It is Not all Black and White: The Nature of Mental Health Communication by College Students on a Predominantly White Campus

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ABSTRACT

The following study explores how students of different ethnic and/or racial identities communicate about mental health on a predominantly white campus, and how this affects their overall college experience. Thirteen semi-structured, in depth interviews were conducted using thematic analysis. Results show that white-identifying students expressed having a "sense of voice" when communicating about mental health whereas students of color express concerns of being "double stigmatized" when communicating about mental health on a predominantly white campus. This study also reveals that the lack of diversity of counselors on campus impacted both white-identifying and non-white identifying students' willingness to seek help because of communication barriers and the perception that a counselor of color would be more empathetic because of their experiences.

Keywords: mental health, stigma, ethnic racial identity, communication, help seeking, college students

INTRODUCTION

Mental disorders account for nearly one-half of the disease burden for young adults in the United States, and most lifetime mental disorders have first onset by age 24 years (Kessler R.C., Berglund P, Demler O, et al., 2005). Therefore, the college years represent a developmentally challenging transition to adulthood, and untreated mental illness may have significant implications for academic success (Kessler R.C., Foster C.L., Saunders W.B., et al., 1995). Although untreated mental illnesses impact academic success for the college population in general, it is important to take into consideration the deeper implications that may play a role in student mental health on predominantly white college campuses.

The United States is undergoing a radical change in terms of its ethnic and racial demographics (Mitchell, Kathawalla, Ajayi, et al., 2018) and the significance of this should not be ignored when considering mental health and academic success for college students (Mitchell, Kathawalla, Ajayi, et al., 2018). Ethnic and racial identity (ERI) becomes increasingly embedded in people's lives during emerging adulthood (18-25) years old and integrates with other identity domains connected to larger societal concerns (Mitchell, Kathawalla, Ajayi, et al., 2018). As a result of this, non-white identifying students on a predominantly white campus "often struggle to cope with multiple realities" (Smith, 1991, p.183). In other words, non-white identifying students often struggle with their identity while being a member of differing dominant and non-dominant groups.

Despite the availability of mental health treatment (U.S. Department of Health and Human Services, 1999) the majority of adults with mental health disorders in the United States do not receive mental health care (Wang, PS., Lane, M., Olfson M., et al., 2005). The stigma surrounding mental illness is identified by national policy makers as a significant barrier to seeking help for mental health (Eisenberg, D., Downs, M., Golberstein, E., et al., 2009). However, although stigma is present for any individual experiencing a mental health disorder, it is especially present for ethnic minority groups since, as Faye Gary explains "ethnic minority groups, who already confront prejudice and discrimination because of their group affiliation, suffer double stigma when faced with the burdens of mental illness" (2005, p. 979).

In recent years, the demand for counselors and mental health services on college campuses has spiked. More specifically, according to Kelly Field, "over the past six years the number of students seeking [counseling] appointments has grown by an average of 30 percent, five times the average rate of enrollment growth" (2016, p. 6). The changing demographics on college campuses present a need for further research on this spike in demand for mental health resources. A more pluralistic perspective on mental health in higher education, especially on predominantly white campuses, is needed to enlarge the support system for all students, including individuals of marginalized ERIs (Jones, Castellanos, & Cole, 2002). The purpose of this study is to explore the way college students of various ERIs communicate about mental health on a predominantly white campus, and how this effects their willingness to seek help. This study will compare the experiences of both white-identifying, and non-white identifying college students on a medium sized, predominantly white, Midwest public university. This research attempts to better understand the differing experiences non-white identifying students have from white identifying students when both discussing mental health and seeking help. This research will act as a useful extension to

existing research on the topic while focusing on the less researched communication component of mental health disorders. Communication research is needed to build off the abundant psychology-based findings on this topic because "communication is implicitly needed to achieve mental health" (Smith & Applegate, 2018, p. 389). Using symbolic interactionism as a framework, this study will explore previous research on mental health stigma and how this negative perception can act as a communication barrier for students of different ERIs to seek formal or informal help.

LITERATURE REVIEW

This study will focus on how mental health stigma influences college student's willingness to seek help, therefore breaking down the different dimensions of stigma will be useful. Public stigma is defined as negative stereotypes and prejudice about mental health held collectively by people in a society or community (Corrigan & Rao, 2012). For example, the public may view mental disorders as violent or dangerous because of labels associated with culturally agreed-upon beliefs or stereotypes (Corrigan & Rao, 2012). Perceived public stigma refers to the awareness of stereotypes held by the general public about service users (i.e., how one thinks others would view and treat them) (Pattyn, Verhaeghe, Sercu, et al., 2014). Self-stigma refers to the application of such stereotypes to oneself, leading to internalized devaluation and disempowerment. (Pattyn et al., 2014). Self-stigma occurs when people internalize these public attitudes and suffer numerous negative consequences as a result (Corrigan & Rao, 2012).

Mental Health Stigma

Perceived public stigma may lead individuals to avoid seeking help, if they expect that others discriminate against and devalue service users (Pattyn et al., 2014). According to communication researchers Rachel Smith and Amanda Applegate , "communication and stigma are dynamically connected" and "stigmas are socially constructed: through mediated and interpersonal communication, personal prejudices become social entities that can influence people's actions" (2018, p. 398). People perform stigmatization through communication, and "those experiencing stigmatization use communication to avoid or cope with future caustic experiences" (Smith & Applegate, 2018, p. 389). For college students, mental health stigma may hinder their willingness to seek either formal or informal mental health support, which will eventually carry over to their academic life. Personal stigma and self-stigma may deter individuals from seeking help if service use implies acknowledgement of one's own mental health problems and if the individual's negative attitudes about people with mental health problems would harm their own self-esteem (Corrigan & Rao, 2012).

Ethnic Minority Double Stigma

When evaluating the potency of mental health stigma in general, consideration for students who are confronted with additional factors for discrimination, such as their ERI, is necessary especially on a predominantly white campus. The combination of stigma and membership in an ethnic minority group can act as a "double stigma" and impede treatment and wellbeing (Gary, 2005). When considering the identity of students on a predominantly white campus non-white identifying individuals are confronted with an intensified awareness of their minority status (Jones, Castellanos, & Cole, 2002). Jones, Castellanos, and Cole explain that "these students are also confronted with a challenge that requires managing and coping with psychological distress as they negotiate the campus milieu" (2002, p. 20).

Help Seeking Behavior

There are differing forms of help-seeking support. Formal support, or professional support, is appropriate for instances requiring specialized skills (i.e. counselor, psychologist, mental health professional) (Woodward, A., Chatters, L., Taylor, R., et al., 2010). Informal support refers to support from people without specialized skills, which is useful in noncritical situations (i.e. family and friends) (Woodward et al., 2010). Informal support networks, and "the information and resources within the control of those networks, have an important bearing on whether professional help is sought as well as the circumstances associated with that help seeking" (Woodward et al., 2010, p. 3).

Several empirical studies have explored how mental illness stigma relate to help-seeking attitudes and behavior. One study found that "participants who reported embarrassment associated with mental health treatment were less likely to perceive a need for help or use mental health services" (Eisenberg et al., 2009, p.528). Studying how communication about mental health plays a role in one's feeling of embarrassment is necessary for this topic, because identity on a predominantly white campus can play a huge role into this. Students who feel a stronger sense

of "belonging" may feel less embarrassed when talking about mental health on a predominantly white campus than those who are part of a marginalized ethnic and/or racial group. Applying a conceptual framework such as the Health Belief Model (HBM) is useful in understanding why students with mental health problems do not seek mental health services (Czyz, E., Horwitz, A., Eisenberg, D., et al., 2013). The HBM suggests that "health behavior is determined by an individual's assessment of threat (perceived susceptibility and severity), costs (perceived barriers), as well as perceived benefits" (Czyz et al., 2013, p. 2). This study aims to look at how the nature of mental health communication between college students can be perceived as either a threat, barrier, or benefit to the individual.

How mental health is talked about institutionally on college campuses between peers is an important facet to be explored. There are inferences about help seeking behavior on predominantly white campuses that communication can be related. For example, nearly half of the students who seek counseling on college campuses list anxiety as a reason they are seeking help (Field, 2016). A number as high as almost fifty percent for students claiming anxiety is a reason they are seeking help deserves further investigation to provide better resources for nearly half of the students on campus experiencing this. This study will explore how communication about mental health issues, such as anxiety, for both white identifying and non-white identifying students, and how this affects willingness to seek formal or informal support.

Ethnic Identity in Mental Health Counseling

Help seeking behavior may differ for students who are non-white identifying for several reasons. Many mental health professionals have noted that racial and ethnic factors may act as impediments to counseling (Sue & Sue, 1977). An analysis of barriers to effective counseling conducted by Derald Sue and David Sue (1977) revealed 3 variables that hinder cross-cultural counseling:

language variables - use of standard English and verbal communication; class-bound values – strict adherence to time schedules, ambiguity, and seeking long-range solutions; and culture-bound values— individual centered, verbal/emotional/behavioral expressiveness, client to counselor communication, openness and intimacy, cause–effect orientation, and mental and physical well-being distinction (1977, p. 429).

When considering these common barriers on a predominantly white campus it can be very difficult for a non-white identifying student to seek help from a white counselor. Language variables, such as non-verbal communication, may not be communicated effectively between counselor and client in this setting. Additionally, taking class-bound and culture-bound barriers into consideration, a non-white identifying client may not resonate with the Americanized emotional and behavioral responses the counselor may have. Lastly, it is common for nonwhite identifying individuals to have trouble distinguishing physical well-being from mental well-being (i.e., a headache may be a symptom of both) as Sue and Sue mentioned in their fourth communication barrier. Non-white identifying students on a predominantly white campus may not seek help due to the lack of culturally diverse counselors, and the number of communication barriers that exist during cross-cultural counseling.

Despite the best intentions of a therapist, cultural encapsulation is a concept that many white-identifying individuals face and can hinder the counseling experience for a non-white identifying individual. A study conducted by McCubbin and Bennett defines cultural encapsulation as "the lack of understanding, or ignorance, of another's cultural background and the influence this background has on one's current view of the world" (2008, p. 3). Many white counselors, having never been subjected to the feelings of racial marginalization, may be dismissive of the impact of racism of their racially and/or ethnically marginalized counselors. This may act as a barrier for non-white identifying students on a predominantly white campus to seek help or talk about their struggles with other white identifying individuals.

Communication Apprehension

There are several similarities between general anxiety and communication apprehension. This study will look closely at the relationship between anxiety and communication apprehension that both affect students' willingness to seek help and participate in school. Anxiety can be described as an emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure (American Psychological Association, n.d.). Communication apprehension is defined as an "individual level of fear or anxiety associated with either anticipated communication with another person or persons" (McCroskey, 1976, p. 73). The relationship between communication apprehension, closely related to anxiety, is another facet to be explored to describe how communication, or the lack thereof can affect one's mental health. Communication apprehension is not directly linked to mental illness and is often context or situation based, but further research to explore how situational communication apprehension can affect overall mental health in college students would be useful.

Communication Barriers

Under the scope of communication apprehension, additional communication barriers for non-white identifying college students must be considered. It is important to take into consideration that for some ethnically marginalized groups, English is not their first language. For example, data analyzed from a study conducted by Mudita Rastogi, Nicole Massey-Hastings, and Elizabeth Wieling indicated that barriers that impacted Latinos in the Midwest from seeking help had to do with "a great need for therapists who are bilingual," and were also "stigma associated with MHS, fear about legal issues, and concerns regarding racism and/or cultural miscommunication" (2012, p. 2). Additionally, scholars Sue and Sue explained a significant barrier to cross-cultural counseling comes from "misunderstandings that arise from cultural variations in verbal and nonverbal communication may lead to alienation and/or an inability to trust and rapport" (1977, p. 420). Many U.S. students of color comprise a small percentage of the total college population, and as a result it is difficult for them to find and interact with persons like themselves (Bourassa, 1991). Because of this, students feel a sense of alienation, and mistrust among students of color may result from past and recent experiences with hate crimes and discrimination, either personally or historically (Bourassa, 1991).

Symbolic Interactionism

In reference to the classroom setting, it is through the process of communication that teachers translate the course content into a symbolic code which can be decoded and interpreted by students (McCroskey, 1976). Symbolic interactionism suggests that the concept of self is created by three core principles. Meaning: humans act towards people and things based on the meanings they assign to those people or things. Language: meaning is negotiated using language and nonverbal interactions (symbols). Thinking: our individual interpretation of symbols is modified through our own thought process. (Blumer, 1969). It is because of these three premises that college students derive such meanings of mental health from factors such as perceived public stigma of mental health and the social interactions they have with others to conclude these meanings.

Therefore, students whose overarching perception of themselves, or self-concept, is not positive may develop mental health issues. It is through communication that college students develop meanings and thoughts about themselves and the world around them. For many college students, our sense of self is largely influenced by our perception of how others think of us. This is particularly true for non-white identifying students on a predominantly white campus, because members from the non-dominant group often struggle to cope with developing meaning about themselves when they are experiencing multiple realities and identities (Smith 1991). Non-white identifying students on a predominantly white campus experience differing minority and majority group interactions and interpret what it means to be a member of each group (Smith, 1991). This theory applies because college students who struggle with mental health may not reach out for academic help because of their negative self-concept that will influence how they believe others (i.e., their professors, classmates, etc.) think of them. It is the ongoing use of language and gestures that create and negotiate meaning within people, and for many whose self-concept is negative, their meanings and perception of the world around them may become skewed. For non-white identifying students on a predominantly white campus, perceived discrimination against one's ethnic identity may play a role into their experience. The stigmatization of mental health may have a major impact on the meanings, language, and thought process that goes on in the individual's interpretation of themselves which will affect their willingness to seek help and participate academically.

METHODS

The purpose of this study is to explore how both white identifying and non-white identifying college students on a predominantly white campus talk about mental health with others, and whether the nature of their communication reinforces a stigma that impacts their willingness to seek help. The following section describes the research methods, paradigm, participants, and procedure of the study to help better understand the research process.

Method of Archive Selection

This study was conducted using college students between the ages of 18-23 years old. This research used the symbolic interactionism as a framework; therefore, the data relied heavily on the personal interpretations of the participants. The topic of this study is strongly related to personal interpretations and perceptions; therefore, the interpretivist paradigm was applied to this study, using semi-structured interviews, to ensure that human behavior is contextual, subjective, and individualized.

This study focused on communication apprehension which creates barriers for seeking help and is common amongst those struggling with mental health. Majority of studies on communication apprehension consist of

quantitative data which lacks all the personal communication between individuals; therefore, qualitative interviews were conducted to gather relevant information for this study. Interviews assess "how people co-construct and co-experience the interaction of social life and their rules for doing so" (Keyton, 2011, p. 58). Additionally, Kristin Esterberg states that interviews "explore a topic more openly and allow interviewees to express their opinions and ideas in their own words" (2002, p. 87). Because mental health is often a stigmatized topic, this research allowed the opportunity to observe the interviewees nonverbal behaviors and other factors that provided important queues regarding their experiences.

The population for this study was 13 individuals between the age of 18 and 23. All the participants were currently attending a mid-sized public university in the Midwest. Of the 13 participants, 7 individuals self-identified as white, and the other 6 identified as non-white. Of these six participants, two individuals identified as African American, two identified as Hispanic or Mexican American, one identified as Hispanic-White, and one identified as Asian American. To recruit these participants, flyers were strategically placed in the university's counseling and testing center and were given to other mental health advocacy organizations on campus. The researcher also utilized their personal social media profiles to recruit participants.

Method of Analysis

To conduct this study, an interview protocol was prepared that included: information for the individual including the purpose of the study and as their role as a participant. The protocol also contained a list of sample interview questions that the interviewer used as a semi-structured guide for their interview. The interview included questions that referred to RQ1, RQ2, and RQ3, and asked the participants to describe their experiences with mental health communication on campus and in relation to their cultural background, which are included in the appendix.

To collect data, an informed consent form and questions for the interview protocol were created. The informed consent form allowed participants to understand how the interview process would be executed, and the potential risks and benefits of agreeing to participate in the study.

The interviews took place on a mid-sized public Midwest university wherever an individual agreed they would be most comfortable. One interview took place over video chat because of the residential location of the interviewee. The interviews lasted between 25 and 45 minutes. Each interview was audio recorded with permission and transcribed verbatim. Each participant filled out an informed consent form, and confidential nature of the study was discussed and guaranteed. Codes were assigned to each interviewee to maintain confidentiality. The terminology used to identify the participants' ethnic and/or racial identity is based on how they self-identify. Once all the interviews were completed, thematic analysis was used to identify themes and subthemes of the research (Braun & Clark, 2006).

RESEARCH QUESTIONS

Scholars, such as Gary, have indicated the "double stigma" individuals from ethnic minority groups with mental health concerns face because of their membership in a minority group in combination with mental health stigma (2005). When considering the identity of students on a predominantly white campus, non-white identifying individuals are confronted with an intensified awareness of their minority status (Jones, Castellanos, & Cole, 2002).

RQ1: What are the differing experiences white-identifying and non-white identifying students have when discussing mental health issues on a predominantly white campus?

Scholars such as Smith and Applegate have described communication to be dynamically connected to stigma and mental health. It is important to explore how, specifically, college students talk about mental health with informal support systems in their life to describe how the nature of this communication can affect their help-seeking tendencies. Therefore, the second research question is proposed:

RQ2: What communication barriers exist for students on a predominantly white campus when communicating about mental health to the dominant group?

Scholars such as Corrigan and Rao have defined several dimensions of stigma that surround mental health disorders. It has been determined that public and personal stigma about mental health can have an impact of college student's willingness to seek psychological help, however there is no substantial research describing how mental health stigma affects an individual's willingness to communicate with their professors about mental illness that may impact their academic performance. Thus, the third research question is proposed:

RQ3: What recommendations do both white and non-white identifying students have for student and mental health services on campus to enhance their experience?

RESULTS

Impact of ERI on campus experience

Participants were asked to describe whether they felt their ERI played a role in the way the way they communicated about mental health. How students answered was influenced by their personal experiences on campus. There is a clear contrast between white-identifying students and non-white identifying students; white-identifying students expressed that thinking about their identity was something they never needed to think about with one student recognizing that to be a "huge privilege" and therefore resulting in a more positive experience on campus. However, several students of color expressed that being a marginalized identity on campus had a negative influence on their experience on campus due to the fact that their identity is something that they are "constantly thinking about in the back of [their] head" which can be "exhausting" as one African American identifying student responded. Moreover, five of the six participants of color explained that their ERI on campus has had a negative impact on their mental health. For example, a student who identifies as Hispanic American responded that they feel like the only people "who can succeed in life are white males," and that they felt like they had to work twice as hard to prove they are worthy of success. The negative impact of feeling the need to succeed or "prove" themselves to the majority was a common theme for students of color who were interviewed. Likewise, three of the six students of color expressed a strong sense of "whiteness" to them, and felt they lacked in their own cultural identity, with a Hispanic-White identifying student expressed feeling the need to assimilate to white culture to "fit in," resulting in the perception that others do not see them as a "true" Hispanic.

Sense of belonging. The experience of students was greatly impacted by their sense of belonging. Four out of the six students of color included in this study indicated negative experiences on campus due to their ERI (e.g., racist comments, non-welcoming environment, unfair treatment by professors, etc.) which impacted their sense of belonging. For example, an African American identifying student explained that it gives them anxiety when a professor allows students to pick their own groups on campus due to the fact that people would avoid partnering up with them and "would get into groups of three" before partnering with them. Furthermore, another student who identifies as black described their interaction with campus police after being called racial slurs and having eggs and bananas thrown at them and explained that the campus police "didn't even write anything down, they just stared at me and told me that there are people like that in town that you have to get used to." On another occasion, this student confided in a trusted sports coach about how being on campus was affecting their mental health negatively, and in response was told to "toughen up." The student explained how it was debilitating expressing their feelings to a trusted mentor on campus only to be told that it did not matter. These reports imply that when students of color communicate about struggles, they are having, they are not taken as seriously, and this ultimately influences their mental health.

On the other hand, a common theme that emerged from white students can be explained through a quote, "I'm definitely in the majority, so it's a lot easier for me getting around and having more opportunities, I don't have to worry about being a part of the minority." Another white-identifying student shared that they can "pick" what they want to engage in campus and never feel restricted by their identity. The perception that cultural identity acted as an advantage in creating a sense of belonging on campus was consistent among white students' interviews. Furthermore, white-identifying students experience on campus appears to have a positive impact on their mental health because they are less likely to feel like a member from the outgroup to the fact that they are surrounded by others who are similar to them, therefore not feeling as "alienated" on campus.

ERI and friendship

There were mixed findings on the students' perspectives of how race and/or ethnic identity impacts their friendships. When gathering results, apart from one participant who identifies as Mexican American, all five students of color spoke about how they feel more comfortable talking about mental health with students of the same ERI as them - from experience. This student explained that while they feel more comfortable talking about mental health with their white friends, they believe it is only because they are in the same counseling program together. The On the other hand, all seven of the participants who were white spoke at length about hypothetical situations when explaining whether they felt more or less comfortable speaking about mental health with students of the same ERI as them. The overarching theme was that race matters for students when talking about mental health with friends.

One white-identifying participant shared that ERI would "make a difference." They explained that because of the "different issues" students of color face, such as being outcasted and discriminated against due to their ERI, they could show support but would not be able to fully understand. Other white-identifying students expressed they would be hesitant to talk about mental health with students of color because they would not want to "undermine" their "clearly different" experiences. Another white student expressed concern with being open about mental health

with a student of a different ERI as them through a hypothetical situation explaining that "it might make a difference in that people of color generally don't have the same access to mental health care and counseling, and they may be more stigmatized because of the color of their skin" showing that people of color "still might even be at a bigger disadvantage" due to society's prejudices.

Many students' responses were a result of the 'limited opportunities' they have to form friendships either with the same ERI as them, or for white students with different ERIs. Because of this, many students spoke in hypothetical situations, because they could not answer from experience. For example, one Asian American student responded saying "I don't know because I don't have any friends of the same racial [identity] as me. I don't really know what that would be like because I've never had friends that are Asian." A common response for white participants was that they are more comfortable communicating about mental health with people that are also white, but claimed it was not intentional and just a result of the racial makeup of their campus.

Family Cultural Influence

When discussing how students feel about talking about mental health on a predominantly white campus, and more specifically, about what communication barriers exist for students when doing so, the theme of their family's cultural background had a strong influence on results. Nine out of the 13 participants reported that the conversation surrounding mental health has improved with their family within recent years.

Cultural mental health stigma. While majority of students explained that in recent years they feel more comfortable talking about mental health with their families than they have in the past, cultural background still presented itself as having a major impact on student's perception of mental health and therefore their willingness to openly communicate about it. For example, one Asian American student said "Asian culture doesn't really see mental health as a real thing, it's just how I grew up, so I'm not just going to talk about feeling depressed or if I have some sort of issue." Similarly, an African American student described their experience with mental health in their very religious family so mental health struggles were the result of the "devil." When talking about mental health communication within family, one Mexican American student reporting that their family in Mexico views mental illness as 'crazy' "and not so much seeing mental health as including anxiety and depression." Whether or not students of color feel their campus has directly impacted the way they communicate about mental health, their family's perspectives on it during their upbringing play a role in the communication barriers they face when speaking about mental health.

On the other hand, white students unanimously reported that their families have become increasingly more supportive and understanding of mental health and reported that our generation is more accepting of speaking about mental health and wants to talk about it as well. One student reported "I was never confronted with the harshness of mental health or like economic factors so it was kind of difficult, in a sense, for me to wrestle with the ideas of mental health because my parents never talked about that and they just assumed that things were good."

Perception of counselor diversity

When asked about the perception of the diversity of counselors on students' campuses, all 13 participants reported that they felt there was a lack of diversity. One student's reasoning behind their perception is the historical advantages white individuals have for education and wealth, which therefore allows more white individuals to get a degree in a field such as counseling.

Willingness to seek help. All seven of the white students who were interviewed reported that the lack of diversity of counselors does not affect their willingness to seek help because the race of a counselor would not matter to them. One student explained, "it's a counselor, they've clearly, no matter their race, gone through the necessary training and schooling to be a counselor. If they are qualified, I don't really think their race should matter." However, 3 of the white students who were interviewed reported that they would feel more comfortable talking to a non-white counselor. One student described this saying "it's really about connecting on an emotional level. I feel like a person of color would almost be more empathetic because they have had stronger experiences living in an extremist culture. I feel like they would almost be more understanding."

Alternatively, participants of color expressed that the lack of diversity of counselors on campus does influence their willingness to seek help. Beyond expressing that their perception of diversity of counselors on campus does have an effect on their willingness to seek help, students, both white and of color, described communication barriers that would exist in speaking to a counselor of a different ethic and/or racial identity as them. Many students spoke from experience, with one African American participant described an experience they had in the past with a white counselor explaining they "don't think they really understood me. I felt like she just kind of looked at me like 'oh he's just complaining about racial issues,' and I am like 'well, these racial issues affect my life

every day." Another student, who identifies as Mexican American, explained "I'm not a personal fan of counseling in general, but I would probably feel more comfortable talking to someone with the same ethnicity as me because there are certain things that they would understand that I wouldn't expect anyone else to understand."

Mental Health Advocacy on Campus

There were mixed results from students about whether they felt their campus does a good job of communicating mental health resources and mental health advocacy in general. Overall, students of color felt that their campus does not do a good job advocating for mental health, specifically in an inclusive way. Four white students felt that their campus was proactive about communicating resources, and 3 white-identifying participants felt that their campus did not do an adequate job of this. Of these three students, one described their campus advocates mental health by using 'blanket terms' like "go see someone if you are struggling with mental health. They described this strategy as a "cop out" because it is not engaging enough. This student expressed their opinion saying "people who are struggling with mental health have heard that their whole lives and it's not like they're hearing anything different on campus, so if they haven't yet gone to see someone, just saying that isn't going to like give them a new enlightenment so to speak to go see someone to help them with their mental health."

Sense of voice. A common theme was that white-identifying individuals felt that they have a "voice" or the "power to speak" when talking about mental health but recognized that this is not the same for people who do not have the same perceived privilege. One white-identifying student who described themselves as "check[ing] all the privilege boxes" described how they felt it was easy for people to attribute their difficulties as difficulties of mental health, not related to their ERI. The student that they recognize that as a white-identifying person mental health and race are separate from each other, however for a person of color, mental health and ERI are tied together. On the other hand, a participant of color who identifies as Hispanic, had a completely different outlook on their sense of voice when talking about mental health. This student reported:

> It's the same kind of people on campus who are advocating *for us*. I've noticed it's always white people who are talking about how we need to be more inclusive… and that kind of drives me nuts, because while it helps social movements and it helps get people to talk about it, *we* don't necessarily need you. We need the support for *us* to be able to talk about it. For *us* to start a change because it's not going to happen if the same predominantly white group is starting these things on campus. It's not their job to, its ours. But we don't have the support because it's not given on campus to us.

This student acknowledged the voice other white students have as an advantage but tied their reasoning into the broken system that was mentioned by many other students in reference to students of color trying to seek help or speak out about mental health.

Role of ERI in stigma. Students were asked whether they had concerns about being stigmatized when communicating about mental health. ERI was a theme that played a role in student's responses to this question. One white student answered "not in today's world," when asked if they have concerns about being stigmatized, then felt their race had no role in that answer because they believe that everyone has a voice and is understanding of mental health despite their ERI. However, another white student answered that they felt their race played a role in them not feeling stigmatized "because we live in a very white society we are given more of a voice…and because I'm white I'm less likely to be stigmatized." This student recognized that there is a double standard for women of color in the sense that if they were to speak out about mental health she would be seen as "weak" whereas a white women would be viewed as "outspoken and strong." The differing responses of white students relates back to the previously mentioned theme of awareness of ERI.

When students of color responded to this question, their answers and reasoning were much different. For example, a Hispanic American participant reported that "[ethnic identity] plays a role in me feeling stigmatized because think like right now in the political landscape and the environment we are in. A lot of people are associating Hispanic Americans with like 'how did you get here?' or 'do you have the right to be here?' I think people look at this group that I'm a part of and think 'you came here, like you're the minority here, you don't have anything to complain about.' It's a lot to carry."

When an Asian American student expressed concerns about being stigmatized about mental health, and was asked whether or not they felt their ERI played a role in this they responded "I don't think it's more of a minority status, I think it's more about being male, because you know society treats males differently especially when it comes to mental health. For guys that's something you just don't talk about." There were other forms of oppression that arose when students spoke about their experience with mental health, as demonstrated in this last quotation.

DISCUSSION

The purpose of this study was to understand how communication about mental health differs for students of various ERIs on a predominantly white campus, and what factors influenced these differences. This section will interpret the meaning of the themes that were found and will conclude with limitations and ideas for future research.

The two themes that emerged from RQ1 were the impact ERI had on the students experiences on campus and awareness of racial identity. The second theme played a major role in the way students perceived themselves on campus, and therefore had a large impact on their general experience on a predominantly white campus. For example, students who confidently answered that they feel "privileged" and in some cases even "superior" to racially and/or ethnically marginalized students, expressed a more positive general experience on campus. White students responded by saying it is easy for them to navigate through campus, and one student mentioned the privilege of having 'twinship' wherever they look. Twinship is a self-psychology term derived from Kohut, that according to Baker & Baker suggests that "we need to feel a degree of alikeness with other people" to fuel our ego and feel a sense of closeness with others (1987, p. 4). This student clearly demonstrated a high level of awareness as a racial being on campus.

While some students of color described incidents where they experienced racism and didn't feel a sense of belonging, the Asian American student described themselves as being "no different" on campus, and further insisting that their friends did not see them as any different either. There are deeper implications as to why students of color on a predominantly white campus may have such opposing perspectives of their general experience on campus.

The two overarching themes that emerged from this research question were race and friendship and family cultural influence. When explaining what communication barriers exist, if any, for students on a predominantly white campus, it is important to analyze the root of these barriers. Students reported that their cultural background and upbringing with differing cultural influences had a major impact on how they view mental health, and therefore how they communicate about it on campus. Several students of color explained feeling comfortable expressing physical concerns of well-being, but not mental health concerns on campus. This is a communication barrier that relates to an analysis conducted by Sue and Sue (1977) which explained that 'mental and physical well-being distinction' can affect client to counselor communication. A white counselor may not effectively communicate mental health with a student of color whose cultural background does not have a clear distinction between mental and physical health.

It is important to note the deeper cultural implications and communication differences that exist, and to also make note of stereotypes that manifest in students themselves and in the way they perceive others. For example, one Asian American student mentioned the pressure they feel to succeed because of their parents. They attributed this to the high level of comparison that goes on their culture, and the great value that is placed on the family as a unit. It is important to recognize that these factors may influence an individual to develop communication barriers when speaking about mental health that other students do not have.

The "pressure to assimilate" is another deeper meaning behind some of the responses given by students of color when expressing who they feel comfortable talking about mental health with. One Hispanic-White student who was adopted by white parents could be an example of this, because they described feeling like they are not a "true" Hispanic, because of the pressure to adopt the values, beliefs, and attitudes of the dominant white culture (Bourassa, 1991). Another Hispanic student expressed an overwhelming feeling that they need to succeed, and explained it was not coming from their parents. Donna Bourassa identified social pressures experienced by many students of color which can help explain this students experience as the pressure to "find a balance between maintaining their unique cultural identity and the necessity of adopting certain white cultural values in order to succeed" (1991, p.15).

On the other hand, when discussing friendship, many students of color come to college with preconceived notions about what members of other racial groups are like, which can lead to mistrust. This mistrust may be a result from both past and recent experiences with discrimination, as was mentioned by two African American students. Students of color face the challenge of learning to trust persons from ERIs different than their own while maintaining vigilance about being a target of discrimination (Bourassa, 1991).

The two themes that emerged from this research question were perception of counselor diversity and mental health advocacy on campus. Participants of color expressed feelings of alienation when talking about their perception of the diversity of counselors on campus. Both white-identifying students and students of color expressed the perception that the counseling center on campus and communication about their recourses appear to be designed for white students. The lack of diverse counselors did not affect white student's willingness to seek help, however this contributes to the sense of social alienation and "ethnic isolation" that several students shared in their experience (Bourassa, 1991).

A major subtheme that emerged from this research question was the role of ethnic identity in feeling stigmatized about mental health. White students shared a sense of empowerment they feel and attributed their racial identity to the reason they feel they have a voice on this topic. However, students of color expressed feeling extreme pressure to live up to white standards, and to "prove" to others that they, and therefore others in their culture, can be successful. It is for this reason that students of color are confronted with an intensified awareness of their minority status (Jones, Castellanos, & Cole, 2002). Jones, Castellanos, and Cole (2002) explain that "these students are also confronted with a challenge that requires managing and coping with psychological distress as they negotiate the campus milieu" (p. 20). In this way, students of color feel a sense of "double stigma" when opening up about their mental health, because of their cultural background.

One Hispanic student made a very strong claim about not wanting white students to advocate for students of color, but rather wanting the support and opportunity on campus for them to make a change. This relates to the 'mobilization to reclaim a sense of power' that is a common theme/experience for students of color on predominantly white campuses. This ideal requires students of color to be involved in campus activism that is above and beyond academic demands (Bourassa, 1991). It is interesting because this student expressed the desire to be given 'responsibility' for their cultural needs to be met on campus, which is often a criticism by students of color from the opposite perspective.

CONCLUSION

The primary goal of this research was to understand how college students of various ERIs communicated about mental health on a predominantly white campus. This study gave a more definitive picture of the college experience students of various ERIs have on predominantly white campuses. The experiences of students of color differed more than the experiences and perceptions of white students in relation to mental health on campus. Overall, white students feel a strong sense of belonging on campus and expressed feelings of empowerment and 'having a voice' when communicating about mental health on a predominantly white campus. For many students of color, navigating through an environment in which most of the people are different from themselves can be challenging enough, therefore they do not feel comfortable speaking about mental health on campus. Both groups of participants felt that mental health recourses are communicated on their campus appear to be designed for white students, based on the lack of diversity of counselors and outreach. This plays no role in white students' willingness to seek help, however it has a major impact on the way students of color communicate about their mental health.

LIMITATIONS AND FUTURE DIRECTIONS FOR RESEARCH

There are several limitations inherent in the study due to its design. First, the voices of students of color in this study represent a small percentage of the experiences and perceptions other students of color have on a predominantly white campus. Additionally, the voices of non-white students represent the experiences at only two predominantly white campuses, with only one student from the second institution. Having an uneven number of white students and students of color is a constraint to this study, and furthermore having only 13 total participants was a limitation in and of itself. Last, because promotion for this study was primarily done through personal social media outreach and through the communication studies department on campus, the findings and pool of participants are limited.

The following areas are encouraged for future directions in research: research methodology, sample size, and participant pool outreach. A complimentary style of research, using both qualitative and quantitative methodologies, would provide a more comprehensive view of the experience of students on predominantly white campuses, specifically to gain a more accurate view of the non-white experience. Gaining a more pluralistic perspective on college experience and mental health is needed to enlarge the support system for all students. Future research could benefit by repeating this research with a much larger sample size to contribute more meaningful results of the experiences of students on predominantly white campuses by providing more data. Lastly, outreach for the participant pool could be improved to gain more conclusive results through a broader range of student experiences.

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