

THE EXPECTATIONS AND PREFERENCES FOR COUNSELING
IN GROUPS
UNDERUTILIZING MENTAL HEALTH SERVICES

A Dissertation

by

ROBERT RAYMOND JACOBS

Submitted to the Office of Graduate Studies of
Texas A&M University
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

August 2003

Major Subject: Counseling Psychology

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Approved as to style and content by:

Collie Conoley
(Chair of Committee)

Michael Ash
(Member)

Donna Davenport
(Member)

Katherine Miller
(Member)

Douglas Palmer
(Head of Department)

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Major Subject: Counseling Psychology

ABSTRACT

The Expectations and Preferences for Counseling in Groups Underutilizing Mental Health Services. (August 2003)

Robert Raymond Jacobs, B.S., University of Florida;

M.A., University of West Florida

Chair of Advisory Committee: Dr. Collie Conoley

The present study examined the expectations and preferences about counseling for 211 undergraduate students representing four racial or ethnic categories as well as socioeconomic and gender categories. Participants were drawn from class sections and from student organizations at Texas A&M University. The study utilized a version of The Expectations About Counseling – Brief Form to assess both expectations and preferences for counseling. Analysis was conducted using ANOVA to examine differences between expectations and preferences for counseling for each of the racial or ethnic groups, as well as for comparisons between gender categories. A Pearson correlation procedure was used to examine differences between each of the five socioeconomic levels represented by the sample. Results indicate that differences exist between expectations and preferences for counseling in specific areas within each of the racial or ethnic groups examined. No differences were discovered between male and female

expectations for counseling. Additionally, some differences were noted regarding expectations for counseling and participants' socioeconomic level. Results are interpreted in terms of literature demonstrating the patterns of utilization of mental health services of each of the groups represented in the study.

TABLE OF CONTENTS

CHAPTER	Page
I INTRODUCTION.....	1
Statement of the Problem.....	1
The Present Study.....	2
Hypotheses.....	3
Definitions.....	4
II REVIEW OF THE LITERATURE.....	6
Introduction.....	6
Research on African-American Clients.....	8
Research on Asian-American Clients.....	11
Research on Mexican-American Clients.....	15
Research on the Impact of Acculturation.....	19
Research on the Impact of Gender.....	25
Research on the Impact of Socioeconomic Status.....	28
The Present Study.....	34
III METHODOLOGY.....	36
Sample Description.....	36
Selection Process.....	36
Variables of Interest.....	38
The Expectations About Counseling Instrument.....	38
Use of the Expectations About Counseling – Brief Form in the Current Study.....	41
The Hollingshead Two-Factor Index of Social Position.....	42
Reliability and Validity of the Index of Social Position.....	44
Procedure.....	45
Data Collection.....	45
Design.....	46
IV RESULTS.....	48
Demographics.....	48
Gender.....	49
Acculturation.....	49
Social Position.....	52

CHAPTER	Page
Utilization of Counseling Services.....	54
Data Analysis.....	56
Hypothesis 1.....	57
Hypothesis 2.....	61
Hypothesis 3.....	65
Hypothesis 4.....	69
Hypothesis 5.....	72
Interactions Between Variables.....	76
Reliability Analysis.....	76
V SUMMARY.....	78
Introduction.....	78
Hypothesis 1.....	79
Hypothesis 2.....	81
Hypothesis 3.....	83
Hypothesis 4.....	85
Hypothesis 5.....	87
Additional Results.....	89
Limitations of the Study.....	89
Sample Limitations.....	90
Future Research.....	92
Integrated Conclusions.....	94
REFERENCES.....	95
APPENDIX A.....	105
APPENDIX B.....	107
APPENDIX C.....	111
APPENDIX D.....	124
APPENDIX E.....	126
APPENDIX F.....	128
VITA.....	130

LIST OF TABLES

TABLE		Page
1	Descriptive Statistics of the Participants' Demographic Information.....	49
2	Participants' Ethnicity or Race by English as the Primary Language Spoken by Their Family of Origin.....	50
3	Participants' Race by Number of Generations Their Family has Lived in the United States.....	51
4	Participants' Race by Number of Years They Have Lived in the United States.....	52
5	Hollingshead Socioeconomic Distribution of the Participants.....	53
6	Means, Medians and Standard Deviations of Hollingshead Scores by Participants' Racial or Ethnic Background.....	54
7	Means, Medians and Standard Deviations of Hollingshead Scores by Participants' Sex.....	54
8	Participants' Race by Reported Previous Counseling Experience and by Whether or Not They Would Consider Seeing a Counselor.....	55
9	Participants' Hollingshead Score by Frequency of Previous Counseling Experience and By Whether or Not They Would Consider Seeing a Counselor.....	56
10	Multivariate Analysis of Variance for Participants' Racial or Ethnic Group and Gender for the Subscales of the Expectations About Counseling –Brief Form.....	57
11	ANOVA for the Difference Between Expectations and Preferences for Counseling for Asian-American Students.....	59
12	Means, Standard Deviations and Confidence Intervals for Asian-American Students.....	60

TABLE	Page
13 ANOVA for the Difference Between Expectations and Preferences for Counseling for Mexican-American Students.....	63
14 Means, Standard Deviations and Confidence Intervals for Mexican-American Students.....	64
15 ANOVA for the Difference Between Expectations and Preferences for Counseling for African-American Students.....	67
16 Means, Standard Deviations and Confidence Intervals for African-American Students.....	68
17 ANOVA for Expectations and for Counseling by Participants' Sex.....	70
18 Means and Standard Deviations of Male and Female Participants by Counseling Expectations and Preferences.....	71
19 Pearson Correlations and Significance Levels for Hollingshead Socioeconomic Level and Expectations for Counseling.....	74
20 Pearson Correlations and Significance Levels for Hollingshead Socioeconomic Level and Differences Between Expectations and Preferences for Counseling.....	75
21 Reliability Analysis of the Sub-Scales of the Expectations About Counseling Instrument.....	77

CHAPTER I

INTRODUCTION

Statement of the Problem

A number of studies in the literature have indicated that certain ethnic minority groups underutilize mental health services. Particularly, it has been shown that Mexican-American and Asian-American groups have not taken advantage of traditional mental health services that have been offered. A reasonable hypothesis is that the underutilizing client expects that counseling would not hold what is helpful to them. Several studies (Cramer, 1999; Satterfield, Buelow, Lyddon, & Johnson, 1995; Tinsley, Brown, de St. Aubin, & Lucek, 1984) have supported this idea and have suggested that clients' counseling expectations serve as motivational factors in determining whether or not they will seek professional psychological help. Additionally, it has been noted that clients' expectations about counseling may impact the development of relationships with counselors as well as influence counseling outcomes (Craig and Hennessey 1989).

A number of studies have been published which examine the attitudes toward counseling of Mexican-American, Asian-American and African-American clients. However, no research has investigated the potential dichotomy between

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what clients from these ethnic groups prefer that counseling should be and what they expect that counseling would actually entail. It is logical that a difference between what is preferred and what is expected about counseling could discourage individuals from utilizing mental health services.

Research has also demonstrated a similar underutilization of mental health services among individuals from low socioeconomic (SES) backgrounds. Research has demonstrated that clients from low SES backgrounds prefer counseling to focus on more concrete factors, and to provide advice or a form or tangible treatment. However, no studies have examined the potential disparity between these preferences and expectations about counseling. The factors that influence the utilization of resources, specifically mental health services, are a critical area of inquiry in need of extensive study.

The Present Study

The present study will focus on several new areas that have not yet been examined in the literature. First, while research data exists on the counseling preferences of Asian-American and African-American prospective clients, no studies have examined the expectations that members of these groups have about counseling. Second, using the existing literature on counseling preferences among minority groups, this study will examine the degree of similarity between cultural preferences about counseling and expressed expectations about counseling. Third, although some studies have documented the counseling preferences of individuals from low SES backgrounds, no research has examined the expectations about

counseling of this group, or compared group preferences with expressed expectations. The present study aims to compare the expectations about counseling of individuals from low SES backgrounds to those of individuals from middle and upper SES backgrounds. Further, the potential disparity between the counseling preferences of this group as indicated in the literature will be compared with expressed expectations.

Hypotheses

1. The preferences of subjects from ethnic minority groups that have been demonstrated to underutilize mental health services will not match expressed expectations about counseling.

A: Asian-American students will expect:

- Counselors to have a lesser degree of expertise, to be less confrontational, less directive and more self-disclosing than their expressed preferences.
- The process of counseling to be less concrete and less immediate than their expressed preferences.

B: Mexican-American students will expect:

- Counselors to be less directive, less expert, and more self-disclosing than their expressed preferences.
- The process of counseling to be less concrete and immediate than their expressed preferences.

C: African-American students will expect:

- Counselors to be more directive, more confrontational, less genuine, more expert and less nurturant than their expressed preferences.
 - The counseling process to be less concrete than their expressed preferences.
2. Women will expect:
 - A. To be more open and responsible in her behavior during counseling than men will expect to be.
 - B. A more positive outcome from receiving counseling than men will expect to receive.
 - C. The counselor to be more confrontive and genuine, and than men will expect.
 3. As Socioeconomic status decreases, subjects' expectations for responsibility will decrease, as will expectations for counseling outcome. Also, as SES decreases, students will expect counselors to be less directive and less expert; and will expect the counseling process to be more concrete and immediate than their expressed preferences.

Definitions

Expectation is defined as what an individual anticipates an initial counseling session to be like. For example, what he or she anticipates a counselor will actually be like, or the types of behaviors he or she will engage in. What he or she expects or understands will transpire in reality.

Preference is defined as what an individual hopes would transpire during an initial counseling session; what counseling should be like ideally. For example,

what he or she would want a counselor to do, or the types of behaviors that he or she would prefer to engage in during an initial meeting.

Immediacy refers to the expectation or preference that help will come during the counseling session, or that the content of the counseling session will be directly helpful in resolving some difficulty. For example, a counseling session might provide an opportunity to practice a difficult interpersonal skill.

Concreteness refers to the expectation or preference that the counseling process will provide specific behavioral and situational guidance as a form of assistance in dealing with a problem. For example, counseling might help to identify a particular situation in which a problem frequently arises.

Responsibility refers to an expectation or preference that the client would take an active role in the process of counseling, helping to generate the momentum of therapy. For example, taking initiative to ask for an explanation of a term that was not understood.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

When a client and a counselor meet for the first time, both individuals bring to the relationship a set of preconceived ideas about the nature of the interaction and about what would constitute a successful course of therapy. As Cherbosque (1987) pointed out fifteen years ago, individuals from different ethnic and social backgrounds are likely to have different ideas about counseling, both in terms of the nature of its process and outcome and about the type of counselor whom they might work. While several studies have explored the relationship between the cultural background of perspective clients and their attitudes toward counseling, no research has examined the potential dichotomy between what prospective clients expect from counseling and what they would prefer. Additionally, while numerous studies have recently focused on the importance of prospective clients' ethnic and gender identities with regard to counseling expectancies, no recent studies have investigated the influence of the socioeconomic background of prospective clients. When considering what clients and counselors bring of themselves to an initial meeting, a more thorough investigation of what prospective clients anticipate from counseling is merited.

In examining the provision of services, mental health professionals are concerned with both the accessibility of mental health services to individuals who need psychological assistance, and how satisfied those individuals are following

treatment. Both areas have been heavily researched. One indicator of client satisfaction utilized by many researchers is early dropout of therapy. Garfield (1994) suggested that the examination of dropout rates among therapy clients was important in light of the fact that clients terminate most therapy without the agreement of the therapist. In order to explain why clients leave therapy before it has been mutually agreed upon, researchers have examined demographic variables, relationship factors and client expectations.

Other research focusing on client satisfaction in therapy and accessibility to services has examined patterns of utilization among individuals from various ethnic groups, socioeconomic backgrounds and between the sexes. For example, an extensive study of the Los Angeles County mental health system in 1991 indicated that Asian-Americans and Mexican-Americans underutilized, whereas African-Americans overutilized, services. The same study found that African-Americans also exhibited less positive treatment outcomes as measured by a client satisfaction survey and that a match of ethnicity between counselor and client was related to length of treatment for all ethnic groups (Sue, Fujino, Hu, and Takeuchi, 1991).

This review of the literature covers previous research in the areas of client variables in the counseling relationship with regard to race, gender, acculturation and socioeconomic status. As this dissertation has focused on four particular ethnic groups: African-American, Asian-American, Caucasian, and Mexican-American, this literature review will examine research on how the cultural influences of each of these groups bear upon group tendencies toward counseling. Also, this literature

review will briefly cover research that has investigated the influence of gender and socioeconomic status on client attitudes toward counseling.

A number of studies have examined the relationship between the ethnicity of perspective clients' and their attitudes toward counseling. One idea that has received considerable attention in the literature is the importance of an ethnic match between counselor and client in a therapeutic setting. Generally, it has been predicted that ethnic minority clients would favor ethnically similar counselors to European American counselors and, if given the chance to request a type of counselor, would select one who was ethnically similar. A meta-analysis of ethnic minorities' ratings of counselors (Hardin, Wampold and Casali, 1995) assessed the preferences among ethnic minority clients for counselor ethnicity. An examination of 17 articles and 4 dissertations on the topic yielded an indication that, as predicted, clients from ethnic minority groups tended to prefer ethnically similar counselors over European American counselors. The researchers added that more precise studies were needed to determine the moderating effects of overall client attitudes, values and skills in the expressed preferences for counselor types.

Research on African-American Clients

Research on African-American clients and prospective clients has demonstrated distinct preferences among African-Americans for both specific styles of counseling and for the characteristics of counselors. Most research in this area echoes the assertions of Sue and Sue (1999) who suggested that many African-American clients prefer an egalitarian relationship with a counselor, and that most

favor a concrete, problem solving approach. However, a study by Atkinson, Furlong and Poston (1986) surveyed African-American students to examine preferences for counselor characteristics. Results indicated that compared with Caucasian students, the African-American sample preferred counselors to have a higher level of education, a more similar set of attitudes and beliefs, to be older, to be more similar in personality, and of the same ethnicity. The researchers stated that the two strongest preferences among participants were for an older and more educated counselor, and suggested that a counselor's expertness was a primary consideration among African-American prospective clients.

Other research has examined within-group variability among the African-American community in terms of attitudes toward the counseling process. For instance, Terrell and Terrell (1989) hypothesized that African-Americans differed along a construct termed "cultural mistrust", which was defined as both an identification with Black culture and a sense of skepticism toward mainstream culture. The researchers quantified and measured cultural mistrust among a sample of African-Americans, and hypothesized that the construct would relate to therapeutic outcome. Results of the study indicated that African-American clients with a high level of cultural mistrust were more likely to prematurely terminate counseling when seen by a White counselor than when seen by an African-American counselor. Further, the notion that an ethnic match between client and counselor is important was supported.

A study by Okonji, Ososkie and Pulos (1996) examined the attitudes of African-American clients toward counselors and counseling style. In this study, participants were asked to watch a videotaped sample therapy session where both the race of the counselor and the intervention strategies were varied. Okonji, Osokie and Pulos reported that, similar too previous studies, an overall preference for an ethnically similar counselor was found among African-American subjects. Additionally, African-American male clients rated more highly the sample sessions in which directive interventions such as in reality therapy were utilized, while rating lower the sessions that demonstrated person-centered therapy.

Evans, Acosta, Yamamoto and Hurwicz (1986) investigated gender and ethnicity correlates among the types of requests for assistance among clients in an outpatient psychiatric clinic. By conducting a factor analysis, the researchers identified three conceptual factors which accounted for the top 13 reasons listed for visiting the clinic: reality contact, clarification and social intervention. It was reported that African-American clients more often sought social interventions from therapy than did Caucasian or Hispanic clients. The researchers interpreted this finding to indicate that African-American clients sought for their counselors to take an active role in the solution of their problem.

Other research has directly examined the African-American clients' expectations about counseling and compared these expectations with those of other ethnic groups. A study by Gordon (1994) investigated the influences of ethnicity and presenting problems on expectations about counseling. The study compared

African-American, Asian-American and Caucasian students at a large university and examined both career concerns and relationship issues as presenting difficulties among clients. Although no relationship was found between the expectations that participants' had about counseling and their type of presenting issues, a significant main effect was reported for subjects' ethnicity. Results indicated that African-American and Asian-American subjects reported lower expectations of personal commitment to the counseling process than did European Americans.

Research on Asian-American Clients

Studies have consistently indicated that Asian-Americans, as compared with European Americans, underutilize psychological counseling services (For example, Yamamoto, 1978). Researchers have continued to establish this trend. For instance, a study by Meyer (1998) examined the records of a large university's counseling center to investigate the relationship between students' racial or ethnic backgrounds and their use of counseling services. The results of the study indicated that Asian-American students as a group differed significantly from Caucasian students in terms of the frequency of initial access to the college counseling center. Results also indicated that international students were significantly under-represented in the counseling center use while Caucasian students were significantly over-represented.

Some attention has been paid in the literature to the type of counselor characteristics favored by Asian-American clients. For example, one study by Leong (1986) investigated the importance of an ethnic match between counselor

and client for Asian-American prospective clients. The results of the survey indicated that Asian clients, like African-American clients, preferred to see a counselor of the same ethnic background.

Other studies have investigated the attitudes that Asian-Americans have toward the process and style of therapy, and toward the characteristics of counselors. For example, Fernandez (1988) surveyed Asian-American students to assess their attitudes toward counseling as a whole. The results of the survey indicated that Asian-American clients preferred a behavioral approach in counseling, particularly one that emphasized the teaching of new skills. It was also suggested that Asian clients often expect counselors to have a high degree of expertise and authority and that many may show deference to a counselor as a way of demonstrating respect.

It has been continually asserted in the literature that Asian-American clients tend to prefer a directive, expert counselor. Several studies have examined this trend and have sought explanations for this effect. Park (1999) examined Asian-Americans pre-therapy expectations about counseling as well as pre-therapy concerns over maintaining a posture of coolness relative to preferences for counselor characteristics and therapeutic style. The researchers termed the maintenance of coolness the client's need to maintain "face". The study revealed that both Asian-American and Caucasian students preferred a directive counselor, but that the preference was moderated by participants' concerns of maintaining face. It was shown that among subjects with low concerns over maintaining face,

there were no preferences for a directive or a non-directive style. The results suggested that cultural background alone does not account for an individual's expression of preferences for counseling style. A study by Chou (2000) reported very similar results. While examining the relationship between the group characteristics of Asian students and Asian students' preferences for counseling style, it was found that the participants' concerns over their loss of face during a counseling session were related to their preference for a directive style of counseling.

One particularly important area regarding the attitudes that Asian-Americans have about counseling may involve issues of autonomy and individuation in the context of the family of origin. Atkinson, Whitley and Gim (1990) point out that one explanation for the underutilization of mental health services by Asian-Americans is the shame and stigma associated with psychological problems in traditional Asian cultures. They suggest that seeking help from a professional counselor may be perceived as bringing shame and dishonor on an Asian-American family. Impalli (1999) examined how cultural values among Asian-American college students impacted their family relationships and psychological functioning, and suggested that traditional Asian family relationships had an overall positive effect on an individual's psychological development by providing a strong, supportive network. Impalli also pointed out that societies based on collectivism, such as Asian cultures, are noted to emphasize values such as family obligation rather than individual priorities. It was suggested

that the cultural foci of these types might conflict with the western values of individuation and autonomy, which are often viewed as signs of psychological health in counseling settings. Interestingly, at least one study has shown that Asian-American students were more willing to seek psychological help for issues related to self-concept than were European American or Mexican-American students (McCaffey, 1996).

Flum (1998) examined the help seeking preferences of Asian international students in hopes of discovering more about how Asian students conceptualize mental illness and mental health, and what attitudes they hold with regard to seeking psychological help. In one portion of the study, subjects were asked to relate both how their parents might feel upon learning that they had sought psychological help, and how they thought mental health counseling differed in the United States from counseling in their country of origin. The results of the study indicated two findings relevant to this dissertation. First and most importantly, a majority of students reported that their parents would have a negative reaction to the news that they had sought out psychological help. A theme in subjects' responses was that citizens in their countries viewed participation in psychotherapy as a shameful activity. A second, and perhaps unsurprising conclusion given the aforementioned finding, was that subjects indicated that the field of mental health appeared to be both more developed in the United States and to be more accepted than in their countries or origin (Flum, 1998).

Such speculation about the stigmas involved in seeking mental health care in Asian cultures has led some researchers to examine the resources available to Asian-American students in times of need. For example, Atkinson, Whitley and Gim (1990), citing a cultural reverence for elders, suggested that Asian-Americans often seek out older relatives rather than professional counselors when confronted with personal difficulties. An earlier study of Asian-American attitudes toward counseling by Atkinson, Pronterotto, and Sanchez (1984) reported similar results. Researchers asked subjects to relate whom they would prefer to discuss personal problems with and provided a number of potential response options, including mental health professionals. The results confirmed the research hypotheses in that subjects indicated a trend of preferring relatives to professionals. When indicating sources with whom they might seek psychological help, subjects ranked friends first, and older relatives second, community elders third, and psychological counselors fourth.

Research on Mexican-American Clients

In recent years, numerous studies have investigated the accessibility and quality of mental health services within the Mexican-American community. Within the United States, the Mexican-American segment is both the most numerous group among Latinos (approximately 59%), and the fastest growing group within the population as a whole (Gonzalez, 1997; U.S. Bureau of the Census, 2000). This changing demographic has made evident that a fuller understanding of Mexican-American population characteristics by mental health professionals is a necessity.

Even as this segment of the population is growing more rapidly than any other, Gonzalez (1997) pointed out that Mexican-Americans continue to be dramatically underrepresented among those who seek mental health services.

It has been widely established in the literature that Latinos underuse health and mental health services. One benchmark study utilizing Epidemiological Catchment Areas (ECA) data examined the help seeking behaviors of 2,315 Mexican-Americans and Caucasians in Los Angeles County. Analysis of trends in the data revealed that among those with a recently diagnosed psychological disorder, approximately 11% of Mexican-Americans visited a health care provider, while 22% of Caucasians visited a health care provider. The researchers added that rates of mental health problems among Mexican-Americans and Caucasians are approximately the same, which can be interpreted to indicate that the underutilization of mental health services by Mexican-Americans is not a function of lesser need for services (Hough, Landsverk, Karno, Burman, Timbers, Escobar, & Reigler, 1987).

Cherbosque (1987) examined differences between Mexican and American students in terms of their attitudes toward counseling. The study surveyed university students in Mexico and their counterparts in the United States to compare the expectations about counseling of the two groups. It was discovered that Mexican students in general expected counselors to be more directive, and for clients to be more open than did American students.

As with similar studies that have examined Asian-American and African-American students, research has demonstrated a preference for ethnically similar counselors among Mexican-American students. For instance, in examining the relationship between Mexican-American acculturation, counselor ethnicity, counseling style and perceived counselor credibility, Ponce and Atkinson (1989) demonstrated that among those who sought counseling, Mexican-American college students, across all levels of acculturation, were more likely than Caucasian students to see an ethnically similar counselor. Similar to previous findings, it was also reported that Mexican-American clients preferred a directive counseling style to a non-directive style for both personal and academic concerns.

Several studies have examined the underuse of mental health services by Mexican-Americans and have speculated about potential causes. For example, one study by Sue, Fujino, Hu, Takeuchi and Zane (1991) examined Latino underuse of mental health services in a variety of therapy settings. The researchers were attempting to provide evidence for the “cultural responsiveness hypothesis”, which holds that the effectiveness of counseling is related to the degree to which a counselor can communicate in the client’s language and understand the client’s background. Thus, a culturally responsive counselor is better able to avoid stereotypes, develop rapport, more accurately assess the client, and formulate an appropriate treatment strategy. Researchers speculated that Latino underuse of mental health services might be partly due to cultural barriers such as language incongruence between counselors and clients, the lack of bicultural counselors, and

the preference among Latinos for informal help-seeking resources. Results of the study by Sue et al (1991) indicated that matching Spanish speaking Mexican-American clients with therapists by similar ethnicity and language resulted in lower dropout rates, more treatment sessions, and improved therapeutic outcome.

In speculating about ways that mental health services could be made more accessible to Mexican-American clients, Gonzalez (1997) suggested that mental health research and practice for Latinos must integrate issues of immigration, acculturation and bilingualism. It was further posited that first generation Mexican-Americans present mental health issues that are rarely investigated, and that their expectations for counseling may be completely different from those of Caucasians. For example, Gonzalez (1997) pointed out that it is quite common for Mexican-American clients to believe that counseling will only require a single session to be effective or that once a single counseling issue is resolved that further counseling will not be needed. It was also suggested that many psychological concepts such as depression, anxiety, and psychosis are not easily understood in Mexican culture and are not easily described using the Spanish language. Gonzalez further suggests that the Mexican-American demographic holds certain beliefs about the mind and body that preclude them seeking out mental health services. One example is a tendency among Mexican-American clients to seek mental health services from physicians because they do not want to be labeled as loco or crazy (Gonzalez, 1997).

Research on the Impact of Acculturation

A number of studies have noted the existence of within-group distinctions among ethnic groups with regard to utilization of mental health services and attitudes toward counseling. While many authors have focused on differences between ethnic groups, within-group variation is sometimes overlooked and may account for some complexity in help seeking behaviors among various ethnic groups. One way that ethnic groups differ internally is by each individual's level of acculturation. Helms (1985) emphasized the importance of examining acculturation within ethnic groups. It was suggested that conceptually, acculturation could be examined as a cultural affiliation, which would illuminate dynamics of the variance within minority groups concerning decisions made about counselors. Helms posited that individuals who had a strong affiliation with their cultural group would likely not seek counseling, or would prematurely drop out of counseling if they were not matched with an culturally similar counselor.

Several recent studies have focused on the impact of acculturation on attitudes toward counseling among Mexican-American clients. Sue and Sue (1999) suggested that Hispanic clients who are less acculturated expect a higher degree of formality in the counseling relationship than Mexican-American clients who have incorporated more of the social norms of the United States. For example, factors such as the level of authority that the counselor maintains and the manner in which he or she dresses may impact the ability to establish rapport in an initial session with a less acculturated Mexican-American client. Other research has demonstrated

the importance of explaining confidentiality in a thorough way during an initial counseling session with less acculturated clients, who may have legal concerns about disclosing immigration information (Vazquez, 1997).

Similar research by Wells, Hough, Golding, and Burnham (1987) investigated the relationship between mental health service utilization and acculturation with regard to specific barriers to service use. Based on data collected from the Los Angeles site of the National Institute of Mental Health Epidemiological Catchment Areas Program, the researchers found that acculturation was a significant variable in the use of health services among Mexican-Americans. Specifically, Mexican-Americans who were less acculturated had substantially lower rates of outpatient mental health service use than Caucasians, and were twice as likely as Caucasians to visit a another community resource, such as a physician, for psychiatric or emotional difficulties. Additionally, Caucasians were approximately seven times more likely to visit a community mental health service than less acculturated Mexican-Americans. The researchers interpreted the results to indicate that two potential barriers related to acculturation encumbered Mexican-American use of health services. First, it was suggested that Mexican-Americans experienced certain barriers to care that Caucasians did not. For example, such barriers might be unfamiliarity with services in an area or the presence of a cultural stigma for receiving mental health services. Another explanation posited by the researchers was that many Mexican-Americans,

particularly those who were less acculturated, might lack the basic health care coverage that enabled service usage (Wells et al., 1987).

Another study by Kunkel (1990) examined expectations about counseling in relation to acculturation in Mexican-American and Anglo-American students. The study explored differences in expectations both between ethnic groups and, within the sample of Mexican-Americans, between levels of acculturation. Results indicated that while no differences between ethnic groups were present in terms of counseling expectations, expectations did significantly vary between acculturation categories. In general, students indicated that they expected to see a counselor who was genuinely accepting, nurturing and trustworthy and to maintain a somewhat personally responsible role during the encounter. In terms of differences, it was reported that Mexican-American students expected significantly higher levels of directiveness and empathy from a counselor than did Anglo-American students.

Another study by Pomales and Williams (1989) examined the effects of acculturation level and counseling style on Hispanic students' perceptions of a counselor. Specifically, the researchers hypothesized that student's acculturation level would affect their perceptions of a counselor and pre-tested subjects on an acculturation scale designed to categorize college students into one of three groups: Hispanic acculturated, bicultural, or Anglo acculturated. Participants viewed, and then rated a videotape of a counseling interaction where counselors used either a directive or a non-directive counseling style. It was reported that Anglo acculturated students rated the counselor as being trustworthier than did bicultural

or Hispanic acculturated students. It was further reported that, consistent with previous research on preferences for counseling among minority students, that students generally preferred a directive counseling style, and that this preference was more influential than acculturation on the perception of positive counselor attributes. Pomales and Williams also pointed out that level of acculturation and counseling style did not affect the same dependent measures of perceptions of counselor attributes and that the relationship between acculturation and preferences for counseling style is complex and worthy of further investigation. Similarly, while examining the relationship between acculturation level and willingness to seek help, Mccaffrey (1996) reported finding that least acculturated Asian-American and Mexican-American students indicated the highest expectations about counselor expertise.

Other research has focused on the role of acculturation among Asian-Americans in terms of their attitudes toward counseling. Atkinson, Whitley & Gim (1990) hypothesized that cultural values play a more important role in seeking mental health services among recent immigrants, and that more acculturated Asian-Americans perceive psychological counselors more favorably than do less acculturated Asian-Americans. Atkinson et al's research surveyed Asian-American college students to investigate the relationship between acculturation level and attitudes toward help-seeking behavior. The results confirmed all hypotheses and indicated that regardless of sex or ethnicity, the most acculturated students were the most likely to recognize the need for psychological help, were the most tolerant of

the stigma associated with psychological help, and were most open to discussing their problems with a psychologist.

Another factor related to acculturation and the utilization of mental health services is an individual's facility in locating services to use, and their understanding of the nature of the services provided. Gonzalez-Kruger (2000) examined acculturation as it related to Mexican-American's utilization patterns of marriage and family therapy services. The researchers analyzed responses to pre and post therapy questionnaires, as well as recorded interview materials. The results reported that the clearest finding was that the participants' responses were suspect due to a pervasive lack of understanding of the differences between counseling, psychotherapy and marriage and family therapy.

Kim (2002) investigated the impact of Asian-American students' acculturation level on attitudes toward counseling by focusing on participants' adherence to certain cultural values. The study examined the relationship between participants' adherence to Asian or American cultural values, the sample counselor's expression of cultural values, the sample counselor's ethnicity, and the career counseling process among Asian-American college students. The results indicate that clients who had a high adherence to Asian cultural values evaluated Asian-American counselors as being more empathetic and credible than did clients with low adherence to Asian values. Interestingly, this study also found that the inverse was also true. Those participants who had low adherence to Asian cultural values evaluated European American counselors as being more empathetic than did

subjects with high adherence to Asian cultural values. Contrary to many findings, it was additionally reported that Asian-American subjects rated their sample session with a European American counselor as being more positive and stimulating than their session with an Asian-American counselor.

A similar study by Shih (2001) examined three Chinese American groups with regard to each participant's level of acculturation, their cultural values and their counseling expectations among. Shih hypothesized that membership in one of the three societies would represent a different stage of adherence to traditional Asian or traditional American values. Further, it was hypothesized that the three Chinese societies- Mainland China, Taiwan, and Hong Kong- would influence participants' levels of acculturation, adherence to Asian cultural values, and counseling expectations, and that these Chinese subgroups, subjects' acculturation level and subjects' adherence to cultural values would predict three sub-scales of the Expectations About Counseling – Brief Form. The results showed no support for the hypotheses that differences would exist between acculturation level, adherence to cultural values and counseling expectations among the three Chinese student subgroups. Shih suggested that Chinese American students are more similar in their acculturation level and in their expectations about counseling than might be expected given their heterogeneous political, economic and social histories. However, one finding related to acculturation was that students who were less acculturated expected counselors to be more expert compared with students who reported higher levels of acculturation (Shih, 2001). Interestingly, in a study

examining the barriers of utilization of mental health services among Asian-Americans, Chou (2000) reported finding that level of acculturation among Asian-American students was not at all predictive of their acceptability of four types of treatments, their ratings of willingness to see a counselor for relationship, career, or substance abuse counseling, nor for their preferences for an ethnically similar counselor.

Research on the Impact of Gender

Another area of inquiry included in this study is the topic of gender. In recent years, much research has focused on the differences between men and women in terms of receptivity to counseling style and interventions, as well as on the differences between men and women's understandings of what a successful therapy encounter would entail. American culture has changed dramatically over the past thirty years with regard to common understandings of gender roles and stereotypes. Understanding these changes and their ramifications for treatment and for counseling expectancies among clients has surely been one of the most important tasks of the past quarter century, and will continue to be a challenge for the field as a whole. As the scope of this topic is itself so broad, much of the literature pertaining to gender differences in acceptability of psychological assistance is beyond the scope of this literature review. It is necessary, however, to review a few basic points that give credence for continued inquiry in this direction.

There is much literature describing the different socialization patterns of men and women in American culture. For example, in a seminal article on the topic

as related to psychology, Gilbert (1987) pointed out that men are socially trained to be emotionally assertive, powerful, independent, and to equate sexuality with intimacy. At the same time, women are generally socialized to be more nurturing, and to derive achievement through their affiliation with others, particularly their spouse. In examining gender roles and the process of psychotherapy, Mintz and O'Neil (1990) pointed out that men often do not seek out psychotherapy and that, as a group, men have a reputation for being out of touch with their feelings. Mintz and O'Neil speculated that the process of seeking therapy is antithetical to the socialized gender expectancy of what it means to be a man. At the same time, these authors pointed out that women are much more likely to seek therapy and that the actual counseling relationship may translate into behaviors that resemble the socialized role of a woman. This may include, for example, assuming a subordinate role, not questioning a therapists' interpretations, and a tendency to attempt to please a therapist (Mintz and O'Neil, 1990).

Other research has focused on the impact that a client's gender has on his or her expectations about counseling. Several dated studies indicate that men and women may have different expectations about counseling process. For instance, Subich (1983) found that women expected stronger facilitative conditions and a higher degree of personal involvement in counseling than did men. Data also showed that women generally anticipated a more positive counseling outcome from counseling. Similar findings were obtained by Hardin and Yanico (1983) who reported finding significant differences between men and women in terms of many

aspects of the counseling process. Using the Expectations About Counseling Form, it was found that women scored higher on scales dealing with motivation, openness, responsibility acceptance, confrontation, genuineness, attractiveness, immediacy and outcome than did men. In the same study, men reportedly scored higher on scales dealing with directiveness and self-disclosure. These results were interpreted to confirm sex role stereotypes regarding interaction styles in counseling encounters.

Some research appears to suggest that women across cultures may be more alike than different in terms of their expectations about what counseling would be like. North (1996) administered the Expectations About Counseling- Brief Form to 98 clients of both European American and Mexican-American backgrounds who sought mental health services in community clinics in south Texas. As analysis of variance revealed significant differences between Mexican-American and European American women in only two of the EAC-B sub-scales, North found less support than hypothesized for differences between women from the two groups.

In a study of the counseling expectations of Mexican-American and Anglo-American students, Kunkel (1990) reported finding that women in each group tended to express higher expectations toward being motivated in counseling, and generally anticipated contact with an accepting, present, genuine counselor. These results are similar to those obtained by an earlier study by Kunkel, Hector, Coronado, and Vales (1989) and by Subich (1983). A more recent study by Aegisdottir and Gerstein (2000) also found a similar gender difference around

motivation in counseling. Results indicated that female students expressed expectancies of a greater personal commitment to the counseling process than did male students. Similar results were found by Cherbosque (1987) who reported that compared with men, women tended to expect to reveal more about themselves and to take more responsibility in a counseling session, but expected that the counselor would reveal less about him or herself during a session.

Other research has addressed the impact of cultural context on gender specific expectancies about counseling. For instance, in examining the expectations of prospective clients in Yucatan, Mexico, Kunkel, Hector, Coronado and Vales (1989) reported finding that women in this culture expressed lower expectations for counselor expertise and higher expectations for counselor warmth in a way that appeared consistent, with women's task-oriented roles. It was also reported that the expressed expectancies of men about counseling reflected masculine role identification within this culture, such as the desire for independence, self-sufficiency and the capacity to overcome.

Research on the Impact of Socioeconomic Status

It seems obvious that individuals from low socioeconomic backgrounds would not only approach therapy differently, but would experience life in a different way than individuals from middle and upper SES (socioeconomic status) backgrounds. As Sue and Sue (1999) point out, counseling services in the United States, and in many countries, are mainly utilized by middle and upper class segments of the population. As minority groups are overrepresented among the

poor (Sue & Sue, 1999), it is important that counselors consider a number of other factors while formulating appropriate treatment strategies in therapy. For instance, it must be considered how the other factors related to the socioeconomic status of a particular client such as the stresses of poverty and poor housing bear upon the therapeutic encounter. Also, in working with clients from diverse ethnic backgrounds, it is important to consider how the acculturation level of particular clients impacts therapy. Factors such as English fluency may produce frustrations in clients or present barriers to receiving adequate mental health services (Sue and Sue, 1999). One study by Louis and Zhao (2002), for example, attempted to examine the quality of life of individuals from a variety of different backgrounds. The researchers inquired about subjects' family structure, family socioeconomic background and adulthood experiences. Results of the study showed that subjects' family structure and family SES were most closely related to life satisfaction in adulthood after controlling for age, gender, race and education.

A wealth of data exists supporting the idea that clients from lower socioeconomic backgrounds experience counseling in a qualitatively different way than therapy clients from middle and upper socioeconomic backgrounds. A seminal study by Hollinghead and Redlich (1958) demonstrated that individuals from different social classes receive different types of therapy when they present for counseling. For instance, it was shown that long term, psychoanalytic therapy was given mainly to middle and upper class clients.

Much of the research examining social class variables in therapy has employed the index first developed by Hollingshead and Redlich (1958). For individuals who were admitted to therapy, other research has shown a discrepancy in terms of their outcome measures. More recent studies have also demonstrated significant correlations between social class and continuation in psychotherapy. Pilkonis, Imber, & Rubinsky (1984) demonstrated that clients from lower social classes were significantly less likely to remain in treatment after the sixth session. Bergain and Garfield (1981) also found a significant correlation between socioeconomic status and premature termination. The results demonstrated a linear relationship between social class and continuation in psychotherapy, with increasing proportions of dropouts as social class level decreased. The study also indicated that lower class patients missed more scheduled appointments.

Bischoff (1993) asserted that an inverse relationship existed between client SES and early drop out of therapy, with clients from low SES backgrounds dropping out the most often and clients from high SES backgrounds dropping out the least often. A study by Tracey (1986) which examined the relationship between clients' SES backgrounds premature termination rates reported similar results. It was shown that clients from lower SES backgrounds missed appointments at a higher rate than clients from middle and upper SES backgrounds.

More recent research has also linked clients' socioeconomic backgrounds with premature termination of therapy. Edlund, Wang, Berglund, Katz, Lin, and Kessler (2002) performed a series of interviews with individuals who had been in

counseling a year prior to the study to examine characteristics that they might have in common. Participants were drawn from both the United States and Canada and had received services in a variety of counseling settings. The interviews assessed numerous potential dropout correlates, such as: socioeconomic status, attitudes toward mental health care, client diagnosis, and type of setting. The results of the study indicated that a low income level among participants was the clearest predictor of premature dropout of therapy.

Most research in the last decade or so has failed to examine congruence between client and counselor regarding socioeconomic differences between the dyad. Some older research looked specifically at this dynamic. For example, Sladen (1982) investigated the effects of socioeconomic status of both the counselor and the client on the perception each had of process variables in counseling. It was reported that in terms of client satisfaction with counseling process, clients who were most closely matched with counselors in terms of race and socioeconomic status rated the congruence of their counseling dyad the highest. Low ratings were given, however, when clients and counselors happened to have come from difference SES backgrounds.

MaCabe (2002) attempted to predict therapy treatment dropout rates among Mexican-American families who presented for treatment at a mental health center. Each of the families in the study had sought treatment for at least one child at the center. The researchers used measures of household income, acculturation, therapist, client ethnic match, perceptions of stigma, and expectations of therapist

defectiveness to predict early dropout from the treatment program. The results indicated that the most significant factors in predicting early dropout were the educational level attained by parents, and a belief in the efficacy of increasing discipline to modify a child's behavior. MaCabe concluded that the group most likely to drop out of family therapy early were less educated parents who felt that they should be able to independently overcome their child's mental health problems through increasing discipline.

Some research suggests that being from a low socioeconomic background is both a cause and a consequence of certain psychological disorders. For example, Miech, (1999) examined the mutual influence of mental disorders and educational attainment, a central component of SES. The longitudinal study focused on anxiety, depression, anti-social disorder and attention deficit disorder, finding that each had a unique relationship with SES. Another study by Holzer, Shea, Swanson and Leaf (1986) demonstrated an increased risk for specific psychiatric disorders among persons of low socioeconomic status. It was shown that the strongest correlation with being from a low SES background was a correlation with schizophrenia and with cognitive impairment, and that there was a moderate correlation with alcohol dependence. The results also showed a low, but still significant relationship between low SES and incidence of major depression.

Some authors have noted the overlap between socioeconomic status and ethnic identity in certain areas. For example, Gonzalez (1997) cited census bureau information in pointing out that, as a group, about 53% of Latinos age 25 or older

had completed high school, compared with 83% of non-Latinos. Within this group, only about 47% of Mexican-Americans age 25 or older had completed high school, the lowest among Latinos. Regarding income disparities between races, Gonzalez (1997) noted that in 1994, about 11% of Mexican-Americans were unemployed (16 years or older) whereas the national non-Latino average was 6.6%. Among Mexican-Americans, 10.9% of men and 11.7% of women were unemployed. In 1993, the median annual full-time earnings of Latino men was \$20, 149, and for Latinas it was \$16,758. Meanwhile, the median yearly full time earnings for non-Latino men were \$31,210 and \$22,051 for non-Latino females. Further, Gonzalez reported that Most Mexican-American men worked as operators, fabricators, and laborers (31.7%). The 2000 United States census reported a continuation of these trends. According to U.S. Census Bureau data (2000) 22.8% of Hispanics live at or below the poverty level, compared with 12.4% of all Americans and 7.7% of Caucasians.

Other authors have examined African-American cultural characteristics as they relate to socioeconomic status. An older study by Osborne and LeGette (1982) examined the impact and interaction of race and social class on the development of an individual's self-concept. The authors reported finding evidence that a positive relationship existed between socioeconomic status and ethnic identity. Specifically, that participants who were African-American as well as those from low socioeconomic backgrounds viewed themselves as less academically and socially capable than Caucasian participants from higher socioeconomic backgrounds.

Further, economic status exerted “strong influences” on self-concept among African-American high school students included in the study.

Carter (1988) asserted that social class structure is a crucial variable for explaining African-American personality characteristics. Carter suggested that racial identity attitudes appear to represent a psychological orientation, which reflects an individual’s personal reaction to his or her own psychosocial experiences. Further, it was shown that the two concepts, while correlated, appeared to be separate and distinct from one another.

The Present Study

While numerous studies have investigated the attitudes toward counseling of Mexican-American, Asian-American and African-American clients, no research has explored the potential dichotomy expectations for counseling and preferences for counseling among these racial or ethnic groups. It is logical that a difference between what is preferred and what is expected about counseling could discourage individuals from utilizing mental health services. Additionally, while previous research has demonstrated that individuals from low socioeconomic backgrounds underutilize mental health services, no studies have examined the potential disparity between the preferences and expectations about counseling among these individuals.

The present study seeks to test the hypotheses that:

1. Asian-American students will expect counselors to have a lesser degree of expertise, to be less confrontational, less directive and more self-disclosing than

their expressed preferences. Also, Asian-American students will expect the process of counseling to be less concrete and less immediate than their expressed preferences.

2. Mexican-American students will expect counselors to be less directive, less expert, and more self-disclosing than their expressed preferences. Also, Mexican-American students will expect the process of counseling to be less concrete and immediate than their expressed preferences.
3. African-American students will expect counselors to be more directive, more confrontational, less genuine, more expert and less nurturant than their expressed preferences. Also, African-American students will expect the counseling process to be less concrete than their expressed preferences.
4. Women will expect to be more open and responsible in her behavior during counseling than men will expect to be, and will expect a more positive outcome from receiving counseling than men will expect to receive. Also, women will expect the counselor to be more confrontive and genuine, than men will expect.
5. As Socioeconomic status decreases, subjects' expectations for responsibility will decrease, as will expectations for counseling outcome. Also, as SES decreases, students will expect counselors to be less directive and less expert; and will expect the counseling process to be more concrete and immediate than their expressed preferences.

CHAPTER III

METHODOLOGY

Sample Description

Participants were 211 undergraduate students enrolled at Texas A&M during the spring and summer semesters of 2002. Participants from four broad racial or ethnic categories were approached to participate in the study: African-American, Asian-American, Caucasian and Mexican-American. Each racial or ethnic group was represented by approximately the same number of subjects, whose ages ranged from 18 to 51. Subject groups were also balanced in terms of gender, with approximately equal numbers of men and women participating in the study. Additionally, each of the five categories in the Hollingshead Two factor Index of Social Position were represented in the sample. While the majority of participants represented middle to high social backgrounds, approximately 21 percent of participants represented categories 4 and 5 on the Hollingshead Two Factor Index of Social Position, which includes individuals from lower middle to low socioeconomic backgrounds.

Selection Process

The criterion for inclusion in the study was based upon the subjects' enrollment at Texas A&M during the spring and summer semesters. Following the approval of Texas A&M University's Institutional Review Board, participants were recruited from the student population in a variety of ways. First, the researcher contacted representatives from numerous multicultural student organizations and,

when possible, arranged to administer the survey during meetings where a number of students were present. The researcher also established access to international students through informal networks of student organizations, clubs and fraternity organizations. Additionally, several instructors were contacted to request permission to collect data following class meetings and to schedule data collection sessions. All participants were informed of the nature of the study and were provided with a copy of the informed consent form as well as the researcher's name and contact information prior to completing the survey. Those individuals willing to participate in the study received instructions regarding the completion of the survey, and were informed of their opportunity to participate in a drawing for a gift certificate to a major bookstore as a way of thanking them for participating.

Participants in the study were mixed in terms of their residency status in the United States. As the sampling procedure involved the participation of several international student organizations, it is clear that a number of participants from these organizations were residents of a country outside of the United States. Although residency and citizenship was not assessed by the demographic questionnaire, the number of generations that participants' families had lived in the United States was assessed. In addition to those who were United States citizens, participants from Asian backgrounds were Korean, Japanese, Chinese and Vietnamese. Similarly, participants who indicated a Mexican heritage were represented by both United States citizens and Mexican citizens.

Variables of Interest

The following independent variables were considered as a part of this study: 1) racial or ethnic background; 2) age; 3) sex; 4) socioeconomic background; 5) level of acculturation in the United States and 6) previous counseling experience. The dependant variables of interest were subjects' expectations and preferences for the following dynamics of counseling: 1) counselor expertise; 2) confrontation; 3) counselor genuineness; 4) counselor nurturance; 5) counselor directiveness; 6) counselor self-disclosure; 7) concreteness of process; 8) immediacy of process; 9) client responsibility; 10) client openness; and 11) quality of counseling outcome.

The Expectations About Counseling Instrument

Permission to use the Expectations About Counseling instrument was sought and granted prior to data collection via e-mail with the instrument's developer (see Appendix A). Each participant completed a modified version of the Expectations About Counseling form, designed to assess subjects' expectations and preferences about counseling in the specific areas of interest of the study. The instrument consisted of two distinct parts, each with 35 questions each, which were answered using a 7-point Likert type scale. Response options range from: 1) not true to 7) definitely true.

The questions on The Expectations About Counseling Instrument are divisible into 18 specific sub-scales: Client Responsibility, Client Openness, Client Motivation, Counselor Attractiveness, Counseling Immediacy, Counseling Concreteness, Counseling Outcome, Counselor Acceptance, Counselor

Confrontation, Counselor Genuineness, Counselor Trustworthiness, Counselor Tolerance, Counseling Concreteness, Counselor Directiveness, Counselor Empathy, Counselor Expertise, Counselor Self-disclosure, and Counselor Nurturance. Of these, the researcher selected the 11 that assessed the areas of interest in this study. The sub-scales of the EAC which were utilized by the researcher for this study were: Counselor Expertise, Counselor Confrontation, Counselor Directiveness, Counselor Self-Disclosure, Counselor Genuineness, Counselor Nurturance, Counselor Attractiveness, Counseling Concreteness, Counseling Immediacy, Counseling Outcome, and Client Responsibility.

Utilizing these sub-scales, the researcher divided each questionnaire into two sections. In each survey questionnaire, one set of questions assessed participants' expectations about counseling while a second set assessed participant's' preferences about counseling. As a safeguard against potential response bias through order effects, two separate forms of the instrument, Form A and Form B, were constructed. Form A assessed subjects' expectations first and preferences second, while Form B assessed subjects' preferences first and expectations second. Additionally, participants were given explicit oral instructions about the distinct nature of the two sections of the survey prior to administration of the instrument. For the purposes of this study, preference has been defined as the aspects of the therapy relationship favored by prospective clients, that would transpire in an ideal counseling situation. Additionally, expectation has been defined as the aspects of the therapy relationship anticipated by prospective clients,

regardless of preference, or what could be considered ideal. Expectation is the experience that prospective clients anticipate would actually transpire in an initial counseling session. See Appendix 4 for the version of The Expectations About Counseling Instrument used in this study.

Several studies have examined the reliability and validity of the Expectations About Counseling Form. Tinsley, de St Aubin, and Brown (1982) pointed out that of the various ways of assessing reliability, measures of the internal consistency reliability of the instrument are perhaps the most important because the constructs being measured are hypothesized to be relatively pure, but modifiable over time. Tinsley studied the internal consistency of the EAC by examining the responses of 446 students from introductory psychology courses. The internal consistency reliability of the scales ranged from .71 to .89, with a median reliability of .82. All of the scales used in this dissertation had a reliability of .77 or higher.

As the Expectations About Counseling – Brief Form was utilized in this dissertation, research investigating the correlations between scale scores on the full and brief versions is also relevant. Results reported by 2 separate studies (Tinsley, Holt, Hinson, & Tinsely, 1991; Yen & Tinsley, 1981) demonstrated the internal consistency reliability of the scales on the brief EAC ranged from .71 to .89 with a median reliability of .82. The test-retest reliability of the scales on the brief EAC ranged from .47 to .87, with a median test-retest reliability of .71, using a two month interval. All but the scale measuring client's responsibility had a test-retest

reliability of .60 or higher. Tinsley (1982) also reported finding that the correlation between corresponding scales on the full and brief forms of the EAC typically exceeds .85. Thus, the brief form is preferable for research purposes because it has an acceptable internal consistency and test-retest reliability, a high level of conveyance with the full EAC, and is less time consuming both to administer and score.

A study by Tinsley, Holt, Hinson, and Tinsley (1991) examined the factorial validity of the brief form of the Expectations About Counseling Form. Researchers analyzed the responses of 172 students enrolled in introductory psychology courses who were administered several instruments. Subjects provided responses on the EAC-B, the Student Developmental Task Inventory, the Counseling Readiness Scale of the Adjective Check List, and the Career Counseling Diagnostic Inventory. The results demonstrated that separate constructs were measured by each instrument, supporting the factorial validity of the EAC-B. This was interpreted to indicate that expectations about counseling as assessed by the EAC-B can be measured independently of constructs such as participants' levels of psychosocial development, perceived psychological difficulty and counseling readiness.

Use of The Expectations About Counseling – Brief Form in the Current Study

Utilizing these sub-scales, the researcher divided each questionnaire into two sections. In each survey questionnaire, one set of questions assessed participants' expectations about counseling while a second set assessed

participants' preferences about counseling. As a safeguard against potential response bias through order effects, two separate forms of the instrument, Form A and Form B, were constructed. Form A assessed subjects' expectations first and preferences second, while Form B assessed subjects' preferences first and expectations second. Additionally, participants were given explicit oral instructions about the distinct nature of the two sections of the survey prior to administration of the instrument. For the purposes of this study, preference has been defined as the aspects of the therapy relationship favored by prospective clients, what would transpire in an ideal counseling situation. Additionally, expectation has been defined as the aspects of the therapy relationship anticipated by prospective clients, regardless of preference, or what could be considered ideal. Expectation is the experience that prospective clients anticipate would actually transpire in an initial counseling session.

A third portion of the survey asked subjects 11 questions about their demographic background. See Appendix 5 for the demographic questionnaire.

The Hollingshead Two-Factor Index of Social Position

The Hollingshead is an index that classifies individuals into one of five socioeconomic groups based upon educational attainment and occupation. It is the most widely used instrument of its type in the literature.

Due to the inherent difficulties of utilizing educational attainment and occupation to measure the social status among college students, the focus of the Hollingshead Index shifts in this case to measure these constructs within the

student's family of origin. Specifically, students are asked to indicate the educational attainment and occupation of the primary breadwinner of their family of origin.

The occupational scale is a 7-point scale which ranks professions into different groups and businesses by their size and value. The educational scale is also divided into seven positions.

In the two-factor index, occupation is given a weight of 7 and education is given a weight of 4. The procedure for calculating the index is as follows:

<i>Factor</i>	<i>Scale Score</i>	<i>X</i>	<i>Factor Weight</i>	=	<i>Partial Score</i>
Occupation	3		7		21
Education	3		4		<u>12</u>
Index of Social Position Score					33

The range of scores in each of the five social classes are as follows:

- Class I: 11-17
- Class II: 18-31
- Class III: 32-47
- Class IV: 48-63
- Class IV: 64-77

In discussing the procedure of categorizing individuals or families through use of this system, Hollingshead and Redlich (1958) suggested that the class categories represented the approximate limits of social positions in United States society. The class categories range from 1 to 5, with 1 as the highest social class and 5 as the lowest.

Reliability and Validity of the Index of Social Position

Miller (1997) reported that there is a high correlation between the Hollingshead index and other similar measures, such as one devised by Ellis, Lane and Olsen. Further, it was reported that a correlation of .906 exists between an individual's score on the Hollingshead Index and their judged social class.

A study by Cirino, Chin, Sevcik, Wolf, Lovett, and Morris (2002) examined the reliability and validity of different approaches to measuring socioeconomic status. The researchers investigated several commonly used SES measures including the Hollingshead Two-Factor index of Social Position. Socioeconomic status as measured by the Hollingshead was compared with measures from the Nakao and Treas scale and the Blishen, Carroll and Moore scale. The researchers reported high intermeasure correlations between the instruments ranging from $r=.81$ to $r=.88$, indicating a high level of reliability for the Hollingshead Two Factor Index of Social Position.

Slomczynski, Miller, and Kohn (1981) stated that the use of the Hollingshead Index for research within the U.S. is validated by longitudinal measurement models that show the Hollingshead Index to be as strong an indicator of social status as Trieman's international Prestige Scale, the Hodge-Seigle index, or the Duncan Socio-Economic Index.

Further, The Hollingshead has a high degree of utility because only occupational and educational information are needed. The scale score can be

quickly computed and individual social position established (Slomczynski, Miller and Kohn, 1981).

Procedure

Prior to data collection sessions, the researcher informed potential participants of the intended use of the information they would provide, including the protection of participant confidentiality. Participants willing to participate in this study were given oral and written directions regarding the completion of the survey questionnaires. Following participation in the study, the researcher collected each of the questionnaires. In a few cases where participants were unable to complete the questionnaires at the time of the meeting, the researcher provided self-addressed, stamped envelopes for their return of the research materials.

Approximate data collection time was 10 minutes for each subject.

Data Collection

Data was collected in a variety of settings. Approximately one fourth of the data was collected in large classroom settings at Texas A&M University prior to class meetings. The remainder of the data was collected through student organizations and informal networks of ethnic minority students. As student organizations meet in a variety of venues, surveys were administered in various locations; including student apartments and places of worship. Prior to data collection sessions, the researcher informed potential participants of the intended use of the information they would provide, including the protection of participant confidentiality. Participants willing to participate in this study were given oral and

written directions regarding the completion of the survey questionnaires. Following participation in the study, the researcher collected each of the questionnaires. In a few cases where participants were unable to complete the questionnaires at the time of the meeting, the researcher provided self-addressed, stamped envelopes for their return of the research materials. Approximate data collection time was 10 minutes for each subject.

The researcher entered the raw data from each questionnaire into an Excel data file, which was then formatted for the Statistical Package for the Social Sciences (SPSS). This data was then used to create an SPSS data file, which was, in turn, used for further data analysis.

Design

This study employed both a within-subjects design and a between-groups design. First, a within-subjects MANOVA was used to examine the potential differences between individuals' expectations and preferences about counseling within four separate racial or ethnic groups and within each gender. The independent variable was the participants' belief about counseling, which included both what participants expected would occur in counseling and what participants preferred would occur in counseling. The dependent variables were the subscales of the characteristics of the Expectations About Counseling – Brief Form. The subscales were Counselor Expertise, Counselor Genuineness, Counselor Nurturance, Counselor Directiveness, Counselor Self-Disclosure, Counseling Concreteness, Counseling Immediacy, Client Responsibility, Client Openness, and

Counseling Outcome. The independent variable was the individual's perception about counseling. That is, what a participant expected would occur during counseling and what would be preferred in counseling. The analysis was the comparison of the participant's expectation about what would occur in counseling versus their preferences about what should occur in counseling for each of the counseling processes. The analysis was repeated for each racial or ethnic group. For each gender, the analysis was the comparison of expectations of what would occur in counseling. Secondly, a between-groups design was used to examine the potential differences among the socioeconomic categories within the sample. This portion of the analysis was performed using a Pearson correlation procedure. This procedure correlated participants' expectations about what would occur in counseling with their score on the Hollingshead Two-Factor Index of Social Position. A second between-groups analysis correlated the difference between what participants' expected would occur in counseling versus what participants preferred should occur in counseling with their score on the Hollingshead Two-Factor Index of Social Position. Additionally, a four-way ANOVA procedure was conducted to examine possible interaction effects between the variables of interest that were not included in the hypotheses. The dependent variable was the Expectations About Counseling – Brief Form scores which were computed by using the Difference Between Expectations and Preferences for Counseling. The independent variables were Participant Sex, Participant Racial/Ethnic Background, and the Means Scores for Each Counseling Process.

CHAPTER IV

RESULTS

Data were collected from 211 undergraduate students at Texas A&M University. Results of the data analysis are presented in this chapter. A brief discussion of the data set is presented first, followed by a discussion of the statistical assumptions required for this analysis. Thirdly, the data analysis for each hypothesis is presented and evaluated.

The data collected through the course of this study was analyzed using the Statistical Package for the Social Sciences (SPSS). The scoring of instruments was completed according to the guidelines set forth by the authors.

Demographics

Demographics are reported in Table 1. The major features are summarized on the following page.

Table 1

Descriptive Statistics of the Participants' Demographic Information

<u>Variables</u>	<u>Mean</u>	<u>SD</u>	<u>Min</u>	<u>Max</u>
Age	22.69	4.54	18	51
Years of Education (Breadwinner, Family of Origin)	15.35	2.808	4	21
Hollingshead Educational Level (Family of Origin)	2.39	1.276	1	7
Hollingshead Occupational Score (Family of Origin)	2.80	1.684	1	7
Hollingshead Score	2.49	1.177	1	5
Number of generations family in U.S.	3.55	2.488	0	12
Years in the U.S.	16.42	7.893	1	29

Two hundred and eleven participants comprise the data set. The mean age among participants was 22.69 years. The mean number of years of education for the primary breadwinner in participants' family of origin was 15.49 years, with a minimum of 4 and a maximum of 21.

Gender

The Gender distribution of the sample is reported in Table 2. Of the 211 participants, 99 were male and 112 were female.

Acculturation

The acculturation level of the sample was measured by assessing participants' responses to three specific questions dealing with the primary language of their family of origin, the number of generations that their family had lived in the United States, as well as the number of years that they themselves had

lived in the United States. First, participants were asked whether English was the primary language spoken by their family of origin. In total, 67% of participants indicated that English was the primary language spoken by their family or origin, while 33% indicated that it was not. Asian-Americans reported that English was less often the primary language spoken by their family of origin (10%) when compared to the other three groups. Additionally, 47% of Mexican-American participants reported that a language other than English was primarily spoken by their family of origin. The primary language usage indicated by the sample is reported in Table 2.

Table 2

Participants' Ethnicity or Race by English as the Primary Language Spoken by Their Family of Origin

<u>Race/Ethnicity</u>	<u>Yes</u>	<u>No</u>
African-American	55 (98%)	1 (2%)
Asian-American	5 (10%)	45 (90%)
Caucasian	55 (98%)	1 (2%)
Mexican-American	26 (53%)	23 (47%)
Total	141 (67%)	70 (33%)

Second, the acculturation level of each of the racial or ethnic groups included in the study was assessed by asking each participant the number of generations that their family had lived in the United States. The results of this analysis were similar to those of the assessment of the primary language of participants' families of origin. Among Asian-American participants, 72% reported

either being international students or that their families had lived in the United States for a single generation. Among Mexican-American participants, 42% reported either being international students or that their families had lived in the United States for a single generation. The number of generations of each of the racial or ethnic groups included in the study are reported in Table 3.

Table 3

Participants' Race by Number of Generations Their Family has Lived in the United States

<u>Race/Ethnicity</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7+</u>
African-American	0	2	2	1	6	11	31	3
Asian-American	17	19	8	2	1	2	1	0
Caucasian	0	2	1	5	12	20	10	5
Mexican-American	16	5	8	10	0	5	5	0

Third, the acculturation level of each of the racial or ethnic groups included in the study was assessed by asking each participant the number of years that they had lived in the United States. The results of this analysis were similar to those of the previous two assessments of acculturation. While 54% of Asian-American students and 28% of Mexican-American students reported having lived in the United States for five years or fewer, this was true for no African-American or Caucasian students. The results of this analysis are reported in Table 4.

Table 4

Participants' Race by Number of Years They Have Lived in the United States

Race/Ethnicity	0-5	6-10	11-15	16-20	21-25	26-30
African-American	0	1	0	34	19	2
Asian-American	27	9	1	7	5	1
Caucasian	0	1	0	14	36	5
Mexican-American	14	0	5	13	17	1

Social Position

The Hollingshead Two-Factor Index of Social Position is divided into five categories or social classes, with 1 being the highest and 5 being the lowest.

Participants in the sample represented each of the five levels of the Hollingshead Two-Factor Index. The mean Hollingshead Score for this sample was 2.49, with a standard deviation of 1.177. While participants in the study represented each of the categories, the distribution of socioeconomic backgrounds was skewed toward the higher end of the index. Approximately one fourth of participants represented level one, approximately one fourth represented level two and approximately one fourth represented level three. While only eleven participants represented level five of the index, slightly more than one fifth of participants represented levels four and five. The distribution of Hollingshead Scores among participants is depicted in Table 5. As noted earlier, the index is comprised of two scales: The Educational Scale and The Occupational Scale. The Educational Scale is divided into 7 categories, with 1 being the highest position and 7 being the lowest. The sample in this study had a mean Educational Scale Score of 2.39, with a standard deviation of 1.276. The

Occupational Scale is also divided into 7 categories, with 1 being the highest and 7 being the lowest. The sample in this study had a mean Occupational Scale Score of 2.80, with a standard deviation of 1.684.

Table 5

Hollingshead Socioeconomic Distribution of the Participants

Hollingshead Score	Frequency	Percent	Cumulative Percent
1	53	25.1	25.1
2	56	26.1	51.7
3	58	27.5	79.1
4	33	15.6	94.8
5	11	5.2	100.0

Participants' socioeconomic background was also examined in terms of sex and ethnicity. Among participants in this study, African-American students had the highest average Hollingshead score. The mean Hollingshead score for African-American participants in this study was 2.95, with a standard deviation of 1.09. The average Hollingshead score for Asian-American participants was nearly a full point lower at 2.06, with a standard deviation of 1.08. Caucasian student participants had a mean Hollingshead score of 2.32, with a standard deviation of 1.06. Mexican-American student participants had a mean Hollingshead score of 2.61, with a standard deviation of 1.32. Male and female participants in this study had very similar average Hollingshead scores. Male student participants had an average Hollingshead score of 2.45, with a standard deviation of 1.18; while female student

participants had a mean Hollingshead score of 2.53, with a standard deviation of 1.18. Tables 6 and 7 illustrate the Hollingshead Score for participants in the study relative to ethnicity and sex.

Table 6

Means, Medians and Standard Deviations of Hollingshead Scores by Participants' Racial or Ethnic Background

<u>Race/Ethnicity</u>	<u>Mean Hollingshead Score</u>	<u>Med. Hollingshead Score</u>	<u>SD</u>
African Am.	2.95	3.0	1.09
Asian Am.	2.06	2.0	1.08
Caucasian	2.32	2.0	1.06
Mexican Am.	2.61	3.0	1.32

Table 7

Means, Medians and Standard Deviations of Hollingshead Scores by Participants' Sex

<u>Sex</u>	<u>Mean Hollingshead Score</u>	<u>Median Hollingshead Score</u>	<u>SD</u>
Male	2.45	2.0	1.18
Female	2.53	2.0	1.18

Utilization of Counseling Services

Previous research has demonstrated that members of certain racial or ethnic groups (Asian-American and Mexican-American) tend to underutilize mental health counseling services. The present study examined whether or not participants had received counseling prior to their participation. In addition, the present study examined whether or not participants would consider seeing a counselor if there

were an issue they wanted to talk about. Participants' responses to whether or not they had prior counseling experience and to whether or not they would consider seeing a counselor are reported in Table 8.

Table 8

Participants' Race by Reported Previous Counseling Experience and by Whether or Not They Would Consider Seeing a Counselor

<u>Race</u>	<u>Previous Counseling</u>		<u>Consider Counseling</u>		
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Maybe</u>
African-American	11 (19%)	45 (81%)	32 (58%)	18 (32%)	6 (10%)
Asian-American	10 (20%)	40 (80%)	24 (48%)	20 (40%)	6 (12%)
Caucasian	24 (43%)	32 (57%)	32 (58%)	9 (16%)	15 (26%)
Mexican-American	20 (40%)	29 (60%)	34 (70%)	10 (20%)	5 (10%)

Previous research has also demonstrated that individuals from low socioeconomic backgrounds tend to underutilize mental health counseling services. With regard to socioeconomic background, participants' responses to whether or not they had prior counseling experience, and to whether or not they would consider seeing a counselor are reported in Table 9.

Table 9

Participants' Hollingshead Score by Frequency of Previous Counseling Experience and By Whether or Not They Would Consider Seeing a Counselor

<u>Hollingshead Score</u>	<u>Previous Counseling</u>		<u>Consider Counseling</u>		
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Maybe</u>
1	19 (35%)	34 (65%)	30 (57%)	13 (25%)	10 (18%)
2	12 (21%)	44 (79%)	31 (55%)	15 (27%)	10 (18%)
3	20 (34%)	38 (66%)	35 (60%)	15 (26%)	8 (14%)
4	13 (39%)	20 (61%)	19 (57%)	12 (36%)	2 (6%)
5	1 (9%)	10 (91%)	7 (64%)	2 (18%)	2 (18%)
Total	65 (31%)	146 (69%)	122 (57%)	57 (27%)	32 (15%)

Data Analysis

The statistical technique used to analyze the first of the hypotheses was an ANOVA. First, a one-way ANOVA procedure was utilized to examine each hypothesis separately. Next, an additional four-way ANOVA procedure was utilized to examine possible interaction effects among the variables, separate from the hypotheses. These procedures allowed an examination of the research hypotheses while maintaining an acceptable type one error rate. All ANOVA tests were performed at the $\alpha = .05$ level.

The results of the MANOVA performed in the present study can be found on the following page. Table 10 illustrates the MANOVA results for the present study.

Table 10

Multivariate Analysis of Variance for Participants' Racial or Ethnic Group and Gender for the Subscales of the Expectations About Counseling –Brief Form

Variable and Source	df	F	Sig.	Partial Eta Squared
Intercept	11.00	3356.97	>.001	.989
Group	11.00	5.505	>.001	.129

Note. F ratios are Wilks's approximation of Fs. MANOVA = multivariate analysis of variance.

Hypothesis 1

Hypothesis 1 is that Asian-American students will expect counselors to have a lesser degree of expertise, to be less confrontational, less directive and more self-disclosing than their expressed preferences for counselors. Asian-American students will also expect the counseling process to be less concrete and less immediate than their expressed preferences.

The null hypothesis, which stated that there would be no differences between Asian-American students' expectations and preferences about counseling on any of variables mentioned, was retained for some variables, but rejected in others. The mean scores for Asian-American students' expectations and preferences for counseling on each variable are presented in Tables 11 and 12, indicating significant differences between expectations and preferences in counselor expertise. Asian-American students indicated a preference for counselors to be more expert and than they expected an actual counselor to be.

No differences were found between Asian-American students' expectations and preferences for counseling in terms of the degree to which the counselor would

be confrontational in a counseling session or directive in a counseling session. Additionally, no differences were found between Asian-American students' expectations and preferences for the counseling process to be more or less immediate in terms of outcome.

One of the hypotheses, that Asian-American students' would expect a counselor to be more self-disclosing than they would prefer an actual counselor to be showed significant differences in the opposite direction than predicted. Results indicated that Asian-American students expected counselors to be less self-disclosing during a counseling session ($M = 4.09$, $SD = 1.62$) than they would prefer ($M = 4.55$, $SD = 1.55$), ($F = 4.14$, $p = .047$). Additionally, it was found that Asian-American students expected counselors to be less genuine ($M = 5.77$, $SD = 1.32$) than they would prefer ($M = 6.33$, $SD = .943$), ($F = 7.99$, $p = .007$), and that they expected a lesser quality of outcome from counseling ($M = 5.69$, $SD = 1.06$) than they would prefer ($M = 6.21$, $SD = 1.15$), ($F = 11.77$, $p = .001$).

Table 11

ANOVA for the Difference Between Expectations and Preferences for Counseling for Asian-American Students

Variable and Source	<u>MS</u>	<u>F</u>	<u>Sig.</u>	<u>Partial Eta Squared</u>
Counselor Expertise*				
Between Groups	3.36	5.03	.029	.093
Within Groups	.667			
Counselor Confrontation				
Between Groups	1.14	1.57	.216	.031
Within Groups	.725			
Counselor Genuineness*				
Between Groups	7.84	7.99	.007	.140
Within Groups	.981			
Counselor Nurturance				
Between Groups	1.00	1.19	.281	.024
Within Groups	.841			
Counselor Directiveness				
Between Groups	1.21	1.81	.185	.036
Within Groups	.668			
Counselor Self-Disc.*				
Between Groups	5.14	4.14	.047	.078
Within Groups	1.24			
Counseling Concreteness				
Between Groups	3.12	5.18	4.14	.047
Within Groups	.602			
Counseling Immediacy				
Between Groups	.250	.392	.534	.008
Within Groups	.638			
Client Responsibility				
Between Groups	.160	.422	.519	.009
Within Groups	.379			
Client Openness				
Between Groups	1.69	2.86	.097	.055
Within Groups	.590			
Quality of Outcome*				
Between Groups	6.76	11.77	.001	.194
Within Groups	.574			

Note. * = $p < .05$.

Table 12

Means, Standard Deviations and Confidence Intervals for Asian-American Students

Variable	<u>Expected</u>		<u>95%CI</u>		<u>Preferred</u>		<u>95% CI</u>	
	<u>M</u>	<u>SD</u>	<u>High</u>	<u>Low</u>	<u>M</u>	<u>SD</u>	<u>High</u>	<u>Low</u>
Counselor Expertise*	5.54	1.18	5.20	5.87	5.91	1.15	5.58	6.23
Counselor Confrontation	5.27	1.02	4.98	5.56	5.49	1.30	5.12	5.85
Counselor Genuineness*	5.77	1.32	5.40	6.14	6.33	.943	6.06	6.60
Counselor Nurturance	5.54	1.20	5.20	5.88	5.74	1.10	5.43	6.05
Counselor Directiveness	5.08	1.25	4.73	5.43	5.30	1.27	4.94	5.66
Counselor Self-Disc.*	4.09	1.62	3.63	4.55	4.55	1.55	4.11	4.98
Counseling Concreteness	5.49	1.25	5.13	5.84	5.84	1.29	5.47	6.21
Counseling Immediacy	5.21	1.19	4.87	5.54	5.31	1.27	4.94	5.67
Client Responsibility	5.89	1.00	5.61	6.18	5.97	1.08	5.66	6.28
Client Openness	5.59	1.21	5.25	5.94	5.85	1.27	5.49	6.22
Quality of Outcome*	5.69	1.06	5.39	5.98	6.21	1.15	5.87	6.53

Note. Range of Possible Scores = 1 – 7; Scores indicate the degree to which participants expect a particular aspect of counseling to be true or prefer that it was true. A score of 1 indicates that the expectation or preference is not true, while a score of 7 indicates that the expectation or preference is always true.

*p < .05

Hypothesis 2

Hypothesis 2 is that Mexican-American students will expect counselors to be less directive, less expert, and more self-disclosing than their expressed preferences. Mexican-American students will also expect the process of counseling to be less concrete and less immediate than their expressed preferences.

The null hypothesis, which stated that there would be no differences between Mexican-American students' expectations and preferences about counseling on any of variables mentioned, was rejected for all of the variables. Results indicated that Mexican-American students expected counselors to be less directive ($M = 4.67$, $SD = 1.29$) than they would prefer ($M = 5.12$, $SD = 1.40$), ($F = 10.43$, $p = .002$) and expected counselors to have less expertise ($M = 5.50$, $SD = 1.08$) than they would prefer ($M = 6.19$, $SD = .967$), ($F = 20.95$, $p = <.001$). Results also indicated that Mexican-American students expected the counseling process to be less concrete ($M = 5.67$, $SD = .954$) than they would prefer ($M = 6.07$, $SD = .811$), ($F = 5.27$, $p = .026$) and expected counseling to be less immediate ($M = 5.36$, $SD = .881$) than they would prefer ($M = 5.90$, $SD = .926$), ($F = 20.35$, $p = >.001$).

One of the hypotheses, that Mexican-American students' would expect a counselor to be more self-disclosing than they preferred showed significant differences in the opposite direction than predicted. Results indicated that Mexican-American students would prefer counselors to be more self-disclosing during a counseling session ($M = 4.15$, $SD = 1.60$) than they would expect from an actual counselor ($M = 3.55$, $SD = 1.46$), ($F = 10.48$, $p = .002$).

Additionally, it was found that Mexican-American students expected counselors to be less confrontational ($M = 5.34$, $SD = .972$) than they would prefer ($M = 5.98$, $SD = .864$), ($F = 16.65$, $p = >.001$), expected counselors to be less genuine ($M = 6.14$, $SD = .993$) than they would prefer ($M = 6.69$, $SD = .480$), ($F = 16.68$, $p = >.001$), and expected counselors to be less nurturing ($M = 5.74$, $SD = .972$) than they would prefer ($M = 6.18$, $SD = .836$), ($F = 11.73$, $p = .001$).

Mexican-American students also indicated that they expected to take less responsibility in a counseling session ($M = 6.23$, $SD = .728$) than they would prefer ($M = 6.49$, $SD = .572$), ($F = 7.86$, $p = .007$), expected to be less open in a counseling session ($M = 5.95$, $SD = 1.15$) than they would prefer ($M = 6.40$, $SD = .742$), ($F = 8.09$, $p = .007$), and expected a lesser quality of outcome from counseling ($M = 6.18$, $SD = .974$) than they would prefer ($M = 6.65$, $SD = .730$), ($F = 10.10$, $p = .003$). Results for Mexican American students are shown in Table 13 and Table 14.

Table 13

ANOVA for the Difference Between Expectations and Preferences for Counseling for Mexican-American Students

<u>Variable and Source</u>	<u>MS</u>	<u>F</u>	<u>Sig.</u>	<u>Partial Eta Squared</u>
Counselor Expertise*				
Between Groups	11.56	20.95	<.001	.304
Within Groups	.552			
Counselor Confrontation*				
Between Groups	10.02	16.65	<.001	.258
Within Groups	.601			
Counselor Genuineness*				
Between Groups	7.44	16.68	<.001	.258
Within Groups	.446			
Counselor Nurturance*				
Between Groups	4.79	11.73	.001	.196
Within Groups	.408			
Counselor Directiveness*				
Between Groups	5.09	10.43	.002	.179
Within Groups	.488			
Counselor Self-Disc.*				
Between Groups	8.38	10.48	.002	.179
Within Groups	.800			
Counseling Concreteness*				
Between Groups	2.39	5.27	.026	.099
Within Groups	.455			
Counseling Immediacy*				
Between Groups	7.16	20.35	<.001	.298
Within Groups	.352			
Client Responsibility*				
Between Groups	1.65	7.86	.007	1.41
Within Groups	.211			
Client Openness*				
Between Groups	5.09	8.09	.007	1.44
Within Groups	.629			
Quality of Outcome*				
Between Groups	3.55	10.10	.003	.174
Within Groups	.352			

Note. * = $p < .05$.

Table 14

Means, Standard Deviations and Confidence Intervals for Mexican-American Students

Variable	<u>Expected</u>		<u>95%CI</u>		<u>Preferred</u>		<u>95% CI</u>	
	<u>M</u>	<u>SD</u>	<u>High</u>	<u>Low</u>	<u>M</u>	<u>SD</u>	<u>High</u>	<u>Low</u>
Counselor Expertise*	5.50	1.08	5.19	5.81	6.19	.967	5.91	6.47
Counselor Confrontation*	5.34	.972	5.06	5.62	5.98	.864	5.73	6.23
Counselor Genuineness*	6.14	.993	5.85	6.43	6.69	.480	6.56	6.83
Counselor Nurturance*	5.74	.972	5.46	6.02	6.18	.836	5.94	6.42
Counselor Directiveness*	4.67	1.29	4.29	5.04	5.12	1.40	4.72	5.53
Counselor Self-Disc.*	3.55	1.46	3.15	3.98	4.15	1.60	3.69	4.61
Counseling Concreteness*	5.76	.954	5.48	6.03	6.07	.811	5.84	6.30
Counseling Immediacy*	5.36	.881	5.11	5.62	5.90	.926	5.64	6.17
Client Responsibility*	6.23	.728	6.03	6.44	6.49	.572	6.33	6.66
Client Openness*	5.95	1.15	5.61	6.28	6.40	.742	6.19	6.62
Quality of Outcome*	6.18	.974	5.90	6.46	6.56	.730	6.36	6.77

Note. Range of Possible Scores = 1 – 7; Scores indicate the degree to which participants expect a particular aspect of counseling to be true or prefer that it was true. A score of 1 indicates that the expectation or preference is not true, while a score of 7 indicates that the expectation or preference is always true.

*p < .05

Hypothesis 3

Hypothesis 3 was that African-American students will expect a counselor to be more directive, more confrontational, less genuine, more expert and less nurturing than they would prefer. African-American students will also expect the process of counseling to be less concrete than they would prefer.

The null hypothesis, which stated that there would be no differences between African-American students' expectations and preferences about counseling on any of variables mentioned, was retained in some measures, but rejected in others. The mean difference scores for African-Americans on each variable are presented in Table 15 and Table 16, indicating significant differences between expectations and preferences in counselor nurturance. African-American students indicated a preference for counselors to be more nurturing ($M = 6.41$, $SD = .821$) than they would expect an actual counselor to be ($M = 5.96$, $SD = 1.03$) ($F = 5.58$, $p = .002$).

No differences were found between African-American students' expectations and preferences for counseling in terms of counselor confrontation, counselor genuineness, or counselor directiveness. Additionally, no differences were found between African-American students' expectations and preferences in terms of concreteness of counseling process.

One of the hypotheses, that African-American students' would expect a counselor to be more expert than they would prefer an actual counselor to be showed significant differences in the opposite direction than predicted. Results indicated that African-American students expected counselors to be less expert during a counseling session ($M = 5.64$, $SD = 1.08$) than they would prefer ($M = 6.13$, $SD = 1.01$) ($F = 6.61$, $p = .002$). Additionally, it was found that African-American students expected counselors to be less self-disclosing ($M = 4.20$, $SD = 1.68$) than they would prefer ($M = 4.77$, $SD = 1.35$) ($F = 7.86$, $p = .007$), that they expected to be less open during a counseling session ($M = 5.97$, $SD = .997$) than they would prefer ($M = 6.34$, $SD = .994$), ($F = 7.77$, $p = .007$) and that they expected a lesser quality of outcome from counseling ($M = 6.19$, $SD = .887$) than they would prefer ($M = 6.56$, $SD = .667$), ($F = 16.17$, $p = >.001$).

Table 15

ANOVA for the Difference Between Expectations and Preferences for Counseling for African-American Students

<u>Variable and Source</u>	<u>MS</u>	<u>F</u>	<u>Sig.</u>	<u>Partial Eta Squared</u>
Counselor Expertise*				
Between Groups	6.67	11.08	.002	.168
Within Groups	.602			
Counselor Confrontation				
Between Groups	1.36	2.36	.130	.041
Within Groups	.576			
Counselor Genuineness				
Between Groups	.723	2.54	.117	.044
Within Groups	2.85			
Counselor Nurturance*				
Between Groups	5.58	10.26	.002	.157
Within Groups	.544			
Counselor Directiveness				
Between Groups	1.84	2.81	.099	.049
Within Groups	.544			
Counselor Self-Disc.*				
Between Groups	9.14	7.86	.007	.125
Within Groups	1.16			
Counseling Concreteness				
Between Groups	.438	1.24	.270	.022
Within Groups	.353			
Counseling Immediacy				
Between Groups	1.34	1.66	.203	.029
Within Groups	.808			
Client Responsibility				
Between Groups	.938	3.85	.055	.065
Within Groups	.244			
Client Openness*				
Between Groups	3.81	7.77	.007	.124
Within Groups	.490			
Quality of Outcome*				
Between Groups	3.81	16.17	>.001	.227
Within Groups	.236			

Note. * = $p < .05$.

Table 16

Means, Standard Deviations and Confidence Intervals for African-American Students

Variable	<u>Expected</u>		<u>95%CI</u>		<u>Preferred</u>		<u>95% CI</u>	
	<u>M</u>	<u>SD</u>	<u>High</u>	<u>Low</u>	<u>M</u>	<u>SD</u>	<u>High</u>	<u>Low</u>
Counselor Expertise*	5.64	1.08	5.35	5.93	6.13	1.01	5.86	6.40
Counselor Confrontation	5.60	.856	5.37	5.83	5.82	1.13	5.52	6.13
Counselor Genuineness	6.52	.903	6.82	6.76	6.68	.656	6.51	6.86
Counselor Nurturance*	5.96	1.03	5.68	6.24	6.41	.821	6.19	6.63
Counselor Directiveness	5.36	1.14	5.05	5.66	5.61	1.16	5.30	5.92
Counselor Self-Disc.*	4.20	1.68	3.75	4.65	4.77	1.35	4.42	5.13
Counseling Concreteness	5.91	.998	5.64	6.17	6.04	.909	5.79	6.27
Counseling Immediacy	5.53	1.15	5.22	5.83	5.75	1.07	5.46	6.03
Client Responsibility	6.29	.771	6.07	6.49	6.47	.715	6.27	6.66
Client Openness*	5.97	.977	5.71	6.23	6.34	.994	6.07	6.61
Quality of Outcome*	6.19	.887	5.95	6.43	6.56	.667	6.38	6.74

Note. Range of Possible Scores = 1 – 7; Scores indicate the degree to which participants expect a particular aspect of counseling to be true or prefer that it was true. A score of 1 indicates that the expectation or preference is not true, while a score of 7 indicates that the expectation or preference is always true.

*p < .05

Hypothesis 4

Hypothesis 4 was that women will expect to be more open and responsible in counseling than will men, and will expect a more positive outcome from counseling than will men. Additionally, women will expect the counselor to be more confrontational and genuine than will men.

The null hypothesis, which stated that there would be no differences between women's and men's expectations for counseling on any of the variables mentioned was retained in all measures. However, it was found that women expected a lesser degree of counselor self-disclosure in a counseling session than did men ($F=9.01$, $p=.003$). Results of the ANOVA for participants' sex are reported in Table 17 and Table 18.

Table 17

ANOVA for Expectations and for Counseling by Participants' Sex

Variable and Source	<u>MS</u>	<u>F</u>	<u>Sig.</u>	<u>Partial Eta Squared</u>
Counselor Expertise				
Between Groups	.513	.418	.519	.002
Within Groups	1.23			
Counselor Confrontation				
Between Groups	7.40	.008	.930	>.001
Within Groups	.957			
Counselor Genuineness				
Between Groups	1.54	1.22	.271	.006
Within Groups	1.26			
Counselor Nurturance				
Between Groups	1.53	1.31	.253	.006
Within Groups	1.17			
Counselor Directiveness				
Between Groups	4.79	3.33	.070	.016
Within Groups	1.44			
Counselor Self-Disc.*				
Between Groups	21.17	9.01	.003	.042
Within Groups	2.34			
Counseling Concreteness				
Between Groups	.338	.315	.575	.002
Within Groups	1.07			
Counseling Immediacy				
Between Groups	4.78	.001	.995	.001
Within Groups	1.11			
Client Responsibility				
Between Groups	3.87	.006	.939	.001
Within Groups	.660			
Client Openness				
Between Groups	9.44	.079	.779	.001
Within Groups	1.19			
Quality of Outcome				
Between Groups	.862	.786	.376	.004
Within Groups	1.09			

Note. * = $p < .05$.

Table 18

Means and Standard Deviations of Male and Female Participants by Counseling Expectations and Preferences

Variable	<u>Male</u>		<u>Female</u>	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
<u>Expectations</u>				
Counselor Expertise	5.58	1.18	5.47	1.03
Counselor Confrontation	5.38	1.06	5.39	.896
Counselor Genuineness	6.04	1.22	6.20	1.03
Counselor Nurturance	5.67	1.09	5.84	1.06
Counselor Directiveness	5.23	1.08	4.93	1.29
Client Self-Disc.	4.24	1.57	3.60	1.50
Counseling Concreteness	5.74	1.06	5.66	1.01
Counseling Immediacy	5.39	1.19	5.39	0.92
Client Responsibility	6.15	0.87	6.15	0.76
Client Openness	5.80	1.15	5.85	1.04
Quality of Outcome	5.93	1.12	6.05	0.97
<u>Preferences</u>				
Counselor Expertise	6.11	1.06	6.13	0.98
Counselor Confrontation	5.76	1.15	5.87	1.00
Counselor Genuineness	6.59	0.67	6.65	0.65
Counselor Nurturance	5.99	1.06	6.33	0.79
Counselor Directiveness	5.55	1.15	5.19	1.28
Client Self Disc.	4.63	1.55	4.24	1.50
Counseling Concreteness	6.01	1.02	5.99	0.93
Counseling Immediacy	5.70	1.20	5.76	0.99
Client Responsibility	6.31	0.90	6.44	0.66
Client Openness	6.09	1.18	6.35	0.77
Quality of Outcome	6.43	0.92	6.54	0.71

Note. N for Men = 99; N for Women = 112.

Hypothesis 5

Hypothesis 5 was that as socioeconomic status decreases, subjects' expectations for responsibility will decrease, as will expectations for counseling outcome. Also, as SES decreases, students will expect counselors to be less directive and less expert; and will expect the counseling process to be more concrete and immediate than their expressed preferences.

This hypothesis was analyzed using a Pearson correlation between Hollingshead socioeconomic level and measures of expectations about counseling. The results indicated that there were no significant correlations between Hollingshead socioeconomic level and expectations for responsibility in a counseling session, nor for expectations about the quality of outcome of counseling.

Additionally, it was found that there was no significant correlation between Hollingshead socioeconomic level and expectations for the expertise of a counselor. However, results indicated that a significant positive correlation existed between Hollingshead socioeconomic level and expectations for the immediacy of counseling process ($r = .18$), as well as for the concreteness of process in a counseling session ($r = .14$). Additional results indicated that a significant positive correlation existed between Hollingshead socioeconomic level and expectations for counselor self-disclosure ($r = .15$), as well as for counselor directiveness ($r = .14$). Results of the study indicated that as participants' SES decreased, expectations for counselor directiveness and counselor self-disclosure increased. Also, as

participants' SES decreased, expectations for the concreteness and immediacy of the counseling process increased. All correlation measures were tested at the .05 level of significance.

With regard to the second portion of the hypothesis, the results indicated that a significant negative correlation existed between participants' Hollingshead socioeconomic level and the difference between their expectations and preferences for counseling concerning the concreteness of the counseling process ($r = -.19$). This indicates that as participants' Hollingshead socioeconomic level increased, their preferences for the concreteness of counseling process increased relative to their expectations. No significant correlations were discovered however between Hollingshead socioeconomic level and differences between expectations and preferences for counselor directiveness, counselor expertise or for the immediacy of the counseling process. The complete findings with regard to expectations and preferences for counseling are summarized in Tables 19 and 20.

Table 19

Pearson Correlations and Significance Levels for Hollingshead Socioeconomic Level and Expectations for Counseling

<u>Measure</u>	<u>Pearson Correlation</u>	<u>Sig. (2-Tailed)</u>
Counselor Expertise	.120	.081
Counselor Confrontation	.129	.061
Counselor Genuineness	.111	.107
Counselor Nurturance	.082	.234
Counselor Directiveness*	.135	.050
Counselor Self-Disclosure*	.146	.034
Counseling Concreteness*	.142	.039
Counseling Immediacy*	.176	.010
Client Responsibility	.087	.207
Client Openness	.052	.450
Counseling Outcome	.089	.197

* $p < .05$

Table 20

Pearson Correlations and Significance Levels for Hollingshead Socioeconomic Level and Differences Between Expectations and Preferences for Counseling

<u>Measure</u>	<u>Pearson Correlation</u>	<u>Sig. (2-Tailed)</u>
Counselor Expertise	-.134	.052
Counselor Confrontation	-.108	.118
Counselor Genuineness	-.152	.027
Counselor Nurturance	-.025	.713
Counselor Directiveness	-.025	.723
Counselor Self-Disclosure	-.007	.925
Counseling Concreteness*	-.191	.005
Counseling Immediacy	-.077	.268
Client Responsibility	-.007	.919
Client Openness	.016	.821
Counseling Outcome	-.023	.739

* $p < .05$

Interactions Between Variables

In addition to the analyses conducted to test each of the hypotheses of the study, a four-way ANOVA was conducted to examine possible interaction effects between the variables of participant's race or ethnicity, participants' sex, participants' difference scores between expectations and preferences for counseling, and the counseling processes examined by the Expectations About Counseling Instrument. The complete source table for this procedure appears in Appendix E.

Results indicated a significant interaction effect existed between participants' race or ethnicity and the counseling processes examined by the Expectations About Counseling Instrument. This result indicates that participants from different racial or ethnic backgrounds favored different counseling processes, considering both expectations and preferences for counseling.

Additional results indicated a significant interaction effect between participants' sex and the counseling processes examined by the Expectations About Counseling Instrument. This result indicates that men and women in the sample favored different counseling processes, considering both expectations and preferences for counseling.

Reliability Analysis

A reliability analysis was conducted for the version of the Expectations About Counseling instrument used in the present study. Split-half reliability scores were computed for each individual sub-scale on the instrument. Reliability scores

ranged from .691 to .915. Each of the reliability scores for sub-scales used in the present study may be seen in Table 21.

Table 21

Reliability Analysis of the Sub-Scales of the Expectations About Counseling Instrument

<u>Measure</u>	<u>Expectations</u>	<u>Preferences</u>
Counselor Expertise	.801	.839
Counselor Confrontation	.751	.827
Counselor Genuineness	.844	.691
Counselor Nurturance	.835	.833
Counselor Directiveness	.745	.747
Counselor Self-Disclosure	.888	.872
Counseling Concreteness	.891	.893
Counseling Immediacy	.859	.883
Client Responsibility	.759	.833
Client Openness	.863	.868
Counseling Outcome	.915	.884

CHAPTER V

SUMMARY

Introduction

The purpose of this study was to investigate the expectations and preferences about counseling among groups that have been shown to underutilize mental health services. The rationale for this investigation was that if the perceptions of the groups that underutilize counseling can be better understood perhaps counseling could be made more attractive to these groups. This study examined previous research on each of the demographic groups that it examined and integrated previous findings into each of its hypotheses.

This section of the study will begin with a discussion of the results of each of the hypotheses posed by the researcher. Data from previous research will be considered in the interpretation of the results in order to place the findings in the context of the relevant literature. This section will then include a discussion of the limitations of the study and will posit several suggestions for future research. The discussion will conclude with a summary of the findings.

By in large, the literature indicated that preferences for counseling styles and for types of counselors reflect an individual's culture or background. It was hypothesized that among participants' who represented groups that have been shown to underutilize mental health services, responses would indicate significant differences between what they expect from counseling and what they prefer that it

should be like. The study's hypotheses reflected previous demonstrations in the literature of cultural attitudes toward mental health services.

Hypothesis 1

Consistent with the stated hypothesis, Asian-American students indicated that they expected counselors to be less expert than they would prefer. This finding corresponds with previous research which has demonstrated a partiality among Asian-American clients toward more expert therapists (for example, Fernandez, 1988; Park, 1999).

Contrary to the stated hypothesis, Asian-American students indicated no differences between their expectations and preferences for counseling in terms of the degree to which the counselor would be confrontational or directive in a counseling session. The lack of an expression of preference over expectations for counselor directiveness and confrontiveness can be interpreted in the context of previous research which has indicated the importance of a formalized, behavioral style of counseling among Asian-American clients, as can the finding that Asian-American students expected counselors to be less self-disclosing during a counseling session than they would prefer (Park, 1999; Chou, 2000). It may be that Asian-American students have an accurate understanding of the degree to which a counselor will be directive and confrontational in a counseling session. Perhaps these findings reflect the demographics of the sample in that all of the Asian-American students surveyed attended a large, southern university wherein the majority of students are Caucasian. It is possible that, aside from the influence of

each Asian-American student's culture of origin, there were marked influences of a university or a regional culture on the participants' attitudes toward counseling.

Additionally, no differences were found between Asian-American students' expectations and preferences for the counseling process to be more or less immediate. Immediacy refers to the expectation or preference that help will come during the counseling session, or that the content of the counseling session will be directly helpful in resolving some difficulty. One unexpected finding was that Asian-American students indicated that they expected the counseling process to be less concrete than they would prefer. Concreteness refers to the expectation or preference that the counseling process will provide specific behavioral and situational guidance as a form of assistance in dealing with a problem. Additionally, it was found that Asian-American students expected counselors to be less genuine than they would prefer and that they expected a lesser quality of outcome from counseling than they would prefer.

The implications of the finding that Asian-American students expected counselors to be less genuine than they would prefer may denote feelings of pessimism about the professional roles of counselors. When considering the items that comprise the genuineness scale, specifically those which deal with respecting the client and being honest with the client, lesser expectations in this regard seem to question the possibility that a professional helper may simultaneously possess a capacity for genuine caring and professionalism. Additionally, it is possible that the findings regarding Asian-American students' expectations for a lesser quality of

outcome than that which would be preferable reflect a certain amount of pessimism about the effectiveness or usefulness of the counseling process among the students surveyed. Perhaps this corresponds with the conclusions that other authors have drawn about Asian-Americans attitudes toward counseling. For example, Atkinson, Ponterotto and Sanchez (1984) indicated that compared with Caucasian students, Asian-American students were less likely to recognize the need for mental health services and were more concerned about the stigma attached to receiving mental health counseling. The researchers also concluded that Asian-American students were less confident than Caucasian students that mental health counseling would be of any help to their problems.

Hypothesis 2

Consistent with stated hypotheses, results of the study indicated that Mexican-American students indicated a preference for counselors to be more expert than they expected actual counselors to be. These results can be interpreted to be consistent with previous research, which has demonstrated that, particularly with less acculturated clients, Hispanic students prefer a higher degree of formality in the counseling relationship (Sue and Sue, 1999). The authors suggested that when working with less acculturated Mexican-American clients, counselors may more easily establish rapport in an initial counseling session by maintaining a certain level of authority and being mindful of the manner in which he or she dresses.

Results of the study also indicated that Mexican-American students preferred that the counseling process to be more concrete and immediate than they

expected from an actual counseling session, and that they preferred that counselors be more directive than they expected actual counselors to be. These findings may be interpreted to be consistent with previous research that suggests that Hispanic clients view medical and psychological help in similar ways. Gonzalez (1997) pointed out that Mexican-American clients often believe that counseling will require a single session and that resolution to an identified counseling issue can or should come quickly. Many examples exist wherein mental health professionals have suggested short-term, directive interventions for working with Hispanic clients and that often the most effective techniques for this population are active and concrete (e.g., Yamamoto & Acosta, 1982; Ruiz & Casas, 1981).

One of the hypotheses, that Mexican-American students' would expect a counselor to be more self-disclosing than they preferred showed significant differences in the opposite direction than predicted. Results indicated that Mexican-American students would prefer counselors to be more self-disclosing during a counseling session than they would expect from an actual counselor. On the surface, this appears to contradict the findings that Mexican-American students prefer for counselors to be more expert and directive than they would expect them to be. However, it is possible that these results echo the findings of Sue, Fujino, Hu, Takeuchi and Zane (1991), who pointed out that many Latinos prefer informal sources of help for mental health difficulties. Perhaps the preference expressed among Mexican-American students in this study for a greater amount of self-disclosure among counselors reflects a cultural attitude toward favoring sources of

help where a higher amount of self-disclosure would be more common, such as family members or friends. Mexican-American clients may prefer counselors to be more personable than clinical and to have with them a closer personal relationship. It seems evident that, contrary to the assumptions of the researcher, it is possible for a counselor to be both expert and directive, while at the same time including an increased amount of self-disclosure and in the counseling process. Cora-Bramble and Williams (2000) emphasized this point in delineating cross-cultural communication factors involving Latino clients. The authors suggested that effective communication in a professional or medical setting with a Latino client necessitates an awareness of the cultural importance of “personalismo”. In this context, personalismo is defined as a warm and personal way of relating to people, with a focus on interpersonal rather than institutional relationships.

The idea that Mexican-American students may desire a closer personal relationship with their counselor appears to coincide with other incidental findings of the study. Specifically, that Mexican-American students preferred counselors to be more genuine, more nurturing and more confrontational than they would expect actual counselors to be. These three qualities, genuineness, nurturance, and confrontation, characterize close interpersonal relationships such that one might expect to find in an informal helping resource, such as a family member.

Hypothesis 3

Hypothesis 3 was that African-American students would expect counselors to be more directive, more confrontational, less genuine, more expert and less

nurturing than they would prefer. It was also predicted that African-American students would expect the process of counseling to be less concrete than they would prefer.

Results of the study did support the prediction that African-American students would prefer counselors to be more expert and more nurturing than they would expect actual counselors to be. No differences were found between African-American students' expectations and preferences for counseling in terms of counselor confrontation, counselor genuineness, or counselor directiveness. Additionally, no differences were found between African-American students' expectations and preferences in terms of concreteness of counseling process.

By in large, these results appear to contradict previous research on African-American attitudes and preferences toward counseling (For example, Okonji, Ososkie and Pulos, 1996; Evans, Acosta, Yamamoto and Hurwicz, 1986). The single portion of the hypothesis that appears to be congruent with previous literature is the prediction that African-Americans would prefer counselors to be more nurturing than they would expect actual counselors to be.

Adding to the puzzling results concerning African-American participants, one of the hypotheses, that African-American students' would expect a counselor to be more expert than they would prefer an actual counselor to be showed significant differences in the opposite direction than predicted. Incidental results also indicated that African-American students preferred counselors to be more expert during a counseling session than they would expect actual counselors to be,

preferred counselors to be more self-disclosing than they would expect, preferred to be more open during a counseling session than they would expect, and preferred a higher quality of outcome from counseling than they would expect.

An important consideration in interpreting these results is the fact that, among the racial and ethnic groups considered by the present study, African-Americans have not been demonstrated to underutilized counseling services. Some research has suggested that as a group, African-Americans do not harbor negative attitudes toward mental health clinics. In a study on African-American attitudes toward counseling by Gary (1985), approximately 50% of participants indicated neutral attitudes toward community mental health centers, 34% had positive attitudes and fewer than 20% expressed negative attitudes. Perhaps the variables about which predictions were made in the present study did not represent critical constructs among African-Americans in determining usage of mental health services.

Hypothesis 4

Hypothesis 4 was that women would expect to be more open and responsible in counseling than would men, and would expect a more positive outcome from counseling than would men. Additionally, women would expect the counselor to be more confrontational and genuine than would men. None of these predictions were supported by the results of the study.

These results can be interpreted in several ways. In one respect, the results seem to contradict previous research that has examined women's attitudes toward

counseling. Previous research has shown that, compared to men, women generally expect to be more open in a counseling session, expect to be more responsible during the therapy process, and expect to receive a more positive outcome (Cherbosque, 1987; Hardin and Yanico, 1983). Perhaps it is important to point out that the results of this study do not indicate that the women in the sample did not expect to be open during a counseling session, responsible for its content, or expectant a positive outcome. The results indicated that female participants in the study were not more expectant of these hypothesized variables than were men. Considering that male participants were similar in their expectations for counseling, one possibility is that the men in this sample were more aware of the counseling process than have been samples of men in previous studies. Perhaps this reflects a trend in increased general awareness of what the counseling process entails, and further, about the roles of counselors and clients in a therapeutic setting. Another possibility is that these findings reflect upon the changes in men and women over time since the last study. It is possible that a cultural adherence to less traditional gender roles could reflect upon a growing similarity between men and women in terms of their expectations and preferences for counseling.

Another consideration in interpreting these results concerns the demographic variability. It was the aim of the researcher to select participants based on diversity of race and ethnicity as well as socioeconomic background. Perhaps the heterogeneity of this sample reflects upon the results of this particular dimension of the data and made an effect difficult to detect. It seems that for an

effect to exist with regard to gender differences, it would have to exist across all four of the racial and ethnic backgrounds examined, as well as across all socioeconomic backgrounds.

Hypothesis 5

Hypothesis 5 was that as socioeconomic status decreased (from Hollingshead level 1 down to Hollingshead level 5), participants' expectations for responsibility would decrease, as would expectations for counseling outcome. Also, as SES decreased, students would expect counselors to be less directive and less expert and would expect the counseling process to be more concrete and immediate than their expressed preferences.

Results of the study offered no support for the hypothesis that as participants' Hollingshead scores decreased, so would their expectations for client responsibility and for the quality of counseling outcome. Also, results of the study offered no support for the hypothesis that as participants' Hollingshead scores decreased, differences would increase between participants' expectations and preferences for counselor expertise.

Results of the study indicated that as participants' SES decreased, expectations for counselor directiveness and counselor self-disclosure increased. Also, as participants' SES decreased, expectations for the concreteness and immediacy of the counseling process increased. Additionally, it was discovered that, contrary to the hypotheses, as participants' SES decreased, the difference

between expectations and preferences for the concreteness of the counseling process decreased.

It may be important for mental health practitioners to become more aware of this trend. One implication of these findings is the possibility that clients from low SES backgrounds have a relatively accurate understanding of the level of concreteness of counseling process that they might encounter in an initial therapy session. Generally, clients from low SES backgrounds may correctly anticipate the degree to which counselors utilize strategies help identify and label feelings, facilitate a better understandings of emotion, assist in identifying particular situations where problems occur, and help to discover particular aspects of behavior that are problematic.

Another implication of these findings involves the trend that as participants' SES background decreased, their expectations for counselor directiveness and counselor self-disclosure increased, as did their expectations for the concreteness and immediacy of the counseling process. Counselors may find it helpful to become more aware of the types of interactions that clients from lower SES backgrounds anticipate in coming to an initial counseling session. For example, an analysis of the items which comprise the counselor self-disclosure, counselor directiveness, counseling concreteness and counseling immediacy scales may indicate that clients from lower SES backgrounds anticipate that an initial counseling session will be somewhat informal, while at the same time instructive and quickly helpful. By increasing awareness of such expectations, counselors may

be more equipped to provide the type of assistance that clients from low socioeconomic backgrounds expect, and may help to increase client satisfaction and utilization of services among this undeserved population.

Additional Results

Additional results indicated significant interaction effects between participants' race or ethnicity and the counseling processes examined by the Expectations About Counseling Instrument, as well as between participants' sex and the counseling processes examined by the Expectations About Counseling Instrument. This indicates that participants from different racial or ethnic backgrounds, as well as from different sexes favored different counseling processes, considering both expectations and preferences for counseling. Interpretation of these results may be important to note from a research perspective and may provide guidelines for future studies on the topic of attitudes toward counseling.

Limitations of the Study

One limitation that should be noted involves the scale of the data produced through use of the Hollingshead Two-Factor Index of Social Position. The Pearson correlation procedure used for this portion of the analysis generally assumes that data is on an interval scale. The data dealing with the socioeconomic level of the participants was assumed to be close to interval level, although it was on an ordinal scale.

Sample Limitations

The sample used in this research consisted of individuals of a specified educational level at a single university. It is possible that undergraduate students at Texas A&M University may as a group hold biases about counseling that the researcher cannot discern. While there is no specific reason to believe that this is true, it is important to be cautious about interpreting results based on a sample from a single, large university.

College populations tend to serve as a limitation due to the general age range, level of education and socioeconomic status of participants. It is important to be cautious about generalizing results based on a sample limited in terms of age range. According to Okazaki and Sue (1998) samples composed of ethnic minority college students “tend to underestimate both the demographic and the psychosocial diversity of the larger ethnic minority populations” (p.271). Therefore, the restrictions represented by the current sample limit the generalizability of the results beyond college populations. One area in which this was especially pertinent to the present study concerned the socioeconomic variability of the sample. Of the 211 participants in the study, only 11 were identified as having the lowest of the five Hollingshead socioeconomic backgrounds. However, despite the limitations of such a specific group, students are an important group that are proving to be increasing users of psychological services as evidenced by the increasing demand upon university counseling centers. Future research can provide further insight into whether Okazaki and Sue (1998) were correct in their estimation about the inability

of college students to reflect the attitudes of the greater population of the United States.

In addition to the limitations presented by the sample, the nature and administration of the measures should also be noted. Data collected during the study may be limited to the bounds of each individual's understanding of the concepts being assessed. For example, in working with participants with low levels of acculturation, language differences may have presented difficulties in interpreting fine distinctions between preferences for counseling and expectations about counseling. Another example might include possible confusion among participants about the nature of counseling being assessed. Considering that data were collected in a university setting, it is possible that participants considered counseling to include such activities as academic or career advising. Despite attempts by the researcher to make these distinctions as clear as possible, possible confusion among some participants may present a limitation of the study. Again, since the sample was an academic population their reading and comprehension abilities should make them ideal for the methodology used in this study.

One should also consider the influence of the presence of a self-identified counselor during data collection sessions. The possibility exists that participants were inclined to respond in ways that would be perceived as favorable by the researcher. While there was no evidence of this bias during data collection sessions, the possibility exists that the identity of the researcher could have impacted the salience of participant's expectations and preferences for counseling in subtle ways.

A final limitation of the study involved the categorization of participants into one of four racial or ethnic categories. While this approach eased statistical analyses, it failed to address variables such as cultural identification within each group. The technique also excluded individuals who identify themselves as biracial, and who adhere to the values of two separate cultures.

Future Research

Both the findings and the limitations of the current study yield possibilities for future research. The first suggestion is that future research needs to incorporate a broader sample with respect to the age range and educational level of participants. While understanding the counseling preferences and expectations for college-age populations is valuable, data that has a greater degree of generalizability should be sought to broaden the generalizability of the present findings.

A second suggestion for future research is the use of researchers or research assistants who are fluent in the primary languages spoken by groups of the ethnic minority groups being assessed. Particularly when using participants with low levels of acculturation to United States culture, research assistants more familiar with participants' cultures of origin could perhaps more easily explain directions to participants and help to clarify fine distinctions between the concepts being assessed.

Additionally, future research could employ alternative measures to examine distinctions between participants' perceptions of what counseling would ideally be like. One of the shortcomings of empirical research is that it sometimes fails to

capture the full range of ideas available in the sample. An alternative approach might use a series of interviews with participants to examine in differences in expectations and perceptions in greater depth and to expand upon themes developed in the current study. Also, archival research utilizing diaries and journals, family histories, letters or videotapes could provide more detailed information on the topic.

Additionally, future research may explore in greater depth the interaction effects between participants' racial or ethnic background and types of counseling processes, as well as between participants' sex and types of counseling processes. Examination of these interaction effects, while beyond the scope of the present study, may lead to further insights into what are perhaps complex relationships between racial or gender identity and expected and preferred counseling interactions.

A final suggestion for future research would be to incorporate the varying degrees of racial or ethnic identity among the participants. Future studies might assess the degree to which participants identify with the racial or ethnic background that they indicate on the questionnaire. In addition, researchers might also make it possible for participants to identify their racial or ethnic background as biracial. According to census data (2000) in which respondents were able for the first time to indicate more than one racial background, approximately 2.4% of respondents reported two or more racial backgrounds. As this percentage is anticipated to rise, it

will be important for future research to incorporate more complex representations of participants' racial or ethnic backgrounds.

Integrated Conclusions

Following an examination of the results of each individual hypothesis, several conclusions may be drawn which integrate all of the findings. The present study demonstrates that, within each of the racial or ethnic groups examined, and between socioeconomic backgrounds, differences exist between individuals' expectations and preferences for counseling. This indicates that, concerning particular aspects of counseling, individuals would expect the experience of visiting a counselor to be dissimilar from what they would prefer. While the processes of psychological counseling need not be determined by general attitudes, the disparity between the expected and the preferred is a noteworthy one in considering how well mental health practitioners understand and seek to meet client needs. The results of the present study may underscore the importance of openly communicating with mental health clients about the nature of counseling and the objectives of its process. Additionally, the results of the present study promote the value of clarifying the value of mental health counseling among groups of individuals who have been demonstrated to underutilize services.

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APPENDIX A

PERMISSION TO USE INSTRUMENT

Permission to use the full or brief EAC in your research, or to use selected scales from the EAC is hereby granted. In return, I ask only that you give appropriate credit for the development of the instruments in reports of your research and that you provide me with a copy of your data or a summary of your results. I am currently evaluating the validity of the EAC and I plan to develop normative data in the future. Your help in providing me with this information will make it much easier for me to keep up-to-date on the research bearing on the EAC.

APPENDIX B

THE HOLLINGSHEAD TWO-FACTOR INDEX OF SOCIAL POSITION CATEGORIES FOR CLASSIFICATION

A. The Occupational Scale

1. Higher executives, proprietors of large concerns, and major professionals
 - a. Higher executives. Ex) Bank Presidents, Judges, Military Commissioned Officers
 - b. Large Proprietors. Ex) Brokers, Contractors, Dairy Owners
 - c. Major Professionals. Ex) Accountants (CPA), Actuaries, Architects, Chemical Engineers

2. Business Managers, proprietors of medium sized businesses, and lesser professionals
 - a. Business managers in large concerns. Ex) Advertising directors, brokerage salespersons, postmaster.
 - b. Proprietors of medium businesses. Ex) Advertising owners, furniture business owners, jewelers.
 - c. Lesser Professionals. Ex) Accountants (not CPA), Librarians, Nurses.

3. Administrative personnel, Small independent businesses, and minor professionals.

- a. Administrative Personnel. Ex) Insurance adjusters, Advertising agents, sales representatives.
 - b. Small Business Owners. Ex) Auto accessories, awnings, bakery.
 - c. Semi-Professionals. Ex) Army M/Sgt., oral hygienists, travel agents.
4. Clerical and Sales workers, Technicians, and other owners of little businesses.
- a. Clerical and Sales Workers. Ex) Bank clerks and tellers, bill collectors, sales clerks.
 - b. Technicians. Ex) Camp counselors, draftsmen, truck dispatchers.
 - c. Owners of little businesses. Ex) Flower shop, Newsstand, tailor shop.
 - d. Farm owners
5. Skilled Manual Employees
- a. Ex) Bakers, Blacksmiths, city firemen, masons.
 - b. Small farmers
6. Machine Operators and Semi-Skilled Employees
- a. Ex) Hospital Aids, Bartenders, Bus drivers
 - b. Farmers- smaller tenants who own little equipment.
7. Unskilled Employees
- a. Ex) Cafeteria workers, grave diggers, porters.

b. Farmers- sharecroppers.

B. The Educational Scale

1. Graduate or Professional Training
2. Standard College or University Degree
3. Partial College Training
4. High School Graduate
5. Partial High School
6. Less Than Seven Years of School.

APPENDIX C

EXPECTATIONS ABOUT COUNSELING- BRIEF FORM REVISED

Expectations About Counseling

Directions

Pretend that you are about to see a counseling psychologist for your first interview. We would like to know just what you think counseling will be like. On the following pages are statements about counseling. In each instance you are to indicate what you expect counseling to be like. The rating scale we would like you to use is printed beneath each question. For each question, please circle the number which most accurately reflects your expectations.

Your responses will be kept in strictest confidence.

I expect the counselor to:

1. Know how to help me

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

2. Help me solve my problems

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

3. Be able to determine what is the matter with me

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

I expect the counselor to:

4. Make me face up to the differences between what I say and how I behave.

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

5. Make me face up to the differences between how I see myself and how I am seen by others.

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

6. Point out to me the differences between what I am and what I want to be.

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

I expect the counselor to:

7. Be a "real" person not just a person doing a job.

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

8. Be honest with me.

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

9. Respect me as a person.

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

I expect the counselor to:

10. Give me encouragement and reassurance.

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

11. Give me support.

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

12. Praise me when I show improvement.

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

I expect the counselor to:

13. Explain what's wrong.

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

Directions Part 2

Pretend that you are about to see a counseling psychologist for your first interview. We would like to know just what you would like counseling to be like. On the following pages are statements about counseling. In each instance you are to indicate what you want counseling to be like. The rating scale we would like you to use is printed beneath each question. For each question, please circle the number which most accurately reflects what you would want counseling to be like. Your responses will be kept in strictest confidence.

I want the counselor to:

1. Know how to help me

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

2. Help me solve my problems

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

3. Be able to determine what is the matter with me

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

I want the counselor to:

4. Make me face up to the differences between what I say and how I behave.

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

5. Make me face up to the differences between how I see myself and how I am seen by others.

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

6. Point out to me the differences between what I am and what I want to be.

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

I want the counselor to:

7. Be a "real" person not just a person doing a job.

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

8. Be honest with me.

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

9. Respect me as a person.

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

I want the counselor to:

10. Give me encouragement and reassurance.

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

11. Give me support.

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

12. Praise me when I show improvement.

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

I want the counselor to:

13. Explain what's wrong.

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

14. Tell me what to do.

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

15. Frequently offer me advice.

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

I want the counselor to:

16. Discuss his or her own attitudes and relate them to my problems.

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

17. Discuss his or her experiences and relate them to my problems.

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

18. Talk freely about himself or herself.

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

I want the counselor to:

19. Help me identify and label my feelings so I can better understand them

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

20. Help me to identify particular situations where I have problems

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

21. Help me to discover what particular aspects of my behavior are relevant to my problems.

1	2	3	4	5	6	7
Not True			Somewhat True			Definitely True

29. Work on my concerns outside the counseling interviews.

1 2 3 4 5 6 7
Not True Somewhat True Definitely True

I want to:

30. Openly express my emotions regarding myself and my problems.

1 2 3 4 5 6 7
Not True Somewhat True Definitely True

31. Contribute as much as I can in terms of expressing my feelings and discussing them.

1 2 3 4 5 6 7
Not True Somewhat True Definitely True

32. Feel safe enough with the counselor to say how I feel.

1 2 3 4 5 6 7
Not True Somewhat True Definitely True

I want to:

33. Get a better understanding of myself and others.

1 2 3 4 5 6 7
Not True Somewhat True Definitely True

34. Become better able to help myself and others in the future.

1 2 3 4 5 6 7
Not True Somewhat True Definitely True

35. Improve my relationship with others.

1 2 3 4 5 6 7
Not True Somewhat True Definitely True

APPENDIX D
DEMOGRAPHIC QUESTIONNAIRE

Additional Questions

1. Please indicate your ethnic background:
 Mexican-American African-American Caucasian Korean
 American
 Japanese American Chinese American
 Other: _____
2. What is your age? _____
3. Are you male or female? _____
4. What was the highest level of education received by the primary wage earner in the family where you grew up: _____
5. What was the profession of the primary wage earner in the family where you grew up:

6. Have you ever been to a counseling session before? _____
7. Would you consider going to see a counselor if there was an issue that you wanted to talk about? _____

8. What other persons, aside from counselors, might you seek help from if there was something you wanted to talk about?

9. How many generations has your family been in the United States?

10. Is English the primary language spoken in your home?

11. How many years have you been in the United States? _____

APPENDIX E

ORAL INSTRUCTIONS TO PARTICIPANTS

Instructions

Hello, my name is Robert Jacobs. I am a graduate student in the Counseling Psychology program at Texas A&M University. I am working on a research project that investigates what people think about counseling and would like your help with a questionnaire. My interest is in finding out what people perceive counseling would be like and also in looking at what people might prefer that counseling would be like. Participation in this project is completely voluntary. The responses are also anonymous and won't be linked to you personally. Each form asks only your age, gender and background.

I would like to pass out some questionnaires for you to look at and answer. It should take about 10 or 15 minutes to fill them out.

As a way of thanking people who chose to participate, I would have organized a raffle for a 50 dollar gift certificate to a major bookstore. On the back of each questionnaire is a blank slip of paper. If you would like to participate, and want to be a part of the raffle, please write an e-mail address or phone number where you can be reached on the slip of paper, then drop it in this box. The slips of paper will be kept separate from the questionnaires, so there will be no match between the two.

Remember, there are two distinct parts of the survey. One asks about what you expect counseling would actually be like, and the other asks what you would prefer it should be like.

Please let me know if you have any questions. Thank you very much.

APPENDIX F
COMPLETE SOURCE TABLE FOR INTERACTION EFFECTS
AMONG VARIABLES

Source table for the Four-Way Analysis of Variance. The dependent variable was the Expectations About Counseling – Brief Form scores which were computed by using the Difference Between Expectations and Preferences for Counseling. The independent variables were Participant Sex, Participant Racial/Ethnic Background, and the Means Scores for Each Counseling Process.

Source	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>Sig.</u>	<u>Effect Size</u>
Diff. Score	1	192.29	192.29	75.25	>.001	.270
Diff. Score x Sex	1	1.46	1.46	.572	.450	.003
Diff. Score x Race	3	12.61	4.20	1.65	.180	.024
Diff. Score x Sex x Race	3	2.45	.818	.320	.811	.005
Cnsl. Process	10	1589.63	158.96	150.80	>.001	.426
Cnsl. Process x Sex	10	48.286	4.83	4.58	>.001	.022
Cnsl. Process x Race	30	56.968	1.89	1.80	.005	.026
Cnsl Process x Sex x Race	30	28.250	.942	.893	.633	.013
Error (Process)	2030	2139.92	1.054			
Diff. Score x Cnsl Process	10	13.259	1.326	3.466	>.001	.017
Diff. Score x Cnsl Process x Sex	10	2.813	.281	.735	.692	.004
Diff. Score x Cnsl Process x Race	30	12.007	.400	1.046	.398	.015
Diff. Score x Process x Sex x Race	30	10.124	.337	.882	.651	.013
Error (Diff. Score)	2030	776.521	.382			

VITA

ROBERT RAYMOND JACOBS

935 East Jefferson Street, Tallahassee, FL 32301 (850) 425-5702
Rrjacobs3@aol.com

EDUCATION

- Texas A&M University, College Station, Texas August 1999 – August 2003
- Ph.D., Counseling Psychology (APA Accredited)
- University of West Florida, Pensacola, Florida August 1997 -August 1999
- M.A., Psychology
- University of Florida, Gainesville, Florida June 1993 - May 1997
- B.S., Psychology Minor: English

PRE-DOCTORAL INTERNSHIP

Florida State University Student Counseling Center August 2002 -August 2003
Tallahassee, Florida
(APA Accredited)

GRADUATE ASSISTANTSHIP

Texas A&M University College of Liberal Arts August 1999 - August 2002
Career Advisor
Supervisor: Ruth Schemmer, M.A.
Provided career counseling, job search advice and resume assistance to undergraduate students in the College of Liberal Arts.