THE USE OF MEDIA BY AFRICAN AMERICAN WOMEN TO ACQUIRE

MENTAL HEALTH KNOWLEDGE

Except where reference is made to the work of others, the work described in this
dissertation is my own or was done in collaboration with my advisory committee.
This dissertation does not include proprietary or classified information.

_____
Lia Ayanna Knox Ivey

Certificate of Approval:

_____   _____
Rene′e A. Middleton   Becky Liddle, Chair
Professor   Associate Professor
Counselor Education, Counseling   Counselor Education, Counseling
Psychology and School Psychology   Psychology and School Psychology

_____   _____
Joseph Buckhalt   Ivan Watts
Professor   Associate Professor
Counselor Education, Counseling   Educational Foundations,
Psychology and School Psychology   Leadership and Technology

              _____
              Stephen L. McFarland
              Dean
              Graduate School

THE USE OF MEDIA BY AFRICAN AMERICAN WOMEN TO ACQUIRE

MENTAL HEALTH KNOWLEDGE

Lia Ayanna Knox Ivey

A Dissertation

Submitted to

the Graduate Faculty of

Auburn University

in Partial Fulfillment of the

Requirements for the

Degree of

Doctor of Philosophy

Auburn, Alabama
May 11, 2006

THE USE OF MEDIA BY AFRICAN AMERICAN WOMEN TO ACQUIRE

MENTAL HEALTH KNOWLEDGE

Lia Ayanna Knox Ivey

_____
Signature of Author

_____
Date of Graduation

VITA

Lia Ayanna Knox Ivey, daughter of Sheila Jane Knox was born on August 21, 1972 in Milwaukee, Wisconsin. She graduated from Riverside University High School in Milwaukee, Wisconsin in 1990. In May of 1995, she received a Bachelor of Science degree in Psychology from Jackson State University in Jackson, Mississippi. She earned a Master of Science degree in Counseling Psychology from Concordia University in Mequon, Wisconsin in 1999. Mrs. Ivey began Auburn University's doctoral program in Counseling Psychology, located in the Department of Counselor Education, Counseling Psychology and School Psychology in August of 2000. She completed her pre-doctoral internship at Advocate Family Care Network / Childhood Trauma Treatment Program in Chicago, Illinois in July of 2004. She now resides in Chicago, Illinois where she works as a Rehabilitation Neuropsychological Therapist for Neuropsychological Consultants Inc. She also works as a mental health consultant for Milwaukee Mental Health Consultants in Milwaukee, Wisconsin. Mrs. Ivey continues to provide mental health education to the community in the form of speaking engagements, public presentations, workshops, and training seminars.

DISSERTATION ABSTRACT

THE USE OF MEDIA BY AFRICAN AMERICAN WOMEN TO AQUIRE

MENTAL HEALTH KNOWLEDGE

Lia Ayanna Knox Ivey

Doctor of Philosophy, May 11, 2006
(M.S., Concordia University, 1999)
(B.S., Jackson State University, 1995)

124 Typed Pages

Directed by Becky Liddle

The study investigated the use of media by African American women to

acquire knowledge to "help with life problems." Participants self-reported their

use of television, radio, newspapers, magazines, and the Internet in acquiring such

information, and also reported on their sharing of this information among their

female support systems. Participants were 102 self-identified African American

women. Nearly all of the women (93%) lived in inner city neighborhoods. Ages

ranged from 19 to 82. These African American women reported frequently

utilizing the media to acquire mental health knowledge, and also reported passing

this information through their networks of female friends and family. Magazines

and television were used more often than the other media to help with life

problems. Magazines were used by 79% of the sample and television was used

by 74% of the sample. Many women in this sample reported using ideas gained

from television (28%) and magazines (18%) on a daily basis. The Oprah Winfrey

show was endorsed as one of the most watched television programs (61%). In

terms of specific magazines read, Ebony magazine (55%), Essence magazine

(52%) and Jet magazine (48%) were endorsed most often. Given that only 25% of

this sample had ever seen a therapist, but the vast majority had used television or

magazines to gain mental health related information, it is strongly suggested that

psychologists make greater efforts to reach this demographic through the use of

these media.

ACKNOWLEDGEMENTS

There are numerous people who deserve acknowledgement and appreciation for lending their support, encouragement, and expertise throughout my graduate studies and the completion of this dissertation. Particularly, I would like to thank my mother, Sheila Jane Knox. I would not have been able to successfully complete this endeavor if it were not for her unconditional love, nurturing, honesty and humor. My husband Marshall Ivey deserves special thanks for his patience, constant encouragement and strong belief in my ability to succeed. I would also like to thank my brother, David Michael Knox, Jr., my uncle Michael Thomas Morgan, my niece Jade Amanda Knox, my father and mother-in-law, Mr. and Mrs. Ivey for their constant prayers and positive thoughts. I would also like to thank Joy, Richard and Simeon Donaldson for sharing their home, and providing financial and emotional support. I owe a special debt to Dr. Becky Liddle, Dr. Renèe A. Middleton, Dr. Joseph Buckhalt, Dr. Holly Stadler, Dr. Irene Houston, Dr. Preston Harley and Dr. Brian Ragsdale who have taught me what it means to be a psychologist. I dedicate this project to all of the resilient African American women who remain standing strong in the face of adversity and to the memory of my vivacious grandmother, Mrs. Elizabeth Grace Morgan.

Style Manual or journal used : <u>APA Publication Manual (5th edition)</u>

Computer Software used : <u>Microsoft Word 2000, SPSS Word (Version 13)</u>

TABLE OF CONTENTS

LIST OF TABLES

INTRODUCTION AND LITERATURE REVIEW

A number of explanations for the underutilization of professional mental health services among African American women are offered. Caldwell (1996), Dana (1998), Goldin and Hough (1989), Morris (2001), and Wells, suggest that many African American women choose not to seek professional mental health care services due to several cultural factors. One cultural factor includes the belief that many mental health care professionals lack multicultural competence. In addition, within the African American community, a negative stigma is attached to mental illness as well as the request of assistance from those outside of the African American community (Cooper, 1997; Thompson, Bazile & Akbar, 2004). Another barrier to the receipt of mental health services among African American women is the expectation of the African American woman to act as the anchor and source of strength within the African American family and community often referred to as the "Strong Black Woman Syndrome" (Hooks, 2005). Cultural mistrust (Terrell & Terrell, 1984; Thompson et al., 1996; Whaley, 1997, 1998, 2001), clinically inappropriate and culturally inconsistent services are also factors in the underutilization of professional mental health services (Akustu, Snowden & Organista, 1996; Johnson et al., 1995; Matthews, 2001; Martin, 2002; Thompson et al., 1996).

Socioeconomic issues also contribute to the underutilization of professional mental health care services among African American women (Thompson, Bazile & Akbar, 2004). Many African American women live below poverty level, are underemployed or unemployed, and have fewer resources. Hozer et al. (1986), Mutaner (1999), and Thompson, Bazile and Akbar (2004) suggest that African American women also lack employee based and independent health insurance thereby making it difficult to financially afford mental health care services.

It is believed that these cultural and socioeconomic factors likely contribute to the documented tendency of African American women to utilize informal support networks to assist them in addressing their mental health issues (Kurdek, 1988; Mays, et al. 1994; Nickerson et al., 1994; Phillips, 1997; Rouse, 2001; Shorter-Gooden, 2004). The African American woman's informal support network tends to include family, friends and their religious community, specifically female family members and friends. Several studies have found that African American women rely on close female family members and friends for help with mental health issues (McCook, 2004; Milloy, 1990; Van Hook, 1999). For decades, African American women have been drawn together by a need for close-knit female relationships, which has become the African American woman's distinct brand of self-help. African American women report that they must look to one another for support, advice, information and encouragement when addressing life problems. Brown, Elliot, Dominguez and Sorrey (2000) found that African American women perceived their female support networks to be most helpful,

2

most knowledgeable and most able to be used as buffers against mental health problems.

African American women agree that they receive sound and effective advice and information from their female support systems when confronting life problems and/or mental health issues (Brown et al., 2001; Villarosa, 1994). It is also agreed that African American women underutilize professional mental health services, which provide guidance and psycho-education for its consumers (Diala et al., 2000; Kessler et al., 1994; Neighbors, 1995; Sue & Sue, 1990), which raises the question of where these female support networks get their information and advice. One common source of information among African American women may be the media.

Over the last two decades, mass media, including television, radio, newspapers and magazines have had an important influence on the promotion of healthy lifestyle patterns. Carll (2001) suggests that mental health professionals have broadened the reach of their services through the use of mass media. African American women are definitely among the Americans who are exposed to mass media on a daily basis. In fact, African American women of low socioeconomic status have a higher rate of television viewing and radio attention than Caucasian women of low socioeconomic status (Caldas & Bankston, 1997; Squires, 2000).

Research shows that African American households watch an average of 72 hours of television per week compared to 50 hours per week in non African American households (Caldas & Bankston, 1997; Huston et al., 1999; Jason, Crawford, & Gruber, 1989). Another study also found that African Americans

3

watch 42% more television than the general population (Williams & Spruwell, 2000). Radio programming also influences African American women. A recent study found that 65% of radio listeners are women (Bouhoustos, 1983). Radio within the African American community has always been utilized to promote community information, to uplift people by providing entertainment and more importantly, to inform African American people of social issues Currently, the American Urban Radio Network, the only African American owned radio network in the United States has the electronic capability to reach out to and cover 93% of the United States African American population (Baraka, 2000).

Zanoni (2005) suggests that African American women are also avid readers. Currently there are 15,000 readers of African American newspapers. Studies show that 12% of African Americans subscribe to mainstream newspapers while 66% of African American respondents cite African American newspapers as a primary source. African Americans spend an average of 30 to 60 minutes a week reading African American newspapers. African American magazines are also a popular source of mental health, medical health and life management information for African American women however, there has been no available research in this area.

There is some research on the use of media for mental health in general (Best, 1980; Christenson, Miller, & Munoz, 1978; Dubren, 1977; Jason, 1985; Schanie & Sundel, 1978), but there is no available research on this topic regarding African American women in particular. Yet, this is especially important to

understand for this group since African American women are less likely to receive mental health information from mental health professionals.

<center>African American Help-Seeking Behavior</center>

According to the literature, African Americans have historically underutilized professional mental health services (Baily, 1987; Diala et al., 2000; Kessler et al., 1994; Neighbors, 1985; Sue & Sue, 1990; Wallen, 1992).   In addition to being less likely to seek out therapy, compared to Caucasians, research has consistently shown that African Americans attend fewer sessions and tend to terminate mental health services earlier (Armstrong, Ishiki, Herman, Mundt & Womack, 1984; Goodman & Seigal, 1978; Sheffler & Miller, 1991). For example, a study found that whereas approximately 50% of ethnic minority clients failed to return to treatment following their initial intake session, the comparable rate for Caucasians was 30% (Zane, 1987). Gallo, Marino, Ford and Anthony (1995) also found that African Americans are four times less likely than Caucasians to return for continued mental health services . The literature has also shown that African American college students were less likely to use counseling services than Caucasian students and tended to rate counseling as less successful than Caucasian students (June et al., 1990).

Researchers examining why African Americans utilize counseling services less have suggested that these findings may be attributed to the preference of African Americans to utilize other culturally acceptable services within their communities. For instance, the National Survey of Black Mental Health (Jackson, Neighbors & Gurin, 1986; Thompson et al., 2004), found that African Americans

<center>5</center>

tend to contact physicians, ministers and hospitals before therapists when dealing

with mental health issues. This study also found that when African Americans did

become involved in professional mental health services, this involvement often

came as a result of referrals by physicians, family members or friends. Of the

respondents in this study, only nine percent used the services of a psychiatrist,

psychologist or community mental health professional. Other studies found that

when African Americans are in need of mental health services, they are more

likely than Caucasians to utilize inpatient emergency room services, more likely to

be re-hospitalized after inpatient treatment, and more often admitted involuntarily

to mental institutions (Havassey & Hopkin, 1989; Lindsey & Paul, 1989; Sheffler

& Miller, 1989; Snowden & Cheung, 1990).

<div align="center">Barriers to Help-Seeking</div>

A number of explanations for the underutilization of mental health services

noted among African American women have been offered. According to the

literature, Dana, (1998), Morris, (2001), Wells, Goldin and Hough, (1989), and

agree that these explanations can be grouped into categories.

The first category is referred to as "Cultural Factors," which consist of five

factors that may affect the use of professional mental health services by African

American women. The first cultural factor consists of the lack of multicultural

competence among mental health professionals who are of a different cultural

background than the client.   The second and third cultural factors involve the

negative experiences with mental health professionals and the negative stigma of

mental illness within the African American community as well as the shame and

<div align="center">6</div>

embarrassment associated with it. The fourth cultural factor is the negative stigma often associated with requesting assistance with personal problems from outside of the African American community. The fifth cultural factor is the expectation that African American women act as the anchor and source of strength in the African American family and community, which is referred to as the "Strong Black Woman Syndrome." Finally, cultural mistrust and inequalities within the health system may also affect the rate at which African American women seek professional mental health services.

The second category, which will be referred to as "Economic Constraints," consists of the issue of low socioeconomic levels among African American women, underemployment or unemployment and the marginalization of African American women by managed care and other insurance companies, which make access to quality mental health services difficult and costly.

Cultural Factors

Lack of Multicultural Competence Among Mental Health Professionals

Over the past 20 years, counseling psychologists have placed increased importance on the multicultural aspects of counseling and the need for counselors as well as other mental health professionals to acquire multicultural competence (Constantine, 2001; Constantine & Ladany, 2000, Heron et al., 1997; Ponterotto & Casas, 1997; Sue et al., 1991).

Several researchers (Coleman, Wampold, & Casali, 1995; Hooks, 2005; Jerrell, 1998; Martin, 2002; Sue et al., 1991) report African American women said that if they chose to participate in mental health treatment, they would prefer to be

7

treated by an African American mental health professional because they believed

that an African American therapist/counselor would be more likely to understand

the unique issues associated with being African American such as racism,

discrimination, historical traumas, and African American family life. However,

Curphey (2000) and Martin (2002) reported that only four percent of mental

health care providers in the United States were African American and only two

percent of psychiatrists in the United States are African American and even fewer

are female. Unfortunately, it may be that the lack of African American mental

health professionals available contribute to many African American women

choosing not to seek professional mental health services.

The lack of availability of African American women in the field of

professional mental health services means that African American women must

rely on Caucasian mental health professionals if they choose to seek professional

treatment. Many Caucasian mental health professionals have not acquired the

skills necessary to administer culturally competent treatment. For example, it was

observed that when compared to Caucasians, racial and ethnic minority clients'

level of psychopathology is often overestimated (Gynther, 1972, 1979) and their

prognosis is often underestimated (Butcher, Braswell & Raney, 1983). Another

study conducted by Sue and Sue (2003) found that Caucasian counselors who are

not culturally competent might view the values and behaviors of other cultural

groups as deviant rather than simply different from their own. Research argues

that clinical judgments made by such counselors tend to over-diagnose behaviors

that are normative of other cultural groups as pathological (Abreu, 1999; Lopez,

1983; Sue & Sue, 2003). Other empirical studies found that schizophrenia is diagnosed at a higher rate in African Americans than in Caucasians during psychiatric admissions to hospitals (Adebimpe, 1981; Neighbors et al., 1999; Snowden & Cheung, 1990; Trierweiler et al., 2000). Mukherjee et. al. (1983) also found that clinicians were biased in diagnosing paranoid schizophrenia. In this particular study the researchers reported African American patients received this diagnosis more often than Caucasian and Hispanic patients even though there were no differences in the patient's symptom presentation. Adebimpe and Cohen, (1989); Krebs, (1971); Scheffler and Miller, (1991), also revealed practitioner bias against African Americans in diagnosis and treatment.

In addition to practitioners, educators, who are also considered consultants and observers of behavior, have also exhibited cultural bias. For example, Epstein, March, Connors, and Jackson, (1998) and Epstein et al., (1998), found that teachers also tend to rate African American children higher on ADHD and behavioral symptoms than Caucasian children which also reflects rater bias. The teacher ratings are frequently used as an outcome measure, which assists mental health professionals in providing appropriate mental health services. When rater bias is apparent, the African American child may receive inappropriate treatment and may be prone to misdiagnosis by the mental health professional. These findings support a strong need for mental health professionals to acquire cultural competence to better assist African American women.

In support of the need for mental health professionals to acquire multicultural competence, a survey conducted by the American Psychological

Association (APA) found that mental health professionals that served ethnically diverse populations felt "extremely" or "very" competent only in providing services to Caucasian women and economically disadvantaged clients (Allison, Crawford, Echemendia, Robinson, & Knepp, 1994). These findings highlight a discrepancy between the number of therapists who serve culturally diverse populations and those who claim to be competent and proficient in addressing the mental health needs of those populations.

In terms of the physical environment of mental health service providers, participants in another study indicated that they often looked for subtle clues to determine a therapist's cultural competence, attitudes and sensitivity. They reported items such as ethnic minority reading material in the waiting room, diversity of the art in the waiting rooms and ethnic minorities who work with and for the therapist influenced their perception of the therapist's cultural competence (Thompson, Bazile, & Akbar, 2004). The Diala et al. (2000) study is strong support for the theory that it is actual incompetence by therapists that causes underutilization.

Negative Experiences with Professional Mental Health Providers

Given the underutilization of counseling services, one might assume African American's attitudes toward help-seeking to be negative, but this is not the case. Diala et al. (2000) found that African Americans were more likely than Caucasians to report positive attitudes towards seeking help from a mental health care professional and to feel comfortable discussing personal problems with a professional. They also reported that African Americans were less embarrassed

10

about their family members and friends knowing that they were seeking treatment before they utilized professional mental health services. Professional contact, however, may actually damage such attitudes. Diala et al. (2000) found that after having contact with a mental health professional, African Americans were more likely than Caucasians to report negative attitudes related to mental health care services and were less likely to use mental health services following contact with a mental health professional. This underutilization may stem from actual negative experiences with mental health professionals.

Negative Stigma of Mental Illness Within the African American Community

Several authors have suggested that since mental illness does carry such a strong negative stigma in the African American community, it may influence the decrease in service utilization patterns among African Americans (Caldwell, 1996; Markowitz, 1998; Sirey et.al., 2001; Thompson, Bazile, & Akbar, 2004). A study by Silva de Crane and Speilbeger (1981) supports this belief. They found that African Americans reported more negative attitudes toward mental illness than any other ethnic group. In addition, Cooper et al. (1997) reported that in focus groups, African American clients raised more concerns regarding the stigma of mental illness than their Caucasian counterparts. Another study found that many African Americans attach a negative stigma to the realm of mental illness, mental health and the use of psychotherapy (Thompson, Bazile, & Akbar, 2004). Often times, those within the African American community who have been labeled as mentally ill are viewed as "crazy", "weak" or "unable to cope with life" (Jackson, Neighbors, & Gurin, 1986). Thompson, Bazile, and Akbar (2004) conducted a

11

study with a focus group, which revealed that the stigma of mental illness, in addition to the embarrassment and shame associated with it, was a great barrier to African American treatment seeking. These authors also found that participants felt that African Americans suffering from mental illness as well as their family members hide the illness due to the belief that the African American community will reject them. In a study conducted by Matthew and Hughs (2001), some minority groups including African Americans viewed professional mental health treatment as stigmatizing or as a culturally inconsistent manner of receiving support (Boyd-Franklin, 1989). The minority heterosexual and lesbian women in this study reported that they were discouraged from attending therapy by others in their minority group. They also reported hesitation to participate in treatment because "people might think I'm crazy." In addition, the lesbian and heterosexual women in this study viewed mental health treatment as stigmatizing or as "airing dirty laundry."

In support of these findings, Hooks (2005) found that within the African American family, African American women tend to be discouraged from attending therapy by major support systems such as their mothers, grandmothers or other matriarchal figures in the family. Instead, these African American women are encouraged to find other culturally acceptable means of assistance such as prayer or, talking with close female family members or close female friends.

Negative Stigma Attached to Request for Help Outside of the African American Community

Research has shown that African American women tend to utilize resources within the African American community to assist them in coping with life problems. These resources may consist of family members, friends and/or church, pastors, or ministers (Bell, 1990; Caldwell, 1996; Neighbors, 1988; Wilson, 1986). Thompson, Bazile, and Akbar (2004) found that African American participants tended to feel that family concerns should be resolved within the family. This practice is considered a sign of strength and family unity. If a family member sought help, for example, psychotherapy, it was often viewed as a sign of weakness and diminished pride. As a result of these cultural beliefs, African Americans may tend to utilize informal resources (ie. family, friend, peer counselors, spiritual healers) more often than professional mental health services.

Another reason for seeking help within the community rather than from mental health practitioners is a lack of knowledge about when professional help is needed. In a recent study (Thompson, Bazile, & Akbar, 2004) participants reported a lack of sufficient knowledge of the signs and symptoms associated with mental illness (i.e., depression, anxiety, etc). The participants in this study also reported that they experienced difficulty in discerning when a situation or condition had reached a stage requiring professional mental health services. This lack of information led several participants to consult informal resources such as churches, family and friends.

Hooks (2005) reported that negative attitudes toward therapy in the African American community make it difficult for African American women to seek mental health care when they need it. As a result, there is the likelihood that they will seek "relief" from stressful life situations in substance abuse and other unhealthy activities. As previously stated, often times, African American mothers are among the African American people who are most adamantly opposed to individuals seeking mental health treatment. Hooks also agrees that their resistance to treatment seems to be connected to the idea that if a child or an adult has a mental health problem, the mother will somehow be blamed or be perceived as having failed her job.

<center>Strong Black Woman Syndrome</center>

Studies with African American women, both heterosexual and lesbian, show that cultural conditioning can result in common emotional and behavioral responses to environmental stimuli such as denial, dissociation and co-dependency (Matthews, 1998). Hooks (2005) expounds on a recurring response to environmental stimuli by African American women. She refers to this response as the "Strong Black Woman Syndrome." Since African American women are major providers in the African American household, both in those where men are present and where they are not, African American women often feel it is up to them to "keep it all together."

Interestingly, when the history of African American women in this society is examined, it shows that African American women have been employed in physically stressful jobs that push them beyond normal limits. Slavery is

<center>14</center>

definitely an example of this type of work. Hooks (2005) addresses the "second shift" which consists of housework and childcare, often without the help of a male counterpart. Caring for sick and elderly family members and/or community kin has also been a responsibility expected from and accepted by African American women. Hooks (2005) and Snowden (1999) stated that African American women are socialized to push themselves past healthy limits and as a result, African American women do not know how to set protective boundaries that would eliminate various forms of stress in their lives. This type of stress may lead to physical and emotional health problems including heart disease, hypertension, ulcers, substance abuse/addiction, depression and an array of other mental health difficulties (Kong, 2003; Martin, 2002).

Hooks (2005) also discussed an aspect of the "Strong Black Woman Syndrome that continues to affect the self concept of African American women. This aspect suggests that African American women are "earthy mother goddesses" who have the natural mental and physical capacity to deal with all hardships without breaking down physically or mentally. Many African American women accept this myth and perpetuate it. In a study conducted by Matthews (1998), he suggested that the image of the "Strong Black Woman" may decrease the amount of emotional support available to African American women and discourage the perceived need for formal or informal mental health assistance. In this same study, when questioned about mental health treatment, both heterosexual and lesbian African American women agreed with such statements such as "I didn't feel I needed it," "I kept putting it off," or "I didn't think it would help." This

suggests that a lack of perceived need for treatment continues to be a barrier in many African American women's participation in mental health treatment.

<center>Cultural Mistrust</center>

Mistrust of the mental health system and major components involved in mental health services is prevalent among African American women. A related study (Terrell & Terrell, 1984) reported that African American students who rated high in cultural mistrust of Caucasians were less likely to visit the campus counseling center and more likely to terminate treatment prematurely. Historically, mental health has been used as a justification for slavery, as a scientific rationale for segregation, and to reinforce the idea of racial inferiority (Williams, 1986).

An important aspect of the mental health system is research. Research contributes to treatment modalities, generalizations about subjects, and effective methods of case conceptualization. However, in the past, studies have shown that some researchers misrepresented their work (Hirsh, 1981; Kamin, 1974) or falsified data (Lawson, 1986, p. 50). This type of work has created negative images of African Americans and has also made it difficult to recruit African American patients into research studies. As a result, African Americans tend to distrust mental health research, the mental health system and those individuals within that system (Thompson et al., 1996). For example, a study focused on African Americans diagnosed with schizophrenia found that a disproportionate number of schizophrenia diagnosis among African American patients may have resulted from Caucasian clinicians being unaware that African American patients

<center>16</center>

consider them part of the larger white society and that these patients may be expressing "healthy cultural paranoia" when interacting with them (Rideley, 1984; Whaley, 1997, 1998, 2001).

Another study (Thompson, Bazile, & Akbar, 2004) found that the issue of trust among African Americans toward psychotherapists caused great debates among its participants. African American participants who had never been involved in psychotherapeutic services and had minimal knowledge of the profession held the belief that most counselors lacked knowledge of African American life and experienced difficulty accepting and understanding African Americans. The participants also discussed the common stereotypes of African Americans in the larger society and questioned the mental health professional's ability to remain unbiased. Participants also reported mistrust in psychologist's diagnosis. Their concerns included fear of misdiagnosis, labeling and "brainwashing." Within this same study, African American participants perceived psychologists as predisposed to viewing African Americans as "crazy" which could lead a psychologist to label strong expressions of emotion as illness.

<center>Inadequate and Unequal Mental Health Services</center>

Health disparities or inequalities within the health care system including the mental health care system have been common problems in the United States and continues to affect the African American community. African Americans, as a whole, are more likely to fall ill, to be diagnosed later, to have less access to health care, and even to die from certain diseases than Caucasians (Kong, 2003).

<center>17</center>

It is generally agreed that African Americans are at increased risk for the development of mental health problems because of the stresses of racism and poverty (Williams, 1995), however, despite increased attention on African Americans within the mental health system, researchers continue to argue that inadequate attention to ethnic and cultural differences has lead to the inability of traditional mental health services to meet the emotional needs of African Americans (Akustu, Snowden & Organista, 1996; Snowden, 2003; Sue, 1992; Williams, 1995).

The inequalities in the delivery of mental health services to ethnic minority populations have also been well documented (Akutsu, Snowden & Organista, 1996).   In addition, a recent national survey indicated large differences in the quantity and quality of medical care among racial and ethnic groups (Johnson et al., 1995).   Finally, The Council of Ethical and Judicial Affairs (1990) concluded that racial discrimination within the health care system negatively affects the provision of health care to African Americans.

<div align="center">Economic Constraints
Low Socioeconomic Status</div>

According to the U.S. Census Bureau (2001), the United States has seen a rise in unemployment rates among African Americans, which is double the rate of Caucasians. It is reported that 22.1% of African Americans are living in poverty compared to 9.4% of Caucasians. The U.S. Department of Commerce (2000) reported that the annual incomes of people of color remain much lower than their Caucasian counterparts. In fact, Ohare, Pollard, Mann, and Kent, (1991) report

that African Americans are more likely than Caucasians to experience both absolute and relative poverty. A large proportion of the African American population lives in low income, rural or inner city environments where they are more likely to be exposed to a higher rate of environmental hazards than those with higher socioeconomic levels, which can cause negative stress on a daily basis (Brown & Gary, 1985).

Low socioeconomic status (SES) affects options that an individual has in terms of health care as well as quality of life. It has been suggested that low SES may be one of the major causes of racial and ethnic disparities in mental health problems (Lillie Binnton & Laveist, 1996; McLeod & Kessler, 1990; McCloyd et al., 1994; Snowden & Cheung, 1990; Todd & Worell, 2000). Intertwined with low SES is a stressful lifestyle that may include poor nutrition, poor education, poor housing, low paying jobs, unemployment, lack of or absence of health insurance, and access to basic health services (Johnson et al., 1995).

These particular problems cause undue stress and strain for African American women. For example, in a sample of over 2,400 adults, Ross (2000) found that among residents of economically disadvantaged neighborhoods, including neighborhoods with a high percentage of households below the poverty line and mother only households, the level of depressive symptoms were significantly higher than those residents of neighborhoods above the poverty line. Another example (Hofbfall, 1988) suggested that a loss or decrease in resources including employment, home, car, and money are considered stressful events.

Therefore, stressful events may deplete a mother's resources and the loss of resources may limit an African American mother's ability to function as a parent.

Lack of Insurance

Given that most health insurance is received through employment, employment status is positively correlated with the ability to receive health care. African American women represent a substantial portion of uninsured people in the United States with families which adults work but do not have or are unable to afford insurance premiums (Johnson et al., 1995). Mutaner (1999) agrees that African American women with fewer resources and jobs lack the employment based health insurance benefits that serve as the core of the health system in the United States. While poor families rely exclusively on public programs such as Medicaid, families with higher incomes have private health insurance and are able to afford the co pay or have the option to self-pay for services (Holzer et al., 1986; Mutaner & Parsons, 1996). In the recent past, federal and private funds created to aid minority populations for an array of mental health services were readily available. Today, these funds and services are no longer available (Dana, 1988; Sheffler & Miller, 1991). As a result, African American women are further marginalized and the access and availability of quality mental health services has become more difficult and more costly. In another study, Thompson, Bazile, and Akbar (2004) found that African American participants believed that African Americans frequently lacked adequate health insurance to cover mental health services. The majority of the participants who were not in the field of mental health suggested that hourly fees were excessive and they would tend not to allot

money for these fees in order to secure basic needs. In addition, participants who used Medicaid benefits complained that medication was the most commonly recommended treatment and that psychotherapy and counseling were not offered as options. Because many African American women are categorized as low income, thereby lacking health insurance, economic issues cannot be ignored.

These economic issues often encourage African American women to utilize informal services that do not require insurance or monetary fees to assist them in coping with mental health issues. This assistance is often provided by social support systems including female family members and female friends.

<center>Social Support System of African American Women</center>

The fact is African American women do not seek mental health care as readily as Caucasian women. African American women are more likely to engage in other informal resources including family, friends and religious/spiritual advisors hoping to gain what others often gain from individual mental health treatment (Rouse, 2001; Stevens, 1998; Van Hook, 1999). African American women tend to utilize social networks found in the family, among friends, in the neighborhood and within the African American community to seek healing through others with similar experiences (Mays, et al., 1994; Neighbors, 1988). It is also suggested that African American women experience higher levels of social support than Caucasian women and kinship relations tend to be stronger among African American women than Caucasian women (Phillips, 1997). Thus African American women may utilize informal support more because it is more available to them than it is to Caucasian women. Boyd-Franklin (1991) agrees that

<center>21</center>

involvement with many individuals including family, extended family, and non-blood relatives is typical of the lives of many African American women.

Within the past two decades, there have been several studies focusing on the phenomenon of African American women and their help seeking behavior. One such study was conducted by the National Mental Health Association, (2000) which reported that reliance on the support of family, friends, and the religious community (rather than mental health professionals) during periods of emotional distress was extremely helpful to African Americans. These informal support systems tend to convey attitudes and norms related to help-seeking behavior. Kurdek (1988) also reported findings that social support networks for African American lesbians descending in order were friends, partners, family and coworkers. Over 60% of the African American who had sought professional treatment in this study stated an informal resource had convinced them to go to treatment. Of the participants, 30% reported a friend, 28% reported a parent, and 21% reported a family member convinced them to attend professional mental health treatment. Overall, the women in this study felt supported and were encouraged by informal support networks to seek professional mental health treatment.

In addition to the utilization of these social support systems during occurrences of distress, African American women depend on these same social support systems as mirrors or guides for their personal development and growth. Interestingly, Abe-Kim, Tacheuchi and Hwang (2002) found that African American women not only explore their prior experience with a particular illness

or symptom but also look to their social network or reference group in their search

for meaning and acceptable coping mechanisms. In general, women place greater

emphasis on interdependence in interpersonal relationships than do men. This

focus may be even more salient among ethnic minority women for whom family

and community are central. Gushue and Constantine (2003) also found that

African American women college students' meaningful connections with

significant others help them to feel more emotionally stable and grounded. These

authors also suggest that African American women tend to emphasize group

harmony, interconnectedness, and emotional intimacy with others without fearing

losing their identity. In support of this view, Hill (2004), Muhlenkamp, and Mays

(1985) report that social support acts as a resource that provides encouragement to

the recipient and as a result provides health protection, a sense of belonging, and

feelings of personal efficacy and less emotional disturbance. Burchinal, Follmer,

and Bryant, (1996) found that commonly used informal support networks are

considered a key resource in the lives of African American mothers. This study

investigated the social support networks and family structure of 62 low-income

African American mothers. It was found that African American mothers with

larger support networks tended to be more responsive in interactions with their

infants and to provide more stimulating home environments than mothers with

smaller networks. The researchers agreed that supportive social networks

positively influenced these women. The support is thought to buffer the impact of

stress on the parent reducing the negative impact of stress on parenting style

(Taylor, Roberts, & Jacobson, 1997).

In addition to social support networks providing support in times of emotional distress and the facilitation of the African American woman's personal growth, these social support systems can also act as buffers to stressors including domestic violence, suicide, and alcohol and drug abuse (Kaslow et al. 2002; Nisbet, 1986; Robins et al., 2003). For example, Axelrod et al. (1999) found that victims of relationship violence tend to receive low levels of social support, and those with higher levels of social support tend to experience lower levels of relationship violence. The role of social support networks in moderating psychological distress may be even more magnified in ethnic communities. (Campbell, Sullivan, & Davidson, 1995; Fort, Frank, Forte, & Rigsby, 1996). Thompson, Kaslow, Short; and Wykoff (2002) found that social support can be a particularly important resource among abused African American women to assist them in extracting themselves from abusive relationships.

Research suggests that family and friend support networks can effectively be used to facilitate alcohol treatment (Amaro & Beckman, 1984). In addition, Amaro and Beckman (1984) suggest that African American women experience more social support than Caucasian women for treatment entry. Relationship violence and drug and alcohol use are high risk factors in suicide, therefore the availability and/or perceived availability of social support systems are also considered protective factors against African American suicide (Gibbs, 1997; Heron et al., 1997; Marion & Range, 2003).

Female Support Systems of African American Women

There has been a recent focus of research on African American women and the use of social support networks related to religious/spiritual support and social service agency support, however, the utilization of female friends and female family members has received little attention even though some researchers have found that these relationships are an important aspect of the African American woman's life (Gushue & Constantine, 2003) and should not be neglected. Therefore, for the purpose of this study, the relationships between African American women and their African American female friends and family members will be highlighted.

African American women have valued their relationship with female friends and female family members for hundreds of years. African American women have a long and colorful tradition of gathering together in sororities, Bible study groups, community organizations, and across kitchen tables. African American women are coming together in search of the kind of nurturing, caring and supportive talk that often only another African American woman can provide (Villarosa, 1994). Bettye Collier-Thomas (2000), director for the Center of African American History and Culture in Philadelphia, reported that since slavery, African American women have organized with other African American women for change in their lives and their families. Milloy (1990) agrees that African American women are drawn together by a need for close knit female relationships which has become the African American woman's own distinct brand of self-help.

Randolph (1999) suggests that because of the unique pressures African American woman face, she is a strong supporter of "women only" gatherings, particularly "girl's night out" where African American women can discuss the ins and outs of African American female reality. It is that kind of understanding that makes African American women feel such strength, safety, and solace in each other's company. She stated "There is nothing like sharing a problem with someone who not only knows the road you're traveling but has walked a mile in the same pumps." She also stated "in the company of 'Sister-Friends,' African American women can complain and commiserate about their lives without fear of being judged or laughed at or misunderstood." Gushue & Constantine (2003) found that African American women often lack strong female role models at predominantly white colleges/universities so they must look to one another for support, advice, and encouragement and many other things. Consequently, African American women place a great deal of weight on their friends and sometimes look at these friendships as an escape from having to explain African American identity and African American female identity.

African American female support systems serve as identity formation, racial consciousness, and self-affirmation. (Lewis, 1999). Aleman and Martinez (2000) support that African American women look to other African American women for understanding, venting arenas and encouragement. Women of color use female friendships as a primary site for the development of race and/or ethnic consciousness, and growth that is essentially about purposeful self-definition (p.138). One of the few resources that African American women can create and

shape themselves.   By creating friendships based on race, African American

women are attempting to alleviate the need to explain themselves, their identity,

and things that are important to African American women. Petersen (1997) has

found that the experiences of African American women influence the

development of self-will. She found that the development of will in African

American women is related to the relationship between mother and daughter,

extended sisterly relationships, and Black community connectedness.

Several studies support the notion that African American women's

relationships with their female friends and female family members are considered

beneficial to their mental health. For example, Kurdek, (1988) reported that

overall, the African American women in her study had more female friend and

family support than their Caucasian counterparts and saw female sources of

support as most supportive. Also, female friends and family members were

perceived to be most helpful and used as buffers (Brown, Dominguez, & Sorrey,

2001). Venograde (2001) conducted a study with 83 African American married

women employed full-time. They agreed that same sex best friendships were

perceived to be more intimate than marriage for all aspects of intimacy

(communication, supportiveness, romance and affection). These relationships

were also considered more egalitarian than marriage.   In addition, Godfrey (1997)

conducted a similar study involving 96 African American women, which explored

relationships among friendship satisfaction, self-esteem, perceived social support,

and maternal satisfaction. African American women were very satisfied with their

close women friends, rated themselves high in self-esteem, and experienced their friends as significant sources of social support.

As part of a survey conducted by Harris Interactive, McCook (2004) reported 1128 women between the ages of 25 and 54 answered questions about their mental health and reliance on close female friends for help. Ninety-five percent of the women felt depressed at one point in their lives, 60% turned to girlfriends for support, 61% believed that their was nothing they wouldn't talk to their girlfriends about, and 25% said their girlfriends know more about them than anyone else. McCook (2004) also found that "girlfriends" are the first line of defense for African American women suffering from depression (National Association of Nurse Practitioners, 2004).

Other studies also found that the relationship between African American women and their female friends and female family members are beneficial. For instance, Swindle et al. (2001) conducted a study with 221 older African American women. He found that the companionship of female friends generated positive affect among older African American women. Day (2004) also found that those experiencing a smooth age 30 transition had social support consisting of female friends and family and African American mothers who had experienced racism sought support from either their mothers or other family members (Meyers, 1998).

<center>Media</center>

Some of the helpful knowledge and advice that African American women receive from female friends and family members is passed down from generation

<center>28</center>

to generation, learned from a family member or a friend who has been through a similar experience, or has participated in therapy at some point in their lives. However, in today's society, much of the knowledge and advice that African American women receive from their female support network is obtained through the media. For the purpose of this study, media includes television, radio, magazines, newspapers, and the Internet.

<div align="center">Mass Media</div>

Over the last two decades, mass media, including television, radio, newspapers and other forms of print (magazines, books, journals) have had an important influence on the promotion of healthy life style patterns. Carll (2001) agrees that the presence of psychology in the media has undergone an enormous change within the past 10 years and has contributed to the way psychologists are viewed by the public. Despite the necessity for research, few studies focused on mass media as a provider of psycho-education (Bouhoustos, 1986).

Currently, the media captures a substantial amount of people's time. Jason (1985) found that Americans spend an average of four hours a day watching television, two and a half hours listening to the radio, 30 minutes reading newspapers and 15 minutes reading magazines. Given that the media practically reaches all members of the community regardless of race, ethnicity, religion, sexual orientation and socioeconomic or educational level, many psychologists and other mental health professionals provide assistance through various media sources (Christenson, Miller, & Munoz, 1978; Jason, 1985).

For example, in the early stages of media health, Schanie and Sundel (1978) often used the media to increase the community's ability to cognitively restructure problem situations. Best (1980) and Dubren (1977) utilized the media to reduce and eliminate smoking patterns among African Americans. In addition, McCoby and Alexander (1980) used the mass media to transmit information focused on cardiovascular disease and as a result, a significant decrease in the common risk factors was brought about for an entire town.

Today, it is overwhelmingly indicated that mental health professionals have effectively broadened the reach of their services through the use of mass media. For example, Oprah Winfrey, one of the largest syndicated talk show hosts has utilized the expertise and skill of licensed mental health professionals to address an array of mental health issues and life difficulties, including weight loss, posttraumatic stress disorder, sexual abuse, depression, anxiety, phobias, relational, and familial difficulties. Her audience consists of millions of Americans and international citizens who benefit from her forum. Other talk show hosts who utilize mental health professionals to address similar mental health concerns and life issues, and provide frontline psycho-education to the masses include Montel Williams, Dr. Phil, Iyanla Vanzant, Jane Pauley, Geraldo Rivera and many others. There is also a movement within the media to provide psycho-education utilizing radio hosts and their professional guests.

Other dissemination of psycho-education in the media is presented in the form of public service announcements or panel discussions involving guests and listeners. In addition, newspaper and magazine agencies have allotted a large

percentage of space to address mental health and life improvement issues such as the availability and locations of social service assistance, alcohol and drug treatment programs and opportunities for public citizens to participate in support groups and associations.

<div align="center">African American Women and Media</div>

African American women are among the Americans who are exposed to mass media on a daily basis. In fact, African American women of low socioeconomic status, heads of single parent or nuclear households, underemployed and unemployed have a higher rate of television viewing and radio attention than their Caucasian counterparts (Caldas & Bankston, 1997; Squires, 2000). In addition, African American women spend approximately 30 minutes or more a week reading African American newspapers, however, these readers tend to live above poverty level, are educated, are employed and are most likely married (Zanoni, 2005).

<div align="center">Television Viewing Among African American Women</div>

Perhaps the most influential type of mass media used to promote health is television broadcast (Meyers, Graves, Whelan, & Barclay, 1996). In the United States, television is the dominant communication tool and has become central to the acculturation process (Roberts & Maccoby 1985; Rubenstein, 1983). This also holds true within the African American community and among African American women.

African American households watch more television than the average American household. Caldas & Bankston (1997) found that the African American

<div align="center">31</div>

household watches 75 hours of television per week versus 52 hours of television viewing by Caucasian households. According to Neilson Media Research, the average African American household watched 70 hours per week whereas the average Caucasian household watches 47 hours per week. Also, Williams and Spruwell (2000) found that African Americans watch 42% more television than the general population. As part of this study, T.N. Media Inc. (1999) found that African Americans watch on average 73 hours of television per week compared to non African American people who watch an average of 51 hours per week.

Crawford and Jason (1990) agree that the mass media represent a vehicle by which large numbers of the population can be reached, informed, and it is hoped, motivated to undertake lifestyle changes. In the past and presently, the media has been used successfully to convey positive health promotion messages. Jason, Crawford and Gruder (1989) found that adults spend up to 15 hours per week watching television and children spend more. Television is more likely to be the major source of public affairs information for people from low SES backgrounds, whereas print media are more likely to be the major source of information for those from higher SES backgrounds (Yinn, 1977).

Interestingly, Huston, Wright, Rice, Kerman, and Peters (1990) concluded that by the time American children are 18 years old, they have spent more time watching television than in any other activity except sleep. Also their experiences with television begin long before exposure to school or any socialization agent other than family. Television viewing has become one of the few remaining family activities in many homes. Even more so than teachers and the clergy, the

32

television has a standing invitation to enter even the most private homes

(Rothschild & Morgan, 1987). Through television and radio, prevention efforts

might simultaneously reach both adolescents and their families and thereby

stimulate useful dialogue between family members in ways that outsiders cannot.

Although studies of the influence of television on minority children have been

limited, Caldas & Bankston (1997) conducted a review of available research on

the influence of television on minority children and concluded that instructional

and educational television had a positive influence on minority cognitive

performance.

As previously stated, individuals living at a low socioeconomic level and

those of ethnic and racial minority backgrounds tend to watch more television

and listen to more radio than do those individuals from higher socioeconomic

backgrounds and those of the majority culture. African Americans rely on the

broadcast media as a source of information more than do socioeconomically

similar persons from the majority culture (Comstock, 1983). Tobacco and liquor

advertisers have made special efforts to target Americans of African and

Caribbean descent (An Uproar, 1989). Given access to communications channels,

prevention specialists could also focus their efforts on special populations, more

specifically ethnic minorities, including African American women.

There have been several studies that highlight the benefits of behavioral

change programs conducted through the use of the media, specifically, television.

For example, Frankle, Birkman, Brown, and Cunningham (1983) provided

behavioral instructions on a local morning television broadcast. They reported

substantial viewer participation and an average weight loss of one point five to two pounds per week unlike those expected from face to face weight loss programs. Also, Meyers, Graves, Whelan, and Barclay (1996) placed media announcements in local newspapers and on public service spots on radio and television stations serving an urban area to recruit people interested in a weight reduction study. It was found that a behavioral weight reduction program delivered by television was as effective as live contact programs. In addition Mays, (1994) conducted a study including women who were asked where they got information about alcohol treatment programs including their current one. The largest single answer was television (21%) followed by female friends (18%) and relatives (15%). When two answers were given, television and friends were the most likely combination.

Radio and Mental Health

Radio psychology is a relatively recent and yet widespread phenomenon. In the last decade, radio programs providing psychological counseling have become increasingly popular in the United States. These programs are community oriented and place emphasis on educational and preventive goals (Raviv, Raviv, & Yunovitz, 1989). These programs are also beneficial to individuals who are unable to afford assistance from a professional mental health counselor, do not have time to attend counseling sessions, or feel that they are able to solve their own problems with minimal assistance. Wills, (1983) claims that in the case of minor problems, individuals turn to convenient and available sources of help, aspects that are characteristic of radio. In support of this view, Schwebel, (1982)

encouraged a perspective of community psychology and a psycho-educational model. He believed that most people need assistance in problem solving, which professionals could give by providing information, encouraging the use of resources in the community, and supporting the individual's sense of competence. Ricks (1984) also proposed that researchers examine the relationship of professionals and electronic media by shifting the context of the newly emerging study of social support and its impact on psychological well-being. This shift can be very beneficial for the African American community and African American women. In support of this shift, Dunkel and Schetter (1986) described social support as consisting of transactions in which a provider performs certain functions that are intended by the provider, perceived by the recipient, or observed by a third person to be beneficial or helpful with respect to the recipient's well-being. She maintained that the provision of support may range from discrete episodes to ongoing relationships, that it can occur in both times of stress and non stressful periods, that it be perceived by the recipient as helpful or unhelpful.

Studies of radio programming that offer psycho-education are limited however, several researchers have offered valuable information that can assist mental health professionals in distributing information to the masses. Proponents maintain that radio psychology talk shows are informative, educational, helpful, and sometimes inspiring (Ricks, 1984). Balter (1983) suggested that radio programs that offer mental health assistance might be more attractive to individuals because calls to radio counseling programs are in the format of a 'non-committal,' brief and anonymous inquiry unlike the commitment time and

money entailed in treatment. They also contend that such programs offer treatment for those who might otherwise not seek it, prevent future psychological health problems, and serve to demystify psychology (Klonoff, 1983). Rubenstein argues the real beneficiaries of therapeutic talk shows are not the callers but the listeners. Support for this position was found by Bouhoustos et al. (1986) who concluded that the listening audience largely supports the idea of radio call-in programs, views the advice given as helpful or educational, and claims to learn things from listening that are relevant to their own lives.

Radio call-in psychology talk shows are broadcast on dozens of regularly scheduled programs. In 1982 there were roughly 50 radio call-in mental health professionals who hosted programs throughout the nation (Bouhoustos, Goodchilds & Huddy, 1986; Levy, 1989). Schcuebel (1982) estimated the number of listeners to be in the millions. Bouhoustos et al. (1986) also found that the sample of callers included more women (65%) than men and were likely to be unmarried, unemployed, and less educated. These scores are often associated with lower scores on measures of psychological health.

Included in these studies were the perspectives of the listeners and the radio hosts. For example, Bouhoustos, Goodchilds and Huddy (1986) conducted a mall study consisting of radio listeners. All radio hosts agreed that a charismatic host, responding spontaneously to callers, made the best presentation and imparted the most psychological knowledge to both callers and listeners. Authors stated that the audience for radio call-in programs consists largely of those who simply listen with a subset of active listeners who call in to the program. In this

particular study, 49% of mall patrons surveyed answered yes when asked "Do you

ever listen to or watch programs on radio or television where people discuss their

personal problems with psychotherapists?"   Even a larger percentage of

non-listeners had heard of the programs (64%) and would listen if they could.

The most frequent given reason for not listening (42% of non-listeners) was that

"it doesn't fit my schedule." Of the listeners, 78% reported they listened no more

or less frequently when things in their lives are worse and 69% said they never

found the program disturbing. When the authors asked the participants their

reasons for listening 59% reported that they listened for the educational value,

36% wanted information to apply to their own lives, 23% wanted to learn about

psychology, 28% listened in order to hear about other's problems and 20%

listened for entertainment purposes. The participants in the study seemed to know

the limits of the medium and emphasized primarily what the expectations are in

keeping with the goals of primary prevention. The callers were also aware that

the program enabled them to make social comparisons (Goethals & Darley, 1977;

Wills, 1983), which is something that is completely lacking in the clinical setting.

In a study conducted by Raviv, Raviv, and Yunovitz, (1989), radio callers

were asked what they thought were the reasons people listened to radio counseling

rather than going to a psychologist. The most common responses included (1)

problems were not severe enough to justify seeking help from a psychotherapist,

(2) less costly, (3) limited stigma and embarrassment associated with seeking

treatment, (4) 10% of the callers related to radio as a source of second opinion

emphasizing the informative and practical aspects of the program. Also, 70% of

all the respondents preferred that the program deal with specific and defined topics announced ahead of time, rather than an "open line" format in which questions on any topic can be raised. Knowing what topics will be discussed in advance enables listeners to choose to listen to the programs that are relevant and of interest to them. Fifty percent of the callers who did not make it on the air found they received the answer to their questions during the broadcast. This finding indicates the program offers help to the general population of listeners and not solely to those individuals whose calls are aired. Eighty-two percent of the callers said they could better deal with their problems after the program and 85% felt their treatment had been helpful. This study also found that callers were aware of the program's limitations, recognized its informative and interest aspects, and did not view it as treatment replacement.

<div align="center">African Americans and Radio</div>

In the past, African Americans relied on radio stations not just for music but also for news, information and commentary on matters of importance within their communities (Schmidt, 1989). There was a time when radio's chief purpose was to enlighten the masses not just amuse them (Baraka, 2001). African Americans continue to rely on radio stations and quality programming for those same reasons. It was out of these principles that American Urban Radio Networks was born. Radio within the black community has always been used to provide community information and in a broad sense, to uplift people by giving them things that might entertain them, but more importantly, that may inform them of social issues, including mental health management.

Radio 1, the largest owner-operator of radio stations targeting African

Americans, partnered with ABC Radio Networks to create the largest urban radio

network in the country (Bachman, 2001). This particular network provides 290

weekly broadcasts to about 12 million listeners via 365 affiliate stations. They are

the only African American owned and controlled news broadcasting organization

in this country that has the electronic capability to reach out to and cover 93% of

the United States African American population, the broadest reach of the African

American marketplace of any medium, more than UPN and the WB. They reach

more African Americans ages 18-49 in the morning drive time than the Today

Show, Good Morning America and CBS morning news all combined.

To promote mental health in the African American community, more

specifically among African American women, psychology would greatly benefit

from incorporating its valuable knowledge and expertise with the vast reach of the

radio media. Most importantly, African American women would greatly benefit

from radio programming that can assist them in effectively coping with mental

health issues without hesitation which is usually due to the inability of African

American women to afford professional mental health treatment, the stigma

associated with mental health problems and mistrust of the dominant culture.

Print Media and African Americans

Two new studies conducted by the Circulation Verification Council found

that mainstream newspapers are still struggling to reach the majority of readers of

African American and Hispanic newspapers. Zanoni (2005) found that 15,000

readers of 110 African American newspapers and 77 Hispanic newspapers

nationwide showed that only 12% of African Americans polled subscribe to a

daily mainstream newspaper whereas 66% of all African American respondents

cite African American newspapers as a primary resource. Readers tend to be

younger than typical community newspaper demographic, which is largely 55

years of age and older compared to African American and Hispanic readers who

are usually in their upper 20s.

Reina (1995) described the characteristics of African American readers.

Reina surmised that most African American readers are employed professionals,

earn over 50,000 annually, manage their finances, are thrifty, homeowners,

married, and from stable homes. Reina also agrees that most African American

readers spend 30 minutes or more reading black newspapers and are mostly

interested in national and local news stories. Out of those who subscribe to Black

newspapers, 87% have read Black newspapers for five or more years, 49% spend

30 to 60 minutes a week reading black newspapers, 83% read for local news, 80%

for special features, 66% for national news, 44% for sports and 42% for

international news.

African American magazines are also a popular source of

psycho-education for African American women however, there has not been any

available research in this area. African American magazines, including, Ebony,

Essence, O Magazine, and Jet provide psycho-education, encouragement,

motivation, and support related to mental health, physical health, life management

skills, family, and relationship issues for their readers.

The Internet and African Americans

The Internet has become a source of information among Americans however there has not been any available research conducted involving the use of the Internet among African Americans.

Purpose of the Study:

Research has shown that the overall rate of mental illness among African American women is similar to Caucasian women however, African American women are less likely than their Caucasian counterparts to seek professional mental health care (Minorities and Mental Health: A Report of the Surgeon General, 2000). African American women tend to rely heavily on their African American female friends and family members for support and advice on mental health concerns (Aleman & Martinez, 2000; Armstrong, 2000; Gushue & Constantine, 2003; Allen, 2003, 2004; Milloy, 1990; Randolph, 1999; Villarosa, 1994) and that begs the question, where are the social support networks of African American women getting their information that they provide in such advice? This study sought to investigate how African American women utilize various types of media including television, radio, magazines, newspapers and the Internet to acquire mental health knowledge that assisted them in coping with life problems. This study also explored how the mental health knowledge gained from various media is shared throughout the female support systems of African American women.

HYPOTHESES:

The present study was designed to investigate the hypothesized relations between African American women and their use of media to acquire mental health knowledge. This study was also designed to investigate how the mental health knowledge gained from the media is shared within the female social support networks of African American women. The following hypotheses were explored:

(1.0) African American women do utilize various media resources to gain mental health knowledge that assists in coping with life problems.

(2.0) African American women share mental health knowledge acquired through media with their social support networks.

(3.0) There are significant correlations between age, income, employment status, education, and marital status and the receipt and usage of mental health knowledge gained through various types of media.

(4.0) When receiving mental health knowledge from various types of media, certain topics are rated most helpful.

(5.0) The receipt of professional counseling services will affect the rate of using and sharing mental health knowledge acquired through various types of media.

METHOD

Participants

This study was conducted in three locations within Milwaukee, Wisconsin and Chicago, Illinois. A total of 102 participants were involved in the study. Participants self-identified as African American women. Of these African American women, 93% resided in inner city neighborhoods. The age of the participants ranged from 19 years to 82 years. Five participants did not report their ages. Both the mean and the median age of the participants was 47 years. Single participants constituted 62% of the sample while 35% were married and 2% were living with a partner. Three percent of the participants acquired less than a 12th grade education, and 32% had earned at least a high school diploma. Another 22% had earned college degrees. Those who attended graduate school constituted 14% of this population. The majority of the participants (77%) had children. Of the participants, 22% had one child, 36% had two children, 20% had three children and 10% had between four and seven children. In terms of socioeconomic status, 32% of the sample earned less than $15,000 per year. Twenty-one percent made between $15,000 and $25,000 per year. Fifteen percent earned an annual income between $25,000 and $35,000 per year while another 33% reported an annual income between $35,000 and $50,000. Twenty-four of the participants did not report their income.

43

Measure

Media and Social Support Survey (Ivey, 2005) (Appendix 1). This

questionnaire was developed by the researcher to gather demographic information,

information about the participant's usage of various types of media to acquire

mental health knowledge, and the participant's interactions with social support

networks. The questionnaire consisted of nine pages including an information

letter, a demographic page, and the survey, which consisted of 47 questions.

Procedure

The participants were sampled from three locations, Calvary Baptist

Church, the IBM Corporation, and Northcott Neighborhood House. These sites

were chosen in order to acquire a varied range of age, marital status, income and

educational levels.

Calvary Baptist Church is Milwaukee's oldest African American Church.

It has been providing worship and community services for over 110 years. The

church is located in the inner city of Milwaukee, Wisconsin. The church members

are predominantly African American and female. Calvary Baptist Church has

over 300 members. This site was chosen due to the broad range of age levels,

marital status, education, income, and occupational levels. The majority of the

women in the church were above the age of 35. Two hundred and fifty surveys

were physically distributed at this site. The investigator spoke with African

American female church members during "announcement time" during Sunday

worship services. During this scheduled time, the investigator read a script, which

asked for their participation. After the worship service, willing participants were asked to meet in the "fellowship hall" to receive a survey. Each participant was asked to keep the information sheet and place the survey in the self-addressed stamped envelope after completion of the survey, seal the envelope and place the envelope in any United States Postal Service mailbox.

The IBM National Service Office specializes in providing technological support for companies that utilize specialized computer systems. IBM is located in the downtown area of Chicago, Illinois. This department offers a social group for African American female employees. These women meet once a month. This population was chosen to acquire participants with higher socioeconomic characteristics including income, education level and occupation level. The majority of the women in this group were between the ages of 25 and 55. Fifty surveys were distributed at this site. The investigator spoke with African American female employees during a monthly support meeting in order to solicit participants. The investigator also invited African American female employees to participate in this study via Internet. The investigator received an email address listing from the director of the department. Twenty-five of the surveys were physically distributed to the group members during the support meeting. Immediately following the support meeting, twenty-five of the surveys were distributed via email to the group members who were unable to attend the support group meeting. The investigator then emailed these possible participants an invitational letter, which asked for their participation. For those surveys that were distributed via email, the participants were provided with a link to a website

hosted by Auburn University that did not collect identifiable information, where they received the information sheet and were able to complete the survey. Questions were addressed before, during and after the questionnaire administration.

Northcott Neighborhood Center is a non-profit community center located in the inner city of Milwaukee, Wisconsin. This center offers free services including pre-school education services, childcare, food pantry services, transportation, general education degree (GED) courses, parenting classes, computer courses and referral resources within the community for low income women, men and children. This center has 3 sites in the inner city of Milwaukee and employs more than 40 African American women including Head start service providers and support staff. Most of the women in this group were between the ages of 19 and 45. One hundred surveys were distributed; one was given to each staff member at this site during three "staff planning" meetings at three different sites. During this scheduled time, the investigator read a script, which asked for their participation. Each participant was provided with an information sheet that described the study, a demographic page, a survey and a self-addressed stamped envelope. Surveys were returned directly to the investigator in the self-addressed stamped envelope.

RESULTS

Analyses were performed using SPSS Version 13.0 for Windows. Analyses included descriptive statistics, Analyses of variance (ANOVA), and Pearson correlations as appropriate.

Participants were 102 self-identified African American women. Nearly all of the women (93%) indicated that they lived in an inner city neighborhood (25 lived in Illinois and 77 lived in Wisconsin). Ages ranged from 19 years of age to 82 years of age with a mean age of 45.3, (SD=14.77) and a median of 47. Five of the women did not report their ages. Of the participants, 62% were single, 35% reported being married and 2% lived with a partner. The median number of children was 2 (M=2.03, SD=1.44, range = 0 to 7.) Education level ranged from 8th grade (8 years of education) to 20 years of education. Median education level was 14 years of schooling. (Mean=14.00, SD=3.61.) The majority of the women worked full-time (66%) and 20% were employed part-time. The annual median income was $34,000 (Mean= 33,752.57, SD=$18,497). Fifteen percent were not employed outside of the home. Twenty-four women did not report their income.

Use of Various Types of Media

The women in this study were asked various questions about their use of five types of media. The media included television, radio, magazines, newspapers,

and the Internet. Magazines and television were used more often than the other media to "help with life problems." Magazines were used by 79% of the sample to "help with life problems" and television was used similarly by 74% of the sample. (See Table 1.) Women in this sample reported using ideas gained from television (28%) and magazines (18%) on at least a daily basis. (See Table 6.) The Oprah Winfrey show was endorsed as one of the most watched television programs (61%). (See Table 3.) Radio was used by 54%, newspapers were used by 43% and the Internet was used by 34% of the sample to "help with life problems." (See Table 1.) The majority of the participants in this study reported regular engagement in different types of media: (78%) watched television, (76%) read magazines, (67%) read newspapers, (58%) listened to radio, (42%) used the Internet, and on at least a monthly basis. (See Table 4) In terms of specific magazines read, Ebony magazine (55%), Essence magazine (52%) and Jet magazine (48%) were endorsed most often. (See Table 3.) When asked about the most helpful topics from the media, more than half of the respondents listed physical health issues (61%), spiritual issues (57%), financial issues (54%), relationship issues (52%), family issues (52%), and career issues (51%). (See Table 5.)

Most Valuable Piece of Information Gathered

Respondents were asked, "What was the most valuable piece of information you gathered from any of these television programs?" The open-ended responses were grouped by theme (See table 5.) The same question was asked in response to each of the other media. The most frequent type of

48

information reported as the most valuable bit of information gleaned from television was self-care information. This included information related to improving self-esteem and self-confidence, loving yourself, standing up for yourself, treating yourself well, increased self-awareness, and taking more time to focus on yourself.

The "life experiences of others" was the second most common category, with examples given by 35% of respondents. For instance, a participant stated that she learned that "you are not the only one with these type of life problems and people of other races also have the same problems." Other participants stated that they were "just looking to see how other people were coping with everyday life and stress" and "I gained insight into the problems of others and their solutions." Another respondent also stated "by watching some television programs I discovered that my problems were not as big as others and I should be thankful."

Physical health information, the third most common category, included information on weight loss, breast exams, stroke, heart attacks, diabetes, and migraine headaches.

The fourth most frequent type of information reported as valuable information gained from television viewing was relationship information, which included maintaining healthy romantic relationships and friendships.

Mental health information was the fifth most common category, with examples given by 21% of respondents. This category included information on specific mental disorders including depression and anxiety, for example "I gained helpful information on how to recognize the signs of depression" and "I

discovered that I was experiencing symptoms of anxiety after watching a woman on the Montel Williams Show."

Spiritual information was also considered valuable among 13% of this population. Participants stated that they learned "God is good and to assist others who are in need of financial, physical and emotional support" and "How to cope with life stressors with help from God."

Information related to parenting was the seventh most common category which included gaining techniques on how to improve communication between parents and teenagers, how to care for a new born baby and how to be a strong parent and partner simultaneously.

Physical abuse and domestic violence information was the eighth most common category, however participants provided the most detailed responses in this category. For example "I learned to never let a man beat you like he owns you," "I learned how to spot an abusive man by recognizing the signs of potentially abusive behavior," "I learned that it is not O.K. to be verbally, physically, or sexually abused" and "I learned that if you are being physically abused, there are places that you can go to get help and your abuser will not be able to locate you or your children." Participants also reported gaining valuable financial (10%), educational (9%) and entertainment (8%) information from television.

The most frequent type of information reported as the most valuable bit of information gleaned from radio programming was community information. This included information related to locating social service agencies within the

community, locating African American owned businesses in the community, occurrences in community politics, and keeping abreast of criminal activity within the community. Relationship information was the second most common category. Twelve percent of the respondents reported receiving information on the importance of getting along with others and how to positively interact with a partner. The "life experiences of others" was the third most common category, with examples given by 12% of respondents. For instance, one participant stated that she "gained a lot of knowledge pertaining to several life issues by listening to normal people discuss their problems on the radio." Another respondent stated that she "was able to relate to the discussions on the radio because the callers had the same problems that she had." Religious information was gained by 10% of the respondents. Participants stated that they learned how to interpret Bible scriptures and how their continued belief and faith in God would help them solve all life problems. Participants also reported that they had gained general information about physical health, business, self-care, mental health, financial, physical abuse, domestic violence and legal issues, however, they did not provide detailed information or comments.

The most frequent type of information reported as most valuable from reading magazines was physical health information including women's health issues, weight loss, pregnancy issues, sexually transmitted diseases, fibroid tumors, kidney problems, high blood pressure, diabetes, sickle cell anemia, nutrition, skin and hair care, and the importance of staying healthy. Self-Care information was the second most common category with comments given by 20%

of the respondents. This included information related to pampering oneself, how to care for oneself inside and out, improving your self-image, commanding respect by exhibiting self-respect, how to appropriately express yourself, and ways to increase self-pride. The "life experiences of others" was the third most common category, with examples given by 19% of respondents. One respondent stated "the life stories of women in African American magazines inspire me to become a better person." Another participant stated that she "learned how to value and appreciate myself after a divorce and the death of my child by reading a magazine article about a Black woman who overcame many life tragedies." One participant learned "poor life choices don't mean the end of your life, there are lots of people, including professionals whom as life progresses find themselves changing gears and careers." Participants also reported that they had gained general information about relationships, the community, and business. Twelve percent of the respondents stated that they had gained valuable information related to mental health, which included information about depression and anxiety. Participants also received general financial, educational, fashion and entertainment information from magazines. The resulting themes, along with the percent of respondents mentioning each, are reported in Table 11.

Sharing of Ideas Acquired From the Media

This study also focused on how the mental health knowledge acquired from various media is disseminated by African American women. The majority of the women in this sample (78%) reported sharing mental health related ideas acquired from the media with members of their female social support networks. In many cases this sharing of information was quite frequent, with 71% sharing ideas from television, for example, on at least a monthly basis. (See Table 7.) Daily sharing from other media sources were also frequent: daily figures for television, radio, magazines, newspapers and the Internet were 24%, 17%, 13%, 13%, and 5% respectively.

The Receipt and Giving of Advice Among Participants

This study was also focused on African American female support systems and how support is disseminated through these systems regardless of whether media information was involved. Note that this study was concerned with only female members of support systems. Social support networks were defined by who participants "talked to" and how often. Participants talked on a daily basis to their girlfriends (54%), daughters (47%) female co-workers (47%), mothers (42%), and sisters (31%). See Table 9 for information on weekly, monthly and yearly contact. Participants also reported 'helping" members of their female social support systems with their "personal problems." For example, 52% reported helping a sister and (41%) helped their daughter with her personal problems.   (See Table 10.) Participants were asked if they received useful advice/information from members of their African American female social

support networks and 86% of the respondents reported that members of these networks did give useful advice. Of those who reported receiving good advice (n=88), 28% received such advice daily and 31% weekly. These respondents also gave advice to members of their female social support networks on a daily (28%) and weekly (38%) basis. (See Table 8.)

<p style="text-align:center">Participant Professional Counseling Experience</p>

Sixty-two percent of this sample reported that they had received professional counseling at some point in their lives. Participants who had received counseling were asked to specify (by filling in a blank) what type of professional counseling they participated in. The most common were pastors (37%), followed by professional therapists (25%) and doctors (17%). (See Table 13.) A positive correlation was found between ever having received professional counseling and using ideas from television, using ideas, and sharing ideas from radio programming. Women who had been involved in professional counseling were more likely to use ideas from television [p (102) = .006, r = -.026] use ideas from radio programming [p (102) = .049, r = -.195] and share ideas from radio programming [p (102) = .026, r = -.219] (See Table 12.)

<p style="text-align:center">Demographics</p>

A Pearson Product Moment correlation was computed on all continuous variables including age, children, education and income in this exploratory study to ascertain significant relationships. A significant relationship was found between age and education. (See Table 12.)

DISCUSSION

This study explored the use of media by African American women to acquire information to "help with life problems." This study also explored how this knowledge is disseminated throughout the social support networks of African American women. The "Media and Social Support Survey" designed for this study was the measure used to operationalize media usage and involvement with female social support systems in a group of 102 African American women in Milwaukee, Wisconsin and Chicago, Illinois. The results from this study support the original hypothesis that African American women do utilize the media to acquire mental health knowledge. This study's results also support the hypothesis that African American women share mental health knowledge acquired through the media with members of their social support systems.

Research has shown that African Americans have historically underutilized professional mental health services (Diala et al., 2000; Kessler et al., 1994). Another study found that the overall rate of mental illness among African American women is similar to Caucasian women, however, African American women are less likely than their Caucasian counterparts to seek professional mental health care (Minorities and Mental Health: A Report of the Surgeon General, 2000). For example, Jackson, Neighbors, and Gurin (1986) found that only 9% of the African American women surveyed in their study used the services

55

of a psychologist psychiatrist, or a community mental health consultant. Also,

Sherer (2002) found that 1 in 3 African Americans receive help professional

mental health services when experiencing mental health problems. Within this

study, Sherer compared the use of professional mental health services between

African American and Caucasian respondents. He found that African Americans

(3.8%) were less likely to utilize a private therapist than Caucasians (10.4%). He

also found that African Americans (4.1%) were less likely to use a public therapist

than Caucasians (4.5%). In addition, African Americans (2.4%) were less likely

to receive professional mental health services from a mental health center than

Caucasians (3.2%.) The results of this study support the previous findings. Only

a fourth of the women in this study received counseling services from a

professional therapist. Therefore, if psychologists want to reach the majority of

urban African American women, we have to find another way to effectively

disseminate reliable mental health information through avenues in which African

American women frequently utilize.

Findings of this study suggest that television and magazines targeting

African American audiences may be ideal venues because they are currently

reaching and being utilized by a huge number of African American women. Three

fourths of the women used television to help them with life problems. These

findings may not be surprising given the high rates of television viewing among

this demographic. For example, Caldas & Bankston (1997) found that African American women who are of low socioeconomic status, heads of single parent or nuclear households, underemployed, and unemployed have a higher rate of television viewing than their Caucasian counterparts. In another study, the same authors found that African American households watch 70 hours of television per week versus 47 hours of television viewing by Caucasian households (Caldas & Bankston, 1997). Williams and Spruwell (2000) found that African Americans watch 42% more television than the general population.

This study found that over half of the women listen to radio to assist them in solving life problems. This finding is consistent with Schmidt (1989) who suggested that African Americans rely on radio stations not just for music but also for news, information and commentary on matters of importance within their communities. Newspapers were read by almost half of the respondents in the current study and 42% of these respondents reported reading African American newspapers, which coincides with the findings of Zanoni (2005). He found that 66% of 15,000 African Americans polled cite African American newspapers as a primary resource. Reina (1995) found that African American readers spend 30 to 60 minutes a week reading black newspapers.

Thirty-seven percent of the respondents in this study reported attending religious counseling compared with one quarter who had seen a professional

therapist. This finding lends support to previous research conducted by Regier et al. (1993), which found that of the African American women in their study (9%) turned to clergy members and other religious figures. In addition, Rouse (2001) found that almost 85% of the African Americans in her study reported prayer among their most common coping strategies. These findings support the assumption that African American women tend to rely on religious/spiritual advisors and beliefs hoping to gain what others often gain from professional mental health treatment (Stevens, 1998; Vanhook, 1999).

In addition to the high rates of usage of media to solve participants' own life problems, this study found that African American women frequently pass this information on to other members of their support systems. Thus, the impact of any effective media outreach efforts will have additional beneficial impact on other African American women as it is shared throughout the community via the highly utilized African American female social support system. The results of this study did not find correlations between age, income, employment status, education, and marital status and the receipt and usage of mental health knowledge gained through various types of media. This suggests that use of media is very wide spread and thus dissemination of information through television and magazines may reach a wide demographic.

This study found that a sizeable percentage of the participants talked to members of their female social support systems on a daily basis. The participants also reported receiving and giving general advice to members of their social support networks. The fact that the participants reported such a high rate of communication and receipt and giving of advice among their social support networks suggests several possibilities. In previous studies Boyd-Franklin (1991) found that African American women experience higher levels of social support than Caucasian women. Approximately half of the women in this study helped members of their female social support systems with problems. This finding relates to the study that found African American women's reliance on the social support of family and friends during periods of emotional distress was extremely helpful (Neighbors, 1988). Research showed that African American women tend to utilize social networks found in the family, among friends, in the neighborhood and within the African American community to seek healing through others with similar experiences (Mays et. al., 1994). A large percentage of the women in this study reported sharing ideas they acquired from the media with members of their social support networks. Betty Collier-Thomas (2000) reported that since slavery, African American women have organized with other African American women for change in their lives and their families. Randolph (1999) suggests that because of the unique pressures African American women face, "women only" gatherings,

where African American women can discuss the "ins" and "outs" of African American female reality is of utmost importance. It is this kind of understanding that makes African American women feel such strength, safety, and solace in each other's company. It is possible that during these 'Girl Friend' gatherings, information from the media is shared. Randolph also stated "In the company of 'Sister-Friends,' African American women can complain and commiserate about their lives without fear of being judged or laughed at or misunderstood." (pg.22). She continued to state "There is nothing like sharing a problem with someone who not only knows the road you're traveling but has walked a mile in the same pumps." Previous research highlights the importance and interdependence that African American women place on their female social support networks to provide emotional, physical, and social support as well as knowledge, information and education (Hooks, 2005). The current findings of high utilization of support systems and high rates of sharing of information with female network members are consistent with prior findings.

Limitations

The current study was limited by several factors, which must be considered when attempting to draw conclusions from these data.

Self Report

All participants completed the "Media and Social Support Survey" which is a self-report measure. It is possible that some participants did not report their actual habits or behaviors because of social desirability or self-enhancement motives. It is also possible that some of the participants may have been cognizant of the research intent and, as a result, responded differently to the study's instrument based on their presumed knowledge of what was being measured. For example, participants might have over-reported media usage, believing that this was what the researcher wanted.

Generalizability

The nature of the selection process for participants may affect the generalizability of the findings. The participants were African American women from specialized settings including community centers, churches, and corporate settings, which allowed the investigator to reach various socioeconomic groups. The participants were from Milwaukee, Wisconsin and Chicago, Illinois. Future investigations may wish to determine whether this study's findings would be replicated in African American women residing in other geographical areas.

High Number of Statistical Tests

One of the most important limitations was the number of statistical tests that were performed. Thirty statistical tests were performed and only four were "significant" findings. With 30 tests tested at the $p < .05$ level, one or two chance

findings could be expected. Therefore, where there is not a consistent pattern of results, significant findings are considered tentative until replicated. For example, significant relationships were found between the involvement in professional counseling and using ideas from television and radio and sharing ideas from the radio programming.

<div align="center">Implications and Future Directions</div>

The field of psychology owes it to the community to provide mental health knowledge to the masses. This knowledge should not be reserved for professionals within the mental health field, or those who have the availability and the resources to see these professionals. The main goal of the professional mental health care provider is to help people cope with life problems. If African American women are unable or not willing to come to the offices of the mental health care provider then professional mental health care providers should be willing to take the information to the community. Many African American women are receiving helpful information from the media, however, as a field, we are unaware of the quality of the psychological information that African American women receive from television, magazines, radio, newspapers, and the Internet. Therefore, an important future research direction will be to examine the quality and accuracy of these sources of information. As a result of this study, we now know that African American women are regularly acquiring mental health

knowledge from media resources, more specifically television and magazines. As a field, we need to reach out to these sources to provide reliable and accurate information. Responsible psychologists who care about this population can begin to provide services within the avenues that African American women utilize to acquire mental health information. For example, it is important that we begin to offer our services as skilled mental health consultants to popular television and radio programs that offer mental health information to the community. It is also very important that we offer our consultation and research skills to editors of popular magazine and newspaper agencies that cater to African American women. In addition, for those psychologists who are skilled public speakers, your talent would be useful in the African American communities. African American women often attend classes, forums, worship services, and group meetings within their communities. These gatherings will serve as excellent venues to reach a large population of African American women.

We need to exert more purposeful energy and attention on media as a possible vehicle for effective mental health outreach to African American women, since it has been shown that they receive their mental health knowledge through these avenues.

TABLES

Table 1

Frequency of Usage of Media To Help With Life Problems

Types of Media	Percent
Magazine	78
Television	74
Newspaper	60
Radio	52
Internet	34

Table 2

<u>Television Programs Watched</u>

TV Programs	Percent
Oprah Winfrey Show	60
Montel Williams	30
Dr. Phil	27
Religious Programs	18
Starting Over	12
Jane Pauley	10
Lifetime Network	7
Tyra Banks	4
Joyce Meyer	4
Divorce Court	1
Discovery Health	1

Table 3

Magazines Read

Magazines	Percent
Ebony Magazine	55
Essence Magazine	52
Jet magazine	48
"O" Magazine	24
Time Magazine	13
Newsweek	12
Other	9

Table 4

Percentages of Participant's Media Usage Rates

Types of Media	Daily	Weekly	Monthly	Yearly	Never
Television	28	36	14	45	17
Radio	41	13	4	2	40
Magazine	10	27	39	6	19
Newspaper	32	30	5	0	32
Internet	19	13	10	2	57

Table 5

Media Topics That Have Been Most Helpful And Informative For Participants

Helpful Topics	Percent
Physical Health	61
Spiritual	57
Financial	54
Family	52
Relationships	52
Career	51
Parenting	40
Life Management	37
Mental Health	32
Sexuality	19
Drug & Alcohol Addictions	18
Other	3

Table 6

Percentages of Participants Using Ideas From Media In Their Own Lives

Types of Media	Daily	Weekly	Monthly	Yearly	Never
Television	28	15	22	11	25
Radio	20	14	17	5	45
Magazine	18	21	32	8	22
Newspaper	19	17	19	8	38
Internet	12	16	14	4	55

Table 7

Percentages of Participants Sharing Ideas From Media With Social Support
Systems

Types of Media	Daily	Weekly	Monthly	Yearly	Never
Television	24	23	24	7	24
Radio	17	14	18	5	47
Magazine	13	22	30	13	23
Newspaper	13	28	17	8	35
Internet	5	19	15	4	58

Table 8

Percentages of Participants Receiving and Giving Advice

Advice	Daily	Weekly	Monthly	Yearly	Never	N
Receipt of Advice	28	31	26	9	5	88
Giving of Advice	28	38	26	3	5	102

Table 9

<u>Frequency of Talking With Chosen Members of Social Support Systems</u>

Members	Daily	Weekly	Monthly	Yearly	Never
Friend	54	30	1	1	15
Female Co-worker	47	17	5	1	30
Daughter	47	9	0	0	44
Mother	42	9	0	0	49
Sister	31	31	8	2	28
Female Cousin	14	23	18	7	39
Aunt	12	23	17	7	42
Other	9	0	0	0	91
Grandmother	7	8	8	4	74
Therapist	0	5	3	4	88

Table 10

Percentages of Participants Who Report Helping Social Support Members with Their Personal Problems

Members of Support System	Percent
Sister	51
Daughter	47
Female Co-worker	41
Mother	36
Female Cousin	28
Niece	9
Other	6
Grandmother	1

Table 11

Most Valuable Piece Of Information Gathered, By Medium

% Responding	Information Gathered
TV (% responding)	
37%	Self-Care Information
35%	Life Experiences of Others
31%	Physical Health Information
25%	Relationship Information
21%	Mental Health Information
13%	Spiritual Information
13%	Parenting Information
12%	Physical Abuse / Domestic Violence Information
10%	Financial Information
9%	Educational Information
8%	Entertainment
Radio (% responding)	
18%	Community Information
12%	Relationship Information
12%	Life Experiences of Others
10%	Spiritual Information
9%	Physical Health Information
8%	Business Information
8%	Self-Care Information
8%	Entertainment
7%	Mental Health Information
5%	Financial Information
4%	Physical Abuse / Domestic Violence Information
4%	Legal Information
Magazine (% responding)	
34%	Physical Health Information
20%	Self-Care Information
19%	Life Experiences of Others
15%	Relationship Information
15%	Community Information
13%	Business Information
12%	Mental Health Information
12%	Financial Information
8%	Educational Information
8%	Fashion Information
8%	Entertainment
7%	Spiritual Information
3%	Physical Abuse / Domestic Violence Information
Newspaper (% responding)	
	Community Information
27%	Shopping Information
17%	Business Information
13%	Entertainment
9%	Physical Health Information
9%	Spiritual Information
5%	Parenting Information
5%	
Internet (% responding)	
16%	Physical Health Information
15%	Community Information
13%	Employment Information
12%	Educational Information
6%	Spiritual Information
5%	Physical Abuse / Domestic Violence Information
5%	Mental Health Information

Table 12

Correlation Table Involving Variables

Correlations	Significance p (102)	Significance r (102)
1. Age and Education	*.001	.322
2. Age and Income	.000	.054
3. Education and Income	.000	.053
4. Professional Counseling and Age	.221	.125
5. Professional Counseling and Education	.151	-.145
6. Professional Counseling and TV Watching	.081	-.173
7. Professional Counseling and Using Ideas From TV	*.006	-.026
8. Professional Counseling and Sharing Ideas From TV	.051	-.193
9. Professional Counseling and Listening To Radio	.419	-.080
10. Professional Counseling and Using Ideas From Radio	*.049	-.195
11. Professional Counseling and Sharing Ideas From Radio	*.026	-.219
12. Professional Counseling and Reading Magazines	.198	-.128
13. Professional Counseling and Using Ideas From Magazines	.096	-.165
14. Professional Counseling and Sharing Ideas From Magazines	.086	-.170
15. Professional Counseling and Reading Newspapers	.702	.038
16. Professional Counseling and Using Ideas From Newspapers	.640	.046
17. Professional Counseling and Sharing Ideas From Newspapers	.596	.053
18. Professional Counseling and Using The Internet	.194	-.129
19. Professional Counseling and Using Ideas From The Internet	.566	-.057
20. Professional Counseling and Sharing Ideas From The Internet	.969	-.003
21. Professional Counseling and Talking To a Friend	.852	.018
22. Professional Counseling and Talking To Her Mother	.244	.116
23. Professional Counseling and Talking To Her Female Cousin	.579	055
24. Professional Counseling and Talking To Her Sister	.194	.129
25. Professional Counseling and Talking To Her Grandmother	.332	.096
26. Professional Counseling and Talking To Her Aunt	.170	.136
27. Professional Counseling and Talking To A Female	.581	055
28. Co-Worker	.495	.068
29. Professional Counseling and Talking To A Therapist	.085	-.170
30. Professional Counseling and Getting Advice	.369	-.089
31. Professional Counseling and Giving Advice	.170	.136
	.581	.055
	.495	.068
	.085	-.170
	.369	-.089

Note. Only significant results *p < .05 two-tailed

Table 13

Percentages of Types of Professional Counseling Involvement

Types of Professional Therapy	Percent (n=102)
Religious Counseling	37
Professional Therapist	25
Doctor	17
Teacher	7
Social Worker	7

REFERENCES

Abe-Kim, J., Tacheuchi, D. & Hwang, W.C. (2002). Predictors of help-seeking

for emotional distress among Chinese Americans: Family matters. *Journal*

of Consulting and Clinical Psychology, 70, 1186-1190.

Abreu, J.M. (1999). Conscious and nonconscious African American stereotypes:

Impact on first impression and diagnostic ratings by therapists. *Journal of*

Consulting and Clinical Psychology, 67, 387-393.

Adebimpe, U.R. (1981). Overview: White norms and psychiatric diagnosis of

Black patients. *Journal of Psychiatry, 138,* 279-285.

Adebimpe, V.R. & Cohen, E. (1989). Schizophrenia and affective disorder in

Black and White patients: A methodologic rate. *Journal of National*

Medical Association, 81, 761-765.

Akustu, P.D., Snowden, L.R., Organista, K.C. (1996). Referral patterns in ethnic-

specific and mainstream progress for ethnic minorities and Whites.

Journal of Counseling Psychology, 43 (1).

Aleman-Martinez, A.M. (2000). Race talks: Undergraduate women of color and

female friendships. *The Review of Higher Education, 23*, 133-152.

Allen, M. ((2003). The influence of social support components on depression among community-dwelling African American and Caucasian older women *Dissertation Abstracts International, 63 (12-B),* 6084.

Allison, K., Crawford, I., Echemendia, R., Robinson, L., & Knepp, D. (1994). Human diversity and professional competence. *American Psychologist, 49,* 792-796.

Amaro, H. & Beckman, L.J. (1984). Patterns of women's use of alcohol treatment agencies. *Bulletin of Psychologists in Addictive Behavior, 3*, 145-154.

Amaro, H., Beckman, L.J. & Mays, V.M. (1987). A comparison of Black and White women entering alcoholism treatment. *Journal of Studies on Alcohol, 48*, 220-228.

Armstrong , M.J. (2000). Older womens' organization of friendship support networks: An African American-White comparison. *Journal of Women and Aging, 12 (1-2),* 93-108

Armstrong, H., Ishiki, ., Herman, J., Mundt, J. & Womack, W. (1984). Service utilization by Black and White clientele in an urban community mental health center: Revised assessment of an old problem. *Community Mental Health Journal, 20,* 269-281.

Association for Media Psychology. (1982). *Guidelines.* Santa Monica, CA: Author.

Axelrod, J., Myers, H., Dervasula, R., Wyatt, G.E., & Cheung, M. (1999). The
impact of relationship violence, HIV, and ethnicity on adjustment in
women. *Cultural Diversity and Ethnic Minority Psychology, 5 (3),*
263-275.

Bailey, E.J. (1987) Sociocultural factors and health care seeking behavior among
Black Americans. *Journal of the National Medical Association,*
79, 389-392.

Bachman, K. (2001). Radio one, ABC creates largest urban network.
MediaWeek, 11 (42). Communication and Mass Media Complete.

Balter, L. (1983). "Giving Away" child psychology over the airwaves. *The*
Clinical Psychologist, 36 (2), 37-40.

Baraka, R. (2000). For three decades, the nation's foremost black radio network
has informed, entertained and served its community. *Billboard.* 113 (41),
p. 25.

Bell, D. (1990). Poverty and womens' mental health. *American Psychologist, 45,*
385-389, *Jackson (Eds), Mental health in black America,* (pp. 117-129).

Best, J.A. (1980). Mass media, self-management and smoking modification. In
P.O. Davidson & S.M. Davidson (Eds.), *Behavioral medicine: Changing*
health lifestyles (pp. 371-390).

Bouhoutos, J.C. (1983). The mental health professions and the media. In P.A.
Keller & L.G. Ritt (Eds), *Innovations in clinical practice: A source book.*
3, (pp. 361-370). Sarasota, FL: Resource Exchange, Inc.

Bouhoutsos, J.C., Goodchilds, J.D., & Huddy, L. (1986). Media Psychology: An

empirical study of radio call-in psychology programs. *Professional*

Psychology: Research and Practice, 17, 408-414.

Boyd-Franklin, N. (1989). *Black families in therapy: A multisystem approach.*

New York: Guilford Press.

Boyd-Franklin, N. (1991). Recurrent themes in the treatment of African

American women in group psychotherapy. *Women & Therapy, 11*, 25-40.

Brown, D.R. & Gary, L.E. (1985). Predictors of depressive symptoms among

unemployed Black adults. *Journal of Sociology and Social Welfare, 12,*

736-754.

Brown, K.A., Parker-Dominguez, T., & Sorey, M. (2001). Life stress, social

support and well-being among college-educated African American

women. *Journal of Ethnic and Cultural Diversity in Social Work, 9, (1-2),*

53-73.

Burchinal, M.R., Follmer, A., & Bryant, D.M. (1996). The relations of maternal

social support and family structure with maternal responsiveness and child

outcomes among African American families. *Developmental Psychology,*

32 (6), 1073-1083.

Butcher, J.N., Broswell, L., & Ramey, D. (1983). A cross-cultural comparison of

American Indian, Black, and White impatients on the MMPI and

presenting symptoms. *Journal of Consulting and Clinical Psychology, 51,*

587-594.

Campbell, R., Sullivan, C.M., & Davidson, W.S. (1995). Women who use domestic violence shelters: Changes in depression over time. *Psychology of Women Quarterly, 19,* 237-255.

Caldwell, C.H. (1996). Predisposing, enabling, and need factors related to patterns of help-seeking among African American women. In H.W. Neighbors and J.S. Jackson (Eds), *Mental health in Black America,* (pp. 146-160). Thousand Oaks, CA: Sage.

Caldas, S.J. & Bankston, C. III (1997). Black and White T.V.: Race, television viewing, and academic achievement. *Sociological Spectrum, 19,* 34-61.

Carll, E. K. (2001). Psychology and the news media: Reflections on a ten year initiative. *Independent Practitioner.* APA Division 46 – Media Psychology, (pp. 1-3).

Cheung, F.K., & Snowden, K.R. (1990). Community mental health and ethnic minority populations. *Community Mental Health Journal, 26,* 277-291.

Christenson, A., Miller, W.R., Munoz, R.F. (1978). Paraprofessionals, partners, peers, paraphernalia, and print: Expanding mental health service delivery. *Professional Psychology, 9,* 249-270.

Coley, S.M., & Beckett, J.O. (1988). Black battered women: A review of the empirical Literature. *Journal of Counseling and Development, 66,* 266-270.

Comstock, G. (1983). The mass media and social change. In E. Seidman (Ed.). *Handbook of social intervention,* (pp.268-288). Newbury Park, CA: Sage Publications.

Constantine, M.G. (2001). Multicultural training, theoretical orientation,

    empathy, and multicultural case conceptualization ability in counselors.

    Journal of Mental Health Counseling, 23, 357-372.

Constantine, M.G. (2002). Prediction of satisfaction with counseling: Racial and

    ethnic minorities attitudes towards counseling and ratings of their

    counselors' general and multicultural competence. *Journal of Counseling*

    Psychology, 49, 255-263.

Constantine, M.G., & Ladany, N. (2000). Self-report multicultural counseling

    competence scales: Their relationship to social desireability attitudes and

    multicultural case conceptualization ability. *Journal of Counseling*

    Psychology, 47, 155-164.

Cooper-Patrick, L., Powe, N.R., Jenckes, M.W., Gonzales, J.J., Levine, D.M. &

    Ford, D.E. (1997). Identification of patient attitudes and preferences

    regarding treatment of depression. *Journal of General Internal Medicine,*

    12, 431-438.

Corbett, C.C. (1999). Religious coping styles, perceived stress, depression, and

    professional psychological help-seeking attitudes among African

    American   women. *Dissertation Abstracts International, 59 (10-A),*

    University Microfilm.

Crawford, I. & Jason, L.A. (1990). Strategies for implementing a media-based

    AIDS prevention program. *Research and Practice, 21 (3),* 219-221.

Curphy, S. (2003). Black women mental health needs unmet. Women's eNews

Retrieved from PsychINFO database,

www.womensenews.org/update_subscription.cpm.

Cutrona, C.E., Russell, D.W., Hessling, R.M., Brown, P.A., & Murry, V. (2000).

Thedirect and moderating effects of community context on the

psychological well- being of African American women. *Journal of*

Personality and Social Psychology, 79 (6), 3-15.

Dana, R.R. (1988). *Understanding cultural identity in intervention and*

assessment. Thousand Oaks, CA: Sage.

Day, A.O. (2004). The age thirty transition and social support: A qualitative

examination of the age thirty transition experience for single and

professional African American women. *Dissertation Abstracts*

International, 64(8-B), pp. 4030.

Diala, C., Mutaner, C., Walrath, C., Nickerson, K., LaViest, T.A., & Leaf, P.J.

(2000) Racial differences in attitudes toward professional mental health

care and in the use of services. *American Journal of Orthopsychiatry, 70*,

455-464.

Dubren, R. (1977). Self-reinforcement by recorded telephone messages to

maintain non-smoking behavior. *Journal of Consulting and Clinical*

Psychology, 45, 358-360.

Dunkel & Schetter, C. (1986). A framework for social support research. *Social*

supportand Cardiovascular workshop conducted at the meeting of the

national heart, lung and blood institute, University of California, Irvine.

84

Epstein, J.N., March, J.S., Conners, C.K., & Jackson D.L. (1998). Racial

differences on the Connors Teachers' Rating Scale. Journal of Abnormal

Child Psychology, 26, 109-118.

Frankel, A.J., Birkimer, J.C., Brown, J. H. & Cunningham, G.K. (1983). A

behavioral diet on network television. *Behavioral Counseling and*

Community Interventions, 3, 91-101.

Forte, J.A., Frank, D.D. & Rigsby, D. (1996). Assymetrical role-taking:

Comparing battered and non-battered women. *Social work, 41*, 59-73.

Gallo, J.J., Marino, S., Ford, D. & Anthony, J.C. (1995). Filters on the pathway

to mental care: II. Socio-demographic factors. *Psychological Medicine,*

25, 1149-1160.

Gibbs, J. (1997). African-American suicide: A cultural paradox. *Suicide and*

Life   Threatening Behavior, 27, 68-79.

Godfrey, J.E. (1997). Factors which influence the roles of female friendships in

the lives of heterosexual African American women. *Dissertation*

Abstracts International, 58 (1-B).

Goethals, G.R. & Darley, J. (1977). Social comparison theory: An attributional

approach. In J.M. Suls & R.L. Miller (Eds.), *Social Comparison Process*

(pp.259-279).

 Goodman A.R. & Seigal, C. (1978). Differences in White and non-White

community mental health center service utilization patterns. *Evaluation*

and Program Planning, 1, 51-63.

Gushue, G.V., Constantine, M.G. (2003). Examining individualism, collectivism, and self differentiation in African American college women. *Journal of Mental Health Counseling, 25 (1),* p. 15.

Gynther, M.D. (1972). White norms and Black MMPIs: A prescription for discrimination? *Psychological Bulletin, 78,* 386-402.

Gynther, M.D. (1979). Ethnicity and personality: An update. In J.N. Butcher (Eds.), *New Developments in the Use of the MMPI,* (pp. 113-140). Minneapolis: University of Minnesota Press.

Havassey, B.E. & Hopkin, J.T. (1989). Factors predicting utilization of acute psychiatric impatient services by frequently hospitalized patients. *Hospital and Community Psychiatry, 40,* 820-823.

Helms, J. &Cook, D. (1999). *Using race and culture in counseling and psychotherapy: Theory and process.* Boston: Allyn and Bacon.

Heron, R.L., Twomey, H.B., Jacobs, D.P., & Kaslow, N.J. (1997). Culturally competent interventions for abused and suicidal African American women. *Theory, Research, Practice and Training, 34 (4).*

Hill, D.C. (2004). Examining the experiences of African American women on predominately white campuses. *The Pennsylvania State University,* http://forms.gradsch.psu/equity/sroppaper/2004/HillDominique.pdf.

Hirsh, J. (1981). *To unfrock the characters.* Sage Race Relations Abstracts, 6, 1-65.

Hobfall, S. (1988). *The Ecology of Stress.* Washington, DC.:

Hemisphere.Hooks, B. (2005). *Sisters of the yam: Black women and self-discovery*. South End Press, Cambridge, MA.

Hozer, C.E., Shea, B., Swanson, J.W., Leaf, P.J., Meyers, J.K., George, L., Weissman, M.M. & Bednarski, P. (1986). The increased risk for psychiatric disorders among persons of low socioeconomic status. *American Journal of Psychiatry, 6,* 259-271.

Huston, A.C., Write, J.C., Kerkman, D., & Peters, M. (1990). Development of television viewing patterns in early childhood: A longitudinal Investigation. *Developmental Psychology, 26 (3).* 409-420.

Huston, A.C., Wright, J.C., Marquis, J., & Green, S.B. (1999). How young children spend their time: Television and other activities. *Developmental Psychology, 35 (4).* 912-925.

Jackson, J.S., Neihbors, H., & Gurin. (1986). Findings from a national survey of Black mental health: Implications for practice and training. In M.R. Miranda & H.L. Kitano (Ed.s). *Mental health research and practice in minority communities: Development of culturally sensitive training programs.* (pp. 91-116). Washington , D.C., U.S. Government Printing Office.

Jason, L. (1985). Using the media to foster self-help groups. *Professional Psychology, Research and Practice. 16 (3).* 455-464.

Jason, L., Crawford, I., & Gruder, L. (1989). Using a community model in
media-Based health promotion interventions. J*ournal of Primary
Prevention, 9,* 233-246.

Jerell, J.M. (1998). Effect of ethnic matching of young clients and mental health
staff. *Cultural Diversity and Mental Health*, 4, 297-302.

Johnson, K.W., Anderson, N.B., Bastida, E., Kramer, J., Williams, D., & Wong,
M. (1995). Macrosocial and environmental influences on minority health.
Health   Psychology, 14 (7). 601-612.

June, L.N., Currey, B.P., & Gear, C.L. (1990). An 11 year analysis on Black
students' experience of problems and use of services: Implications for
counseling professionals. *Journal of Counseling Psychology, 37 (2).*
178-189.

Kaslow, N.J., Thompson, M., Meadows, L., Chance, S., Puett, R., & Hollins, L.
(2000).   Risk factors for suicide attempts among African American
women. *Depression and Anxiety, 12,* 13-20.

Kaslow, N.J., Thompson, M.P., Okum, A., Price, A., Bender, M., Wykoff, S.,
Twomey, H., Goldin, J., & Parker, R. (2002). Risk and protective factors
for suicidal behavior in abused African American women. *Journal of
Consulting and Clinical Psychology, 70 (2),* 311-319.

Kessler, R., McGonagle, K.A., Zhao, S., Nelson, C., Hughes, M., Eshleman, S.,
Wittchen H.V., & Kendler, K.S. (1994). Lifetime and 12 month
prevelance of DSM-IIIR Psychiatric disorders in the U.S.: Results from

the National Co - Morbidity Survey. *Archives of General Psychiatry, 51,* 8-19.

Klonoff, E.A. (1983). A star is born: Psychologist and the media. *Research and Practice, 14,* 847-854.

Kong, S. (2003). *A minute for your health: The ABCs for improved health and Longevity.* Hilton Publishing Company, Roscoe, IL.

Krebs, R.L. (1971) Some effects of White institutions and Black psychiatricoutpatients. *American Journal of Orthopsychiatry, 41*, 589-597.

Kunen, S., Niederhauser, R., Smith, P.O., Morris, J.A., & Mark, B.D. (2005). Race disparities in psychiatric rates in emergency departments. *Journal of Consulting and Clinical Psychology, 73 (1),* 116-126.

Kurdek, L.A. (1988). Perceived social support from family and friends in members of homosexual cohabitating couples. *Journal of Personality and Social Psychology, 54,* 504-509.

Lawson, W.B. (1986). Racial and ethnic factors in psychiatric research. *Hospital and Community psychiatry, 37,* 50-54.

Levy, D. (1989). Social support and the media: Analysis of response by radio psychology talk show hosts. *Professional Psychology, Resarch , and Practice, 20 (2),* 73-78.

Lewis, D.K. (1999). Kinship, self concept, and self identity: Roles in racial identity, spirituality, and psychopathology in African American and Caucasian women. *Dissertation Abstracts International, 60, (6-A).*

Lillie-Blanton, M. & Laveist, T. (1996). Race, ethnicity, social environment and

    health. Social Science and Medicine, 43, 83-91.

Lindsey, K.P. & Paul, G.L. (1989). Involuntary commitments to public mental

    institutions: Issues involving the overrepresentation of Blacks and

    assessment of relevant functioning. *Psychological Bulletin, 106,* 171-183.

Lopez, S. (1983). The study of psychotherapy bias: Some conceptual issues and

    some concluding comments. In J. Murray & P.R. Abramson (Eds.), *Bias*

    in Psychotherapy (pp. 353-365). New York: Praeger Publishers.

Maccoby, N. & Alexander, J. (1980). Use of media in lifestyle programs. In

    P.O. Davidson and S.M. Davidson (Eds.), *Behavioral Medicine: Changing*

    Health Lifestyles, (pp.351-370). New York: Brunner/Mazel.

Marion, M., & Range, L. (2003). African American college womens' suicide

    buffers. *Suicide and Life Threatening Behavior, 33 (1),* 33-43. Guiliford

    Publications, US.

Markowitz, F. (1998). The effects of stigma on the psychological well-being and

    life satisfaction of persons with mental illness. *Journal of Health and*

    Social Behavior, 39, 335-347.

Martin, M. (2002). *Saving our last nerve: The Black woman's path to mental*

    health. Hilton Publishing Company, Roscoe, IL.

Matthews, A.K. (1998). Lesbians and cancer support: Clinical issues for cancer

    patients. *Health Care for Women International, 19,* 193-204.

Matthews, A.K. & Hughs, T.L. (2001). Mental health service use by African American women: Exploration of subpopulation differences. *Cultural Diversity and Ethnic Minority Psychology, 7 (1),* 75-87.

Mays, V.M. (1985). Black women and stress: Utilization of self-help groups for stress reduction. *Women and Therapy, 4,* 67-69.

Mays, V.M., Beckman, L.J., Oranchak, E., & Harper, B. (1994). Perceived social support for help-seeking behaviors of Black heterosexual and homosexually active women alcoholics. *Psychology of Addictive Behaviors, 8(4),* 235-242.

Mays, V.M., Caldwell, C.H., & Jackson, J.S. (1996). Mental health symptoms and service utilization patterns for help-seeking among African American women. In H.W. Neighbors and J.S. Jackson (Eds.). *Mental health in Black America* (pp. 161-176). Thousand Oaks, CA: Sage.

McCook, A. (2004). Close female friends help women through depression. *Reuters Health.*

http://www.dinner_movie.com//Healh6_News24_/04/HealthNews9A.htm.

McLeod, J.D., & Kessler, R.C. (1990). Socioeconomic status differences in vulnerability to undesireable life events. *Journal of Health and Social Behavior, 31,* 162-172.

McLoyd, V.C. (1990). The impact of economic hardship on Black families and children: Psychological distress, parenting, and socioemotional development. *Child Development, 61,* 311-346.

McLoyd, V.C., Jayaratne, T.E., Ceballo.R, & Borquez, J. (1994).

Underemployment and work interruption among African American single

mothers: effects of parenting and adolescen socioemotional functioning.

Child Development, 65, 562-589.

Meyers, A.W., Graves, T.J., Whelan, J.P., & Barclay, D.R. (1996). An evaluation

of a television delivered behavioral weight loss program: Are the ratings

acceptable? *Journal of Consulting and Clinical Psychology, 64 (1).*

Milloy, M. (1990). Sisters helping sisters: 'kitchen table' self-help groups.

Essence Magazine.

Morris, E.F. (2001). Clinical practices with African Americans: Juxtaposition of

standard clinical practices and Africentricism. *Professional Psychology.*

Mutaner, C. (1999). Social mechanisms, race and social epidemiology.

American Journal of Epidemiology, 150 (2), 121-166.

Mutaner, C. & Parsons, P.E. (1996). Income, stratification, class and health

insurance. *International Journal of Health Sciences, 26*, 655-671.

Myers, M.E. (1998). An exploration of racial identity and social support in

African American women confronting discrimination. *Dissertation

Abstracts International, 59 (6-B).*

Neighbors, H.W. (1984). Professional help use among Black Americans:

Implications for unmet needs. *American Journal of Community

Psychology*, 12, 551-556.

Neighbors, H.W. (1985). Seeking professional help for personal problems: Black

Americans use of health and mental health services. *Community Mental*

Health Journal, 21, 156-166.

Neighbors, H.W. (1988). Help seeking behavior of Black Americans: A

summary of findings from the national survey of Black Americans.

Journal of the National Medical Association, 80, 1009-1012.

Neighbors, H.W. (1990). The presentation of psychopathology in African

Americans: An epidemiologic perspective. *Community Mental Health*

Journal, 26, 167-179.

Neighbors, H.W., Braithwaite, R. & Thompson, I. (1999). Health promotion and

African Americans: From personal empowerment to community action.

American Journal of Health Promotion, 9, 281-287.

Nickerson, K., Helms, J., & Terrell, F. (1994). Cultural mistrust, opinions about

mental illness, and Black students attitudes toward seeking professional

psychological help from white counselors. *Journal of Counseling*

Psychology, 41, 378-385.

Nisbet, P.A. (1996). Protective factors for suicidal black females. *Suicide and*

Life Threatening Behavior, 26, 325-341.

Ohare, W.D., Pollard, K.M., Mann, T.C. & Kent, M.M. (1991). African

Americans in 1990's. *Population Bulletin, 46*, 1-40.

Phillips, C.M. (1997). The impact of social support and social support networks

on the psychological well-being of African American and White single

mothers. *Dissertation Abstracts International 58 (6-A).* Univ. of

Microfilms International.

Ponterotto, J.G. & Casas, J.M. (1991). *Handbook of racial/ethnic minority*

counseling Counseling research. Springfield, IL, Charles C. Thomas.

Randolph, L.B. (1999). Girlfriend greatness-African American women. *Ebony*

Magazine, June. www.furl.net.

Raviv, A., Raviv, A., Yunovit, R. (1989). Radio psychology and psychotherapy:

comparison of client attitudes and expectations. *Professional Psychology,*

Research, and Practice, 20 (2), 67-72.

Reigier, D.A., Narrow, W.E., Rae, D.S., Manderscheid, R.W., Locke, B.Z., &

Goodwin, F.K. (1993). The de Facto mental and addictive disorders

service systems. *Archives of General Psychiatry, 50,* 85-94.

Reina, L. (1995). Survey profiles of African American newspapers. *Editor and*

Publisher / VNU eMedia Inc, 128 (46), p. 22.

Ricks, J.M., (1984). Radio, social support, and mental health. *Canada's Mental*

13-15.

Ridley, C.R. (1984). Clinical treatment of the non-disclosing Black client.

American Health, Psychologist, 39, 1234-1244.

Roberts, D.F. & Mccoby, N. (1985). Effects of mass communication. In G.

Lindzey & E. Aronson (Eds.). *The handbook of social psychology* (pp.

539-598). New York: Random House.

Robins, M., Szapocznik, J., Tejada, M., Samuels, D., Ironson, G., & Antoni, M.

(2003). The protective role of the family and social support network in a

sample of HIV positive African American women: Results of a pilot study.

 Journal of Black Psychology, 29 (1). 17-37.

Rothschild, N. & Morgan, M. (1987). Cohesion and control: Adolescents'

relationships with parents as mediators of television. *The Journal of Early*

Adolescence, 7, 299-314.

Rouse, D.L. (2001). Lives of women of color create risk for depression.

WeNews. http://www.womensenews.org/

Schanie, C.F. & Sundel, M. (1978). A community mental health innovation in

mass media preventive education: The alternative project. *American*

Journal of Community Psychology, 6, 573-581.

Scheffler, R.M. & Miller, A.B. (1991). Differences in mental health service

utilization among ethnic subpopulations. *International Journal of Law*

and Psychiatry, 14, 363-376.

Schmidt, W.E. (1989). Black talk radio: A vital force is emerging to mobilize

opinion. *New York Times, 138(47826),* A1-A12.

Schwebel, A.I. (1982). Radio psychologists: A community psychology

psycho-educational model. Journal of Community Psychology, 10,

181-184.

Sherer, R. (2002). Mental health problems among minorities: Follow-up to

surgeon General's report on mental health. *Psychiatric Times, XIX (3).*

Shorter-Gooden, K. (2004). Multiple resistance strategies: How African

American women cope with racism and sexism. *Journal of Black*

Psychology, 30 (3), 406-425.

Silva de Crane, R. & Speilberger, C.D. (1981). Attitudes of Hispanic, Black, and Caucasian university students toward mental illness. *Hispanic Journal of Behavioral Sciences, 3,* 241-255.

Sirey, J.A., Bruce, M.L., Alexapoulos, G.S., Perlick, D., Rave, P. & Friedman, S.J. (2001). Perceived stigma as a predictor of treatment discontinuation in young and older outpatients with depression. *American Journal of Psychiatry, 15,* 479-481.

Smith, P.L. (2003). Adaptive coping strategies of othermothers: An examination of social support, spirituality, stress and depression. *Dissertation abstracts International, 64* (3-A).

Snowden, L.R. (2003). Bias in mental health assessment and intervention: Theory and evidence. *American Journal of Public Health, 93,* 234-243.

Snowden, L.R. (1999). African American folk idiom and mental health service use. *Cultural Diversity and Ethnic and Minority Psychology, 5 (4)*

Snowden, L.R. (1999). African American service use for mental health problems. *Journal of Community Psychology, 27*, 303-313.

Spruwell & Williams-Harold. (2000). Few networks show Black characters regularly. *Black Enterprise, 3(5)*, 38.

Squires, C.R. (2000). Black talk radio. *Harvard International Journal of Press/Politics, 5 (2),* (pp. 73, 23).

Stevens, C. (1998). Support network may help black women cope better with depression UF study shows. *Health Science Center Office of Public Information*. csteven@vpha.health.ufl.edu.

Sue, D.W., Arrendondo, P. & McDavis, R.J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Multicultural Counseling and Development, 20,* 64-68.

Sue, D.W., Carter, R.T., Casas, J.M., Fovad, N.A., Ivey, A.E. & Jenson, M. (1998). *Multicultural counseling competencies: Individual and organizational development.* Thousand Oaks, CA: Sage.

Sue, S., Fujino, D.C., Hu, L., Takeuchi, D.T., & Zane, N.W. (1991). Community mental health services for ethnic minority groups: A test of cultural responsiveness hypothesis. *Journal of Consulting and Clinical Psychology, 42,* 794-801.

Sue, D.W. & Sue, D. (2003). *Counseling the culturally diverse. Theory and Practice (4th Edition).* New York: Wiley.

Swindle, R., Heller, K., Alexander, D., Allen, S., Wyman, M. (2001). Sources of stressor –specific negative transactions and depressive symptoms among White and African American older women. *Applied Developmental Science*, 5(2), p. 98-112.

Taylor, R.D., Roberts, D., & Jacobson, L. (1997). Stressful life events, psychological well-being and parenting in African American mothers. *Journal of Counseling Psychology, 11 (4),* 436-446.

Terrell, F. & Terrell, S. (1984). Race of counselor, client, sex cultural mistrust level and premature termination from counseling among Black clients. *Journal of Counseling Psychology, 31,* 371-375.

Thompson, U.L.S., Bazile, A., & Akbar, M. (2004). African Americans

    perceptions of psychotherapy and psychotherapists. *Professional*

    Psychology Research and Practice, 35 (1). 19-26.

Thompson, M.P., Kaslow, N.J., Short, L.M., & Wykoff, S. (2002). The

    mediating roles of perceived social support and resources in the

    self-efficacy suicide attempts relation among African American abused

    women. *Journal of Consulting and Clinical Psychology. 70 (4),* 942-949.

Thompson, E.E., Neighbors, H.W., Munday, C., & Jackson, J.S. (1996).

    Recruitment and retention of African American patients for clinical

    research: An exploration of response rates in an urban psychiatric hospital.

    Journal of Consulting and Clinical Psychology, 64 (5). 861-867.

Todd, J.L., & Worell, J. (2000). Resilience in low income, employed African

    American women. *Psychology of Women Quarterly, 24 (2),* 119-128.

U.S. Census Bureau (2000). United States Census 2000, Washington DC: *U.S.*

    Department of Commerce, www.commerce.gov/egov.html

U.S. Census Bureau (2001). Poverty in the U.S.: Washington DC: *U.S.*

    Department of Commerce, www.heritage.org/research/welfare/bg1713cfm

U.S. Department of Health and Human Services. (2001). Mental health, culture,

    race, and ethnicity: A supplement to mental health. *A Report of the*

    Surgeon General. Rockwille, MD.

    http://www.surgeongeneral.gov/library/mentalhealth/cre/execsummary_l.h

    tml.

Van Hook, M.P. (1999). Woman's help-seeking patterns for depression. *Social Work In Health care, 29 (1), 1*5-34.

Villarosa, L. (1994). Circles of sisterhood: African American womens' support groups. *Essence Magazine, October.* www.furl.net.

Vinograde, D.S. (2001). Black and White heterosexual women's marital and same sex best friend relationships, and the contributions of entitlement, relationship equality and relationship intimacy to well-being. *Dissertation Abstracts International 61* (9-B).

Wallen, J. (1992). Providing culturally appropriate mental health services for minorities. *Journal of Mental Health Administration, 19,* 288-293.

Wells, K.B., Goldin, J., Hough, R.L. (1989). Acculturation and the probability of health services by Mexican-Americans. *Health Services Research*, 24, 237-257.

Whaley, A.I. (1998). Cross cultural perspective on paranoia: A focus on the Black American experience. *Psychiatric Quarterly, 69*, 325-343.

Whaley, A.L. (1997). Cultural mistrust: An important psychological construct for Diagnosis and treatment of African Americans. *Professional Psychology: Research and Practice, 32,* 555-562.

Whaley, A.L. (2001). Cultural mistrust of White mental health clinicians among African Americans with severe mental illness. *American Journal of Orthopsychiatry,71(2)*, 252-256.

Williams, D. (1986). The epidemiology of mental illness in Afro-Americans. *Hospital and Community Psychiatry, 37*, 42-49.

Williams, L.S. (1995). Failure to pursue indications of spousal abuse could lead
to tragedy, physicians worried. *Canadian Medical Association Journal,
152*, 1491.

Wills, T.A. (1983). Social comparison in comparison in coping and help-seeking.
In B.M. DePaulo, A. Nadler, & J.D. Fisher (Eds.), *New directions in
helping Vol. 2,* 109-141. New York, Academic Press.

Wilson, M.N. (1986). The Black extended family: An analytical consideration.
Developmental Psychology, 22, 246-258.

Yinn, R. (1977). *Tinkering with the system: Technological innovations in state
and local government.* Lexington, MA: Lexington Books.

Zanoni, C. (2005). Mainstream newspapers still lag behind in ethnic press in
attracting Black and Latino readers. *Amsterdam News, 96(6), 6-9.* New
York.

Zimbardo, P.G. (2002). Psychology in the public service. *American
Psychologist, 57(6,7),* 431-433

APPENDICES

APPENDIX A:

INFORMATION SHEET

INFORMATION SHEET
For Research Study Entitled
The Use Of Media By African American Women To Acquire Mental Health Knowledge

You are invited to participate in a research study designed to investigate the use of media by African American women to acquire mental health knowledge. Lia Knox Ivey, MS.Ed., LCPC, is conducting this study under the supervision of Dr. Becky Liddle. I hope to learn how African American women use various types of media, including television, radio, magazines, newspapers, and the Internet to assist them in addressing mental health issues. You were selected as a possible participant because you are 19 years of age or older, you are a woman and you self-identify as African American.

If you decide to participate, you will complete the attached survey consisting of eight pages and a self-addressed, stamped envelope. The questionnaire should take approximately 30 minutes to complete. After completing the survey, place it in the stamped, self-addressed envelope and mail it back to this researcher.

If you decide to participate in this research project, I anticipate no benefits or risks to you.

Any information obtained in connection with this study will remain anonymous. Information collected through your participation may be used to fulfill an educational requirement for my dissertation, published in a professional journal, and/or presented at a professional meeting. You may withdraw from participation at any time, without penalty, however, after you have provided anonymous information you will be unable to withdraw your data after participation since there will be no way to identify individual information.

Your decision whether or not to participate will not jeopardize your future relations with Auburn University.

If you have any questions, I invite you to ask them now. If you have questions later, please contact Lia Knox Ivey at 773-418-0170 or you may contact me by email at iveylia@auburn.edu. You may also contact my faculty advisor, Dr. Renee Middleton by email at middlre@auburn.edu. We will be happy to answer any questions.

For more information regarding your rights as a research participant you may contact the Auburn University Office of Human Subjects Research or the Institutional Review Board by phone at (334)-844-5966 or e-mail at hsubjec@auburn.edu or IRBChair@auburn.edu.

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE WHETHER TO

PARTICIPATE IN THIS RESEARCH PROJECT. IF YOU DECIDE TO PARTICIPATE, THE DATA

YOU PROVIDE WILL SERVE AS YOUR AGREEMENT TO DO SO.   THIS LETTER IS YOURS TO

KEEP.

_____
Investigator's signature   Date

103

APPENDIX B:

MEDIA AND SOCIAL SUPPORT SURVEY

Media and Social Support Survey

<u>Demographic Information</u>

1). What is your age? _____

2). Are you……………?
     1). Single
     2). Married
     3). Living with Partner

3). How many children do you have? _____

4). How many women live in your household? _____
    Who are they? (i.e. mother, sister, daughter, etc.) _____

5). How many years of education have you completed? _____
    (Example: 10th grade is 10 years, high school graduate is 12 years, 4 years of
    college Is 16 years, etc.)

6). What is your current employment status?
     a). Working full time
     b). Working part-time
     c). Not employed

7). What was your approximate total household income before taxes in 2004?
    $_____

8). In what state do you live? _____
    In what area do you live?
     a). Inner city
     b). Suburbs
     c). Rural
     d). Other (please describe) _____

9). Please indicate your race/ethnicity: _____

Questionnaire

African American women often say they learn coping techniques from television, radio, magazines, and newspapers. Please mark all that apply to you.

Television

10). Do you watch television programs that help you with life problems?

     a). Yes   b). No

11). If so, which of these programs do you watch?

     a). OPRAH

     b). Dr. Phil

     c). Montel Williams

     d). Jane Pauley

     e). Starting Over (Iyanla Vanzant)

     f). Other _____

     g). Other _____

12). How often do you watch one of these television programs?

     a). Daily   b). Weekly   c). Monthly   d). Yearly   e). Never

f). Other___

13). What was the most valuable piece of information you gathered from any of these television programs? _____

_____

14). How often do you use an idea from one of the above television programs in

your own life?

    a). Daily   b). Weekly   c). Monthly   d). Yearly e). Never

    f).Other___

15). How often do you get an idea from one of the above television programs that

you **share with a family member or friend?**

    a). Daily   b). Weekly   c). Monthly   d). Yearly e). Never f).

    Other___

Radio

16). Do you listen to radio programs that help you with life problems?

      a). Yes   b). No

17). If so, which radio programs do you listen to?

    a). Call in radio psychology programs.

    b). News radio.

    c). Popular radio programs/stations with open panel discussions.

    d). Other _____

    e). Other _____

18). How often do you listen to these kinds of radio programs

    a). Daily   b). Weekly   c). Monthly   d). Yearly   e). Never f).

Other____

19). How often do you use an idea from one of the above radio programs in **your own life?**

 a). Daily   b). Weekly   c). Monthly   d). Yearly   e). Never   f). Other____

20). How often do you get an idea from one of the above radio programs that you **share with a family member or friend?**

a). Daily   b). Weekly   c). Monthly   d). Yearly   e). Never   f). Other____

21). What was the most valuable piece of information you gathered from a radio program?

_____

<u>Magazines</u>

22). Do you read magazines that help you with life problems?

a). Yes   b). No

23). If so, which magazines do you read?

a). *O Magazine*   e). *Newsweek*

b). *Essence*   f). *Time*

c). *Ebony*   g). Other _____

d). *Jet*   h). Other _____

24). How often do you read these magazines?

a). Daily   b). Weekly   c). Monthly   d). Yearly   e). Never f). Other____

25). What was the most valuable piece of information that you gathered from a magazine article? _____

_____

_____

26). How often do you use an idea from one of the above magazines in **your own life**?

a). Daily   b). Weekly c). Monthly d). Yearly e). Never f). Other_____

27). How often do you get an idea from one of the above magazines that you **share with a family member or a friend**?

a). Daily   b). Weekly   c). Monthly d). Yearly e). Never f). Other___

Newspaper

28). Do you read newspaper articles that help you with life problems?

a). Yes   b). No

29). If so, which newspapers do read? _____

30). How often do you read a newspaper?

a). Daily   b). Weekly   c). Monthly   d). Yearly   e). Never f). Other___

31). What was the most valuable piece of information you gathered from a newspaper article?

_____

32). How often do you use an idea from a newspaper article in **your own life**?

a). Daily   b). Weekly c). Monthly   d). Yearly   e). Never f). Other_____

33). How often do you get an idea from a newspaper article that you **share with a family member or a friend**?

a). Daily   b). Weekly   c). Monthly   d). Yearly e). Never f). Other____

Internet

34). Do you use the internet to help you with life problems?

1). Yes   2). No

35). If so, which Internet sites do you use? _____

_____

36). How often do you use these Internet sites?

a). Daily   b). Weekly c). Monthly   d). Yearly e). Never

f). Other _____

37). What was the most valuable piece of information you gathered from the Internet

_____

_____

38). How often do you use an idea from the Internet in **your own life?**

     a). Daily b). Weekly c). Monthly d). Yearly e). Never f).

Other_____

39). How often do you use an idea from the Internet that you **share with a family**

member or friend?

a). Daily   b). Weekly   c). Monthly   d). Yearly e). Never   f).

Other_____

General Media Questions

40). When watching television, listening to radio programs, reading magazines and newspaper articles or using the internet, which topics have been the helpful and informative for you? (Mark all that apply)

a). Relationship issues   i). Mental Health issues

b). Family issues   j). Parenting issues

c). Financial issues   k). Drug and Alcohol issues

d). Sexual issues   l). Time Management issues

e). Career issues   m). Other_____

f). Stress Management issues

g). Spirituality issues

h). Physical health issues

Informal Support Network

41). How often do you talk to the following people? (**Daily, weekly, monthly, yearly, never**)

a). Friend (female)_____   f). Sister_____

b). Mother_____   g). Aunt_____

c). Daughter_____   h). Co-worker

(female)_____

d). Cousin (female)_____   i). Therapist_____

e). Grandmother_____   j). Other_____

42). Whom do you help with their personal problems? (Mark all that apply)

    a). Best friend (female)   f). Sister

    b). Mother   g). Aunt

    c). Daughter   h). Co-worker (female)

    d). Cousin (female)   I). Other_____

    e). Grandmother

43). Who knows you better than anyone else in the world? _____

44). Do your female family members and friends give you useful advice?

    a). Yes   b). No

45). How often do you get advice/information from your female family and female friends?

    a). Daily   b). Weekly c). Monthly d). Yearly e). Never f). Other__

46). How often do you give advice/information to your female family members and female friends?

    a). Daily   b). Weekly c). Monthly d). Yearly e). Never f).

Other_____

47). Have you received help with personal problems from ministers, spiritual counselors, and/or other professional counselors?

    a). Yes   b). No

    If so, please specify what kind of professional counseling you have participated in?   (i.e. therapist, doctor, pastor, teacher, social worker, etc).

_____

THANK YOU FOR YOUR HELP!!!