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Experiences of Jamaican Adult College Students in Counseling

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This is to certify that the doctoral dissertation by

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has been found to be complete and satisfactory in all respects,
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Walden University
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Abstract

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MA, Caribbean Graduate School of Theology, 2005

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Dissertation Submitted in Partial Fulfillment

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Abstract

Since the introduction of counseling services in Jamaica in the 1960s, young adults continue to encounter obstacles in utilizing the services made available to them. Some significant factors impacting how individuals use the professional counseling services are (a) the clients' historical and political background, (b) the ill-treatment of people with mental illness, (c) cultural practices and values, (d) the stigma toward mental illness, and (e) knowledge deficiency concerning psychological issues and psychosis. This qualitative, hermeneutic phenomenological research describes the experiences of Jamaican adult college students in counseling with counseling professionals. Seven participants volunteered through the networking sample method from universities in Kingston and St Andrew Metropolitan area volunteered. Narrative data were collected through semistructured interviews and analyzed and organized using Moustakas modified Stevick-Colaizzi-Keen method, and the NVivo program, respectively. These actions facilitated the understanding of the lived experiences of the volunteers. The evolving categories included age differences, education deficiency, feelings, hindrances, negative views, nonprofessional help, positive responses, professional attitude, and rewarding results. These categories formed two significant themes: *Support for Engaging in Professional Counseling* and *Barriers to Seeking and Accepting Professional Counseling*. The social change implications involve the professionals' developmental awareness of Jamaican college students' counseling needs, and the counseling professionals' and students in training multicultural competency development.

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Dedication

I dedicate this research project to family members, namely: Michael G. (husband), Lenisia Marie, Marsha Elise, Michael W. (my children), and by extension, Christine and Erika (sister and niece respectively). These persons have been consistently encouraging and supportive in multitudinous ways throughout this journey.

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Acknowledgments

It is never a simple task for a beginner researcher to engage in research activity as comprehensive as the dissertation. When this occurs, it is of necessity that the beginner researcher accesses adequate support and guidance if she/he must be successful in the pursuit. I use this medium to acknowledge some essential resources from which I accessed the ultimate support, strength, and guidance to complete this enormous task.

. Firstly, I give thanks to the Almighty God. He has empowered me with the needed courage, strength, stability, and perseverance, not only to complete successfully but also to remain consistently on task, throughout the process, until completion. Secondly, I express sincere gratitude to Walden University for the provisions made for access to valuable, qualified, knowledgeable, and experienced resource persons who gave mentoring and guidance through this journey. Particular references made to Dr. Tina Jaeckle (Chair), Dr. Barbara Benoliel (Committee Member), and Dr. Corinne Bridges (URR). Thirdly, I acknowledge the team of students who voluntarily participated in this project, and to family members who gave varying support.

Finally, grateful acknowledgment to all the individuals who have made different forms of contribution to the success in completing this dissertation. Without these individuals, this task could not have accomplished at this opportune time.

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Chapter 1: Introduction to the Study

A global premise indicate that college/university students experience a wide range of mental disorders due to the existence of huge stressors that are evident in the college/university environment (Goodwin, Behan, Kelly, McCarthy, & Horgan, 2016; Holm-Hadulla & Koutsoukou-Argyraki, 2015; Wynaden et al., 2014). Wynaden (2014), reporting on research conducted among three Australian universities, noted that approximately 50% of students self-reported experiencing symptoms of mental illnesses. Researchers in the United States also reported around 50% or more of college students encountered symptoms of mental health disorders (Nobiling & Maykrantz, 2017). Some factors are likely to contribute to the stressfulness of these environments, such as difficulties with academic performance, lack of self-esteem, test anxiety, and general anxiety, as well as the depressiveness (Berger, Franke, Hofmann, Sperth, & Holm-Hadulla, 2015). Jackson Williams (2014) noted that students scarcely accessed mental health services available in tertiary institutions. Further, mental illness occurrences are increasing and intensifying as students underutilized mental health services. Researchers reported evidence of rippling effects that come as consequences when mental health issues are left unattended (Kleinman, 2016).

According to researchers, there is an increasing number of youths who displays symptoms of mental illnesses. The researchers indicated that approximately one-third of people are likely to experience mental illness in their lifetime (Dadwani & Tintu, 2014). Goodwin et al. (2016) examined several studies conducted globally. They noted that young adults within the age cohort 18–24 are more likely to display symptoms of mental

disorders but are less likely to seek mental health assistance. Researchers conducted

studies in the United States revealed similar findings with college students who are less

likely to seek professional help for their mental illnesses (Nobiling & Maykrantz, 2017).

Attitudes and stigma, as well as the fear of experiencing discrimination, are primary

determinants for an individuals' help-seeking behavior. These determinants are likely to

result in a prevailing silence from students encountering mental health symptoms

(Wynaden et al. 2014). Jamaican youths' help-seeking attitudes reflect significant

sociocultural biases that are evident in the wider Jamaican society. These youths also

possess higher mental health needs, alongside the underutilization of the services

provided, according to Jackson Williams (2014).

Jamaica is the largest country in the English-speaking Caribbean. Before its

independence on August 6, 1962, Jamaica was an English colony under British rule.

Jamaica had a population of 2,899,032 as of July 17, 2018 (Jamaica Population, 2018).

Several organizations and public health agencies in this country continue to strive to

succeed in addressing mental health issues. They seek to develop a positive attitude in the

Jamaican people toward mental illnesses and the services offered by mental health

professionals, as Hickling, Gibson, and Hutchinson (2013) related. Tertiary level

educational institutions and psychiatric and psychological training programs also play a

vital role in yielding evidence-based literature. Hickling et al. (2013) noted that this

literature supported the development of building a positive attitude of the people toward

mental illnesses and the services offered by professionals. Notwithstanding, factors such

as culture and religion, socioeconomic status, history, demographics, age cohort, and

psychological distress continue to impact persons' attitudes and perceptions of their experiences with the mental illness. These factors impact the individuals' attitudes and perceptions of the mental health professionals and the services they offer (Youssef et al., 2014; Arthur & Whitley, 2014).

Background of Problem

The Jamaican college/university students are no exception to the display of symptoms related to mental illnesses that are prevalent among the youths. Stigmatization creates a feeling of devaluing and rejection, as well as a loss of status for individuals who encountered mental diseases. Their family members are also impacted by the stigmatization. The individuals are likely to become vulnerable to discrimination at both personal and organizational levels (Arthur & Whitley, 2015). These experiences affected individuals' opinions and attitudes toward seeking professional assistance for mental illnesses. Others without these experiences have a less negative attitude and are more willing to seek professional psychological help (Jackson Williams, 2014). Socioeconomic factors influence the way the members of the English-speaking Caribbean, including Jamaican youths, perceive mental illnesses. Youssef et al. (2014) noted that these factors also determined whether they would seek professional mental health services. Some researchers supported this concept, while others held converse positions (Jackson Williams, 2014).

Religion and culture strongly influenced the life of the Jamaican people, their perception of mental illness, and their attitude toward seeking professional mental health services (Arthur & Whitley, 2015). Individuals in Jamaica gravitated toward religious

activities, such as prayer and testimonies, that they perceive to be effective and capable of appeasing their stressful situations (Arthur & Whitely, 2015). Ultimately, knowledge deficit concerning mental illnesses and mental health services also influenced how the Jamaican population perceive individuals experiencing these diseases, and the mental health services available to them (Jackson Williams, 2014). In general, members of the Jamaican society hold varying opinions about the etiology of mental illnesses. They view mental illness as being due to supernatural factors, drug use, heredity, inability to cope with stress, maltreatment by others, and involvement in rituals (Arthur & Whitley, 2015). Arthur and Whitley (2015) also noted that these opinions are passed down to the youths, have a negative impact, and result in the children displaying hostility toward persons with mental illness and the treatment process.

In this research, I describe the lived experiences of Jamaican, adult, university students, and their attitudes toward counseling professionals and the services they offer. This knowledge should fill the existing gap concerning the lived experiences of the Jamaican college /university students who utilized the counseling services, as well as how they perceived their experiences. Additionally, counseling professionals and students in training should become more aware of how their services are likely to impact the college/university student cohort. Professionals should be aware of how the services are likely to impact the Jamaican population. Researchers acknowledged the stressful environment that exists in colleges/universities and the varying mental illnesses that accompanied those situations. There is a lack of extant research in the literature that explained the students' perception of their lived experiences and attitudes toward the use

of mental health services. Acquisition of this knowledge can facilitate needful social change through the provision of education about mental illnesses, the work of the counseling professionals, and the helpfulness of the services in the quest to promote mental health.

Problem Statement

There exists a long-standing need for mental health care within the Jamaican society before the introduction of counseling services in the country (Palmer, Palmer, & Payne-Borden, 2012). Palmer et al. (2012) also noted that before the Spanish colonization, persons with mental illnesses received treatment and support from the social structures in the community. These included family members, religious leaders, community elders, and other respected community members. The treatment and support were without restraint, and with more humane practices, than that which was received from European leaders, according to Palmer et al. (2012). The arrival of psychiatry in Jamaica through the European colonization in the 1860s brought inhumane treatment and legislation for the imprisonment of individuals with mental illnesses (Robertson-Hickling & Hickling, 2002). Since the introduction of counseling services in Jamaica in the 1960s, the Jamaican population continued to experience change through the growing presence of trained counseling professionals, and the population's slow, but increasing use of counseling services (Palmer, Palmer & Payne-Borden, 2012).

Notwithstanding, members of the Jamaican community continue to have difficulty in accessing available counseling services. Researchers noted some factors that prohibit the use of counseling services by members of this populace are: (a) their historical and

political background, (b) the ill-treatment of persons with mental illnesses, (c) cultural practices and values, (d) the stigma toward mental illness (Jackson Williams, 2014), and (e) lack of knowledge concerning psychological issues and psychosis (Youssef et al. 2014). Youssef et al. reported the presence of a growing population of persons encountering a mental illness, general public with knowledge deficiency concerning mental illnesses, limited infrastructure with appropriately trained personnel, and an expansive display of negative attitudes toward persons with mental illness, in the English-speaking Caribbean.

Youssef et al. also noted that researchers recognized some mental illnesses from the region to be psychosis. Other mental issues, such as alcoholism and depression, went unrecognized as mental health disorders. Further, Youssef et al. acknowledged that the adolescent cohort displayed symptoms of many mental illnesses. Within this age cohort, individuals develop their attitudes and form opinions about mental diseases and persons who were encountering these illnesses (Youssef et al., 2014). This developmental period has implications for college students' future in their career, profession, and leadership roles. These students are likely to become involved in situations that require awareness, knowledge, and willingness to address concerns that are related to mental illnesses among themselves and others (Youssef et al., 2014). These issues are more evident in the Caribbean countries with small population size, and students who experienced a short span from graduation to meaningful, influential positions in society (Youssef et al., 2014).

Concerns for mental health on college campuses are salient since mental health issues are likely to impact the students' academic progress (Holm-Hadulla & Koutsoukou-Argyraki, 2015). In referring to studies conducted in the United States, Holm-Hadulla and Koutsoukou-Argyraki (2015) noted the increasing rate of psychopathology that college students experienced particularly in their first year. It was also evident in the Caribbean region and specifically, Jamaica, that college students are likely to experience schizophrenia (Lacey, Sears, Crawford, Matusko, & Jackson, 2017). Researchers agreed that the college experience was a stressful period. Students from different environments are subject to additional stressors that contribute to the development of emotional instability and mental illnesses (Nobiling & Maykrantz, 2017). Despite these challenges, empirical evidence indicate that college students displayed inadequacy in using counseling services (Li, Marbley, Bradley, & Lan, 2015).

Religion plays a vital role in the lives of individuals of African descent (Holt et al., 2017). According to Holt et al. (2017), African-Americans engage in high levels of religious involvement that play essential roles in their coping styles when dealing with stressful health situations. Notably, researchers posited that a vast proportion of the Jamaican population was religious, with many individuals affiliated with one or more of the religious groups (Arthur & Whitley, 2015). Religion, therefore, plays an integral role in the lives and culture of members of the Jamaican population. This practice, as noted in Arthur and Whitley (2015), enforces the need for clinicians to be aware and to be informed about the cultural traditions. The clinicians need to be aware of the role of the church in providing therapeutic care that relieved individuals of psychologic distress.

A counseling center, referred to as a healing clinic was established by a psychiatrist with theological training, according to Griffiths in Arthur and Whitley (2015). Griffith's emphasized that this psychiatrist remains the driving force behind this ministry. This clinic offered Orthodox medical services, along with spiritual and psychological services. Many patients disclosed having discussed their problems with the pastor. They described their problems as those that caused distress and impeded their social functioning. The patients expressed their belief that their issues are outside of the psychologic realm and engaged themselves in services that involved prayer, testimony, and spirituality. These clients expressed their opinions that the professionals provided psychologic services designed for those who were psychotic (Arthur & Whitley, 2015).

Counseling professionals should be cognizant of Jamaicans' lived experiences with counseling professionals and the services offered. Hence, they should engage in the continued development and delivery of mental health services that meet the needs of this community. It is salient to know how religious engagement impact members of this community (Holt et al. 2017). This knowledge should be helpful as the professionals seek to address the factors that create barriers to engaging in the services. Counseling professionals must be aware of the knowledge deficiency that prevail among the members of the Jamaican society as Youssef et al. (2014) noted. Mental health professionals should seek to engage in social change activities. Social change activities would educate the general society about the benefits of counseling services in addressing mental health issues and psychotic illnesses. Counseling professionals should access adequate multicultural training to be aware of how counseling services impact the

members of this society. The professionals should display sensitivity to the areas that are relevant to the cultural dimension of individuals receiving counseling services, Holm-Hadulla and Koutsoukou-Argyraki (2015) agreed.

Through this research, I seek to assist in providing information that promotes the professionals' multicultural development and fill the gap with the missing information. This study is a source of professional knowledge since there is a dearth of research describing the experiences of members of the Jamaican population who sought counseling from the professionals or who refrained from utilizing the services. I eliminated several articles that were significant resources in this research because they became stale-dated. Due to the extended time frame utilized in completing this dissertation, some articles that were accessed in the initial stages were no longer within the required date for references.

Purpose of this Study

My intention for conducting this qualitative, hermeneutic phenomenological study is to investigate the lived experiences of Jamaican, adult college students, and their attitude toward counseling professionals and the counseling services offered. My goal was to provide an in-depth understanding of the participants' perceptions of their lived experiences. According to Kafle (2011), researchers should seek to bring to light details of the participants' experiences, as well as other aspects within these experiences that individuals take for granted. In this study, I seek to present a detailed textual description of the participants' experiences in their life world.

Research Question

The research question for this study was: What are the lived experiences of Jamaican college students, who participate in counseling services with counseling professionals?

Qualitative Research Approaches

Moustakas (2011) identified and briefly discussed some qualitative research approaches. He listed these approaches as hermeneutics, grounded theory, heuristics, empirical phenomenology, and ethnography. Moustakas further listed some commonalities that he found among these approaches. Through these approaches, he acknowledges the value of qualitative designs and methodologies and promoted the studies of the human experiences not accessible through quantitative approaches. Moustakas reported that researchers, when working with these approaches, focus on individuals' holistic experiences, rather than mere objects or its parts, and search for meanings and essences of the experiences, instead of measurements and explanations. Qualitative approaches are also used to obtain descriptions of the lessons from the individuals who encountered the experiences by engaging them in formal and informal interviews and conversations (Moustakas, 2011).

According to Moustakas (2011), the data acquired through these interviews and discussions are essential in understanding human behavior, as well as providing evidence for scientific inquiries. He advised that researchers formulate questions and problems that indicate the interest, involvement, and research commitment. This process mobilizes the readers to view the participants' experiences and behavior as an essential relationship

between the subject and object, in parts and as a whole (Moustakas, 2011). Although these qualitative models have some similarities, they also have distinct differences. I used the qualitative, hermeneutic phenomenological research principles as a guide for this dissertation.

Hermeneutic Phenomenology

Martin Heidegger (1889-1976) was the founder of hermeneutic phenomenology (Laverty, 2003). Husserl, one of Heidegger's earlier teacher, contributed to Heidegger's initial development in phenomenological intentionality and reduction. Van Manen (1990) explained that Husserl contributed to Heidegger's potential to purposely describe individuals' lived experiences of a specific concept or phenomenon, and then to reduce these individuals' experiences to a universal meaning. Heidegger focused on *Dasein,* a term he used to describe "the mode of being human" or "the situated meaning of a human in the world" (Laverty, 2003). Heidegger posited that humans experience various plights in an unfamiliar world (Annells, 1996; Jones, 1975). Annells (1969) stated that Heidegger's view of hermeneutics was an interpretive process. Laverty noted that researchers using this process seek to promote understanding and to enable the discovery of the participants' phenomenon through language. Researchers described hermeneutics as the study of human cultural activity, geared toward interpretation, to access the participants intended meanings of their experiences (Laverty, 2003).

Hermeneutic phenomenology involves a focus on consciousness and experiences (Moustakas, 2011). Moustakas' chief interest was in the lifeworld of human experiences (Laverty, 2003). Researchers of this model reflect on the details of the lived experiences,

as well as those experiences that seemed less significant (Laverty, 2003). Researchers using this qualitative model seek to create meaning and to establish a sense of understanding (Laverty, 2003). Laverty (2003) explained Heidegger's view of consciousness is the development of historically lived experiences that is not separate from the world (Heidegger, 1927/1962). That understanding represents human existence and the way we are, instead of the way we know the world (Laverty, 2003. Heidegger purported that one's background, inclusive of cultural heritage endowed from birth, impacts one's means of understanding the world. Nevertheless, Heidegger acknowledged that one's experience was not entirely without self-restraint. Yet, people and the world are inseparable from culture (Munhall, 1989).

Heidegger (1927/1962) emphasizes pre-understanding and equates it to the aspects of culture that are present even before one's understanding and involvement in the history of one's background. Hence, pre-understanding was already present with us in the world. Further, he determined that one connected intricately to one's background, understanding, and culture. For Heidegger (1927/1962), interpretation plays a vital role in the process of understanding. He claims that as humans, all encounters involve explanations that are influenced by the individual's background. Heidegger accomplished the interpretive process through a hermeneutic circle. The hermeneutic circle is the process that allows movements between parts and whole experiences, to acquire the depth of the understanding of the phenomenon (Annells, 1996; Kvale, 1996). The process terminates when the researcher perceives a sensible meaning (Annells, 1996; Kvale, 1996).

In Chapter 2, Review of Literature, I include reviews of research containing both historical and cultural factors, as advised by Hickling, Gibson, and Hutchinson (2013) and Ballesteros and Hillard (2016). These researchers determine that historical and cultural factors are likely to impact individuals' help-seeking attitudes and the use of available mental health services with mental health professionals (Ballesteros & Hillard, 2016; Hickling et al., 2013). Readers obtain insight into the historical and cultural background of the participants, as well as the meaning that is relevant to the participants' experiences. During this research process, I read the research data repeatedly to discover the participants' hidden meanings of their experiences.

Research Process

Moustakas (2011) presented an approach to conduct phenomenological research that would encourage an organized, disciplined, and systematic research process. This approach involves these seven steps. Firstly, the researcher should identify a topic of interest, and research question(s) that would receive enriched support by autobiographical meanings and values, inclusive of social meanings and significance. Secondly, the researcher should conduct a thorough literature review that involves extant professional and research literature. The third step involves formulating a set of criteria necessary to identify appropriate participants. The fourth step involves the disseminating of information on the purpose and intent of the research. Step five involves the establishing of an interview protocol that researchers use to guide the interview process. In step six, Moustakas advised the researchers to conduct and record extensive interviews with individual participants. The final step involves organizing and analyzing the data to

generate textural description, structural description, and synthesis of structural and textural meanings and essences.

For my study, I investigated the experiences of Jamaican adult college students in counseling. I created a research question to focus on the lived experiences of Jamaican college students who participated in counseling with counseling professionals. I conducted a thorough literature review of extant professional and research literature.

I specified that participants should be within the age cohort of 19-50, Jamaicans attending a Jamaican university, and have completed counseling at least 2 months before participating in this research. The participants should be interested in the phenomenon under study and understand the nature and meaning. The individuals had to participate without any coercion, permit the tape-recording of lengthy interviews, and authorize the publishing of data in the dissertation, as well as other publications.

Each participant completed informed consent (Appendix A), both written and verbally, to ensure a full understanding of their participation. I reassured each participant of confidentiality according to the principles described below, under the heading, Ethical Concerns. I used an interview protocol (Appendix C) to guide the interview process. I provided two sample interview questions to guide the interview to obtain meaningful, rich data. I engaged participants in a 60 minutes long interview process, after which I proceeded to analyze and organize the data. The procedure in accomplishing this step follows in a later part of this chapter. I bore in mind that Moustakas (2011) recommended that the method should be open-ended and organized to facilitate the flow of the inquiry. The prospective participant learned of the possible need that may arise to do a follow-up

interview or member checking, according to Birt, Scott, Cavers, Campbell, & Walter (2016). At the initial stage, I explained to the participants the importance of member checking in assessing the trustworthiness of qualitative research. This process involves the participant and myself reviewing the data shared to ensure that the information recorded and transcribed wholly represented, portrayed, and was synonymous with the participant's perspective, as posited by Birt et al (2016).

During the initial meeting, I informed the individuals who did not meet the criteria for participating in the research and gave them reasons for not being accepted at the time. I also made contact with the head of the Bethel Baptist Church counseling unit. I selected this counseling unit to receive participants if any interviewee should become upset while participating in the interviews. These interviewees could access free service.

Nature of the Study

I utilized a qualitative, hermeneutic phenomenological approach for this research study. Hermeneutic phenomenology researchers focus on consciousness and experience. This approach permitted constructive critique, and refinement of the author's work by revealing the underlying details according to Makkreel (1975). Dilthey (1976) perceived the need for the hermeneutic undertaking to possess a historical outlook to promote the understanding of the author at a deeper level than the author comprehended his own experience. As well, Dilthey highlighted that the study of history was a necessity for the understanding of the human experience. Studies of experience depended on historical groundings and descriptions to form a whole; because history enhanced the meaning of the experience as it revealed socio-political and economic factors (Dilthey, 1976). The

hermeneutic discipline entailed the ability to read a text to uncover and foster the full understanding of the intention and meanings.

The hermeneutic design required analysis to obtain a precise understanding of the text. The interpretation was not a detached activity, but the basic structure of the experience that uncovered what hid behind the actual phenomenon (Gadamer, 1984). The hermeneutic circle was the medium through which understanding occurred, and pre-judgments corrected in light of the text and gave rise to new pre-understandings (Gadamer, 1984). The hermeneutic circle facilitated the correcting or setting aside of our prejudices as we interacted with the text (Gadamer, 1976).

In conducting this research, I explored the lived experiences of the Jamaican college/university students and their perception about the counseling services available to them, and the professionals offering the services. I utilized the networking sample method (Vehovar, Toepoel & Steinmetz, 2016), which is a type of convenience sampling. Through the use of this sampling method, I acquired the initial set of interested individuals to form the first set of participants. These participants then referred to me, other suitable individuals from their network, who were interested in sharing their experiences, as prospective participants.

I provided informed consent forms for persons within the age cohort of 19 to 50 years who met the criteria for participation. I selected this particular age range for the study to capture the range of students who registered in tertiary educational institutions. Within the Jamaican context, 19 years old students were usually just leaving high school. Students 30 years old and over were advancing their education to meet advanced career-

related qualifications. I conducted interviews with individuals who voluntarily participated. In generating the data, I utilized broad and general interview questions to facilitate meaningful dialogue and free expression of the participants as they described their lived experiences (Moustakas, 2011).

Definitions

Counseling professionals: trained and licensed individuals who assisted clients, by collaborating with them, in identifying goals and possible solutions to emotional problems; to develop communication skills and coping skills; to build self-esteem; to engage in behavior change; and ultimately, to engage in mental health wellness practices (www.counseling .org). Counseling professionals held different titles, based on their specialized areas of training and licensure.

Counseling services: these involve the assistance offered by the professionals to their clients. These may range from therapeutic care to diagnosis, to referral, based on the circumstances the client presented (www.counseling .org). These services include collaborative interaction, within the counseling setting, from the very first session to the final session, inclusive of the relationship that developed during the process.

Lived experiences: this was the everyday experiences of a phenomenon (Converse, 2012). In this study, lived experiences include actual and perceived experiences, that each participant encountered. These experiences relate participants' interaction with the counseling professionals and the services offered and the impact of these experiences. The lived experiences involved social, emotional, psychological, or any other manner, whether positive or negative, from which the participant felt impacted.

Mental illness: any condition listed in the Diagnostic Statistical Manual – V (DSM-V) and were likely to interfere with an individual's psychological, social, emotional, and behavioral functioning (DSM-V, 2013). These conditions ranged from mild to severe.

Networking sample method: a convenience sample where some units form the starting 'seeds' which then sequentially led to additional units selected from their network; a specific subtype is *snow-ball sampling*, where the number of included network ties at each step is further specified (Vehovar, Toepoel & Steinmetz, 2016)

Universal essence: similarities that exist among individuals who experience the same phenomenon (Lopez & Willis, 2004).

Assumptions

The assumptions are that college/university students underutilized the counseling services provided by counseling professionals in the tertiary institution. These tertiary level students may have encountered some negative experiences that resulted in negative attitudes toward counseling and the counseling professionals. Students who utilize the services may have encountered more positive experiences.

Delimitations

Necessarily, children were not among the participants in this study. Hence, the sample consisted of adults between the ages of 19 and 50 years. The participants of this research were only those students who attended counseling sessions and completed the same at least two months before participating in this research.

Limitations

A significant limitation that exist in this research is the lack of generalizability

toward the general population in this country. I selected the participants from universities

in Kingston and St. Andrew. Hence, the sample did not include individuals without

tertiary level academic standards nor represented their experiences. Accordingly, the

findings cannot be generalized to all persons within the age cohort of 19 to 50 years, or

the broader population. The data collected through the networking sampling method

could not be generalizable. As well, the data collected could be biased since participants

engage in self-report and could report what they thought was suitable for me to hear.

Significance of the Study

The intent was that this study contributes significantly by providing information

to fill the gap in the literature that would describe the participants' lived experiences with

counseling services and the counseling professionals. This study would provide

additional information for counselor educators and supervisors, students in training, and

professional counselors. This study should assist the professionals in identifying ways to

modify their intervention strategies when working with this and similar populations. This

study should contribute to the development of counselors' multicultural competence and

engagement in considerations for cultural differences when working with a society that

was different from their own.

Significance to Practice

My hope is that this study displays the potential capacity to enhance the

importance of practice among counseling professionals who encountered and worked

with populations similar to that of the Jamaican college/university students. Counseling professionals would interface individuals among their clientele that were from communities unlike their own. Becoming aware of cultural differences, as well as other factors that were likely to contribute to the need for change or adaptation of intervention strategies, is of essence in the counseling practice. Counseling professionals who adapted intervention strategies to meet the needs of their clients proved to be more effective and efficient in the services they offered. When clients interact with counseling professionals who displayed an awareness of the clients' cultural differences and understanding of their situation, the clients were more likely to complete their treatment plan. When clients were uncomfortable or uncertain about the counselors' performance, they were less likely to return or complete their sessions.

Significance to Theory

I utilized the social constructivist theory (Denzin & Lincoln, 2011) as the framework for this qualitative study. This theory allows the collection of data from individuals who experienced the phenomenon according to Costantino (2012). These individuals constructed their knowledge through historical and social interaction within their community or their social context. Knowledge is co-constructed by both researcher and the participant. The constructivist researchers focused their investigation on understanding the event, rather than seeking to explain the same (Costantino, 2012). This author, Costantino, presented the constructivist theory as more suitable for investigating phenomena in human sciences to satisfy the need for the meaning-making approach.

The constructivist theory provided room for the development of a new theory concerning college students and their help-seeking attitude toward mental health professionals and the counseling services that they offered. Researchers using this study as a background to follow-up studies regarding college students and their help-seeking approach should gain significant insight into the lived experiences of the participants. This study should assist counseling professionals in becoming aware of the historical, social, and cultural factors, the interpretation of the experiences, and the likely response to these experiences. As well, this framework should assist future researchers in highlighting the behaviors that were common among persons who experienced the same phenomenon.

Significance to Social Change

Counseling professionals continued to seek to develop multicultural competence to serve clientele from different cultural backgrounds, adequately. There is also the need for society at large to be aware of the significance of counseling professionals and the services they offered. Knowledge deficiency is one factor that determines whether or not the college students display a positive or negative attitude toward counseling professionals and the services offered. Counseling professionals implemented many programs to assist in educating individuals concerning mental health issues, mental health professionals, and the services they offer. There remains a lot to be done.

This study seeks to promote social change by educating individuals in different sectors of the benefits derived from choosing mental health professionals to assist with mental health conditions. Individuals who receive education about caring for persons

with mental health issues should reduce the stigma surrounding mental health, and the persons experiencing mental health challenges. Further, this should encourage persons who withdrew from society because of their mental health issues, to openly seek help so they too could live a productive life.

Summary

Jamaica holds the reputation of being the largest English-speaking country in the Caribbean. Like other countries, its college/university students exist among those in the global environment who display symptoms of mental illness, commonly found among youths. The individuals who experienced mental diseases, as well as their family members, are likely to interface with discrimination resulting from persons' negative attitudes toward mental illnesses. Other factors also impact individuals' attitudes toward mental illnesses, mental health professionals, and the services they offer. These factors are religion and culture, history, socioeconomic status, knowledge deficit, and stigma.

Using social constructivist theory as a theoretical framework to conduct this research, provided a foundation to discover the lived experiences of the participants who attended college/university and completed their counseling sessions. I engage in the networking sampling method to access voluntary participants without other counseling professionals infringing on the participants' rights to privacy by disclosing their identity.

Of vital importance, members of the counseling professionals, students in training, and other stakeholders should give adequate attention to the increasing occurrences of mental illnesses manifested in our youths in general, and college/university students in particular. Researchers expressed concerns about the rapid

increase in occurrences of mental illnesses, and the impact of mental disorders on individuals, the community, as well as the global economy at large. In the next chapter, I present a review of literature that addresses some of these issues.

Chapter 2: Literature Review

Mental illness has the most significant impact on global disease burden (GDB); Thornicroft & Votruba, 2015) and causes premature mortality (Kleinman et al., 2016). Youssef et al. (2014) predicted that mental illness to would have continuous growth, with an increase of 15% of the GDB by the year 2020. Researchers also indicated that approximately one-third of the youth population was likely to experience mental health issues during their lifetime (Dadwani & Tintu, 2014). Additionally, information on the college students' age cohort revealed that approximately 5,723 students in the United States commit suicide and others engage in nonfatal attempts annually (American College Health Association, 2016). This information shows the extended burden of mental health disorders among college/university students.

A report from the World Health Organization (WHO) indicated that approximately 450 million persons globally experienced mental illness at any one time (WHO, 2003). Notwithstanding, WHO continues to monitor this system through the WHO Mental Health Atlas 2017, established in 2001, and reports on 91% of the countries that are its members (WHO, 2017). The WHO Mental Health Atlas (2017) noted that stemming the growth of mental illnesses could only be achieved through significant input from individual countries, and internationally, as a whole.

A wide range of mental health disorders exists among college/university students globally. These mental disorders resulted from the intense stressors present in a college environment (Goodwin et al., 2016). Some students were genetically susceptible to the disorders, but others were not. The latter group contracted the diseases while on the

campus. The diseases included psychotic disorders (delusions, hallucinations, disorganized thinking, grossly disorganized or abnormal motor behavior, negative symptoms) (Beiter et al., 2015; DSM-5, 2013) and nonpsychotic disorders such as alcohol use disorders, personality disorders, and nicotine dependence (Youssef et al. 2014). Researchers conducting studies in India revealed a high prevalence rate of both mild and moderate depression (Naushad et al., 2014). Researchers noted in the Daily Adjusted Life Years (DALY) that depression, is a chief contributor to the GBD, and that it has reached a position that proceeded only the ischemic heart disease (WHO, 2017).

Literature Search Strategy

To acquire practical information suitable for this research study, I engaged in extensive research. I reviewed articles from Sage Journals, PsycINFO, ProQuest, PubMed, and SocINDEX databases. I inserted keyphrases relevant to the topic under study. Some examples of critical phrases were: *college students, help-seeking behaviors, counseling services, counseling in Jamaica, college students' mental health,* and *Jamaicans' attitude.* I accessed pertinent information from the databases. Although I identified a sparse amount of literature that addressed the topic of the research directly, other articles gave supporting information relevant to the study. Some articles unavailable in full in the Walden University Library provided a review or abstract that led to an additional search and furnished other material found useful in this research project. Of the research articles that I reviewed, none dealt directly with the experiences of Jamaican adult college/university students.

Qualitative Research Approaches

Moustakas (2011) identified and discussed some significant qualitative research approaches and listed some commonalities among them. These approaches are hermeneutic, grounded theory, heuristics, empirical phenomenological, and ethnographic. Moustakas acknowledged the value of qualitative designs and methodologies and promoted the studies of the human experiences not accessible through quantitative research approaches. Researchers engaging in qualitative approaches emphasize interest in individuals' holistic experiences rather than 'objects and their parts.' Researchers also focus on the essence and meanings of the individuals' experiences without engaging empirical measurements and explanations (Moustakas, 2011).

Through these qualitative approaches, researchers seek to obtain descriptions of the experiences from the individuals who encounter the experiences. Researchers acquired this description by engaging the participants in formal and informal conversations and interviews (Moustakas, 2011). The data acquired through these interviews and discussions are essential in understanding human behavior, as well as providing evidence for scientific inquiries. Using qualitative approaches, the researchers formulate questions and problems that indicated their interest, involvement, and research commitment. Researchers use these approaches as a means of viewing the participants' experiences and behaviors. Moustakas reported that these experiences and behaviors form an essential and inseparable relationship between the subject and object.

Although these qualitative approaches have some similarities, they also have differences. In using the empirical phenomenological approach, the researchers focus on

the understanding of the essence of the participants' experience. This approach involves the "epoche" or bracketing as recommended by Moustakas (1994). The hermeneutic phenomenological researcher focuses on the lived experiences of individuals, and the interpretation of the data collected (van Manen, 1990). Researchers of the grounded theory approach focus on developing a theory with the data acquired from the process. The heuristic approach is an autobiographic process that involves a self-inquiry and understanding of one's self, as well as the world in which one lives (Moustakas, 1990). Researchers engaging in the ethnographic approach focus on describing and interpreting data from a culture-sharing group. That is, they study a group that shares the same culture. I utilized the qualitative, hermeneutic phenomenological research process as a guide for this dissertation.

Hermeneutic Phenomenology

Martin Heidegger (1889-1976) was the founder of hermeneutic phenomenology (Laverty, 2003). Husserl, a former teacher, mentored Heidegger in becoming competent in phenomenological intentionality and reduction. Later, Heidegger separated himself from Husserl's work. Heidegger then focused on *Dasein,* which he considered as "the mode of being human" or "the situated meaning of a human in the world." Heidegger perceived humans as creatures of interest and placed much importance on their fate in the world in which they lived (Annells, 1996). Annells explained Heidegger's hermeneutic view as an interpretive process in which the researcher could discover the phenomenon under study and promote an understanding for readers from the participants' language.

Further, researchers described hermeneutic research as the study of human cultural activity, geared toward interpretation, to access intended meanings (Laverty, 2003).

Hermeneutic phenomenology involves a focus on consciousness and experiences (Moustakas, 2011). Moustakas' chief interest is in the lifeworld of human experiences (Laverty, 2003). Researchers using this method seek to reveal details of the individuals' lived experiences, alongside possible experiences. These researchers seek to create meaning and to establish a sense of understanding. According to Laverty (2003), Heidegger viewed consciousness as the development of historically lived experiences connected to the world (Heidegger, 1927/1962). That understanding represented human existence and the way they are, instead of the way they know the world. Heidegger purported that one's background, inclusive of cultural heritage endowed from birth, impacted one's means of understanding the world. Heidegger acknowledged that one's experience has limitation and that culture connects with people and the world (Munhall, 1989).

Heidegger (1927/1962) emphasized pre-understanding and equated it to the aspects of culture that were present even before one's understanding and involvement in the history of one's background. Hence, pre-understanding was already present with persons in the world. Further, Heidegger determined that persons are connected to their environment, their understanding, and their culture. For Heidegger (1927/1962), interpretation played a vital role in the process of understanding. He claimed that all human encounters involve explanations that influence the individual's background. Heidegger advised that by revisiting parts and whole experiences within the hermeneutic

circle, researchers would accomplish the analytical process. Researchers use this process to assist them in acquiring an in-depth understanding of the phenomenon, as noted by Annells (1996) and Kvale (1996). According to Annells (1996), researchers terminate the process when they perceive a sensible meaning.

In this chapter, I include research reviews of historical and cultural factors, as guided by Hickling, Gibson, and Hutchinson (2013); and Ballesteros & Hillard (2016). Researchers determined that historical and cultural factors are likely to impact individuals' help-seeking attitudes. These factors affect the use of available mental health services with mental health professionals. From the literature, readers can acquire an insight into the historical and cultural background of the participants, as well as the different meanings of the participants' experiences. During this research process I engaged in the reading and rereading of the research data, in the text, to discover the hidden meanings of the participants' experiences. Heidegger emphasized the need for the interpretive process, which he considers to be the basic structure of the participants' experience.

Literature Review

Moors and Zech (2017) indicated in their research that counseling services and counseling professionals impact individuals in multiple ways that influenced individuals' attitudes in a wide range from positive to negative perspectives and vice versa. Researchers indicated that individuals' attitudes may be determined, or not determined, based on what these individuals experienced through their interaction with the services and the professionals, as well as other factors.

College Students and Counseling Services

Globally, individuals and organizations are aware of different issues associated with the use of counseling services. They engage in various activities and implement policies to alleviate adverse conditions. Stakeholders implement society-oriented programs such as Healthy People 2010, Blueprint for Change: Research on Child and Adolescent Mental Health, and the Five-year Plan for Reducing Health Disparities, to enhance mental health services' use (Rosenthal & Wilson (2008). These programs were implemented to reduce discrepancies that relate to individuals' demographics and socioeconomic status (Rosenthal, & Wilson, 2008). The Millennium Development Goals (MDGs), preceded the post-2015 Sustainable Development Goals (SDGs). MDGs portrayed practical tools capable of enhancing health systems in low-income and middle-income territories (Thornicroft, & Votruba, 2015).

Researchers are aware of the existing relationship between college /university campuses and the students' mental health. Researchers purported that the increasing rate of psychopathology impacted students' academic performance (Weaver, 2016). According to Weaver (2016), colleges/universities administrators encounter a significant increase in the number of students who reported conditions diagnosable as mental health issues related to anxiety and depression. These students lacked emotional and coping skills to manage their affairs (Weaver, 2016). Empirical evidence also indicated that the college environment was prone to extremely challenging situations that exposed students to severe stress (Weaver, 2016).

Researchers indicated that college/university students underutilized mental health services available in their institution. The National Alliance on Mental Illness (NAMI) conducted a survey on mental health on college campuses. Weaver (2016) noted in this survey that 40% of students with psychological issues did not seek help. This refusal, by this cohort, to utilize mental health services was noteworthy. When left untreated, mental illnesses resulted in rippling effects on the students' mental capacity and other areas of their development (Beiter et al., 2014; Jackson Williams; Kleinman, 2016, 2014). At the same time, college counselors encountered challenges in identifying appropriate intervention strategies for engaging students and encouraging higher utilization of the counseling services (Prince, 2015). To implement the appropriate strategies, counseling professionals must understand the different aspects of life that triggered mental illness (Goodwin et al., 2016; Wynaden et al., 2014).

Factors Affecting the Utilization of Mental Health Services

Various factors contributed to the underutilization of mental health services among college/university students' cohort. These ranged from the fear of disclosing personal information, social stigma concerning mental health services and mental illness. Researchers acknowledged that the anticipated risk of being stigmatized, disclosing one's gender (specifically men), one's socioeconomic status, the ethnic minority status, and education diffeciency regarding mental health are also contributing factors (Jackson Williams, 2014; Authur & Whitely 2015; Hickling, Gibson, & Hutchinson, 2013; Beiter et al., 2014). Researchers found that cultural practices, including religious affiliation, and the historical and postcolonial experiences of the people also play significant roles in the

underutilization of mental health services, according to Hickling, Gibson and Hutchinson
(2013). Individual's perception and attitudes toward mental illness are usually reinforced
during the adolescent years of development and impact the message the youths convey as
they progress through life (Youssef et al., 2014).

Researchers also indicated that young adults between the ages of 18 to 24 were
within the cohort of individuals who displayed lower levels of mental well-being.
However, these individuals were less likely to seek mental health assistance when
compared to middle-aged adults (Kleinberg et al., 2013). Researchers who conducted
their study in New Zealand and the Netherlands showed help-seeking rates of 18% to
34%, respectively, among participants with low levels of mental well-being (Goodwin et
al., 2016). Studies from Australia revealed the likelihood of young people being more
affected with mental health issues when compared with another age cohort (Goodwin et
al., 2016). The youths underutilized mental health services because they had a negative
attitude toward them.

The youths were susceptible to various psychotic disorders (Goodwin et al.,
2016). Individuals within this cohort were averse to utilizing medication for treating
mental health problems. They displayed negative views and behaviors toward psychiatric
hospitals and mental health professionals (Goodwin et al., 2016). Kitagawa et al. (2014)
agreed that young people had the greatest need for mental health assistance but displayed
the most negative help-seeking behavior.

Researchers emphasized that this negative help-seeking behavior was prevalent
among university students who experienced higher levels of stressful situations than their

non-university counterparts (Goodwin et al., 2016; Prince, 2015). Bieter et al. (2014)

highlighted 10 areas that displayed a higher propensity to encourage depression, anxiety,

and stress among college students. These areas were the pressure to succeed, academic

performance, financial concerns, post-graduation plans, overall health, quality of sleep,

relationship with family, relationship with friends, body image, and self-esteem. The first

four in this list directly related to tertiary level students. American College Health

Association (ACHA; 2009) reported that of the students experiencing depression, only

24% received treatment. Students were more willing to seek mental health assistance for

their peers who encountered suicidal ideation or behavior, even if they had similar

encounters. Researchers endorsed improvement in university students' help-seeking rate

(15% to 33 1/3%). The rates occurred among students with higher levels of mental well-

being in comparison to those with lower levels of well-being (Lally et al., 2013; Gold et

al., 2015).

University students who experienced higher levels of psychological stress

(57.7%) gravitated to online service. Students who encountered lower stress levels

(49.9%), avoided the service (Glasheen, Shoshet, & Campbell, 2016). Researchers agreed

on the evidence of increased health-seeking behavior among university students.

However, they shared concern about the low rate at which those students accessed the

free service available to them in their university. Researchers also expressed great

concern for those students with more severe mental issues who failed to obtain

professional help. Researchers are also interested in how university counseling centers

disseminated information about the availability and accessibility of counseling services (Goodwin et al., 2016).

In some universities, there is a prevailing attitude that appears under the disguise dictating the administration's willingness or unwillingness to disclose students' or staffs' mental illnesses. Wynaden et al. (2014) researched the attitudes and experiences of staff and students toward mental health problems. He used the "Attitude Towards Mental Illness Survey" with staff and the "Stigma Scale" with students. Participants disclosed that they had a mental health problem but were unwilling to disclose their issues to the administration. Researchers noted a prevalence of psychological distress with an increasing tendency among university students (Wynaden et al., 2013).

Researchers investigated three Australian universities that revealed over 50% of students with high levels of mental health concerns, within the four weeks before seeking professional mental health service (Wynaden et al., 2014). The researchers noted that the participants' actual stress levels were also higher than those reported in the data. The mental health issues impacted the student's ability to accomplish academic goals, as well as social interaction, and general level of functioning (Wynaden et al., 2014). Researchers also noted that the participants' hesitation to seek mental health services resulted from their attitudes and stigma, as well as their fear of encountering stigmatization and discrimination (Wynaden et al., 2014). The shame and discrimination interfered with students' health-seeking behavior toward mental health professionals (Henderson, Evans-Lacko, & Thornicroft, 2013). International researchers supported the finding that there was a positive correlation between stigma, discrimination, and disclosure of mental

illnesses. These students were also fearful of disclosing their mental health problems because they were apprehensive that their student visa would be expunged (Wynaden et al., 2014).

Researchers in New Zealand reported as many as 57% of the research participants who engaged in non-disclosure of mental health issues. The non-disclosure of mental health issues impacted the students and resulted in experiences of isolation and loneliness. The students also encountered excess challenges to satisfy academic requirements (Wynaden et al., 2014). Wynaden noted that the evolving process becomes cyclical when students' mental health issues remained unattended. Students continue to encounter additional distress and become less productive in achieving their goals. This process continues to repeat itself.

Stigma. Researchers documented that stigma interferes with many tertiary level students' willingness or unwillingness to seek mental health assistance from counseling professionals, available in their institution (Crowe, Mullen, Littlewood, 2017). Researchers view stigma in two components, public shame and self-stigma (Wu et al., 2017). They define public disgrace as the prejudice that the general society holds for persons experiencing mental health issues. Self-stigma refers to the negative views that individuals, facing mental health issues hold toward themselves (Wu et al., 2017). Crowe (2017) noted that both types of stigma have negative consequences and contribute to the individual's underutilization of mental health services. According to Crow, individuals encountering self-stigma experience reduced self-worth or self-esteem as a result of the individuals internalizing the situation. The individuals may also experience external

consequences such as discrimination of the stigma or social distancing due to the reduction in their self-worth (Wu, 2017). When individuals are stigmatized, they develop fear and isolation that consequently intensify the mental illness in their lives (Crowe et al., 2017).

In their research, Han and Pong (2015) reported on help-seeking behaviors and underutilization of mental health services among Asian American students' in higher education. Han and Pong noted that there was a high occurrence of mental health issues among Asian American students. However, Asians overlooked the stigmatization of mental illness because they ingrained it within the Asian culture. The Asians view emotional distress as inadequacies in self-control and willpower and personality weakness, and consider it shameful for persons to self-disclose having a mental illness (Han & Pong, 2015). Han and Pong also noted that the majority of community college students originate from low socioeconomic status; and are first-generation from ethnic minorities acquiring higher education. These students are likely to experience enormous pressure to succeed academically to promote social and economic stability. Hence, they encounter excessive stress associated with mental issues.

Researchers emphasized that stigma continues to be a barrier that prevents individuals with mental illness from seeking and receiving professional assistance. Han and Pong (2015) also noted a relationship between stigma and acculturation. They stated that individuals who achieve a higher level of acclimatization into the culture adopt a higher level of service utilization among tertiary level students. Counseling professionals

consider identifying the factors that contributed to or hindered the use of mental health services as salient if they should effectively assist their clients (Han & Pong, 2015).

Ballesteros and Hillard (2016) investigated stigma, race, acculturation, and gender among United States-based Latina/o college students and how these factors impacted their attitude toward online counseling. The researchers identified stigma as an influential variable that affected the participants' help-seeking attitude. Students who possessed higher levels of self-stigma were less likely to engage in positive help-seeking behavior for mental health (Ballesteros & Hillard, 2016). On the reverse, those students with lower levels of self-stigma were more likely to seek mental health support from the professionals (Ballesteros & Hillard, 2016). The results supported and correlated with other research findings from research conducted chiefly among Caucasians, as well as among ethnic minorities (Cheng et al., 2013). Michaels, Corrigan, and Kanodia (2015) noted that an advantageous strategy for reducing stigma is through a partnership with student-run organizations. One such organization was Active Minds (AM), which engaged in advocacy for college students' mental health (Michaels et al., 2015).

Discrimination. Researchers opine that college students from minority populations, in comparison with those from majority populations, are less likely to seek professional counseling help (Cheng et al., 2013). Concerning the perceived stigmatization that others employed, these college students experienced discrimination (Cheng et al., 2013). Evidence showed that individuals with lower levels of mental health stigma, among Latinos, supported a more positive help-seeking attitude (Mendoza et al., 2015). The individuals' levels of acculturation also contributed to their help-seeking

attitude toward counseling professionals. Researchers suggested that a high acculturation level is likely to add to a more positive help-seeking attitude for professional counseling. Individuals with lower acculturation levels tend to be more committed to their traditional cultural beliefs that placed less value on the need for professional counseling process (Ballesteros & Hillard, 2016).

Gender. Gender also contributed to Latinos' attitudes in seeking professional counseling. The Latinos' women were more likely to seek professional advice than their men due to their cultural practice involving *marianismo* and *machismo* (Vogel et al., 2014). Notwithstanding, some researchers held opposing opinions and suggested the need for additional research in this area (Ballesteros & Hillard, 2016). Individuals' prior experience of counseling also determined their help-seeking attitude, particularly those individuals with positive experiences. Persons with positive experiences possess the propensity for a more favorable help-seeking attitude toward counseling and counseling professionals (Ballesteros & Hilliard, 2016).

Mental Health and College Students

Globally, there is an increasing demand for mental health services in colleges and universities as students continued to seek help for their psychological problems and psychiatric disorders (Holm-Hadulla & Koutsoukou-Argyraki, 2015). Numerous research conducted globally attest to the increasing mental health issues that exist among students (Prince, 2015). In the early era, career counseling and assessment was the focus of counseling services. As changes occurr over time, researchers highlighted that students presented with some of the more prevalent issues, such as anxiety disorders, depressive

disorders, and suicide ideation and attempts (American College Health Association [ACHA], 2014).

Research conducted in the United States of America on students' mental health revealed severe conditions and high incidence of suicide, placing suicide as the second-leading cause of death among college students (Garlow, Rosenberg, Moore, et al., 2008; Hunt & Eisenberg, 2010; Van Orden, Witte, & James et al., 2008). Researchers surveyed 80,000 American college students and indicated that 14.9% of participants admitted that they obtained a diagnosis within the 12 months (ACHA, 2009). Researchers conducted a nationwide study in the United States, revealing that 37% of college students experienced overwhelming anxiety over the previous 12 months. Approximately 33 1/3% admitted to having experienced severely depressed feelings, while another 9% disclosed that they attempted suicide (ACHA, 2014). Researchers from the United States view counseling centers as a significant source for helping students with mental issues. The students' mental health issues were likely to interfere with their academic performance. The centers served as a means of providing a safe environment on campus (Prince, 2015). Researchers saw similar trends globally (Holm-Hadulla & Koutsoukou-Argyraki, 2015).

A research conducted in the University of Chile, a South American University, showed that students frequently consulted counseling staff for academic issues (21%), anxiety issues (19%), emotional problems (18%), and other stressful life events (19%) with an increasing demand for counseling services over four years (Villacura et al., 2015). When compared with the research done in Germany, researchers postulated that the results were similar, and revealed that more than 50% of students consulted for sub-

clinical issues (Kress, Sperth, Hoffman, & Holm-Hadulla, 2015). Research conducted in

the European countries, Sweden, Norway, and Germany, showed the students' prevalence

rate of mental disorders between 20% to 25% (Kress et al., 2015) with depression and

anxiety presented as the most frequent diagnoses. Students diagnosed with anxiety and

depressive disorders (19%) disclosed their inability to continue their academic pursuits

(Holm-Hadulla & Koutsoukou-Argyraki, 2015). As well, research conducted in Germany

by German student services ("Deutsches Studentenwerk," DSW) affirmed that 27% of

participating students encountered psychological distress that negatively impacted their

studies. In comparison, another 10% of students disclosed that they felt severely impaired

by the distresses. More recently, researchers in Germany student services (DSW)

indicated a 42% of students admitted academic impairment due to mental disorders

(Middendorff, Apolinarski, Poskowsky, Kandulla, & Netz, 2013).

Research conducted in China also revealed an increasing demand for student

counseling services. Yang, Lin, Zhu, & Laing (2015) noted the use of a specific

counseling strategy founded on traditional Chinese philosophy. Research conducted in

Russia evidenced the need for multistage and collaborative counseling programs to

address students' psychosocial and personal growth (Kulygina & Loginov, 2015). Some

researchers attested to the frequency of mental health issues among university/college

students. Researchers reported evidence of anxiety, depressive moods, self-esteem issues,

psychosomatic problems, alcoholism, and substance abuse, and suicidality as prominent

issues within this cohort (Holm-Hadulla & Koutsoukou-Argyraki, 2015). The aim of

counseling centers, globally, is to foster positive personal development and to encourage academic success (Holm-Hadulla & Koutsoukou-Argyraki, 2015).

Online Counseling and University Students

The increasing dominance of cyber-related activities within the society continues to place ongoing and drastic demand for online counseling among college students (Mishna, Bogo, & Sawyer, (2015). Individuals continue to utilize the enormous opportunities that are available through the use of information and communication technologies (ICT) to share information with others, inclusive of their social network (Mishna et al., 2010). Students of the millennium generation engage in ICT for texting, exploring educational opportunities, entertainment, and other forms of social media activities (Jones et al., 2007; Maples & Han, 2008), inclusive of acquiring assistance for health and relationship (Suzuki & Calzo, 2004). Jones et al. (2007) noted that of the 7,421 college students who participated in his survey, all students reported having used the Internet. Counseling professionals continue to adapt to this paradigm shift by developing interventions to implement online treatment (Barack et al., 2009; Murphy & Mitchell, 1998).

As well, the increasing need for continuing education in a fast-paced community, and the establishment and implementation of additional courses and programs created a higher demand for increased counseling services to meet the students' emotional and psychological needs. Mishna et al. (2015) noted that students attending university counseling centers were diverse in many respects, such as their demographics, and academic ability, alongside the complexity of their issues. Most universities tend to offer

face-to-face counseling services to their students. This method proved to be inadequate in learning communities that experienced an increase in the student body population, over time (Adebowale, 2014). These circumstances helped to mobilize tertiary institutions, such as the Nigeria University, Obafemi Awolowo University (OAU), into implementing online counseling (Adebowale, 2014). Diverse students, except those who were unable to perform academically, received acceptance in this Nigerian University. As a result, there was an increasing student population (Adebowale, 2014).

Adebowale (2014) defined online counseling as a process through which counselors provided counseling services via the Internet. The providers implement the function through email, chat, or Internet phone. The counselors consider the process useful, particularly in situations where the face-to-face method is not accessible. The researchers posited that online counseling provide many advantages for clients. Clients access more convenient service, particularly persons residing in remote areas, and home-bound persons. Persons who experience transportation problems, and persons who relocated but choose to work with their current therapist benefit from online services. Persons with a fast-paced lifestyle or irregular working schedules benefit from the convenient service (Attridge, 2004; Collie, Cubranic & Long, 2002; Sussman, 2004). Clients also access their therapist of choice outside their geographical location, for confidentiality, and privacy to avoid identification in public as entering the counselor's office.

Researchers (Greene & Caracelli, 1997) perceived that online counseling is cost-effective for clients and allows counselors to attend to more clients daily. Counselors can

engage in flexible scheduling and interaction with fellow professionals in other geographical locations (Attridge, 2004). Counselors benefit in serving clients from their homes. The counselors avoid having to contend with overhead expenses that accompany business building's rental, hiring ancillary or office staff, and accessing office furniture. Also, in online counseling, the professionals record and store notes automatically and facilitate supervision for counselors (Sussman, 2004).

Research conducted at the OAU indicated that students displayed trust, enthusiasm, curiosity, a disposition to complain, as well as doubt. Adebowale (2014) explained that in trusting, students exemplify hope, reliance, gratitude, and willingness to give feedback in an environment in which they discussed their private, academic, and personal-social affairs. Students solicit assistance from the counselor, and that change their prevailing situation. Students who engage in building trust benefit from an excellent counselor-client relationship. According to Adebowale, some students accept the online service with enthusiasm despite the challenges they might encounter. Students experience difficulties such as power failure, network failure, time, and cost. Students display doubtfulness during the feedback if they lack experience in equipment use when compared with their counterparts (e.g., error message, blank page). Students with a disposition to complain make use of the opportunity to get it done through online services.

Students' preference. Researchers posited different opinions regarding students' choice of online versus face-to-face counseling. Mishna, Bogo, and Sawyer (2015) indicated that students preferred online counseling and the convenience of the service.

They also noted that students found it suitable when they experienced difficulty in getting out of bed, attending counseling centers, or during festive seasons when they encountered undue stress. Students also admitted to experiencing positive counselor-client relationship and were likely to disclose more sensitive matters through online counseling (Mishna et al. 2015). Mishna et al., noted that students perceived that online counseling allowed them to feel that their therapist was always with them. Students also explained that they had easy access to online responses sent by their therapist.

Researchers conducted study in Malaysia among university students also indicated students' preference for online counseling (Wong, Bonn, Tam, & Wong, 2018). Wong et al. examined students' attitudes toward the possibility of utilizing online or face-to-face counseling. Students (409) within six universities, participated in the survey. Wong et al. determined that the Malaysian University students had a positive perception for both online and face-to-face modes of counseling. The statistics for the attitudes survey showed face-to-face Mean = 33.59, SD = 6.64; online counseling Mean = 31.07, SD = 6.87; and $t(df)$ = 7.54 (408), p <0.001. These students showed some preferences for face-to-face counseling, with an approximate 35% disclosing their likelihood to utilize online counseling. Researchers identified the students' preference for online counseling. The researchers (Wong et al., 2018), noted mental health stigma, difficulties experienced in accessing the service, and financial restraints associated with face-to-face counseling as factors that contributed adversely to their preference. Other researchers also noted that Chinese immigrants in the United States admitted to their preference for online counseling (Ching et al., 2009). Nolan et al. (2011) recorded positive results about the

convenience and accessibility of online counseling services. Several others (Barack et al., 2008; Chester & Glass, 2006; Lewis & Coursol, 2007) recorded positive results for the use of WhatsApp and WeChat for online counseling.

Researchers support the use of online counseling services. They posit that the online service provids an outlet for students who are unwilling to utilize services on campus (Alishahi-Tabriz, Sorabi, Kiapour, Faramaizi, 2013; Lau et al., 2013). Researchers reflected that online counseling has many characteristics that can encourage positive attitudes toward college students' health-seeking behaviors for counseling services. Researchers perceived that face-to-face counseling provided more significant support than online counseling. Some researchers, (Kit et al., 2014) expressed difficulty in accessing responses from clients and in guiding interactions during online practice. Researchers suggested that online counseling prohibited communication with nonverbal cues and interfered with the counselor's capacity to show empathy and build a rapport with clients (Haberstroh et al. 2008).

Mental health and College Students with Disabilities

Mental disorders such as depression, anxiety disorders, eating disorders, and personality disorders, and other chronic diseases impact students with disabilities (Unger et al., 2012). Researchers define disability as a physical or mental condition that limits individuals' functioning and prohibits their ability to conduct life's activities inclusive of communication, learning, and mobility (Coduti, Hayes, Locke, and Youn, 2016). Bourke (2018) included in her research, Brittain's (2004) discussion of society's perceptions of disability. Brittain posited that these perceptions are often established by the medical

model and determined by the acuteness of the situation. The opinions are often unfavorable and impact how people with disabilities view themselves, their limitations, and their identities, and how others see them. Brittain explained how these perceptions affect the self-image of persons with disabilities and help to determine the treatment that these persons receive.

College students with disabilities, particularly males, are more likely to encounter mental illnesses than their counterparts without disabilities (Honey, Emerson, & Llewellyn, 2011). These negative perceptions result in the erosion of self-image in persons with disabilities (Lawton, 2003) and how they are included or exempted from social institutions and social activities (Wedgewood, 2011). Coduti, Hayes, Locke, and Youn (2017) compared the difference between the percentage of graduates with and without disabilities. The researchers noted that approximately 51% of students without disabilities were likely to graduate. In comparison, only about 34% of students with disabilities were expected to graduate, amidst the increasing number of students registering over ten years. Students with disabilities who resided in rural areas were less likely to complete secondary school education or to be enrolled in tertiary education. These situations resulted in the increased unemployment rate for this cohort (i.e., population with disabilities), their non-participation in the labor force, and their becoming recipients for income support (McPhedran, 2012). The limited education, found among individuals with disabilities, continued to foster other social ills. These ills increas the challenges of accessing social services established for this cohort, as well as intensified the burden for family members (Burke & Waite, 2013).

Some researchers attribute the lower rate of graduation for students with a disability to the students' incompetence in dealing with stressors encountered in college (Hong, Ivy, Humberto, & Ehrensberger, 2007). These researchers also noted that on college campuses, insufficient programs are explicitly designed to meet the needs of the students with disabilities (Herbert et al., 2014; Tagayuna, Stodden, Chang, Zeleznik & Wheeley, 2005). Students with disabilities received protection under various legislation such as the Americans with Disabilities Act (ADA), requiring colleges and universities to provide reasonable accommodation for students with disabilities. Many students with disabilities are not benefitting from these privileges because they are not identifying themselves to their institution's disability representatives, as having a disability. The students' non-identification is due to their hesitance in dealing with the stigma and shame related to having a disability (Coduti et al., 2017). Students who disclosed that they have a disability also expressed concern for their privacy. Some students are unaware or lacked knowledge that they have a disability, hence, withholding any effort to access accommodation (Getzel & Thoma, 2008).

Faith-based Counseling, Religious Coping, and Health

Faith-based counseling refers to Christian counseling or spiritually-based counseling. Professionals who engage in faith-based counseling use the Bible, and examples from the Scriptures when working with their clients. Riley (2015) explained that Christian counselors opine that the Bible addresses all of life's problems, and adherence to the teachings, help address personal, emotional, and mental health issues. Further, these professionals perceive the Bible as a sacred resource that assist individuals

in dealing with discouragement, grief, loss, relationships, marital problems, loneliness, and feelings of anxiety (Riley, 2015). Christian colleges such as the Southern Baptist Colleges and Universities offer Christian counseling to meet the needs of the holistic development of the students. Holistic development involves physical, emotional, spiritual, academic, and vocational needs (Hatcher & Kendrick, 2012).

Fallon, Bopp, and Webb (2013) explored faith-based health counseling in the United States. They concluded that religious organizations(FBOs) can have a positive impact on public health by distributing evidence-based health information. A vast majority of the United States population disclosed their affiliation to the Christian faith (80%), and 70% attended services at least once monthly (Pew Research Center, 2008). This involvement create an effective medium for disseminating information while providing an environment with a trusting relationship within their community. The researchers acknowledge health counseling as a practical behavioral medicine approach useful in promoting various health behaviors. Licensed health professionals, such as psychiatrists and psychologists in clinical locations, as well as medical professionals, peer health educators, and lay health educators from both clinical and community situations, initiate the health counseling approach (Brecken et al., 2008; Flemming & Goodwin, 2008). Health counseling, as explained by Fallon, et al. (2013), assist clients in confronting their attitudes, emotions, and behaviors by incorporating cognitive-behavioral, motivational, problem-solving, and goal-setting interventions.

There is minimal research on the use of health counseling in a faith-based setting. Dodani et al. (2011) noted that health professionals engage in faith-based interventions

through effective health education within the church setting. Campbell et al. (2007)

indicated that these health professionals use this medium to create change in the church

environment while encouraging positive health behaviors. Church members, however,

encounter the challenge of maintaining attended responses on a long-term basis (Fallon et

al., 2013). There are additional barriers that interfere with the implementation of health

counseling within the congregation. Fallon (2013) listed some of these barriers as

follows**:**

- Small congregations.

- Lack of support or interest among members.

- Lack of financial resources.

- Lack of formal congregational health ministry.

- Competition with other church priorities.

- Lack of parent organizations' support.

The absence of these supporting elements can retard the effectiveness and efficacy of

health counseling interventions.

　　　　Researchers (Holt, Roth, Huang, Park, & Clark, 2017) investigated religious

coping as a mediator of the impact of religious involvement on several health behaviors

among a national sample of African Americans in a longitudinal study. African

Americans have a significant history of religious participation from the period of slavery

onward, as noted by Taylor et al. (2003). According to Williams (2012), notable health

disparities that are related to a religious group impactpsychosocial factors that determine

health outcomes. Investigation mentioned earlier indicated that individuals with firmer

religious beliefs are more consistent in engaging in positive spiritual coping strategies.
Persons with lower levels of religious beliefs are inconsistent (Holt et al., 2017). The
findings from the study did not support the hypotheses. Researchers posited that African
Americans altered their religious coping with time, leaving a negative impact on their
health. Possible recommendations from the research indicated the need to implement
strategic interventions to strengthen the religious belief system of African Americans to
increase their religious coping (Holt et al., 2017).

Numerous researchers indicate that religion plays a significant function in
assisting individuals in handling stress more effectively, according to Hood et al. (2009).
Researchers listed several practices that contributed to individuals' physical wellness,
such as the lower risk of hypertension. These include more frequent attendance in church,
more religious social support, higher levels of internalizing religion, more significant
religious commitment, and a stronger belief in a pleasant afterlife (Krause, Ironson,
Pargament, & Hill, 2017). Individuals who engage in religious coping responses and
participate in religious social engagements, as noted by Krause (2008), empower
themselves to deal with stressors effectively. Jamaica encompassed a vast majority of
individuals from the black race, and encountered similar demise. They practice highly
religious involvement. These findings would be relevant to consider when working with
individuals from the Jamaican population.

Mental Health in the Caribbean and Jamaica

Jamaica is the largest English-speaking country in the Anglophone Caribbean
region (Whitley, 2015). This region portrays a collectivistic culture that embraces many

cultural practices, that impact the way people perceive mental illness and mental health services (Hickling, Gibson, & Hutchinson, 2013). Hickling et al. (2013) highlighted that, there are some historical elements that stemmed from colonization and the slavery movements that existed since the 17th-century. The Caribbean population, particularly the Jamaicans, encountered many experiences that left them confused and suspicious, having "personality difficulties" and being immature in psychological developments (Kerr, 1963, p.165). Researchers identified other factors, such as stigma toward mental illness and mental health services, socioeconomic factors, religious affiliation, and inadequate education concerning mental illnesses and mental health services.

Stigma. The stigma attached to mental illnesses and mental health services is a powerful element that influences the underutilization of mental health services. Researchers conducted studies in India and Sweden indicated that individuals viewe a diagnosis of mental illness as a permanent issue. Dahlberg, Waern, & Runeson (2008), noted that this diagnosis becomes a label throughout the lifetime. A similar situation existed within Jamaican society with persons unwilling to share information about themselves or other family members who experience mental illnesses (Statistical Institute of Jamaica, 2004). Researchers noted that Jamaicans customarily seek mental health care within the family or community social network, such as elders and religious leaders. Seeking outside help was likely to encourage members of the public to stigmatize the family explained Palmer, Palmer, and Payne-Borden (2012). Researchers explained that when stigmatized, individuals lose their status, experience a sense of devaluing and

rejection, as well as encounter discrimination at personal and or organizational levels (Arthur, Hickling, Robertson-Hickling, Haynes-Robinson, Abel, & Whitley, 2010).

Researchers indicate that persons' opinion about mental illness is likely to have a significant influence on their attitude toward seeking professional assistance from mental health services. Individuals who hold unfavorable opinions are less likely to access professional mental health services. In contrast, according to Jackson Williams (2013), individuals with more authoritarian and benevolent attitudes engage in seeking professional psychological assistance. People are generally fearful of the negative assessment that identifies with mental illnesses. Hence, individuals with mental illnesses refrain from seeking needed assistance as Segal, Coolidge, Mincie, & O'Riley (2005); and ten Have et al. (2010) noted.

Notwithstanding, there are differing opinions regarding the influence of stigma on the help-seeking attitudes of individuals, from professionals in mental health services. Researchers contended that stigma endurance can dictate whether college students risk seeking professional counseling services (Greenidge, 2003). Both situations are evident in Jamaica and other English-speaking Caribbean, countries. Researchers also indicated that individuals' level of emotional openness can determine the help-seeking approach and utilization of counseling services by Caribbean college students (Greenidge, & Daire, 2010).

Additionally, other researchers continued to highlight factors such as ethnicity, sex, and socioeconomic factors that contribute to the underutilization of mental health services. Gender issues, particularly that of being male, in some minority groups, as well

as socioeconomic status of ethnic groups, are likely to influence the underutilization of mental health services (National Institute of Mental Health, 2001; Good, Borst, & Wallace, 19994; Schnittker, Pescosolido, & Crogan, 2005; Wolkon, Moriwaki, & Williams, 1973). Males are often taught and expected to conceal emotions, and to display low levels of self-disclosure. Numerous research investigators also indicated that women are more likely to seek professional help than men (Addis & Mahalik, 2003; Neighbors, 1991; Parslow & Jorm, 2000). However, Rosethal and Wilson (2008) conducted research and concluded that this evidence was implausible and had no relevance to college students. It showed no disparities in the use of mental health services in regards to sex, ethnicity, and socioeconomic status.

Socioeconomic factors. There are some controversy concerning the impact of socioeconomic factors on persons' likelihood to utilize the services of mental health professionals. Some researchers posited that socioeconomic factors contributed to the underutilization of the services, as a result of knowledge deficiency (Rahman & Prince, 2009; Eaton et al. 2011). Others argued that individuals with low socioeconomic status display evidence of utilizing the services to a greater extent than those of higher socioeconomic status (Ducan, 2003; Neighbors, 1991; Parslow & Jorm, 2000). Similarly, Jamaicans of low socioeconomic status displayed more positive attitudes toward mental health services according to (Jackson Williams, 2014).

Religious affiliation. Religion plays a vital role in determining the Jamaicans perception of mental illness and their help-seeking attitude toward professional services. Researchers investigated psychiatric patients' perceptions of the cause of their disease

and what ignited the problem at the time of inception. James and Peltzer (2012) noted that the majority of patients alluded that supernatural factors (inclusive of spirits and Obeah) were the chief causes of their illness. Other patients gave reasons such as participation in rituals, ill-treatment by others including family members, poor stress management, comorbidity with previous physical illness, mental weakness, genetics, and cannabis use (James & Peltzer, 2012).

Based on historical and cultural norms, researchers contend that Jamaicans express a relationship between mental illness and spiritual violation. They also determine that the failure of individuals and supernatural forces are contributing factors (Gibson, Abel, & White et al. 2008). These factors contribute to the underuse of mental health services. Some individuals also had problems that were undiagnosed, untreated, and under-researched (PAHO/WHO, 2011). Notwithstanding, Afro-Caribbean Christians, including Jamaicans, believed that religious activities such as prayer and testimonies are effective in treating their mental illness (Arthur & Whitley, 2015; Palmer, Palmer, & Payne Borden, 2012). Palmer, Palmer, and Payne-Borden highlighted the church as a significant contributing agency to the development of counseling services in Jamaica, with 72% of churches offering holistic treatment to community members.

Knowledge deficiency. Knowledge concerning mental illnesses among college/university students in the Caribbean, and specifically Jamaica, is minimal and similar to that of high school students in the United States, particularly those in the lower educational levels, as Wahl et al. (2011) noted. This deficiency influences how these students view individuals experiencing mental diseases. Researchers posited that the

Jamaican youths lack mental health education since this does not form part of their high school curriculum. Hence, the perceptions, attitudes, and values are similar to that of the general adult public, according to Jackson Williams (2014). Members of the general public hold varying opinions concerning the etiology of mental illness. According to researchers, the general public perceive that mental illnesses results from a deficiency of willpower (Hugo, Boshoff, Traut, Zungu-Dirwayi, & Stein, 2003); moral weakness, and shirking (Kung, 2004); bad luck, or consequence of ancestors' immorality (Boey, 1999); and supernatural derivatives (*Jamaica Gleaner,* 2000). These perceptions are likely to determine where individuals access help for mental illness as Jackson Williams (2014) indicated.

Researchers conducted study in Jamaica, among youths of mean age 13yearsold, indicated that the teenagers had negative perceptions about individuals experiencing mental illness. The youths were apt to display unkindness and irresponsible behavior toward the treatment of the mentally ill, Jackson and Heatherington (2006) noted. Arthur et al. (2010) insisted that authorities need to engage in meaningful investment in education programs that would sensitize the society about the causes and appropriate ways for treating individuals who encountered these illnesses.

Summary and Conclusions

Mental illnesses have become a compelling contributor to the global disease burden. Jamaicans continued to experience an increasing amount of individuals who experience mental illness and underutilize mental health services. Many factors contribute to the underutilization of the services offered, with the stigma being chief

among them. Historical and cultural experiences impact individuals' attitudes toward seeking professional help for their mental illness. Socioeconomic status, religious affiliation, and knowledge deficiency are other salient factors that continue to impact individuals' experience with mental health and the professional services offered. Through this study, I investigate the experiences of Jamaican adult college students and their attitudes toward counseling and counseling professionals and the services offered. I seek to fill the gap with viable information that should assist readers in determining the factors that contribute to underutilization or utilization of the mental health services by the population under study.

Chapter 3: Research Method

Researchers continue to document the prevalence of mental illnesses among college/university students, overtime. They posit that more than 50% of college students reported having experienced symptoms of mental health issues (American Journal of health education, 2017). However, the existing mental health services are underutilized as these individuals are less likely to seek professional help for their mental illness (Nobiling & Maykrantz, 2017). Various factors, inclusive of social, historical, and cultural factors, are likely to influence the students' attitudes concerning whether they would participate in mental health services (Nobiling & Maykrantz, 2017).

The purpose of this qualitative, hermeneutic, phenomenological study was to explore the lived experiences of Jamaican, adult college students, and their attitude toward counseling professionals and counseling services. I also sought to bring to light details of the participants' experiences with counseling and counseling professionals, along with other aspects taken for granted within these experiences, as posited by Kafle (2011). I examined the circumstances that mobilized participants to seek professional mental health services. I sought to understand participants' experiences with counseling services. I examined how participants made sense of their experiences, and the impact of the services they received for their mental health situation**.**

I used one research question to guide this study: What are the lived experiences of Jamaican college students, who have participated in counseling services with counseling professionals?

College students' underutilization of mental health counseling services that exist in their institution has become a primary concern for many researchers (Kleinman, 2016). Researchers posited that college/university students experience huge stressors from their college environment, and these are likely to provoke mental illnesses and hinder maximum academic performance (Nobiling & Maykrantz, 2017; Weaver, 2016). College/university students in the Jamaican population share similar experiences. Researchers noted that members of the Jamaican society experience an impact from several other factors. Such factors are historical, cultural, religious (Hickling, Gibson, & Hutchinson, 2013), stigma, social and economic, and knowledge deficiency (Jackson Williams, 2014). These factors prohibit individuals' from pursuing professional help for mental illnesses. The elements were not derivative, solely, of college experiences but more likely to originate from pre-college/university experiences encountered throughout childhood and upwards into adulthood.

Research Design and Rationale

I utilized a qualitative, hermeneutic phenomenological design to conduct this study. According to Roberts (2013), this qualitative approach facilitates the participants' autobiographical narratives. Researchers agree that this type of research requires a small sample size ranging between six and 25 participants (Kleiman, 2004; Morse, 1994; Creswell, 1998). The small sample size of this study helps to facilitate the processes of describing and interpreting information that the participants share. I utilized 7 participants, according to the point at which I experienced saturation.

Flood (2013) highlighted that the primary characteristic of this hermeneutic phenomenological approach is its capacity to reveal human truths that were accessed only through subjectivity. Hermeneutic phenomenological research originated from the philosophical traditions of Heidegger (1962) and Gadamer (2004). Philosophers held different opinions on the matter of the phenomenological studies. Kant (2003) views a phenomenon as that which presents in the mind of an individual. Early philosophers from the 18th and 19th centuries regarded a phenomenon as occurrences that take place in the mind and are not perceivable by human senses (Smith, 2008). Some philosophers also view phenomenological inquiry as a suitable means of studying human consciousness, and its path to "real knowledge" (Hegel, 1997). Franz Brentano of the 19th century posited that every thought is connected to some object and indicated that all perceptions have significance. Husserl, a student of Brentano, postulated that phenomenological inquiry was a way of understanding human thoughts and experiences in a detailed and impartial exploration of the incidents as they appeared (Dowling, 2007). Matua and Van Der Wal (2015) explained that phenomenology is a discipline that explores individuals' experiences and discloses their hidden perceptions.

Converse (2012) explained that phenomenology is a philosophical outlook through which researchers view participants' experiences and develop an understanding of the participants' lived experiences without engaging any previous knowledge. Researchers using the phenomenological approach choose between the descriptive method and the interpretive method of inquiry (Lopez, & Willis, 2004). In making this choice, researchers can select a more suitable methodology for their specific research

project. To achieve this, philosophers insist that researchers must be knowledgeable and must possess an understanding of phenomenological approaches to research.

Lopez and Willis (2004) described two primary methods of qualitative phenomenological approach: (a) the descriptive approach and (b) the interpretive approach. Lopez and Willis (2004) emphasized the need for researchers to identify the philosophical underpinning of the approach that guide their phenomenological research process. According to Lopez and Willis, when researchers identify the philosophical underpinning of the approach that guide their research the text becomes more precise and appropriate for readers to determine the phenomenological methodology that conducted the research process.

Descriptive Method

Husserl (1970) developed his descriptive approach to phenomenological research methods through his philosophies (Lopez & Willis, 2004). The descriptive approach involves philosophical reduction, which is essential in the process. Philosophical reduction is the process through which researchers analyze data and condense particular statements or quotes into themes (Moustakas, 1994). Flood (2010) and Kleinman (2004) posited that this approach requires the researchers' bracketing of all pre-existing knowledge of the phenomenon, allowing the researchers to experience a sense of the event in a new or real form. Husserlian phenomenologists stress the acquisition of new knowledge through the participants' experiences of the phenomenon as described by the participants who experienced the event. As noted by Lopez and Willis (2004), Husserl also emphasized to researchers who seek to understand humans' perception, the

importance of subjective information, as well as how humans perceived what was real. Researchers engaging in descriptive phenomenology also seek to identify the similarities or *universal essence* that exists among individuals experiencing the phenomenon (Lopez & Willis, 2004). Lopez and Willis also noted that the similarities present as the true nature of the event, and are critical in providing an indiscriminate description of the phenomenon.

Heidegger, a former student of Husserl, modified and developed Husserl's work and challenged some of Husserl's assumptions. He subsequently established the phenomenological interpretive or hermeneutic research method (Cohen, 1987). Researchers using the interpretive research process seek to bring to light the hidden meanings in the participants' experiences while extending beyond the description of the life experiences to the point of interpreting the experiences. The researchers' chief goal when engaging in the interpretive method is to focus on the participants' experiences, rather than what they consciously know (Solomon, 1987). The interpretive phenomenological researchers focus on the participants' lifeworld and how their experiences impact the choices they make. Smith (1987) noted that this process involves an analysis of historical, social, and political systems likely to influence the experiences. The phenomenological research process not only aids in understanding but assists in clarifying the conditions under which perception occurred (Gadamer, 1976). Historically oriented knowledge plays a vital role in the search for meaning as past, or historical occurrences inform the present (Annells, 1996). The researchers' pre-understanding and

pre-knowledge are important in the research process as they assist in the interpretation of the data shared (Finlay, 2008).

The Rationale

In this research, I utilized the qualitative, phenomenological interpretive approach. In using this approach, I sought to provide answers for the single major research question that investigates the participants' experiences with counseling professionals and the counseling services they offered. Through two interview questions, I sought to obtain knowledge of the experiences of a sample of Jamaican college students who participated in counseling with counseling professionals. While utilizing this method, I explored the experiences of the participants with counseling and the counseling professionals, to uncover hidden meanings of how they perceive their experiences. I brought to light other meanings that I took for granted. I engaged in the process of self-reflection and wrote these reflections for future reference as I proceeded to an analysis of the data as Polkinghorne (1989) and Colaizzi (1978) encouraged. In reflecting, I became more aware of, and restricted biases and assumptions while engaging the experiences. I avoided interference in the investigation of the phenomenon as Laverty (2003) advised. I gave thought to my own experiences at different intervals so that I could explain how my experiences related to the phenomenon in question. The assumptions and biases played a significant role in the interpretive process.

<div align="center">

Role of the Researcher

</div>

As the researcher, I was the chief instrument in this qualitative research. I played the roles of observer and interviewer of the seven participants I selected. I conducted an

audio-recorded interview with each participant after receiving permission through their signed consent form. During the interviews, I observed the interviewees' body language, verbal and nonverbal responses, and behavior. I recorded these as the interviewees described their experiences. I used these observations in formulating, thorough and in-depth descriptions of the related experiences of each interviewee. While interviewing each participant separately, I engaged in empathic listening, and motivated the interviewee to give a detailed description of the experiences. I made myself present in the interviewee's world by giving my undivided attention and empathizing with their situations, as Finlay (2012), guided. I conducted a semistructured interview using two interview questions. I utilized less structured questions during the process to facilitate a more extensive data collection and an in-depth description of the interviewees' perceptions. I made additional notes of any relevant observation in a memo, after each interview.

As a previous citizen/resident of the Jamaican population, and currently a doctoral candidate in the counseling profession, I had my own biases concerning individuals' views about counseling services and the counseling professionals. I continued to garner additional information that was relevant to the phenomenon from books and peer-reviewed research articles. I ensured that those previous experiences did not influence the data collection and analysis by engaging in self-reflection. I recorded my personal biases and assumptions in my reflective journal. I preserved the same for future reference during the analysis and interpretation of the data. At varying intervals, I reflected on my experiences, assumptions, and biases to examine how they related to the phenomenon

under study as Laverty (2003) suggested. I ensured that I accessed full and rich information from participants by asking open-ended and probing questions to facilitate the prolonged delivery of information.

I used the information delivered to facilitating the interpretive process. I continued to the point where I thought I had acquired a meaningful interpretation of the experiences and that such information was without any inconsistency according to Kvale (1996). Caputo (1987) noted that arrival at the position of understanding and meaning was exploratory and likely to change. Therefore, he advised that researchers account for their opinion and trace their movement throughout the research process using the hermeneutic cycle.

Ethical Concerns

Moustakas (2011) noted that there are no pre-identified criteria in selecting participants for phenomenological research. However, he related some essential considerations that the researcher should take into account. These are the individual's willingness to participate in a lengthy interview, willingness to allow the audio recording of the sessions, and his/her experience of the phenomenon. I received approval from Walden University Institutional Review Board (IRB) with approval number 03-21-19-0298517. After gaining approval for my proposal, I posted flyers at strategic locations on community billboards and social media, to initiate the recruitment of my initial participant.

I guided the process through the networking sample method. The initial participants contacted me via the information posted on the flyer. I conducted a short

meeting with the initial participants, discussed the informed consent, and gave details of the research study. I made arrangements for the interview date with participants who expressed a willingness to participate. I informed these volunteers about the research procedures, both orally and in writing, and they presented signed informed consent before they attended the interview. Participants permitted the audio recording of the interviewing process, as well as any other information that I found relevant and ethically appropriate for the enhancement of the research. These initial participants served as the persons to initiate the snowball process of recruiting other participants. They told individuals in their network about the process and gave them the option to choose whether to participate.

Participants voluntarily engaged in the research process. I ensured that no participant experienced any form of coercion for involvement in the research process. I advised them that they could discontinue the process at any time or for any reason if they were uncomfortable and wished to do so. Each participant received a J$2000 cash payment to defray the transportation expenses incurred to attend the interview.

I informed prospective participants about the member checking process that might be necessary to convene after the first interview. I explained that I might need to clarify the participants' information to ensure that the recorded data was synonymous with the meaning that the participants wish to convey. In carrying out this process, I would revisit the participant for a follow-up interview. I ensured that the participants understood that this was also a voluntary procedure and that they had the option of attending or declining the process.

I ensured that the participants' demographics were de-identified, and I provided a pseudonym for each participant so that I could identify and link the individual's data appropriately for analysis. I secured the transcripts of the recorded interviews in zipped files, which could only be accessed by way of a password. I used this security feature to significantly minimize the likelihood that anyone, except myself, could view the informant's demographic data. I disclosed that I would destroy all files related to the study no longer than five years after publishing the study. I retained all hard copies of data files in a lockable filing cabinet within my residence. I protected the keys to these filing cabinets on my person at all times or have them stored in a locked key box when I cannot have the keys.

The only exception to confidentiality would be if, as the researcher, I had reason to believe that an interviewee was a threat to self or others. I would place this interviewee in the protective care of his or her family or the hospital. If I believed that an interviewee held ill intent toward an individual, or was a threat to others, I would make a report to the relevant authorities. Interviewees would be aware of these terms, as I included the same in the informed consent.

An environment of safety and trust is salient for conducting the interviews. I made arrangements for scheduling interviews in a safe location (the alumni conference room) or another secured area of the participants' choice. If, for any reason, a participant became upset during participation in the interview, I would refer the participant to the Bethel Baptist Church Counseling Center. This center offered services at a very minimal scale. Its location is close to the university campuses. I made contact with the Head of this

counseling unit that would be receiving participants if they became upset while participating in the interview.

Methodology

In conducting this qualitative study, I explored the lived experiences of the adult, Jamaican college/university students in counseling with the counseling professionals and the services available to them in their institution. Although there is no predesigned sample frame for the phenomenological research methods, Kleiman (2004) advised that a small number of participants is required. Other researchers posited that the number of participants varied depending on the type of study and the data collecting process. These researchers opined that the interviewers should continue with interviewing the participants until they perceived they acquired a point of saturation (Sandelowski, 1986). Morse (1994) recommended at least 6 participants, while Creswell (1998) suggests 5-25 participants. I utilized seven participants, depending on the point at which the data reached saturation. Saturation is the stage at which data was no longer offering any new or precise information, that gave a clearer understanding of the phenomenon under study (Laverty, 2003). I utilized seven participants in this research.

I utilized the *networking sample method.* The network sampling method is a type of convenience sampling in which the participants formed the starting point of the sampling process (Vehovar, Toepoel, & Steinmetz, 2016). The initial participants began the networking sample method as they gathered information from the posted flyers and contacted me. I met with these individuals briefly to disseminate information on the research process and informed consent. After I interviewed the initial volunteers, they

started the second phase of the networking sample method by linking individuals in their

network and informing them of the request for research participants. The latter part of

this sampling process, which involves the participants' link in their network, is similar to

snowball sampling. As a matter of fact, Vehovar, et al., (2016) referred to the snow-

balling method segment as the sub-type of networking sample method.

I chose this networking sample, firstly to avoid instigating a breach in privacy or

confidentiality on the part of the counseling professionals if they should disclose who

were their former clients. Secondly, I considered this population to be a hard-to-reach

population. Crouse and Lowe (2018) recommended this type of sampling method for

accessing voluntary participation from people that were hard-to-reach or those that might

be vulnerable. Jamaicans are still unwilling to share information about their mental health

or that of their relatives because of the high levels of stigmatization toward counseling

(Palmer, Palmer, & Payne-Borden, 2012; Statistical Institute of Jamaica, 2004).

Participant Selection Logic

I decided to recruit students from universities in Kingston and St Andrew. They

attended and completed their counseling sessions, at least two months, before

participating in this study. As mentioned above, I engaged in the networking sample

method. I used this sampling method to facilitate more accessible voluntary participation,

considering the sensitive nature of the phenomenon under study. Individuals hold

varying, and most often negative perspectives about counselors and counseling services

within the Jamaican society. Researchers (Crouse & Lowe, 2018) believe the snowball

sampling method, has significant advantages in generating knowledge and social

interaction due to the relationship that exists between the participants and those they refer to participate. This relationship is likely to promote rapport building between participants and the researcher since the researcher had already met someone familiar with the referred participant, according to Crouse and Lowe (2018).

I positioned the networking sample method to facilitate prospective participants in reaching out to me with the required data for the project under study. I utilized this process to protect participants' privacy and to alleviate the need for counseling professionals to disclose information about prospective participants who were their former clients. I used this procedure to encourage voluntary participation and to ensure that participants do not encounter any form of coercion or feelings of intimidation to be involved in the project.

I posted flyers at strategic locations on community billboards and social media to attract prospective volunteers. They made contact with me using the information included on the flyer. This effort represented the first leg of the sampling process. Participants that met the criteria were selected. Once I made contact with the prospective participant, we made arrangements for, or proceeded to an initial meeting in which we discussed thoroughly, the purpose of this study. The prospective participant and I engaged in a thorough discussion concerning the informed consent form, to sensitize participants about the procedure and the need for the participants' written consent before proceeding into the interview. Participants were also knowledgeable that they could withdraw at any point in time if they believe they were experiencing any discomfort. During this short

initial meeting, we made arrangements for the hour-long audio-recorded interview session.

During the second leg of the networking sample method I facilitated the acquisition of the additional volunteering participants. They also contacted me via the information posted on the flyers, and through information passed on by the previous volunteer. In this phase of the sampling process, the participants must meet the criteria for selection. The selected participants attended counseling at their university's counseling center. They completed their counseling sessions according to their plan of action, at least two months before volunteering for involvement in this research process. The participants are aware of the experiences they encountered during their counseling sessions, as well as the experiences that existed within the counselor-client relationship. These experiences allowed the participants to give information-rich descriptions of their experiences of the phenomenon and to share these freely with me during the interviewing process. These individuals were within the age cohort of 19-50.

From the information gathered, I provided an integrated description of the participants' real meaning of their experiences, focusing on what the participants experienced and how they experienced it, rather than the emotional experience of the participants as Finlay (2012) suggested. I utilized a thematic analysis approach that involves defining themes and clustering additional emergent themes, and coding of the data, as is relevant to the research phenomenon.

Instrumentation

For this research process, I provided myself as the only instrument. I also offered

tools for this process, which include a semistructured interview protocol, an audio

recorder, and a memo. I included in the interview protocol, two major questions that are

broad and open-ended so I could facilitate the interviewees' extensive description of their

experiences, as guided by Moustakas (2011). I provided examples of the questions that I

used to mobilize the interview (see Appendix C). I also asked additional open-ended

questions to accumulating rich information that is relevant to the phenomenon and

provide an understanding of the participants' experiences.

Procedures for Recruitment, Participation, and Data Collection

After I gained the approval for the proposed research from Walden University's

IRB, I recruited a small sample of students between the ages of 19-50 years old. I

provided flyers (please see Appendix B), inviting interested individuals to contact me via

information posted on flyers. I strategically positioned the flyers on community

billboards and social media to attract prospective participants. I engaged in networking

sample method with the subtype, snow-balling. I provided the information on the flyers

to assist individuals make contact with me and start the recruiting process. These initial

individuals spoke to others in their network, and introduced them to the request for

participation. Once the interested individuals contacted me, I arranged with them for a

short meeting to inform each prospective participant about the purpose and process of the

research. Based on the willingness of the intended participants to proceed, and their

suitability for engaging in the process, I continued to discuss and access their signature

the informed consent form. Following this, we appropriately arranged, as mentioned above, to meet for the interview, at times, most convenient for the participant.

I utilized the one-on-one interviewing of the participants as the chief data collecting process. I established and maintained a caring relationship and a safe and trusting atmosphere from the initial stage. Researchers (Polkinghorne, 1983; Marcel, 1971) emphasized this atmosphere and relationship are salient to investigation in the hermeneutic phenomenological research process. I provided an audio recorder, and with consent from the participants, I recorded the interview sessions. From the data collected, I described the participants' perceptions of the experiences they had while attending counseling sessions, as well as the opinions they hold of their counseling professional. I conducted a semistructured interview with participants. I engaged in observation and memoing of relevant information about the behavior and body language that the participants displayed during the interviewing process. I began the interview with questions that were open to facilitate full delivery and follow-up discussion of the participants' information.

I transcribed the recorded information verbatim, but I also bore in mind Kvale's (1996) word of caution that verbatim does not necessarily capture the reality of what the interviewee said. Hence, I also paid attention to moments of silence as these could depict situations that we took for granted, as van Manen (1997) highlighted. I clarified any misconceptions as they occurred and I included explanations that the participants submitted to explain specific jargon or unfamiliar terms used. I engaged in memoing of any information that I considered to be meaningful to the research. I chose a location for

the interview process that offered the level of privacy and confidentiality that deemed

appropriate. I assigned an initial one-hour interview session with each participant.

Data Analysis Plan

In the data analysis of this research, I produced a self-interpreted co-construction

of the meaning of the phenomenon, with guidance from Laverty 2003). This co-

construction involved the merging of the text and context, along with the participants,

myself, and our backgrounds. To fully indulge in the analysis of this research study, I

engaged in Moustakas' (2011) modified version of the Stevick-Colaizzi-Keen method of

phenomenological data analysis. Moustakas presented each step in this modified version

in the appropriate order of analysis for the phenomenological approach. Moustakas

advised the following:

Using a phenomenological approach, obtain a full description of your own

experiences of the phenomenon.

From the verbatim transcript of your experiences complete the following steps:

1. Consider each statement with respect to significance for a description of

    the experience.

2. Record all relevant statements.

3. List each nonrepetitive, nonoverlapping statement. These are the invariant

    horizons or meaning units of the experience.

4. Relate and cluster the invariant meaning units into themes.

5. Synthesize the invariant meaning units and themes into *a description of*

    the textures of the experience. Include verbatim examples.

6. Reflect on your own textural description. Through imaginative variation, construct *a description of the structures of your experience*.

7. Construct *a textural-structural description* of the meanings and essences of your experience.

From the verbatim transcript of the experience of *each* other *co-researchers*, complete the above steps, a through g.

From the individual textural-structural descriptions of all co-researchers' experiences, construct *a composite textural-structural description of the meanings and essences of the experience*, integrating all individual textural-structural descriptions into a universal description of the experience representing the group as a whole (pp.120-154).

Issues of Trustworthiness

Trustworthiness remains vital in all research processes. I demonstrated trustworthiness by observing four main principles: credibility, dependability, confirmability, and transferability as Bradshaw, Atkinson, and Doody (2017) recommended. I utilized Lincoln and Guba's (1985) framework, as posited by Bradshaw et al. (2017), to assist in ensuring the trustworthiness of the study.

Credibility

I endeavored to build a rapport with the interviewees before I began the interviewing process and developed a trusting relationship to promote the interviewee's willingness to exchange information. I displayed empathy and compassion while I engaged the interviewees in sessions and allowed them to verify the accuracy of the data.

Transferability

I utilized the networking sample procedure for acquiring voluntary participants. The bracketing of my prior knowledge and presumptions helped to provide reflexivity during the research process. As well, I ensured that participants gave a detailed description of their experiences of the phenomenon. I also offered sufficient research details to facilitate recreation by other researchers.

Dependability

I presented an audit trail that described the study's procedures and processes. If I encountered changes in the study, I ensured to account for the same.

Confirmability

I engaged in memoing, and utilized an audio recording of the interview process. I supplied a description of the demographics of the participants. I verified the data by engaging the interviewees to clarify and give an explanation of statements where I needed further clarity. I also ensured that the findings were not inclusive of biases but involved evidence of direct quotations from the interviewees.

Ethical Procedures

As the researcher, I had the responsibility to observe all ethical procedures during the research process. I applied for the approval of this research proposal from the IRB at Walden University before I attempted to meet with participants or to proceed to data collection. Also, I acknowledged the importance of appropriate treatment for participants in the research process. All participants submitted a written informed consent, as a requirement, before engaging in the interview process. I thoroughly advised the

participants about what the research entailed, voluntary participation, and their freedom to cease to participate whenever they desired. The ACA code of ethics (2014) advised individuals engaging in research to observe federal and state laws, as well as the host's institutional regulations, and scientific standards that govern research processes. I ensured that I maintained confidentiality, upheld the rights of the participants, and took precautionary measures against injury to participants, as noted in the ACA (2014). Also, I acknowledged the importance of self-reports in data collection as a means of recognition for the participants' contribution of new knowledge and enlightenment of meanings in the phenomenon under study, according to Moustakas (2011).

Summary

Through this research, I provided the lived experiences of seven Jamaican university students who attended counseling sessions. They completed the same at least two months before engaging in this research process. From the results of this study, I provided an in-depth understanding of how the participants perceive their experiences with counseling professionals and the services they offered. I facilitated the process by occupying the roles of observer and interviewer of the participants. I utilized a networking sample method through which I accessed participants for the initial stage of the process. I followed-up with the snowball sampling method and engage voluntary participants. They referred other participants from their network. Those referred were Jamaican university students that had an interest in the research process. Having completed their counseling sessions, these participants made a meaningful contribution to the data collecting process. I conducted extensive interviews and engaged in memoing to

facilitate the data collecting process. I employed the modified Stevick-Colaizzi-Keen method of analysis. This process assisted me as I uncovered the participants' meanings and provided an in-depth understanding of the participant's lifeworld and how these subjective meanings reflected the historical and cultural norms that impact their lives. In the data analysis, I provided a thorough description of the participants' lived experiences with counseling professionals and the services they offered. I also addressed ethical concerns and procedures and ensured that I informed the participants thoroughly before they made their decision to volunteer in the process. I ensured that these participants received adequate care.

Chapter 4: Results

In this chapter I present the results of this qualitative, hermeneutic phenomenological research study. I focus on the lived experiences of seven Jamaican, adult college students who attended counseling with counseling professionals. I report on the participants' attitudes toward counseling, the counseling professionals, and the services offered. I describe the research design, the data collection process, the analysis procedure, and a summary of the findings from each participant's interview.

Characteristics of the Participant Sample

The participant sample consisted of two men and five women. All of them are university students in the urban metropolis of the Kingston and St. Andrew corporate area. All students are of Jamaican heritage, which is predominantly Black. The two men, Rick and Tana (pseudonyms), were in the age cohort of 35-50 years. The five women, Cina, Dia, Gail, Mala, and Moy (also pseudonyms), were of the age cohort between 22-30 years. The students were at different levels in their particular course of study, ranging from the first year to the fourth year, in the undergraduate and the graduate degrees, respectively.

Overview of Design and the Procedure

In this research study, I investigated the experiences of Jamaican, adult college students, and their experiences with counselors and the counseling services offered by the counseling professionals. I utilized the networking sample method to select participants for the interviewing process. I posted the research flyer (Appendix B) on my Facebook

page. I posted others on community bulletin boards within the vicinity of the universities located in the urban area of Kinston and St. Andrew in Jamaica.

The first response came through the telephone contact listed on the flyer posted in the community. We made arrangements for the initial meeting to discuss the Informed Consent Form (Appendix A) and later to engage in the one-on-one interview. The participant agreed to inform others in her network about the research interview process and to share the information on her flyer. After the first interview and the participant's commitment, I engaged in the second phase of the networking sample method, via the snowballing method, according to Vehovar et al. (2016). All other respondents contacted me. I arranged to follow a similar procedure as the first meeting to discuss informed consent and a follow-up meeting for the one-on-one 60-minute interview. I conducted this procedure over 6 weeks, from the posting of the flyers to the collecting of the data.

Using the hermeneutic, phenomenological, qualitative research process, I engaged the students in an extensive individual interview, guided by two interview questions (See Appendix C). I also utilized other interview questions, intermittently. I encouraged the participants' delivery of rich information. I collected this data with the use of two digital audio recorders, as permitted by the participants. The digital recorders were placed on the desk between the participant and me during the interview. I also asked impromptu questions to clarify any slang or idioms that the participants used in describing their experiences. At the end of each meeting, I reflected on the process. I added to my memo any relevant information, observations, and a description of particular behaviors displayed during the interview.

I reviewed the recordings repeatedly to ensure that I had a full understanding of the participant's story. Following that, I uploaded the recordings into NVivo transcription to obtain assistance in transcribing the recorded tapes. The NVivo program, software in technology, facilitates the uploading of the research files, provides transcription services, and assists in recording and organizing the categories and code references. With this assistance, I proceeded to make sense of the data. I assigned pseudonyms to each participant to protect the privacy. I excluded all demographics that were not particularly relevant to the development of the research. Then, I reviewed the transcriptions repeatedly and made the necessary adjustments. At the same time, I listened to the recordings to ensure that what the program transcribed was in the audio recordings. This editing was of extreme importance since the NVivo program, seemingly, was conditioned for American Standard English and similar accents. At the same time, the population that engaged in the interview, practiced Standard English (British version), alongside the mother tongue (patois) with various slangs, idioms, and different accents.

I printed the transcripts and proceeded to follow the guidelines of Moustakas's *Modification of the Stevick- Colaizzi-Keen Method of Analysis of Phenomenological Data,* to identify the categories in each transcription. I added each new category to the list that I recognized. Some of these categories were prevalent in as many as four transcriptions. Other categories appeared less frequently in the other transcriptions. The categories identified were as follows:

- Age differences;

- Education deficiency;

- Feelings;

- Hindrances;

- Negative views;

- Non-professional help;

- Positive responses;

- Professional attitude; and

- Rewarding results.

I uploaded the transcription in NVivo 12 and selected the categories mentioned above as nodes. Through these nodes, I initiated the coding process and the analysis of data in the NVivo program. Once more, I reviewed the transcripts and identified any other statements, phrases, or words that reflected the meaning of the node categories. I added these statements, phrases, and terms to the list. I used the NVivo program to organize these categories and to develop a summary so that I could readily recognize the frequency of each. I identified the participants that contributed to the particular category and code references.

Data Analysis Results

Following the steps of the *Modification of the Stevick-Colaizzi-Keen Method of Analysis of Phenomenological Data,* and utilizing the NVivo 12 program, I proceeded to analyze the research data. I reviewed the data, the categories, and the coded references. I further examined the data alongside my single research question: What are the lived experiences of Jamaican college students who participated in counseling services with counseling professionals? I determined whether the participants answered the research

question or whether the codes were relevant to the development of the research. It was essential to identify the relevance of the data to the two main interview questions:

1. Describe your experiences with the counseling services offered; and

2. How would you describe the relationship with the therapist assigned to you? At the same time, I compared the information with my memo and ensured that I did not influence the new data with my thoughts.

I coded suitable statements and phrases of each participant from the transcriptions I obtained. Of the seven participants, at least four participants contributed to the codes in each particular node category. In Table 1, I listed the categories, the number of files/participants that provided codes, and the number of code references deposited from these files. I defined the nodes categories as follows as indicated by the interviewees:

Age Differences: This node category referred to the difference in age between the participants and their therapist. Hence, they indicated their desire to attend therapy with counselors within the age cohort similar to that of themselves.

Education Deficiency: A lack of knowledge concerning professional counseling and the benefits that may be derived.

Feelings: Any emotions that were experienced by the interviewees while approaching or during counseling sessions.

Hindrances: Anything that prevented the counselee from seeking and or accepting counseling services from the counseling professionals.

Negative Views: Any views or thoughts toward counseling or counseling professionals, that were unpleasant or not positive, and were expressed by the interviewees.

Nonprofessional Help: Different types of counseling services sought from people outside of the counseling professionals.

Positive Responses: Participants' reassuring responses of benefits derived through obtaining professional help.

Professional Attitude: Participants' description of professional counselors' behavior toward them during counseling sessions.

Rewarding Results: Results that participants described as beneficial after engaging in counseling sessions with counseling professionals.

In Table 1, six participants contributed a total of 10 references in the node category Age Differences. Six participants responded with a total of 24 code references to the node category, Education deficiency. Seven respondents coded 21 references in the Feelings group. The type, Hindrances, received 16 codes from four participants. Five participants submitted 11 codes to the Negative views category. Non-professional help acquired nine code references from four participants. Six participants contributed 17 codes on the category, Positive responses. All seven participants responded to Professional attitude in 19 codes references. Four participants responded to the category, Rewarding results, with 11 codes.

Table 1

Summary of Nodes, Files, and Codes

Nodes Categories)	Files (Participants')	Code References
Age differences	6	10
Education deficiency	6	24
Feelings	7	31
Hinderances	4	16
Negative views	5	11
Non-professional help	4	9
Positive responses	6	17
Professional attitude	7	19
Rewarding results	4	11

Not all participants' transcriptions coded on all nodes. Below, I placed some examples of items coded from the individual's transcription. The code references were not ultimate but were examples of what took place in the interview. I presented language that was neither professional nor scholarly, but more conversational based on how the informants related their story. For example, Cina, in response to a question regarding the likelihood of persons of different age group gravitating toward counseling, stated that:

So, as I said to you earlier, the set that I would say, you know, would be more

willing to participate in counseling, they are actually the younger ones between

like ages of 17 to like 25, 26. The older persons now like 30's, and they are more

traditional, I would say. They believe in, they are strong believers in like religion

and just talking to random persons or family. And they have the tendency to

always, like if you are complaining about something, they are like, you know they

have the mentality like once you have life, you have everything, like I don't

know. Once you have life, everything is good so, you don't need to.

Gail gave another example when she responded to a similar question. She related to her

parents as being the older ones. She stated that:

So they probably would not want to go and talk to somebody about certain things

because they probably feel there would be some judgmental experience. In my

opinion, they think that they are always right, so they do not think going to

counseling is necessary. As far as they are concerned, what they are doing is right,

and that's just it, so they don't think counseling is essential.

Rick was very dominant in his pronouncement. While conveying similar sentiments, he

proposed the need for a youth arm. He stated that:

We find as well there is the need for a youth arm counseling because a lot of the

times, people have problems talking to somebody who is 40/30 years older than

themselves. They think they won't be able to relate or understand the issues. That

would pick up when someone who is 30 years or 50 years if I am 20 years, I

won't have to go to them with my problems.

The following participants related to their perception regarding education deficiency.

Moy emphasized the lack of information. She stated that:

Information is really lacking in the country overall about counseling and about

getting help. I think that it is not promoted enough. I believe that time is not spent

on it. I think that it is not being mentioned by whom it should be mentioned. I feel

like it's very undervalued. I feel like it is just there, but it's not recognized, and I

think that it's desperately needed. I mean that the country has issues and academia

will tell you that it goes into slavery, it goes into the historical things. Still,

sometimes a certain situation can be avoided when handled differently.

Likewise, I coded Rick's contribution to this node category of education deficiency. He

related:

 As a matter of fact, I don't think many persons even know that counseling is

offered here. They don't know the vast benefits. So ahm, I would say that the

general populace, up to 70% of the general populace, doesn't really gravitate

toward counseling, because of a lack of understanding. It is a lack of knowledge

and the lack of their lack of intimacy with many benefits that it can provide. But

an education can't just be getting up and telling people about counseling. It has to

be something actively done. A lot of the problems that arise in society, I would

say that it's because a lot of our young men are not educated. So, concerning

emotional expression, because they did not get the proper education.

Tana also made a contribution that was fitting for this category. He explained:

I think it has to do mainly with exposure to education. We need to explain to them

(i.e., the youth) in a more detailed manner the importance of intervention from the

point of communication. So when persons hold on to what we would call gossip,

(i.e., fiction) then we have to use the media, and we have to use the prominent persons like you, a politician and the persons who influence the youths like the police, the church, etc. to start to explain to the teenagers. So sometimes, education is the most fundamental thing because some of these youths get the opportunity to go to school. Still, they act up because of the influence of peer groups within the social environment and are stronger than a parent who is there, sometimes the mother alone.

The category, Feelings, was coded. This node category received as many as 31 codes references. All seven informants responded to this category as they described their different emotions approaching counseling, as well as during counseling sessions. Cina stated:

I was very hesitant and nervous because I didn't know what to expect because it was my first time. So I didn't know what to expect. And it was just not something I did before. So, you know, new experiences or new experiences overall are frightening sometimes. I found that a bit intimidating at first.

Gail expressed that:

I didn't feel comfortable with it. I felt like my private life was being put out of there unnecessarily because I thought, well, I still think nothing is wrong with me. I don't think at that time it was necessary, especially to the extent it went really unnecessary. If I am being sent, then my privacy is being exposed because then I don't tell you what the case is. Someone else tells you, so you already have an opinion when I come. I don't like that at all. I don't think I like to be sent to see a

counselor. It was a little awkward. I had a mental block. I wouldn't feel

comfortable with that.

Dia shared a different experience. She stated: And me, feeling a kind of way, such

asconfidence issues. I was having that too and value self-worth, so I seek counseling for

that. I had counseling several times within my tenure in high school."

Mala shared the feelings she encountered before going to counseling. She explained:

So, before I did, I didn't want to go. No. Because I was like, why do I have to

speak to somebody? I was a little petrified, but I eventually warmed up to the idea

of going. It wasn't easy. I really don't like to talk to people. So I didn't know

where to start. I don't trust people really; I don't trust anyone.

Moy, on the other hand, had some issues with the system. She complained:

You will always have to make an appointment, and I always felt that you cannot

channel your emotions; you feel how you feel about it today, and then the next

day, you're expected to feel the exact same way with each situation that occurs.

Yes, I feel like it should be "my door is always open" policy and not making an

appointment for my door to be opened type of situation. I was open (i.e., willing)

to actually go to the counselor. I feel like I could (should) go to a counselor in the

time when I'm dealing with my situation.

Rick had prior experiences with counseling so, his emotions were not intimidating as the

other interviewees, but more comforting. Rick stated:

It was okay. After that time, I had some issues I wanted to talk about, so I went.

Well, as a youngster, I learned the importance that counseling could play,

especially the importance of talking issues with someone on a confidential basis. I always felt comfortable speaking to her.

On the other hand, Tana was very brief. He stated precisely: Anxiety was stimulated by my thoughts.All the interviewees mentioned above shared their different emotional experiences according to how they occurred as they approached counseling or during their counseling experiences.

The next category was the Hindrances. In this category, the participants shared their experiences when hindered from seeking or accepting counseling by different life occurrences. Four participants made the contribution of the 16 codes in this category in responding to questions regarding obstacles they encountered in thinking of or attempting to seek counseling from counseling professionals. Gail commented on issues of privacy and pride. She stated: "Just very private. There might be an issue of pride there." Mala viewed hindrances from a different perspective. She noted:

I don't think people trust people like that to just get up and put your story in the hands of one other person. That's too much. As for me, past experience, experiences, I don't trust people. Really, I don't trust anyone. Again, it all boils down to not trusting the person. Then the other thing that ties in with trust is vulnerability. Not sure. I'll do it. No, you get in. In contrast to my speaking to a close friend, and speaking to a stranger, I'm not going to be vulnerable before you. I'll be vulnerable in front of my friends, but not in front of you.

Moy reflected on societal issues. She related:

I realized the societal issue or what we're taught (we should) to feel if we go to a counselor. Because I think society or something lets you believe that like when you go to the counselor or go to the psychologist, you are weak. You cannot handle issues, and if it's not that you are weak, you are going through the most severe problems. People just start to label you in a box without even knowing your issue, or if it's not that they automatically put it to a negative light and not put it to a better view, which is where I'm coming from. And in some way, the idealistic like "man nuffi cry" (men should not cry) and "everybody should carry their burden" and "depression doesn't make sense because it just means you cannot handle your realities yourself." I feel like those barriers should kind of be broken down.

Rick expressed his conviction. He believed that age-appropriateness is essential since the differences in age between the client and the therapist created a hindrance or barrier. He stated:

However, we still have to build a system where people can readily access these things (counseling services from professionals within the clienteles' age cohort) and not feel estranged. That would pick up when someone who is 30 years or 50 years if I am 20 years, I won't have to go to them with my problems.

Negative views were the next node category discussed. Five of the seven participants shared their experiences that they viewed as unfavorable through 11codes. They noted these as negative perceptions that society held toward professional counseling. Cina explained:

Because, ahm, it's counseling. It's not something that, especially in the Jamaican context or our society; the first thing to do is not to go to a counselor. Don't you think it's a waste of money? It's how people, you know, it is how these professionals rob you.

Dia had a different perspective. She was determined to achieve her goal and complained that "She actually wanted me to stop, but I said I was not going to stop because it's counseling, and there is no harm in it." Dia related information about her mother, who preferred withholding the privacy of the issue, which was directly related to her. Gail compared the counselors with whom she interacted. She noted, "No, one was worse than the other because the other one was a little necessary, but I wasn't interested either." Rick gave his perception of some contradictory ideas. He explained that:

General consensus is that people don't like to talk about their problems, especially males.

So, I think there's a general negative purview toward counseling and its benefits, but I think over time, that view has begun to deteriorate. Reasons being because of the negative purview that a lot of persons have toward counseling.

Moy re-emphasized her thoughts regarding the negative impact of societal influence. She reiterated:

I realized the societal issue or what we're taught to feel if we go to a counselor. Because I think society or something lets you believe that like when you go to the counselor or go to the psychologist, you are weak. You cannot handle issues, and if it's not that you are weak, you are going through the most severe problems. People just start to label you in a box without even knowing your issue, or if it's

not that they automatically put it to a negative light and not put it to a better view,

which is where I'm coming from.

Some participants admitted that they engaged in non-professional help before

seeking professional counseling. Of the seven participants, four submitted information

concerning their choice of non-professional support. That information yielded nine codes.

Cina relied on her religion for the source of nonprofessional help. She shared:

In my experience, you know, most times I go to church or pray about it.

But then you have the other set that they believe in praying, which nothing is

wrong with that, you know. They believe in praying seeking divine intervention,

talking to family members, venting to family members instead of actually getting

professional help.

On the other hand, Gail had someone else in whom she confided. She reported, "For one,

I have someone I speak to about most situations."

Mala confided in her close friends. She related that:

My friends, I speak to them about everything. I have two close friends, and I talk

to them about everything. So, everything that's happening they know. So, if my

friend. So, if my friend comes to me and says, Okay, she's having a problem, I

will take it upon myself to help her solve that problem instead of sending her to a

counselor. Because we always do that. So, it wouldn't be the first response to go

to a counselor. She could try someone she trusts. Probably, a parent, or a teacher.

So, it could be a case like that. Well, I would not say students are more likely to

trust teachers, but for me, I would because I have that relationship with my

teachers. I can't speak for everybody, but I have that relationship with my

teachers. So, I can call them any time and say, so and so. So even before my

counseling session, I actually spoke to my friends. Yes. I asked my friend what

was the best thing.

Rick was inclined to label his friends as one of his counselors. He responded, "Three if I count one of my friends as counselors."

The participants described the counselor's professional attitude based on their experiences and the relationship that developed during their therapeutic sessions. All seven participants related their experiences, which yielded 19 code references. Cina described her experience with one of her therapists:

The other one now at first, her appearance was kind of intimidating. I think she

has that personality. But and she was very professional as well, and I remember

going into counseling, I did not expect her to be as professional as she was, you

know. I thought the person would be like chill (carefree) too.

Very insightful, she listened, and she understood what I was saying, it was a good

experience with her.

Dia described her professional counselor as follows:

She was a nice lady, someone with whom I could talk. That relationship that we

had was excellent. And another thing about my former counselor, she would give

me a lot of Scriptures to reinforce whatever she has said. She's a Christian, and I

am a Christian, too, so the Scriptures would help me.

Gail was resistant because she felt that her privacy was invaded by someone who referred her to the counselor. She explained:

> They still tried to get somewhere, they gave me some things to do that would probably, u know, (gesturing with shrugging shoulders).
>
> Well, it's a little of both because, as I said before, they had their opinion before I went, so how they spoke to me was altered because of what they knew about me now so I wouldn't feel comfortable with that. So, I wouldn't go back to them (i.e., the counselor).
>
> Umm. (describing another counselor) non-judgmental, I would say and pretty open. So, I was getting responses, so I understood how to approach things differently. And they're pretty honest, so if I'm wrong, I know I am wrong and that I need to change that, but they'll let me know what it is I did.

Mala attended after much deliberation with her friends. She commented, "And he was very warm and trusting, and helped me."

Moy described her counselor saying that "Her persona is very light, very open, and very informative, so she gives information on why this could be happening and what the situation is and so it's been welcoming."

Tana described the professional's attitude by giving examples of what took placed in the sessions. He explained as follows:

> He gave me some hint at the time like to see how best I can actually conquer fear. Dr. is like a soldier, in other words, he's like somebody who is tough, somebody who, you know, as a person who understands, you know, streetwise. I'm a hard-

core person, so I could relate to him talking to me about the situation. I mean,

basically, he is a black man like myself. And all I ever saw; I saw a picture of my

father. So really and truly, it created a comfort zone for me.

Rick had a different perception since he had prior exposure to counseling. He stated:

I think we were excellent. As a counselor, not as a friend per se, but as a

professional. I can definitely say it's very informative. And then when I came

back for the follow-up sessions, even if I didn't, even if I personally couldn't

remember some of the things that were said previously, because of her reporting,

she was able to recall what was going on and to draw on information from

previous sessions. It might not have been as personal (i.e., as in high school), but

it might have been as in-depth as it could get.

Some participants found that their experiences provided *Rewarding results*. Four of the

seven participants provided information that yielded 11 code references in this area.

Cina found the experience gratifying. She stated:

I would say it was satisfactory. I think I gained what I wanted. I got some advice

that helped me. Yea. It was very helpful. I had a positive experience from that.

Because you know counseling allows you to do some introspection and identify

problems that you weren't even aware of. Sub- sub- sub- subconscious stuff.

Gail developed a long-standing relationship with one of her counselors. She interpreted

the situation as one in which she could check-in as the need arise. Hence, she explained:

For the one I went to, it's just a long-standing relationship, so it's more like a

checking up. It's kind of provide a way to talk, so whatever issue is going on, I

don't just have it in me. So at least I talk about it so it's not just bothering me

constantly and nobody knows what is going on. That helps—a better coping

mechanism than doing something that wouldn't really fix the problem.

Moy also benefitted from the experience. She admitted having acquired some skills from

experience. She stated, "I feel that counseling teaches us better communication,

conflict confrontation, and stuff like that.

Tana acknowledged the change in his development and coping skills. He commented

likewise:

When my grandmother died, I even felt even more in control. Then now, the first

time I would have to sleep with a light in the house, now I am not concerned

about that. Because he had the skill set to, you know, just talk to you about things,

etc., etc., and that's how he was able to identify that my circumstance was not

physical.

The results reported from the data are indications of the participants' varying

perspectives on their counseling experiences and the counseling professionals with whom

they interacted. While there were some similarities, there were also some marked

differences. It was also noticeable that some participants involved in counseling before

attending college/university. Persons with prior experiences were more likely to portray a

more positive response to the counseling process, as against those who were engaging in

counseling for the very first time.

Analysis of the Data

Careful analysis of the data revealed two major themes emanating that brought to light the essence of the experiences of the participants in this research process. From the categories, I identified some positive factors that encouraged the utilization of professional counseling services. Likewise, I identified another set of factors that negatively impacted individuals' help-seeking attitudes for counseling services. Hence, I separated the categories into the two themes and labeled them, Support for Engaging in Professional Counseling, and Barriers to Seeking and Accepting Professional Counseling. The supporting theme included positive factors, and the barrier theme included negative factors. I listed them as follows:

- Support for engaging in professional counseling: Positive Responses, Professional attitude, Rewarding Results;

- Barriers to seeking and accepting professional counseling: Age Differences, Education Deficiency, Feelings, Hindrances, Negative Views.

(Please see Table 2 below).

As indicated in the table, the support theme obtained only three categories, with professional attitude reflecting as many as 19 code references. Positive responses showed 17 code references, and rewarding results showed 11 code references. The barrier theme obtained the six categories. These categories obtained code references ranging from 9-31. The feelings category reflected 31 code references, and nonprofessional help showed nine code references. Findings indicated that forces against the utilization of counseling services from the professionals outweighed those that support the utilization of the

service. The barriers created a more significant impact on the participants' willingness to engage in counseling services from the counseling professionals in their institution.

Table 2

Themes and Code References

Theme 1- Support Category List	Code References	Theme 2- Barrier Category List	Code References
Positive responses	17	Age differences	10
Professional attitude	19	Education deficiency	24
Rewarding results	11	Feelings	31
		Hindrances	16
		Negative views	11
		Nonprofessional help	9

It is evident that persons acquired new knowledge after engaging in professional counseling sessions, even for the first time. The individuals became aware of the positive and rewarding benefits that they are likely to experience from engaging in the process. Even individuals who were hesitant in attending counseling for the first time testified of their discovery of the new experiences that they encountered. It is, therefore, evident that wide-scale and continuous work on factors that form barriers to the utilization of professional counseling can result in new knowledge and new experiences for

individuals. This work can create change in the lived experiences of Jamaican college/university students.

Summary

In Chapter 4, I provided a report on the data collected from my research project, Experiences of Jamaican adult college students in counseling. I noted limited demographics, as deemed necessary for the development of this research project. I reported on the data collection process, the transcription of the data through the NVivo transcription process, and the organization of the data through the NVivo 12 program. In using the NVivo 12 program, I promptly identified and engaged in the development of nodes and code references. I observed some significant categories listed below: (a) Age Differences, (b) Education Deficiency, (c) Feelings, (d) Hindrances, (e) Negative Views, (f) Non-professional Help, (g) Positive Responses, (h) Professional Attitude, and (i) Rewarding results. At least 4 of the 7 participants responded to each theme, while in other circumstances, all seven participants responded to all themes.

I observed the development of two themes, Support for Engaging in Professional Counseling, and Barriers to Seeking and Accepting Professional Counseling, emanating from the data provided. These themes indicated that participants encountered both positive and negative influences in their efforts to engage in the counseling services offered by counseling professionals in their institutions. The theme that offered more positive support had fewer categories. The theme that formed the more significant barrier had a larger number of categories and displayed a more negative impact on the participants' lived experiences.

In Chapter 5, I describe the explanations and interpretations of the findings based on the qualitative, hermeneutic phenomenological research principles. I describe the relationship with the participants' stories. I also include the discussion and conclusions of my findings, the limitations, and the recommendations for future research.

Chapter 5: Discussion, Conclusions, and Recommendations

In this chapter, I reiterate the purpose and nature of the research. I provide a summary of the key findings in the study. Additionally, I describe the ways the results impacted the knowledge in the counseling discipline by comparing them with the information disclosed in the peer-reviewed literature in Chapter 2. I analyze and interpret the findings in the context of the theoretical and conceptual framework as deemed appropriate. I describe the limitations to trustworthiness that appeared during the research process. I make recommendations that may be useful for further research to add to the strengths and alleviate the weaknesses of this research. I continue with an explanation for positive social change. I describe the methodological and theoretical implications and make recommendations for practice in the professional field. Finally, I add a concluding message that displays the main essence of the study.

The findings from this research vary in how they related to the information gathered in the literature review. Participants conveyed their perception of the negative impact that age differences between the counselor and the client imposed on the utilization of counseling services. Education deficiency played a significant role in the underutilization of counseling services delivered by counseling professionals. Participants highlighted that some students were not knowledgeable of the availability of counseling services and how to access the same in their institution. The participants related the different emotions or feelings they encountered before, during, and after engaging in counseling sessions. These participants considered some factors as hindrances to the utilization of the counseling services offered by counseling

professionals. The cultural practice of engaging nonprofessional assistance was eminent. This practice was seen among the participants that testified positive responses about their experiences with counseling services, the professionals' attitude, as well as rewarding results at the end of counseling.

I conducted this qualitative, hermeneutic phenomenological research to explore the lived experiences of the Jamaican, adult college students, and their attitudes toward counseling, counseling professionals, and the services offered. In providing an in-depth understanding of the participants' perceptions of their lived experiences, I sought to bring to light details of their experiences with the phenomenon. I illuminated other aspects that we took for granted within these experiences, as Kafle (2011) suggested. In this study, I presented a rich textual description of the participants' experiences in their life world. Additionally, I provided insight for readers by describing how changes to current practices and extended educational programs could increase the use of services by this community.

I engaged the qualitative, hermeneutic phenomenological approach. Hermeneutic phenomenology focuses on consciousness and experience. I used this approach to engage in constructive criticism and refinement of my work and to reveal the underlying details as suggested by Mackreel (1975). Dilthey (1976) perceived the need for the hermeneutic undertaking to possess a historical outlook. Through this historical outlook, I could develop my understanding at a deeper level beyond that of my own experience. Dilthey emphasized the need to study history to understand the human experience. Studies of experiences depend on historical groundings and descriptions to form a whole; because

history enhances the meaning of the lessons and reveals socio-political and economic factors (Dilthey, 1976). The hermeneutic discipline entails the ability to read a text to uncover and foster the full understanding of the intention and meanings.

The hermeneutic design requires analysis to obtain a precise understanding of the text. Gadamer (1984) posited that interpretation forms the basic structure of the experience that uncovers the perceptions hidden behind the actual phenomenon. The hermeneutic circle is the medium through which understanding occurs, and prejudgments are corrected in light of the text and give rise to new pre-understandings, according to Gadamer (1984). Gadamer also points out that the hermeneutic circle facilitates the correcting or setting aside of our prejudices as researchers interact with the text (Gadamer, 1984).

In conducting this research, I engaged in the network sampling method, a type of convenience sampling. I used this sampling method to access the initial participant. She, in turn, referred other individuals from her network who were interested in sharing their experiences in this research. I provided informed consent forms for persons within the age cohort of 19 to 50 years who met the criteria for participation in the research. I selected this particular age range to capture the specific group of students who enrolled in tertiary institutions. Within the Jamaican context, 19-year-old students were usually just leaving high school and entering college/university. College students 30 years old and over were advancing their education to meet developed career-related qualifications. I conducted interviews with individuals who gave their consent and voluntarily participated. I utilized broad and general interview questions to facilitate meaningful

dialogue and free expression of the participants as they described their lived experiences, according to Moustakas (2011) guidelines.

I applied principals from Moustakas's *Modification of the Stevick-Colaizzi-Keen Method of Analysis of Phenomenological Data* to begin the analytic process. I uploaded the codes and the categories in the NVivo 12 program, and organized the information. By organizing the information, I readily identified the participants' contribution to the data, the category of the contribution, the frequency of each contribution, and the two major themes reflected in the research data. The themes were Support for Engaging in Professional Counseling and Barriers to Seeking and Accepting Professional Counseling (as listed in Table 2). These themes highlighted how the experiences encountered impacted the participants. I organized the categories under the themes, based on the support or barrier each offered the participants.

The theme, Support for Engaging in Professional Counseling, received three of the nine categories listed. These were positive responses, professional attitude, rewarding results. This proportion indicated that participants were likely to be encouraged to engage in counseling relationships with counseling professionals. On the other hand, the theme, Barriers to Seeking and Accepting Professional Counseling, collected all six of the remaining categories. This finding was evidence that the participants experienced more considerable negative influences in their attempt to utilize services from the counseling professionals. The varying amount of contributions made to each category indicated how heavily each category impacted the participants.

Interpretation of Findings

My aim in conducting this research is to add to the counseling professional body of knowledge, specific findings concerning the experiences of Jamaican adult college students with counseling, and the counseling professionals. In adding this new knowledge, I aim to promote awareness in counseling professionals and students in training concerning the participants' perceptions of their experiences with the professionals with whom they interacted. These professionals and students in training would develop an in-depth understanding of the participants' perceptions. I hoped that the professionals and students in training would acquire an awareness of the historical, cultural, and social factors that impact this sample of students. These professionals would also realize that the factors are likely to impact other students in a similar situation. The acquisition of new knowledge could mobilize the professionals and students in training to modify intervention strategies to meet their client's needs.

Below, I share the interpretation of the two main themes and some examples of the experiences according to the different categories and explain the participants' views. Reviewing the participants' experiences and perceptions brings to light the explanation of the meaning of the experiences. The participants described their experiences and the relationship that developed with the professionals with whom they engaged for counseling services in their tertiary institution.

Support for Engaging in Professional Counseling

The participants perceived that some factors supported their effort in engaging in professional counseling more than others. They described these within the categories of positive responses, professional attitudes, and rewarding results.

Positive responses. Participants described the encounter with the counseling professional and the outcome of their experiences. Of the seven participants, six participants gave an affirmative description of the outcome of their experiences. The responses yielded 17 code references. Mala did not respond positively. Mala admitted her deliberate resistance to the process because she believed that the individual who referred her to counseling disclosed her privacy before she attended counseling. Hence, Mala resisted the counselor's effort, amidst the awareness that the counselor tried her best to work with her. All other participants had positive responses and were able to describe the different ways they were helped through professional counseling. Emphatically, Cina admitted that she got what she wanted. She expressed that she was better able to handle her situations. Cina had a more positive outlook on life and was more proactive in dealing with her issues. She had developed strategies in dealing with her thought process. Hence, she was no longer overthinking when she faced her issues.

Dia had positive responses. She described her situation as having changed over time through assistance from counseling professionals. She explained that she had attended counseling several times from her high school years to tertiary level education. These sessions helped her to deal with her family issues as well as her self-esteem problems. Her work with the counseling professionals has enabled her to make

appropriate choices in her tertiary level studies. It had illuminated qualities she did not know that she possessed.

Gail responded positively by describing her counselor as being approachable and one that gives sound advice. She reiterated that although she had friends with whom she spoke, some issues could not be discussed with her friends. She would rather discuss these issues with a professional who was matured and experienced. Her counseling sessions helped her to vent and free herself of issues that disturbed her. Counseling with counseling professionals helped her to develop better coping mechanisms.

Moy learned how to be more proactive in dealing with her concerns since she believed she lived in a dysfunctional family situation. She has learned to apply coping skills each time new situations evolved. To this point, she made an appointment one semester ahead of time to revisit with her counselor. She said, "in case something happens." She said she did this to combat the long waiting list for a new appointment if she should need an appointment during the next semester. Moy described her counselor as being very open and informative. Also, Moy emphasized the importance of going to a professional counselor rather than an ordinary friend, since this may become problematic. In reiterating his positive responses, Rick described his experiences with his counselor as being trustworthy and understanding. Rick emphasized that the relationship was excellent, and so he was able to relate to his counselor freely. His counselor was very informative and was able to guide him in overcoming his hurdles. Tana also had positive responses as he described how his counselor rescued him from the pangs of anxiety. He described the changes he had experienced since he met the counselor. He reiterated some

of the strategies that the counselor implemented. They built a good relationship through the process. Now he can function without the different crutches on which he relied before attending counseling.

Professionals' attitudes. Counseling professionals have a vital role to play in ensuring that appropriate attitudes are displayed during the counseling process. The attitudes displayed should encourage trust development in the clients so that they could be genuine and display their real self. The participants described their experiences and the relationship that developed with the professional with whom they engaged for counseling services in their tertiary institution.

Cina remarked that her first encounter was intimidating but very professional. Although she did not expect her counselor to be as professional, she observed that she was very insightful. The counselor listened with intent and understood as Cina explained her situation. Cina determined that she had a good experience with her counselor. She attributed this experience to the counselor's professionalism.

Dia also explained that she had a good experience with her counselor. She described her counselor as a nice lady with whom she could talk. Further, Dia shared that this counselor was of the Christian faith, and shared portions of the Scriptures with her. Dia enjoyed this as she also professed to be a Christian, and found Scriptures to be helpful. Mala found her counselor to be very warm and helpful. She described him as trusting and nonjudgmental, enabling her to tell her story freely. Moy found that her counselor's persona to be very light, making her conversation easy. She was also open

and informative. The counselor helped her to understand why some of the things were happening to her.

Tana was elated as he described his counselor. He gave a more detailed description of his counselor and expressed that a good relationship developed during their time together. Tana considered the counselor to be tough and streetwise. This suited Tana very well since he described himself has as a "hard-core person." Tana was able to identify with the explanations that the counselor shared with him to assist with overcoming his fears. Rick considered his counselor-client relationship as a good one. Rick was able to compare his experience of counselors in the secondary school with the more current relationship he experienced in his tertiary level institution. Rick noted that the relationship with his recent counselor was excellent and professional, and not necessarily as a friend, per se. He attributed the relationship to the counselor's professional attitude. He described her as being very informative and organized in her reporting. She was also keen on reminding him of activities from previous sessions. The participants' descriptions above gave examples of the professionals' attitude displayed during the therapeutic relationship. These behaviors helped to establish a therapeutic alliance that provided room for rewarding results. Moss (2013) noted that the therapeutic relationship in counseling is salient. It provided a medium for establishing a sense of safety, trustworthiness, and encouragement for clients to discuss their thoughts and feelings freely. This openness can give the counselor access into the client's lifeworld and be of more significant assistance.

One participant, Gail, reported not having an excellent counselor-client relationship. She admitted being responsible for this relationship as she was aware that the counselor tried her best to assist her. Gail described herself as being disturbed because she was referred to counseling by someone else who told her story before she reached the counselor. Gail believed that her privacy was exposed and admitted that she became resistant to the counselor and the process. Although she attended the sessions, she noted that her participation was abysmal, and she did no homework. This display of resistance and the negative result was an example of how the client's attitude could influence the benefits derived from the counseling process. Jackson Williams (2013) posited that persons holding negative attitudes are less likely to benefit from professional mental health services. As well, he noted that a person's opinion concerning mental illness could influence their attitude toward seeking assistance from mental health services.

Rewarding results. In this category, the participants describe their experiences from engaging with the professionals. Cina experienced satisfaction. She believed that she received what was needed as the process provided a way for her to talk about her ongoing issues. She was led out of her situation from being suicidal, to developing a better coping mechanism. Hence, she was able to do things in a better way. Moy felt rewarded since she had improved communication skills and learned how to deal with conflict and confrontation. Tana was better able to manage the death of his grandmother, unlike that of his aunt. He attributed his development to the skill set of his counselor. All these participants engaged in a therapeutic alliance with their counselors and experienced

positive rewards. Researchers posited that a positive therapeutic outcome is reliant on

therapeutic alliance developed between client and therapist during the process (Taber,

Leibert, & Agaskar, 2011).

Barriers to Seeking and Accepting Professional Counseling

Some factors hindered the participants from seeking and accepting services from

counseling professionals. The participants described them as they perceived them.

Age differences. Robiner & Storandt (1983) examined clients' perceptions and

their relationship with clients' and counselors' age. They concluded that the similarity or

difference in the age between counselor and client was not a significant influence on the

counselor's facilitative skills. In this study, the participants complained of age differences

between them and their counselors. The participants insisted that this age difference was

also a contributing factor to the underutilization of counseling services. The participants

also indicated their preferences for counselors within their age cohort, with whom they

could relate their stories. The participants' primary concern was the fear of not being

understood. They thought that professionals outside their age cohort would not be able to

relate to the participants' issues. Notwithstanding, Robiner and Storandt contended that

clients might have their preferences. However, the similarity or difference in the age

cohort does not contribute to the therapeutic alliance between clients and therapists.

There was also another concept regarding age differences. The participants

perceived that younger students were more likely to engage in counseling with

professional counselors than older students. The participants agreed that the youths

between ages 17-26 were more likely to gravitate to counseling than persons 30 years and

older. These older folks were usually stronger believers in religion and relied on their faith and nonprofessional assistance. Also, some mature folks sought to avoid any form of perceived judgment by avoiding participation in counseling services. The participants explained their perceptions that older folks believed that they were managing their affairs appropriately. Hence, they had no need to attend counseling. These deliberations affirmed that religious affiliation and historical and cultural practices play significant roles in the underutilization of professional counseling in tertiary institutions. Individuals' perceptions have changed with time, but historical and cultural factors still have an ongoing influence on how people perceive their experiences.

While some findings from this research confirmed the literature review in Chapter 2 concerning the age cohort that is more acceptable to professional counseling, other portions disconfirm the same element. Kleinberg et al. (2013) noted that young adults between the ages of 18 to 24 were within the cohort of individuals who were more likely to demonstrate the lower levels of mental well-being. These individuals were less likely to seek mental health assistance in comparison to middle-aged adults. As well, Kitagawa et al. agree that young people have the greatest need for mental health care but displayed the most negative help-seeking behavior. This research findings indicated that the more youthful age cohort received exposure to professional counseling. They obtained this exposure from guidance counselors in their primary and secondary level schools, before they enter tertiary level institutions. This exposure gradually changed their perspective on counseling and counseling professionals.

The participants who obtained exposure were more likely to gravitate toward professional counseling. They may accept professional counseling even if they sought nonprofessional advice before engaging the professional counselor, and while attending counseling sessions. One participant, Dia, explained that she had "counseling several times during my tenure in high school." Hence, she had no problems seeking professional help at her university. These findings, therefore, indicated that the roles were changing with the introduction and dissemination of guidance counselors in the primary schools and the continued development of counseling services in the secondary institutions. Younger individuals were gravitating to the use of professional counseling services.

Education deficiency. Deficiency in education was another leading barrier to the utilization of professional counseling. Participants clarified that this was not about academic education, but more so knowledge deficiency concerning professional counseling and the benefits that were derived. Participants admitted that this lack was evident in their institution and that enough attention was not given to promote the awareness of counseling services on their campuses. By extension, the participants agreed that the knowledge was lacking throughout the country. One participant advised that the educating process should go beyond verbal expression and become more practical. Rick shared his concern that a lot of the problems occurring among the youths were due to deficiency in handling emotional feelings.

The literature review affirmed the issue of knowledge deficiency concerning mental illness among college/university students in the Caribbean and particularly Jamaica. Wahl et al. (2011) noted that knowledge is minimal among this cohort in the

Caribbean and specifically Jamaica. Wahl indicated that it is similar to that of students in the high schools, in the United States, particularly those of the lower educational level. This lack impact how these students view individuals experiencing mental illnesses. Jamaican youths lack mental health education since it did not form part of their high school curriculum. This deficiency resulted in their perception, attitudes, and values being similar to those of the general public (Jackson Williams, 2014).

Researchers, such as Hugo et al. (2013), mentioned that the general public held varying perceptions about the etiology of mental illness. Other researchers posited that a deficiency of willpower was the cause for mental diseases; Kung (2004) viewed it as moral weakness and shirking. The Jamaican Gleaner (2000), the major daily newspaper, recorded it as a supernatural derivative. Jackson Williams remarked that these perceptions were likely to determine whether the individuals would seek help for mental illness. This research brings to light the participants' awareness of the need for the intensifying of the education system concerning mental health issues, and the benefits derived from seeking professional help.

Feelings. It was not surprising that individuals would encounter different kinds of emotions when they engaged in unusual activities or experienced a new phase in life. The participants described the different feelings/emotions that they experienced as they engaged with their particular counseling professional. Individuals experienced hesitancy, anxiety, discomfort, fright, disappointment, insecurity, and fearfulness. Participants with prior exposure to counseling experienced pleasant emotions. In contrast, those participants who were experiencing counseling for the first time encountered more

discomfort and unpleasant emotions. At the end of their sessions, their perceptions changed, and they agreed counseling was beneficial.

Literature confirmed the presence of some of these emotions among students who sought professional counseling in their institutions. Research conducted globally among college students evidenced a prevalence of some mental health issues, such as anxiety disorders, depressive disorders, and suicide ideation and attempts (ACHA, 2014). Those illnesses were also present among these participants. One participant admitted that she experienced severe stress and anxiety issues, as well as suicide ideation. This severe stress resulted from financial problems and family problems, combined with the pressure to meet academic requirements. These circumstances led her to seek professional counseling at her tertiary institution. Due to the stigma attached to mental health issues in Jamaica, people were generally fearful of the negative assessment that identified with mental illnesses. Individuals with mental illnesses refrained from seeking needed assistance. Researchers indicated that the students' level of emotional openness could determine the help-seeking attitude and utilization of counseling services of Caribbean college students (Greenidge, & Daire, 2010).

Hindrances. Several other factors ranging from personal to societal contributed to the underutilization of counseling services among Jamaican college students. Personal barriers included an individual's privacy and the trust factor. Gail described her situation as just being very private and herself having a level of pride. Mala affirmed that she did not trust persons readily to relate her story to them and could not make herself vulnerable to strangers. Those were examples of personal obstacles. Moy emphasized the presence

of social issues that involved the stigma of how society viewed individuals with mental illnesses. She described the situation as being placed in a box or given lifelong labels. So, for fear of being stigmatized or fear of encountering the judgmental assessment, these individuals would evade utilizing the professional counseling process.

The literature review supported these deliberations, indicating that there were salient issues that contributed to the underutilization of mental health services among college/ university students within the Jamaican society. Researchers asserted that several issues, including the fear of disclosing personal information, social stigma concerning mental services and mental illnesses, anticipated risk of being stigmatized, socioeconomic status, lack of education regarding mental health, and gender role, particularly among males, impact counseling usage (Jackson Williams, 2014; Arthur & Whitely, 2015; Hickling, Gibson, & Hutchinson, 2013; Beiter et al., 2014).

Notwithstanding, this research study did not yield sufficient data to confirm that males received a more negative impact than females. The two males that I interviewed in this data collection process, strongly attested to the benefits derived from attending professional counseling. They were assertive in their recommendations that professional counseling should receive more attention and promotion, particularly among the youths. This data acknowledged the systemic changes that are taking place among the males, and served to indicate that males were becoming more receptive to professional counseling services. Rick suggested that the young males were not emotionally educated and handled their emotional issues inappropriately. If the system is upgraded to involve the

emotional education of the youths, then persons would seek to engage in and experience more significant benefits from professional mental health care.

Negative views. The participants in this expressed their interest in counseling, but they were mindful that the Jamaican society embraced some negative views concerning the utilization of professional counseling services. Cina commented that utilizing professional counseling services was never the first thing to do, particularly in Jamaican society. She also noted that some individuals perceived that it was a waste of financial resources and conceded that it was the professionals' way of robing individuals. Dia's mother wanted her to stop attending counseling. The mother held a lifelong secret that contributed to Dia's situation. Dia discovered in her teenage years that her "father" was not her biological father. This discovery created a rift in the family. As a result of this issue, Dia's mother evaded counseling to avoid any judgment. However, she failed in her effort to prevent Dia from attending.

Rick shared his opinion that many persons still had negative purview toward professional counseling and its benefits. However, he believed that these views were changing and would fade over time. These participants were aware of the negative views and were not likely to support them. However, the participants were not immune to the involvement in cultural, historical, and religious practices that impacted their lived experiences. Additionally, this is evidence of the possible slow-moving pace from noninvolvement, to gradual increase in the use of professional mental health care (Palmer et al., 2012).

Nonprofessional help. Participants admitted to engaging in nonprofessional help before engaging in professional services, and even while they were attending counseling sessions. Individuals with a religious affiliation were likely to participate in church services and prayed about their issues. Cina related her experience of going to church and praying about her situation. She admitted that she sought professional help, although she went to church and prayed about it. However, others in her congregation sought only nonprofessional help, such as talking to family members, and venting to church members, while they sought divine intervention. Gail noted she had someone with whom she spoke about most situations. Mala mentioned her two friends with whom she always discussed all her issues, even while attending professional counseling sessions. The statements above affirmed that even while the participants were willing to engage in professional counseling, their historical and cultural practices still influenced their behavior. These practices created an outlet for venting to nonprofessional assistance.

Although nonprofessional help-seeking is listed in this research as a barrier, some researchers (Yorke et al., 2016) encouraged its incorporation in professional counseling services. As well, the researchers encouraged professionals to investigate how the clients who received the nonprofessional help could access best practice intervention strategies that yielded better outcomes.

Limitations of the Study

One major limitation of this study is the sample of tertiary level students. All participants reside and attend college/university in the urban metropolitan of Kingston and St Andrew. I have not increased the generalizability of this study by removing the

restraints so the study could represent the broader cohort of the college/university in the Jamaican population. The sample of students is not representative of the tertiary level students of the broader community from the rural and suburban areas of the country. I drew the sample from only two of the 14 parishes comprising Jamaica. Another limitation is that the participants self- reported on the experiences. Participants may have underreported their experiences. The participants may also have chosen to report what they considered suitable for me to hear.

To avoid the impact of the researcher's bias, I engaged in self-reflection and noted these for use during the analysis of the data as Colaizzi (1978) and Polkinghorn (1989) recommended. Laverty (2003) noted that self-reflection enhances awareness of biases and assumptions and set these aside to facilitate engagement in the process, without imposing any assumptions on the phenomenon under study. I adhered to the guidelines of qualitative phenomenological hermeneutic research as I engaged in data collection and analysis. I acknowledged and implemented appropriate privacy and confidentiality procedures. This process included receiving each participant's informed consent form before engaging in the interview process and ensuring that their shared information is held in confidence. I utilized these procedures to facilitate the strengthening of the trustworthiness of the research.

Recommendations

I conducted this research study to fill the gap concerning information specifically related to the experiences of the Jamaican adult college students regarding counseling and the counseling professionals with whom they engaged. The participants of this research

evolved from the Urban Metropolitan of Kinston and St. Andrew. I did not include

university students from the larger, Jamaican population. Hence, university students from

the other 12 parishes did not participate in this research project. Future investigators can

make their research more meaningful and provide some level of generalizability for their

research sample if they include a broader cross-section of Jamaican university students.

Including students who attempted counseling, but did not complete their sessions can

provide a large opening for participants. These additional participants could describe their

perception of the experiences that prohibited them from completing their plan of action.

Additional participants, as mentioned above, could also contribute to increased variety in

perceptions of the lived experiences of college/university students. Counseling

professionals could use the various understanding portrayed to assist in identifying the

areas of their practices that require a change or modification in intervention strategies.

Future researchers could add to this research by creating a comparison of the

perception of the counseling professionals with the participants' attitudes toward the

counseling professionals and the services they offered in this particular cohort. Readers

could use this comparison to determine the glitches and to provide additional information

to fill the gap, as well as to highlight the troublesome areas. The underutilization of

counseling services among college students, internationally, receives much attention from

researchers. However, I have not identified any research that gives attention specifically

to the Jamaican college/university students and their lived experiences with counseling

and the counseling professionals. Researchers can use this study as the first base for

further research in this area.

Implications

Cultural experiences change, history encounters development and takes on new meanings, and individuals' lifestyle adapts to the changes that continue to occur during one's lifetime. As professional individuals become more aware of these elements, they are better able to foster social change. Researchers can use this current research and its potential to establish a social change in this and a similar cohort of college/university students. The professionals' who are aware of their clients' behavior and the attitude displayed toward them, as well as the historical, cultural, and societal implications of these behaviors and attitudes, can assist in strategizing and developing suitable interventions to meet the needs of each client.

Based on the findings from this research, I acknowledge a paradigm shift in how the individual participants perceived the importance of professional counselors and the services they offer in a positive light. This shift is chiefly due to the participants' exposure to counseling services through their guidance counselors' program in primary and secondary level education before entering the tertiary level institution. These participants continue to display attitudes and behaviors that are influenced by their sociocultural background, even while the changes occur. As individuals, they continue to seek non-professional assistance before and while engaging in professional counseling services. At the family and societal levels, they are sometimes faced with conflicting views as they encounter the social stigma attached to mental illness.

Professionals acknowledge the salience of these developmental milestones and their capacity to adjust intervention strategies to fulfill the needs of their clients.

Researchers who are aware of this paradigm shift ca utilize it as a fertile seedbed for professionals to engage and reduce knowledge deficiency through education at all levels. Professionals can intensify the education process education at the tertiary level, and access a prominent position in the schedule of activities from the very inception and inauguration of students into the institution. Counseling professionals can reinforce mental health education at the tertiary level by permitting the infiltration of the professionals' presence within the system and strengthening the awareness of other stakeholders and the community at large.

Researchers of this qualitative, hermeneutic phenomenological research procedure require data collection and analysis that produce a self-interpreted, co-constructed meaning of the phenomenon under study. I selected Moustakas' (2011) modified version of the Stevick-Colaizzi-Keen method of phenomenological data analysis. I implemented that alongside the NVivo 12 software program. All seven participants gave a detailed description of their experiences with the counselor with whom they interacted, as well as the service they obtained. Through this method I engaged a thorough analytic process that yielded the participants' perception and interpretation of their lived experiences with professional counselors and the services they offered.

I utilized the social constructivist theory (Denzin & Lincoln, 2011) as the framework. Through engaging the social constructivist approach, I accessed the individuals' perceptions of their lived experiences with counseling professionals and the services offered. I involved the participants in individual interviews in which I utilized broad and open-ended questions, as they described their perception of the phenomenon. I sought to

understand the participants' worldview as they described their subjective experiences. From the description, I captured the essence of the phenomenon, as perceived by this particular sample of students. The participants delivered a detailed description of their lived experiences as they reflected on their historical and cultural understandings, as well as their personal experiences.

Participants of this research emphasized the importance of privacy and confidentiality to protect themselves from the impact of the social stigma on mental illnesses. The participants described their encounter with the effects of stigma at different levels, such as individual level, family level, and societal level. They perceived that social stigma deprived them of their self-worth, as individuals affixed permanent labels to them and hindered their personal development.

Hence, one implication in this study is that Jamaican adult college students underutilize professional counseling services to avoid the impact of social stigma. The negative purview toward counseling and counseling professionals experienced a paradigm shift among the youths who obtained exposure to counseling during their primary and secondary school years. These youths are more receptive to counseling services and counseling professionals. Albeit, participants' historical and cultural backgrounds continue to influence the perceptions of their lived experiences.

Using the social constructivist framework, I utilize the capacity to establish an approach concerning college students and their attitude toward counseling professionals and the services offered. Researchers can use this study as a background to consecutive studies regarding the Jamaican college/university students and their help-seeking attitude.

Through this study, I provide insight into the lived experiences of the participants in the context of their historical, social, and cultural backgrounds. I provide information on how these factors impact the participants and how they interpreted their lived experiences with the counseling professionals. Readers can also gain insight into participants' background, and their behavior in accessing and working with professional counselors and their services.

This research has scope for the development of future research. I selected this sample of students from the Jamaican context, in the Urban Metropolitan of Kingston and St. Andrew. I excluded college/university students from a broader cross-section of the country. By involving participants from the larger population of the country I could access further insight into the lived experiences of a similar cohort. There, the cultural practices are more static, and historical background more likely to be observed and convey considerable significance. It would be exciting to see the variation in experiences according to the different age cohorts. Based on the findings in this study, I recognize conflicts with other research findings, such as the particular age cohort that is more likely to seek counseling from the professionals.

Participants in this current study indicated that the younger students (17-25, 26 years) are likely to gravitate toward professional counseling, in comparison to those individuals who were 30 years and over. Findings from other studies indicated that the younger members (i.e., adolescents) of the Jamaican population were more likely to encounter mental illnesses and this cohort was less likely to seek professional assistance. It might be interesting to obtain a man/woman comparison as it relates to the utilization of

professional counseling services. I observed the two male participants while I conducted this study. The implications are that men become more assertive in supporting and recommending professional counseling services after they have benefited from the services.

Conclusion

I conducted this qualitative, hermeneutic phenomenological research within the social constructivist framework. Through this framework I accessed scope for the investigation into the historical, cultural, and societal factors that a sample of the university students encountered, concerning their attitude toward counseling and the counseling professionals that offered the services. I utilized the networking sample method to select the sample of students within the age cohort of 19 to 50 years. I used a semistructured interview with two major open-ended interview questions (Appendix C). I asked impromptu, open-ended questions to prompt participants to deliver a detailed description of their experiences as I collected the data. I engaged in the Stevick-Colaizzi-Keen model to promoted in-depth analytic processing for phenomenological research. I solicited the assistance of the NVivo 12 program for organizing the data.

Several categories evolved, indicating the positive and negative factors surrounding the utilization of professional counselors for mental health services. I recognized two significant themes evolving from the categories: Support for Engaging in Professional Counseling, and Barriers to Seeking and Accepting Professional Counseling. I organized the categories under the respective heading and noted the participants' responses. The participants encountered a more significant number of barriers than

support in their effort to access counseling from professionals. Participants testified of their positive benefits achieved through the interaction with professional counselors. Participants emphasized the need for professional counseling to receive more promotion in the area of its essential benefits.

Most researchers included in the literature review indicated chiefly negative responses from college university students regarding their help-seeking attitude. The participants this current research indicated a paradigm shift to a more positive attitude toward counseling and the professionals and the services they offer. Counseling professionals' awareness of participants' inclination to more positive attitudes, is of salience. This shift is indicative of a possible slow-moving pace from historical and cultural practices to a more positive attitude toward counseling services and counseling professionals. Through this awareness, counseling professionals can recreate or modify intervention strategies when engaging clients from this and similar populations. College/university students can benefit from the modification and recreation of intervention strategies available to them in their institution.

Future research engaging a broader cross-section of the college/university students in Jamaica, particularly involving the rural parishes, can provide additional insight into their lived experiences. Knowledge of these experiences can benefit counseling educators and supervisors, professional counselors, and counselors in training to develop their multicultural competence.

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Appendix A: Informed Consent Form

You are invited to participate in a research study.

Title of study: Experiences of Jamaican adult college students in counseling.

Purpose and description:

The purpose of this study is to investigate the experiences of Jamaican adult college students and their attitude toward counseling professionals and the counseling services being offered. This study is in partial fulfillment of the requirements for the Degree of Doctor of Philosophy (Ph.D.) Counseling Education and Supervision (CES) at Walden University.

Inclusion criteria

In order to participate in this research, you should: -

- be an adult between the ages of 19 to 50 years;

- have completed your counseling sessions at least two months before participating in this research

Procedures:

If you agree to be in the study, you will be asked to:

- attend an hour-long interview during which you will describe your experiences in counseling as well as the relationship with the counseling professional with whom you interacted;

- permit the audio recording of the interview;

- indicate at any point in time that you may feel uncomfortable or if you feel to withdraw from the process.

- **Forwarding Invitation**

- If you agree to participate in the study, you will be asked to identify persons in your network whom you believe may meet the criteria for inclusion as a participant. You may be asked to share with them the information from your flyer. Sharing will serve as a means of extending the invitation to others to participate in the research.

- **Risks**

- You may encounter minor discomfort or stress as you become involved in reflecting on possible issues that created the need for counseling or fatigue resulting from the hour-long interview. If you become distressed, you will be referred to the Bethel Baptist Church Counseling Center or a counseling center of your choice to access the needed assistance.

- **Benefits**

- You may not receive direct benefits from participating in this research. However, the research has the potential to provide additional information to professors and students in the field and to encourage positive social change.

- Professors and counseling students will acquire additional information about the attitudes of the Jamaican college/university students towards counseling and the counseling professionals with whom they interact. This newly acquired knowledge will sensitize these professionals and assist them in modifying counseling strategies to be more suitable for this and similar populations when conducting therapeutic sessions.

- Counseling professionals and students in training will develop a unique understanding of multicultural differences. They will engage in social change and modify their therapeutic sessions to meet their clients' needs.

-

- **Right to withdraw or refuse to participate**

- Your participation is voluntary. You may refuse to participate, even after agreed to participate or to withdraw from this study at any time. There is no penalty in doing so. Your withdrawal will not affect any service or access to any care to which you are entitled. You may decline to answer any question.

Confidentiality

Information containing your demographics or that which may identify you will not be shared. Pseudonyms will be used to de-identify you. Information you submit will be kept securely for at least five years. Soft copies will be protected in password-protected zipped files. Hard copies will be stored in a locked filing cabinet with keys being protected on my person or in key boxes when this is not possible.

Confidentiality may be broken if:

- I have reason to believe that you are a threat to yourself or others. In this case, you may be placed in the protective care of your family members or be hospitalized;

- you disclose that you hold ill-intent toward others. It will be necessary for me to report the same to the relevant authority for your security.

Compensation

At the end of the interview, you will receive Ja $2000 that may assist in covering your

transportation costs for the interview.

Contact details for the researcher

If you have additional questions or comments, you may contact me via phone:

(000) 000-0000 or WhatsApp: (000) 000 -0000;

Email:

If you wish to talk privately about your rights as the participant, you may contact:

Dr. --------- ------------

Phone: 0+000-000-0000

Email:

- I have read and understood the contents of the Informed Consent Form. I also

  understand that a copy will be given to me.

- I understand that I will be given time to consider my involvement in this study.

Name of Respondent: _____

Signature of Respondent: _____

Date: _____

Name of Researcher: _____

Signature of Researcher: _____

Date: _____

Appendix B: Flyer Sample

Hey There!!!   Hey There!!!

Are you between the ages of 19 – 50?

Have you completed counseling at least two months ago?

Would you like to share your opinions on the counseling service received?

Do you have an opinion about the counseling professional with whom you interacted? (I am not asking you to identify anyone).

- **Only university students within Kingston & St Andrew are sought;**
- **This study is in partial fulfillment for the degree in Ph.D. - Counselling Education & Supervision at Walden University;**
- **Purpose of the study: To investigate the experiences of Jamaican adult college students and their attitude toward counseling and counseling professionals.**

If so, please call:

xxxxxx xxxx

or

WhatsApp: xxxxx

or email: xxxxxx

Appendix C: Interview Protocol

Date: _____

Location: _____

Name of Interviewer: _____

Name of Interviewee: _____

Questions

- Describe your experiences with the counseling services being offered.

- How would you describe the relationship with the therapist that was assigned to
  you? We are not asking you to identify a person.

Appendix D: My Bracketing Experience

My initial experience as a counselor evolved during my employment as an early childhood specialist in a primary school. I was asked to act as a guidance counselor and engage in on-the-job training. I occupied this position for approximately two academic years. I later proceeded to engage in Master's level studies in counseling psychology. While still working as an educator who trained practitioners and supervised early childhood education institutions, I participated in counseling at the community level. I established a counseling center at the church (my place of worship). This center served the church community as well as the neighboring communities. These experiences set the foundation for my growing knowledge in the counseling profession.

As I engaged in the various counseling activities, I made some observations about the general clientele that attended these sessions within the Jamaican society, where I resided. The examples listed below evolved from the community in general and not specifically from college/university students.

- Males were the least willing to attend counseling;

- Males perceived that counseling was a woman's thing;

- Males attended counseling when it was perceived as absolutely necessary or when they were forced to participate in, such as for pre-marital counseling or ordered by law enforcement;

- Females were more willing to attend counseling sessions whether in a group or individually;

- Females were more willing to take their child/children for professional counseling;

- Stigma related to mental illness formed a real barrier in preventing the utilization of counseling services;

- Students were often sent from their class to the counselor when the teacher felt frustrated about a particular behavior;

- Individuals were more willing to talk to their friends, elders in their community, church/religious leaders, or family members about their issues rather than attending professional counseling.

- Persons with mental illnesses were often ill-treated at the community level;

- Privacy and confidentiality were also major issues for persons attending counseling. They tried to avoid disclosing that they were attending counseling;

- Persons who attended counseling and found it beneficial would complete their plan of action. Those who were not comfortable would not return.

- Some persons would tell their friends or associates, in confidence, only when they found it successful.

Of all the things that I learned, the one I perceived to be most outstanding was that some persons who were aware of the availability of counseling services and were in dire need of mental health care, made no effort to access these sessions. Hence, my quest to discover individuals' perceptions of counseling and counseling professionals.

Appendix E: Memo

As soon as I received the proposal approval letter from Walden IRB, I proceeded to implement my plans to visit Jamaica. I posted copies of flyers in strategic places, such as community notice boards. The posting of the flyers would attract the attention of prospective participants. The first individual contacted me by phone, and we made arrangements for the initial individual, mini-meeting. We discussed the informed consent form thoroughly and made sure that this prospective participant had a full understanding of the intended individual interview. If she were interested and willing, she would participate. After the meeting, the potential participant expressed her interest, and we made arrangements for the interview. She promised to make contact with persons from her network, using information from the copy of the flyer from which she obtained her information, and that she did.

February 5, 2020

Dia

I conducted my first interview with Dia. She appeared to be shy and somewhat tightlipped as she tiptoed around some of the issues without giving much detail. Hence, I continue to probe into her story, and before we were midway, she became more comfortable in expressing herself. The circumstances seemed entirely private and involved personnel matters between her and her parents. My previous knowledge taught me that this might be typical among Jamaicans in not disclosing private issues. I was still expecting her to be more fluent since this was not a counseling session, per se. She admitted having a full understanding of what was required from the informed consent

form, and she eagerly decided to participate. She started out being a little timid but developed more confidence along the way. Later she admitted that she developed an excellent counselor-client relationship with the professional as she discovered the benefits that may be derived from engaging with the counseling professional.

Gail

I conducted the second interview this afternoon (February 5, 2019). Gail displayed a similar behavior of being tightlipped and secretive in the initial stage of the meeting. She even described a resentful attitude she developed toward a counselor to whom she was referred. She determined that her privacy was exposed before she met this counselor and felt that this disclosure influenced the counselor's approach to service. Nevertheless, she endeavored to complete her sessions. However, she admitted to being quite comfortable in working with another counselor whom she chose for herself.

Notwithstanding, she confessed that there were times when she did not feel like attending. However, she participated in the sessions because she knew they were helpful to her. She admitted having built a good relationship with the counselor that she chose for herself.

February 6, 2020

Mala

Mala was the third participant to be interviewed. This participant was rather blunt initially and would not give details of the issues that took her into counseling. Later, she became more open. She explained having sought outside help before seeking professional counseling. She added that she could be vulnerable before her friends but not necessarily

so before the counseling professional whom she did not know. Mala placed much emphasis on lack of trust, which she thought was one main reason that she found it so difficult to be opened. She admitted not trusting her family members but was more comfortable discussing her issues with her friends before she attended her counseling sessions.

<center>**February 7, 2020**</center>

Moy

For this participant, counseling services from the counseling professionals were not as available as she perceived that they should be. She appeared annoyed. She explained that she could not transfer her feelings from one day to another day when she was able to get an appointment to see the professional. She was more open to disclosing the issues that took her into counseling. She appeared more gratifying as she described the usefulness of counseling and the importance of having someone to talk to when the need arose. She praised her counselor for being open and very informative. She did not think that counseling was promoted sufficiently in her institution.

<center>**February 11, 2020**</center>

Rick

Rick seemed to have had several levels of exposure to counseling from his youthful days. He considered himself a public face in his school days. Rick said that he was a member of the sports arena and was often sent to the guidance counselor whenever he did not meet the expectations of the team. Rick was also one of those students who won the confidence of others by listening to them and giving meaningful advice. Hence,

he knew the importance of trust that was needed or displayed by the counselors. This participant was somewhat reticent in the initial stage but soon became very expressive. He admitted to being annoyed by the long-term appointment that was a part of the counseling operations in his institution. However, he acknowledged that he understood the need for that system, considering the vast population that attended. He commented on the knowledge deficiency concerning the availability of counseling services, as well as the benefits derived from attending counseling sessions. He was very assertive in describing what he perceived to be the ills of counseling services in the community, where people think that males do not readily gravitate toward the services.

Cina

Of all the participants, Cina was more open in expressing her thoughts about what took her into counseling from the very initial stage. She admitted to the struggles she encountered as a college student, such as financing family matters and schoolwork. This participant displayed a positive outlook on the situation. She agreed that counseling was of great importance to her. It helped her to remove from the state of initiating self-harm to a point where she was now able to manage her feelings and her thoughts. She emphasized the need for persons to engage in counseling even if they are not experiencing particular issues that may push them into mental illnesses. Due to the extended wait time for appointments, she registered for an appointment for the following school year, "in case something happens."

February 15, 2020

Tana

Tana was more mature than all the other participants. As a male, he was very energetic

and expressive in relating the benefits he derived from counseling. Tana had very strong

views about society's influences and how these distort the life of the youths, in particular.

He displayed a level of anger as he described the incarceration of the juveniles under the

conditions in which they were later released back into society. He expressed that many

entered in confinement as minor criminals and exited as major criminals because of

knowledge deficiency and lack of understanding of themselves. He insisted that these

individuals can benefit from counseling professionals and their services.

Challenges

By February 15, 2020, I completed all interviews. I listened to the recordings

repeatedly to ensure that I understood clearly the participants' information. The greatest

challenge was the transcription of these interview recordings. I uploaded the recordings

into NVivo transcription that gave a template for the transcription but had difficulty in

transcribing word for word due to the difference in the accent from the region. I replayed

the recordings and edited the transcriptions to make sure that I captured the exact words

said. This action extended the time and threw me out of schedule, but I finally completed

the task. So, I proceeded to analyze the data and started the completion of the research.