Who Asks For Help?: Help-Seeking Attitudes Among Liberal Arts Students

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Abstract
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WHO ASKS FOR HELP?: HELP-SEEKING ATTITUDES AMONG LIBERAL ARTS STUDENTS

A THESIS SUBMITTED TO THE SOCIOLOGY DEPARTMENT OF PACIFIC UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF

BACHELOR OF ARTS

IN

SOCIOLOGY

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By

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Help-seeking, Stigma, Counseling, College Students, Stress
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I would like to thank my parents for their unconditional love and support through all of my struggles and triumphs. I would also like to acknowledge my advisor, Daniel Eisen, and my fellow seniors in sociology, without whom this thesis would never have been completed.
ABSTRACT

The generation of millennials is one of the most stressed demographics in the United States (Norman et al. 2014). Traditional college students are among this demographic and despite the growing numbers of young individuals who experience stress, there is a considerable gap between stressed out students and the utilization of available resources. This research examines students’ levels of stress and attitudes towards help-seeking behavior and counseling services to understand at which point students choose counseling as a resource. Mixed methods were used to obtain information regarding students help-seeking attitudes. One hundred and twenty-nine students at Pacific University responded to Perceived Stress Scale survey and face-to-face interviews were conducted with six participants who have had some experience with the Pacific University counseling center. Preliminary analysis suggests that there is a critical mass of students at Pacific University who experience significant stress. Students will seek help from family and friends first and only use the counseling center as a helping resource as a last resort. Furthermore, students who have had positive experiences with the counseling center report feeling more independent and feeling more comfortable seeking help in other aspects of their lives from other institutional resources like faculty, and have more positive help-seeking attitudes.
RESEARCHER’S REFLEXIVE STATEMENT

This research was inspired by my own experiences using counseling as a helping resource for coping with severe stress. Its conception began with fear; the fear of how others would treat me if they knew how great my struggle was and my lack of confidence in being able to overcome it. As a student of sociology I was entirely aware that my apprehension towards counseling was a result of a collective social agreement that seeking help for mental health issues is associated with negative perceptions, and it was this notion that triggered the birth of this research. The specific interest that motivated this study was listening to the individual experiences of other students with the intention of finding connections among us all during this intense and transitional point of our lives. My hope for this research is that it encourages students to make self-care a priority and dissolve the notion that there is weakness in help-seeking.
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Stress is a familiar feeling for many college students. The transition from high school to college, the demands of schoolwork, maintaining a social life, and other personal issues can be taxing and may induce a significant amount of stress and anxiety that negatively affects a student’s mental health. Mental stress and disorders are common among young adults, with the most common classifications being anxiety disorders and mood disorders (Mental Health America 2010). The symptoms of mental disorders tend to significantly impair work, education, and social interaction (Wittchen 1998), all of which are important components to the college student’s experience and important to maintain one’s mental and emotional health.

College students’ emotional health and ability to cope with stress has been declining over the last quarter century. A recent survey of first year students showed only 51 percent of students reported high or above average emotional health (Pryor, Hurtado, De Angelo, Blake and Tran 2010). Pryor and colleagues (2010) also found that students with lower emotional health experience more challenges in college. Challenges can cause stress and anxiety, and though these feelings can be difficult to manage, many individuals who experience extreme mental stress do not seek professional treatment or other forms of helpful resources (Biddle, Donovan, Sharp, and Gunnell 2007). A recent survey conducted by the American College Counseling Association showed that only 10.4 percent of students who attend college at 293 universities in the United States had sought out counseling within the last year (Gallagher 2012). These findings illustrate that there is a sizable gap between stressed-out students with impaired emotional health and the use of mental health resources on college campuses.

While many universities provide mental health services for students, the significant gap between available resources and service utilization suggests there are social constraints that impede students’ willingness to partake in resources, like counseling, when it may potentially be
beneficial. To better understand what contributes to the gap that exists between stressed-out students and the use counseling services, it is necessary to examine students’ perceptions of help-seeking, the consequences of admitting the need for help, and the negotiating of which available resources are most helpful without compromising the competence of the individual.

LITERATURE REVIEW

To explore the construction of help-seeking, I draw upon research from the fields of sociology and social psychology that focus on the social perceptions of mental health. First, I examine the definition and process of help-seeking. Second, I explore how the cultural values in Western societies tend to emphasize individualism and interrupt the help-seeking process. The extreme-emphasis of individualism has led some scholars to believe that it has become socially dysfunctional insomuch that the mental stress it causes outweighs the benefits of self-reliance. Furthermore, I examine how the values of individualism have become institutionalized in education, and investigate the consequences that follow for students’ help-seeking behavior using Goffman’s (1959) theory of spoiled identity.

Defining Help-Seeking

Help-seeking is a social process comprised of three behaviors (Lee 1997). First, help-seeking behavior requires that there is a specific problematic situation of which the individual wishes to find relief from. Second, help-seeking behavior is interpersonal and requires social interaction. The individual looks for assistance from another to solve his/her problem. Third, help-seeking behavior is proactive behavior. The help-seeker plays a significant role in determining whether or not he/she gets help for his/her problem. Help-seeking resources for
issues with stress and mental health include friends, family, teachers, and other personal connections, while on an institutional level counselors, psychologists, psychiatrists, and other professionals in the mental health field are included. Help-seeking is a collaborative process in which an individual turns to others to help him/her manage the challenges s(he) is experiencing.

While there are many benefits to help-seeking (e.g., problem solving, learning new skills, social networking), there are also significant social costs that inhibit help-seeking behavior in Western societies (Lee 1997). One such hindrance is the belief that seeking help for one’s own problems suggests incompetence, insomuch that the individual is not able to resolve his/her own issues (Prior 2012; Biddel et al., 2007; Lee 1997). Perceptions that help-seeking may compromise an individual’s capability and self-reliance illustrate a mindset that embodies individualist values. For the individual who is socialized to value independence and self-reliance, incompetence is perceived as a weakness when compared to others who show full capability in handling their own struggles.

*Individualism and Help-Seeking*

Across cultures, individualism is distinguished by independence, self-reliance, and individually driven behavior. Contrastively, collectivism is characterized by interdependence and individual behavior is regulated by an in-group (Scott, Ciarrochi, and Deane 2004; Triandis 1995). Collectivist cultures emphasize the interconnectedness of individuals within the community and give priority to collective goals rather than individual goals. In an individualistic culture, the individual sees his/herself as independent of the collective community. Individualism emphasizes self-development, self-reliance, and tends to focus on individual achievement (Triandis 1995). Help-seeking behavior is often in direct opposition to the core goals and values
of individualism. Lukes (1973) suggests that in addition to self-development, individualism is conceptualized as the dignity of man and autonomy. This notion infers that one’s competence is measured by his/her ability to achieve his/her own goals independently of others. Help-seeking behavior is often in direct opposition to the core goals and values of individualism. Engaging in the act of help-seeking not only suggests dependence on another, but compromises one’s own competence and individual capability.

The success of an individual is measured by his/her own ability and achievement compared to others. Individuals are motivated to prove to themselves and to others that they have high socially desirable attributes (Triandis 1995). These attributes pertain to the values including distinction, self-reliance, and independence. Individuals are more likely to pursue their own goals over group goals, which in turn can lead to conflict and psychological distress (Scott et al. 2004; Triandis 1995). Considering the implications associated with extreme individualism, the act of help-seeking poses a problem for those who experience significant stress in individualistic cultures.

*Individualism and Help-Seeking in the Context of Higher Education*

Cultural values maintain power with their presence in institutions. One such institution that explicitly ratifies individualism is education (Hargreaves 1980). The current structure of education is primarily concerned with individualist values. It is centered on the growth of the individual and focuses on developing individual abilities and aptitudes to each student’s fullest extent (Hargreaves 1980). Students are to fulfill the requirements pertaining to their area of study independently and the majority of class work is to be completed alone. The structure of traditional education is achievement oriented. Ability is measured by a grading system and,
further, students own comparisons of academic performance among their peers. From elementary school and into higher levels of education students must abide by the individualistic conditions set in order to succeed.

The college setting provides a particularly interesting view for conceptions of help-seeking with the influence of individualism. For many in the United States, the transition from high school to college is popularly deemed as an important milestone. The ritual of sending young adults out of the home and into a university illustrates the precipice of competent individualism. The college setting emphasizes freedom, self-exploration, self-improvement, and independence alongside the process of obtaining a quality education. Furthermore, students also are encouraged to use a wide array of the helping resources available to them when they encounter challenges (e.g. mentors, advisors, professors, counselors, etc.). The paradox of the college experience is that it is a setting that promotes extreme individualism and self-efficacy as well as a multitude of helping resources, should a student’s own capabilities fall short. It is within these two ideas that gives existence to gap between students who experience significant stress and the lack of utilization of counseling resources. The extreme value and emphasis placed on individualism interrupts the help-seeking process.

**Stress as an Outcome of Individualism**

The consequences of extreme individualism are evident. Eckersley (2001) asserts that some Western societies have promoted individualism to the extent that it is becoming socially dysfunctional. Furthermore, the rapidly increasing rates of depression in the United States are associated with societal individualism (Schwartz 2000). A recent study showed 30 percent of college students have felt “so depressed that it was difficult to function” at some time within the
last year (American College Health Association 2012). Depression in college students is often the result of the stress that comes from experiences like living away from family for the first time, feeling alone or isolated, or dealing with new challenges in academic work (Hefner and Eisenberg 2009). Recent research by Pryor and colleagues (2010) shows that first year students’ mental and emotional health has dropped to record lows, and more students report feeling overwhelmed and stressed by all that they have to do. While emotional health is waning, students’ drive to achieve and belief in academic ability are increasing (Pryor 2010). Extreme emphasis on individual ability and drive, both of which are values in individualistic societies, can cause significant stress. Students entering higher education already feeling overwhelmed and low confidence in emotional health may struggle more with challenges during college (Pryor et al. 2010).

Though the experiences of mental stress exist on a continuum, scholars have attempted to identify its levels of intensity according to the individual’s experience. Biddle and colleagues (2007) refer to significant stress as “mental distress,” and offer that it umbrellas two categories. “Normal” mental distress is viewed as universal and inevitable and is a result of an individual’s reactions to stress encountered in everyday life. Normal distress includes unpleasant emotions, anxiety, mild depression, and is assumed to be a reoccurring, but temporary, phase. For a college student, normal stress includes managing academic responsibilities, balancing extracurricular activities, and maintaining a social life. Other factors may include homesickness, relationships, family concerns, and financial burdens (Brougham, Zail, Mendoza and Miller 2009; Towbes and Cohen 1996). Though normal distress can cause anxiety, the individual is still capable of managing their stress.

In contrast, “real” distress refers to a more severe category of mental distress. It is
characterized as an actual breakdown and inability to cope with stress. Real mental distress is commonly alluded to as severe mental illness, such as schizophrenia or psychosis, but also includes severe forms of depression (Biddel et al. 2007). The transformation from normal distress to real distress entails that the individual is no longer capable of handling distress on his/her own and is now in need of help from an outside source (Biddel et al. 2007). The concept of normal and real distress can be applied to the college student’s experience in that accepting one’s normal distress as a “real problem” concedes to the belief the individual is no longer able to solve his/her problem own his/her own and, ultimately, is admitting a fault in one’s individual competence.

The perception that mental distress is normal and a part of everyday life perpetuates the individualistic value of strength in the ability to overcome one’s own distress without the aid of another and weakness in not being able to bear stress alone. Accepting one’s own stress as “real distress” activates the fear that seeking help would compromise the individual’s competence and in extent his/her social status. Therefore, the act of help-seeking, specifically in regard to mental health, carries considerable social consequences (Prior 2012; Quinn et al. 2009; Biddle et al. 2007).

The Stigma of Seeking Help: Compromising Individualism

Stigma is one of the main reasons people avoid seeking professional help for mental health (Prior 2012; Vogel 2007). Refusing to seek help demonstrates the effort to maintain a positive presentation of self in an individualistic society insomuch that seeking help would question one’s own capability. Goffman’s (1959) work on the presentation of self suggests that each person is a performer in an interaction whose performance is determined by the role he/she
is playing. For example, an individual who attends a university in order to receive a degree takes on the role of the college student. To fulfill that role, he/she must perform in a way that demonstrates to others he/she is a college student, which entails being independently motivated, expressing competent ability, and showing a significant amount of self-reliance and industriousness. Expectations of the college student run parallel with the individualistic values of society that, as previously discussed, can induce a significant amount of stress in an individual.

A struggle to handle one’s stress on a stage where individualism is expected may pose social consequences for a poor representation of one’s presentation of self. Goffman’s well-known theory of spoiled identity (1963) refers to stigma as an attribute that is deeply discrediting and tarnishes the character of the individual with weak will. A person identified or perceived to have a stigma is treated as ‘less than’ in comparison to other individuals who are viewed as “normal” (Goffman 1963). Goffman suggests that there are two perspectives of stigmas. Discrediting stigmas are often physical and more easily identified. Discreditable stigmas are present flaws, however, they are more easily concealed. They do not usually have physical characteristics. Mental health has been a prime target for stigmatizing attitudes. Those who experience mental health issues are often labeled with slanderous terms like crazy, psycho, freak, or mentally ill (Prior 2012; Biddel et al. 2007), all of which suggest some mental incompetence within the individual. However, mental stigmas tend to be discreditable. If an individual can conceal his/her symptoms, the likelihood that he/she will experience the stigma publicly is lessened. Refusing to ask for help when dealing with mental distress helps an individual maintain a positive presentation of self, and avoids the feelings of being stigmatized. The existing stigmas revolving around mental health have negative consequences, both social and internal, for people who have difficulty coping with mental stress.
Corrigan (2004) suggests that there are two facets of stigma that augment one another and allow it to endure. Public stigma describes what a society does to a stigmatized group when they uphold prejudice about that group. Self-stigma is the individual’s perception of his/herself as a result of the internalization of public stigma. Eisenberg and colleagues (2009) present the idea of personal stigma, which reflects an individual’s personal attitudes towards public stigma. While one may reject public views of a stigma, he/she may still hold a view in which they would never wish the condition upon his/herself. Furthermore, personal stigma is present regardless of whether or not one acknowledges having a mental health problem and, therefore, applies to everyone (Eisenberg, Downs, Golberstein and Zivin 2009). Personal stigma is significantly associated with lower levels of help-seeking, and is heavily influenced by negative public stigmas (Eisenberg et al., 2009). Like self-stigma, personal stigma may deter individuals’ from seeking help if the resource implies an inadequacy in one’s own capability of handling his/her stress. While personal stigma may be less intense than self-stigma, it may play a more significant role in college students’ help-seeking process. The college setting introduces students to new challenges and stressful experiences, and emphasizes individualistic ideals and endorses independence while simultaneously promoting helping resources. Refusing to seek help may be an effort to maintain a positive presentation of self, both publicly and internally. Seeking help for experiences with stress spoils the identity and the expectations that the college student is independent, self-reliant, capable, and competent.

Personal stigma, therefore, provides yet another paradox: one may have outwardly positive attitudes about seeking help from professional resources, but fear the consequences of admitting the need for help. This internalization of seeking help as weakness, whether publicly displayed or not, perpetuates the stigmas attached to help-seeking and, therefore, discourages it.
Despite the increase in students who experience stress, these helping resources continue to be underutilized. This discrepancy may be a result of the deep-seated individualistic values conditioned in American society and entrenched in the structure of education. The expression of individualistic attributes suggests a strong, capable, and independent person who does not succumb to his/her stress as a real problem, and allows the student to maintain a positive presentation of self and avoid stigma. Because mental health issues are often discreditable, the student can more easily conceal his/her issues. Asking for help poses the risk of confirming one’s stress as a mental health problem and tarnishing the individual’s presentation of self with the stigma of being dependent, incompetent, and incapable of dealing with stress.

The individualistic expectations of the college student, his/her stressful experiences, and lack of utilization of resources despite their availability beg the following question this research seeks to answer: how does the social construction of help-seeking influence college students’ actual behavior of seeking help when they experience significant stress? Furthermore, this research intends to examine how college students define help-seeking, and explore the different levels of helping resources students utilize when they experience mental distress.

**METHODOLOGY**

The purpose of this research was to examine how college students’ perceptions of help-seeking affect their help-seeking behavior and use of mental health resources on a college campus. Analysis was employed on students attending Pacific University, a small, private liberal arts school. Data was gathered using a mixed methods approach.
Sampling

Traditional college students were invited to partake in a survey or interview regarding their help-seeking attitudes. For the purpose of this research, the traditional college student was defined as an individual between the ages of 18 and 23 and enrolled as a full time student (twelve or more credits). There was no incentive to participate and participation was completely voluntary. Individuals who chose to be a part of this study met specific criteria for both surveys and interviews. Participants were required to be between the ages of 18 and 23 and be enrolled at Pacific University as a full time student. Students over the age of 23 were not recruited to participate in this study given that the nature of the research was focused on the normal stress of traditional college students. Non-traditional students, or older students, who have more responsibilities outside of academia may carry other burdens of stress unrelated to the traditional college student experience (e.g. marriage, children, or full time employment). Furthermore, non-traditional students accumulated life experience may contribute to their help-seeking attitudes in ways that the traditional college student has no experience of and stray from the intent of the research.

Surveys

One hundred and twenty-nine full-time students between the ages of 18 and 23 responded to surveys measuring students’ help-seeking attitudes. Invitations to participate in this study were emailed to faculty members who forwarded the link to the survey to their classes. The purpose of the survey analysis was to gain knowledge of the demographics that make up the student population at Pacific University and to establish an understanding of the campus climate
in regards to mental health issues.

In addition to basic demographics, surveys included the perceived stress scale (PSS). The PSS is a 10-item scale that measures the level of stress respondents’ experience. It is designed to measure the degree to which respondents find their lives uncontrollable, unpredictable, and overloaded, which have been found to be central contributing factors to stress (Cohen, Kamarck, and Mermelstein 1983). Items are introduced with “In the last month have you felt…,” which was followed with the items “nervous or stressed,” “unable to control important things in your life,” etc. Respondents ranked their agreement with the item on a scale of 0 (never) to 4 (very often). Four of the ten items were worded in a positive direction so they were reverse-coded. The responses of the items were summed to create a final Perceived Stress Scale score, with higher scores pointing to greater stress. Internal reliability was substantial for the PSS in this study ($\alpha=.843$). The PSS has been used on community samples with at least a junior high school education. It is a valuable scale in examining issues about the role of stress levels individuals’ experience (Cohen et al., 1983).

*Interviews*

Qualitative research methods were employed to obtain an in-depth analysis that would provide insight to the diverse experiences and attitudes about mental stress and help-seeking that are unique to each participant (Prior 2011; Biddle et al., 2007). Individual semi-structured interviews were conducted with four female participants who have had experience using counseling as a helping resource. Participants were required to be traditional college students and have some experience using the counseling center as a resource. Participants for the interviews were recruited by responding to an invitation to participate in an interview following the
completion of the help-seeking survey. There was no incentive to participate in this study, and participants were reminded that they were *not* receiving any mental health advice from the researcher by participating in this study. It was made explicit to students that should the researcher be concerned with the well-being of the participant that she would refer him/her to the counseling center.

Interviews were conducted in a location selected by participants so as to maintain confidentiality and participant comfort. They lasted between thirty and sixty minutes, and were audio recorded. Interview questions examined (a) participants’ definitions of mental distress, (b) attitudes towards help-seeking, (c) access to mental health resources, (d) personal use or preference of resources, (e) and perceived consequences or benefits as a result of engaging in institutional mental health care. Participants’ identities were kept confidential in adherence to IRB regulations. To insure confidentiality, all names, attributes, or descriptions that could potentially reveal any individual’s identity were excluded from the analysis.

Interviews were transcribed and stored on a password-protected computer accessible by the researcher only. The transcribed interviews underwent two stages of analytical coding using grounded theory practice. The use of grounded theory allowed for a better understanding of the attitudes and perceptions unique to each individual while enabling a theoretical analysis to emerge from the data that accurately reflected the experiences of the participants within the study (Glaser and Strauss 1967). The practice of grounded theory consisted of examining each transcribed interview line by line and uncovering reoccurring concepts between all participants. Concepts were then identified as themes and used to develop a theory created by the date. Analysis explored available resources participants acknowledged as helping resources, negotiating the process of asking for help, and framing attitudes towards help-seeking behavior.
Interviews provided a depth and understanding that allowed a greater insight to how the individual constructs and narrates the aspects of his/her life experiences (Rubin 2005). Interviews helped to understand the ongoing social process and negotiation of help-seeking that the individual is constantly experiencing. Considering that the research explored individual experiences and negotiations with help-seeking, it was important to obtain individual narratives that would speak true to unique experiences of the participants (Quinn et al. 2007).

RESULTS

Associations Between Stress and Demographic Characteristics

One hundred and twenty-five students responded to the stress climate and stress scale survey. The majority of respondents (70.73%) were women (n=87) and 29.27% of respondents were men (n=36). No respondents identified as transgender and one respondent identified as “gender queer.” The total sample included students who identified as white (72.36%), Asian or Pacific Islander (32.52%), Hispanic or Latino (8.94%), Native American (4.07%), and African American (1.63%). All respondents were enrolled as fulltime students at Pacific University. The average perceived stress score (n=125) was 19.59 ($SD=6$). Roughly half of the sample (50.4%) received below average stress scores (PSS<20) compared to 45.3% of students received moderate stress scores (PSS>20). Only 4.3% of respondents received severe stress scores (PSS>35). Responses for the PSS were measured using a rating scale of 0-4 (0=never, 4=always). The average response in relation to items that measured how often one experienced stress was 1.86($SD= 1.07$) ranking between almost never and sometimes on the scale.

T-tests revealed that there was no relationship between gender and PSS scores ($t=1.296$). Oneway ANOVA was used to determine to examine students’ class standing and PSS scores and
showed no association ($p>0.05$). Additionally, there was no relationship between family’s economic status or ethnicity and PSS scores ($p>0.05$). Students reported academic workload, balancing school and extracurricular activities, and finances as the top three stress inducing factors they experience. Less than half of respondents reported relationships, family issues, or health issues and a primary stress inducing factor (48%, 35.2%, 20.8% respectively). Students overwhelmingly referred to family and friends as their top resources for support (74.4%, 73.6% respectively) while less than 10% preferred advisors, mentors, or counselors as a resource.

Of the 125 respondents, only 8.8% used counseling as a helping resource. If respondents did not use the counseling center they were asked to provide their reasons why. Analytic coding revealed the following trends in the following: desire to handle problems without help, feelings that problems were never severe enough to warrant counseling, and a lack of knowledge of its student access and location. Trends suggest that there is a certain level of stress one must feel before counseling can become an acceptable resource.

**Qualitative Interview Data**

Individual semi-structured interviews were conducted with four students who attend Pacific University. Participants were all female and included two first year students and two seniors. All participants had some experience using the counseling center as a resource. Interviews lasted roughly thirty to forty-five minutes, were transcribed, and underwent two series of analytical. Coding revealed consistent trends that are reflected in the following themes; new feelings of independence make students feel more stressed, there is stigma surrounding feelings of weakness, breaking points determine when a student will seek help, students reframe words that describe help-seeking, and positive experiences with counseling make students advocates for
help-seeking behavior.

*With Independence Comes Stress*

Participants recognized that college was a transitioning experience where they would face new challenges and struggles. Participants also admitted to not feeling prepared for the challenges that they would experience (e.g. academic workload, financial responsibility, individual accountability, etc.) Participants confessed feeling intimidated in asserting this new level of independence. For example, a first year student stated,

> I have to approach people myself and things are in my name. I have to use my name for everything. I can’t just use my mom’s name. Like when seeking out help I always have to do it— its very personal and that’s scary. It introduces the prospect of consequences, which is also scary (First year student, age 19).

The transition into college and gaining an elevated level of independence and autonomy encouraged participants to face challenges that they had never had to deal with prior to entering college. Adjusting to these new experiences significantly contributed to participants’ stress levels. While the prospect of change and growth was exciting, some participants felt threatened by the consequences. One senior stated,

> I think freshman and sophomore year I was like beyond stressed, I was like how am I going to be able to pay anything and I felt like it was all going to be put on me (Senior, age 21).

When participants experienced stress they found strength in overcoming challenges. However, some of these experiences were more than these individuals could handle and they began to feel
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the weight of surmounting stress.

*Stigma and Weakness*

Participants agreed that feeling competent and independent gave them feelings of strength and confidence, however, participants acknowledged that this new autonomy also causes significant stress. Counter to the strength of independence, participants felt that admitting the need for help was admitting a loss of control and appeared as weak and shameful. For example, one first year student admitted the following:

I feel like asking for help I’m at more of a loss of control and if I just fail I can pretend like I meant to. If I ask for help I feel incapable (First year student, age 19).

Participants admitted a fear of having others see when they were struggling and felt that exposure of their difficulty coping with their struggles would compromise the independent competency in the eyes of others. These negative feelings were associated with the damaging perceptions of what others would think of someone who uses the counseling center. When a senior was asked why she thought most people use counseling she responded,

I think being really depressed, or not being able to handle your emotions… I think that those are some of the main things people think of when they think of counseling (Senior, age 21).

Participants acknowledged that the negative connotations associated with counseling were a result of the current stigmas that revolve around counseling and mental health. These stigmas were represented weakness and a stain on one’s individual character. One senior stated,

People can see you go into the counseling center, so I think that
has made it hard and I think that some students think that it’s a sign of weakness. I think that if people see you going to the counseling center they think that something is really wrong with you (Senior, age 22).

While all participants acknowledge that there were a stigma and negative feelings associated with using the counseling center as a resource, they still took advantage of its service. Participants justified this behavior by referring to the counseling center as a last resort, or when they were feeling at the “end point” (First year student, age 19) when looking for a solution to their problems.

Breaking Points

Participants described their negotiation for referring to the counseling center as the final recourse when feeling stressed and overwhelmed. Participants’ reported that their problems had been so severe that they were beginning to interrupt their daily routine, appetite, and sleeping habits. When discussing how this senior decided to seek help from counseling she stated

I feel like that [the problem] is something where this is actually something keeping me from being able to go about my everyday life. Its keeping me from sleeping, being able to study, being able to study, that’s when I need help (Senior, age 22).

Participants stated that the way stress had interrupted their daily activities felt like a loss of control.

When I feel like something’s impossible or like when things are out of my control, that’s when I struggle a lot. When things are out
Feeling out of control made participants feel weak and vulnerable. Participants admitted that when feeling extreme stress they were left feeling unable to accomplish anything at all. One first year student said,

When things are so overwhelming that you feel like you can’t. You just can’t do anything. Ever. Or like when you feel so lowly about yourself that you think things are impossible (First year student, age 18).

In addition to the feeling of complete incapability, participants reported that their normal outlets (e.g. friends, family, exercise, etc.) for stress management were no longer working for them. Using the counseling center required that participants’ normal coping mechanisms or support system were no longer providing the relief that they needed and all other options had been exhausted. A senior said,

I think I just hit a point where, like, nothing else was working for me. You know, my friends and my mom are my two main support systems. So when I wasn’t getting what I needed from them that was like my only option—to go to another third party to figure out my situation (Senior, age 22).

Negotiating the use of counseling as a helping resource meant that participants had to recognize that they were no longer able to ease their suffering independently. Participants were aware of the stigma and stereotypes attached to the use of counseling, and thus needed to reconcile the presence of negative assumptions with the need for help.
Reframing “help”

Participants in this study were able to disregard the notion of weakness in help-seeking by reframing the language they used to talk about their help-seeking experiences. Participants often avoided using the words “counseling” and “help.” Participants consistently used the following phrases:

I would go to another third party and get it all figured out (Senior, age 22).

The number one indication that I thought I needed to talk to someone was grades (Senior 2, 5).

Rather than using the term “I saw a counselor,” these participants phrased their help-seeking behavior with the terms “third party” and “needed to talk to someone.” Participants actively selected terms that avoided association with seeking help from a counselor or a mental health professional. One participant likened her counselor to that of a stranger:

Its a stranger who's there that you've never met that person and you don't know what kind of past they have, they're just there to give you advice and hear you out (First year student, age 19).

Using these anonymous and ambiguous terms to describe help-seeking behavior enabled participants to maintain a sense of self competence by avoiding association with terms, like counseling, that had stigmas attached to them. Participants were able to distance themselves from the negative social perceptions of seeking help in counseling, which enabled them to adopted positive help-seeking attitudes.
Advocating for Help-seeking

All participants reported positive experiences using the counseling center as a helping resource. Participants claimed to have developed more positive attitudes towards help-seeking behavior, greater confidence in their own independence, and feeling more comfortable asking for help in other aspects of their lives (e.g. academia, work, etc.). One senior discussed how her experience with counseling lead here towards other helping resources:

I think doing counseling my freshman year was what made me comfortable with going and asking [for help] because I didn't quite understand the concept of college at that point. Like visiting hours, office hours, or there is LSS [Learning Support Services]? Um, the counseling center made that apparent to me and you don't necessarily learn that just going on to campus. So I think it made me more comfortable on my own and they made me a lot more independent (Senior, age 21).

Additionally, participants expressed advocating help-seeking behavior among their peers and encouraged using the counseling center as a helping resource. For example, a first year student claimed,

I encourage people to go. Especially if my friends come to me with something that I don’t know the answer to, like I’ll refer them. Like these people might now, or they will know who you can go to. (First year student, age 18).

Once students overcame their experiences with the help of the counseling center, that attitudes
about seeking help transformed from hesitant and avoidant to proud and encouraging. Participants’ experiences enabled them to reframe help-seeking as weak to a beneficiary form of strength. One first year student stated,

I don’t think it’s a weak thing to ask for help. I always think that its probably going to be in your benefit, and the worst thing that they can do is say no if you ask for help. It’s not detrimental in anyway to you or to me (First year student, age 19).

Participants were able to regain confidence in their independence by reframing help-seeking as a positive, productive behavior. By altering their narratives from weakness to strength individuals felt empowered, and they encouraged their peers to seek counseling when they experience severe stress or challenges.

DISCUSSION

This paper has described a mixed methods approach to examine how students’ construction of help-seeking influences students’ actual help-seeking behavior when they experience significant stress. Furthermore, this research seeks to understand how students define help-seeking and which resources students use when they experience significant stress. The following themes derive from survey analysis and semi-structured interviews with individuals who have had experience using the university’s counseling center as a helping resource. Help-seeking was examined as a proactive, social process in which an individual looks to another to help relieve his/her suffering.

The United States has long been recognized as a culture that emphasizes the value of independence (Triandis 1995). In keeping with this line of thought, students recognized
independence as a strength and referred to help-seeking as a weakness. Students’ hesitance to actively seek help when they experience stress reaffirms the notion that to be successful one must exhibit competent independence, and a failure to do so risks being stigmatized as weak (Prior 2012). Despite the availability and accessibility to counseling provided at this university, students were apprehensive about using it as a service and were more willing to bear the burden of their stresses alone.

Furthermore, students categorized counseling as service only to be utilized when one is feeling severe stress or extreme mental health problems. This notion is evident in survey responses and interviews and is defined as a “breaking point.” Students’ agreed that counseling should only be used when one has exhausted all other support systems or stress management techniques. Biddle and colleagues (2007) differentiate the levels of manageable stress as normal and real distress. In distinguishing that there is a certain “point” that must be reached for one to utilize counseling, students’ have drawn the line between normal and real stress. Actively seeking help from a professional licensed to provide mental health services confirms that one has crossed the line of normal stress and entered a stigmatized realm (Biddle et al. 2007). While students’ average response to how much stress they experience varied from little stress to some stress, over half of the participants received stress scores that suggest they were experiencing moderate to severe stress. Students’ lower responses on the stress scale illustrate the desire to deny stress to that of the breaking point, so as to maintain an independent self-image and avoid admitting the need for help beyond their intimate resources.

Individuals who used the counseling center as a resource negotiated their experience by reframing the language they used to describe their help-seeking process. Rather than using terms like “counseling,” students referred counselors as “another party,” “someone to talk to,” or a
“stranger” to get advice from. By restructuring the way these students discussed seeking help, they were able to maintain an image of competence, free of association with an institution that is tarnished the stigmatizing attitudes. It was an empowering mechanism that normalized help-seeking and kept these individuals from feeling like they had compromised their independence. Concurrently, avoiding terms like counseling perpetuates the notion that there is something wrong in seeking help from a counselor (Prior 2012).

Positive experiences in counseling empowered students to feel more confident in asking for help in other areas of their lives (e.g. academics, financial counseling, etc.). Additionally, students claimed feeling less dependent asking for help because seeking support in counseling enabled them fulfill their own needs, ease their suffering, and validate themselves (Bellah 1985). Finally, students who had positive experiences for counseling became advocates for help-seeking behavior among their peers. Students felt more comfortable speaking freely about their issues and the resources they used to cope with and overcome their struggles.

CONCLUSION

The results in this study show that counseling is demonstrated as a beneficial service for students at Pacific University who experience significant stress. For these students, positive experiences in counseling have altered their views of what it means to be independent and competent and encourage others to use it as a resource. While positive attitudes and advocating for the benefits of counseling show progressive steps in the discourse of mental health, stigma and negative perceptions of seeking help remain an issue for many students and deter them from using counseling as a resource when it may be beneficial.

While themes were uncovered in both quantitative and qualitative analysis, expanding the
sample size would provide greater insight as to whether these trends are pertinent across campus. Moreover, the majority of participants in this study identified as women. Further research into independence, help-seeking, and gender may provide more understanding as to how gender identity contrasts with help-seeking attitudes, as well as gender identity and willingness to discuss help-seeking behavior. Finally, the predictive ability of the PSS scale is estimated at four to twelve weeks. Because the levels of appraised stress should be the product of daily hassles, major events, and helping resources, predictive validity is expected to decrease rapidly after four to eight weeks. Surveys were distributed to students at the beginning of the 2014 spring term, shortly after students’ holiday break. In consideration to academic workload, students’ levels of stress at the end of the semester may drastically differ from their scores at the beginning of the semester. A longitudinal study using the PSS scale may provide greater insight as to how stress levels and help-seeking attitudes fluctuate throughout the academic year.
Works Cited


Who Asks for Help?: Constructions of Help-Seeking on a Liberal Arts Campus

You are invited to participate in this 10-15 minute survey that will assess student’s levels of perceived stress, address reasons for seeking help, and question which resources are used most by students seeking help.

Purpose of this Study
The purpose of this study is to examine how students on a liberal arts college campus negotiate asking for help in times of personal distress. Specifically, this study will explore the social constructions of help-seeking and how these conceptions influence students’ actual behavior of seeking help for normal mental distress. The goal of this study is to understand how students realize their needs for help, negotiate asking for help, and avoid the stigmas associated with mental health by exploring the different resources (i.e. friends, family, professors, counselors, etc.) through which they seek help from.

Criteria
Students must be enrolled as fulltime students at Pacific University and be between the ages of 18 and 23 years old.

Benefits of this Study
There are no direct benefits for your participation in this study. However, participating in this study may provide a better understanding of the ways that college students cope with mental distress, use helping resources, and enable a greater understanding for college students conceptions and beliefs about mental health.

Risks or Discomfort
There are minimal anticipated risks or discomfort for taking part in this study. If you feel uncomfortable with a question, you may skip it or withdraw from the study altogether. If you decide to quit at any time before the survey is completed, your answers will NOT be submitted.

Confidentiality
Participant responses are anonymous and kept confidential. The survey tool will not collect participants’ IP address information. Do not include your name in your survey response. All submitted surveys are kept on the researcher’s password protected computer. Completed surveys are assigned numbers to serve as identification following data collection and in no way will be linked to the participant.

Participation is Voluntary
Participants are free to withdraw from the study at any time. If you do not wish to continue, simply leave this page now. You are free to skip questions or end the survey at any time. If you decide to quit at any time before the survey is completed, your answers will not be submitted.

Contact Information
If you have any questions or concerns about this study, please contact Kaeli Laxson at laxs0827@pacificu.edu or Dr. Daniel Eisen at deisen@pacificu.edu.

By beginning the survey you acknowledge that you have read this information and agree to participate in this study, and are aware that you may withdraw your participation at any time.
Who Asks for Help?: Constructions of Help-seeking on a Liberal Arts

1. What is your age?
   - 18
   - 19
   - 20
   - 21
   - 22
   - 23

2. What is your gender?
   - Female
   - Male
   - Transgender
   
   Other (please specify)

3. What is your ethnicity?
   - White
   - Hispanic or Latino
   - Black or African American
   - Native American or American Indian
   - Asian or Pacific Islander

   Other (please specify)

4. What is your current class standing?
   - First Year Student
   - Sophomore
   - Junior
   - Senior
Who Asks for Help?: Constructions of Help-seeking on a Liberal Arts

5. What is your marital status?
- Single/Never Married
- Married
- Separated
- Divorced
- Widowed

6. How would you rank your family’s economic status?
- Lower/Working Class
- Middle class
- Upper Class

Perceived Stress Scale
### Who Asks for Help?: Constructions of Help-seeking on a Liberal Arts

7. The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by selecting how often you felt or thought a certain way in the last month.

<table>
<thead>
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<th></th>
<th>Never</th>
<th>Almost Never</th>
<th>Sometimes</th>
<th>Fairly Often</th>
<th>Very Often</th>
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<tr>
<td>In the last month, how often have you been upset because of something that happened unexpectedly?</td>
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<td>In the last month, how often have you felt you were unable to control the important things in your life?</td>
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<td>In the last month, how often have you felt nervous or stressed?</td>
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<td>In the last month, how often have you felt confident in your ability to handle your personal problems?</td>
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<td>In the last month, how often have you felt that things were going your way?</td>
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<td>In the last month, how often have you found that you could not cope with all the things you had to do?</td>
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<td>In the last month, how often have you been able to control irritations in your life?</td>
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<td>In the last month, how often have you felt that you were on top of things?</td>
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<td>In the last month, how often have you been angered because of things that were outside of your control?</td>
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<td>In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?</td>
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</table>

The following questions ask you about how you cope with stress and the resources you find most helpful.
Who Asks for Help?: Constructions of Help-seeking on a Liberal Arts

8. What are the normal causes of stress you experience most often? (Check all that apply)

- School work
- Balancing school and extracurricular activities
- Finances
- Relationships
- Family issues/circumstances
- Health issues (mental or physical)

Other (please specify)

9. What resources do you normally seek help from when dealing with stress? (Check all that apply)

- Friends
- Family
- Significant other
- Mentor
- Advisor or professor
- Student counseling center
- Other licensed professional

Other (please specify)

10. Of these resources, which do you find the most helpful?

- Friends
- Family
- Significant other
- Mentor
- Advisor or professor
- Student counseling center
- Other licensed professional

Other (please specify)
11. Have you ever used the counseling center as a resource to help deal with stress?

- Yes
- No

If you haven't why not? (please specify)

End of Survey

Thank you for your participation in this study!

In addition to the survey, there is an opportunity to participate in an interview. If you have used the counseling center as a resource to cope with stress and are willing to discuss your experience in making that decision, please contact the researcher directly at laxs0827@pacificu.edu. Interviews will last 30-60 minutes and will address your thoughts on counseling as a resource and why you decided to utilize it.

If you have any questions or concerns about the survey or are interested in participating in an interview, please contact the researcher at laxs0827@pacificu.edu or Dr. Eisen and deisen@pacificu.edu.
Who Asks for Help?: Constructions of Help Seeking on a Liberal Arts Campus  
Consent for Participation in Interview Research

Purpose of this Study
The purpose of this study is to examine how students on a liberal arts college campus negotiate asking for help in times of personal distress. Specifically, this study will explore the social constructions of help-seeking and how these conceptions influence students’ actual behavior of seeking help for normal mental distress. The goal of this study is to understand how students realize their needs for help, negotiate asking for help, and avoid the stigmas associated with mental health by exploring the different resources (i.e. friends, family, professors, counselors, etc.) through which they seek help from.

Criteria
Students must be enrolled as full time students at Pacific University and be between the ages of 18 and 23 years old. Students participating in an interview must have experience seeking help from counseling center on campus for normal mental distress.

Benefits of this Study
There are no direct benefits for your participation in this study. However, participating in this study may provide a better understanding of the ways that college students cope with mental distress, use helping resources, and enable a greater understanding for college students conceptions and beliefs about mental health.

Participation is Voluntary
Your decision whether or not to participate will not affect your current or future relations with Pacific University. If you decide to participate, you are free to not answer any question or withdraw at any time without prejudice or negative consequences. If you choose to withdraw after beginning the study, your involvement with this study will be terminated and any information provided will not be used in conjunction with other collected data.

Confidentiality
All data collected in this study will be kept strictly confidential. Participants’ names will not be associated with the data they provide. Any information that participants share that might directly identify them in the study will be redacted from the transcript. Informed consent forms will be kept separately from collected data. All data will be kept in a secure location that only the researcher and researcher’s faculty advisor have access to. All electronic files will be kept on the researcher’s password protected computer. All hardcopies of data will be kept in locked filing cabinets on Pacific University’s campus. In addition, presentations of the data will not include any personalized information that directly associates the data with the participant. Any names used in presentations will be pseudonyms.

Risks or Discomfort
Anticipated risks of participating in an interview may include negative feelings or emotional distress associated with recounting personal experiences. It is important to remember that participants may refuse to answer any question and withdraw their participation from the study. Refusing to answer questions that are uncomfortable will help to minimize this risk of
experiencing negative feelings or emotional distress.

The IRB office will be notified by the next normal business day if minor adverse events are reported to the researcher. Should any emotional discomfort be reported, the researchers will (a) answer or clarify any questions a respondent has and (b) refer the respondent to the student counseling center. Although no major adverse events are expected, if any major adverse events are reported to the researcher the IRB office will be notified within 24 hours.

**Medical Care and Compensation**
During your participation in this project it is important to understand that you are not a Pacific University clinic patient or client, nor will you be receiving complete psychological care or evaluation as a result of your participation in this study. If you are injured during your participation in this study and it is not due to negligence by Pacific University, the researchers, or any organization associated with the research, you should not expect to receive compensation or medical care from Pacific University, the researchers, or any organization associated with the study.

**Contact Information**
If you have any questions or concerns about this study, please contact Kaeli Laxson at laxs0827@pacificu.edu or Dr. Daniel Eisen at deisen@pacificu.edu.

I _____________________ have read and understand the description of my participation duties. I understand that I am not receiving any direct benefits or rewards for participating in this study. I understand that my participation is voluntary and that I may withdraw at any time. All of my questions have been answered and I agree to participate in this study.

_________________________________________  _______________________________________
Signature                                      Date
Who Asks for Help?: Constructions of Help-Seeking on a Liberal Arts Campus

Interview Guide

1. What has your college experience been like so far?
2. Is it better or worse than you imagined?
3. Have you felt more stressed since you started college?
4. What kinds of things do you think stress out college students most?
5. What impact has becoming a full time student had on your difficulties? On your stress?
7. When is it time to talk to an outside source? For you? For others?
8. Is there a difference between “talking to someone” and “asking for help”? How do you differentiate the two?
9. What kinds of things do you ask for help with? As a student? As a friend? As a worker?
10. How does asking for help make you feel?
11. Is there a difference between stress and distress? Can you give examples?
12. How would you describe your difficulties with stress? Would you describe your difficulties as mental health difficulties? Would others?
13. Who is the first person you go to when you are experiencing distress? Do you even go to anyone?
14. Do you go to that person for everything or only some things?
15. Why is that the first person you go to?
16. Who do you think other people go to when they are feeling distressed?
17. What resources do you think are available to you for the kind of stress or distress you feel?
18. Have you used them? Why or why not?
19. What do you think others would think if they knew you were seeking help?
20. How did you learn about the counseling center?
21. Were you hesitant to seek help from the counseling center? Why or why not?
22. Did you tell your friends you were visiting the counseling center?
23. Do you think the counseling center would benefit others? How “stressed” or “distressed” would a person have to be to ask for help from the counseling center?
24. Are you more comfortable asking for help now than you were before you seeking help at the counseling center?
25. Overall, how does asking for help make you feel now?
March 11, 2014

Approved: March 11, 2014
Continuing Review Due: March 11, 2015
IRB Reference Number: 157-13
Project Title: [528535-2] Who Asks for Help?: Constructions of Help-seeking on a Liberal Arts Campus
Investigators: Kaeli Laxson
Faculty Advisors: Daniel Eisen, PhD

Review Category: Expedited Review

This letter signifies that the above research project has been reviewed by the Institutional Review Board at Pacific University and has been approved for one (1) year based on the provided materials. While being mindful of participant confidentiality, keep this letter on file, along with all informed consent and release forms, for the duration of the project and for at least three (3) years after the project officially is closed.

If a research-related incident (i.e., adverse event, issue of noncompliance, unanticipated problem) occurs during the course of the study, or if you anticipate modifying the project in any way, please complete the necessary paperwork (available on the IRB website) and submit it to the IRB immediately. As a researcher, you are responsible for the well-being and safety of your participants.

As this project required expedited review, continued approval from the IRB is required for each year that the research is active. Your first continuing review must be completed by March 11, 2015 to ensure compliance. It is suggested that you submit your request at least one (1) month in advance. If your research is no longer active, please submit a project closure request instead. The paperwork for both requests is available on the IRB website.

If you have any questions, please do not hesitate to contact Breanna Grove at 503-352-1478 or irb@pacificu.edu. Please include your project title and Pacific University IRB reference number 157-13 in all correspondence with this committee. We thank you again for your submission and wish you well in your research endeavors.

Sincerely,

Pacific University Institutional Review Board

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Pacific University's records.