Attitudes toward seeking therapy among Puerto Rican and Cuban American young adults and their parents[1]

Angela P. Rojas-Vilches (*University of Central Florida, USA*), Charles Negy[2] (*University of Central Florida, USA*), and Abilio Reig-Ferrer (*Universidad de Alicante, Spain*)

ABSTRACT. Puerto Rican and Cuban American young adults and one of their parents (mother or father) completed the Beliefs toward Mental Illness Scale, the Stigma Scale for Receiving Psychological Help, the Attitudes toward Seeking Professional Psychological Help Scale-Short Form, and additional measures. Among parents, but not young adults, the more they believed there is social stigma attached to those with mental illnesses and that mental illnesses are untreatable, the less likely they would seek therapy for emotional problems. The young adults were significantly less likely than their parents to perceive those with mental illnesses as dangerous, lacking social skills or being stigmatized, and were more open to seeking therapy. For young adults and parents, increases in acculturation toward the United States culture were significantly associated with less pejorative attitudes toward mental illness and therapy. Other findings and recommendations for therapists treating Puerto Rican and Cuban American clients are provided.

KEYWORDS. Therapy. Social Stigma. Mental Illness. Puerto Ricans and Cuban Americans. Descriptive study.

RESUMEN. Una muestra de adultos jóvenes americanos de origen cubano y puertorriqueño, así como uno de sus padres (la madre o el padre), cumplimentaron una serie de

instrumentos, entre ellos, Beliefs toward Mental Illness Scale, Stigma Scale for Receiving Psychological Help, y Attitudes toward Seeking Professional Psychological Help Scale-Short Form. Entre los padres, pero no así en sus hijos, cuanto más creían la existencia de un estigma social ligado a aquellos con enfermedad mental y a pensar que la enfermedad mental es intratable, menor probabilidad presentaban de buscar ayuda terapéutica para problemática emocional. Por el contrario, los adultos jóvenes estaban más abiertos a buscar terapia y eran menos proclives a percibir la gente con enfermedad mental como estigmatizados, peligrosos y carentes de habilidades sociales. Tanto para los padres como para los adultos jóvenes, el aumento en aculturación hacia la cultura estadounidense se asoció significativamente con actitudes menos peyorativas hacia la enfermedad mental y su terapia. Se comentan otros resultados y se proporciona recomendaciones para los terapeutas que ayuden a clientes americanos de procedencia cubana y puertorriqueña.

PALABRAS CLAVE. Terapia. Estigma social. Enfermedad mental. Puertorriqueños y cubanos americanos. Estudio descriptivo.

According to the U.S. Surgeon General's 2001 Report, mental health services are underutilized by ethnic minority groups (Daw, 2001). Moreover, the recommendation in that report suggested that mental health issues must be understood in a cultural context in order to insure access to mental health services by all populations. Assessing ethnic minority groups' attitudes toward seeking professional therapy may serve as a starting point for shedding some light on their willingness to turn to professionals for help with emotional problems (Bermudez, Kirkpatrick, Hecker, and Torres-Robles, 2010). Thus, one purpose of this study was to examine if beliefs about mental illnesses are linked with attitudes toward seeking professional help with personal or family problems among Puerto Ricans and Cuban Americans. Another purpose was to determine if their beliefs about mental illnesses and therapy are more positive as a function of being more immersed into contemporary United States culture.

Beliefs about mental illnesses appear to vary across cultures (Chen and Mak, 2008; Simich, Waiter, Moorlag, and Ochocka, 2009). One belief that seems particularly detrimental to the pursuit of seeking professional help is related to stigma—the social disgrace or disapproval associated with having emotional problems and availing oneself to the services of a professional therapist. The perception that clients are stigmatized by society continues to be prevalent among the general population (Kobau, DiIorio, Chapman, and Delvecchio, 2010) and may be particularly prevalent among ethnic minority groups (Loya, Reddy, and Hinshaw, 2010). The stigmatization of mental

illness has been speculated as one variable influencing Latinos' attitudes toward seeking therapy. Leong, Wagner, and Tata (1995) have suggested that Latinos associate mental illness and seeking professional assistance for emotional problems with shame and as reflective of weakness in character. In light of the purported heightened stigma attached to seeking professional assistance in some ethnic minority cultures, acculturating toward the larger, United States culture, ought to be associated with more favorable attitudes toward seeking therapy.

Acculturation refers to the process by which people adapt and adjust from their original culture to a new culture, as well as the concomitant changes that occur in their behaviors, beliefs and values (Negy, Schwartz, and Reig-Ferrer, 2009; Schwartz, Unger, Zamboanga, and Szapocznik, 2010; Stephenson, 2000). By contrast, enculturation refers to ethnic minorities immersing themselves into their traditional or heritage ethnic culture (Lechuga, 2010). For Latinos in the United States, acculturation refers to immersion into the larger, non-Hispanic White culture; enculturation refers to retaining, practicing, and embracing Latino cultural behaviors and values. Researchers (Marin and Gamba, 1996; Stephenson, 2000) argue that acculturation and enculturation should be conceptualized and measured separately given that Latinos' acculturation level provides no information of their enculturation level. As an example, Latinos could be highly adept in both the U.S. and Latino cultures, thereby obtaining high scores on both dimensions simultaneously (Cano and Castillo, 2010).

Various studies have found a correlation between acculturation and attitudes towards seeking psychological help. Wells, Hough, Golding, Burnam, and Karno (1987) found that higher levels of acculturation among Mexican American adults correlated positively with favorable attitudes toward using mental health services. Pomales and Williams (1989) found that acculturation was associated with higher levels of trust toward university counseling psychologists among Puerto Rican mainland students. The findings of Wells *et al*. (1987) were corroborated by Vega *et al*. (1998) based on a fairly large sample of Mexican American adults in California. Further, Miville and Constantine (2006) found that acculturation—but not enculturation—correlated positively with Mexican American university students' willingness to seek help from professional therapists.

In general, Latinos represent one of the ethnic groups most discussed in the literature for not availing themselves to mental health treatment despi-

te possibly having disproportionate psychological problems (Bender *et al.*, 2007; Bermúdez, Castro, Madrid, and Buela-Casal, 2010; Dobalian and Rivers, 2008; Simpson, Krishnan, Kunik, and Ruiz, 2007). Latinos' general underutilization of mental health services is striking given the possibility that Latinos in the U.S. may have higher rates of mental health problems relative to non-Hispanic Whites (Willerton, Dankoski, and Martir, 2008). Although data from the National Comorbidity Survey (NCS; Kessler *et al.*, 1994) found that profiles of mental health generally were comparable across ethnic groups, Latino adults were found to have the highest prevalence rates of a major depressive episode over their lifetime (Blazer, Kessler, McGonagle, and Swartz, 1994). Studies subsequent to the NCS also have found that Latinos suffer relatively high levels of symptoms of depression (Cuellar and Roberts, 1997; Vega *et al.*, 1998) and possibly have higher rates of other maladies, such as symptoms of posttraumatic stress (Pole, Gone, and Kulkami, 2008) and alcohol abuse, particularly among low-acculturated Latino men (Schmidt, Ye, Greenfield, and Bond, 2007; Zemore, 2007). By contrast, we note that a replication of the NCS found Latinos to have lower risks for lifetime prevalence of mental health disorders compared to non-Hispanic Whites (Breslau *et al.*, 2006).

Latino young adults in college appear to have their own set of challenges. Because of their minority status and a disproportionate number being first-generation college students, Latinos attending predominantly non-Hispanic White institutions often report feeling alienated and experiencing various stress-related symptoms resulting from real or perceived ethnic prejudice (Gloria, Castellanos, Scull, and Villegas, 2009). Some Latino college students also appear to experience adjustment difficulties related to conflicting pressures to conform to the larger U.S. culture and the Latino culture simultaneously (Castillo, Cano, and Chen, 2008; Chavez and French, 2007).

Researchers speculate that many Latinos may dismiss the need for professional help because they turn to family and to their clergy for support during difficult times (Falicov, 2009; Leong *et al.*, 1995; Woodward, Dwinell, and Arons, 1992). Social support in various forms tends to ameliorate emotional distress and has been found to reduce the need for formal mental health treatment (Leong *et al.*, 1995). Among Latino adults in general, for instance, social support has been found to correlate with a reduction in depressive symptoms (Briones *et al.*, 1990) and seems to reduce both acculturative stress and marital stress among Hispanic immigrant women (Negy,

Hammons, Reig-Ferrer, and Carper, 2010). Kobus and Reyes (2000) found that Mexican American adolescents reported being able to manage stress by relying on support from their families and by using active coping strategies (information seeking, decision making, problem solving, or direct action). Kobus and Reyes (2000) also found that perceived family support varied by gender. Girls were more likely than boys to seek support from the family and to vent emotions to family members when dealing with stress. Also, with regard to internet health information use, boys use an internal locus of control while girls use a powerful others locus of control (Fogel and Israel, 2009). Miville and Constantine (2006) found that Mexican American college students who perceived having social support from family members and friends reported being less likely to seek psychological assistance compared to those who perceived having minimal family and friends available for support.

Another source of support is religious support (Cornish and Wade, 2010). Practicing or believing in a religion tends to help individuals deal with stressful and difficult experiences and is related to less help-seeking behaviors among the general population (Pickard and Tang, 2009). Many ethnic minorities, including Latinos, view spirituality and church attendance as a means for receiving support (Aranda, 2008). Woodward *et al.* (1992) suggested that religious Latinos consider attending church as an opportunity to place their problems in the hands of God, which in turn, makes them feel better, and thus, less likely to seek professional psychological services.

The purpose of our study is to further explore Latinos' attitudes toward mental illness, including their attitudes toward seeking professional assistance for psychological distress. We believe there are multiple reasons why this study is both important and timely. Having surpassed African Americans in 2000, people of Latin American ancestry (*i.e.*, Latinos/as or Hispanics) now constitute the largest ethnic minority in the U.S., representing 16% of the total population as of 2009 (U.S. Census Bureau, 2009). Moreover, they accounted for half of the nation's population growth between 2000 and 2006, and their respective percentage within the general population is expected to increase over the next four decades (*e.g.*, Latinos are projected to represent approximately 18% of the total U.S. population by 2020 and a full 30% by 2050). As a result, clinicians and others who provide psychologically-based services will inevitably treat Latino clients given that Latinos increasingly are likely to seek assistance with personal or family concerns. Moreover, failure to study Latinos' behaviors and beliefs toward therapy could result

in mental health professionals underserving this growing population, thereby contributing to an increasing mental health disparity between ethnic groups.

Miville and Constantine (2006) recommended that future research in this area include diverse Latino or Hispanic subgroups, as well as possibly different age cohorts and community samples, because in their study of these questions, only Mexican American college students served as participants. Although Latinos of Mexican ancestry form the largest Latino subgroup in the U.S., there are approximately 16 million Latinos living currently in the U.S. whose origins trace back to other countries within Latin America and the Caribbean (U.S. Census Bureau, 2009). Despite some shared qualities across many Latinos (*e.g.*, speaking Spanish, presumed collectivistic tendencies, etc. [Arbona and Virella, 2008]), Latinos from diverse regions and countries often differ across social, political, and economic dimensions (Cano and Perez, 2008). In light of the recommendation by Miville and Constantine, the current study focused on two distinct Latino subgroups and age cohorts. Specifically, Puerto Rican and Cuban American young adults and their parents served as participants in order to shed more light on their beliefs about mental illnesses and seeking professional help. Puerto Ricans and Cuban Americans, respectively, constitute the second and third largest Latino subgroups in the U.S. and are the two largest Latino groups in Florida where this study took place (U.S. Census Bureau, 2006).

Our study extends and improves upon the study by Miville and Constantine (2006) in various ways. By examining two cohorts of Latinos (young adults and their parents), we are able to examine if attitudes toward mental illness and therapy differ across generations. Knowing this would illuminate whether Latinos' views toward mental illness and therapy become more favorable with younger, presumably more acculturated Latinos or remain constant irrespective of generational cohort. Also, in our study, we specifically measure the level of stigma our Latino participants perceive to be attached to those with mental illnesses and to the enterprise of therapy, as well as their attitudes regarding the perniciousness of mental illness (*e.g.*, if mental illnesses are treatable). We believe inclusion of these variables may provide more opportunity to elucidate the complexity and interplay of these variables with respect to how they influence Latinos' attitudes toward psychological problems and therapy.

In light of previous studies that have found negative views of professional therapy and stigma to play an important role in attitudes toward seeking professional help, we hypothesized that, among Puerto Ricans and Cuban Americans, pejorative attitudes toward mental illness and psychological problems would be significantly associated with negative attitudes toward seeking therapy. We also hypothesized that the young adults in this study would have less pejorative views toward mental illnesses and toward seeking therapy than their parents, and that among both samples (young adults and parents), acculturation toward the United States culture would correlate with more favorable views about mental illness and seeking professional help. This latter set of predictions was based on the view that there possibly is more openness toward psychotherapy within the mainstream, United States culture than within Latino cultures in general (Santiago-Rivera, Arredondo, and Gallardo-Cooper, 2002), and that younger generations of Latinos generally acculturate faster than their parents (Szapocznik and Kurtines, 1993). Last, we included measures of social support and religiosity given that these two variables have been found to be associated with less willingness to seek professional help. This allowed us to examine the relation between beliefs toward mental illness and help-seeking attitudes while controlling for the influence of social support and religiosity.

Method

Participants

This survey descriptive study (Montero and León, 2007; Ramos-Álvarez, Moreno-Fernández, Valdés-Conroy, and Catena, 2008) included 256 individuals who self-identified as Puerto Rican (*n* = 132) or Cuban American (*n* = 124) living in the state of Florida. Half of the Puerto Rican sample (41 women, 25 men) and half of the Cuban American sample (29 women, 33 men) were students attending a state-funded university, and they formed the young adult sample in this study. One parent of each young adult (61 mothers, 67 fathers) collectively formed the parent sample of the study. There was 100% congruency between the young adults' specific Latino identification and that of their parents.

Among the young adults, approximately 51% of women and 67% of men reported being 1st generation (*i.e.*, born outside the U.S.), 38.6% of women and 27.6% of men were 2nd generation (born in the U.S., with at least

one parent born outside the U.S.), 2.9% of women and 3.4% of men were 3rd generation (self and parents born in the U.S., at least one set of grandparents born outside the U.S.), and 1.4% of women were 4th generation American (self, parents, and grandparents born in the U.S.). Based on the acculturation measure used in this study (Marin and Gamba, 1996), the women's and men's average scores on the acculturation toward the American culture scale = 3.70 (SD = 0.51) and 3.74 (SD = 0.49), respectively; their average scores on the enculturation toward the Latino culture scale = 3.21 (SD = 0.79) and 3.36 (SD = 0.81), respectively. According to cut-off scores reported by Marin and Gamba, these scores, together, suggest that most young adults were bicultured.

Among the parent sample, approximately 88% of mothers and 91% of fathers reported being 1st generation, and 11.5% of mothers and 9% of fathers were 2nd generation American. The mothers' and fathers' average scores on the acculturation toward the American culture scale = 2.81 (SD = 0.81) and 2.87 (SD = 0.83), respectively. Their average scores on the enculturation toward the Latino culture scale = 3.68 (SD = 0.45) and 3.75 (SD = 0.47), respectively. These scores suggest that most parents were bicultured, although they were modestly more enculturated toward the Latino culture relative to the American culture (Marin and Gamba, 1996). Additional sociodemographic information for the young adults and their parents is reported in Table 1.

TABLE 1. Means and standard deviations of sociodemographic variables for young adults and parents by by gender.

Variables	Young adults			Parents		
	Women (n = 70)	Men (n = 58)	Combined (n = 128)	Mothers (n = 62)	Fathers (n = 66)	Combined (n = 128)
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
Age	19.97 (2.21)	21.09 (2.08)	20.52 (2.26)	48.05 (5.53)	51.48 (6.76)	49.82 (6.40)
Education (in yrs)	13.83 (1.14)	14.43 (1.11)	14.10 (1.16)	14.98 (2.66)	14.75 (2.47)	14.87 (2.57)
Born outside U.S. (%)	51.1%	67.2%	61.7%	88.5%	91%	89.8%
Time in U.S. (years)	16.21 (5.18)	17.52 (4.29)	16.83 (4.81)	21.63 (10.85)	22.71 (12.41)	21.70 (11.69)
BAS-American[a]	3.69 (0.51)	3.74 (0.49)	3.72 (0.50)	2.81 (0.81)	2.87 (0.83)	2.84 (0.82)
BAS-Latino[b]	3.21 (0.79)	3.36 (0.81)	3.27 (0.80)	3.68 (0.45)	3.75 (0.47)	3.72 (0.46)
Married (%)	7.1%	5.2%	6.3%	72.1%	58.2%	64.8%
Household Annual	2.94	3.38	3.14	3.24	3.33	3.29
Income Bracket[c]	(1.13)	(1.12)	(1.14)	(1.16)	(1.00)	(1.07)
Previous Therapy (%)	22.9%	22.4%	22.7%	31%	21%	25.8%

Note. [a]Bidimensional Acculturation Scale—Toward the American Culture; [b]Bidimensional Acculturation Scale—Toward the Latino Culture; [c]For income brackets, 1 = $0 – $25,000, 2 = $26,000 - $50,000, 3 = $51,000 - $75,000, 4 = $76,000 - $100,000, 5 = $ 101,000 or more.

Instruments

All participants completed the following:
- Demographic sheet. A demographic sheet asked participants to provide their age, gender, ethnicity, place of birth, generation level, number of years living in the United States, marital status, educational level, and annual income level. In addition, participants were asked if they had previously received professional therapy or counseling.
- Attitudes toward Seeking Professional Psychological Help Scale—Short Form (ATSPPHS-S; Fischer and Farina, 1995). This inventory consists of 10 items chosen from Fischer and Turner's (1970) Attitudes towards Seeking Professional Psychological Help Scale. The items are responded to using a 4-point Likert-type scale with response options ranging from 1 (*Agree*) to 4 (*Disagree*). Higher scores reflect positive attitudes toward seeking professional assistance with personal or family problems. Internal consistency estimates obtained on the normative sample were good (Cronbach α = .84, and test-retest reliability = .80). Construct validity for this scale was demonstrated by significant correlations between individuals' scores on this measure and their scores on an independent measure of help-seeking behavior (Fischer

and Farina). The scale's criterion validity has been demonstrated by its ability to significantly predict individuals' usage of mental health services (Elhai and Simons, 2007). The internal reliability estimates (Cronbach α) obtained for our Latino sample were .83 and .89 for young adults and parents, respectively.

- Beliefs toward Mental Illness Scale (BTMI; Hirai and Clum, 2000). This is a 21-item scale that assesses beliefs toward mental illness. Each of the items is scored on a 6-point Likert-type scale ranging from *Completely disagree* to *Completely agree*. This scale has three subscales that measure the belief that those with mental illnesses are dangerous (5-items), they have poor social and interpersonal skills (10-items), and that most mental illnesses cannot be treated or cured (6-items). Higher scores reflect stronger endorsement of each respective belief. Internal consistency estimates obtained on the normative sample were good (Cronbach α for the BTMI total score and subscales [*Dangerousness*, *Poor social skills*, and *Incurability*] = .91, .75, .84, and .82, respectively). Construct validity was demonstrated by a factor analysis that yielded three factors consistent with the three subscales. Criterion validity was demonstrated by the correlations, in expected directions, between the three factors and individuals' preferences for psychological treatment, folk treatment, or no treatment. The internal reliability estimates (Cronbach α) obtained for our Latino sample on the BTMI subscales (*Dangerousness*, *Poor social skills*, and *Incurability*) were .93 and .95, .91 and .94, and .90 and .91 for young adults and parents, respectively.

- Stigma Scale for Receiving Psychological Help (SSRPH; Komiya, Good, and Sherrod, 2000). This is a five-item scale developed to measure the stigma that individuals associate with receiving psychological help. Each of the items is scored on a 4-point Likert-type scale ranging from zero (*Strongly disagree*) to 3 (*Strongly agree*). Higher scores reflect the respondent's view of there being social stigma attached to those with mental illnesses and who receive therapy. An internal consistency estimate obtained on the normative sample was acceptable (Cronbach α = .72). The scale's construct and criterion validity were demonstrated by a factor analysis (with one factor accounting for approximately 100% of variance in scores) and its significant negative correlation with attitudes toward seeking professional help (Komiya

et al., 2000). The internal reliability estimates (Chronbach α) obtained for our Latino sample were .84 and .82 for young adults and parents, respectively.

- Bidimensional Acculturation Scale for Hispanics (BAS; Marin and Gamba, 1996). This inventory consists of 24 items that are responded to using a 4-point Likert-type scale. The scale provides an acculturation score for two major cultural dimensions: *Acculturation toward the larger, United States or American culture*, and *Enculturation toward the Latino or Hispanic culture*. The scale consists of 12 items per cultural dimension that measure three language-related areas (language use, linguistic proficiency, and electronic media usage). The internal reliability estimates obtained on normative samples for the two acculturation dimensions were adequate (Chronbach αs ranging from .87 - .97). Evidence for the BAS' construct and criterion validity were demonstrated by a factor analysis that yielded three factors corresponding with the three language-related constructs, as well as by the three factors' correlations, in expected direction, with myriad demographic variables (*e.g.*, generation, age at arrival in the U.S., education, and ethnic self-identification) (Marin and Gamba, 1996). The internal reliability estimates (Cronbach α) obtained for our Latino sample on the acculturation scale were .92 and .91, and .92 and .94 on the enculturation scale, for young adults and parents, respectively.

- Multidimensional Scale of Perceived Social Support (MSPSS; Dahlem, Zimet, and Walker, 1991). This inventory consists of 12-items used to assess respondents' perception of social support from family, friends, and a significant other. Each of the items is scored on a 7-point Likert-type scale ranging from *Very strongly disagree* to *Very strongly agree*. Higher scores reflect the perception that more support is available. The internal reliability estimates obtained on various samples have been high (Cronbach α > .90), and factor analyses consistently have yielded a 3-factor solution, suggestive of its construct validity (Dahlem *et al.*, 1991). Evidence of the scale's criterion validity has been established based on the scale's significant negative correlations with symptoms of depression and reactions to negative life events (Dahlem *et al.*, 1991). The internal reliability estimates (Cronbach α) obtained for our Latino sample were .95 and .92 for young adults and parents, respectively.

- Religiosity. To measure religiosity, participants responded to the nine items forming the *Intrinsic* subscale of the religiosity scale created by Batson (Batson, Schoenrade, and Ventis, 1993). The original scale developed by Batson measured three constructs related to believing in and practicing a religion. They were labeled *Intrinsic* (believing in a religion in order to obtain meaning and purpose in life), *Extrinsic* (using religion for self-serving goals, such as social purposes, or a diversion), and *Quest* (viewing religion as an ongoing process of questioning the tenets of life). We administered only items forming the *Intrinsic* scale because, as suggested by Batson, they appear to measure individuals' commitment and internal reasons for believing in a religion. An example of an item is "My religious development is a natural response to our innate need for devotion to God." Items are responded to using a 5-item Likert-type scale, with options ranging from *Strongly Disagree* to *Strongly Agree*. Higher scores reflect higher commitment to a religion. The internal reliability estimates (Cronbach α) obtained for our Latino sample were .90 and .83 for young adults and parents, respectively.

Procedure

Prior to data collection, this study was reviewed and approved by the institutional review board of the university where this study took place. The young adults were recruited from psychology courses. Those who elected to participate received two packets containing identical questionnaires and were instructed to complete one set of questionnaires and have one of their parents (either their mother or father) independently complete the remaining set of questionnaires. The instructions included with each packet explained that the questionnaires were to be completed anonymously and independently without the assistance of others[3]. Having participants enlist their parent's participation facilitated our ability to have two Latino age cohorts in the study, including our ability to make intergenerational comparisons (Edman and Koon, 2000). Also, given ethnic minorities' purported reluctance to serve as participants in studies, having Puerto Rican and Cuban

[3]The young adults were informed in their Informed Consent form that their parent must indicate her/his name and phone number on the Parent's Informed Consent form, because the researchers may contact the parent to confirm that the parent actually completed the parent version of the set of questionnaires.

American young adults enlist their parents' participation provided a "proxy" sample of an older group of Puerto Rican and Cuban adults from the broader community.

Participants were instructed to insert completed questionnaires into the original packet, seal it, and return the two packets (one from the young adult, one from the parent) to the researchers. The young adults were compensated for their participation with extra credit toward their respective psychology courses; the parents received no compensation for participation.

The selection of mothers versus fathers was fairly even across genders. Among young adult women, 32 had their mothers and 34 had their fathers complete the questionnaires. Among young adult men, 33 had their mothers and 29 had their fathers complete the questionnaires. The selection of mothers versus fathers was not significantly different for women or men, $\chi^2 (1)$ = .06 and .26, $p > .05$, respectively.

Results

For all general linear model tests, we used Wilks' Lambda estimates for F values. Also, using Cohen's (1988) guidelines for interpreting effect sizes for significant findings, with an η^2 effect size value at .01 reflecting a "small" effect size, a value at .06 reflecting a "medium" effect size, and a value at .14 reflecting a "large" effect size, the magnitude of our findings reported below ranged from small to large (*i.e.*, .01 to .28).

Preliminary analyses comparing Puerto Ricans and Cuban Americans

Because different nationalities subsumed under the label "Hispanic" or "Latino" sometimes vary across social and economic dimensions, multivariate analysis of variance (MANOVA) and Mann-Whitney tests were performed separately for young adults and parents to determine if our samples of Puerto Rican and Cuban Americans differed on sociodemographic or study variables. No significant differences between Puerto Ricans and Cuban Americans emerged for young adults, $F_{(4, 123)} = 2.34$, $p > .05$, $\eta^2 = .07$ or parents, $F_{(4, 123)} = 2.35$, $p > .05$, $\eta^2 = .07$ on age, years lived in the U.S., acculturation, and enculturation. Also, Puerto Rican and Cuban American young adults did not differ significantly on place of birth, generation level, or marital status (U s = 1,901, 1,885 and 2,038, p s > .05). The two groups of parents did not differ significantly on place of birth (in terms of the U.S. vs. non-U.S), gene-

ration level, marital status or income bracket (U s = 1,835, 1,899, 2,004, and 2,007, *ps* > .05). Moreover, the two Latino groups did not differ significantly on any of the study variables (BTMI, SSRPH, ATSPPHS-S, MSPSS, and religiosity). For young adults, $F_{(5, 122)} = 1.07$, $p > .05$, $\eta^2 = .04$; for parents, $F_{(5, 122)} = 1.49$, $p > .05$, $\eta^2 = .05$. As a result, data from the Puerto Rican and Cuban Americans were collapsed into a single data set for subsequent analyses. Table 2 shows the intercorrelation matrix for demographic and study variables, separately for young adults (below diagonal) and parents (above diagonal), using combined data from Puerto Ricans and Cuban Americans (see Table 2).

TABLE 2. Intercorrelation matrix for demographic and study variable for young adults and parents.

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
1. Age	---	.15*	-.05	-.04	.20**	.10	-.12	.17*	.28**	.20**	.27**	-.21**
2.TimeUS	.26**	---	.59***	.57***	-.46***	-.02	-.11	-.18*	-.25**	-.21**	-.26**	.17*
3.GenL	-.14	.48***	---	.32***	-.49***	.04	-.10	-.30***	-.27**	-.23**	-.21**	.20*
4. Accult	-.09	.59***	.29***	---	-.43***	.09	-.11	-.21**	-.33***	-.36***	-.39***	.32***
5. Encult	.22**	-.33***	-.60***	-.32***	---	.04	.05	.41***	.58***	.37***	.42***	-.44***
6. SocSup	.12	-.04	-.11	-.07	.13	---	-.08	.03	.06	-.02	-.05	.04
7. Relig	-.02	-.16*	-.32***	-.04	.24**	.23**	---	.14	.16*	.11	.05	-.04
8. Danger	.11	-.10	-.22**	-.23**	.35***	.17*	.18**	---	.70***	.80	.43***	-.54***
9. PoorSk	.07	-.10	-.36***	-.15	.37***	-.04	.20**	.66***	---	.72	.58***	-.56***
10. Incur	.07	-.14	-.11	-.25**	.26**	.21**	.19**	.77***	.63***	---	.50***	-.60***
11. Stigma	.03	-.11	-.03	-.18*	.06	.04	.08	.42***	.42***	.47***	---	-.61***
12. AttTh	-.03	.09	.01	.12	-.03	-.02	-.06	-.19*	-.17*	-.21**	-.21**	---

Notes. Parents' rs above diagonal; Young adults' rs below diagonal; * *p* < .05; ** *p* < .01; *** *p* < .001; 1. = Participants age in years; 2. = Time lived in the U.S. in years; 3. = Generation level; 4. = Acculturation as measured by Bidimensional Acculturation Scale (BAS); 5. = Enculturation as measured by Bidimensional Acculturation Scale (BAS); 6. = Social support as measured by Multidimensional Scale of Perceived Social Support (MSPSS); 7. = Religiosity; 8. = Dangerousness subscale of Beliefs Toward Mental Illness (BTMI) scale; 9. = Poor Interpersonal Skills subscale of Belief Toward Mental Illness (BTMI) scale; 10. = Incurability subscale of Beliefs Toward Mental Illness (BTMI) scale; 11. = Social stigma as measured by Stigma Scale for Receiving Psychological Help (SSRPH); 12. = Attitudes toward therapy as measured by Attitudes toward Seeking Professional Psychological Help Scale—Short form (ASPPHS-S).

Descriptive information about young adults and parents

Table 3 shows the means and standard deviations of the main study variables as a function of cohort sample. Based on Likert-type response options on the study instruments, in absolute terms, the young adults' average responses to the items for two BTMI subscales reflected disagreement with views that those with mental illnesses are dangerous (*M* = 2.42) and that mental illnesses are incurable (*M* = 2.83). Their average response to the BTMI subscale assessing the belief that those with mental illnesses have

poor interpersonal skills reflected uncertainty ($M = 4.29$). The parents' average responses to one BTMI subscale reflected disagreement with the idea that those with mental illnesses are dangerous ($M = 2.75$). However, their average responses reflected uncertainty over whether mental illnesses are curable ($M = 3.27$) and agreement with the notion that those with mental illnesses have poor interpersonal skills ($M = 5.23$).

TABLE 3. Means and standard deviations of primary study variables for young adults and parents.

	Sample		Effects
	Young adults (n = 128)	*Parents (n =128)*	*Sample F values*
	Mean (SD)	*Mean (SD)*	
Dangerousness[a]	2.42 (.98)	2.75 (1.13)	11.81***
Poor Interpersonal Skills[b]	4.29 (1.66)	5.23 (1.94)	21.35***
Incurability[c]	2.83 (1.10)	3.27 (1.24)	20.65***
SSRPH[d]	1.57 (.77)	2.09 (.88)	35.23***
ATSPPHS-S[e]	3.51 (1.69)	2.49 (1.88)	21.65***

Note. ***p < .001; [a]Belief that those with mental illnesses are dangerousness (of the Beliefs Toward Mental Illness [BTMI] scale); [b]Belief that those with mental illnesses have poor social skills (BTMI subscale); [c]Belief that mental illnesses cannot be treated or cured (BTMI subscale); [d]SSRPH = Stigma Scale for Receiving Psychological Help; [e]ATSPPHS-S = Attitudes toward Seeking Professional Psychological Help Scale—Short form.

The young adults' average responses to the items for the SSRPH scale ($M = 1.57$) corresponded with a "middle" response option, reflective of mild disagreement with the notion of stigma being attached to those with mental illnesses or who seek therapy. The parents' average responses to the SSRPH items ($M = 2.09$) also corresponded with a middle response option, though leaning in the direction of agreeing with the notion of stigma being attached to those with mental disorders. The young adults' average responses to the ATSPPHS-S scale ($M = 3.57$) correspond with favorable attitudes toward seeking professional help for personal problems. By contrast, the parents' average responses to the ATSPPHS-S scale ($M = 2.49$) corresponded with more uncertainty about their willingness to seek professional assistance for personal problems.

Hypothesis testing

To examine the hypothesis that beliefs about mental illness and those seeking therapy would influence participants' attitudes toward seeking professional therapy, a hierarchical multiple regression was performed separately for the young adults and their parents. Predictor variables were scores on the three subscales of the Beliefs about Mental Illnesses (BTMI) questionnaire (assessing the degree to which respondents believe that individuals who have mental illnesses are dangerous and have poor social and interpersonal skills, and that mental illness cannot be treated or cured) and the amount of stigma participants perceived to be attached to those who have mental illnesses and receive therapy (SSRPH). Participants' scores reflective of attitudes toward seeking help from professional therapists was the criterion variable (ATSPPHS-S). Scores on the measures of social support and religiosity were entered at the first step of the analysis as a means for controlling their influence in the prediction of help-seeking attitudes. Examination of indicators suggestive of problems with collinearity among the predictor variables (*e.g.*, small tolerance values, beta coefficients greater than 1, relatively large variance inflation factors [Tabachnick and Fidell, 2007]) showed no indication of apparent difficulties of collinearity; also, no evidence of problems with normality was noted (*e.g.*, skewness and kurtosis values greater than +/- 2). Tables 4 and 5 show the variables entered, their standardized regression coefficients (ß), significance levels, the multiple R, R^2, R^2 change, and F values of the changes to R^2 corresponding with the two blocks of entered variables for young adults and parents, respectively. For young adults, at step 1, social support and religiosity did not significantly contribute to the prediction of help-seeking attitudes, Multiple $R^2 = .00$, $F_{(2, 125)} = .16$, $p > .05$. At step 2, with the three BTMI subscale scores measuring beliefs about mental illnesses and scores measuring stigma added to the prediction of help-seeking attitudes by social support and religiosity, $R^2 = .06$, $F_{(6, 121)} = 1.30$, $p > .05$. For parents, at step 1, social support and religiosity did not significantly contribute to the prediction of help-seeking attitudes, Multiple $R^2 = .00$, $F_{(2, 125)} = .14$, $p > .05$). At step 2, with the three BTMI subscale scores measuring beliefs about mental illnesses and scores measuring stigma added to the prediction of help-seeking attitudes by social support and religiosity, $R^2 = .50$, $F_{(6, 121)} = 20.14$, $p < .001$. For parents, adding scores from the BTMI subscales and stigma scale to the equation resulted in a statistically significant change to R^2, R^2 change = .50, $F_{(4, 121)} = 30.08$, $p < .001$.

The individual variables that reached statistical significance were stigma (ß = -.392, *t* = -4.90, *p* < .001) and incurability (ß = -.251, *t* = -2.13, *p* < .05). The more stigma parents perceived to be associated with mental illnesses, and the more they believed that mental illnesses are incurable, the less open they were to seeking professional therapy for themselves.

TABLE 4. Hierarchical regression of social support, religiosity, beliefs about mental illness, and stigma on help-seeking attitudes (ATSPPHS-S)[a] for young adults (*N* = 128).

	Variable Entered	*ß*	*Significance of Variable*	*R*	*R^2*	*R^2 Change*	*F Change*	*Significance of F Change*
Step 1				.05	.00	.00	0.16	.853
	Social Support	-.008	.935					
	Religiosity	-.048	.599					
Step 2				.26	.06	.06	1.86	.123
	Social Support	.012	.903					
	Religiosity	-.016	.861					
	Dangerousness[b]	-.002	.989					
	Poor Social Skills[c]	-.027	.837					
	Incurability[d]	-.134	.379					
	SSRPH[e]	-.126	.223					

Note. [a]ATSPPHS-S = Attitudes toward Seeking Professional Psychological Help Scale—Short form; [b]Belief that those with mental illnesses are dangerousness (of the Beliefs Toward Mental Illness [BTMI] scale); [c]Belief that those with mental illnesses have poor social skills (BTMI subscale); [d]Belief that mental illnesses cannot be treated or cured (BTMI subscale);[e]SSRPH = Stigma Scale for Receiving Psychological Help.

TABLE 5. Hierarchical regression of social support, religiosity, beliefs about mental illness, and stigma on help-seeking attitudes (ATSPPHS-S)[a] for parents ($N = 128$).

	Variable Entered	ß	Significance of variable	R	R^2	R^2 change	F change	Significance of F change
Step 1				.05	.00	.00	0.14	.872
	Social Support	.033	.711					
	Religiosity	-.031	.734					
Step 2				.71	.50	.50	30.08	.000
	Social Support	.024	.713					
	Religiosity	.045	.493					
	Dangerousness[b]	-.132	.240					
	Poor Social Skills[c]	-.069	.515					
	Incurability[d]	-.251	.035					
	SSRPH[e]	-.392	.000					

Note. [a]ATSPPHS-S = Attitudes toward Seeking Professional Psychological Help Scale—Short form; [b]Belief that those with mental illnesses are dangerousness (of the Beliefs Toward Mental Illness [BTMI] scale); [c]Belief that those with mental illnesses have poor social skills (BTMI subscale); [d]Belief that mental illnesses cannot be treated or cured (BTMI subscale); [e]SSRPH = Stigma Scale for Receiving Psychological Help.

To examine the hypothesis that young adults would hold more favorable views about mental illnesses and about seeking therapy than parents, a multivariate analysis of covariance (MANCOVA) was performed on the data with sample (young adults *vs.* parents) serving as the IV (see Table 3). Scores from the three subscales of the Beliefs toward Mental Illnesses scale (BTMI), the Stigma Scale for Receiving Psychological Help (SSRPH), and the Attitudes toward Seeking Professional Psychological Help Scale-Short form (ATSPPHS-S) served as DVs. Scores on the measures of social support and religiosity were controlled for by entering them as covariates. Consistent with data-analytic strategies addressing non-independence in family data (Kenny, Kashy, and Cook, 2006), analyses were conducted treating sample (young adults *vs.* parents) as a within-group repeated measure factor. Sample was significantly associated with an effect on the DVs, $F_{(5, 121)} = 9.37$, $p < .001$, $\eta^2 = .28$. Relative to their parents, young adults perceived those with mental illnesses to have better social and interpersonal skills, $F_{(1, 125)} = 21.35$, $p < .001$, $\eta^2 = .15$, and were significantly less likely than their parents to believe that mental illnesses are incurable, $F_{(1, 125)} = 20.65$, $p < .001$, $\eta^2 = .14$, and that those with mental illnesses are dangerous, $F_{(1, 125)} = 11.81$, $p < .001$, $\eta^2 = .08$. Also, compared to their parents, young adults perceived there to be less stigma attached to those with mental illnesses or who seek therapy, $F_{(1, 125)} = 35.23$, $p < .001$, $\eta^2 = .22$, and had significantly

more favorable attitudes toward seeking professional help, $F_{(1, 125)} = 21.65$, $p < .001$, $\eta^2 = .15$ (see Table 3).

To clarify variables that may have explained the observed intergenerational differences between young adults and parents on attitudes toward mental illnesses and toward seeking professional therapy, three MANCOVAs were performed on the data with sample (young adults *vs.* parents) serving as a within-group IV, and scores on the three BTMI subscales, SSRPH, and the ATSPPHS-S serving as DVs. Age and scores on acculturation and enculturation were alternated and served as the sole covariate in each MANCOVA, respectively. Age, acculturation, and enculturation were examined as covariates because we judged them to be the most plausible variables that might account for our observed generational differences in beliefs and attitudes. Only when acculturation scores served as a covariate did the effect on the DVs become non-significant, $F_{(5, 122)} = 1.74$, $p > .05$, $\eta^2 = .07$, suggesting that differences in acculturation toward the U.S. culture likely accounted for observed attitudinal differences between young adults and parents. We note here that although parents' beliefs and attitudes about mental illness and therapy significantly correlated with those of their adult children (*r* ranging from .20 to .51, $p < .05$, on the BTMI, SSRPH and ATSPPHS-S scales), parents' beliefs and attitudes did not significantly predict their adult children's attitudes about receiving professional help when acculturation was controlled for in the analysis, Multiple $R^2 = .02$, $F_{(6, 121)} = .474$, $p > .05$.

To examine the hypothesis that immersion into the larger, United States culture would be associated with less pejorative views of mental illness and more willingness to seek professional help with emotional problems, a series of Pearson product-moment correlation analyses were performed to examine the relation between the young adults' and parents' acculturation and enculturation levels and their attitudes toward psychological problems and therapy. Among young adults and parents, the more acculturated they were toward the American culture, the less they perceived those with mental illnesses to be dangerous (*r* = -.25 and -.21, $p < .01$ and 05, respectively), for mental illness to be incurable (*r* = -.26 and -.36, $p < .01$, respectively), and stigma attached to those who have a mental illness or obtain therapy (*r* = -.24 and -.39, $p < .01$, respectively). For parents, higher acculturation also was significantly associated with more favorable attitudes toward seeking professional therapy (*r* = .32, p < .01). Conversely, the more enculturated young adults and parents were to the Latino culture, the more they perceived those

with mental illnesses to be dangerous ($r = .38$ and $.41$, $p < .01$, respectively), to have poor personal and interpersonal skills ($r = .39$ and $.58$, $p < .01$, respectively), and for mental illnesses to be incurable ($r = .29$ and $.37$, $p < .01$, respectively). For parents, higher enculturation also correlated significantly with stigma attached to mental illness and those who obtain therapy ($r = .42$, $p < .01$), as well as with less favorable attitudes toward seeking professional help ($r = -.44$, $p < .01$).

Exploratory analyses

Twenty-nine (22.7%) young adults and 33 (25.8%) parents reported having received some form of professional therapy or counseling. To determine if having received professional therapy would be associated with beliefs and attitudes about mental illness and therapy, a MANOVA was performed for young adults and parents, separately. The IV: experience with therapy (yes or no); the DVs: scores on the three BTMI subscales, the SSRPH scale, and the ATTSPHS-S scale. For young adults and parents, experience with therapy was not associated with a significant effect on beliefs and attitudes, $F_{(5, 122)} = 1.52$ and 1.60, $p > .05$, $\eta^2 = .06$, respectively.

Post-hoc power analysis results

A post-hoc power analysis using G*Power 3.0.10 (Faul, Erdfelder, Lang, and Buchner, 2007) indicated that with a maximum of two independent variables (IVs) and 5 dependent variables (DVs), all F test comparisons reported above had adequate power (> 80%) to have achieved a medium effect size (using $\eta^2 = .06$, assuming an α of .05). Thus, our sample size appears to have been adequate to address our research questions with one possible exception. Due to the relatively small number of participants with experience in therapy, our exploratory analysis may not have had adequate power to detect a significant difference between those with and without experience in therapy.

Discussion

It was hypothesized that pejorative attitudes toward mental illnesses and perceived stigma attached to those who have psychological problems would be significantly associated with negative attitudes toward seeking therapy among Puerto Ricans and Cuban Americans. The data supported the

hypothesis for parents, but not for young adults. For parents, the more they believed that those who have psychological problems and who receive professional therapy are stigmatized socially, and the more they believed that mental illnesses are untreatable, the less likely they reported being willing to seek professional help. Some (*e.g.*, Leong *et al.*, 1995; Santiago-Rivera *et al.*, 2002) have suggested that the stigma associated with receiving psychotherapy may be relatively more pronounced among Latinos, and that many Latinos believe that family members and clergy are sufficient resources for resolving personal and family conflicts. Moreover, mental illness evokes shame because some Latinos believe that to pursue professional therapy reflects some inherent deficiency and to seek professional therapy is indicative of severe mental illness (Sue, Zane, and Young, 1994). It bears noting that negative views about psychotherapy, including the perception that society stigmatizes individuals who either utilize or are in need of psychotherapy, are not unique to Puerto Ricans and Cuban Americans or to other Latino groups. Professional organizations and researchers have noted extensively and have endeavored to reduce the social stigma associated with receiving psychological treatment among the general population (*e.g.*, Nelson and Barbaro, 1985; Sibicky and Dovidio, 1986).

The finding that beliefs about mental illnesses were not associated with the young adults' attitudes toward seeking professional help is encouraging. Among young adults, their attitudes toward seeking professional therapy were independent of their beliefs about mental illnesses and accompanying social stigma. Stated differently, these data suggest that among this sample of Puerto Rican and Cuban American young adults, potentially negative aspects of mental illnesses—socially, such as stigma, or intrapsychically, such as mental illnesses' alleged incurability—have no bearing on their willingness to seek professional therapy. Such openness to professional therapy likely reflects a confluence of factors that distinguishes them from their parents, such as being a younger age cohort, being more influenced by mainstream, United States values with respect to favorable views of psychotherapy, and being university students, which typically is associated with having a general openness to new ideas and behaviors.

It was hypothesized that the young adults would have more favorable views toward mental illnesses and toward seeking therapy than their parents, and that among both samples (young adults and parents), acculturation toward the United States culture would correlate with more favorable views

about mental illness and seeking professional help for themselves. These predictions were examined by comparing young adults and their parents on beliefs about mental illnesses and receiving therapy, and by examining the relations between those beliefs and the two samples' acculturation toward the United States culture and enculturation toward the Latino culture. The results supported this hypothesis. The young adults perceived those with mental illnesses to be less dangerous and to have a higher level of social and interpersonal skills compared to how their parents perceived them. They also believed that mental illnesses are more treatable and perceived there to be significantly less stigma attached to those with mental illnesses and who seek therapy, relative to their parents. Young adults also were significantly more receptive to pursuing professional therapy for personal or emotional problems than their parents.

Consistent with the results of Miville and Constantine (2006), Wells *et al.* (1987), and Vega *et al.* (1998), increases in acculturation toward the United States culture was associated with more positive views of mental illnesses and therapy for both young adults and parents. Specifically, the more acculturated they were toward the United States culture, the less they perceived those with mental illnesses to be dangerous, for mental illness to be incurable, and for there to be stigma attached to those who have a mental illness or obtain therapy. Among parents, increases in acculturation also correlated with less beliefs about mentally ill people having inadequate personal and interpersonal skills, and more openness to seek professional therapy for their own emotional problems. Conversely, but complimenting the findings with acculturation toward the United States culture, for both young adults and parents, the more enculturated they were toward the Latino culture, the more they perceived those with mental illnesses to be dangerous, to have poor personal and interpersonal skills, and for mental illness to be incurable. Among parents, increases in enculturation also correlated with higher perceptions of stigma attached to those with mental illnesses and less openness to seeking therapy for themselves.

In general, Latino children—particularly those born of immigrants as was the majority of the current sample of young adults—typically acculturate toward the United States culture more rapidly than their parents (Szapocznik and Kurtines, 1993). Given the presumed openness toward the enterprise of therapy in the United States relative to cultures throughout Latin America, the young adults were expected to be less judgmental of those with mental

illnesses and more open to seek professional help than their parents. These findings among Puerto Ricans and Cuban Americans are consistent with findings among the general population; namely, younger cohorts tend to hold more positive attitudes toward therapy than older cohorts (Currin, Hayslip, Schneider, and Kooken, 1998). Subsequent analyses that controlled for age and scores on acculturation and enculturation measures suggested that acculturation toward the American culture was the variable accounting for the observed attitudinal differences between young adults and their parents.

Literature within multicultural psychology suggests that psychological distress may be conceptualized and manifested differently across diverse cultural groups (Knipscheer, Drogendijk, Gülsen, and Kleber, 2009; McGoldrick, Giordano, and Garcia-Preto, 2005). Despite the range of disorders purported to exist worldwide, yet which are rarely observed in the United States (see DSM-IV; American Psychiatric Association, 2000), it may be the case that, generally, Latino manifestations of distress is more similar than dissimilar to how reactions to stress are experienced within the larger, United States culture. This may explain why differences were not found between Puerto Ricans and Cuban Americans in this study. These two Latino groups in particular share some socio-political and cultural histories given their status as Caribbean islands comprised of a mixture of people (Arbona and Virella, 2008; Cano and Perez, 2008). Nonetheless, it may be more common for some Latinos to internalize their distress compared to non-Latinos (*e.g.*, in the form of somatization) (Pina and Silverman, 2004). All considered, our findings suggest that among some Latinos—particularly less acculturated and possibly older Latinos—mental illness may be perceived as a fate to endure rather than a condition that may be ameliorated with professional help.

Last, prior experience with professional therapy was not associated with attitudes toward mental illness and therapy for young adults or their parents. This finding is somewhat surprising and may be related to the categorical manner by which we assessed experience with therapy. Duration and perceived quality of prior therapy were not assessed. Having measured characteristics of prior therapy with more specificity might have shed light on this somewhat unexpected finding. Also, as mentioned previously, the relatively small number of participants who had experience with therapy may have reduced the power to detect significant differences between participants with and without experience in therapy.

Limitations and directions for future research

Because our sample was limited to Puerto Ricans and Cuban Americans with at least one adult child attending college, our findings may not apply to individuals from other Latino subgroups or socioeconomic backgrounds. Also, there likely were unforeseen biases related to our non-random sampling procedure and there may be other variables linking the study variables that were not included in this study. Moreover, although we have approached the results from the perspective that beliefs about mental illnesses and accompanying social stigma influence people's attitudes toward seeking therapy themselves, it could be that people's attitudes toward seeking therapy influence their beliefs about mental illnesses. Future research should explore culturally appropriate ways to challenge pejorative attitudes held by some Latinos about mental illnesses and those who suffer from them. It also would be of interest to know if Latinos' positive views toward mental illness and therapy actually translate into receiving professional help for emotional distress. Linguistic, cultural, or socioeconomic barriers might impede Latinos from obtaining professional services irrespective of any openness they may have toward therapy. Finally, other variables that may influence attitudes toward mental illness and therapy should be explored to determine their potential relation with those attitudes. Discovery of a link between attitudes toward professional therapy and constructs such as collectivism or familism, optimism, self-efficacy, and so on may expand opportunities for intervention with distressed Latinos.

Clinical implications

In light of our results, some recommendations are offered that may aid clinicians who provide services to Puerto Rican or Cuban American clients. These recommendations may not apply to all Puerto Ricans and Cuban Americans. Therapists will need to incorporate the recommendations judiciously into their work with clients if determined to be relevant to their presenting problems. The recommendations include: therapists should be cognizant of the effort that may have been made by their Puerto Rican and Cuban American clients to seek out professional assistance. Therapists should acknowledge this and reinforce their clients' courage for seeking professional help when necessary. Therapists may also need to address Puerto Rican and Cuban American clients' feelings about seeking professional therapy. For example, feelings of shame or feelings of personal inadequacy

for having sought therapy may need to be normalized and processed. This may be facilitated by sharing with clients that many individuals, including Latinos in general, often benefit from professional assistance with personal or family problems (see Miranda *et al.*, 2005). Regarding concerns of stigma, extra efforts may need to be made to ensure that Puerto Rican and Cuban American clients understand the sanctity of the therapy setting with respect to confidentiality. This may lower their anxiety regarding their concern about others finding out they have sought professional therapy. Finally, at a broader community level, the helping profession collectively may need to better promote and communicate to Puerto Rican and Cuban American communities the potential benefits professional therapy may provide to individuals in need of psychological help in order to combat the idea that those who seek therapeutic services are seriously mentally disturbed. Psychoeducational outreach efforts to non-health settings (*e.g.*, community settings, churches, etc.) may prove to be an appropriate means for educating Puerto Ricans and Cuban Americans who may have limited knowledge about mental illness and the possible benefits of psychological treatment.

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