization, environmental exposure,

institutionalized experiences, and more, he asserted that every person of the African diaspora inherently has the ASEO due to the innate biological nature of this aspect of African personalities.

Baldwin (1981; 1984) asserted that ASC is the second component of African American personalities. Originating from the ASEO, ASC is considered a dimension of African personalities that operates on a conscious level and characterizes Black people's intrinsic survival thrust (Baldwin, 1981; Baldwin, 1984). The African survival thrust consists of the instincts and behaviors that promote self and collective maintenance and preservation. ASC is organized based on consistent attitudes, beliefs, and behaviors emphasizing a "relational, collective, and communal self-consciousness" (Baldwin & Bell, 1985; Kambon, 1992; Thompson & Chambers Jr., 2000). The main domains of ASC are "collective African identity, resistance against anti-African forces, value for African-centered institutions and cultural expressions, and value for African culture" (Chambers et al., 1998; Kambon, 1992; Thompson & Chambers Jr., 2000). Considered the "Black self-concept", ASC depicts the levels to which African Americans are aware of and recognize themselves as philosophically, culturally and historically African (Baldwin et al., 1987). Due to the nature of ASC, this component is able to be influenced by environmental and social stimuli.

Baldwin posited that the ASC domain of African American personalities is an essential component of adaptive functioning (Baldwin, 1984; Baldwin et al., 1987). When people of African descent are able to live within the context of conditions deemed "normal" – which are essentially conditions affirming and promoting the African identity, African cultural aspects, and African expression – the ASEO and ASC naturally are able to coincide; and ASC displays the characteristics of the African reality structure (Baldwin, 1981). However, according to Baldwin

(1984), the psychological assimilation of African Americans into a European cosmology results in an aberration of the natural functioning of their ASC, which he asserted leads to and defines “disorder” in the context of African Americans’ mental health. From this perspective, people of African descent who subscribe to more Eurocentric cultural values and have lower ASC would be expected to experience poorer psychological functioning. Alternatively, a stronger adherence to an African cosmology and higher ASC would be expected to be associated with more optimal psychological functioning for people of African descent.

For some African Americans, ASC can impact their behaviors and psychological functioning (Baldwin et al., 1987; Thompson & Chambers Jr., 2000). A study by Pierre and Mahalik (2005) focused on ASC and Black racial identity as potential predictors of self-esteem and psychological distress in Black men. Pierre and Mahalik (2005) collected data from 130 participants attending two historically Black universities located in the southeastern United States, a predominately White university located in the northeastern U.S., a YMCA in the northeastern U.S., and an African Methodist Episcopal church in the northeastern U.S. The results of the study suggested that participants who endorsed greater levels of Self-Reinforcement Against Racism of the ASC measure also reported less psychological distress and higher self-esteem. Baldwin et al., (1990) concluded that awareness of cultural heritage and affirmation of African American cultural identities and values may have important implications for the health and well-being of some African Americans.

Summary and Critique

To answer the request for more culturally-responsive care (Primm et al., 2010; Snowden, 2012), researchers have subsequently established theories that reflect differing worldviews (Baldwin, 1981). Particularly, Baldwin created the Africentric theory of African American

personalities, consisting of ASEO and ASC, as a depiction of African identities and the lived cultural realities of many African Americans (Baldwin, 1981; Baldwin, 1984). The ASEO is the foundational component of Black personalities and functioning that is supposedly biological and innate in all people of African descent. ASC is the expression of the ASEO that is implicit in the behaviors, values, perspectives, and attitudes that African Americans consciously display. ASC is able to be manipulated by socio-environmental conditions that can either foster or hinder expression of the fundamental African cosmology (Baldwin, 1981; Baldwin, 1984). Assessing for the client's level of ASC and racial identity development are vital to determine the effectiveness of Africentric approaches for many African American clients (Caldwell & White, 2005).

After an exhaustive literature review, there seems to be little existing research focusing on ASC, particularly in the contexts of cultural mistrust and African Americans' attitudes toward seeking mental healthcare. Most studies examined ASC in relation to variables other than attitudes toward counseling (e.g. behaviors promoting health, self-esteem, psychological distress; Pierre & Mahalik, 2005; Thompson & Chambers Jr., 2000). Furthermore, in the context of cultural competency in mental healthcare, most studies have examined Africentric cultural values as a whole or other related constructs of "Black identity" and worldviews instead of the construct ASC specifically (Townes et al., 2009; Wallace & Constantine, 2005). Another limitation appears to be how ASC may be related to cultural hesitations that some African Americans may have regarding utilizing and trusting the efficacy of predominately White agencies.

Cultural Mistrust

Cultural survival mechanisms may also factor into the perceptions that African Americans' hold regarding seeking mental healthcare. The concept of cultural mistrust was

originally derived from the concept of cultural paranoia, which Grier and Cobbs (1968) considered a form of “healthy paranoia” that enabled many African Americans to protect themselves from the deleterious effects of racial discrimination and oppression by sustaining suspicion. The researchers posited that cultural mistrust may be a way in which many African Americans have adapted and survived in anti-Black, potentially dangerous environments. First identified by Terrell and Terrell (1981), the cultural mistrust construct captures the oppression experienced by many African Americans, such that many African Americans who have experienced racism and derogatory treatment by White populations tend to display mistrust. Some African Americans are inclined to demonstrate mistrust of White populations in four particular areas: socially and interpersonally, politically and legally, educationally and training-related contexts, and in work and business-related contexts (Terrell & Terrell, 1981). Furthermore, past researchers have posited that instances of racism, discrimination, and other oppressive circumstances contribute to the internalization of negative messages and the development of a more negative self-concept and self-loathing in many African Americans (Clark, 1955; Clark & Clark, 1947). Cultural mistrust might aid in mitigating the internalization of negative societal messages and negative self-concept by prompting many African Americans to ascribe the inception of those negative beliefs to the racist ideologies of certain people and racist institutions (Biafora Jr et al., 1993; Thompson et al., 1990). Given the historical pervasiveness and implications of anti-Black racism, cultural mistrust has been considered to be an integrated aspect of the consciousness of many African Americans (Biafora Jr et al., 1993).

Many African Americans have often expressed experiencing racism from providers in the field of healthcare and throughout different aspects of the healthcare system (Benkert et al., 2006). Due to many African Americans’ negative experiences of discrimination within a

healthcare system predominately owned and operated by White populations, many African Americans may have the tendency to have cultural mistrust towards the healthcare system and White practitioners (Benkert et al., 2006, Grier & Cobbs, 1968, Townes et al., 2009). Prior research (see Austin et al., 1990; Benkert et al., 2006, etc.) found that many African Americans have expressed general concerns that healthcare practitioners will misdiagnose and overlook particular health concerns due to lack of relevant cultural knowledge and potential racial biases. For mental health concerns, some African Americans may perceive counseling to be a microcosm of the oppressive nature of the United States, such that some White clinicians may be deemed representatives of the Establishment who disregard the cultural values and unique needs of African American clients (Sue & Sue, 2003; Townes et al., 2009; Whaley, 2001a). These perceptions may contribute to the reduced likelihood of African Americans to seek help for mental health concerns.

According to Lin and colleagues (2018), roughly 88% of health-service psychologists identify as White, and only about 3% identify as Black or African American. Based on the predominately White racial composition of health-service psychologists, it seems that African Americans are more likely to be provided mental health services from an other-race provider. Because the field of mental healthcare is composed of predominately White people, African Americans are more likely to encounter White therapists. Thus, cultural mistrust may be an important aspect to consider in the contexts of African Americans' attitudes toward and utilization of mental health services (Wallace & Constantine, 2005; Whaley, 2001b).

Establishing trust is important for competent care, such that trust has been associated with clients' propensity to seek care and adhere to treatment recommendations in addition to establishing a strong therapeutic alliance (Benkert et al., 2006). Benkert and colleagues (2006)

found that African American clients' satisfaction with services and trust in providers were negatively associated with perceived experiences of racism and cultural mistrust. Empirically, prior research supports that an association exists between many African Americans' mistrust of White counselors and African Americans' underutilization and reduced expectations of the effectiveness of mental health resources (Austin et al., 1990; Townes, et al., 2009; Watkins & Terrell, 1988).

Additionally, researchers have found a connection between cultural mistrust held by clients and negative impacts on the therapeutic process and subsequent outcomes (Benkert et al., 2006; Townes et al., 2009). In a study conducted by Terrell and Terrell (1984), a sample of 135 Black clients were recruited in an effort to explore the associations between race of counselor, clients' sex and levels of cultural mistrust, and premature service termination. Terrell and Terrell (1984) concluded that clients who held more cultural mistrust of White people also reported an increased propensity to terminate counseling services prematurely.

Duncan and Johnson (2007) conducted a study examining attitudes towards counseling and preference for particular counselors in 315 Black college students. Duncan and Johnson (2007) measured participants' levels of ASC, cultural mistrust, socioeconomic statuses, and help seeking tendencies. Duncan and Johnson (2007) found that participants who reported higher levels of ASC and cultural mistrust had a higher tendency to prefer working with a Black counselor. Similarly, Townes and colleagues (2009) conducted a study consisting of 168 African American adults from community and college environments in the southern region of the United States. Townes et al. (2009) examined potential connections between help-seeking attitudes, cultural mistrust, racial identity, and participants' preferences for a Black mental health specialist. Results of the study revealed that participants who reported more internalized

Africentric attitudes, lower assimilation, and high levels of cultural mistrust were more likely to prefer working with a Black mental health specialist. Based on previous research (Duncan & Johnson, 2007; Terrell & Terrell, 1984; Townes et al., 2009), it may be that some African Americans who report having higher levels of ASC may also exhibit more cultural mistrust, thus influencing their perceptions of mental healthcare resources. Africentric worldviews may play a pivotal role in the ways in which some African Americans perceive and engage with the counseling process and the deterrence and disengagement that some African Americans have. These clients might prefer African American therapists due to the perception that these therapists will be more culturally similar and better able to understand the sociopolitical issues that African Americans face. Therefore, it appears as though the potential implications of cultural mistrust on the therapeutic relationship are important to explore when working with African American clients (Watkins et al., 1989).

Summary & Critique

The historical contexts and continual experiences of racism, discrimination, and other forms of oppression have led to the development of cultural mistrust among many African Americans (Benkert et al., 2006; Terrell & Terrell, 1981). Cultural mistrust has been shown to impact the therapeutic process – being associated with low expectations, dissatisfaction, negative perceptions, and early termination of services (Benkert et al., 2006; Townes et al., 2009). Furthermore, some clients never utilize mental health services due to the cultural mistrust they hold and perceptions of oppressive agencies and clinicians (Nickerson et al., 1994). Cultural mistrust has been linked to more negative attitudes toward seeking mental health services (Duncan & Johnson, 2007; Nickerson et al., 1994).

The connection between ASC and cultural mistrust needs to be explored. Although some

studies have explored ASC and cultural mistrust as potential separate predictors of attitudes toward seeking psychological help (Duncan, 2003; Duncan & Johnson, 2007), to the author's awareness, there have been no studies that have examined the direct association between ASC and cultural mistrust. Based on existing research, racial identity development seems to relate to counselor preference (Parham & Helms, 1981). Also, African Americans with more prominent Africentric beliefs, higher levels of cultural mistrust, and lower levels of assimilation attitudes reported more preferences for African American or Black counselors (Townes et al., 2009). Given these associations, a reasonable conclusion might be that African Americans who more strongly adhere to aspects of ASC might have higher levels of cultural mistrust, as this may align with the "survival thrust" to protect African American livelihood (Baldwin, 1981; Baldwin, 1984). These aspects may also influence the help-seeking attitudes of some African Americans.

Help-Seeking Attitudes Toward Mental Health Services

Specific cultural factors uniquely related to African American communities have been shown to impact the attitudes and help-seeking behaviors of this population. Attitudes, in this particular context, are defined as a person's thoughts or feelings regarding receiving psychological treatment for mental health concerns or periods that may be deemed mentally challenging (Nam et al., 2013). Following a horrific history of exploitation, oppression, discrimination, and misdiagnosis – much of which continues presently – African American communities have produced and inherited a culture comprised of hesitancy and mistrust regarding healthcare professionals (Benkert et al, 2006; Terrell & Terrell, 1981). These particular feelings of wariness and trepidation contribute to many African Americans' negative attitudes toward mental healthcare (Thurston & Phares, 2008). Research has provided evidence that attitudes are a predictor of help-seeking behavior (Kelly & Atcher, 1995; Nam et al., 2013;

Thurston & Phares, 2008). More negative attitudes may factor into African Americans' decreased likelihood to engage in mental healthcare utilization compared with other racial and ethnic groups.

Using a meta-analysis consisting of 19 studies and 7,396 participants, Nam and colleagues (2013) found that more positive attitudes were associated with people's individual beliefs that psychological services would be effective and beneficial for them. Thurston and Phares (2008) sampled 194 mothers and fathers and found that people who reported having more positive attitudes concerning mental healthcare and fewer perceived barriers also reported being more willing to seek mental health services for themselves and their children. Analyzing a survey given to 260 students at an undergraduate institution, Kelly and Atcher (1995) concluded that participants' attitudes toward psychological services predicted their intention to actually seek those services.

The results of research on African Americans' attitudes toward mental healthcare seem to be mixed. Sheu and Sedlacek (2004) conducted a study sampling 2,678 collegiate students from a university in the mid-Atlantic region of the United States. Results demonstrated that African Americans reported having more positive attitudes toward seeking mental health resources than their Asian-American and White counterparts. In a study conducted by Anglin and colleagues (2008), African Americans reported being more likely than their White counterparts to believe that mental health specialists are able to help people with mental health concerns; the researchers also found, though, that African Americans were more likely to believe that mental health concerns can subside without the use of professional mental health services. It seems as though even when African Americans hold more positive attitudes toward mental healthcare, they are still less likely to actually utilize mental health services, especially for personal mental health

concerns. Also of relevancy are the concerns that many African Americans are more likely to seek services for. African American participants in the study conducted by Sheu and Sedlacek (2004) more willingly sought mental health services for academic concerns rather than more personal concerns.

Even though several studies have demonstrated that some African Americans potentially view mental health services as being beneficial, other studies have demonstrated that some African Americans tend to harbor relatively negative attitudes toward seeking mental health services (Alvidrez et al., 2008; Obasi & Leong, 2009). In a study by Murry et al., (2010), the researchers discovered that although many of the African American mothers in the community reported beliefs that mental healthcare service providers were beneficial, the mothers also reported that they preferred to utilize community resources, such as church and family, instead. Researchers have attempted to understand factors that may contribute to the negative help-seeking attitudes that some African Americans may hold. Particularly, Masuda et al., (2012) surveyed 163 African Americans and found a negative association between both mental health stigma and self-concealment in relation to positive help-seeking attitudes. Self-concealment has been implicated with the historical contexts of mistreatment of African Americans and certain Africentric values such as communalism and harmony (Townes et al., 2009; Wallace & Constantine, 2005). It may be that people who adhere to more Africentric values may have more negative help-seeking attitudes; and even those who utilize services may be less likely to self-disclose, which affects the efficacy of the therapeutic process (Masuda et al., 2012; Wallace & Constantine, 2005).

Cultural mistrust has also been linked to clients' attitudes toward mental health services. Increased levels of cultural mistrust have been shown to significantly predict more overall

negative help-seeking attitudes and intentions, particularly when considering obtaining help from agencies in which predominantly White clinicians are employed (Nickerson, et al, 1994).

Nickerson and colleagues (1994) conducted a study of 105 undergraduate students identifying as Black at a predominately White institution in the southwestern United States. The results of the study revealed that students who held higher levels of cultural mistrust also reported more negative attitudes about seeking mental health services, particularly from White therapists. These students also reported low expectations of therapy, such that they perceived these services to be less beneficial, relevant, and satisfying (Nickerson et al., 1994). Furthermore, Duncan and Johnson (2007) conducted a study consisting of 315 college students identifying as Black at historically Black and predominately White institutions in the midwestern and southern regions of the United States. The researchers found that cultural mistrust significantly predicted Black college students' attitudes concerning counseling along with gender and socioeconomic status, such that people who reported lower levels of cultural mistrust also held more positive attitudes toward counseling. Additionally, Duncan (2003) found that cultural mistrust, although not a unique predictor of help-seeking attitudes, neared significance; and the researcher posited that the participants with higher levels of cultural mistrust had a tendency to report more negative help-seeking attitudes in the study. Researchers have demonstrated that ASC and cultural mistrust are some aspects involved in explaining the preferences and behaviors of some African Americans (Duncan, 2003). Thus, one could logically posit an existing association between ASC, cultural mistrust, and help-seeking attitudes.

Summary & Critique

The attitudes that some African Americans hold toward mental healthcare may be significant barriers to mental health service utilization. Help-seeking attitudes have been studied

in the context of many variables (Duncan, 2003; Duncan & Johnson, 2007; Masuda et al., 2012; Nickerson et al., 1994). Research has indicated that the attitudes that people hold influence the decisions they make (Kelly & Atcher, 1995). Thus, learning about the factors that contribute to more negative attitudes that people possess may help provide insight into ways to promote more positive help-seeking attitudes and, consequently, potentially more willingness of many African Americans to engage in mental healthcare. It seems as though more information is needed regarding implications of certain cultural and historical contexts on the perspectives and help-seeking attitudes that some African Americans hold.

More information is needed concerning African Americans' attitudes, particularly in the contexts of the values and perspectives they hold and the cultural beliefs they have. Referencing the existing literature, the association between cultural mistrust and attitudes toward seeking mental healthcare needs to be further strengthened. It seems as though the result of studies concerning the aforementioned association are mixed. Some studies demonstrate a significant relationship between cultural mistrust and more negative help-seeking attitudes (Duncan & Johnson, 2007; Nickerson et al., 1994). Duncan (2003) found that cultural mistrust was not a significant independent predictor of attitudes. However, Duncan (2003) did note that a negative correlation existed between cultural mistrust and attitudes toward help-seeking when attitudes were near statistical significance. The cultural components that contribute to more negative attitudes toward mental health services that some African Americans hold are often overlooked and under-researched. Based on existing published research, the potential association between ASC and attitudes toward seeking mental health services has not been well-established. Therefore, a significant gap in the existing research seems to be exploring ASC in the context of cultural mistrust and attitudes toward mental health services for community populations of

African Americans. Displaying cultural humility and acknowledging the manners by which the cultural worldviews and experiences of African Americans shape their perceptions and interactions may be valuable tools to help generate more positive attitudes about seeking mental health services and more effective care.

CHAPTER 3

IMPLICATIONS

According to the current literature review, African Americans are less likely to utilize mental health services compared to their White and other racial and ethnic minority counterparts (Taylor & Kuo, 2018). Researchers have provided several potential explanations for this underutilization, such as attitudes and cultural mistrust (Austin et al., 1990; Ward et al., 2013; Watkins & Terrell, 1988). The attitudes that people hold toward mental healthcare influence their help-seeking decisions (Kelly & Atcher, 1995; Nam et al., 2013; Thurston & Phares, 2008). People who have more positive attitudes toward mental healthcare tend to be more willing to seek mental health services than those with more negative attitudes (Thurston & Phares, 2008). Mixed research results appear to indicate that some African Americans have more positive attitudes toward mental healthcare utilization than others (Obasi & Leong, 2009; Sheu & Sedlacek, 2004); however, those attitudes do not appear to improve African Americans' rates of actual mental healthcare utilization, as this population is still the least likely population to utilize services (Taylor & Kuo, 2018; Ward et al., 2008).

Research Implications

Further exploration into the deterrents that prevent many African Americans from seeking mental health services is warranted to gain a deeper contextual understanding of this lack of utilization. In relation to this, researchers interested in this area of study could also examine the resultant perpetuation of mental health disparities that afflicts this population. Many factors could contribute to more negative attitudes that some African Americans may have regarding seeking services. For example, stigmatization of mental health issues, lack of culturally similar providers, and broader experiences of medical racism could influence some African Americans'

help-seeking attitudes (APA, 2017; Benkert et al., 2006; Lin et al., 2018). Future research could examine factors such as these in the context of cultural worldviews. This exploration might enable researchers to acquire a more holistic understanding of the factors that contribute to the negative attitudes that some African Americans hold regarding mental healthcare.

Another direction for future research could be the exploration of worldview, specifically perceptions and beliefs that characterize people's lived experiences (Koltko-Rivera, 2004), as a construct. Koltko-Rivera (2004) suggested that very little about the intricacies and impacts of worldview is known, and they also highlighted the need for the establishment of instruments that capture the multiple dimensions of worldview as the understanding of worldview changes. Thus, the measure of worldview in the current research project (ASC) should be further examined to determine the applicability and appropriateness of the items to the evolving conceptualization of worldview.

Additionally, ASC should be further explored in different populations. This instrument was created and normed on mainly college populations (Baldwin & Bell, 1985; Jackson & Sears, 1992). Unique experiences of collegiate environments, such as being partially shielded from "real world" experiences, options to attend Historically Black Institutions, and the accessibility of culturally relevant organizations, resources, and courses (Baldwin et al., 1987) provide instances that may limit the generalizability and relevance of the ASC scale to other African American populations. Thus, further research should utilize this measure on different types of populations (e.g. community samples) to determine the measure's applicability. Of interest would also be a comparison of responses to ASC in collegiate settings to community settings, based on the context of this research. The uniqueness of college environments may exert influence on ways in which participants respond to the ASC measure.

Other Africentric measures may also be explored in the context of the research question, as a future direction. Using ASC, Baldwin (1981; 1984) focused on the conscious-level awareness people have of their cultural identity. Examining other measures of “African personalities” that depict different components of worldview in the context of this research may be of importance. An alternate example of conceptualizing “African personalities” is the theory of Optimal Psychology. Creator Linda James Myers posited that people can reach optimal functioning by adhering to a more traditional African worldview (Montgomery et al., 1990; Myers, 1992). According to Myers (1992), the foundation of Optimal Psychology is spiritual interconnectedness between people and nature with an emphasis in harmony and communalism. Myers believed that the spiritual essence of people is naturally good, but suboptimal worldviews emphasizing individualism and materialism are connected to more negative beliefs and behaviors (i.e. White supremacy; Montgomery et al., 1990; Myers, 1992). Alternatively to Baldwin’s (1981; 1984) theory that ASC is an extension of an inherently biological disposition that African Americans possess, Myers asserted that people’s beliefs are ultimately a choice with consideration of their sociocultural context and socialization (Montgomery et al., 1990; Myers, 1992). From this perspective, African Americans do not exclusively possess innate biological characteristics that need to be restored. Instead, people from all backgrounds are able to reach an optimal level of functioning by engaging in processes such as Belief Systems Analysis and becoming more connected to their inherently good spiritual foundation (Montgomery et al., 1990; Myers, 1992). Thus, using measures such as the Belief Systems Analysis Scale (BSAS) might yield varying results that could shed light on various manners in which cultural factors influence help-seeking behaviors. Also, Baldwin established ASC as a reflection of the particular historical contexts and experiences of people of African descent in America (Baldwin, 1984).

Thus, ASC may not be an accurate depiction of the worldview of people of African descent who do not share similar experiences and historical contexts as African Americans. Therefore, future research should examine the appropriateness of using ASC with people of African descent who do not identify as African American.

The heterogeneity of African Americans needs to be further explored in the contexts of Africentric worldviews and cultural mistrust. As stated by Thompson and Chambers Jr. (2000), many attempts at exploring and explaining health behaviors of African Americans consist of approaches that imply homogeneity. The nuances and differences that exist within African American communities need to be acknowledged and more readily understood. For example, African Americans experience variations in location, environmental conditions, educational levels, income, occupations, socioeconomic status, social environments, and more (Adler & Newman, 2002). Differences in conditions such as these contribute to various lived realities for African Americans. Health disparities are exacerbated by inequities that exist in housing, income, healthcare access, living and working conditions, education, and other social conditions (Adler & Newman, 2002). Additionally, the intersectionality of different identities may result in African Americans encountering and responding to discrimination in different ways (Lewis & Van Dyke, 2018). Kimberly Crenshaw (1989) coined the term “intersectionality” to specifically denote the unique experiences of African American women holding multiple marginalized identities. Crenshaw (1989) critiqued researchers who viewed race and other identities as being mutually exclusive to a person’s lived realities. The term “intersectionality” has since been applied to identities other than race and gender as well. Jackson and Sears (1992) posited that measures of an Africentric worldview must develop in accordance with the developing concepts of African Americans’ identities and functioning. Included in that development are within-group

differences (age, gender identity, sexual orientation, educational level, etc.) that impact lived realities and should be accounted for. Thus, future research could consist of examining the influences of intersecting identities on the associations between Africentric worldviews, cultural mistrust, and help-seeking attitudes.

Furthermore, researchers have stated the need for more theories that are centered around culture (Kambon & Bowen-Reid, 2010; Thompson & Chambers Jr., 2000). In response, examining the associations of the particular cultural variables may provide further information that can contribute to mental health theories and diagnostic tools that utilize a cultural framework. Research centered on this construct may help provide more insight into the influence that culture exerts on perceptions and help-seeking behaviors. Additionally, this line of research may also contribute to making the field of mental healthcare more culturally inclusive, contrasting with the predominately Eurocentric foundations that are present. Other cultural variables that may impact perceptions and help-seeking behaviors may also be explored in the context of this research. Finally, this research may be applicable to other racial, ethnic, and cultural groups if different cultural worldview variables are examined.

Practice Implications

The knowledge gained through research on cultural factors such as an Africentric worldview and cultural mistrust may help inform more culturally-relevant practices when working with African American populations. Examining the interplay between these factors may allow practitioners and mental healthcare advocates to more effectively encourage more African Americans to seek mental healthcare and provide better quality of care to this population.

Thompson and Chambers Jr. (2000) discussed the shortcomings of many community health promotion programs that are led by people with little understanding of the cultural

contexts and structures of African American communities. These types of programs are often ineffective and unengaging of the target population, due to lack of attention to and inclusion of culturally sensitive interventions. With increased knowledge of the interconnections of the factors of interest in this study, practitioners and community organizers may be able to establish more effective community health promotion programs that intentionally integrate cultural considerations, such as specific strategies to address cultural mistrust and other cultural coping mechanisms that may contribute to stigmatization and lack of service usage. Programs such as these may be more beneficial at providing education around mental health, knowledge around prevention and coping strategies, eradicating mental health stigma, and encouraging more African Americans to engage in help-seeking.

Additionally, this research may be useful in providing further evidence for the importance of the integration of cultural considerations in therapy with African American clients. Jackson and Sears (1992) concluded that an Africentric framework encourages and enables clients to engage in self-discovery and can also be empowering for people who experience race-based trauma. Race-based trauma consists of danger associated with instances of racist discrimination and people of colors' reactions to those instances (Comas-Díaz et al., 2019). Additionally, Jackson and Sears (1992) stated that an Africentric approach to therapy may be useful in helping clients mitigate stress, engage in cognitive reappraisal, and increase self-esteem.

This line of research could also inform clinical practice, in that it may provide knowledge of Africentric orientations that may be left out of mainstream curriculums of training programs. Consequently, trainees may develop more culturally relevant skills when working with African American clients. Jackson and Sears (1992) discussed the implementation of training in

Africentric orientations and the requirements for trainees to understand their own worldviews, values, and biases. Trainings such as these would promote more critical self-evaluation to identify conscious and unconscious prejudices and biases trainees harbor that may impede upon their work with African American clients. Ibrahim (1985) also posited that clinicians must possess an understanding of their worldview and clients' worldviews to be truly effective at cross-cultural counseling. Understanding these worldviews helps clinicians develop skills that can be tailored towards different clients from different cultural backgrounds (Ibrahim, 1985). Jackson and Sears (1992) also described how training in Africentric orientations can help clinicians understand the level of adherence clients may have to an Africentric worldview. Clinicians can help clients view concerns and stressors from an Africentric perspective, which may help empower clients and promote healing. Baldwin posited that restoring ASC is the ultimate goal to promote psychological well-being and liberation in African Americans (Baldwin, 1984).

Trainings in Africentric orientations may help clinicians better understand the origins and intricacies of the cultural coping mechanism of cultural mistrust. This deeper understanding of cultural mistrust may help clinicians better address cultural mistrust when interacting with some African American clients. Establishing trust with clients is a vital part of effective services, as trust promotes clients' willingness engage more fully in the therapeutic process (Benkert et al., 2006). Clinicians demonstrating knowledge of cultural considerations and a willingness to talk about culture may impact the establishment of trust. In a study consisting of 100 Black female participants who were 17 to 23 years old, Thompson and colleagues (1994) found that participants were more likely to disclose more personal details when exposed to a counselor who made statements consisting of cultural content. Whaley (2001) emphasized that being familiar

with research and theory regarding cultural mistrust may be a way for clinicians to notice and prevent biases and behaviors influenced by stereotypes held about African Americans. These stereotypes can perpetuate cultural mistrust due to invalidation of clients' experiences of racism, over-diagnosing, misdiagnosing, and pathologizing coping mechanisms and behaviors of African Americans (Whaley, 2001). Whaley (2001) also stated that cognitive-behavioral interventions can be adapted and utilized in culturally relevant manners to address extremely elevated levels of cultural mistrust in African American clients.

Understanding the cultural complexities of African Americans' help-seeking behaviors may help clinicians better address and alleviate concerns and deterrents of many African Americans utilizing services. Specifically, clinicians may be trained on ways to properly engage with clients' worldviews and potential implications. Moreover, clinicians may also be able to more adequately understand and address cultural mistrust with some African American clients. Clinicians utilizing these skills could potentially improve many African Americans' perceptions of the efficacy of therapy and decrease premature termination rates. Ultimately, conducting therapy in more culturally relevant contexts may help reduce mental health disparities in African American communities by addressing systems-levels issues of Eurocentrism in mental healthcare. An Africentric approach to mental health could lead to an increased understanding of the cultural variations of the presentation, symptomatology, and conceptualization of mental health concerns for African Americans. This would in turn promote more accurate diagnoses, combatting underdiagnoses and misdiagnoses. Finally, many African Americans may be inclined to utilize services more often if they believe their needs are being met and they are being truly understood instead of stereotyped, misrepresented, and misconstrued.

Policy Implications

Acknowledging the importance of understanding cultural factors as they relate to service utilization and the perpetuation of mental health disparities is vital in the efforts to eradicate disparities. Existing mental health disparities are a multifaceted issue that requires a multifaceted response. As a field, psychology could contribute to equitable policy-making by dedicating research efforts to exploring cultural variables that influence the underutilization of mental health services by African Americans.

Noonan and colleagues (2016) described the insidious systemic nature of racism and its role in propelling disparities. Identifying individual prejudices and biases is important, but it does not address institutional forces that contribute to mental health concerns and the lack of service usage for many African Americans. Conditions such as poverty, incarceration, lack of education, and lack of insurance can only be addressed through government-level policies that directly rectify these issues. This research may help advocates provide more empirical evidence of the deleterious effects of racism on the health outcomes of many African Americans through the lens of help-seeking behaviors. The impact of an Africentric worldview may be better understood, which could support advocacy for more institutional policies, practices, and structures aimed at facilitating a restoration of ASC (Baldwin, 1984). According to Baldwin (1984), this restoration of ASC might occur through institutional-level efforts such as education, economy, religion, and cultural celebrations that affirm traditional African values and cultural beliefs.

Additionally, understanding African Americans' lived realities may help advocates develop more effective strategies targeting African American mental health disparities. Advocating for community-based resources aimed at the prevention and treatment of mental

health concerns may be a more useful approach for many African Americans who prefer community-based services (Murry et al., 2010). Having health policy makers who are aware of cultural factors, experiences, and historical contexts of African Americans and cultural barriers to mental health services is vital to evoking wide-spread change (Davey & Watson, 2007). Davey and Watson (2007) advocated for the integration of both mental healthcare and public policy to create a model that addresses individual, environmental, and societal-level deterrents to help-seeking. Davey and Watson (2007) also suggested the creation of public policy campaigns tailored toward providing positive messages to African Americans about the benefits of utilizing mental health services when needed. Policy makers who are trained to understand cultural considerations may be able to better understand the needs of African Americans and create policies better suited to dismantling systemic barriers, facilitating culturally relevant services, and promoting increased access and usage of services by many African Americans.

Finally, systemic racism and its reverberating effects have to be addressed. Systemic racism, racism that is intertwined in the institutional structures of the United States and manifests through inequitable sociopolitical conditions, negatively impacts the health and well-being of many African Americans (Noonan, 2016). Therefore, systemic racism must be addressed and erased through efforts such as honest conversation, more culturally relevant trainings for clinicians, and eradication of racist foundations for mental health theory and treatment (Feagin & Bennefield, 2013; Ibrahim, 1991; Kambon & Bowen-Reid, 2010). As stated by Feagin and Bennefield (2013), White racial framing has dominated every sector of healthcare in the United States, including the treatment of many African Americans. White racial framing is the centering of Whiteness and the perpetuation of racist ideologies, stereotypes, and false narratives that are found in the institutional structure of the United States (Feagin & Bennefield, 2013).

Acknowledging and understanding other cultural worldviews is an important step to moving beyond White racial framing to more culturally relevant frameworks suited for other groups of people. People and institutions must be held accountable with real consequences for perpetuating systemic racism, just as systemic racism has real consequences for the health and livelihood of many African Americans.

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