American Journal of Community Psychology, Vol. 15, No. 4, 1987

Sex Differences in Professional Help Seeking Among Adult Black Americans[1]

Harold W. Neighbors[2] and Cleopatra S. Howard

The School of Public Health (Community Mental Health Program) and Institute for Social Research (Survey Research Center), The University of Michigan

This paper provides baseline data on sex differences in the use of professional help for serious personal problems in a nationally representative sample of adult black Americans. Bivariate analyses revealed that women had higher levels of psychological distress and were significantly more likely to seek professional help than were men. They were also more likely to utilize physicians and social service agencies. The relationship of gender to these help resources remained significant even when the effects of problem severity and differential problem definition were taken into account. Controlling for income, however, eliminated the sex difference for social services use but not for physician use.

The purpose of this paper was to provide baseline data on sex differences in help-seeking behavior among black adults. Seeking professional help can be conceptualized as a series of decisions: the recognition of a problem, the decision to seek some form of professional assistance, and the choice of a particular help source. This study was concerned with the last two decisions. That is, given the recognition of a serious personal problem, we asked whether black men and women differ in the decision to seek professional help as well as in their choices of which specific help sources to utilize. This

[1]Research for this paper was funded by a grant from the National Institute of Mental Health (Division of Clinical Research, Prevention Research Branch and the Division of Biometry and Applied Sciences, Minority Research Resources Branch). The authors thank James Jackson, Joseph Veroff, Clifford Broman, Lois Vergbrugge, and two anonymous reviewers for comments on earlier drafts of this manuscript.

[2]All correspondence should be sent to Harold W. Neighbors, The School of Public Health, Community Mental Health Program, 109 South Observatory, Room M-5134, University of Michigan, Ann Arbor, Michigan 48109.

0091-0562/87/0800-0403$05.00/0

paper also examined the impact of two important social processes (level and definition of distress) known to influence how men and women seek professional help.

Very little is actually known about how black men and women differ in the professional help-seeking process. There are many reasons for this. Race comparative analyses of utilization seldom focus on demographic differences *within* the black subsample (Fabrega & Roberts, 1972). Help-seeking studies which look at sex differences have not focused on race (Gurin, Veroff, & Feld, 1960; Kessler, Brown, & Broman, 1981; Yokopenic, Clark, & Aneshensel, 1983). Most help-seeking studies of all-black samples were geographically limited which restricted their generalizability to other settings (Hendricks, Howard, & Gary, 1981). Also, many studies of black help seeking were conducted on convenience samples of target groups often comprising one sex only (Hendricks, Howard, & Caesar, 1981; Leashore, 1980). Despite these shortcomings, there were some things to be learned by looking at empirical studies of black help seeking.

Fabrega and Roberts (1972) and Brunswick (1979) found no demographic differences in physician use, but they did uncover an important influence of health status (subjectively felt "need") on help seeking. Studies by Brody, Derbyshire, and Schefler (1967), Kleiner and Parker (1971), and Leashore (1980) indicated widespread disagreement between black respondents and mental health professionals on what constitutes "mental illness" and what should be done about such problems. These studies also demonstrated that the manner in which symptoms of distress are defined can affect not only what type of professional assistance is received but whether professional help is sought at all. The cumulative impact of these studies points out that personal assessments of how sick one feels along with how the individual interprets the nature of those ill feelings play a crucial role in the general help seeking process. At present it is not known whether these variables can help explain sex differences in black help seeking.

Fortunately, the literature on sex differences and help seeking among whites has focused quite heavily on these two variables (Dohrenwend & Dohrenwend, 1976; Gove, 1978; Gove & Tudor, 1977; Gurin et al., 1960). The central question addressed by these studies concerns the relative importance of clinical as opposed to social factors in explaining sex differences in the use of professional help for personal problems. One would expect those groups experiencing high levels of distress to have more often gone for professional help, because it is clear that health status is an important predictor of professional help use. It is also clear, however, that other factors are important in distinguishing who goes for help and who does not. In other words, knowledge of the clinical characteristics of a condition alone may not be enough to explain sex differences in the use (or nonuse) of profes-

sional help. By including measures of health status (need) in studies of help use we can at least begin to clarify the extent to which sex is related to help use because it is also related to level of distress.

A number of researchers have investigated the effects of problem orientation in depth (Kessler, Reuter, & Greenley, 1979; Marshall, Gregorio, & Walsh, 1982). In fact, most of the latest evidence supports the conclusion that crucial sex differences in illness behavior come into play at the earliest stages of the help-seeking process (Cleary, Mechanic, & Greenley, 1982; Hibbard & Pope, 1983; Kessler et al., 1981). Specifically, women are more likely to seek professional help because they are prone to interpret symptoms of distress within a psychological perspective (Veroff, Kulka, & Douvan, 1981; Yokopenic et al., 1983).

In summary, the empirical literature on black help-seeking behavior did not elicit much information on what to expect about sex differences in help seeking. It did, however, show that future studies of blacks need to clarify the role played by level of distress and problem definition. Research on sex differences in help seeking among whites actually documented how distress and problem definition have influenced the way men and women use professional services. It is comforting when different bodies of literature reach consensus about what the important areas of investigation are. One must be cautious whenever making generalizations from one cultural group to another, however. The degree to which these two literatures can be brought together is actually an empirical question. The only thing that remains to be done is to document the extent to which distress and definitional processes affect sex differences in help seeking among blacks.

METHODS

Sample

The analyses were conducted on a nationally representative cross-section sample of the adult 18 years old and older black population living in the continental United States. These sampling and interviewing procedures resulted in 2,107 completed interviews conducted in 1979 and 1980, representing a response rate of 67%. For a more thorough description of these procedures, see Neighbors (1984).

Instrument

The section of the questionnaire designed to study help-seeking behavior was organized around the concept of a stressful episode.

Respondents were asked to report a personal problem they had experienced in their lives that had caused them a significant amount of distress. If a person had experienced such a personal problem, they were asked to describe the specific nature of the problem (i.e., what it was about). They were also asked a series of questions designed to elicit information on how they adapted to this stressful event. The present analysis focuses on the 1,322 respondents who reported experiencing a personal problem. Respondents who did not indicate having a serious problem were not asked the series of questions analyzed below.

The specific items used to elicit information about this personal problem were (1) "When problems have come up, has there ever been a time when you were about at the point of a nervous breakdown?" (2) (If answered "no" to the first question) "Has there ever been a time when you had a personal problem where you felt so nervous you couldn't do much of anything?" (3) (If answered "no" to the second question) "Has there ever been a time when you felt down and depressed, so low that you just couldn't get going?" (4) (If answered "no" to 3) "Have you ever had a personal problem you couldn't handle by yourself?" (5) (If answered "no" to 4) "Have you ever had what you thought was a serious personal problem that you tried to handle by yourself?"

Problem Severity. The operational definition of health status was taken from the five questions just described. This measure of "need" for professional help was viewed as a rough approximation of how much the personal problem interfered with the person's ability to perform their usual social obligations. Those respondents who experienced their problem at the point of a nervous breakdown represent "high" problem severity, whereas those who experienced their problem at some level of distress below the nervous breakdown point (questions 2 through 5) represent "low" problem severity.

Problem Type. Every respondent who said they had experienced a problem was asked the following question: "Thinking about the last time you felt this way, what was the problem about?" This question was designed to ascertain how the respondent conceptualized and concretely defined the nature of the distress experienced. The answer to this question represented the specific locus to which the respondent attributed the cause of his/her personal distress. For analytic purposes, responses to this question were categorized into five problem categories: (a) physical health problems; (b) interpersonal difficulties (marital problems with the opposite sex and interpersonal relationships in general); (c) emotional adjustment problems (references to mood disturbances, self-doubt, and personal adjustment issues in general); (d) death of a loved one, and; (e) economic difficulties.

Professional Help Utilization. If the respondent had experienced a problem, they were presented with a list of professional helping facilities and asked if they had gone to any of the places listed for help with their personal problem. That list included the following professional help sources: hospital emergency room, social services, community mental health center, private mental health therapist (i.e., psychiatrist/psychologist), private physician's office, minister, lawyer, police, school, employment agency. In the present paper, the decision to seek professional help was operationally defined by a dichotomous variable indicating whether or not help was sought from at least one of the above professional helping services. The use of specific professional help sources was explored through the use of a series of dichotomous variables. These variables are hospital emergency room, doctor, social services, private therapist, community mental health center, and minister. Persons who indicated they had sought professional help were allowed to mention as many places contacted up to a limit of four. As a result, the analysis combined multiple mentions of specific help sources if a particular respondent had contacted more than one professional help source. In coding the data in this manner some of the respondents who were "multiple users" could appear in the yes category more than once, depending on which particular help sources they contacted. For example, a respondent who had utilized both a social service agency and a community mental health center would be counted as using help during the analysis on social services as well as on the use of mental health centers. By creating a series of dichotomous variables that take into account multiple mentions, a more complete description of help-seeking variability could be given than would be possible had one polytomous utilization variable based on the first mention only been used.

Analysis Plan. Because so little is known about sex differences in help seeking among blacks, we started by exploring the bivariate relationships of gender to the use of a number of professional help sources. The purpose here was to document where sex differences in help use exist. Next we moved to multivariate analyses which look at whether sex remains related to use controlling for health status (operationally defined by problem severity). The purpose was to see if any of the relationships uncovered in the bivariate tables could be explained by the fact that women are more likely to have experienced their problem at the nervous breakdown level. Finally, we tested a series of four-way cross-classifications that take the influence of problem type as well as problems severity (and sex) into account. This represents the most rigorous multivariate test of the strength of any relationships between sex and utilization uncovered in the bivariate analyses (see Appendix).

RESULTS

Table I shows the relationship of sex to the use of professional help. A higher percentage of women than men used all professional help sources except hospital emergency room. The only significant associations, however, were for the decision to seek professional help ($p < .001$) and the use of private physicians ($p < .01$). A little more than half (51.7%) of the women with a problem decided to get some type of professional assistance. This compared to 42.3% of the men with a problem. Among people who sought professional help, 39.7% of the women as opposed to 27.3% of the men contacted a private physician's office. The only other professional help source that approached a significant sex difference is social services, where 15.8% of the women and 10.9% of the men sought help ($p < .10$).

Table II shows the bivariate relationship between sex and problem severity. It can be seen that women were significantly more likely than men to have experienced their problem at the nervous breakdown level. More than half (56.3%) of the women versus only 29.4% of the men felt they were about at the point of a nervous breakdown ($p < .001$). Table III, column 1 provides a summary of the three-way analyses of the relationship between sex and utilization controlling for problem severity. All three of the significant bivariate relationships revealed in Table I remained after the effect of problem severity was taken into account. Regardless of the seriousness of the problem, women were significantly more likely to seek professional help; and among those who sought help, women were more likely to contact physicians and social service agencies.

Table II also shows the relationship of sex to problem type. Gender differences in problem definition were slight. The greatest percentage difference was in relation to interpersonal difficulties, where 43.7% of the women responded in the affirmative as compared to 36.9% of the men. An examination of the differences between the observed and expected cell fre-

Table I. Percentage Using Professional Sources of Help by Sex

Help source	Male	Female	*n*
Decision to seek[a]	42.3	51.7	1,299
Emergency room	24.6	24.6	631
Private physician[b]	27.3	39.7	631
Social services	10.9	15.8	631
Mental health center	4.9	7.4	631
Psychiatrist/psychologist	8.2	11.8	631
Minister	29.5	31.7	631

[a] $\chi^2(1) = 10.4$, $p < .001$.
[b] $\chi^2(1) = 8.67$, $p < .01$.

Table II. Sex, Problem Severity, and Problem Type

Problem characteristics	Male	Female
Problem severity[a]		
High	29.4	56.3
Low	70.6	43.7
Problem type[b]		
Physical	16.9	15.8
Interpersonal	36.9	43.7
Emotional	14.6	10.5
Death	7.1	9.8
Economic	24.5	20.2

[a] $\chi^2(1) = 85.42$, $p < .001$.
[b] $\chi^2(4) = 11.46$, $p < .05$.

quencies indicated that the difference between men and women in attributing distress to a physical health problem was very small. Women were slightly more likely than would be expected (under the assumption of no relationship between sex and problem type) to define distress as the result of a death problem, while men were a little more likely to be upset because of an emotional or economic problem. Column 2 of Table III shows the relationship of sex to use when problem severity and problem type were taken into account. Controlling for problem severity and problem type did not change any of the initial relationships uncovered in the bivariate analyses (Table I). Regardless of the type of problem, or the severity of that problem, women were significantly more likely than men to decide to seek professional help, contact a doctor, and utilize social services.

Table IV displays the magnitude and direction of the sex effect on help seeking based on the results of the four-way log-linear analyses presented in column 2 of Table III. Women were only about 25% more likely than men to make a decision to go for professional help. The relationship of sex to the

Table III. Summary of Multivariate Analyses (Log-Linear Models) of Sex and Help Seeking[a]

	Controlling for problem severity	Controlling for severity and problem type
Decision to seek	Female > Male	Female > Male
Emergency room	Female = Male	Female = Male
Private physician	Female > Male	Female > Male
Social services	Female > Male	Female > Male
Mental health center	Female = Male	Female = Male
Private therapist	Female = Male	Female = Male
Minister	Female = Male	Female = Male

[a] Female = Male means no significant sex difference in utilization.

Table IV. Effect of Gender(G) on the Decision to Seek Help(H), Physician Use(D), and the Use of Social Services(S) Controlling for Problem Severity(N) and Type(P)

Help Seeking	Odds ratio (female/male)
Decision to seek help[a]	1.25
Private physician[b]	1.80
Social services[c]	1.85

[a]Preferred model: {HG} {HN} {HP} {GNP} $LR\chi^2(13) = 16.34$, $p = .231$.
[b]Preferred model: {DG} {DN} {DP} {GNP} $LR\chi^2(13) = 18.92$, $p = .126$.
[c]Preferred model: {SG} {SP} {GNP} $LR\chi^2(14) = 14.29$, $p = .429$.

use of doctors and social services was stronger, however. In both these cases, women were about 1.8 times more likely than men to seek help.

DISCUSSION

The present study has focused on the latter stages of the help seeking process. That is, given that the individual has already recognized the existence of a serious problem, we show how men and women differ in the decision to seek professional help; and in the decision about which particular professional help sources to utilize. Most studies of the help-seeking process find strong sex differences in the recognition of distress. Because the present study focused on the help-seeking decisions *after* the realization of a problem, it may be underestimating the size of sex differences in illness behavior. It is interesting to note, however, that there is a very strong relationship between gender and the reporting of a serious personal problem. Although this does not directly test the proposition that women recognize the existence of problems more readily than men, it may be an indication of such. Unfortunately, the methodology used in this study does not allow us to evaluate this question directly.

In this paper, two basic goals have been accomplished. First, we have clarified the relative impact of social and clinical factors on the professional help seeking behavior of black men and women. Second, we have shown precisely which professional help sources are most affected by those social selection factors. For example, women are 1.8 times more likely than men to use social services in their problem-solving efforts regardless of the type of problem experienced or the level of severity. Although this finding suggests a preference for social service intervention for black women, this rela-

Table V. Sociodemographics, Problem Type, and Physicians Use (Logistic Regression Analyses)

	Logistic coefficients	
Independent variables	Coefficient	Standard error
Male	-0.785^a	0.244
Income	0.047	0.030
Education	−0.016	0.040
Age	0.019	0.008
Not working	0.177	0.247
Rural	0.329	0.268
Insured	0.081	0.275
Interpersonal	-1.414^a	0.274
Emotional	-1.200^a	0.381
Death	-1.286^a	0.414
Economic	-1.961^a	0.356
Model χ^2	40.73^b	

$^a p < 0.01$.
$^b p < 0.001$.

tionship is actually a result of income status differentials. It has been demonstrated that black people with low incomes use social service agencies more frequently than any other sociodemographic group (Neighbors & Taylor, 1985). Since we also know that black women (in this sample) have lower incomes than black men, it should be expected that they would use social services more frequently as well. In fact, when the relationship of gender to the use of social services was investigated controlling for income, the sex difference was eliminated (Neighbors & Taylor, 1985).

Black women were also found to use private physicians at a rate of 1.8 times that of black men, even when controls for problem severity and problem type were introduced. Because the relationship of gender to social services use was eliminated when controlling for income, we decided to explore the sex and physician use relationship controlling for income (and a number of other sociodemographic factors) using logistic regression.[3] The relationship between gender and physician use was not eliminated when these demographics were taken into account (see Tables V and VI).

Given these results, the obvious task becomes one of understanding why black women are more likely than black men to seek help from a doctor

[3]The logistic regression coefficients for the independent variables represent the magnitude of the increment (or decrease) to the log-odds of contacting a physician associated with a unit increase in an independent variable controlling for all other predictors in the model. The calculations were performed with the OSIRIS.IV software package developed by the Computer Support Group within the Survey Research Center of the Institute for Social Research (Survey Research Center, 1979). In particular, &DREG with dummy variables was used to fit the model to the data.

Table VI. Probability of Physician Use for Sex Controlling for Other Predictors

Sex	Probability
Male	.269
Female	.430

when facing a personal crisis. Our findings suggest the "real" differences in distress hypothesis may be too simplistic for making predictions about sex differences in physician use. Several other hypotheses have been offered to account for the persistent finding that women seek professional help more often than men. These include sex-role compatibility (Cleary et al., 1982; Hibbard & Pope, 1983) sex-role socialization (Lewis, Lewis, Lorimer, & Palmer, 1977; Mechanic, 1980), social control/power (Chesler, 1972), and the fixed-role hypothesis (Marcus & Siegel, 1982). It is beyond the scope of this initial exploratory analysis to assess the impact these issues have on black help seeking. Future research should, however, clarify the role played by these alternative explanations.

An intriguing issue raised by this research is that of the appropriateness of the care black women receive when making use of physician services. This point underlines the need to know more about the kind of treatment blacks with mental health problems, but using physicians, are receiving. One explanation as to why many women become dependent upon mood-altering drugs may be that they seek help from nonpsychiatric physicians who attempt to treat all emotional problems pharmacologically. Since black women are apparently willing to seek care from physicians, a critical question becomes: Are they adequately prepared to treat the nonphysical aspects of the problems that precipitates this utilization behavior?

Recognizing that women are more prone to utilize doctors is important because it leads us to ask why men are less likely to do so. The differential socialization of men and women may make the idea of asking for help incompatible with a male identity. If so, then clarifying how boys and girls acquire attitudes about health care leads to the possibility of educating parents on how to decrease psychological barriers to access among men. Some have implied that men make up for this underuse of the professional system by utilizing informal help sources (Hendricks, Howard, & Gary, 1981). But other analyses of the present data showed that women were more likely to seek help from both informal and professional helpers combined (Neighbors & Jackson, 1984). Analyses also showed that men and women sought help from professionals in a similar manner when the *sole* use of formal services was considered. That work focused on the use of professional help without consideration for the specific types of services used, however.

The present research expands the previous work by suggesting that although black men and women may be similar in the sole use of professional services, they appear to differ in the specific types of professional services (physicians) they seek. We did not assess physician use in combination with the use of informal helpers. As a result, trying to understand the present findings within the broader context of our previous research on help-seeking patterns must be somewhat speculative until more analyses are conducted.

Several interesting questions are, however, raised by these results. The most immediate question is how sex differences in informal network characteristics (source of help, type of help offered by informal helpers, and type of information received) influence the use of physicians. Knowing that women are more likely than men to use informal help in combination with professional help raises the possibility of gender differences in the type of informal helpers contacted (e.g., men contacting other men whereas women contact women) resulting in different advice on how to solve personal problems. If women are more likely to contact female friends and if those acquaintances share a propensity for using physicians for all types of problems, it may be that informal female contacts are more likely to offer advice to see a doctor about the problem. Another possibility is that men and women use similar informal helpers but receive different types of help. Leashore, Gary, Howard, and Buckner (1981) found that while black men had a tendency toward self-reliance, when they did seek help they were more likely to contact mothers and spouses. In summary, the results from our overall research program suggest that studies of sex differences in the use of professional help should focus on the demographic characteristics of the help seeker and the informal help giver, the type of help or advice offered by these informal resources, and a clarification of how that informal help influences decision making about which specific type of professional help to contact.

It might be assumed that the lack of help seeking may place black men at risk for increased morbidity. This last statement is questionable, however, because there are other coping alternatives available to people under stress. Black men may not seek professional help as much as women because of the individual coping strategies and resources they have at their disposal. According to the update of *Americans View Their Mental Health,* while the percentages of people who sought professional help increased from 1957 to 1975, there was also a significant increase in the tendency for men to adopt a self-help orientation in response to personal problems (Veroff et al., 1981). Another study found that among those who chose not to seek professional help, black men were more likely than black women to do so because they felt they could handle their problems without assistance (Brown, 1978).

It is reasonable to assume that substantial numbers of black men also share a strong preference for handling their problems by themselves. Is it adaptive for men to hold such an orientation for dealing with stress? One could argue that it is the self-sufficiency component of the masculine identity that gets men into trouble. That is, men may not be very successful in dealing with problems using whatever individual coping strategies they engage in. Clearly more research on race, sex, and coping is needed if we are to more fully understand the various facets that contribute to the differential patterns of morbidity among black men and women.

REFERENCES

Brody, E., Derbyshire, R., & Schefler, C. (1967, April). How the young adult Baltimore Negro male becomes a Maryland hospital statistic. In R. Monroe, G. Klee, & E. Brody (Eds.), *Psychiatric epidemiology and mental health planning. American Psychiatric Association: Psychiatric Research Report, 22.*

Brown, B. (1978). Social and psychological correlates of help seeking behavior among urban adults. *American Journal of Community Psychology, 6,* 425-439.

Brunswick, A. (1979). Who sees the doctor? A study of urban black adolescents. *Social Science and Medicine, 13A,* 45-56.

Chesler, P. (1972). *Women and madness.* New York: Wiley.

Cleary, P. D., Mechanic, D., & Greenley, J. R. (1982). Sex differences in medical care utilization: An empirical investigation. *Journal of Health and Social Behavior, 23,* 106-119.

Dohrenwend, B. P., & Dohrenwend, B. S. (1976). Sex differences in psychiatric disorders. *American Journal of Sociology, 81,* 1447-1459.

Fabrega, H., & Roberts, R. E. (1972). Social-psychological correlates of physician use by economically disadvantaged Negro urban residents. *Medical Care, 10,* 215-223.

Gove, W. (1978). Sex differences in mental illness among adult men and women: An evaluation of four questions raised regarding the evidence of higher rates of women. *Social Science and Medicine, 12B,* 187-198.

Gove, W., & Tudor, J. (1977). Sex differences in mental illness: a comment on Dohrenwend and Dohrenwend. *American Journal of Sociology, 82,* 1327-1336.

Gurin, G., Veroff, J., & Feld, S. (1960). *Americans view their mental health.* New York: Basic Books.

Hendricks, L., Howard, C., & Caesar, P. (1981). Help seeking behavior among select populations of black unmarried adolescent fathers: Implications for human service agencies. *American Journal of Public Health, 17,* 733-735.

Hendricks, L., Howard, C., & Gary, L. (1981). Help seeking behavior among urban black adults. *Social Work, 26,* 161-163.

Hibbard, J. H., & Pope, C. R. (1983). Gender roles, illness orientation and use of medical services. *Social Science and Medicine, 17,* 129-137.

Kessler, R. C., Brown, R. L., & Broman, C. L. (1981). Sex differences in psychiatric help seeking: Evidence from four large-scale surveys. *Journal of Health and Social Behavior, 22,* 49-64.

Kessler, R. C., Reuter, J. A., & Greenley, J. R. (1979). Sex differences in the use of psychiatric outpatient facilities. *Social Forces, 58,* 557-571.

Kleiner, R., & Parker, S. (1971). Potential sources of error in epidemiological studies of mental illness. *International Journal of Social Psychiatry, 17,* 122-132.

Leashore, B. (1980). A preliminary report on help seeking among black males. *Urban Research Review, 6,* 4-7.

Leashore, B., Howard, C., Howard, C., & Buckner, R. (1981). *Help-seeking behavior among black males.* Washington, DC: Mental Health Research and Development Center, Institute for Urban Affairs and Research, Howard University.

Lewis, C. E., Lewis, M. A., Lorimer, A., & Palmer, B. (1977). The use of school nursing services by children in an adult free system. *Pediatrics, 60,* 499-507.

Marcus, A. C., & Siegel, J. M. (1982). Sex differences in the use of physician services: A preliminary test of the fixed role hypothesis. *Journal of Health and Social Behavior, 23,* 186-197.

Marshall, J. R., Gregorio, D. I., & Walsh, D. (1982). Sex differences in illness behavior: Care seeking among cancer patients. *Journal of Health and Social Behavior, 23,* 197-204.

Mechanic, D. (1980). The experience and reporting of common physical complaints. *Journal of Health and Social Behavior, 21,* 146-155.

Neighbors, H. W. (1984). Professional help use among black Americans: Implications for unmet need. *American Journal of Community Psychology, 12,* 551-566.

Neighbors, H., & Jackson, J. S. (1984). The use of informal and formal help: Four patterns of illness behavior in the black community. *American Journal of Community Psychology, 12,* 629-644.

Neighbors, H. W., & Taylor, R. J. (1985). The use of social service agencies by black Americans. *Social Service Review, 59,* 258-268.

Survey Research Center Computer Support Group. (1979). *OSIRIS.IV Users Manual.* Institute for Social Research.

Veroff, J., Kulka, R. A., & Douvan, E. (1981). *Mental health in America: Patterns of help-seeking from 1957 to 1976.* New York: Basic Books.

Yokopenic, P. A., Clark, V. A., & Aneshensel, C. S. (1983). Depression, problem recognition, and professional consultation. *Journal of Nervous and Mental Disease, 171,* 15-23.

APPENDIX

Table A-1. Observed Cell Frequencies for Multidimensional Tables Used for the Log-Linear Analyses

Problem Type	Problem severity	Gender	Decision to seek		Emergency room		Private physician		Social services		Minister		Mental health center		Therapist	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Physical	High	Male	15	3	10	5	7	8	3	12	4	11	2	13	1	14
Physical	High	Female	45	20	20	25	32	13	10	35	10	35	1	44	4	41
Physical	Low	Male	30	15	18	12	20	10	4	26	7	23	0	30	1	29
Physical	Low	Female	39	19	19	20	26	13	6	33	8	31	3	36	2	37
Interpersonal	High	Male	23	19	5	18	7	16	1	22	11	12	1	22	3	20
Interpersonal	High	Female	118	84	28	90	42	76	19	99	40	78	12	106	27	91
Interpersonal	Low	Male	37	65	1	36	1	36	0	37	14	23	2	35	0	37
Interpersonal	Low	Female	61	83	9	52	21	40	5	56	19	42	1	60	3	58
Emotional	High	Male	7	11	1	6	3	4	1	6	2	5	0	7	2	5
Emotional	High	Female	30	23	8	22	13	17	3	27	6	24	8	22	6	24
Emotional	Low	Male	11	28	2	9	1	10	2	9	1	10	0	11	2	9
Emotional	Low	Female	12	18	1	11	4	8	1	11	6	6	1	11	2	10
Death	High	Male	4	1	0	4	1	3	0	4	2	2	1	3	1	3
Death	High	Female	19	20	7	12	8	11	3	16	10	9	1	18	0	19
Death	Low	Male	5	18	2	9	2	3	0	5	3	2	0	5	1	4
Death	Low	Female	18	20	1	11	5	13	1	7	10	8	2	16	1	17
Economic	High	Male	12	20	3	9	3	9	2	10	2	10	2	10	1	17
Economic	High	Female	48	50	7	41	12	36	13	35	17	31	4	44	5	43
Economic	Low	Male	29	34	3	26	3	26	6	23	5	24	1	28	2	27
Economic	Low	Female	27	34	4	23	3	24	7	20	4	23	0	27	1	26

Table A-2. Expected Cell Frequencies Generated From the Preferred Log-Linear Models

Problem type	Problem severity	Gender	Decision to seek		Private physician		Social services	
			Yes	No	Yes	No	Yes	No
Physical	High	Male	12.9	5.1	9.3	5.7	1.9	13.1
Physical	High	Female	49.4	15.6	33.8	11.2	9.3	35.7
Physical	Low	Male	27.9	17.1	15.7	14.3	3.8	26.2
Physical	Low	Female	38.8	19.2	26.2	12.8	8.0	31.0
Interpersonal	High	Male	21.3	20.7	5.4	17.6	1.6	21.4
Interpersonal	High	Female	112.9	89.1	42.5	75.5	13.8	104.2
Interpersonal	Low	Male	40.4	61.6	6.3	30.7	2.5	34.5
Interpersonal	Low	Female	64.4	79.6	16.8	44.2	7.1	53.9
Emotional	High	Male	8.1	9.9	2.0	5.0	0.6	6.4
Emotional	High	Female	26.7	26.3	12.7	17.3	4.0	26.0
Emotional	Low	Male	13.4	25.6	2.3	8.7	0.9	10.1
Emotional	Low	Female	11.8	18.2	4.0	8.0	1.6	10.4
Death	High	Male	2.3	2.7	1.1	2.9	0.2	3.8
Death	High	Female	20.1	18.9	8.0	11.0	1.8	17.2
Death	Low	Male	8.2	14.8	1.0	4.0	0.3	4.7
Death	Low	Female	15.4	22.6	5.9	12.1	1.7	16.3
Economic	High	Male	15.3	16.7	1.8	10.2	2.1	9.9
Economic	High	Female	52.0	46.0	11.5	36.5	13.3	34.7
Economic	Low	Male	23.2	39.8	3.0	26.0	5.1	23.9
Economic	Low	Female	25.5	35.5	4.7	22.3	7.5	19.5