

**Perceptions of Psychology**

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## **Abstract**

In a recent article, Corrigan (2016) argued that stigma is one of the main indicators in an individual's choice in not pursuing or failing to participate in mental health services. The stigma derives from the avoidance of being labeled mentally ill and the harm that it brings. This paper will be centered around identifying and analyzing the attitudinal barriers like stigma or negative views of seeking mental health services creates a pattern of neglect that further damage the relationship between working-class black people and mental health professionals. To provide context, the paper begins with a historical assessment of the strained relationship between mental health care professionals and working-class black people but also provides a definitive reason for the attitudes surrounding mental health services in this community. Semi-structured interviews are used as a method of fieldwork where the interviews will consist of a list of domains that evaluate key-topics associated with psychology. To evaluate a sample formed of 5 subjects all of the varying ages but have similar socioeconomic backgrounds, ethnicities, and citizenship status. The interviews will be tape-recorded and then transcribed. Evaluation of information and data analysis will be performed utilizing the Interpretive Phenomenological Analysis (IPA).

## **Scope**

This proposal is limited by access to the population as the sociological aspects of choosing the population depend on the access of people I have to interview. Since it is so stigmatized it is hard to garner information about the strained relationship between black working-class people and mental healthcare as these people are less inclined to reach out for mental health services or these mental health services are not offered in a way to make it available to working-class black communities making the sample of the population much smaller than it needs to be. Because

qualitative research in the form of Semi-Structured interviews is used to collect data this strategy also sacrifices the rigor and precision of quantitative studies.

### **Aims**

In a study conducted by (Sanders, et al, 2004) they confirmed previous research that showed racial/ethnic disparities in mental health service use. Their findings suggest that there are different paths of access to mental health services taken by minority racial/ethnic groups. The population I hope to focus on is working class black people living in America, specifically an older class of black people. While this particular subject could be analyzed through any minority population and can see the same trends through many different groups of people, my research will particularly focus on the perceptions of mental health among older working class black people in america. This research paper will hopefully not only provide a historical assessment of the strained relationship between mental health care professionals and working class black people but also provide a definitive reason for the attitudes surrounding mental health services in this community. My research will be studied through a sociological perspective that understands the social interactions between these groups of peoples is how behavior is shaped and by extension how attitudes are formed. In the end I hope the findings are able to identify the attitudinal reasons and perceptions surrounding mental health care help in black working-class communities.

### **Justification**

In the mental health arena, researchers have repeatedly demonstrated differences in rates and patterns of mental health treatment in minority working-class communities. There have been discrepancies in mental health care as a lot of individuals from these communities don't view mental health care as a viable option and among minority persons who have received mental health treatment, premature termination has been especially problematic. Several factors appear to explain the observed disparities, including cultural barriers, financial barriers, a tendency to attribute mental health problems to weakness, and lack of access to receptive and culturally compatible providers.

“While there are lots of barriers preventing the adequate use of mental health in these communities, those with People with mental illness are overrepresented in high-poverty neighborhoods. Early ecological studies of the geographic distribution of people with mental illness and more recent studies of the displacement of the mentally ill indicate that people with mental illness, and members of minority racial/ethnic populations, in particular, are disproportionately concentrated in high-poverty areas. The relationship between race/ethnicity, poverty, and mental health service use is complex. Poor areas with a high proportion of minority residents generally lack the resources needed to maintain community services at a minimum level. This dearth of services decreases access to mental health treatment and exacerbates mental health problems for minorities and other residents in those communities. At the same time, public mental health centers are too few and struggle to provide a level of

care adequate to meet the needs of the most vulnerable populations (Chow, et al. 2003).”

If quality mental health services are continued to be neglected within black working-class communities then there will be a continuation of stressors in seeking mental health services and stigma causing mistrust in providers. There is a current disconnect between the working-class black community and mental health professionals and it becomes increasingly harder to close that gap if mental health providers fail to understand just how racial and economic disparities affect these groups at an interpersonal level. Mental health services must be tailored to meet the unique needs of minority racial, ethnic groups in different community settings.

### **Review of Literature**

To begin we must understand how these misconceptions around psychology are formed. Ferguson (2015) suggests that this is an internal problem within psychological science. He explains this failure in psychology to establish itself as a real science and then affirms the preconceived notions surrounding psychology, including the general public's understanding in the stigmas which can then lead into the disuse of mental health services. They are given the space to form these attitudes and stigmas.

When looking at the stigmas and misconceptions formed around psychology Thompson (2004) explains how these attitudes are attributed to stigma, cultural barriers, financial barriers, and lack

of knowledge, in addition to the already strained relationship between the sample community and mental health providers. It was found in their study that, as far as culture and family, the need to seek psychotherapy was associated with weakness and diminished and that such needs need to be resolved within the family. As far as stigma, individuals who received mental health services have negative experiences, specifically with shame and embarrassment. Participants discussed a feeling that others reject those with mental illnesses and that oftentimes their family members hide their illness.

When discussing financial barriers, cost and lack of adequate insurance to cover mental health services was a notable barrier. Psychotherapy and mental services is seen as a luxury and the hourly fees were excessive when there are other more pressing financial needs. These financial barriers can lead to questioning their services, premature termination of services (Chow, 2003), and complaining that medication was the most frequently recommended treatment as psychotherapy and counseling were not offered as options.

Because of these attitudes and stigmas, in addition to the financial barriers and in a study presented by Masuda & Boone (2011) they noted that individuals like to self-conceal their mental illness and mental disorders in order to avoid labels like crazy. Mental health stigma and self-concealment were unique predictors of self-seeking attitudes. This notably shows the problem in modern day psychology as people would go the extra measure in potentially damaging their progress with mental health in order to conceal their disorder and avoid stigmatization.

Earlier in the justification I discuss the racial and ethnic disparities in the use of mental health services as in a study conducted by the American Journal of Public Health found that not only is it important to analyze the racial and ethnic discrepancies but also neighborhood poverty is a key to understanding those discrepancies in the use of mental health services (Chow, et al, 2003)

The general public views of psychology and their perceptions of psychology can be credited to psychology itself and mental health services failing to establish themselves as an accessible form of care in these vulnerable communities. The entirety of the proposal seeks to investigate these reasons and I think the change in culture and understanding the social, political and cultural elements of psychology would benefit the sample community, in this case working class black people. As it would allow us to explore new ways to understand their human experiences. This kind of research is particularly important in this day and age because of existing barriers to accessing affordable and affirming mental health services are even more exacerbated by the COVID-19 pandemic.

## **Methods**

Subjects: The sample will consist of 5 subjects, mixed-sex focus groups were conducted in urban low income neighborhoods. Participants included family members, friends, and/or acquaintances.

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Instrument: Semi-structured interviews will be conducted to obtain field data. It is the best form of data collection because questions can be prepared ahead of time and it allows the individuals participating in the study to have the freedom to express their views on their own terms. A semi-structured interview is a meeting in which the interviewer does not strictly follow a formalized list of questions. Instead, they will ask more open-ended questions, allowing for a discussion with the interviewee rather than a straightforward question-and-answer format. This is the best method of data collection for this project specifically because it prevents leading and allows the interviewee to come into their answer without much coaxing and it alleviates the risk of the interviewer presenting bias.

The interviewer will ask open-ended questions and anticipated follow-up questions to ensure that researchers ask all participants a minimum set of identical questions in order to collect reliable, comparable qualitative data. The questions will fall in one of these areas of domains that evaluate key-topics associated with psychology. The open-ended question will consist of these areas of domain:

Domain:	Example Questions:
Family	Does the participant come from a single parent household? What's the family dynamic like? Is mental health care talked about in the household?



Work Life	What kind of job do you do? Are you offered health insurance at your job? Does health insurance include mental health care services?
Stigma	What is stigma? What is bias? Do you find yourself participating in either?
Psychology	What do you think about when you hear the word psychology?
Mental Health Services	When should a therapist be considered? What types of problems require therapy? Have you ever considered reaching out?

When the subjects are identified they will be sent information regarding the interview and how it will take place. Before the interview, there will be a phone call made to obtain informed consent. In the case of acceptance, we defined the day, time, and place for the interview. Interviews will be tape-recorded and afterward transcribed (Hutsebaut, et al. 2017).

Procedures and data analysis: Assessment of data will be performed utilizing the Interpretive Phenomenological Analysis (IPA). IPA is a qualitative approach to psychology that provides detailed examinations of personal lived experiences. It seeks to examine the perceptions of the participants and adopts a flexible and versatile design to understand people's experiences. The point of using a combination of a semi-structured interview and interpretive phenomenological

analysis is to gather qualitative data from the research participants using the interviews. It is approached from a position of flexible and open-ended inquiry, and the interviewer adopts a stance that is curious and facilitative. The process consists of the interview transcripts being coded in a descriptive way. What we look for is features in the data, the semi-structured interviews, that are consistent with the interviewees interpretation of them and point of the thing that matters to the interviewee. As analysts we reflect on our own preconceptions about the data and attempts to suspend these in order to focus on grasping what research participants are saying. Since it encourages open-ended dialogue between the researcher and the participants it may lead to witnessing new things. We must work closely and intensively with the text, annotating it closely, this is where the coding begins, for insights into the participants' experience and perspective on their world. As the analysis develops, cataloging of the codes begin to look for patterns in the different interviews conducted. The patterns can also be referred to as themes and they are likely formed when we identify something that matters to the participant or the ideas, thoughts, and feelings of the participants (Smith & Pnina, 2012).

### **Resource Requirements**

In order to conduct this sort of study, I would need varying amounts of support from an academic advisor. As far as tools I would need a tape recorder, to record the interview sessions, and an empty soundproof room to conduct the interviews in. Ideally, for a study like this, there would be a counselor, therapist, or a method of sending the individuals participating in the study to mental

health services, in the case that an individual will be sent into a crisis. However, this is highly unlikely at the undergraduate level so I would need to provide a reasonable alternative.

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