THE RELATION BETWEEN DEMOGRAPHIC FACTORS AND ATTITUDES
ABOUT SEEKING PROFESSIONAL COUNSELING AMONG
ADULT NIGERIANS LIVING IN THE UNITED STATES

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Dissertation

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ABSTRACT

Due to increase in racial and ethnic diversification of United States (USA), most counselors can expect to see clients from diverse racial and ethnic backgrounds. In addition to the increases in the number of African Americans, Asian Americans, and Hispanic Americans, there has been an increase in the number of African subgroups that includes Nigerians. Within the past two decades, the USA has witnessed an unprecedented influx of Nigerian immigrants in most major cities of this country and universities. Though several studies have examined the general attitudes of minority groups to counseling, no specific studies have been conducted on the growing population of Nigerians in the USA. This study therefore examined The Relation between Demographic factors and Attitudes about Professional Counseling among Adult Nigerians living in the USA.

A sample of 225 first generation Adult Nigerian immigrants living in the Midwest region of the USA participated in this study (122 women and 103 men) from ages 20 to 63. Duration of stay in the USA ranged from 1 year to 47 years. Demographic form and the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS) were used for this study.

Correlation matrix was conducted with the independent and dependent variables. Five multiple regressions were performed using the combined Independent Variables that were significant (Socio-Economic Status, Sex and Duration of Stay) with each of the
Dependent Variables of Total Score, and subscales of Need, Stigma Tolerance, Openness, and Trust. Results showed that Socio-Economic Status, Sex and Duration of Stay in the USA were significant in predicting the Need and Openness subscales of ATSPPHS. Five percent of the variance in ATSPPHS Need subscale scores was accounted for by the regression model. T-tests results showed that no predictor variables significantly contributed to the regression model when other independent variables were controlled. But, 6% of the variance in ATSPPHS Openness subscale scores was accounted for by the regression model. Follow-up t-tests showed that only SES significantly contributed to the regression model, t = -2.77, p = .006. However, participants scored low in ATSPPHS Total scores and subscales of Stigma Tolerance and Trust in mental health professionals.
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CHAPTER I
INTRODUCTION

The United States (USA), being a nation of immigrants, has never had a homogeneous population in terms of culture, race, or ethnicity (Patterson & Welfel, 2004). Racial/ethnic minorities in the USA have reached critical mass and their numbers are expected to continue increasing. For instance, from 1980 to 1990, the non-White population grew at a phenomenal rate (African-American 13%; Native-American, 37%; Hispanic/Latino, 53%; Asian-American/Pacific Islanders, 107%) compared to the white population of 6% (Sue & Sue, 2004). It is, therefore, projected that by the year 2050, minorities in this country will constitute a numerical majority (US Census Bureau, 2000; D. Sue, D.W. Sue, & S. Sue, 1997).

While national interest in the mental health of ethnic minorities has increased in the past decade, the human service professions have historically failed to meet the particular mental health needs of various underserved ethnic groups (Baruth & Manning, 2003). Several studies continue to reveal that American Indians, Asian American, African Americans, and Hispanics Americans tend to underutilize traditional outpatient mental health services (Chung & Snowden, 1990; Leong, 1994). Culturally diverse clients are less likely to seek out counseling service, and when they do, are more likely to be given more serious diagnoses than their ethnic majority counterparts from the dominant culture.
Thus, they tend to drop out of counseling earlier, and are less likely to have “positive outcomes” from the counseling in which they do engage (Sue & Sue, 2004). Ethnic minority clients tended to terminate counseling at the rate of more than 50% after only one contact with a therapist. This is in marked contrast to the less than 30% termination rate among White clients (Sue & Sue).

Because of the increasing racial and ethnic diversification of USA, most counselors can expect to see clients from diverse racial and ethnic backgrounds. In addition to increases in the number of African Americans, Asian Americans, and Hispanic Americans in the USA, there has also been an increase in the number African subgroups among which are Nigerians. From the 1980s onward there has been an increase in the population of Nigerian immigrants into the USA (Okafor, 2003). Accordingly, Nigerian immigrants increased from 91,499 in 1990 to 164,741 in 2000 (U.S. Census Bureau Report, 2004). Like some minority groups and subgroups in the USA, Nigerians who were originally from the African continent came into this country in pursuit of education and increased freedom and happiness. Based on their skin color, Nigerians are often grouped homogeneously as African Americans or within subgroups such as Jamaicans and Haitians.

Therefore, among the anticipated increase in number of clients from minority ethnic backgrounds in this country are people from Nigeria (Nwadiora, 1996). Although Nigerians have a lot in common with other minority groups in this country, their specific worldview and experiences in this country are likely to affect their perceptions of professional counseling in this country. Much has been written about the minority groups of African Americans, Asian Americans, Hispanic Americans, and Native Americans,
including their attitude toward counseling, but little is known about Nigerians in this regard. Like other immigrants in this country, Nigerians also experience some socio-cultural, spiritual, and psychological problems that require solutions. For instance, Nwadiora noted that problems arising from acculturative stress, socio-cultural isolation, gender role changes, and lack of an extended family system in the USA generate stress for Nigerian immigrants. The sudden change from an extended family system with its social, economic and psychological support, to a nuclear family system focused on individuality and isolation, may likely pose some psychosocial problems for Nigerian immigrants. In times of crisis Nigerians like most Africans, turn to elders, religious ministers, and community leaders for direction. The idea of Western therapy is very alien to them (Nwadiora) and as such may affect their perceptions of professional counseling in the USA. A brief historical overview is provided below so the reader may better understand the historical and cultural contexts in which Nigerian immigrants develop.

Historical Overview of Nigeria

Nigeria, which is the most populous country in the continent of Africa, is a former British colony that gained independence in 1960. As early as the 1930s Nigerians began to enroll in some American universities for western education but since the last forty years the number of immigrants from Nigeria (students and other professionals) has increased dramatically (Okafor, 2003). Despite the presence of Nigerians in virtually all the fifty states of the country most Americans still do not know much about the Nigeria and its citizens. It is the author’s experience that many Americans simply know Nigeria as one of the countries in Africa and a few know it further as a former British colony.
Reading history books written about Nigeria by the colonial masters, one may get the impression that this country was very primitive before civilization was brought by Westerners. The truth, however, is that Nigeria had experienced civilization long before the arrival of Europeans on its soil. For instance, between 500 BC and AD 200, NOK civilization (earliest form of science, culture and technology that originated from Africa) thrived in central Nigeria. Archaeologists found the oldest skeleton in southwestern area of Iwo Eleru, near Akure that dates to about 9000 BC, and there were other isolated collections of ancient tools and artifacts of different periods of the Stone Age. Among famous art forms from Nigeria are those produced by the ancient Nigerian Ife and Benin civilizations. The Ife and Benin so-called "bronzes" are comparable in beauty and technology to any artisans anywhere in the world (African Art at the Ralph Proctor Gallery, 1998)

Between AD 1000 to AD 1300 Hausa states developed in northern Nigeria that flourished Kanem-Bornu Kingdom in northeast of Nigeria. Yoruba Kingdoms reigned around Ife in the southwestern part of Nigeria among which was Benin Kingdom. By 1400 Portuguese sailors had arrived in Nigeria and began trading with the prosperous Kingdom of Benin that controlled the area between Lagos and the Niger River Delta. The British arrived in the 1700s and dominated the lucrative slave trade along the Nigerian Coast, which lasted till 1807 when Great Britain abolished slave trading and forcefully prevented other countries from doing such business within Nigerian Kingdoms. With the abolition of the slave trade, business in agricultural commodities resumed within the Nigerian kingdoms. Thus, Britain saw Nigeria as very rich in mineral deposits and
agricultural products and hence maintained business relationships with Nigeria even after the latter’s independence in 1960.

In Nigeria, at this time of reference, strong cities and governments existed in the North under the leadership of the Emirs, and in the West under the Obas, Oonis and Alafins, with the East enjoying an egalitarian (democratic) system of government. Other cities like Calabar, Opobo, and Arochukwu on the coast were flourishing trade centers back then. In 1861 Great Britain seized Lagos to increase its influence and trading in the area, and slowly gained control over the rest of the country through the establishment of Northern and Southern protectorates. Thus, Nigeria became a colony of Great Britain (Microsoft Encarta Encyclopedia, 2000). The amalgamation of Northern and Southern protectorates in 1914 by Lord Frederick Lugard (Governor-General of Nigeria) to introduce taxation in the Southern provinces, which was already in place in the Northern provinces and other countries of British colony (Afigbo, 1982), made Nigeria the largest single political unit on the west coast of Africa. It was also the most populous country in Africa, with the world’s largest population of black people (Ifemesia, 1982). This taxation system by the British brought together more than 250 different ethnic groups with varying systems of government and cultures to form a single country, an action that has continued to create problems among the Nigerian population to date. Although this amalgamation made Nigeria a multicultural nation paving the way for tolerance among people of various ways of life who now live and interact together for a common good, this circumstance is not without its underlying problems as well.

In general, Nigeria was seen as a country made up of people from many ethnic groups but each having its distinctive nature including ways of handling its psychological
issues long before the arrival of European explorers. Thus, every ethnic group evolved its own ways of treating illness, restoring and maintaining good health (Bankat, 2001). Even after colonialism, indigenous ways of treating psychological problems in Nigeria has remained almost the same except that many who converted to Christianity now turn to their ministers for psychological healing in place of diviners of indigenous religion. The result is that among many Nigerian Christians faith healing ministers serve as “therapists” for their psychological problems (Adekson, 2003).

Nigeria and Mental Health Services

Bankat (2001) believed that all ethnic groups, cultures and traditions have ways of treating physical, mental, emotional, and psychological problems. Most of these systems and approaches are effective and successful. In Nigeria, as in some other third world countries, there is a general belief in the external causes of illness (Bankat). Usually mental illness is linked with the spirit world and the cause may be a direct or indirect violation of the natural order, or perhaps, an evil attack (Bankat). Illness is seldom traced to the patient but to external causes, which differs greatly from a Western understanding of the cause of mental illness which often holds the individual accountable. Bankat explained further that in some cases shrines, preserved forests, rivers, big trees, idols, charms, and other fetish objects are external sources that can cause physical, emotional or psychological problems if abused, disobeyed, tampered with or sometimes passed over while walking. This difference in etiological understanding of mental illness is likely to affect the attitudes of Nigerians to professional counseling.
In Nigeria various forms of treatment are used for curing physical and mental illnesses based in the work of indigenous healers. These indigenous healers study and inquire about the underlying problem prevalent in their clients before embarking on counseling and healing processes that usually involve both the client and his/her family (Adekson, 2003). Kiev (1988) stated that indigenous methods of healing offer confidence, a source of community approval, and a means of accepting persons who have defaulted in the community and also serve as a guilt-reducing device. Since professional counseling tailors its psychological interventions to individual healing (except for group, couple or family therapy) without much involvement of a client’s family members and significant others, this may likely affect the attitudes of Nigerians to professional toward counseling. It is speculated that Nigerian clients may likely prefer counseling treatment that involves the entire family to individual counseling methods used by professional counselors in the Western world.

Psychological problems in Nigerian society are handled by religious leaders, community elders, family, and friends. Religious Indigenous, Christian or Moslem ministers usually carry out treatment for emotional or psychological sickness in Nigerian communities. In indigenous religions, divination or oracle consultation is often used to diagnose and treat the patient. According to Parrinder (1984), divination as a diagnostic method is widely used all over Africa. The effectiveness of indigenous healers depends on their ability to inspire and instill hope in their clients before any curative factors take effect (Essandoh, 1995). It is likely that Nigerian clients would expect the counselor to diagnose and prescribe treatment like medical doctors rather than collaborating in their healing process.
Among Nigerian Christians, mental illness is usually regarded as the work of evil spirits that can only be delivered through prayers usually by a minister (e.g., exorcism). Many prayer houses abound in Nigeria wherein their ministers engage in soothsaying with claims to foretell future events, cast out demonic forces, and cure physical and emotional illnesses of those who consult with them. In some churches special prayers are offered with prolonged fasting and/or anointing someone with specially blessed oils to bring them good luck and to help them overcome serious challenges (Okafor, 2003). Ritual acts, chanting words, dancing to solemn music, bible reading, speaking in tongues, and praise songs are forms of healing used by these healers. Muslim ministers also adopt a form of incantation in their healing process. Sick people and their family members are required to have faith in the work of the minister for it to work effectively. Ebigbo (1988) observed that prayer houses and indigenous healers care for the bulk of those with mental disorders in Nigeria. This method of treatment differs so much with traditional counseling that most often have treatment interventions with no religious inclination. We do not know how Nigerian clients would react to professional counseling in this country with professional counselors instead of religious ministers as therapists.

These faith healing ministers who serve as therapists among Nigerian clients heal by instructions, directions, suggestions and advice, while their clients are expected to obey and act according to instructions. However, they employ different skills like encouragement, empathy, caring, kindness, and humility, and by creating a climate of trust in an atmosphere of love, positive acceptance and unparalleled mercy (Adekson, 2003). Thus, religion and spirituality are seen as part and parcel of therapy in Nigeria with faith playing a major role. Faith is regarded as very effective in solving people’s
problems (Banley, 1998). Wallis (1996) even noted that those who attend religious functions regularly have been found to have normal blood pressure, lower rates of depression and better health than those who do not. Many Nigerians tend to rely on religious faith as a means of solving their psychological problems. It is therefore assumed that Nigerians would favor counseling therapy that includes spiritual components.

Another group that compliments the work of religious ministers with the provision of psychological and emotional healings to many Nigerians are the elders who strongly emphasize harmonious relationships, interdependence, loyalty and respect to achieve peaceful coexistence with the family and community at large (Ng, 2003). Good character is also emphasized and includes caring, willingness to help others, empathy, hard work, endurance, perseverance, tolerance and being observant. In addition, respectfulness, giving others preference over oneself, humility, kindness and receptivity to others is very much encouraged (Adekson, 2003). These elders utilize proverbs, folktales, witty sayings, songs, etc as successful indigenous healing and counseling tools that help in getting their points across to their clients (Adekson).

Friends and significant others also help in providing therapy and counseling among Nigerians by way of helping to provide good pictures of reality. For instance those who are bereaved receive encouraging words (e.g., the world is a market square where you buy and leave when you are done; death awaits everyone on this earth) that help the bereaved deal with their grief issues, avoid depression and get their lives going. Thus, they are made to understand the purpose of life, as well as the reality and inevitability of death. Wise sayings (e.g., we are all strangers in this world), material gifts (e.g., money, food items), moral support (e.g., spending quality time with the
bereaved; helping with their domestic duties), solemn music and dances are all employed to help the bereaved reduce tension, and to avoid despair and emotional pain. Those with various misfortunes are likewise counseled accordingly as in the case of Okonkwo in Things Fall Apart (Achebe, 1958), when Okonkwo’s maternal grandfather had to counsel him by employing personal disclosures of his own misfortunes (the hope of a better tomorrow even after the sadness of burying some of his children at young ages) to help Okonkwo deal with his exile situation and move on with life with hope of returning someday to his fatherland. Therefore, it is assumed that Nigerians would favor counselors who understand their cultural dynamics.

In sum, Nigerian indigenous healers include religion and spirituality in their therapy sessions. This method runs contrary to Western therapists that separate religion and spirituality from counseling therapy. It is likely that Nigerian immigrants to the USA would see a psychological healing method quite different from what they are use to in their country of origin. In the USA psychological problems are handled by professional counselors who often are not religious ministers and are not usually trained in the area of religion and spirituality. Unfortunately, there have been no studies on how these Nigerian immigrants perceive this “new” method of psychological healing method.

However, there have been several attempts to measure other populations’ attitudes towards counseling. For example, to measure the attitudes towards seeking professional help for psychological disturbances Fisher and Turner (1970) developed the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS). This scale was able to distinguish between persons who had experienced psychological help from those who had no such professional contact. With a sample of 101 females and 111 males these
authors observed that women have more positive help seeking attitudes than men. This instrument is among the most widely used tool to measure help seeking attitudes especially among people of color (Yeh, 2002).

Jang, Kim, Hansen and Chiriboga (2007) utilized the Attitudes toward Seeking Professional Psychological Help Scale (ATSPPHS; Fischer & Turner, 1970) to determine the willingness of older Koreans in this country to use mental health services. Using a sample size of 472 persons with predisposing factors (age, sex, marital status, education, and length of residence in the United States) they discovered among other things that shorter stay in the USA correlated with more negative attitudes towards mental health services. Cultural knowledge and stigma about mental illness were seen as influencing attitudes towards seeking professional help. Nguyen and Anderson (2005) examined the relation between cultural variables and attitudes toward seeking mental health services among a community sample of 148 Vietnamese Americans using the ATSPPHS. On their part they discovered that stigma and traditional beliefs about mental illness did not appear to be significant predictors of attitudes towards seeking mental health services. Also, to determine the factors influencing attitudes towards seeking professional help among East and Southeast Asian immigrants and refugee women, Fung and Wong (2007) adopted this instrument (ATSPPHS). They observed that those subscribing more to a Western stress model of illness are more positive toward seeking professional help, while those holding to supernatural beliefs had more negative attitudes. They further discovered that age and education were not significant predictors of attitudes toward seeking psychological professional help.
Statement of the Problem

An unhealthy political climate in Nigeria has forced many Nigerians to migrate into the United States to seek freedom, political asylum, and better living conditions; others have come as a result of economic hardships caused by greedy Nigerian rulers. In recent times many Nigerians favored by United States Diversified Lottery (DV-Lottery) have received permanent residency in the United States. For the past twenty years the population of Nigerian immigrants in this country has been on the increase. These Nigerians are likely to encounter adjustment issues besides simply being homesick. As newcomers to American culture, it is likely that Nigerian immigrants encounter many problems and undergo various stresses that range from spiritual problems to cultural adjustment issues, job issues, financial problems, child rearing difficulties, environmental conditions and even academic problems. Within the past two decades, the United States has witnessed an unprecedented influx of Nigerian immigrants also in all the major cities of the country, as well as students into its universities and colleges. Major universities in the United States today have sizable enrollments of Nigerian students (Okafor, 2003). But we are not sure how these Nigerian immigrants manage their stressors. To date no major study has been done to determine the attitudes of these Nigerian immigrants towards seeking professional help for their emotional and mental problems.

Purpose of this Study

Although there have been several studies that examined the general attitudes of some minority groups to counseling such as Native Americans, African Americans,
Hispanic Americans, and Asian Americans (e.g., Chung & Snowden, 1990; Leong, 1994; Idowu, 1995; Sue & Sue, 1999), no specific studies have been conducted on the growing population of Nigerians in the USA. The purpose of this study is to examine Demographic Correlates of attitudes toward professional counseling of adult Nigerians living in the USA. It is believed that this study would help clinicians understand Nigerians’ attitudes towards mental health which could lead to improved delivery of services to this community. Moreover, it would help teachers and other mental health workers gain knowledge and awareness regarding how to modify their clinical techniques when intervening with this population.

Research Question

Is Sex, Age, Level of Education, and Length of time in the United States, Experience with Spiritual Leader, Experience with Mental Health Professional, Acculturation and Socio-Economic factors related to Attitudes Toward Seeking Professional Counseling for Nigerian immigrants?

Summary

Chapter one examined the issues involved in counseling minorities in the United States. It introduced the country Nigeria and its citizens while describing the political, economic, religious and social-cultural situation of Nigeria before and after its independence. Type of therapy existing in Nigeria was explained including the likely expectations of Nigerian clients. This was followed by the statement of the problem, then
the purpose and reasons why this researcher deems it necessary to engage in this study. Finally, the research question was presented.

Operational Definitions

Nok- Earliest settlers in Nigeria (according to archeological discovery)

Igbo-Ukwu- Oldest archaeological discovery in Igboland

Ife- Ancestral home of Yoruba (western Nigeria)

Benin-City- Ancient kingdom of western Nigeria

Kanem-Bornu- Ancient kingdom of northern Nigeria

Emir- Traditional king of Hausaland

Oba- Traditional king of Yorubaland

Oni- Ancestral leader of Yoruba

Alafin- One of Yoruba kings
CHAPTER II
REVIEW OF THE LITERATURE

The USA has for some years now opened its door to people of diverse ethnic and racial origins. Individuals and groups enter this country for various reasons: Some entered the country with the hope of realizing the American dream, others came to escape oppressive conditions in their countries of origin, and still others were brought here against their will and they were expected to conform culturally (Baruth & Manning, 2003). This growing number of ethnic and racial minorities in the United States has led to increased attention to mental needs of these individuals (Atkinson, Morten, & Sue, 1998). The extent of the United States’ multicultural society and the role it plays in shaping people’s lives will continue to become apparent to counseling professionals as increasing numbers of clients from diverse cultures seek mental health services. An obvious implication is that counselors and psychologists will increasingly counsel clients with differing customs, traditions, values, and perspectives towards life events and the counseling process (Baruth & Manning). Although the mental health profession has begun to study ethnic groups in general, there still is a paucity of research on some ethnic groups such as Nigerian immigrants. This literature review will focus on: An overview of counseling and ethnic minorities, a brief presentation on the historical background of Nigeria and its people, a discussion of Nigerian immigrants in the United States including
their supposed mental health issues, and review of the literature on studies related to examining the attitudes of ethnic minorities.

Overview of Counseling and Ethnic Minorities

Since it is obvious that counselors in virtually every setting in the United States will serve a diverse clientele, it is necessary for them to adapt their models of the counseling process to the needs of a multicultural society (Patterson & Welfel, 2000). In other words, if counselors and therapists are to provide meaningful help to a culturally diverse population, they must not only reach out and acquire new understanding, but also develop new culturally effective helping approaches (Sue & Sue, 2004). This is because therapists are bound to come into contact with culturally diverse clients who may not share their worldview of what constitutes normality-abnormality; who define helping in a manner that contrasts sharply with our codes of ethics and standard of practice; who require culture-specific strategies and approaches in counseling and psychotherapy; and who may perceive the profession as a sociopolitical tool (Sue & Sue).

It is, therefore, important for helpers to learn about values and diverse worldviews as they attempt to help their clients. Okun (2002) stated that helpers need to be sensitive to cultural differences in clients’ sense of self, and how they view relationships, family, and the world. This awareness will surely be a critical factor in the minds of the counselors towards becoming more sensitive to the cultural backgrounds of those clients who seek their help (Corey, 2001). According to Patterson and Welfel (2000), counselors who understand how a client’s worldview affects the client’s situation and how it relates to a client’s goals for counseling are more likely to establish an effective counseling
relationship. In contrast, counselors who judge a different worldview as inherently inferior or problematic are unlikely to foster rapport. In other words counselors need to be cognizant that there are different ideas of worldview. For example, Sodowsky and Johnson (1994) defined worldview as one’s individual experiences and social, moral, religious, educational, economic, or political input shared with other members of one’s reference group, such as cultural, racial or ethnic group, family, state or country. Sue and Sue (2004) defined worldview as one’s “psychological orientation in life” and identified it as having two major components: locus of control and locus of responsibility. In Western culture, a strong internal locus of control is assumed to be appropriate, whereas some other cultures such as African American, Asian American, Hispanic American, Native America, and Nigerian view the environment or social system as more responsible for individual outcomes. European-American culture has come to define mental health almost exclusively in terms of an internal locus control and an individual locus of responsibility. This implies that a counselor with a narrow Western worldview would have a difficult time understanding or helping clients whose perspective on control and responsibility was at the other end of the continuum (Patterson & Welfel).

It is important to realize that equally legitimate methods of treatment are powerful, informal or natural support systems in many minority groups. These systems are: family, friends, community self-help programs, occupational networks, folk-healing methods, and indigenous systems of therapy (Lee, 1997; Pederson, 1994; Sue, Ivey, & Pedersen, 1996; Sue & Sue, 2004). The discrepancy between the counselor’s awareness and the client’s expectations about helping make it likely that a culturally different client may approach counseling and therapy with a great deal of healthy suspicion as to the
therapist’s conscious and unconscious motives regarding the multicultural context (Sue & Sue).

Most minorities in this country do not consider mental health services as the first option to manage their stressors and problems. A majority of those who venture to use counseling services discontinue after a few sessions. Many reasons have been offered for minority underutilization of counseling services. These include the fact that minority clients do not perceive counselors to be competent in addressing their culturally related issues, stereotyping, and socioeconomic reasons (Fraga, Atkinsons, & Wampold, 2004).

Generally, minorities see counselors as both unaware of their own (counselors’) values and biases and of clients’ worldviews and as such, incapable of providing culturally appropriate intervention strategies (Sue & Sue, 2004). Curricula for the training of mental health professionals have also been presented as a major reason accounting for therapeutic ineffectiveness in working with clients from minority groups (Meyers, Echemendia, & Trimble, 1991; Mio & Morris, 1990). Agreeing with this assertion Sue and Sue explained that professionals who deal with mental health problems of ethnic minorities lack understanding and knowledge of ethnic values and their consequent interaction with a racist society, coupled with the fact that mental health practitioners graduate from programs believing minorities are inherently pathological and could easily be cured by a simple modification of traditional white models. In summary Sue and Sue argued:

It is our contention that the reasons why minority-group individuals underutilize and prematurely terminate counseling/therapy lie in the biased nature of the service itself. The service offered is frequently antagonistic or inappropriate to the life experiences of the culturally different client, they lack sensitivity and
understanding; and they are oppressive and discriminating towards minority clients (p.11).

Multiculturalism has therefore become a reality that cannot be ignored by practitioners if they hope to meet the needs of their increasingly diverse client population (Corey, 2001). The result is that mental health professionals have become increasingly aware of the importance of acknowledging cultural factors in working with diverse client populations (Constantine, Ladany, Inman, & Ponterotto, 1996; Quintana & Bernal, 1995). Research in the area of multicultural counseling competence has focused primarily on identifying effective ways of doing counseling with diverse groups (e.g., Atkinson, Morten, & Sue, 1998; Corey; Dinsmore & England, 1996, Smith, 1993; Sue & Sue, 2004), as well as ethical guidelines of the American Counseling Association (ACA, 2005). The focus is on how counselors regardless of their cultural backgrounds would be able to provide effective counseling services for clients of differing backgrounds. Hence the need arises of how to design and deliver acceptable mental health services in a multicultural society.

This new emphasis has led to the study of some minority groups in this country like African Americans, Asian Americans, Hispanic Americans, Native Americans, etc. Studies on background history, experiences in America and current problems reveal that these minority groups are more likely to encounter peculiar problems such as poverty, cultural racism, prejudice, discrimination and for some immigration problems, in addition to the common stresses experienced by everyone else in this country (Sue & Sue, 2004). These studies have been very informative to counselors and other mental health workers towards understanding and helping clients from these minority groups. However, not
much is known about immigrants from Nigeria who are often grouped under African Americans.

Although minority groups may share certain things in common by virtue of minority status, there are still some differences based on the experience of each group and what it values. For this reason, attitudes of each minority group towards counseling would largely depend on the group’s background history, experience, values, education, method of solving problems, and perhaps, degree of acculturation in this country. We know that Nigerian immigrants may have some adjustment problems like other minority groups in this country (Sue & Sue, 2004) but we do not know what their attitudes are towards seeking mental help. Since people’s behavior could be traced to their background history, understanding the history of Nigeria and its citizens would likely lead to better understanding of the psychological help-seeking behaviors of Nigerian immigrants in the United States.

Historical Background of Nigeria and its People

Nigeria is a country located on the coast of western Africa with an area 356,699 square miles, bordered to the north by Niger, the east by Chad and Cameroon, the south by Gulf of Guinea, and to the west by Benin Republic. Nigeria is not only large in area but in population. It is the most populous country in African and ranks 10th among the most populous countries of the world. Nigeria has a diverse geography, with climates raging from arid to humid equatorial. It is a country spared of serious natural disasters such as earthquakes, severe tornados, Katrina like flood, and other natural disasters found in many countries of the world. The topography consists of plains in the north and south
interrupted by plateaus and hills in the center of the country. Nigerian soil is fertile for various kinds of crops. Most importantly, Nigeria is a country blessed with petroleum and natural gas.

**Economy**

Nigerian economy is one of the largest in Africa especially with its petroleum and natural gas industries. Agricultural products include palm oil, peanut oil, cocoa, millet, maize (corn), yams, cassava, and livestock. Forestry products are rubber, cotton, and timber, while mineral products are Petroleum, natural gas, coal, tin, columbite, limestone, zinc, iron ore, lead, etc. Major attention is directed to petroleum and natural gas while other mineral products are virtually neglected. For example, agriculture and forestry have not been given due attention by the government especially since the discovery of petroleum oil and natural gas in the southern part of Nigeria. Before this discovery, Nigeria used to export coal, groundnut (peanut), hides and skins, cocoa and palm oil but all these have been abandoned and every attention now directed towards the petroleum and natural gas.

A series of world oil price increases from 1973 gave rise to rapid economic growth in transportation, construction, manufacturing, and government services in Nigeria but this led to a great influx of rural people into the larger urban centers, and in turn agricultural production stagnated to such an extent that cash crops like palm oil, peanuts (groundnuts), coca, and cotton were no longer significant export commodities; in addition, from about 1975 Nigeria was forced to import such basic commodities as rice and cassava for domestic consumption. The result is that many Nigerians are in abject poverty as very few in power sell and distribute the proceeds of petroleum products.
among them. Worst still, Nigerians pay more for gas than some countries without petroleum and natural gas as the price of gas gets increased every year and sometimes twice a year.

At the end of the 20th century, Nigeria continued to face an unsteady flow of petroleum and natural gas, which the government attempted to counter by borrowing from international sources despite the people’s objections. This led to the introduction of various austerity measures, and with corruption dominating government operations very little of the country’s income is being spent on the people and their needs. Ukwuoma (1999) laments that Nigerian economy is under stress which is affecting the psychological and physical well being of the people. The average Nigerian worker is unsure of his job and he or she is fearful regarding his/her life sustenance because salaries are not paid regularly. Chinua Achebe, the renowned African novelist, and 1983 Nobel Prize Laureate voiced out:

I believe that Nigeria is a nation favored by Providence. I believe there are individuals as well as nations who, on account of peculiar gifts and circumstances, are commandeered by history to facilitate mankind’s advancement. Nigeria is such a nation. The vast human and material wealth with which she is endowed can play such a role in Africa and the world in which no one else can assume or fulfill (Achebe, 1983, p. 2).

It is likely that Achebe captures the sense of pride and opportunity that is part of the Nigerian worldview.

The People of Nigeria

Nigerians are all blacks and dwell in a country with roughly 250 ethnic groups with each group occupying a territory that it considers to be its own by right of first occupancy and inheritance. Those who are not members of a given ethnic group but have
lived and worked for decades in the territory of the group are still considered to be aliens, which is different from what occurs in the United States and some European countries. Rarely do such individuals acquire outright ownership of land in such territories. But, each individual living in any part of the country proudly identifies with his/her own ethnicity. Although, a number of people from each ethnic group migrate to other ethnic territories to farm, trade, do business, and obtain education and jobs but they regard themselves as strangers.

However, there are three major ethnic groups in Nigeria: the Hausa-Fulani group with 32% of the entire population; the Yoruba group with 21%, the Igbo group 18%, and other groups put together 29%, which include the Ibibio, Kanuri, Edo, Efik, Tiv, Nupe, Ogoja, Ogoni, Urhobo, Itsekiri, Bini, to name but a few. The official language of Nigeria is English (being a former colony of Britain), but other languages exist such as Hausa, Igbo, Yoruba, Efik, Tiv, Kanuri, etc., which are also written and taught in schools. The Hausa-Fulani group occupies the northern part of Nigeria and is predominantly Muslim. The Yoruba is in the west with a good number of Christians and Muslims and a small number of traditional religionists and in the east are the Igbo with 90% Christians and 10% traditional religionists. A majority of the small ethnic groups are Christians with few numbers of Muslims and traditional religionists. All these people have been brought together to form a nation. Generally, Nigerians see themselves as members of their respective groups, yet connected to the larger society (the country).

It is therefore assumed that Nigerians in the United States would not see any problem interacting with people of a different culture, ethnicity, language or way of living in this country having had such experiences in their home country.
Political Situation

Nigeria gained her independence in 1960 from Britain (her colonial master), and became a republic in 1963. The 1963 elections opened the door to serious political unrest in the western region that spread throughout the country, which culminated in the military coup of January 15th, 1966. This was followed by another bloody coup in July 1966 and a civil war from 1967 to 1970. Since independence, Nigeria has not fared well as coups and counter-coups became the order of the day.

Although, elections to the civil regime took place in 1979 (second republic) when Nigerians installed a democratically elected government that lasted for 4 years (1983), this government was also marked with serious corruption. Old politicians that grounded the first republic returned and continued from where they stopped, while initiating new politicians into the “Corruption/Embezzlement Club”. This led to another military coup in December 1983, which was followed by three other military coups (1985, 1994, & 1998). The military has become even more corrupt than civilians, leaving the poor masses without leadership or security. But, 1999 marked the birth of the third republic with a general election that produced a president and vice president, 109 members of the Senate and 360 in the House of Representatives. On May 29, 2007 Nigeria witnessed for the first time since her independence the handover of power from one democratically elected government to another even though the method of this election remains questionable like the preceding elections. One good thing is that for the first time since her independence in 1960 Nigeria is having a president/head of government with at least a 4-year university degree in a country with many educated men and women of various professions.
It is difficult to determine which regime is better as each one comes up with a new form of corruption and embezzlement of public funds, thereby making the greater number of Nigerian citizens poorer. Political power is in the hands of few cliques who rig the elections to maintain their political grip of the country. Education, economy, health and other components of a dynamic society are sacrificed at the altar of neglect and corruption. Almost everyone on the administrative ladder from the lowest to the highest wants to cut his/her own share of the national cake no matter the effect this may have on the poor masses. There is widespread mismanagement, misplaced priorities, and lack of interest in the welfare of the citizenry resulting in food scarcity, inflation, poverty, hunger, unemployment, inefficiency and rising crime rate (Ukwuoma, 1999).

It is pertinent to note that Nigeria is blessed with good climate, rich vegetation, human resources, mineral deposits, etc, but lacks good leadership to transform all these for the benefit of the people and progress of the nation. According to Achebe (1983), the trouble with Nigeria is simply and squarely a failure of leadership. In all fairness, “There is nothing basically wrong with the Nigerian character, land, climate, water, air or anything else, the Nigerian problem is the unwillingness or inability of its leader to rise to the responsibility and challenge of personal example, which are the hallmarks of true leadership” (p. 1).

In sum, a Nigerian’s worldview is likely to include hopefulness tempered by justified suspicion about the motive of authority figures and people with power.
Social Conditions

Nigeria, the peaceful nation where various tribes and tongues worked together as a family lost not only its unity but its valued identity as well. The aftermath of Nigerian civil war (1967-1970), long reign of military dictatorship, and greedy politicians have transformed the once cherished Nigerian social conditions to a pitiable state. Lamenting on the social conditions of Nigeria after her civil war, Niven, (1970) as quoted in Nwamadi (2000), stated:

Nigeria has been torn apart by a cruel war. This peaceful and prosperous country has been ravaged in one of its most populous regions. Men and women have been confronted by the ghastly realities of battle in a country where the sound of arms fired and flash of blades barred in anger had been for long unknown. The very child has suddenly known hunger and want and have seen the fear of death on the faces of their parents (p. 14).

The civil war not only brought death to many Nigerians especially the Igbo tribe but its negative effects on the Nigerian nation cannot be overemphasized. The psychological impart it has on the people of Nigeria is beyond imagination. Commenting on how the civil war affected Nigeria and its citizens Nwamadi (2000) has this to say:

The civil war of 1967, which lasted for two and half years fractured the tiny legs that carried the mighty frame structure of a “United Nigeria”. The factors that led to civil war remain a story to be told in Nigerian history. And since the end of the war in 1970, Nigeria and its political, social, religious, and cultural structures have gone awry. The Igbo people still remember the event that led to the war with multiple sighs of sadness and injustice to a people. (p. 15).

The long reign of military dictatorship went further to create deep wounds in the social life of the people. Ihonvbere (1994) explained that Nigerian social formation is in deep crisis. Not only did the military rule suffocate civil society, it also entrenched a culture of repression, corruption, privatization of public office, official irresponsibility,
arrogance and non-accountability to the public. Many Nigerian elites, mostly professionals, were denied the right to contribute their expertise for the progress of the nation. The truth is that those who could not stand the horrible situation in the country had to migrate into those countries where their contributions would be recognized and rewarded. It is often the case that educated Nigerians who migrate to countries in hope of opportunity may imagine a warm welcome in a new land where their talents would be recognized and appreciated.

Nigerians in the USA

Like other minority groups, some Nigerians have found themselves settling in the United States. From 1920s until today Nigerian immigrants have continued to arrive on the soil of the United States for various reasons. Therefore, the population of Nigerian immigrants in this country has continued to increase year after year. These Nigerians have gain some anticipated and unanticipated experiences with some adopted strategies for survival in a country quite different from their country of origin.

Reason for Coming to the USA

Nigerian immigrants in this country could be classified under two major groups. The first group, early Nigerian immigrants who came here in the 1920s came simply to acquire western education. In 1924 only three Nigerian students were in the entire United States and Nnamdi Azikiwe (first indigenous Governor-general of Nigeria) was one of them. Most Nigerian immigrants arrived in the United States in pursuit of educational opportunities in both undergraduate and postgraduate institutions. Almost a hundred percent of those who came to the United States for studies returned home after getting
their diplomas up until the 1980s (Okafor, 2003). Speaking on brain drain in Nigeria Phil Emeagwali (1999) voiced that early Nigerian immigrants came to America to study, planned to return home after studies but things got worse at home (Nigeria) and they decided to remain in America.

These early arrivals focused on their studies as full-time students with possible dates of graduation that were observed religiously. A majority of them were neither interested in becoming permanent residents, nor citizens of the United States. Before leaving for overseas studies many of them were warned by their parents and relatives in Nigeria never to marry any foreigners, as that might prevent them from returning to their homeland. Back then, Nigerian economy was booming and Nigerian currency had value, higher than US dollars (65k exchanging with $1), which made it easy for Nigerian students to have their fees paid from Nigeria. All those who finished their studies successfully were gainfully employed upon arrival back in Nigeria.

After graduation many went home to join Nigerian politics, especially those who qualified as legal and medical practitioners; some graduates joined the ministries and other government institutions, while others found themselves in private institutions owned by missions and other individuals. The incentives were enough to attract every Nigerian student back home as soon as he/she graduated. Up until the early 1980s, Nigerian graduates after being hired received accommodation/housing allowance, official car/car allowance sometimes, with a paid driver, housekeeper, etc. In addition, the respect and honor accorded them added to their job satisfaction.

By mid-1980s because of adverse economic conditions in Nigeria as a result of military regimes, most of the students remained in the United States and began to raise
families that became the first generation of American citizens. Also, the late 1980s saw the influx of Nigerians into the United States because of these economic and political problems caused largely by military takeover of the government in Nigeria. This change to military dictatorship in Nigeria brought with it hardships, corrupt leadership, bad economy, insecurity, low standards of education, and other vices. These as it were gave rise to a new form of Nigerian immigrants to the United States. One would assume that there is likely to be a difference in experience of Nigerians who saw the United States as a temporary stop to achieve education and those Nigerians seeking freedom and refuge in the United States from political and economic hardships in Nigeria.

Almost all Nigerian immigrants came from different ethnic groups in the southern part of Nigeria primarily, among the Igbo and Yoruba. According to the US Census Bureau (2000), from 1990 to 2000, Nigerian immigrants in US rose from 91,499 to 164,691. Immigration Information Source data reveal that in 2002 about 8,129 immigrants from Nigeria received their permanent residency status. This places Nigeria as the largest single African immigrant group in the US rivaling those from Jamaica and Vietnam.

Usually, Nigerian immigrants are found in US large cities such as Houston, New York, Chicago, Los Angeles, Dallas, Newark, Philadelphia, Baltimore, Boston, etc. Worthy of note is that contrary to other minority immigrants who generally live within the community of their ethnic groups, many Nigerian immigrants are found living (sometimes alone) within other ethnic groups. For this reason, it is difficult not to find a Nigerian in any of the fifty states of this country. Though Nigerians who live in many cities of America form associations of Nigerian citizens they do not form communities
like Chinatown, Japanese town, Indiantown, etc. Of great importance is the feeling and experience of Nigerians on arrival to the soil of the United States.

Experience of Nigerian Immigrants in the USA

Although no specific research has been carried out on the experience of Nigerian immigrants in the United States, like other minority groups in this country that experienced various problems upon arrival (Baruth & Manning, 2003), Nigerian immigrants may have had similar and specific experiences upon arrival on the soil of the United States. It is speculated that immigrants from Nigeria are likely to encounter problems that relate to issues like racism and discrimination, adjustment problems, and socio-cultural issues such as family, gender roles, job related problems, and childrearing. Their experience may further include struggles for survival that have to do with education and acculturation.

Racism and Discrimination

Early Nigerian immigrants may have suffered racism and discrimination like other minorities in this country but because they were students who merely came to acquire western education and return to their country their experience may be slightly different. For instance, immigrants from Asian subgroups such as those from China, Japan, The Philippines, and Laos; as well as refugees from Vietnam and Cambodia often faced inhuman treatment upon arrival (Baruth & Manning, 2003). Some of them were even subjected to legal discrimination that denied them the right to citizenship, ownership of land, and other rights that are now taken for granted. There were also instances of
individual and mob violence against them that included mass murder, physical attacks, and destruction of homes and properties (Baruth & Manning). The fact that early Nigerian immigrants came just for studies made the difference.

Later Nigerian immigrants to the United States (1985 to present) may fall almost into the same category with most immigrants to this country such as the Irish, Germans, Mexicans, Cubans, Vietnamese, Chinese, Indians, etc, who came as a result of problems in their country of origin. Some arrived with nothing, while others arrived with skills and affluence (Baruth & Manning, 2003). Nigerian immigrants who arrived mid-1980s and early 1990s were mainly professional and skilled workers who came in search of greener pastures because of economic hardship in Nigeria that included lack of jobs and job satisfaction, issues that hindered educational attainment and talent promotion such as research opportunities and political freedom. Like other minority groups they must have been seen as intruders and thus, discriminated against.

The issue of discrimination based on skin color is what Nigerians who have been in a country of homogeneous skin color may find very embarrassing. Coupled with this is racial profiling both as Blacks and as Nigerians. For instance, constant media presentation of some fraudulent Nigerians and other bad news on the country of Nigeria further this discrimination and racism, which are likely to have psychological effects on Nigerians in the United States.

**Adjustment issues**

Nigeria being a former British colony adopted English as its official language while retaining ethnic languages. The British system of education was also in use, which helps many Nigerian citizens to become somehow familiar with western culture. For
these reasons Nigerian immigrants are likely to fair better in adjusting to life in America than immigrants from Asian and Hispanic countries who had to learn English language from scratch. However, Nigerian immigrants also experience communication barriers and feel frustrated when Americans fail to understand their accent or version of the English language. In turn, they too have some difficulty understanding American English. Unfortunately, many Americans look down on those who do not speak American English or those who speak it with a different accent and more often regard them as unintelligent. This causes anxiety especially when the need arises for them to interact in any group setting (Nwadiora, 1996).

Socio-cultural issues

Finding themselves in a country with a socio-cultural background different from theirs, many Nigerian immigrants are likely to experience some cultural shock. For example, they have to adjust from a collective way of life to an individualistic way of living. Nwadiora (1996) explains that this multiple identity of being an African black and adjusting to a predominately white culture can be stressful.

Like other subgroups from Asian countries that fled their country, leaving family members behind (Chung, 1987), these Nigerian immigrants worry about the family they left behind resulting in their frequent phone calls and letter writing to their country of origin. Separation from the family system that gave them support, encouragement, and meaning for life can be a painful experience among Nigerian immigrants. Change in social life and cultural difference from what Nigerian immigrants are familiar with makes most of them dwell in a perpetual state of mourning for the loss of their culture (Nwadiora, 1996). Nigerian immigrants are likely to feel among other things socio-
cultural changes relating to family, childrearing, concern for their future, job, and immigration issues.

Family

Since Nigerians in America are physically separated from their families and communities of origin that have been their greatest support, this may leave many of them very confused over what to do when family problems arise where they have to make the decisions alone. For example, marital problems among Nigerians in this country seem to be on the increase with growing rate of divorce whereas in Nigeria the divorce rate is very low because of various support systems. On the part of men, they may find it problematic trying to maintain their family based on two cultures, native and culture of residence. The women on the other hand may feel liberated in a country where women are considered first and given the benefit of the doubt in the event of any marital problem. For instance, there have been speculations about the increasing number of Nigerian women that have invited law enforcement agents to have their husbands ejected from their matrimonial homes. Unfortunately, resolution of such marital conflicts has become an uphill task as people who are used to making collective decisions and with a good support system are now left to make individual decisions with only the court as their arbitrator.

Childrearing

This is likely to be another big experience for Nigerian immigrants who are in fear of losing their children to the dominant culture that has a different ideology for childrearing. This fear increases as children learn more from their peer group and society than from their parents. Since children copy behaviors faster than their parents, the
acculturation gap between them and their parents increases which may be a matter of great concern to Nigerian parents. For instance, it is hard for them to accept changing from a culture that demands strict respect and obedience from children to parents and elders to a culture that recognizes the rights of children and perhaps grants extensive privileges and authority to children. The consequence of this intercultural change could easily be noticed especially in their children’s aberrant behaviors, such as truancy, sexual promiscuity, failing in school, or physical or verbal exchange between parents and teenagers (Nwadiora, 1996). However, in Nigerian culture most adolescents revere their parents and elders without questioning their authority. Therefore, it becomes a major source of stress for Nigerian parents who experience this drastic behavioral difference due to the acculturation of their teenagers in America (Nwadiora).

It is speculated that as a way of combating this problem some parents send their kids, especially the males, to study in Nigeria to prevent them from dropping out of school like most of their colleagues here do, and to enable them to acquire some moral and religious training as well. Of course, separation of children from their parents is not without its present and future psychological consequences.

It is likely that most parents of Nigerian origin have had issues with children protective services and legal authorities as they try to enforce discipline on their kids in accordance with the valued training they received from their parents. In other words, their understanding and belief about childrearing in most cases run contrary to those of the dominant culture, and this could be very frustrating. Most Nigerian parents under this situation may see their children as a lost generation.
Concern for future

Many Nigerian parents may have great concern for their future as to what may become of them tomorrow. In Nigerian culture, children are obliged to take care of their aging parents. Adult Nigerian immigrants seem to have close connection with their aged parents back in Nigeria as they make constant phone calls, provide for their material needs and care about their health issues. These immigrants may as well worry about what becomes of them when they grow old in a country where children do not hold the same ideology with them. They abhor nursing homes and would prefer to live with, and be taken care of by their kids, as they did or are doing for their aged parents. This cultural expectation is likely to be the concern of most Nigerian parents residing in the United States that has less cultural demand on children.

Job option

Job dissatisfaction is likely to remain a big psychological problem for adult Nigerians who occupied good positions in their various professions back in Nigeria with lots of fringe benefits. It seems that most Nigerian immigrants do not find it easy to secure the job of their choice and profession. For instance, it takes a practicing medical doctor in Nigeria close to ten years to qualify and practice medicine here in the United States. Many qualified Nigerian engineers, accountants, and a host of other professionals arrive here only to become cab drivers, security guards or engage in other menial jobs. These are likely to lament daily over the loss of status and positions, which could create some psychological discomfort as well. The nursing profession seems to be the only profession where most Nigerians can fit in easily and that accounts why a majority of
Nigerian women and some young men have taken to the profession and perhaps other professions in the medical field.

This career option seems to pose a bigger problem for Nigerian families as a majority of Nigerian female nurses become the breadwinners of their families. Although, this may provide the women with a good opportunity to assert their rights and make their voices heard in family decisions. At the same time this change may be threatening to their husbands’ sense of being the breadwinner and decision-maker, thereby impacting on the psychological wellbeing of the family system (Nwadiora, 1996). For example, it is speculated that about 90% of divorced Nigerian ladies either by accident or design are in the nursing profession. Unfortunately, some Nigerian men marry nurses for economic purposes and so, look forward to fat salaries coming into the family. This role reversal is sure to affect the good health of those families where the men feel that their authority is threatened and going by the Nigerian adage: “one who plays the pipe dictates the tune”.

Immigration issues

These pose big problems for many Nigerian immigrants especially those not legally documented and have no work authorization. Because they cannot secure jobs they live continually under stress. Those who are students have to pay as international students, which is almost three times what residents pay. Worst still, many are not offered scholarships or graduate assistantships owing to their visa status. Although, scholarships abound for Minorities and Blacks but often Nigerians are not considered in either. Most of them are left with no option than to resort to menial jobs to help pay for the college fees and, perhaps, to support their families even at the danger of being caught and
deported either for their expired or non-immigrant visas that do not permit them to work in the first place (Nwadiora, 1996).

In sum, Nigerian immigrants besides being homesick are likely to experience racism and discrimination based on skin color and constant media projection of their bad side; they have problems adjusting to a different culture and environment that has little in common with what they are familiar with; they lament their loss of status and family dynamics and develop fear of the uncertain about their future.

Strategy for Survival in the USA

However, like other minority groups in this country it is assumed that Nigerian immigrants have developed a strategy for survival especially through education and acculturation, which may generate their own stresses and pose psychological problems as well.

Education

It is likely that Nigerians see education as a necessity for change of status for the better and a vehicle for advancing the progress of someone. Generally, Nigerians love education and are prepared to make various sacrifices to achieve academic success as seen from their early arrival to the United States. It is likely that this love for education help in both academic progress and adjustment issues of many Nigerians here in the United States. Nigerian immigrants lay tremendous emphasis on education, as a means of achieving financial stability while requiring the sacrifice of the emotional security that remaining at home with a beloved family would provide. The result is that a growing number of Nigerians in the United States are well educated and are therefore considered
to be affluent. For example, many Nigerians possess college degrees while some have graduated with higher diplomas in medicine, engineering, law and business from prestigious institutions like Harvard, Yale, Stanford, MIT, University of Pennsylvania, Columbia University, UC Berkeley, and University of Virginia among others (Osundeko, 2006).

A number of Nigerians in America are found in medical professions though many are still employed in various companies in the United States and/or self-made entrepreneurs. Osundeko (2006) believed that the boldness, perseverance, and doggedness of many Nigerians, coupled with their native intelligence are among the qualities that help them emerge as very capable and exceptionally intelligent achievers in different areas of human endeavor. Often Nigerian students graduate with high GPAs and awards and scholarships to their credit especially, in the areas of medicine, accounting, education, law, computer science and many others (Osundeko).

Because of this love for education many Nigerians are prepared to make self-sacrifices, have sleepless nights, endure many other sufferings and have incredibly high stress levels in order to achieve academic and vocational successes. Part of this academic success story can be traced back to the Nigerian educational system that seeks to broaden students’ horizons not just about Nigeria but Africa and the world as a whole. For instance, Nigerian students through their history and geography lessons acquire some knowledge about the world around them. That being the case, many Nigerians are not so much at a loss upon arrival on the soils of United States and other countries. It is assumed that this helps in their adjustment issues.
Nigerians have a strong desire and family pressure to succeed both in academics and business like Asians who seem to place the greatest importance on education as a key to success in life (Marger 2000; Taylor, 1998). But, Asians may regard failure in education as failure in life and may commit suicide in the event of academic failure. For instance, 13 of the 21 Cornell student suicide victims since 1996 have been Asians or Asian Americans (Ramanuja, 2006). Nigerians on the other hand would hardly consider suicide as an option in the event of any failure academic or otherwise. Nigerians truly believe success and failure are two sides of a coin hence they consider failure as part and parcel of life events that is likely to occur at certain times. This attitude seems to project Nigerian immigrants as people who could hold on amidst problems and shortcomings.

However, amidst the academic successes lay some stresses faced by Nigerian students. A typical Nigerian student is one who has always relied on parents or guardians for financial support, family for emotional support, community for social and cultural support, and teachers and elderly mentors for advice and direction (Osundeko 2006). For this reason, entering a US college or university often imposes a big responsibility on the Nigerian student who has to face the task of making singular decisions concerning course selection, struggling to make friends with American students and living independently perhaps for the first time in life (Okafor, 2003). This could be very frustrating for the student and may lead to loss of confidence in self due to the ambiguities of the new cultural situation. Furthermore, Nigerian students may experience a deep sense of isolation, frustration, and powerlessness that, if not handled properly, may lead to a nervous break down (Okafor). Coupled with that is the fact that Nigerian students encounter a great deal of stress and anxiety in U. S. colleges and universities when faced
with frequent tests that come in multiple-choice items, whereas in Nigeria they are used to a test or examination given in essay formats (Osundeko). These all increase the anxiety of Nigerian students while posing a threat to their academic security.

**Acculturation**

There has not been any research on how Nigerian immigrants acculturate into the dominant culture in the United States. Though this is a matter of individual understanding, but the speculation is that generally Nigerians easily acculturate into the dominant culture as means of survival and progress. Unproven reports seem to explain that many Nigerian immigrants assimilate into the dominant culture in such a way that only their accent could identify them. Level of education is likely to impact the degree of acculturation each person has with the dominant culture. However, some Nigerian immigrants seem to be proud of their cultural heritage and seem to project it whenever they have opportunities through their food, dress and association. All the above problems notwithstanding, what is not clear is how Nigerian immigrants deal with their mental health issues as a result of various problems they encounter in this country.

**Nigerian Immigrants and Mental Health Issues**

Although we have known how some minority groups like African Americans, Asian Americans and Hispanic Americans react to their mental health issues in this country based on various studies done in this direction (Baruth & Manning, 2003, Sue & Sue 2004), there is not much known about Nigerian immigrants in this regard. The purpose of this study was to explore the attitudes of Nigerian immigrants in this country to professional counseling as a way of dealing with their stresses and other psychological
problems. This was done by conducting a survey of Nigerian sample population residing in the Midwest part to the United States.

Review of Studies on Attitudes toward Mental Health

There is no specific instrument designed to measure the attitudes of the Nigerian population towards seeking help for their mental health issues, but there are some scales that have been used to measure the attitudes of some minority groups in this country. For instance, Fischer and Turner (1970) developed the Attitudes toward Seeking Professional Psychological Help Scale (ATSPPHS) as a standardized scale that measures attitudes towards seeking professional help for psychological problems. Furthermore, Fischer and Farina (1995) developed a 10-item shortened version of the ATSPPHS. Most researchers, to measure the attitudes of various minority groups towards seeking professional psychological help, have utilized the instrument, ATSPPH. It is believed that this instrument has been among the most widely used and researched tool to measure help-seeking attitudes among people of color (e.g. Delphin & Rollock, 1995; Yeh, 2002).

Many researchers in and outside the United States have used this instrument to measure the attitudes of various populations in seeking help for their psychological problems. For example, in determining the Attitudes of Older Korean Americans toward mental health services, Jang, Kim, Hansen and Chiriboga (2007) utilized the Attitudes toward Seeking Professional Psychological Help Scale to determine the willingness of older Koreans in this country to use mental health services. Demographic variables used as predisposing factors include age, sex, marital status, educational attainment and length of residence in the United States. In a sample consisted of 472 Korean Americans these
authors discovered that length of time lived in the United States (ranged from 2 months to 51 years) would lead to positive attitudes toward seeking professional psychological help by Korean immigrants. However, no significant effects for sex or education were observed in their study. Nguyen and Anderson (2005) examined the relation between cultural variables and attitudes toward seeking mental health services among a community sample of Vietnamese Americans. Participants completed the ATSPPHS with demographic variables of age, sex, ethnicity, length of U.S. residence, and previous experience with a psychologist, a psychiatrist, and a medical doctor. Using a sample of 148 adults these researchers found that length of residence in the U.S. (ranging from 5 years to more than 22 years) was found to be a significant predictor of attitudes in their study. However, Nguyen and Anderson (2005) explained that this variable was negatively related to attitudes toward seeking professional psychological help. That is to say, participants who reported greater length of stay in the USA tended to demonstrate less favorable help-seeking attitudes than those who stayed for a few years in the USA. Again, to determine the factors influencing attitudes towards seeking professional help among East and Southeast Asian immigrants and refugee women, Fung and Wong (2007) used the ATSPPHS. In their sample of 1000 immigrant women they discovered that age and education were not significant predictors of professional help seeking attitudes. In using the ATSPPHS among 206 community-dwelling adults to determine how age and gender influence intention to seek professional help, Mackenzie, Gekoski and Knox (2006) observed that age and sex also influenced intentions to seek professional psychological help. Women were said to exhibit more favorable intentions to seek help from mental health professionals than men. Also, women exhibited especially positive
help-seeking attitudes, regardless of how well educated they were while men’s attitudes were positively influenced by higher levels of education.

It is assumed that ATSPPHS would be a good instrument to be used with Nigerian immigrants in the USA to discover their general attitudes toward seeking professional psychological help in this country. This researcher would be using the Demographic variables of Sex, Education and Length of stay in the USA to determine Nigerian immigrants’ attitudes toward seeking professional counseling. The variables of sex, education and length of stay in the USA have featured in most research conducted to determine attitudes toward seeking professional psychological help (e.g. Delphin & Rollock, 1995; Fischer & Turner, 1970; Fung & Wong, 2007; Jang, Kim, Hansen & Chiriboga, 2007; Nguyen & Anderson, 2005; Yeh, 2002; Ying & Miller, 1992, Zhang & Dixon, 2003).

For instance, sex is regarded as one of the variables influencing intentions to seek professional psychological help (Mackenzie, Gekoski and Knox, 2006), and a number of researchers (Al-Samadi, 1994; Fischer & Turner, 1970; Komiya et al., 2000, Leong & Zachar, 1999; Masuda & Suzumura, 2005; Yeh, 2002) have indicated that sex is the most important variable that correlates significantly with attitudes toward seeking professional help and that women in general have shown more positive attitudes toward seeking psychological help than men. In other words, women are said to exhibit more favorable intention to seek help from mental help professionals than men (Mackenzie, Gekoski & Knox, 2006; Masuda & Suzumura, 2005). But, the research of Atkinson and Gim (1989), Jang, Kim, Hansen and Chiriboga (2007), Snyder, Hill, and Derksen (1972) does not
support this view. However, we do not know the role sex would play in determining the attitudes of Nigerian immigrants toward seeking professional psychological help.

Education is also regarded as an important factor that influences intentions to seek psychological help (Fischer & Cohen, 1972; Fischer & Farina, 1995). Sheikh and Furnham (2000) in a cross-cultural study of mental health beliefs and attitudes toward seeking professional help observed that a positive connection exists between education and willingness to use mental health services. Al-Darmaki (2003) believes that education plays a big role in determining psychological help-seeking attitudes. However, Fung and Wong (2007), Jang, Kim, Hansen and Chiriboga (2007) did not see education as a significant predictor of willingness to seek psychological help. Regarding Nigerian immigrants, we are not sure whether education is going to influence their attitudes toward seeking psychological help.

Length of stay in the USA is seen as a factor playing a significant role in determining the attitudes of immigrants to mental health help-seeking (Komiya & Eells, 2001). Jang, Kim, Hansen and Chiriboga (2007) have argued that individuals with longer stay in the United States are more likely to have favorable perception of mental health services while shorter residence in the USA was associated with more-negative attitudes toward mental health services. The assumption is that the longer one lives in the United States the more likely the person would adopt the host culture and as such better knowledge and acceptance of available resources and services (Jang, Kim, Hansen, & Chiriboga). Furthermore, Ying & Miller (1992) also noticed that acculturated individuals with a longer residence in the United States and greater English proficiency have more-positive perceptions of mental health service use. But this runs contrary to the discovery
of Nguyen and Anderson (2005) who see education as having a negative influence on help seeking attitudes, the more one stays in the United States, the less positive attitudes toward seeking professional psychological help. Again, we are yet to know which direction holds true for Nigerian immigrants in the United States.

Summary

Chapter 2 looked into the diversity of American population with a growing number of minority groups that includes immigrants from Nigeria. It also examined the feelings of minority clients towards professional counseling, and the new approach (multiculturalism) being emphasized as a way of meeting the needs of this increasing diverse population. Furthermore, this chapter talked about how this new approach has led to the study of worldviews of minority groups in America such as African American, Asian American, Hispanic American, Native American, etc. but no major studies on the Nigerian population. This has prompted this researcher to study the Nigerian population to determine their attitudes towards mental health issues.

This chapter went further to talk about the place of Nigeria on the map. It examined its citizens including the roles economy, politics, and social conditions have played in the lives of Nigerians before and after the country’s independence. Reasons for Nigerians’ presence in the United States were considered as well as the experience of these Nigerian immigrants especially as it concerns racism and discrimination, adjustment and socio-cultural issues. Furthermore, strategy for survival adopted by Nigerian immigrants and how they deal with their mental health issues were examined.
Finally, there was a review of studies done on a major instrument (ATSPPH) used in measuring the attitudes of various minority groups toward seeking professional psychological help, which this researcher intends to use with a Nigerian population.
CHAPTER III

METHODOLOGY

This chapter include: the research design, variable list, research hypotheses, participants, instruments, procedures, and data analyses.

Research Design

According to Newman and Newman (1994) there are four categories of research design and they are: True experimental designs, Pre-experimental designs, Quasi-experimental designs and Ex post facto research designs. In Ex post facto research design the variables of interest are not controlled because they have already been initiated, which differs from true experimental designs wherein the variables are controlled by the researcher. In this study, an ex post facto research design was used because the independent variables in this study including age, sex, level of education, duration of stay in the USA, and so on cannot be manipulated. Newman and Newman argued that where the independent variables of interest cannot be manipulated, the researcher can only do ex post facto research or no research at all. Furthermore, when sample population is to be used to make a prediction of the general population, which is the intention of this researcher, ex post facto design remains a good option.
Variable List

Independent variables used in this study are:

**Sex:** This was coded as Male = 0 and Female = 1

**Age:** Completed year of the participant

**Education (EDUC):** Refers to the highest level of education completed by participant and was coded as a continuous variable. Elementary school = 1; Junior High School = 2; High school/GED = 3; Some Semester Courses = 4; Associate degree = 5; Bachelors degree = 6; Masters degree = 7; Doctoral degree = 8

**Duration of stay (Duration):** This has to do with the number of years participant has lived in the United States.

**Past experience with spiritual leader (SPEXP):** Whether participant has ever consulted a spiritual leader for psychological or emotional problems. This was coded as No = 0 and Yes = 1

**Past experience with mental health professional (PROFEXP):** Whether participant has ever consulted a mental health professional for psychological or emotional problems. Also coded as No = 0 and Yes = 1

**Acculturation (ACCULT):** Refers to participant’s self-reported attachment to culture of origin in comparing to the United States culture. This was reported on a scale of 1 – 7 with 1 being least attachment to culture of origin and 7 for strongest attachment. In turn 1 will imply strongest attachment to dominant (US) culture and 7 least attachment to dominant culture.
Socio-economic status (SES): Refers to self-reported income the participant earns in a year. It was coded as a continuous variable (less than $15,000= 1; $15,000 - $29,000= 2; $30,000 - $44,000= 3; $45,000 - $59,000= 4; $60,000 and above= 5)

Research Hypotheses

1. Sex, Age, Education, Duration of stay in the United States, Experience with Spiritual Leader, Experience with Mental Health Professional, Acculturation and Socio-Economic Status will account for the Total Score on the ATSPPHS for Nigerian immigrants.

2. Sex, Age, Education, Duration of stay in the United States, Experience with Spiritual Leader, Experience with Mental Health Professional, Acculturation and Socio-Economic Status will account for the Need factor of Nigerian immigrants’ attitudes toward seeking Professional Counseling as measured by ATSPPHS

3. Sex, Age, Education, Duration of stay in the United States, Experience with Spiritual Leader, Experience with Mental Health Professional, Acculturation and Socio-Economic Status will account for the Stigma Tolerance factor of Nigerian immigrants’ attitudes toward seeking Professional Counseling as measured by ATSPPHS

4. Sex, Age, Education, Duration of stay in the United States, Experience with Spiritual Leader, Experience with Mental Health Professional, Acculturation and Socio-Economic Status will account for the Openness factor of Nigerian immigrants’ attitudes toward seeking Professional Counseling as measured by ATSPPHS
5. Sex, Age, Education, Duration of stay in the United States, Experience with Spiritual Leader, Experience with Mental Health Professional, Acculturation and Socio-Economic Status will account for the Trust factor of Nigerian immigrants’ attitudes toward seeking Professional Counseling as measured by ATSPPHS.

Participants

A total of 238 first generation Adult Nigerian immigrants living in Midwest region of the United States willingly completed the questionnaires. This is a good number considering that 460 questionnaires were sent. Prior to data analyses 13 cases were removed due to missing or incomplete data leaving a total of 225 valid. The sample included 103 men (45.8%) and 122 women (54.2%) from ages 20 to 63 majority of whom completed their bachelor’s degree. However, participants’ education level varied from a minimum of high school to a maximum of doctoral level with: 4.4% high school completed, 9.3% with some courses, 16% received associate degree, 34% had bachelor degrees, 24% are master degree holders, and 12% earned their doctorate. Participants’ duration of stay in the United States also varied from 1 year to 47 years. 16.9% reported having stayed 1 to 4 years, 57.8% between 5 and 15 years, 18.2% from 16 to 24 years and 6.9% from 25 to 47 years. In regard to past Contact with Spiritual Leader (SPEXP) for any psychological or emotional problems, 54.7% of the sample reported having previous contact experience with a spiritual leader and 45.3% reported no previous contact experience. Report showed that 24.9% of participants had previous contact with a mental health professional (PROFEXP) while 75.1% had no such contact.
For Socio-Economic Status (SES) as measured by self-reported annual income, 30 participants (13.3%) reported less than $15,000 a year, 32 (14.2%) reported annual income of $15,000 to $29,000 (14.2%), 54 participants (24%) reported annual income of between $30,000 and $44,000, 57 (25.3%) reported an annual income of $45,000 to $59,000, and 52 (23.1%) reported a yearly income of above $60,000 (23.1%).

Instruments

The Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS; Fischer & Turner, 1970), a widely used instrument for conceptualization of help-seeking attitudes in both the USA and other countries (Masuda et al., 2005) was used for this study. This is a 29 item instrument designed to assess general attitudes toward seeking professional help for psychological problems. This scale, ATSPPHS, was developed by the authors to clarify the assumption that there were specific attitudes and personality domains that might be related to one’s tendency to seek professional help. For instance, participants are assessed using items such as “Although there are clinics for people with mental troubles, I would not have much faith in them (item 1)”, and “There are times when I have felt completely lost and would have welcomed professional advice for a personal or emotional problem (item 5).”

Participants are to rate items on a four-point likert type scale that ranges from (0) Strongly disagree to (3) Strongly agree. Eleven items (2, 5, 7, 11, 12, 16, 18, 23, 25, 27 & 28) are positively keyed so that agreement indicates positive attitudes, and 18 items (1, 3, 4, 6, 8, 9, 10, 13, 14, 15, 17, 19, 20, 21, 22, 24, 26, & 29) are negatively keyed so that disagreement with the item shows positive attitudes toward seeking psychological help.
Total score for all the 29 items range from 0 to 87, with a higher score indicating positive attitudes toward psychological help seeking.

This scale has four subscales that measure the following factors:

Factor 1: Recognition of Personal Need for Psychological Help. This factor with 8 items (4, 5, 6, 9, 18, 24, 25, & 26) identifies a participant’s awareness of need for psychological help. For instance, “I would want to get psychologist/counselor attention if I was worried or upset for a long period of time (item 18)” and “A person should work out his own problems; getting psychological counseling would be a last resort (item 26).” Those who score low in these items do not see the need to engage the services of professionals for their psychological problems while high-scorers see the need and are likely to seek it.

Factor 2: Stigma Tolerance Associated with Psychological Help. This factor of 5 items (3, 14, 20, 27, & 28) estimates one’s forbearance of the shame and stigma associated with psychological help-seeking especially as it pertains to some cultures. Items such as “Having psychological problem carries with it a burden of shame (item 20),” and “Had I received treatment in a psychological counseling center, I would not feel that it ought to be "covered up" (item 27).” Low scorers see themselves as unable to endure the shame but high scorers do not care, which implies that high scorers are likely to seek professional psychological help.

Factor 3: Interpersonal Openness. This 7-item factor (7, 10, 13, 17, 21, 22, & 29), is about one’s willingness to reveal one’s personal problems to others. Items such as: “I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family (item 7)” and “There are certain problems which
should not be discussed outside of one's immediate family (item 10)”. Participants who score high in this factor show their willingness to share their personal problems with others that include mental health professionals while those who score low are reluctant to speak to others about their personal problems.

Factor 4: Confidence in Mental-Health Professionals. This factor has 9 items ((1, 2, 8, 11, 12, 15, 16, 19, & 23), which assess the participants’ trust in the mental health profession. It includes items like “Although there are clinics for people with psychological problems, I would not have much faith in them (item 1),” and “If I believed I was having a psychological breakdown, my first inclination would be to get professional attention (item 12).” Those who score high in this factor are likely to seek professional psychological help because of their confidence in mental health professionals but low scorers are not likely to seek psychological help because of their lack of confidence in mental health professionals.

Fischer and Turner (1970) observed that a combination of factor 1 and factor 4 essentially make up the attitudes toward seeking professional psychological help, and would be most directly related to actual help seeking behavior. Both factors correlated fairly high (.58). That is to say, one’s decision to get psychological help requires recognizing the need (factor 1) and trusting the help-provider (factor 4).

Reliability

According to Price & Neill (1992) the ATSPHHS has moderately high reliability. Internal reliability estimates as measured by coefficient alpha for the entire scale is .86 for the standardization sample (n=212) and .83 for later sample (n=406), while the internal consistency for the subscales range from .62 to .74 (Fischer & Turner, 1970;
Good & Wood, 1995). Test and re-test reliabilities of .89 (two weeks) to .84 (two months) were reported by Fischer and Turner (1970). The reliability estimates were Factor I (need), \( r = .67 \); Factor II (stigma), \( r = .70 \); Factor III (openness), \( r = .62 \); and Factor IV (confidence), \( r = .74 \). This gave rise to the whole-scale estimate of \( r = .83 \). High scores indicate a more favorable attitude toward seeking professional psychological help.

**Validity**

ATSPPH is able to discriminate between users and non-users of professional psychological help (Price & McNeill, 1992). Fischer and Turner also provided support for the construct validity of the scale (Al-Darmaki, 2003; So, Gilbert & Romero, 2005). Fischer and Turner (1970) explain that the scale discriminated very well on an empirical ("known-groups") basis with those who had sought professional help for psychological problems having more favorable attitudes than those with no such contact. In other words, the professional contact groups have fairly positive attitudes to seeking psychological help. For males, the mean difference between contact and non-contact samples was significant at \( p < .001 \) and females with the same distinction were significant at \( p < .0001 \). Factor analyses conducted on three independent samples reveal four dimensions of the attitude: recognition of need for psychological help, stigma tolerance, interpersonal openness, and confidence in mental health professionals. The authors discovered that Authoritarianism and internal versus external locus of control variables correlated predictably to attitude scores for both males and females, while need for approval and interpersonal trust measures correlated significantly with males’ attitudes.
So far the ATSPPHS has remained the most widely used instrument for measuring help-seeking attitudes among people of color (e.g. Delphin & Rollock, 1995; Yeh, 2002).

Data Collection

Participants in this study were recruited using the snowball technique. Only first generation Nigerian immigrants were included in this survey. Researcher made personal contact and phone call contacts with about 50 Nigerian immigrants living in the Midwest region of the United States that included the states of Ohio, Michigan, Indiana, Illinois, Wisconsin, Minnesota, etc. Participants who agreed to participate were given or mailed a research packet that included a demographic questionnaire, the ATSPPHS and an Institutional Review Board approved Inform Consent Form. A total of 460 packets were sent out and 238 were returned.

Data Analysis

A sample size of 125 was required for this study, which gave a moderate effect size (.15), and power of .80 (Cohen, 1977), with eight independent variables. Therefore, a sample size of 225 provided sufficient power. Descriptive statistics were computed for mean and standard deviations of independent and dependent variables used in this study. Correlation matrix of the demographic variables and ATSPPH scale were also examined to determine the relationship between all the predictors and criterion variables.

Multiple Regressions were used to test hypotheses. Five multiple regressions were performed with all independent variables that were found to be statistically significant in Pearson correlation analyses between demographic factors included in the present study.
and the subscales and total scores of ATSPPHS. Independent variables included in multiple regression analyses were socio-economic status, sex and duration of stay in the USA. The dependent variables used in the multiple regression analyses included the following ATSPPHS scores: Total score, need for psychological help, stigma tolerance, openness to discuss psychological and emotional matters, and trust in mental health professionals (i.e., five multiple regression analyses were conducted).
CHAPTER IV
RESULTS

This chapter includes discussion of the results obtained from statistical analyses of the data. First is the review of descriptive statistics of the independent and dependent variables second, the review of correlations of all the variables third, the results of the tested research hypotheses, followed by a summary.

Descriptive Statistics

Acculturation registered a mean of 4.88 and standard deviation of 1.44; 36% reported being from levels 1 to 4 on a seven point scale, while 64% were from levels 5 to 7. For Dependent Variables, the Total Scores had a mean of 44.00, standard deviation of 8.85, Need reported a mean of 11.52 and 3.15 for standard deviation, and Stigma Tolerance had a mean of 7.82 with standard deviation of 2.51. Openness registered a mean of 10.72 and standard deviation of 3.36, while Trust reported a mean of 14.24 and standard deviation of 3.40 (see Table 1).
Table 1

Descriptive Statistics of the Variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean</th>
<th>Std Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acculturation</td>
<td>4.88</td>
<td>1.44</td>
</tr>
<tr>
<td>Total scores</td>
<td>44.00</td>
<td>8.85</td>
</tr>
<tr>
<td>Need</td>
<td>11.52</td>
<td>3.15</td>
</tr>
<tr>
<td>Stigma</td>
<td>7.82</td>
<td>2.51</td>
</tr>
<tr>
<td>Openness</td>
<td>10.72</td>
<td>3.26</td>
</tr>
<tr>
<td>Trust</td>
<td>14.24</td>
<td>3.40</td>
</tr>
</tbody>
</table>

Note: n=225

Correlation Matrix of the Variables

Correlation Matrix of the variables showed that only three Independent variables, (Sex, Duration of Stay in the United States Socio-Economic Status) correlated with Dependent Variables in this study. Results showed that the variable Sex correlated with Need subscale of ATSPPHS, $r = .15$, $p = .03$ (2-tailed) and Openness subscales, $r = .16$, $p = .02$ (2-tailed). Duration of Stay in the USA correlated with Need subscale, $r = -.16$, $p = .02$ (2-tailed), while Socio-Economic Status, SES; correlated with Total score, $r = -.16$, $p = .02$ (2-tailed), Need subscale, $r = -.18$, $p = .01$ (2-tailed), and Openness subscales, $r = -.23$, $p = .00$ (2-tailed), (see Table 2).
Table 2

Correlation Matrix of Independent Variables and Dependent Variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sex</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Age</td>
<td>-.146</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Educ</td>
<td>-.210**</td>
<td>.372**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Durat</td>
<td>-.250**</td>
<td>.544**</td>
<td>.335**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. SpExp</td>
<td>-.328**</td>
<td>-.043</td>
<td>-.064</td>
<td>-.155**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. ProEx</td>
<td>-.069</td>
<td>-.070</td>
<td>.100</td>
<td>-.022</td>
<td>.276**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Accult</td>
<td>-.155*</td>
<td>-.115</td>
<td>.021</td>
<td>-.014</td>
<td>-.005</td>
<td>.061</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. SES</td>
<td>-.399**</td>
<td>.393**</td>
<td>.524**</td>
<td>.462**</td>
<td>-.187**</td>
<td>.123</td>
<td>.143*</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Total</td>
<td>.101</td>
<td>-.054</td>
<td>-.092</td>
<td>-.070</td>
<td>-.025</td>
<td>.043</td>
<td>-.003</td>
<td>-.162*</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Need</td>
<td>.146*</td>
<td>-.111</td>
<td>-.088</td>
<td>-.155*</td>
<td>-.014</td>
<td>-.013</td>
<td>-.041</td>
<td>-.184**</td>
<td>.663**</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Stigm</td>
<td>.044</td>
<td>.012</td>
<td>.033</td>
<td>.023</td>
<td>-.027</td>
<td>.009</td>
<td>.039</td>
<td>-.022</td>
<td>.639**</td>
<td>.415**</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Open</td>
<td>.159*</td>
<td>-.127</td>
<td>-.087</td>
<td>.104</td>
<td>.045</td>
<td>.046</td>
<td>.077</td>
<td>-.234**</td>
<td>.703**</td>
<td>.461**</td>
<td>.337**</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>13. Trust</td>
<td>.023</td>
<td>.112</td>
<td>.042</td>
<td>.086</td>
<td>-.007</td>
<td>.062</td>
<td>-.102</td>
<td>.007</td>
<td>.542**</td>
<td>.131</td>
<td>.221**</td>
<td>.195**</td>
<td>-</td>
</tr>
</tbody>
</table>

* Correlation is significant at the 0.05 level (2-tailed).

** Correlation is significant at the 0.01 level (2-tailed).

Analysis of Research Hypotheses

Five multiple regressions were performed using the combined Independent Variables that were significant (Socio-Economic Status, Sex and Duration of Stay) with each of the Dependent Variables of Total Score, and subscales of Need, Stigma Tolerance, Openness, and Trust.

Hypothesis 1: Socio-Economic Status, Sex and Duration of Stay will account for significant amount of variance in Nigerian immigrants’ attitudes towards seeking Professional Counseling in the United States as measured by the total score of Attitudes Toward Seeking Professional Psychological Help Scale.
Data did not support this hypothesis with $F(3,221) = 2.18, p = .09$ (see Appendix C1).

**Hypothesis 2: Socio-Economic Status, Sex and Duration of Stay** in the United States will predict the Need for Nigerian immigrants in the United States to seek Professional Counseling as measured by the Attitudes Toward Seeking Professional Psychological Help Scales. The results were significant with $F(3,221) = 3.61, p = .01$. Five percent of the variance in ATSPPHS Need subscale scores was accounted for by the regression model. However, follow-up t-tests showed that no predictor variables significantly contributed to the regression model when other independent variables were controlled (see Appendix C2).

**Hypothesis 3: Socio-Economic Status, Sex and Duration of Stay** in the United States will predict Stigma Tolerance in Nigerian immigrants’ attitudes to seek Professional Counseling in the United States as measured by the Attitudes Toward Seeking Professional Psychological Help Scale. Results did not support this hypothesis with $F(3,221) = .15, p = .93$ (see Appendix C3).

**Hypothesis 4: Socio-Economic Status, Sex and Duration of Stay** in the United States will predict Openness among Nigerian immigrants in the United States to seek Professional Counseling as measured by the Attitudes Toward Seeking Professional Psychological Help Scale. Data supported this hypothesis with $F(3,221) = 4.90, p = .003$. Six percent of the variance in ATSPPHS Openness subscale scores was accounted for by the regression model. Follow-up t-tests showed that only SES significantly contributed to the regression model, $t = -.2.77, p = .006$ (see Appendix C 4).
Hypothesis 5: Socio-Economic Status, Sex and Duration of Stay will predict Trust for Nigerian immigrants in the United States to seek Professional Counseling as measured by the Attitudes Toward Seeking Professional Psychological Help Scale. Data did not support this hypothesis with $F(3, 221) = .75, p = .52$ (see Appendix C 5).

Summary

This chapter looked at the means and standard deviation of all the variables of interest in this study. Correlation matrix was conducted with the independent and dependent variables. Five simultaneous regressions were computed. Result showed that Socio-Economic Status, Sex and Duration of Stay in the United States were significant in predicting the Need and Openness subscales of ATSPPHS.
CHAPTER V
SUMMARY, CONCLUSIONS AND IMPLICATIONS

In this chapter are five sections namely: Summary, Conclusions, Implications, Limitations, and Suggestions for Future Research. The summary is a brief restatement of the problem, review of the procedures used in this study and a presentation of the research hypotheses. The conclusion includes major research findings. The implication section provides a discussion of the major findings in this study for practice and research, and the section on limitations provides an overview of the limitations of the study. Finally, this chapter concludes with suggestions for future research.

Summary of the Study

Over the last twenty years the continuous increase of minority groups in the United States has led to an increase in mental health services for minority groups (Ponterotto & Casas, 1987; Samuda, 1998). Studies revealed that minority groups in this country are slow to engage in counseling services as a way of solving their psychological and emotional stresses (Chung & Snowden, 1990; Leong, 1994, Sue & Sue, 1999). For this reason several studies have examined the general attitudes of minority groups toward counseling that included Native Americans, African Americans, Hispanic Americans, and Asian Americans (Baruth & Manning, 2003, Sue & Sue, 2007). However, no specific
studies have been conducted on the growing population of Nigerians in the United States in regard to their attitudes toward professional counseling. The purpose of this study therefore, is to explore the relationship between demographic factors and attitudes about seeking professional counseling among adult Nigerians living in the United States.

Review of the Research Procedure

This study has a sample size of 225 first generation adult Nigerians living in the United States that consists of 103 males and 122 females, with ages ranging from 20 years to 63 years. Participants completed a demographic form and the Attitudes towards Seeking Professional Psychological Help scale (ATSPPHS). The demographic form included items on sex, age, level of education completed, duration of stay in the United States, past contact with spiritual leaders, past contact with mental health professionals, level of acculturation, and socio-economic status as measured by income per annum. It took participants 15 to 20 minutes to complete both the demographic form and ATSPPHS. Multiple linear regression analysis was used to test all research hypotheses.

Research Hypotheses

Results of Correlation Matrix gave rise to the following research hypotheses examined in this study:

Research Hypothesis 1: Socio-Economic Status, Sex and Duration of Stay in the United States will account for significant amount of variance in Nigerian immigrants’ attitudes toward seeking Professional Counseling in the United States as measured by the Attitudes toward Seeking Professional Psychological Help Scale.
Research Hypothesis 2: Socio-Economic Status, Sex and Duration of Stay in the United States will predict the Need for Nigerian immigrants in the United States to seek Professional Counseling as measured by the Attitudes toward Seeking Professional Psychological Help Scale.

Research Hypothesis 3: Socio-Economic Status, Sex and Duration of Stay in the United States will predict Stigma Tolerance in Nigerian immigrants’ attitudes to seek Professional Counseling in the United States as measured by the Attitudes toward Seeking Professional Psychological Help Scale.

Research Hypothesis 4: Socio-Economic Status, Sex and Duration of Stay in the United States will predict the Openness among Nigerian immigrants in the United States to seek Professional Counseling as measured by the Attitudes toward Seeking Professional Psychological Help Scale.

Research Hypothesis 5: Socio-Economic Status, Sex and Duration of Stay will predict the Trust for Nigerian immigrants in the United States to seek Professional Counseling as measured by the Attitudes toward Seeking Professional Psychological Help Scale.

Conclusions

Research findings did not totally support the five stated research hypotheses. For the first hypothesis, the combined effect of the 3 variables (Socio-Economic Status, Sex and Duration of stay in the United States) had no significant effect on the total score of Attitudes toward Seeking Psychological Professional Help Scale but only predicted the Need and Openness subscale of ATSPPHS.
Some studies found that Length of Stay (Duration) in the United States was a significant predictor of psychological help-seeking attitudes (Komiya & Eells, 2001; Jang, Kim, Hansen & Chiriboga, 2007) but in this study it only identified the Need among Nigerian immigrants with few years stay in the United States. The difference might be that Komiya and Eells (2001) conducted their research with international students from various cultural backgrounds and experiences while this study is based on adult Nigerian population with a homogeneous culture and relatively similar experiences. Jang, Kim, Hansen and Chiriboga (2007) also conducted their studies on adult Korean population, which has different experiences compared to the Nigerian population. Part of the reason is that the longer Koreans live in the United States the greater the chances of their understanding English language and culture that may lead to greater knowledge and acceptance of available resources and services (Jang, Kim, Hansen and Chiriboga). Most Nigerian adults on their part are already familiar with English language and the dominant culture prior to their arrival in the United States and are likely to retain their native culture while living here.

Findings seemed to be in agreement with Nguyen and Anderson (2005), who in their study of Vietnamese population observed that length of stay (Duration) in the United States was negatively related to attitudes toward seeking professional psychological help. In other words, the longer one stays in the United States the less likely he or she is to seek professional help. However, Nguyen and Anderson conducted their research with Vietnamese undergraduates and, most likely, new students may need more help and services to overcome their initial problems as opposed to older students who are familiar, if not comfortable, with the way things work. Most likely Nigerian
immigrants with few years stay in the United States might see the need to seek for ways that would help them succeed while those with longer stay are already familiar with the situation of things hence, has less need for professional help. Ying and Miller (1992) in their study observed that length of stay alone did not yield positive results but that acculturated immigrants with longer stay in the United States are likely to have positive attitudes toward seeking psychological help. But findings showed that Nigerians in this study scored very low in acculturation, which might contribute to their attitudes toward seeking professional help.

Socio-economic status as measured by income per annum predicted the overall help-seeking attitudes in the reversed order, which means that the more participants earned, the less disposed to seek psychological help but, the less the income the more likely to seek psychological help. Most likely Nigerians with less income per annum would seek means of improving their income and that may dispose them to seek resources and services that might improve their lot whereas, those with higher income may not see the need.

In this study, level of education as a variable was not an influencing factor in predicting help-seeking attitudes of Nigerian immigrants. This result is in line with the findings of Fung and Wong (2007), Jang, Kim, Hansen and Chiriboga (2007) who in their respective studies did not see education as a significant predictor of willingness to seek psychological help. Fung and Wong in their study of Asian women immigrants observed that rather than education and age, perceived access is one of the main factors that influence attitudes toward seeking professional help. Jang et al., discovered that culture-influenced personal beliefs (knowledge about mental illness and stigmatism) were
found to play a substantial role in shaping individuals’ attitudes toward mental health services despite level of education. Reports showed that Nigerians are more inclined to their native culture and results also indicated that they scored very low in stigma tolerance, which might influence their attitudes toward seeking professional help irrespective of their education. Access to resources and services may likely be another deciding factor for Nigerian immigrants who may not know where and how professional help could be obtained. Since Nigerian immigrants with shorter stay in the United States and those with low income see the need to seek professional help, it is most likely that not having access to resources and services of professional helpers may prevent them from seeking the actual help.

However, other researchers found a positive correlation between levels of education and help seeking attitudes as measured by ATSPPHS (Al-Darmaki, 2003; Fischer & Cohen, 1972; Fischer & Farina, 1995; Sheikh & Furnham, 2000). But, studies done by these authors in this regard were either based on student populations or different ethnic groups that are different from the sample of this study and that of Fung and Wong (2007) and Jang, Kim, Hansen and Chiriboga (2007). With regard to past experience with professional psychological helpers, Masuda et al. (2005) and their sample of student population discovered that past experience with seeking professional psychological services was found to be a predictor of the overall attitudes toward seeking professional help. In this study, past experience with mental health professionals did not predict Nigerian immigrants’ overall attitudes toward seeking professional psychological help nor did any of the four factors, perhaps due to difference in sample population. Again, it
is most likely that the Nigerian sample that scored very low in stigma tolerance is very much influenced by their native cultural interpretation of mental illness.

Sex predicted the willingness of Nigerian immigrants to identify the Need and also their Openness to discuss their psychological problems, with women showing more disposition than men in these factors. Meanwhile, Mackenzie, Gekoski and Knox (2006) who researched on “Age, gender, and the underutilization of mental health services” came to the conclusion that sex influenced the intentions to seek professional psychological help. Age as a variable did not predict attitudes of Nigerian immigrants to seek psychological help, which is in line with the findings of Fung and Wong (2007) in their study of Vietnamese immigrants.

Meanwhile, many studies have indicated that sex is the most important variable that correlates significantly with attitudes toward seeking professional psychological help and with women showing more positive attitudes than men (Al-Samadi, 1994; Fischer & Turner, 1970; Komiya et al., 2000, Leong & Zachar, 1999; Mackenzie, Gekoski and Knox, 2006; Masuda et al., 2005; Yeh, 2002). This finding is also true with the sample of Nigerians where results showed that women see more need than men to seek psychological help and more often than men, are open to discuss their psychological problems.

In contrast, the research of Atkinson and Gim (1989) did not see sex as being significant in predicting attitudes toward seeking professional psychological help. Atkinson and Gim in their study of Asian students’ attitudes to seeking professional help argued that regardless of ethnicity and gender, acculturation appears to be the determining factor. That acculturated students are: (a) most likely to recognize personal
need for professional psychological help, (b) most tolerant of the stigma associated with psychological help, and (c) most open to discussing their problems with a psychologist. It is likely this discovery emanated from the fact that students are more open in discussing their problems and can easily develop stigma tolerance than non-students.

In summary, the combined effect of the three variables of Socio-Economic Status, Sex and Duration of Stay in the United States had no significant effect on the general attitudes but did on the Need and Openness attitudes of Nigerian immigrants toward seeking Professional Counseling. Most likely Nigerian immigrants with few years stay in the United States might see the need to seek professional help perhaps, for adjustment issues. Only Socio-Economic status predicted the overall help-seeking attitudes of the Nigerian sample population. Most likely Nigerians with less income per annum would seek means of improving their income, which might dispose them to seek professional help. Sex did not support the overall attitudes toward seeking psychological help but, it did predict their willingness to identify the Need and also their Openness to discuss their psychological problems, and women showed more disposition than men in these areas.

Implications

The goal of this research was to identify the relationship between demographic factors and attitudes about seeking professional counseling among adult Nigerians living in the United States. The most important findings of this study were (a) Socio-economic status as measured by income per annum predicts Nigerian immigrants’ attitudes to seek professional psychological help in the reverse order. That is to say, those with low income would be disposed to seek professional help, (b) Sex predicted the willingness of
Nigerian immigrants to identify the Need and also their Openness to discuss their psychological problems, (c) Nigerian women would be more disposed than their men counterparts in seeing the need and would be more willing to discuss their psychological problems than Nigerian men, (d) Nigerian immigrants with few years stay in the United States would see the need to seek professional psychological help than those with longer stay. What then are the implications of these findings for any professional counselor working with this population?

First, since results showed that low income earners have the overall propensity to seek psychological help, counselors working with Nigerian population might need to include clients’ income in their intake interview and explore their reasons for seeking professional help to determine if personal finances contributed to their psychological problems.

Second, counselors working with Nigerian clients should note that though Nigerian women are more willing to acknowledge psychological problems and also more open to discuss them than their male counterparts, like Nigerian men they as well scored low on stigma tolerance which may influence their overall attitudes toward seeking professional help. Therefore, there is a need for such counselors to explore clients’ cultural understanding of mental illness and what they regard as after effects of seeking such help. Again, counselors should note that Nigerian men might have psychological problems but would be very slow to admit and discuss them. Counselors should use their knowledge and expertise to help them see the need to engage the services of professional counselors as a help toward reducing their stress.
Third, since Nigerian immigrants with few years stay in the United States saw the need to seek psychological help, counselors should verify whether adjustment issues and cultural shock are major contributors toward the psychological needs of these new Nigerians immigrants. Counselors need to explore these issues because Nigerian immigrants may be unwilling to present them as main concerns. Other findings may be deduced from the results of this study that may include but not be limited to:

1. The average education level of the sample population is a bachelor’s degree, yet results showed that many do not consider seeking professional help for their psychological problems including those who have had previous contact with mental health professionals. Counselors working with this population need to explore the influence of stigma on this group’s understanding of mental health. There is a need, through education to reduce the influence of cultural stigma attached to mental health issues. Perhaps, creating awareness of the duties of professional counselors may likely help this group understand and utilize the services of professional counselors.

2. Though more than half of participants in this study reported past having previous contact with spiritual leaders (54.7%) that did not translate into any likelihood of their seeking professional psychological help in this country. Could it be that Nigerian clients in this country would prefer professional counseling that is rooted in spirituality? Again, since religious ministers are the only people many Nigerians visit for their psychological and emotional problems (Essandoh, 1995), does that create skepticism in the minds of Nigerian clients with regard to professional counselors who are not religious ministers? The fact that religious ministers serve as therapists in Nigeria (Adekson, 2003)
opens the door for professional counselors working with Nigerian clients to inquire about the religious/spiritual background of their clients for a positive counseling outcome.

3. Although the need for psychological help and confidence in mental health providers have been identified as a *sine qua non* (=indispensable) in psychological help-seeking attitudes (Fischer & Farina, 1995), results showed that Nigerian immigrants have little or no confidence in mental health providers. No demographic factor could be related to participants’ confidence in mental health providers, and this lack of confidence would likely act as a stumbling block toward seeking professional psychological help by Nigerian immigrants. Counselors working with this population would endeavor to establish strong rapport with their clients if they are to show up after the first visit. This implies understanding a little bit of a client’s cultural background while demonstrating a good knowledge of the counseling profession to gain their trust.

4. Counselors working with Nigerian population may need to inquire about the level of acculturation of their clients. While high level of acculturation is said to have positive influence on professional help-seeking attitudes of immigrants (Ying & Miller, 1992) this did not hold true for Nigerian participants. Results of this study indicated that acculturation level of Nigerian immigrants did not depend on their level of education, duration of stay in the United States or income level. Counselors working with Nigerian immigrants should inquire about the level of acculturation of each of their clients to avoid over generalization. Familiarity with English language and culture of the United States are not accurate measures for determining acculturation level of most Nigerian immigrants.
In sum, the sample of this study indicated that only low income earners showed positive attitudes toward seeking professional psychological help for their psychological and emotional problems. Nigerian women see the need for seeking professional psychological help and are more open to discuss their psychological problems than their men counterparts. It is likely that cultural stigma attached to mental health problems is one of the major factors that hinder Nigerian immigrants from seeking professional help for their psychological and emotional problems. It is necessary for counselors to help in reducing cultural stigma by creating awareness of the benefits of professional counseling among this population for positive outcomes. Again, lack of confidence in mental health professionals appears to be another major hindrance. Also, few acknowledged psychological need but showed no confidence in the help-providers, a vital component of help-seeking attitudes that is lacking among Nigerian population. Major tasks of counselors working with Nigerian clients are to establish strong rapport through understanding of cultural background of their clients while demonstrating expertise in their profession. One wonders then what the implications of these findings are for Counselor Education and Supervision?

**Counselor Education**

Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009) approves courses that provide among other things an understanding of the cultural context of relationships, issues, and trends in a multicultural society, which include multicultural and pluralistic trends, as well as characteristics and concerns within and among diverse groups nationally and internationally. It desires attitudes, beliefs, understandings, and acculturative experiences, including specific experiential learning
activities designed to foster students’ understanding of self and culturally diverse clients. American Counseling Association (ACA, 2005) Code of Ethics states that counselors should be aware of their own values, attitudes, beliefs, and behaviors to avoid imposing values that are inconsistent with counseling goals (A.4.b). This would enable counselors to respect the dignity and promote the welfare of diverse clients (A.1.a).

In accordance with CACREP guidelines, this research on Nigerian population would increase Counselor Educators’ knowledge on how to design and teach programs that would enable counselor trainees develop cultural self-awareness and strategies for working with and advocating for diverse populations, especially Nigerian immigrants. These would include counselors’ roles in eliminating biases, prejudices, and processes of intentional and unintentional oppression and discrimination. In other words counselors are to gain knowledge, personal awareness, sensitivity, and skills pertinent to working with diverse client populations (ACA Code of Ethics C.2.a). For instance, understanding Nigerian clients’ background, experiences and socio-economic status would lead to more effective counseling techniques and interventions.

ACA Code of Ethics instructed counselors to recognize that culture affects the manner in which clients’ problems are defined. Clients’ socio-economic status and cultural experience are therefore considered when diagnosing mental disorders (E.5.b). As Nigerians are very slow in giving out their personal information and sensitive to many questions, counselors should only solicit private information from clients that are beneficial to the counseling process (ACA Code of Ethics, B.1.b). Also counselors are to use with caution assessment techniques that were normed on population other than that of
Counseling Supervision

Since the primary obligation of Counseling Supervisors is to monitor the services provided by other counselors-in-training (ACA Code of Ethics, F.1.a), CACREP expects professional practice to include practicum and internship that provide application of theory and the development of counseling skills under supervision. Counseling Supervisors are expected to actively train students to gain awareness, knowledge, and skills in the competences of multicultural practice (F.11.c). Through their supervisory work, counseling supervisors are expected to provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community. For instance, supervisees are to understand sociopolitical and socioeconomic forces that affect the career opportunities of Nigerian immigrants such as immigration, racism, and stereotyping.

Limitations

Like any research findings this study has its limitations. For some unknown reasons Nigerians are not used to responding to questionnaires especially when personal information is required. Some collect questionnaires but fail to return them due to forgetfulness or some other excuses. Others collect them out of courtesy even though they are not ready to respond to them. As a result, frequent phone calls were made to willing participants that filled and returned 238 completed questionnaires for this study.
especially for assisting with instructions and clarifications. Those who responded to this study did so because there was no linking of data to respondents.

Another major limitation of this study is the fact that no acculturation scale exists for Nigerian population. Existing acculturation scales on Hispanic and Asian populations would hardly fit for Nigerian population owing to a different set of variables that include familiarity with English language and other experiences. It is important to note that irrespective of the number of years spent in the United States and familiarity with English language and culture most Nigerians living here in the United States are more inclined to retain their native culture than getting acculturated with the culture of the United States. Determining how acculturated a Nigerian immigrant is may be difficulty as self-report; the closest option for now, may not be the best way of finding out. Lack of major materials on this topic proved to be a serious drawback. Although, there are some Nigerian Journals on Guidance and Counseling, for instance: The Counsellor: Journal of the Counselling Association of Nigeria (A publication of Nigerian Counselling Association), The Nigerian Journal of Guidance and Counselling (A publication of the Department of Guidance and Counselling, University of Ilorin, Ilorin), Nigerian Journal of Applied Psychology (A publication of the Department of Guidance and Counselling, University of Ibadan, Ibadan), Nigerian Journal of Counselling and Applied Psychology (A publication of Department of Guidance and Counselling, University of Ado-Ekiti, Ekiti) and Ahmadu Bello University Journal of Counselling and Human Development (A publication of Ahmadu Bello University, Zaria). But their articles centered more on those living in Nigeria without much connection with the situation of Nigerian immigrants in the United States.
However, few articles exist in international journals written by Nigerians that relate to this topic, which include articles on Therapy in Nigeria (Adekson, 2003; 1997; Bankat, 2001; Ebigbo, 1988), Stresses among Nigerians (Nwamadi, 2000, Ukwuoma, 1999), Nigerian students in the United States (Idowu, 1985; Osundeko, 2006) and Problems of Nigerians in the United States (Nwadiora, 1996; Okafor, 2003). All of these were reviewed for this work and most were quoted within the work itself.

Finally, the sample population was limited to first generation Nigerians and it measured only the relationship between demographic factors and attitudes toward seeking professional psychological help and not the actual seeking of help.

Suggestions for Future Research

There is need for qualitative study of this topic as personal interviews would help to shed more light on Nigerian immigrants’ attitudes toward seeking professional psychological help. Spending some time with this population may produce further results on the attitudes of Nigerian immigrants in this regard. Again, developing an Acculturation scale for Nigerian population is important in identifying the level of acculturation of Nigerian immigrants to the dominant culture. This would be better than an individual self-report, which may not be very accurate due to individual understanding of the questions and method of response.

There would be need to conduct specific research on this topic for instance, on the attitudes of Nigerian college students in the United States. Since students may be more familiar with the benefits of mental health services, a study in this direction would explain further how Nigerian students would respond to seeking professional
psychological help in comparison to studies done among students of other ethnic groups. Studies on other Nigerian professionals would also be helpful.

Furthermore, conducting research on the actual use of professional psychological help by Nigerian immigrants as opposed to understanding the demographic relationship might explain not only their disposition to seek such help but also conditions that may favor or disfavor their attitudes. Again, since demographic factors did not favor stigma tolerance among Nigerian immigrants there is need for further study on what can be done to increase stigma tolerance among this population? There is also need to study Nigerian immigrants’ preference of mental health providers because demographic factors did not support any trust or confidence in mental health providers. This would help to identify who the Nigerian immigrants would regard as being competent in handling their psychological and emotional problems.

Finally, the fact that more than half of the participants in this study reported past contact with spiritual leaders there is need to conduct research on Nigerian immigrants’ attitudes toward spirituality in counseling to know if more Nigerian immigrants will participate in counseling with spiritual components.
REFERENCES


*Aging & Mental Health, 10*(6), 574–582.


APPENDIX A

INSTITUTIONAL REVIEW BOARD FOR THE PROTECTION

OF HUMAN SUBJECTS PERMISSION LETTER
NOTICE OF APPROVAL

Date: January 29, 2009

To: Bernard E. Okafor
44 University Avenue
Akron, Ohio 44325-4308

From: Sharon McWhorter, IRB Administrator

Re: IRB Number 20090101 "The Relation Between Demographic Factors and Attitudes about Seeking Professional Counseling among Adult Nigerians Living in the United States"

Thank you for submitting your IRB Application for Review of Research Involving Human Subjects for the referenced project. Your application was approved on January 29, 2009. Your protocol represents minimal risk to subjects and matches the following federal category for exemption:

☐ Exemption 1 - Research conducted in established or commonly accepted educational settings, involving normal educational practices.

☒ Exemption 2 - Research involving the use of educational tests, survey procedures, interview procedures, or observation of public behavior.

☐ Exemption 3 - Research involving the use of educational tests, survey procedures, interview procedures, or observation of public behavior not exempt under category 2, but subjects are elected or appointed public officials or candidates for public office.

☐ Exemption 4 - Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens.

☐ Exemption 5 - Research and demonstration projects conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine public programs or benefits.

☐ Exemption 6 - Taste and food quality evaluation and consumer acceptance studies.

Annual continuation applications are not required for exempt projects. If you make changes to the study’s design or procedures that increase the risk to subjects or include activities that do not fall within the approved exemption category, please contact me to discuss whether or not a new application must be submitted. Any such changes or modifications must be reviewed and approved by the IRB prior to implementation.

Please retain this letter for your files. If the research is being conducted for a master’s thesis or doctoral dissertation, the student must file a copy of this letter with the thesis or dissertation.

☐ Approved consent form/s enclosed

Cc: John Queener - Advisor
Cc: Stephanie Woods - IRB Chair

Office of Research Services and Sponsored Programs
Akron, OH 44325-3102
330-972-7668 • 330-972-6281 Fax

The University of Akron is an Equal Education and Employment Institution.

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APENDIX B

INFORMED CONSENT FORM
INFORMED CONSENT FORM

Title of Study:
The relation between demographic factors and attitudes about seeking professional counseling among adult Nigerians living in the United States

Introduction:
Hello, my name is Bernard E. Okafor and I am working towards a doctoral degree in the Department of Counseling, at The University of Akron. You are invited to participate in a research project I am conducting on Nigerian immigrants’ attitudes toward professional counseling.

Purpose:
The purpose of this study is to identify the relation between demographic factors and attitudes about seeking professional counseling among adult Nigerians living in the United States.
It is believed that this study would help clinicians understand Nigerians’ attitudes towards mental health which could lead to improved delivery of services to this group of people.
It is estimated that about 120 people would participate in this survey.

Procedures:
Participants will only be required to fill out two questionnaires, a demographic form and the Attitudes Toward Seeking Professional Psychological Help scale. Both questionnaires would take 15 to 20 minutes to complete.

Risks and Discomforts:
There are no known risks involved in this study and no major discomfort except the time spent filling the questionnaires. One is not bound to answer any question he/she does not feel comfortable answering.

Benefits
You will receive no direct benefit from your participation in this study, but your participation may help us better understand how best to render mental health services to Nigerian immigrants.

Right to refuse or withdraw:
Participation in this study is purely voluntary and one has the right to withdraw from the study at any time with no penalty involved.
Anonymous and Confidential Data Collection:
Confidentiality of your response would be maintained throughout this study. None of the questionnaires ask for any identifying information. No identifying information will be included in the data you provide. To further protect your identity, you will not be asked to
sign and return this consent form. You may keep the form for your records and so you can contact the researcher if you have any questions

**Confidentiality of records:**
Data collected will be kept under locked cabinet for five years after which they will be destroyed.

**Who to contact with questions:**
If you have any questions about this study, you may contact me at 330-972-7779 or Dr. John Queener at 330-972-6149. This project has been reviewed and approved by The University of Akron Institutional Review Board. If you have any questions about your rights as a research participant, you may call the IRB at (330) 972-7666 or 1-888-232-8790.

Completion and return of the two questionnaires will indicate your consent to participate. Please keep this consent form for your records.
APENDIX C

REGRESSION ANALYSES
REGRESSION ANALYSES

Appendix C1
Regression

Model Summary

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a. Predictors: (Constant), SES, SEX, DURATION

ANOVAb

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b. Dependent Variable: TOTALSCOR

Coefficientsa

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a. Dependent Variable: TOTALSCOR
Appendix C2
Regression

Model Summary

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a. Predictors: (Constant), SES, SEX, DURATION

ANOVA

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<td>221</td>
<td>9.595</td>
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a. Predictors: (Constant), SES, SEX, DURATION
b. Dependent Variable: NEED

Coefficients

<table>
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<tr>
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<td>.546</td>
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a. Dependent Variable: NEED
Appendix C3
Regression

### Model Summary

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a. Predictors: (Constant), SES, SEX, DURATION

### ANOVA

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<th>Sig.</th>
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a. Predictors: (Constant), SES, SEX, DURATION
b. Dependent Variable: STIGMA

### Coefficients

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a. Dependent Variable: STIGMA
### Model Summary

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<sup>a</sup> Predictors: (Constant), SES, SEX, DURATION

### ANOVA<sup>b</sup>

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<sup>a</sup> Predictors: (Constant), SES, SEX, DURATION

<sup>b</sup> Dependent Variable: OPENNESS

### Coefficients<sup>c</sup>

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<sup>c</sup> Dependent Variable: OPENNESS
Appendix C5
Regression

Model Summary

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a. Predictors: (Constant), SES, SEX, DURATION

ANOVA

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a. Predictors: (Constant), SES, SEX, DURATION
b. Dependent Variable: TRUST

Coefficients

<table>
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<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
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a. Dependent Variable: TRUST
APENDIX D

DEMOGRAPHIC DATA FORM
PERSONAL DATA FORM

Form #____

Please provide information for all the following:

1. **What is your sex?** Male __________  Female _______

2. **What is your age?** __________

3. **What is the highest level of education you have completed?**
   - ______ Elementary School  ______ Associate Degree
   - ______ Junior High school  ______ Bachelors Degree
   - ______ High School/G.E.D  ______ Masters Degree
   - ______ Some semester courses  ______ Doctoral Degree

4. **How many years have you lived in the United States?** __________

5. **Have you in the past sought counseling help from any spiritual leader?**
   Yes ____ No ____

6. **Have you had any counseling experience in the United States?**
   Yes _____ No _____

7. **On a scale of 1 – 7 (with 1 being the least and 7 the highest) to what extent do you identify with your native Nigerian culture vs. culture of the United States?** ______

8. **Estimate your yearly income:**
   - ____ Less than $15,000
   - ____ $15,000 - $29,000
   - ____ $30,000 - $44,000
   - ____ $45,000 - $59,000
   - ____ $60,000 and above

Thank you very much for participating in the survey

**Feel free to comment on any aspect of this data on the back**
APENDIX E

ATTITUDES TOWARD SEEKING PROFESSIONAL PSYCHOLOGICAL HELP

SCALE (ATSPPHS)
ATTITUDES TOWARD SEEKING PROFESSIONAL PSYCHOLOGICAL HELP

SCALE (ATSPPHS)

Instruction: Please rate your agreement or disagreement with each of these statements on a scale of 0 to 3. If you strongly disagree with a statement, for example, circle “0.” If you strongly agree with the statement circle “3”
Remember, there are no right or wrong answer

0        1        2    3

Strongly Disagree  Disagree  Agree  Strongly Agree

1. Although there are clinics for people with mental troubles, I would not have much faith in them.
   0        1        2    3

2. If a good friend asked my advice about a mental problem, I might recommend that he see a psychiatrist.
   0        1        2    3

3. I would feel uneasy going to a psychiatrist because of what some people would think.
   0        1        2    3

4. A person with a strong character can get over mental conflicts by himself, and would have little need of a psychiatrist.
   0        1        2    3

5. There are times when I have felt completely lost and would have welcomed professional advice for a personal or emotional problem.
   0        1        2    3
6. Considering the time and expense involved in psychotherapy, it would have
doubtful value for a person like me.

0 1 2 3

7. I would willingly confide intimate matters to an appropriate person if I thought it
might help me or a member of my family.

0 1 2 3

8. I would rather live with certain mental conflicts than go through the ordeal of
getting psychiatric treatment.

0 1 2 3

9. Emotional difficulties, like many things, tend to work out by themselves.

0 1 2 3

10. There are certain problems which should not be discussed outside of one's
immediate family.

0 1 2 3

11. A person with a serious emotional disturbance would probably feel most secure in
a good mental hospital.

0 1 2 3

12. If I believed I was having a mental breakdown, my first inclination would be to
get professional attention.

0 1 2 3

13. Keeping one's mind on a job is a good solution for avoiding personal worries and
concerns.

0 1 2 3

101
14. Having been a psychiatric patient is a blot on a person's life. I would rather be advised by a close friend than by a psychologist, even for an emotional problem.

0 1 2 3

15. I would rather be advised by a close friend than by a psychologist, even for an emotional problem.

0 1 2 3

16. Person with an emotional problem is not likely to solve it alone; he is likely to solve it with professional help.

0 1 2 3

17. I resent a person — professionally trained or not — who wants to know about my personal difficulties.

0 1 2 3

18. I would want to get psychiatric attention if I was worried or upset for a long period of time.

0 1 2 3

19. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.

0 1 2 3

20. Having been mentally ill carries with it a burden of shame.

0 1 2 3

21. There are experiences in my life I would not discuss with anyone.

0 1 2 3
22. It is probably best not to know everything about oneself.

23. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.

24. There is something admirable in the attitude of a person who is willing to cope with his conflicts and fears without resorting to professional help.

25. At some future time I might want to have psychological counseling.

26. A person should work out his own problems; getting psychological counseling would be a last resort.

27. Had I received treatment in a mental hospital, I would not feel that it ought to be "covered up."

28. If I thought I needed psychiatric help, I would get it no matter who knew about it.

29. It is difficult to talk about personal affairs with highly educated people such as doctors, teachers, and clergymen.