# Experiences of College Sophomores' Utilization of Counseling Services at a Faith Based University

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## Abstract

We designed this qualitative research study to better understand the experiences of college students in a United States context who do not seek counseling for their perceived need for help, and to address barriers that prevent them from doing so. The results of this phenomenological study indicate three barriers: negative feelings based upon ones' past-experience with counseling, the stigma that surrounds a need for counseling, and the messages participants received from their parents regarding counseling. This research paper will elaborate on this study and will provide helpful information related to breaking these barriers.

## Keywords

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## Acknowledgements

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*We designed this qualitative research study to better understand the experiences of college students in a United States context who do not seek counseling for their perceived need for help, and to address barriers that prevent them from doing so. The results of this phenomenological study indicate three barriers: negative feelings based upon ones' past-experience with counseling, the stigma that surrounds a need for counseling, and the messages participants received from their parents regarding counseling. This research paper will elaborate on this study and will provide helpful information related to breaking these barriers. Keywords: College Counseling, Help Seeking, Academic Success, Phenomenology*

## A Phenomenological Study

Over a decade ago, nearly half of college-aged individuals reported having a mental health disorder within the previous year (Blanco, Okuda, & Wright, 2008). Mental health disorders are health conditions that include changes in thinking, emotion, behavior, or a combination of these, that are associated with distress and impact one's functioning (American Psychiatric Association [APA], 2018). Komiya, Good, and Sherrod (2000) reported that more college students enter school on psychotropic medications than ever before, yet on-campus counseling services are highly underutilized. The 2016 Association for University and College Center Directors (AUCCCD) Survey reported data from 529 colleges/universities in the U.S., and found that anxiety is the most predominant diagnosis, followed by depression and relationship concerns. Of the 529 College Center Directors who participated in this study, approximately 26.5% of students seeking services were prescribed psychotropic medications (Reetz, Bershad, LeViness, & Whitloc, 2016). More recently, Pedrelli, Nyer, Yeung, Zulauf, and Wilens, (2015) reported that mental health concerns are common among college students and continue to be an issue among all college students as the demands of college exacerbate symptomology (Nash, Sixbey, An, & Puig, 2017), with anxiety disorders being most prevalent and depression not far behind (Blanco et al., 2008; Eisenberg, Hunt, & Speer, 2012). Furthermore, more than 75 percent of college students 25 years of age or younger will have suffered their first onset of a mental health disorder (Kessler, Berglund, & Demler, 2005). Top performers, who typically come from privileged backgrounds and are significantly more likely to utilize resources (Brown, 2018), and more than two-thirds of college students with mental

health diagnoses do not seek treatment (Nash et al., 2017). Further, students reported that religiosity and spirituality were a form of strength and provide comfort, thus they are less dependent on trusted adults for guidance (Culey, 2014).

A World Health Organization (2018) survey of students from one of 19 colleges (in eight industrialized countries) indicated that one in three college freshmen were dealing with mental health disorders in the years leading up to post-secondary education. Thus, students enter post-secondary education with a multitude of challenges in which they do not seek or receive services and navigate transitions and challenges without professional support. This study will discuss the findings of a phenomenological research project that sought to understand the experiences of students affiliated with a religious school and why they do not seek counseling services.

## Influence of Spirituality and Religion

Koenig (2012) reported that nearly 80% of research on spirituality and religion and health also incorporates mental health due to the expectation of stronger relationships since religion and spiritual involvement is more highly related to one's wellbeing. Religion and spiritual identity is integral to human nature (Behecker, Schellenberg, & Silvey, 2017) and helps one to operationalize experiences, beliefs, values, and behaviors. Adolescents who reported some connection with spiritual or religious concepts also reported fewer depressive symptoms and risk-taking behaviors (Cotton, Larkin, Hoopes, Cromer, & Rosenthal, 2005; Grossoehme, Min, Friebert, Baker et al., 2020; Koenig, 2012). Developmentally, young adults are likely to identify with and commit to religious or spiritual beliefs, symbols, and meanings (Foster & Armstrong, 2017; Ebstyne & Byatzia, 2015). Spiritual or religious beliefs often provide a platform for positive emotions, likely resulting in a decrease in mental health diagnoses. Spirituality and religion also help young adults resolve existential questions, thus alleviating angst (Koenig, 2012). Additionally, there are often religious centers where students can get counseling from various clergy members (College Board, 2019). Identifying symptoms of distressed students is pertinent information to gather, as is learning why students in distress do not seek counseling services. Therefore, faculty, staff, and college counselors need to be oriented to these concerns and know how to identify distressed students in order to help students achieve academic success, college persistence, and increase resilience until degree attainment (Nash et al., 2017).

## Acclimating to College Culture

According to Richardson and Skinner (1992), graduates frequently describe their first exposure to the campus as a shock that requires some time to overcome. Many racially/ethnically diverse students are underprepared to address several areas of college life (Brown, 2018). For example, students transitioning to post-secondary education often struggle with time management, navigating financial aid, isolation, and understanding how to participate in the complex college environment (Brown, 2018). Marginalized populations and first-generation college students are less likely to seek help and prefer to talk to those from nonprofessional social and religious networks, and also shared that limited time and a lack of awareness of free resources were major reasons for not seeking help (Nash et al., 2017). Additionally, students reported not seeking treatment due to the unwillingness of taking advantage of free resources, embarrassment, or fear of seeking free resources, and the lack of belief in the effectiveness of talk therapy (Nash et al., 2017). Furthermore, students also shared that historical complexities, lack of social capital, socioeconomic status, and social integration all served as barriers to academic success and emotional wellness (Baber, 2012). With all these

barriers in place, students rely on themselves and seek family and friends for help (Nash et al., 2017). Yet, help seeking avoidance varies not only by race, ethnicity, and gender, but also by religious affiliation. Students reported not seeking services due to the perceived unavailability of culturally similar or sensitive counselors (Atkinson, Jennings, & Liongson, 1990). These barriers get in the way of academic success and mental health treatment.

Davis (2010) indicated that first-year supportive services address the transition to college and increases retention and degree attainment levels by providing personalized connections and supports within the university. Thus, campuses need to be representative of the student population and student needs. Accordingly, university counseling centers should increase their awareness of center limitations and provide training and professional development tailored to student needs (Nash et al., 2017).

## Normalizing Help Seeking Behaviors

When serving college students, counselors can be more effective if they understand and are prepared to address the population's unique enrollment characteristics and barriers. Colleges often have a range of resources, and more recently have worked to develop programs to reduce stigma and increase mental health literacy (Shulman, 2018). Colleges and universities can screen students for mental health problems, link students to services, and train key persons about mental health and treatment options (Shulman, 2018; Eisenberg, Hunt, & Speer, 2012). College campuses and universities need to normalize help-seeking behaviors, and work to de-stigmatize mental health. Best practices in higher education reported that students and their families are slowly increasing help-seeking behaviors to meet their mental health needs (Karam, 2019). Yet, college campuses need to consider adopting a campus-wide approach to address the many needs of students, orient and equip faculty and support staff with best practices (www.okhighered.org), and include available services during new student orientation. Colleges and universities are being called to expand their priorities and address mental health concerns.

## Self-Efficacy and Stress

Benight and Bandura (2004) reported that individuals who experienced various traumatic experiences may experience coping self-efficacy as a mediator of recovery, which may serve as a protective function in helping one to exercise control over their trauma narrative. Stress can be defined as "the negative emotional or physical state that results from being exposed to a threat" (Earnest & Dwyer, 2010, p. 2). Anxiety and negative emotions can be draining, but one's self-efficacy has a direct influence on the emotional response to stressful events (Chemers, Hu, & Garcia, 2001). When an individual has a sense of control over a stressful situation, they are likely to respond to the situation with confidence (Aspinwall & Taylor, 1992); therefore, stress levels and coping skills are essential to determining how a person responds to and succeeds in accomplishing tasks (Schunk & Pajares, 2009). If students engage in help-seeking behaviors, they are more likely to increase their coping self-efficacy and experience more success.

## Summary

In summation, research has indicated that campus services are often underutilized due to stigma and lack of understanding of what services are offered. However, even when students are familiar with services offered, they do not seek them. Students attending religious affiliated institutions often prefer to lean into their spiritual beliefs or family members for guidance, even

when aware that they may need or require more help. Thus, this project sought to understand the experiences of religious affiliated students and why they do not seek counseling services. Four of the five researchers are on faculty (in either counselor education or social work programs) at faith-based institutions and have a vested interest in better understanding why students at these and similar institutions may not seek counseling. Having this information will aid faculty and staff at faith-based colleges and universities as they seek to enhance counseling services and awareness of services as well work towards addressing the barriers that prevent students from seeking counseling.

## Methodology

The purpose of this qualitative study was to explore the lived experiences of sophomore college students who perceived they needed counseling but did not pursue it. The goals of this study were to better understand students who are hesitant to seek counseling services despite their perceived need for help, and to gain a better understanding of the barriers to seeking counseling. Utilizing a phenomenological approach, a team of researchers from three different universities collaborated through regular meetings using an online video and audio platform. Phenomenological research is focused on explicating the lived experience of individuals in relation to a concept or phenomenon. A key assumption of this approach is that universal meaning can be derived from understanding and distilling the essential aspects of a shared experience (van Manen, 1990). Because the researchers were interested in learning about the felt needs and accompanying resistance to treatment of study participants, a phenomenological approach was deemed to be an ideal research approach. Two of the researchers facilitated the individual interviews and focus group while two other researchers analyzed the data. Data analysis was completed by two researchers who triangulated the data after numerous cycles of coding. This included analysis of the individual interviews, analysis of the focus group, and bracketing. One of the two researchers involved in data analysis is not on faculty at the university where the student participants attend school. Utilizing two analysts may help to reduce researcher bias (Pope, Ziebland, & Mays, 2000).

### Demographics

From a broad-based appeal for participation in the study—issued to undergraduate Sophomores—eight students were identified as meeting criteria and willing to participate in all phases of this qualitative inquiry. This group included seven Caucasian females and one Caucasian male. One of the females was born and raised in a European country. The remaining participants were born and raised in the United States. All participants identified as being of the Christian faith. All participants were either 19 or 20 years old.

### Data Collection

Upon IRB approval, participants were recruited through a brief PowerPoint presentation developed by the researchers. The PowerPoint was given to professors in the College of General Studies at a large, southern university to present to their students. The key qualification conveyed to the students in the PowerPoint presentation was, "You may be eligible to participate if you are a sophomore and have ever felt like you needed counseling but did not seek it." Sophomore students were the identified population as it seemed reasonable that they would have been at the university sufficient time to be aware of the college counseling center, yet fresh enough in college adjustment to be experiencing transition related distress. Additional qualifications were that participants needed to be residential sophomore students

who were willing and able to participate in two audio recorded interview sessions: one individual and one focus group interview. The focus group allowed for expansion of themes that were elicited in the individual interviews along with some interactive member checking. Students under the age of 18 were excluded from the study. Interested students responded to the PowerPoint presentation by contacting one of the researchers via email. Responding students were then contacted by one of the two researchers who were going to conduct the individual and focus group interviews. The researchers were able to address any student questions and, if agreed upon, set up an individual interview appointment with the student. Of the 11 potential participants who met criteria for the study and expressed initial interest, only eight ultimately followed through with interviews. Participants were given a $25.00 gift certificate for their participation. Individual interviews were conducted in private library study rooms at the students' university. One focus group interview was conducted as a follow up to the individual interviews with six of the female participants as the other participants were unable to attend. The focus group was also conducted in a private study room at the university library. Both individual and focus group interviews were audio recorded and transcribed for further data analysis.

The individual interviews were divided between two male researchers who were guided by a 20-question protocol developed after a review of the literature on college students' use of university counseling services. Each individual interview lasted between 45-75 minutes. The focus group interview was led by both researchers using an abbreviated protocol derived from the individual protocol questions. While the researchers used the protocol to guide the flow of the interviews, they had the freedom to expand on the participant's responses for clarification purposes. The focus group interview lasted approximately 90 minutes. Audio recordings of the interviews captured the participant's reflections on their perceived need for counseling and their views of why they had not sought out counseling services at their university counseling center.

**Data Analysis**

A word-for-word transcription of the audio recordings was conducted for further analysis purposes. Researchers read the transcripts individually for initial coding and categorization of the data. An intermediate coding process was undertaken through a triangulation analysis of data from the individual and focus group interviews to determine saturation and identification of prominent categories emerging from the data. The researchers individually coded and met weekly to compare findings. The data was triangulated through journaling by the researchers.

**Results**

Findings from the triangulated data indicate that there are three primary barriers, which prevent college students from seeking counseling even when they perceive they need help. The barriers identified are (1) negative feeling based upon ones' past experience with counseling, (2) the stigma that surrounds a need for counseling, and (3) the messages participants received from their parents regarding counseling. Five of the six participants shared in the focus group that they would seek help from a family member or friend rather than a trained professional counselor. The other stated that she would prefer to "go to a counselor with a degree."

**Past Counseling Experience**

The participants' negative feelings and thoughts about counseling came from previous experiences with counseling, both on and off campus. Only one of the six participants in the focus group reported a positive past counseling experience. The participants did not identify the credentials of their counselors. They described their counseling experiences as not being helpful, not seeing results, and prescribed medicine without being listened to. One participant had participated in family counseling. She stated, "I hated that counseling. That is where I got a lot of my counseling dislikes because my sister had the same counselor. She jumped to a lot of conclusions about my life."

**On campus counseling at a Christian University.** Participants described their on campus counseling experiences at their university with these words: "One of the counselors pretty much immediately prescribed me to go to the doctor's office here on campus and then they immediately prescribed me antidepressants so I didn't feel like they were really qualified to actually do it." Another participant stated,

> My roommate and RA kind of forced me to go to the counseling center here, and literally, the first thing that they did was like tell me to go to the doctor and get prescribed on antidepressants without even like having any background history on me.

Another participant stated, "For me personally, it was my past experiences with counselors and I was forced last year to go to the counseling on campus but I didn't really feel helped by it, mainly because I was forced to go."

The participants expressed a desire for a counselor who would show interest, be non-judgmental, listen, and understand where they are coming from. They shared that a counseling center needs to be "welcoming and open, less like a doctor's office, more known, and have more workers."

When discussing on campus options, one participant stated that she did not want to be judged because of the Christian values of her university. Another stated,

> I was only told that I could have like two or three sessions with the one person, and then I had to move on. That I had to go, I had to find my own thing and everything like that. Like what if you were comfortable with that person and you can't even have that person anymore for the mere fact that this is campus policy? I think campus policies need to change.

Another participant described her experience this way, "It was more of, oh, you're having issues, well pray about it or well, that's not really something that Christians should even think about."

**Needs.** Participants in the study were able to verbalize that if they were to see a counselor they would want the professional to be skilled, qualified, non-judgmental, unbiased, understanding, a good listener, able to give good insight, and not just prescribe medication. One participant summarized it in this way: "If you are strong enough to go to somebody and open up about it, the last thing that you want is to be judged because you tried to better yourself."

**Stigma Surrounding Counseling**

The second reason college students reported not seeking counseling is stigma. This can be defined as "a social process with cognitive, attitudinal, behavioral, and structural elements that lead to social inequities, negative discriminatory treatment, and disadvantage to people with mental illness" (Gureje & Oladeji, 2017, p. 77). The participants in the study promoted the importance of talking about counseling on the college campus. One participant described it this way:

> For me it would be education about it, just kind of eliminating the mystery and stigma around counseling. I never knew there was campus counseling until I was contacted about this study and no one had ever spoken to me about it. I don't hear people talking about it.

This participant went on to say,

> I feel like no one talks about it, so I shouldn't talk about it either. If we were constantly promoting mental health and the services that we provide for it and educating people on what we offer, and hearing about other people's experiences, I'd probably think "Oh, this is something that like a lot of people I know were doing, people who like are mentally competent." Like it's not just the crazy people go to this but if I was hearing positive stories from people I saw as possible models in my life about counseling, I wouldn't be like quote unquote scared of it.

Another participant stated, "There's a lot of stigma that I've heard, just against getting counseling and against seeking out any help for any of that." Another shared,

> I think just tackling the social stigmatism of counseling. And you don't always have to go if something in your life is falling apart. It doesn't have to be the end all, it doesn't have to be the final solution. Being more like preventative help verses reactive help.

**Perceptions of Others.** The stigma surrounding counseling was a barrier that kept students from seeking counseling, as well as a continued concern even after a student found the courage to seek services. The perception of others was articulated in this way: "There can be very much of a benefit from it, but at the same time, you're still like if you tell somebody they're still going to have that bad opinion of the fact that you're going to counseling."

**Normalization.** The participants in the focus group were unified in their belief that normalizing the counseling experience can best be done by talking about it and providing education regarding the services offered at the university's counseling center.
One participant stated,

> I think we're at an age right now where we're the most common age group to have a lot of mental health diseases. I think college campuses should acknowledge that and not only educate people on it, to like say this is a completely normal thing for you to feel, but also to not hide it either.

Other participants shared, "There are people that have no idea that these services are on campus. They have no idea what those service are." She went on to say, "It should be a conversation that is done more freely, and not like only because there's this study going on."

The theme of the stigma that surrounds counseling also emerged from the individual face-to-face interviews. One participant stated,

> If the university could kind of introduce it and make it more of a normal thing, instead of it being like, well certain people need counseling, some people don't and the people that need counseling have something weird going on in their life. I feel like then that would make it easier.

**Judgement.** Not feeling judged was paramount to the participants in this study. One participant continued seeking counseling until she had a positive past experience. She stated,

> I decided like yes, there can be very much of a benefit from it, but at the same time, you're still like if you tell somebody, they're still going to have that bad opinion of the fact that you're going to counseling.

Another participant described her concern about being judged in this way,

> It has to be something like you can go talk to somebody in the hall, and be like, "Oh you know by the way, I just came out of counseling," and they would be like, "Oh that's super great" and not "Oh, my gosh, what's going on with you?"

**Accessibility.** Accessibility was also a barrier to students seeking counseling services. One participant shared, "I am only pretty much free after five and like by that time the counseling center is closed. I feel like if more counseling centers could be open longer, it would at least make a big difference." Another stated, "I think maybe making it a little bit more accessible." A third participant stated,

> I think they're aware, they may just not know exactly where to go or how to start. I know for me, when I first tried to go I had a hard time trying to figure out where it was. Maybe more workers that way more people could be brought in (served).

**Finances.** Although counseling services on college campuses are provided without cost to the student, financial stress was still stated as a barrier to students seeking counseling services. One participant stated,

> I know that like a lot of people already have issues for which they feel like they need to go to counseling might feel like they're burdening like other people, their friends, their family, and if you add the financial component to it, that's gonna make it even worse.

Another stated, "I think to add to the financial component of it, since it is so expensive here in the states, that it's harder to find the right person for you." Another participant said it this way, "I know that a lot of people especially in college, sometimes like the only reason why people don't go to therapy is because they can't afford it."

**Messages from Parents**

A third finding was that the messages the participants received from their parents influenced their thoughts and feelings regarding counseling. One participant described it this way, "My family, when I was growing up always taught me like, counseling is a last-ditch thing, like you're at the end of your rope." Although her family encouraged counseling, she stated that after she went to counseling, they assumed that there must be something wrong with her. She stated, "So it was never like a preventative measure. It was encouraged but at the same time seen as something very negative."

Another participant stated, "I only left counseling because like when my mom found out I had two counseling sessions just like she freaked out." One participant described her family as being very private. "You know everything is brushed under the rug, especially if you live in a small town." A fourth participant stated,

> It was never "Go seek help from anybody else"; it was never "Go tell other people about your problems." My family was in high leadership in my church, and so there was always like I felt like this façade that we had to put on a as a family, like a perfect family.

Family perception of the counseling experience had an impact on students even after they entered college. A participant described it this way: "I know plenty of people that have a bad family situation and it's that family that's keeping them from going out and seeking that help that they need." One participant stated,

> If you talk about it with your family, they're still going to have that bad opinion of you going to counseling, and I think that's like in society in general, you can do it and it can be a good thing for you, but then the moment that you share it with somebody else, then there's always going to be maybe a little bit of a barrier that you encounter when you want to talk about those topics, and I feel like that should be something that needs to be worked on.

While parental influence was paramount, it was not always negative about counseling. One participant stated, "I was definitely encouraged from my family and even friends, to go to counseling."

**Discussion**

The purpose of this qualitative study was to explore what factors contribute to students not seeking counseling services when they perceive they need it. The participants clearly identified negative messages they received about counseling and articulated how these messages influenced their desire to seek professional counseling services. Messages such as "You don't really need it" and "You're going to sit on a couch and talk about feelings the entire time" were negatively reinforced by counseling experiences that the majority of the participants did not find helpful. Due to various barriers identified by Nash et al. (2017), students often rely on family and friends for help. The messages of these support systems play a vital role in a student's decision to seek or avoid counseling services.

Faculty and staff on university campuses can also positively affect student's feelings about counseling. This can only occur, however, when there is a relationship that includes mutual respect and trust. When asked who they would be more comfortable initiating a conversation with about counseling, one participant replied, "One I know and have a

relationship with." Published articles by Shulman (2018) and Eisenberg, Hunt, and Speer (2012) stress the importance of university faculty and staff linking students to services and being trained in mental health and treatment options.

The findings of this study also denote that college counselors could help students seek counseling services by giving them knowledge about mental health, normalizing the need for counseling, and telling students about the counseling resources available on campus. This is consistent with the recommendations of Karam (2019) Participants indicated that college counselors can help students feel more comfortable with the counseling process by educating people on mental illness through student forums, panels made up of faculty members, and presentations about the services available at new student orientations or first year experiences weeks. One participant summarized her thoughts about campus counselors this way, "I just don't know where to find them, I don't know how to get in touch." Another stated, "National Suicide Awareness Day is really the only time it's brought up." One participant shared, "I felt like it's being aware that it's ok to go, and know you can't think it's not just for other people, it's for yourself." Shulman (2018) also found that reducing stigma is imperative and has been the focus on many university campuses in recent years.

Although the majority of the participants had a negative past experience with counseling, they were not opposed to the idea of counseling overall. Nash et al. (2017) suggests that university counseling centers take the lead on such initiatives. The students in our study suggested creative ideas to reduce the barriers that inhibit students from seeking counseling. These include educating students about the free counseling services that are available, making the counseling center's location known, creating a welcome environment in the student counseling office area, and encouragement from faculty and staff to help find a counselor; particularly those who have personal relationships with students. Other suggestions included educating students on the different types of counseling services available, creating posters that grab student's attention that focus on mental health statistics and information to gain awareness, and having someone with personal experience talk about counseling services during student orientation. One participant shared her idea this way,

> Doing mental health weeks, like right before exams especially. Like a relaxation week that the counseling center puts on just to introduce the idea that there is a counseling center and you don't have to go there just because you have, major issues, you can go there if you have smaller ones too.

Another participant stated, "It would just help to give students a broad range of different difficulties that people have."

While these ideas might not be applicable to universities in other countries or all universities, they express the need for conversations that can promote a normalization of the counseling experience.

The topic of stress and overall wellness may serve as an entryway to normalize help-seeking and introduce students to ways in which to address other mental health concerns. Informed campuses foster an appropriate referral process so that when issues arise regarding academic and classroom engagement issues, students are provided with the support needed to garner success (Nash et al., 2017). For example, counselors can support students when they anticipate disappointments, and process maladaptive thoughts and feelings with students before a devastating impact on academic achievement occurs (Guiffrida & Douthit, 2010).

Although all of the participants were enrolled in a faith-based institution, they did not identify their faith as being a barrier to counseling. Some of the participants expressed that they were told they should just pray about their problems rather than attend counseling; others were encouraged to go by their friends. Additionally, even the positive and negative messaging that

participants reported were not always explicitly tied to faith. For example, in her initial response to this question, one participant stated "seeking any outside help especially without telling my parents first would have been a big NO." Others conflated "faith" with "the church" while others noted that they had not previously connected faith with counseling, positively or negatively. This area warrants further exploration due to the implications it may have in faith-based institutions. Participants described "the church" this way, "From what I've seen from the church here it's kind of a bad thing that you have issues, like oh, you have God, why do you have issues?" Another participant stated, "It's like the church almost creates this idea that how you feel is a sin, or something's not right with you because you're depressed."

## Strengths and Limitations

### Strengths

There are a number of additional strengths outside of those that specifically pertain to the methodology of the study. One strength is that all but one of the participants had been in counseling prior to taking part in this study. This allowed the researchers to gather data from participants who had "lived experiences" of college students who had been in counseling. The participants could speak to what college students need from a counselor and what they did not find helpful. Another strength is that data was gathered from individual interviews, a focus group, and bracketing. This allowed the researchers to triangulate the data. Finally, gaining data from a homogenous population aligned in their spiritual/religious values provides an insightful perspective as to whether spirituality would emerge as specific theme being identified as a barrier to counseling.

### Limitations

While there were strengths to this study, there were limitations that need to be addressed. One particular limitation pertains to the homogeneity of participants. As previously noted, eight individuals were interviewed for this project. Seven out of the eight are female. All identified as Caucasian (with one noting she is from Italy while the remainder were
born and raised in the United States of America). The participants all attend the same institution and (at the time of the interviews) were all sophomores. Additionally, all participants identified of being of the same religious faith (Christian). The homogeneity among the participants related to ethnicity, gender, race, and religion limits the transferability of this study.

It is important to elaborate on the limitation of having all participants attend the same university. Because of this likeness, it is difficult to ascertain whether or not students on other campuses would relate to their experiences. There are several reasons for this. First, some student participants expressed difficulty in locating the on-campus counseling center. Students at other institutions may not express this same challenge. Second, the student participants attend a faith-based institution. While the participants noted an array of the expression of their individual faiths, simply being on a Christian oriented campus may lead to some inherent biases against mental health problems or treatment. However, there is a graduate level counseling program that may help mitigate religious stigma. There may be other weaknesses to this study not addressed here; however, this is an area that the researchers for this study, and all those who may have any interest in replicating this study on other campuses, should carefully consider before pursuing such an endeavor.

**Recommendations for Future Research**

In future studies on similar topics, purposeful sampling of a heterogeneous group of participants is highly recommended. This could mean variances in gender, race, or religion. Additionally, it may be helpful to compare groups of college students. For example, exploring the similarities and differences in the experiences of college students who believe they need help but do not seek counseling based on one group attending a faith based institution and another group attending a non-faith based institution might prove to be fruitful. Comparing similarities and differences between varying faith groups is another suggestion. Further research needs to continue the exploration of creative alternatives to traditional counseling approaches in an effort to enhance access to mental health care, such as a stepped care approach. This approach suggests complementary services to augment traditional 50-minute mental health services, including incorporation of online services (Cornish et al., 2017). Collaboration with an array of stakeholders, such as college administrators, faculty, staff, parents, and students would be required to expand into these more creative spaces for mental health care options. Additional research also needs to be done on the effectiveness of levels-of-care or scaled options currently being provided on college campuses. Efforts to offer scaled approaches to mental health care services such as Resident Assistant programs, Student Advocate offices, Academic support services, and student mental health weeks need further research to enhance our understanding of the effectiveness of such programs in addressing an array of student mental health needs. The options are vast and future studies related to the focus of this research study would be worthwhile in contributing to the body of literature regarding college students, mental health counseling stigma, and barriers to treatment.

**Conclusion**

This qualitative research study was designed to better understand why students do not seek help and to address barriers that prevent them from doing so. After interviewing eight college sophomores, results indicated negative feelings based upon ones' past experience with counseling, the stigma that surrounds a need for counseling, and the messages participants received from their parents regarding counseling as the top reasons why college students do not pursue counseling. Despite these barriers, there were numerous suggestions given by the participants to reduce the stigma that surrounds mental health counseling. Future research that could further explore this topic is highly recommended in an effort to better reach college students that are in need of counseling services.

**References**

American Psychiatric Association. (2018). *What is mental illness?* https://www.psychiatry.org/patients-families/what-is-mental-illness

Aspinwall, L. G., & Taylor, S. E. (1992). Modeling cognitive adaptation: A longitudinal investigation of the impact of individual differences and coping on college adjustment and performance. *Journal of Personality and Social Psychology, 63*(6), 989-1003.

Atkinson, D. R., Jennings, R. G., & Liongson, L. (1990). Minority students' reasons for not seeking counseling and suggestions for improving services. *Journal of College Student Development, 31*(4), 342-350.

Baber, L. D. (2012). A qualitative inquiry on the multidimensional racial development among first-year African American college students attending a predominantly White institution. *The Journal of Negro Education, 81*(1), 67-81.

Blanco, C., Okuda, M., & Wright, C. (2008). Mental health of college students and their non-college-attending peers: Results from the National Epidemiologic Study on Alcohol and Related Conditions. *Archives of General Psychiatry, 65*(12), 1429-1437. doi: 10.1001/archpsyc.65.12.1429

Benight, C. C., & Bandura, A. (2004). Social cognitive theory of posttraumatic recovery: The role of perceived self-efficacy. *Behavior Research and Therapy, 42*(1), 1129-1148. doi: 10.1016/j.brat.2003.08.008.

Bohecker, L., Schellenberg, R., & Silvey, J. (2017). Spirituality and religion: The ninth CACREP core curriculum area. *Counseling and Values, 62*(2), https://doi.org/10.1002/cjv.12055

Brown, C. M. (2018). The unprepared and underrepresented: Perceptions and experiences of self-efficacy on college persistence among low-income African American first-generation college students. *OPUS Open Portal to University Scholarship Capstone Projects.*

Chemers, M. M., Hu, L., & Garcia, B. F. (2001). Academic self-efficacy and first-year college student performance and adjustment. *Journal of Educational Psychology, 93*(1), 55-64.

College Board. (2019). *Campus services: There is support when you need it*. Retrieved from https://bigfuture.collegeboard.org/find-colleges/campus-life/campus-services-theres-support-when-you-need-it

Cornish, P.A., Berry, G., Benton, S., Barros-Gomes, P., Johnson, D., Ginsburg, R., Whelan, B., Fawcett, E., & Romano, V. (2017). Meeting the mental health needs of today's college student: Reinventing services through stepped care 2.0. *Psychological Services, 14*(4), 428-442. doi: 10.1037/ser0000158.

Cotton, S., Larkin, E., Hoopes, A., Cromer, B. A., & Rosenthal, S. L. (2005). The impact of adolescent spirituality on depressive symptoms and health risk behaviors. *Journal of Adolescent Health, 36*(6), 529-534. doi: 10.1016/j.jadohealth.2004.07.017

Culey, A. C. (2014). An analysis of religious and spiritual beliefs and behaviors in college students. Master of Social Work Clinical Research Papers. Retrieved from Sophia, the St. Catherine University repository website: https://sophia.stkate.edu/msw_papers/304

Davis, B. (2010). If things were simple . . . complexity in education. *Journal of Evaluation in Clinical Practice*, *16*(4), 856-860. doi: 10.1111/j.1365-2753.2010.01499.x

Earnest, D. R., & Dwyer, W. O. (2010). In their own words: An online strategy for increasing stress-coping skills among college freshmen. *College Student Journal, 44*(4), 888-900.

Ebstyne King, P., & Boyatzia, C. J. (2015). Religious and spiritual development. In M. E. Lamb & R. M. Lerner (Eds.), *The handbook of child psychology and developmental science: Socioemotional processes* (pp. 975-1021). Wiley & Sons.

Eisenberg, D., Hunt, J., & Speer, N. (2012). Help seeking for mental health on college campuses: Review of evidence and next steps for research and practice. *Harvard Review of Psychiatry*, 20, 222–232. http://dx.doi .org/10.3109/10673229.2012.712839

Foster, R. D., & Armstrong, S. A. (2017). On the intersection of spiritual and social-emotional development in children and adolescents. *Journal of Child and Adolescent Counseling, 3*(3), 132-145. https://doi.org/10.1080/23727810.2017.1341800

Grossoehme, D. H., Min, D., Friebert, S., Baker, J. N., Tweddle, M., Needle, J., Chrastek, J., Thomkins, J., Wang, J., Cheng, Y. I., & Lyon, M. E. (2020). Association of religious and spiritual factors with patient-reported outcomes of anxiety, depressive symptoms, fatigue, and pain interference among adolescents and young adults with cancer. *JAMA Network Open*. doi: 10.1001/jamanetworkopen.2020.6696

Guiffrida, D. A., & Douthit, K. Z. (2010). The black student experience at predominantly white colleges: Implications for school and college counselors. *Journal of Counseling & Development, 88*(3), 311-318.

Gureje, O., & Oladeji, B. D. (2017). Mental health, morbidity and impact. In H. Friedman (Ed.) *International encyclopedia of public health* (2nd ed., pp. 73-80). Amsterdam, Holland: Elsevier, Inc.

Karam, S. (2019). Help wanted: Investigating help-seeking behaviour among post-secondary students in relation to their mental health and well-being. *Electronic Thesis and Dissertation Repository. 6140*. https://ir.lib.uwo.ca/etd/6140

Kessler, R. C., Berglund, P., & Demler, O. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*(6), 593–602. doi: 10.1001/archpsyc.62.6.593

Komiya, N., Good, G. E., & Sherrod, N. B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of Counseling Psychology, 47*(1), 138-143. doi: 10.1037/0022-0167.47.1.138

Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. *ISRN Psychiatry, 2012*, 1-33. doi: 10.5402/2012/278730

Nash, S., Sixbey, M., An, S., & Puig, A. (2017). University students' perceived need for mental health services: A study of variables related to not seeking help. *Psychological Services, 14*(4), 502-512. doi: 10.1037/ser0000172

Pedrelli, P., Nyer, M., Yeung, A., Zulauf, C., & Wilens, T. (2015). College students: Mental health problems and treatment considerations. *Academic Psychiatry, 39*(5), 503-511. doi: 10.1007/s40596-014-0205-9

Pope, C., Ziebland, S., & Mays, N. (2000). Analysing qualitative data. *British Medical Journal, 320*(7227), 114-116. Doi: 10.1136/bmj.320.7227.114

Reetz, D. R., Bershad, C., LeViness, P., & Whitlock, M. (2016). *The Association for University Counseling Center Directors Annual Survey*. https://www.aucccd.org/assets/documents/aucccd%202016%20monograph%20-%20public.pdf

Richardson, R. C., & Skinner, E. F. (1992) Helping first-generation minority students achieve degrees. *New Directions for Community Colleges, 80*. https://doi.org/10.1002/cc.36819928005

Schunk, D. H., & Pajares, F. (2009). Self-efficacy theory. In K. R., Wenzel & A. Wigfield (Eds.), *Handbook of motivation at school* (pp. 33-53). New York, NY: Routledge/Taylor and Francis Group.

Shulman, M. (2018). *One in three college freshmen worldwide reports mental health disorder*. American Psychological Association. http://apa.org/news/press/releases/2018/09/freshmen-mental-health

van Manen, M. (1990). *Researching lived experience*. New York, NY: State University of New York Press.

World Health Organization. (2018). WHO world mental health surveys international college student project: *Prevalence and distribution of mental disorders. Journal of Abnormal Psychology, 127*(7), 623-638. doi: 10.1037.abn0000362

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