PREDICTING DISCLOSURE OF STUDENT MENTAL HEALTH PROBLEMS TO INSTRUCTORS: A COMMUNICATION PRIVACY MANAGEMENT PERSPECTIVE

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The Supervisory Committee certifies that this ***disquisition*** complies with North Dakota State University's regulations and meets the accepted standards for the degree of

MASTER OF SCIENCE

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ABSTRACT

The transitional period of attending college marks a shift towards personal independence for students. The management of conversational topics requires students to determine how they share information. Management of mental health information is a critical topic that cannot be overlooked during these re-negotiation periods. The goal of this study was to examine how the five privacy rule development criteria (culture, context, motivation, risk/benefit gender) of Communication Privacy Management Theory predict a college student's likelihood to reveal a mental health problem to their instructor. Using multiple regression, bivariate linear regression, and factorial ANOVA, this study revealed that the CPM rule development criteria variables (culture, context, motivation, and gender) are predictors of college students disclosing a mental health problem to their instructors. Findings suggest that predictors of privacy management center on communication and relational factors between students and instructors as well as perceptions of an open conversation-oriented classroom culture, and gender.

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DEDICATION

I dedicate this thesis to my mother Janice, father Dean, and sister Katie Haverkamp.

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1. INTRODUCTION

College can be a challenging season of life for adults who choose to pursue higher education, while the issue of the college transition has notedly been marked one of the most immanent concerns for college institutions (DeBerard, Spielmans, & Julka, D. 2004; Dorrance Hall & Scharp, 2018). Many factors may contribute to the difficulties of transitioning to the role of college student, ranging from making new friends, adjusting to new academic expectations, living independently potentially for the first time, and the possibility of facing and managing a mental health concern (DeBerard et al., 2004). Mental illness has become an all-too-common diagnosis on college campuses and can be defined as a "health condition that is characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning" (U.S. Department of Health and Human Services, 2000, p. 453). This definition casts a wide net on the large list of mental illnesses that exist. According to the American College Health Association (2015), more than twenty-five percent of college students have been diagnosed or treated by a medical professional for a mental health condition. Additionally, more than forty percent of college students reported feeling more than an average amount of stress; eighty percent of college students have felt overwhelmed by school obligations; and a reported forty percent of college students have felt things were hopeless at a point in time. College student mental health problems have not only grown in complexity but also in volume and severity (Byrd & McKinney, 2012). The National Alliance for Mental Health Institute ([NAMI], 2017) stated that more than forty-five percent of young adults who stopped attending college because of mental health related reasons did not request any accommodations or seek assistance from a health professional. While student health should always be considered by institutions, it is also important that colleges consider how mental health effects overall

efficacy. Because graduation rates are often a key factor in ranking colleges, providing adequate college mental health services may be a good investment of university resources (National Alliance for Mental Health Institution ([NAMI], 2017). Ultimately, in interest of students and institutions alike, the emerging trends in student mental health problems and the sheer pervasiveness of mental health issues amongst college-aged individuals reveals a continuing need to further investigate and address mental health on college campuses.

Scholars have found that the level of perceived support provided to students may predict how well they adjust during the college transition (Kenny & Rice, 1995; Lafreniere & Ledgerwood, 1997). Because this research suggests that social support and identification/disclosure of mental health issues are imperative to student success, it would seem natural to examine what may predict and encourage open communication in situations where support may be needed. Zimmermann and Paul (2007) state the most logical place to reach all students is in the classroom, however, little research exists with the potential to provide practical implications to instructors in the college sphere when addressing student's mental health concerns. By identifying predictors of student private information disclosure, institutions can better understand what types of environments lend themselves to student disclosures and prepare faculty who facilitate those environments should disclosures occur.

Managing mental health issues as a student can be difficult for many reasons. Being open about mental health information at school could yield dually positive and negative outcomes. Openness about mental health concerns can help connect students to resources, relieve the burden of dealing with a mental health concern on one's own, and create a dialogue to explain a necessary absence or change in academic performance (Komiya, Good, & Sherrod, 2000). However, this same candidness can also lead to negative outcomes such as being stigmatized,

negative educational outcomes, losing social support, or even experiencing an increase in severity of mental health symptoms (Eisenberg, Downs, Golberstein, & Zivin, 2009). This tension, in part, may exist because of the potential perceived consequences associated with openness and privacy surrounding private information, identified by Petronio (2002) in Communication Privacy Management (CPM) theory.

CPM concentrates on the sharing of private information and privacy surrounding that information (Petronio, 2002). This central theme makes CPM germane to studying student disclosures about mental illness. Mental health status represents a form of private information that students may need to share to obtain academic success. Using CPM as a framework, the primary focus of this study was to examine the criteria that govern whether or not students would choose to disclose private mental health information to their instructors.

In sum, managing private mental health information between students and instructors spurs re-negotiations of power, decision-making, and privacy management decisions. To understand some of the communication processes unique to mental health disclosures in the collegial context, communication privacy management theory was used (Petronio, 2000; 2002; 2007) to identify what criteria predict a likelihood that students would disclose a mental health problem to their instructors. The more we know about privacy rule development the better we can understand student behavior and prepare instructors who may facilitate an environment rich for disclosure behaviors to occur, or the opposite, prepare instructors who do not offer such an environment.

2. LITERATURE REVIEW

As one of the largest causes of morbidity, mortality, and disability in the United States, mental illnesses affect over 25 percent of people during any given year (NAMI, 2017). The measurable costs of increased health care premiums, heavy burdened social service workers, productivity losses due to unemployment and caregiver burdens, increased crime, along with the immeasurable costs of opportunities lost and lowered quality of life all represent the impact of mental illness on society as large and considerable (Nock, Borges, Bromet, Cha, Kessler, & Lee, 2008; Rice, Kelman, & Miller, 1991). Despite the undisputable incidence and burden that mental illnesses place on society, those with mental illness are often misunderstood, mistreated, misdiagnosed, and deeply stigmatized, with people who suffer from mental illness treated with trepidation and even in a punitive fashion (Hinshaw & Stier, 2008; Horton, 2007).

The majority of lifetime mental disorders will have first onset by twenty-four years of age, often resulting in mental illness diagnoses occurring during the traditional college years (Kessler et al., 2005). Within the general population, an estimated twenty-five percent of Americans aged eighteen and older suffer from a diagnosable mental illness in a given year (Kessler et al., 2005). Anxiety is the most frequently presenting mental health issue on campuses, affecting approximately sixteen percent of college students. Students also report experiencing depression (13.1%), panic attacks (7.4%), and attention deficit and hyperactivity disorder (5.4%) at alarmingly high rates (ACHA, 2015).

Getting help to college students who are dealing with mental health problems is a growing concern on college and university campuses (Dorrance Hall & Scharp, 2018). The number of students with undiagnosed mental illness is difficult, maybe impossible, to calculate. Some researchers estimate that U.S. college students have up to a fifty percent chance of having

symptoms of a mental health illness during their college years (Kadison & DiGeronimo, 2004). Students who suffer from mental illnesses are more likely to struggle with their studies, have difficulties making and maintaining a social life, drop out of school altogether, and, in more severe cases, attempt or commit suicide (ACHA, 2015). It is unfortunate that even though mental illness is often treatable, fewer than twenty-five percent of those diagnosed with mental illness seek or receive any type of treatment (World Health Organization, 2011).

Stigma is often a significant barrier to the diagnosis and treatment of mental illness (Komiya, Good, & Sherrod, 2000). Because of the presence of stigmas associated with mental health and the large number of unreported and undiagnosed cases of mental illness, this study focused on "mental health problems." Mental health problems can be defined by The American Psychological Association's Diagnostic and Statistics Manual of Mental Disorders, fifth edition (2013) as feelings of one or more of the following symptoms: Withdrawal, decrease or change in functioning, problems thinking, increased sensitivity, apathy, feeling disconnected, illogical thinking, nervousness, unusual behavior, sleeping, appetite, or sexual changes, excessive anger, feeling overwhelmed, feeling excessively stressed, alcohol or drug abuse, and suicidal ideations. This study was not restricted to participants with a formally diagnosed mental illness from a clinician or medical professional, but rather those who have self- reportedly suffered mental health related symptoms as described above. Most college students have suffered the effects of one or more mental health symptom, which can have a profound effect on their academic performance (Byrd & McKinney, 2012). Thus, it is valuable to explore what predicts student disclosures of a mental health problem to their instructor and the possible implications for instructors in doing so. If student privacy management behavior can be better understood,

instructors will have more opportunities to make decisions about conducting themselves and classes according in anticipation of disclosure or concealing behaviors.

One of the most intimate and complex, yet seemingly fundamental, decisions for individuals in their relationships is how to manage and share private information (Affifi & Guerrero, 2000). Communication Privacy Management (CPM) holds that individuals believe their information is private; more specifically, individuals believe they "own" their private information and should be able to control access to it (Petronio, 2002). As traditionally aged students begin college, they often seek autonomy and become more independent as they mature into adulthood (Stephens, Fryberg, Markus, Johnson, & Covarrubias, 2012). While asserting this individuality, students generally become independent of those who may have served formerly as confidants or co-owners of their private information, often their parents or friends (Hammonds, 2008). These separations change the dynamic of privacy orientation, decision-making, and privacy management for the student. College students may look to instructors as confidants or figures that are influential in their development where they may have previously relied on parents to inform decision making (Chen, 2000). Meaning, a new set of privacy rules and processes of decision-making to reveal or conceal private information is likely to occur

2.1. Communication Privacy Management Theory

Early privacy management research contended that willingness to disclose private information should be considered a personality trait, stating that individuals have differing degrees of motivation to disclose private information about themselves (Chulene, 1976; Cozby 1976). This argument did not account for the contextual nature of human behavior; in essence, it asserts that disclosure phenomenon exists in a vacuum. Modern CPM theory, in contrast, argues that individuals have private information they own and, at some point, will be faced with the

decision to share or conceal this information based on criteria specific to the context surrounding the potential event of disclosure. CPM theory (2002) specifically considers context, motivations, confidant characteristics, and risks surrounding a disclosure decision, making CPM a more functional lens to study private information management.

Based on the complicated nature of human behavior, it is important to conduct research extending its reach to the actual context in which human decision-making occurs. Unfortunately, a universal typology of privacy rules does not exist due to its dependency on the individual and their orientation of context, gender, culture, risk, and motivation. CPM theory (Petronio 2002, 2007, 2009) provides disclosure researchers a rule-based lens to observe the complexity of privacy management. This transactional approach offers the ability to closely examine the relations between the individual faced with a disclosure decision and the confidant (Yep, 2000) while also taking into account the expectations of the recipient of the disclosure in concurrence (Petronio, 2002). To examine privacy management in college student and instructor interactions, the following study focused on the privacy control element of CPM and the privacy rules that accompany it. Privacy rules, which emerge from five core criteria (i.e., relational culture, context, gender, motivation, and risk benefit), enable individuals to regulate their private information and make decisions about revealing or concealing the private information that "belongs to them" (Petronio, 2002).

CPM is based on six principles: (a) public-private dialectical tension, (b) conceptualization of private information, (c) privacy rules, (d) shared boundaries, (e) boundary coordination, and (f) boundary turbulence (Petronio & Durham, 2008). The first three principles (referred to as the assumption maxims) note the fundamental dialectical tension between private and public information and emphasizes that private information is individually owned while

public information is shared. Individuals are the decision makers about whether they want to reveal or conceal their personal, private information (Pretronio & Durham, 2008). Rules about disclosure are then established from the five decision making criteria: culture, gender, context, motivation, and risk-benefit ratio analysis.

The second set of CPM principles is referred to as the "interaction maxims." These principles focus on the way individuals communicatively interact with others when revealing/concealing private information (Petronio & Durham, 2008). Individuals who decide to share private information form a collective boundary with whom they choose to disclose to. This person, or persons, have now become a confidant of the private information. The confidant/confidants then assume the role of co-owner of the private disclosure and becomes equally responsible for managing the owner's private information (Petronio, 2002). All co-owners are then partially accountable for future disclosures made to additional third parties. Effective boundary coordination requires the intentional regulation of access and flow of private information, which is dependent upon the adherence to boundary rules that are based on the five management criteria (Petronio, 2010).

Because personal privacy orientations may clash with the perceived orientations of potential confidants' rules regarding disclosures of private information, negotiations are achieved through a dynamic interplay of talking about personal preferences alongside social expectations (Ebersole & Hernandez, 2016). Mismanaged private information, which may result from a lack of understanding about boundary rules or intentional violations made by one of the co-owners (Petronio & Caughlin, 2006), leads to boundary turbulence.

To address potential boundary turbulences, people create and use their own protection rules to determine how much information should be shared, with whom they should share it, and

how co-owners can share the owners' information (Child, Haridakis, & Petronio, 2012). It is expected that to protect their private information, students will use their perceptions about how private the information is to determine their willingness to share said information with an instructor, or others. Individuals who expect boundary turbulence or who perceive others as unlikely to protect their private information are more likely to avoid disclosing all together (Bansal, Zahedi, & Gefen, 2015). When it is expected that others will manage one's information poorly, then the possibility of loss or harm is quite high, especially considering the potential outcomes of mishandled information (Munir, Leka, & Griffiths, 2005).

Health information, specifically mental health information, is considered particularly private, especially when it comes to the stigmas associated with mental health disorders (Eisenberg, Downs, Golberstein, & Zivin, 2009). At times, however, it becomes necessary that students share some health information to receive accommodations or aid when dealing with health issues (Jamison, 2006). This dilemma demonstrates CPM's openness-privacy dialectic because students believe their mental health information is private and should be controlled by them yet are simultaneously faced with a need to share information to negotiate or explain an academic concern with an instructor.

Students are likely to form protection rules to reduce the vulnerability introduced by sharing their health information with an instructor. When learned rules about private information disclosure are inadequate, or need modifying, people then negotiate to forge new rules (Petronio, 2002). These rules are regarded as being both dyadic and internal. This means that individual privacy rules can regulate how information is shared to potential confidants, and dyads can co-construct mutually agreed upon privacy rules (Petronio, 2002). It is likely that these rules and the

formation of them influences the boundary re-negotiation surrounding disclosure of a student mental health problem to their instructor.

Petronio (2002) outlines five criteria (culture, context, motivation, risk/benefit, gender) as the informing factors when deciding to reveal private information and formation of privacy rules. This study assessed the five criteria as predictor variables of a student's decision to reveal a mental health problem to their instructor. These privacy rules and the criteria that informs them are important because they provide researchers the ability to identify how and why individuals disclose in certain contexts.

2.2. Privacy Rules Criteria

In CPM, the rules that inform whether to disclose private information are rooted in our individual experiences with the five decision-making criteria of CPM (Petronio, 2000, 2002). These five criteria include culture, context, motivation, risk/benefit, and gender. The five criteria are furthermore examined by their indicators which can be considered operationalizations of each criterion. Specifically, the criteria of culture and context are examined using separate multiple indicators that holistically represent the variable accounting for multiple facets of its complexity. While motivation, risk/benefit, and gender are examined appropriately using only one indicator providing a measurable component to each criterion. The first rule criteria to be examined is culture criteria.

2.2.1. Culture Criteria

Culture criteria depends largely on one's previously developed privacy norms and the general openness or closedness in a given culture. Wood (2002) argued that while culture is often represented as the shared reality of ethnic groups, culture is also recognized as the way of life for smaller social units, such as families, organizations, and other sub-groupings one may belong to

formally, socially, or otherwise. The present study expanded on the definitional boundaries of culture in acknowledging that a classroom culture is an influential force on the decision to reveal or conceal private information within its own context. The classroom provides a social and purpose-based environment where teachers and students work together to achieve a common goal (McCroskey, 1992). According to Chen (2000), teaching is a communication practice, and the classroom is an environment in which the culture may directly influence a student's decision to conceal or reveal private information. This notion suggests that the definition of culture can logically be extended to include the unique cultures curated within individual classes. To assess the broad concept of culture in the classroom it is necessary to outline the indicating aspects that help create, maintain, and perpetuate culture in CPM.

2.2.1.1. Culture Criteria: Communication Patterns

One way to identify culture, according to Afifi and Olson (2009) within a CPM framework, is to investigate the communication patterns that occur within the environment and the culture that surround it. This typology contains two dimensions: conformity and conversation orientation. As Fitzpatrick (2004) argued, communication cultures high on both conformity and conversation are considered consensual, maintaining a pressure towards agreement without disrupting present power structures. On the contrary, communication cultures low in conformity but high in conversation are pluralistic; in these cases, communication is often open with individualistic opinions encouraged.

Communication environments that are low in conversation and high conformity suggest that conversation occur infrequently and are often in line with the beliefs of the facilitator of the conversation. Lastly, communication cultures low in both conformity and conversation are regarded as laissez-faire in which individual opinions are often influenced by social pressures. In

examining the differences in communication patterns, one can detect how these patterns could inform how privacy is managed within the classroom. Classrooms that welcome openness and diverse opinions, while expressing these values through supportive conversations should theoretically create a culture synonymous with pluralism.

H1A: Classrooms with high conversation orientation will predict a higher likelihood that students will disclose a mental health problem to their instructor.

H1B: Classrooms with low conformity will predict a higher likelihood that students will disclose a mental health problem to their instructor.

2.2.1.2. Culture Criteria: Boundary Orientation

Another way to examine how privacy management is influenced through culture criteria is to look at the privacy boundary orientation within a culture (Caughlin & Petronio, 2004). In CPM, cultures have fundamental boundaries that regulate the ownership, co-ownership, and permeability of private information; these include what is referred to as the interior boundary. The interior boundary consists of how privacy is regulated within the culture, or, in this case, a classroom. An interior privacy boundary regulates the profundity and frequency of private information between members of the culture. If members of a culture engage in frequent and intimate privacy disclosures, they exhibit a highly permeable interior privacy boundary; if they do not engage in disclosure, regarding topics as taboo for example, they exhibit low permeability between them.

Students contribute to classroom culture through participation, discussion, and disclosure (Frymier & Weser, 2001). Effective instructors often create an open climate that encourages students to talk openly in the classroom (McPherson & Liang, 2007) by providing opportunities for student engagement by allowing students to disclose to their instructors and their peers (Catt,

Miller, & Schallenkamp, 2007). Student engagement through discussion and disclosure of experiences is valuable for learning and an essential andragogical tool, aiding in development, and sense-making as students navigate themselves in the collegial context. Student disclosures in the classroom are unique in that the disclosure may occur in front of a group comprised of peers and an instructor. Responses to disclosures can range from appreciation and acceptance to discouragement and opposition. This is the risk one takes when choosing to engage in classroom discussion, this risk becomes even greater when engagement requires a personal disclosure. Students who perceive their classroom interior privacy boundary as more permeable will be more likely to disclose and engage in open class discussion in turn increasing the likelihood, they may disclose private information to their class and /or their instructor.

H1C: Classrooms with high permeable boundaries will predict an increased likelihood that students will disclose a mental health problem to their instructor.

2.2.2. Context Criteria

Context criteria also have an influence on the decision-making process to conceal or reveal private information. Context allows us to make disclosure decisions based on how a disclosure may fit into the overall tone of an environment in which the potential disclosure will occur. In other words, humans are observant and aware of their surroundings. This awareness allows individuals to gage what may or may not be socially acceptable in any given circumstance.

In light of humans' ability to be socially aware, Petronio (2002) states, individuals often anticipate what outcomes may develop when revealing/concealing private information based on their surrounding contextual stimuli. Previous literature indicates individuals are able to predict outcomes based on their circumstances, specifically these predictions are based on (a) appropriateness and (b) previous discussion assessment (Petronio et. al.,1984).

2.2.2.1. Context Criteria: Appropriateness

Individuals assessing their current contextual influencers generally make sure their timing, and in turn the setting of the potential disclosure, are ostensibly appropriate before revealing private information. Petronio (2004) states individuals assess this appropriateness by examining if the prerequisite conditions they desire are met. Petronio (2002) argues that these prerequisite conditions "refer to the criteria that must be met before a disclosure occurs" (p. 48). If these prerequisite conditions are met, the individual is more likely to disclose. For example, according to Archer and Burleson (1980), timing is important in decision making about disclosure or concealment regarding private information. Petronio (2002) conceptualized timing as the "appropriate and optimal time to reveal the disclosure during a conversation" (p. 94). As Derlega et al. (1993) state, the timing of private information disclosure was especially prominent

when the content involved is negative or sensitive in nature. Individuals assess the context of the situation to determine whether it is the opportune time to disclose private information. For instance, it may feel inappropriate if a student begins to disclose a private sensitive matter during a lighthearted classroom conversation completely unrelated to the disclosure. Vangelisti, Caughlin, and Timmerman (2001) also noted that conversational appropriateness was a strong factor in deciding whether or not a family member revealed family secrets to a confidant outside of the family. Many individuals who chose not to disclose reported there was never a conversation that allowed the opportunity to reveal the family secret, which directly influenced the concealment of the private matter.

Appropriate communication is context driven and governed by the situational, social, and relational rules that strive to avoid interaction violations against one's self and others. Communicatively competent individuals adapt their nonverbal and verbal communication accordingly to the confines of a specific situation (Duran, 1983). Building upon this notion, if a student perceives the context surrounding the potential disclosure event to be appropriate, the student will be more likely to reveal private information (i.e., mental health problem) to their instructor.

H2A: High levels of appropriateness in the classroom will predict an increased likelihood that students will disclose a mental health problem to their instructor.

2.2.2.2. Context Criteria: Previous Discussion Assessment

Although similar, but unique to appropriateness, individuals often scrutinize previous discussions surrounding the private event to anticipate possible ramifications that might follow the potential disclosure. Petronio (2002) defines the concept of anticipated ramifications as "the outcomes anticipated by the individual prior to the disclosure" (p. 48). The most common form

of anticipated ramifications includes an assessment of previous conversations about the private topic at hand. Petronio (2002) argued that individuals often anticipate the amount and extent of potential risk one might face as a result of revealing private information by considering the degree of satisfaction they have had in previous discussions about the private topic. In other words, if previous conversations about the private matter have been perceived favorably by the individual, they may be more likely to disclose due to decreased fear of potential negative ramifications. As such, an individual is assessing the reactions that may occur based on past reactions to conversations surrounding or similar to the disclosure topic. In their study on HIV and AIDS, Green and Serovich (1998) found that positively evaluated previous discussions about AIDS with their parents increased the likelihood of children to disclose their HIV/AIDS status to their parents and family members.

Previous conversation assessment is often researched by examining one's satisfaction with previous conversations (Hammonds, 2009). Communication satisfaction is thought in part to occur when the purpose of an interaction is met along with an ongoing positive overall impression of the interaction following its conclusion (Hecht, 1978). Satisfaction in this sense is accounted for on an individual basis, meaning one person can have a different perception of satisfaction derived from an interaction than other parties involved in the same interaction. In the context of communication privacy and disclosure if one perceives previous conversations about, or similar to, the disclosure topic at hand as satisfactory they are more likely to consider the context surrounding the potential disclosure as low risk (Petronio, 2002). Therefore, they may be more likely to disclose a mental health problem within this context.

H2B: High levels of satisfaction with previous discussions of mental health problems in the classroom will predict an increased likelihood that a student will disclose a mental health problem to their instructor.

2.2.3. Motivation Criteria

Petronio (2000,2002,2004) states that motivational factors also contribute to an individual's decision to disclose private information, making it the third component of decision-making criteria. Petronio and Durham (2008) argue that some people may have motives based on control, manipulation, and power for disclosing or concealing private information. However, most people are motivated to make a disclosure based on perceived relational closeness (Petronio, 2002). One may assess the quality of their relationship with their confidant when addressing their personal motivations to disclose private information. For example, a student looking to an instructor as a confidant, may first evaluate their relationship with the instructor before making a decision to disclose. Even an imperative disclosure may be kept in concealment based on the perception of a poor relationship. The quality of one's relationship with their confidant may allow the individual disclosing to gage the confidant's ability to co-own the private information adequately.

2.2.3.1. Motivation Criteria: Quality of Student/Instructor Relationship

Kramer (1995) stated that ''collegiate instructing has evolved from a single purpose, faculty activity to a comprehensive process that focuses on the academic, career, and personal development of students'' (p. 3). Thus, it is often evident that instructors discuss more than academic issues with their students, some of which can be deeply personal and private, for instance, learning disabilities (Clark & Parette, 2002), maintaining physical health and wellness (Ferrante, Etzel, & Lantz, 1996; Parham, 1993), and coping with stereotypes and discrimination

from individuals within and beyond the university community (Harris, Altekruse, & Engels, 2003; Hodge, Burden, Robinson, & Bennett, 2008). Instructor-student relationships offer important implications for student learning and teaching effectiveness (Frymier, 1994; Nussbaum & Scott, 1980). As a semester progresses, instructors communicate in ways to build and maintain interpersonal relationships in the classroom (Frymier & Houser, 2000). Student affect is usually a direct result of a positive instructor-student experience (Bolkan & Goodboy, 2010). Bolkan (2015) suggested that ‘‘one affective variable that teachers should be concerned with involves promoting a feeling of a high-quality student-instructor relationship” (p. 373). Students’ satisfaction with an instructor relationship is linked with student retention (Murray & Kennedy-Lightsey, 2013) and perceived attributional confidence of an instructor (Goodboy & Myers, 2007) and, therefore, represents a positive overall educational experience.

Instructors tend to function as confidants for students whether it be based in necessity, proximity, or simply looking for support. Instructors are also indirectly responsible for the well-being of students and keeping their best interests in mind (Meyer, 2005). These dynamics often require that instructors work in tandem with campus counseling and health services, to ensure students’ personal issues are properly addressed when disclosed (Storch & Ohlson, 2009; Watson, 2003; Watson & Kissinger, 2007; Thompson, Petronio, & Braithwaite, 2012). One of the communicative vehicles cementing this student-instructor course of interactions is the solicited and unsolicited disclosures of private information that students choose to reveal to instructors.

Students and instructors can develop a connection that is often defined similarly to a therapist-client relationship (Hosek & Thompson, 2009). As such, there is an assumption that the client needs to share personal information with the therapist as part of counseling. Interestingly,

the nature of this relationship calls for the client disclosing more private information than does the therapist (Petronio, 2002). It is common practice for therapists not to disclose much, if any, personal information. However, the therapist is expected (as part of their professional responsibility and by the client) to carefully regulate third-party access to the privacy boundary that surrounds the disclosed information belonging to the client (Knox, Hess, Petersen, & Hill, 1997). In much the same way, instructors manage private information revealed by the students in this manner. Although instructors are not typically counselors they may be viewed by students as an influential and knowledgeable person that can give advice, or at the least connect them to resources. Nevertheless, there are several distinct differences between instructors and therapists. For example, a therapist-client privilege regarding prohibition of third-party revelations is not necessarily granted. In addition, instructors often do not have training to handle these complicated situations. Finally, instructors must balance dual loyalties to students and to the responsibilities of their job. An element of the power dynamic between students and instructors also exists within this relationship (Rasmussen & Mishna, 2008). Because the relationship between students and instructors is not social in nature and one is regarded as an expert in their area of instruction a student may feel the possible repercussions of disclosing to the individual that determines their course grade is too big a risk to take. While fearing judgement in a subordinate-superior dynamic, students may also weigh the risk of changing an established favorable functional relationship with an instructor.

Favorable relationships are often influenced by a combination of communication competence and communication satisfaction (Zakahi & Duram, 1984). Part of communication competence resides in the concept of reciprocity. Morr and Serewicz (2007) noted that relational satisfaction is often influenced by private information disclosure. Although information

disclosure must lie in a balance informed by the professional requirements of the classroom context. Nunziata (2007) noted one motivation of instructor disclosure is to increase student disclosure, thus improving the relational satisfaction for students and instructors. This reciprocal disclosure in the classroom fosters effective in-class relationships and reminds students that instructors are people too. Although most student-instructor relationships do not reach deep levels of intimacy, self-disclosure does occur, and interpersonal relationships are often developed over the course of a semester (Rasmussen & Mishna, 2008). Instructors often disclose about their educational background, previous experience, family, friends, colleagues, beliefs, opinions, leisure activities, and personal problems (Javidi & Long, 1989; Nunziata, 2007). Similarly, student disclosures may achieve the same outcomes gained by instructors. For example, student disclosures may increase perceptions of homophily, may facilitate participation, may provide relevant examples and may help build a positive environment (Nunziata, 2007). The self-disclosure behaviors of students, then, have the potential to enhance (or disrupt) the overall learning environment.

While the purpose, setting, and outcomes of classroom disclosures may differ from other interpersonal contexts, self-disclosure is important to the development of instructor-student relationships and equally influences the decision-making process to disclose. A student-instructor relationship that is seemingly positive from the perspective of the individual deciding to disclose (student) would theoretically influence the likelihood a disclosure event will occur.

H3: Quality student instructor relationships will predict an increased likelihood that students will disclose a mental health problem to their instructor

2.2.4. Risk/Benefit Criteria

The fourth criteria influencing an individual's decision to disclose or conceal private information is the overall evaluation of risks and benefits that may accompany the disclosure (Caughlin & Petronio, 2004). This means, according to Petronio (2002), people evaluate the risks relative to the benefits of disclosing or keeping quiet. These risks are often driven by social stigmas surrounding the disclosure topic. "Stigma" refers to personal attributes that convey undesirable characteristics and stereotypes that "deeply discredit" (Goffman, 1963, p. 15) the possessor. Mental illness stigma is the convergence of several intersecting components wherein people are often deemed as different from the social norm with a label such as "mentally ill" (Link & Phelan, 2001). This label is associated with negative attributes, which comprises a stereotype that pervades public thinking about the issue, leading to the devaluation of people with mental illness. This devaluation then leads to a sense of "us versus them." This separation leads to rejection and exclusion, resulting in discrimination. Thus, the stigma of mental illness can be defined as the process of beliefs and attitudes associated with the perception of mental illness that result in social distancing behaviors and sometimes outright discrimination (Jones et al., 1984; Link & Phelan 2001).

2.2.4.1. Risk/Benefit Criteria: Stigma Risk

Stigmatization occurs on societal, interpersonal, and individual levels, with dynamically interrelated manifestations of different stigmas, such as structural, public, and self-stigma (Bos et al., 2013). Stigmas that exist regarding mental illness include perceived dangerousness of people with mental illness, desired social distance from people with mental illness, a distorted sense of how much one can contribute to society, and an unrealistic perceived severity of mental illnesses (The National Mental Health Alliance, 2017). Cultural conceptions of people with mental illness

reflect the public's less sympathetic attitudes and the perception that mental illness is less severe (and more controllable) than physical illness (Corrigan, 1998). The stigmatization of those with mental illness is especially alarming because stigma is a fundamental cause of the health inequalities faced by those with illnesses (Hatzenbuehler, Phelan, & Link, 2013). For those who seek treatment, the psychological effort to cope with stigma can have negative consequences on both their mental and physical health as stigma thwarts, undermines, or exacerbates several problems, including the availability of resources, social isolation, and stress (Gross & Muñoz, 1995). Many who suffer from mental illness never seek treatment because of the illness's stigma; diminishment of help-seeking behaviors are a major barrier to recovery (Cooper, Corrigan, & Watson, 2003; Eisenberg et al., 2009). When mental disorders remain untreated, consequences such as school/job failure and suicidality can result (McGlashan, 1999; Meltzer et al., 2003).

Green (2000) stated, the threat of stigmatization as a result of a disclosure involves risks that are intertwined with an individual's self-identity. If an individual perceived the private information at hand as stigma-laden, then the individual will most likely remain closed-off about the matter. Braithwaite (1991) found individuals with disabilities are strategic about revealing private information due to social stigma. Derlega et al. (2004) determined that individuals living with HIV/AIDS identified social stigma as the main reason they chose to conceal their health status from others. Additionally, Epping and Hammonds (2007) revealed that the reason LGBT-Q children continued to hide their sexual identities from their parents was a fear of social stigma from family members.

After recognizing an issue as being associated with stigmatization, individuals often begin to consider the stigmas they may face before revealing private matters to others. Therefore, stigma risk should indicate a likelihood to conceal private information.

H4: High levels of perceived stigma predict a decreased likelihood that students will disclose a mental health problem to their instructor.

2.2.5. Gender Criteria

Gender is the final criteria associated with private information revelations (Petronio, 2002/2004). While gender considers the social and cultural differences between the sexes rather than biological differences (Dindia and Allen (1992) gender criteria as it is understood in CPM theory refers to differences that may exist between the categorical sexes, men and women, in deciding their privacy boundaries (Petronio & Martin, 1986). Gendered men and women seem to be socialized to develop distinct rules for how privacy and disclosure operate based on their sex and the sex with which they identify.

Derlega et al. (1981) believed that one's gender plays a role in the content of disclosure, due somewhat to socialized gender stereotypes. They argued that women favor back-stage disclosures and the sharing of personal evaluative information about themselves, while men tend to make more front-stage disclosures which facilitate positive impression management. Early studies of self-disclosure and gender (Cline, 1986; Rosenfeld, Civikly, & Herron, 1979) reported conflicting findings, as some studies found men disclosed more than women, others observed women disclosing more than men. In looking at online romantic relationships, Baker (2005) found that computer-mediated communication allowed males to feel more comfortable making intimate disclosures to their romantic partners than in face-to-face communication, while women's disclosures to romantic partners remained the same despite the mediated channel. Although Nosko, Wood, and Molema (2010) found that on Facebook, gender was not a significant influence of likelihood to disclose.

Dindia and Allen (1992, p. 117) concluded that there are minor gender differences in amount of self-disclosure, primarily moderated by the gender of the confidant and by the nature of the relationship or interaction. For example, when women had a relationship with the confidant, whether it be romantic or platonic, they disclosed more than men. They explained this is partially due to cultural expectations that encourage gendered women to engage in private disclosures. Past research also indicates that females are generally preferred as confidants because females are perceived to be more nurturing and supportive (Denholm-Carrie & Chabassol, 1987; Jourard, 1971). However, Serovich and Green (1993) found results that challenge that notion, indicating there was no preference given to sex of the confidant when disclosing a HIV/AIDS status. Similarly, Hammonds (2009) found that there was no significant difference between mothers and fathers in terms of emerging adults' private information disclosures. The majority of existing studies about disclosure of private information have included only women in their samples (Alaagia, 2005) furthering the unknown nature of gender as a predictor.

The classroom is not void of gender norms and gender stereotypes. Due to the existence of traditional sex roles, student gender and perceived instructor gender may have an effect on student assumptions associated with their instructors. Gender is often observed through communication behaviors in the classroom, according to Freeman (1994). Meece (1987) found that a reoccurring trait in male professors, as reported by students, was the inclination to be more authoritative, while female teachers were described as more supportive. In turn, the same study indicated that students reported their male instructors were more "effective" than their female instructors. Schrodt, Turman, and Soliz (2006) discovered that female professors often tend to create an atmosphere, or classroom culture, that facilitates more collaborative learning and

communication among students than do male instructors. It is clear that while previous literature is ambiguous about the effects of gender on private disclosures, literature is relatively clear that gender differences are perceived, and the classroom is not void in that assumption.

Ultimately, a lack of research about gender and privacy management, along with inconsistent findings in existing literature led Caughlin and Petronio (2004) to argue that in some contexts gender is a significant factor in private information revelation whereas in others it is not. In light of investigative attempts aimed at comprehending disclosure phenomena, little is understood about how gender affects disclosure. Given these inconsistent findings, I advance the following research question to examine gender in the classroom context as it relates to privacy management and disclosure:

RQ1: How, if at all, does gender account for differences in student disclosures of a mental health problem to their instructor?

3. METHODS

This study examined the relationships between the sub-criterion variables put forth in CPM theory based on the five criteria used to make decisions about private information revelation. In order to address the hypotheses and research question, students at a mid-sized, Midwestern university were presented with a survey questionnaire regarding their willingness to disclose a mental health problem to an instructor.

3.1. Participants

A total of 401 students consented to participate in this study; however, 91 participants were removed for incomplete responses and 90 selected "no" to suffering from a mental health symptom. This left 220 (70.9%) who reported they did suffer from a mental health symptom while at college; 23.5% identified as male, 76% identified as female, and 0.5% identified as other. Participants reported their academic year as 28.1% Freshmen; 20.8% Sophomore; 14.9% Junior; 14.5% Senior;3.6% identified as five year plus (undergraduate); and 18.1% as Graduate or Professional students. Further, 91.9% of participants identified their race as white; 0.9% black; 2.3% American Indian or Native Alaskan; 1.4% Asian; 2.3% Hispanic; and 0.97% as other. In regard to mental health, 37.6% of participants self-identified as being diagnosed with a mental illness in their lifetime, while 62.4% reported never being formally diagnosed with a mental illness. Participants reflected on a single instructor when taking the survey with whom they remember distinctly taking class from and their experiences in the class; 52% of the instructors that participants recalled were male and 48% of instructors were female. Lastly, the method of course delivery for the instructor that participants recalled through the duration of the questionnaire. Participants indicated that 3.6% of courses were delivered online, 88.2% face-to-

face, and 8.1% was a mixed delivery of face-to-face and online combination course. (See Appendix A).

3.2. Procedures

After receiving institutional review board approval, students were invited to participate in this study via a web link sent through a university research Listserv. The research Listserv is an email service in which all students currently enrolled at the university have equal access as long as the student has not opted out of receiving research Listerv emails. All members of the university student body are added to the research Listserv for the semesters they are enrolled. Enrollment occurs each semester. Inclusion criteria to qualify for participation in this study stated that individuals must be currently enrolled at the university. Upon decision to partake in the survey students first encountered an informed consent form; once the participant clicked to proceed, they indicated their consent. No personally identifiable information was collected; thus, participant identities were anonymous to the researcher.

After consenting to participate in the research, participants were asked to answer a series of demographic questions (See Appendix D). Next, participants were asked if they had ever suffered from a mental health symptom during their time in college. Mental health symptoms were defined in the questionnaire as "feelings of withdrawal, decrease or change in functioning, problems thinking, increased sensitivity, apathy, feeling disconnected, illogical thinking, nervousness, panic attacks, unusual behavior, sleeping, appetite, or sexual changes, excessive anger, feeling overwhelmed, feeling excessively stressed, alcohol or drug abuse, and suicidal ideations" (DSM-V, section II, para. 3, 2013). If a participant indicated, they had never experienced any of the mental health symptoms listed, their participation in the survey was complete. However, if they indicated suffering from a mental health symptom while at college,

they went on to answer questions addressing the five criteria put forth by CPM theory: culture, context, motivation, risk/benefit, and gender as well as their likelihood to disclose their mental health problem to their instructor. Participants were prompted to recall an instructor they recently took a course from and continue to reflect on the experiences had with that instructor throughout the remainder of the questionnaire. Participants were asked to recall the classroom culture, previous conversation assessment, and quality of relationship with their instructor. Participants were also asked about stigma risk associated with mental health in their class, and the gender of the instructor they were recalling. Eventually, to conclude, students were asked to indicate their likelihood to disclose a mental health problem to the instructor they recalled throughout the questionnaire.

3.3. Measurement

3.3.1. Culture Criteria: Classroom Communication Patterns

As an indicator of culture, classroom communication patterns were measured with three indicators (a) communication patterns-conversation orientation (b) communication patterns-conformity and (c) (classroom) privacy orientation (privacy boundaries) (Hammonds, 2008).

3.3.1.1. Culture Criteria: Classroom Communication Patterns: Conversation

As an indicator of culture, classroom communication patterns relating to conversation orientations were assessed using an adaptation of Fitzpatrick and Ritchie's (1990) measure of communication patterns. The 26 item Likert-type scale was grouped into two dimensions (a) degree of conversation orientation within the classroom and (b) degree of conformity. There were 15 conversation orientation questions (e.g., "In my classroom, we often talk about topics in which some people disagree") which were modified from the original questions (e.g., "In my family, we often talk about topics in which some people disagree). Participants rated items on a

seven-point scale of 1 (strongly disagree) to 7 (strongly agree); higher scores indicated a higher degree of conversation orientation. This dimension of the scale demonstrated a reliability (Cronbach's) of $\alpha = .93$ in this study. The results of this scale were collapsed into a composite variable for analysis.

3.3.1.2. Culture Criteria: Classroom Communication Patterns: Conformity

As an indicator of culture, the second dimension of classroom conversation patterns included 11 conformity Likert-type questions adapted from the above Fitzpatrick and Ritchie (1990) scale addressing conformity, including "My instructor often says students should not argue with teachers", modified from the original questions, "My parent often says children should not argue with parents." Participants rated items on a seven-point scale of 1 (strongly disagree) to 7 (strongly agree), higher scores indicating a higher degree of conformity. This dimension of the scale demonstrated a reliability (Cronbach's) of $\alpha = .92$ in this study. The results of this scale were collapsed into a composite variable for analysis.

3.3.1.3. Culture Criteria: Privacy Boundaries

As an indicator of culture, classroom privacy boundaries were measured using an adaptation of Morr's (2002) scale of privacy orientation. The six item Likert-type questions included "Students do not discuss private information with each other", modified from the original questions, "In our family we do not discuss private information with each other." Participants rated items on a seven-point scale of 1 (strongly disagree) to 7 (strongly agree); higher scores indicated a lower degree of privacy orientation. Three items were reverse coded for accuracy, questions representing reverse coding read as, "Class members kept secrets from one another." Items associated with these questions required a response of 1 (strongly agree); higher scores indicating a higher degree of privacy orientation. After the removal of one item (i.e., Class

members kept secrets from one another), this scale increased in reliability from α =.57 to α = .60 in this study. Thus, this item was removed from future analysis. The results of this scale were collapsed into a composite variable for analysis.

3.3.2. Context Criteria: Appropriateness

As an indicator of context, appropriateness was measured using an adaptation of Vangelisti, Caughlin, and Timmerman's (2001) scale on conversational appropriateness. The seven item Liker-type questions (e.g., "I would reveal the mental health problem to my instructor if it seemed to fit into the conversation"), modified from the original questions (e.g., "I would reveal a secret to my parent if it seemed to fit into the conversation) were rated on a seven-point scale of 1 (strongly disagree) to 7 (strongly agree); higher scores indicated a higher degree of appropriateness. This scale demonstrated a reliability (Cronbach's) of α = .97 in this study. The results of this scale were collapsed into a composite variable for analysis.

3.3.3. Context Criteria: Previous Conversation Assessment

As an indicator of context to examine previous conversation assessment, an adaptation of Hecht's (1978) communication satisfaction scale was used. Participants were asked about their satisfaction with conversations regarding the private matter at hand (mental health) that occurred in their class, modified from the original scale which indicated satisfaction with a previous conversation in general. The five-item, Likert-type scale asked questions such as "I am generally satisfied with the conversations in my class." Participants rated items on a seven-point scale of 1 (strongly disagree) to 7 (strongly agree); higher scores indicated a higher degree of satisfaction. One item was reverse coded for accuracy, the question representing reverse coding read as, "I did NOT enjoy conversations about mental health in the class I'm recalling." Items associated with these questions required a response of 1 (strongly agree); higher scores indicating a lower

degree of satisfaction. This scale demonstrated a reliability (Cronbach's) of α =.79 in this study. The results of this scale were collapsed into a composite variable for analysis.

3.3.4. Motivation Criteria: Quality of Student/Instructor Relationship

To assess motivation criteria student-Instructor relationship was measured as an indicator of motivation using Ang's (2005) adaptation of the TSRI scale (teacher student relationship inventory-student). The teacher student relationship inventory is a 14 item, Likert-type scale, which measures the quality of the student-instructor relationship from the perspective of the student. The questionnaire asked participants questions such as "I feel my instructor enjoys having me in class." Participants rated items on a seven-point scale of 1 (strongly disagree) to 7 (strongly agree); higher scores indicated a favorable quality relationship with the instructor. Four items were reverse coded for accuracy, the questions representing reverse coding read as, "I think the instructor I'm recalling would have felt relieved if I were no longer in their class." Items associated with these questions required a response of 1 (strongly agree); higher scores indicating a non-favorable quality relationship with the instructor. This scale had a reliability (Cronbach's) of α =.92 in this study. The results of this scale were collapsed into a composite variable for analysis.

3.3.5. Risk/Benefit Criteria: Stigma Risk

To assess risk/Benefit Criteria stigma was used as the indicator variable. Participants' ratings of their perception of social stigma of their mental health issue were measured using a seven-item Likert-type scale adapted from Derlega, Winstead, Greene, Serovich, & Elwood (2004; e.g., "Most people feel that this mental health problem is something to be ashamed about", modified from the original questions, "Most people feel that the private matter is something to be ashamed of." Responses ranged from 1 (strongly disagree) to 7 (strongly

agree), with higher scores indicating the participant believed there to be a greater perception of social stigma about their mental health problem. One item was reverse coded for accuracy, the question representing reverse coding read as, “Most people think that those with mental health problems are people of good character.” Items associated with these questions required a response of 1 (strongly agree); higher scores indicating a lower degree of stigma risk. This scale demonstrated a reliability (Cronbach’s) of $\alpha = .81$ in this study. The results of this scale were collapsed into a composite variable for analysis.

3.3.6. Gender Criteria

Gender criteria was assessed by asking participants to indicate their biological sex and the biological sex of the instructor they recalled throughout the questionnaire. Sex was indicated as a categorical variable, in that “what is your sex? (Male/Female/Other) was asked and what was the sex of your instructor? (Male/Female/Other).

3.3.7. Outcome Variable: Willingness to Disclose

Student’s willingness to disclose was assessed using a modified version of the scale for willingness to reveal family secrets from Vangelisti and Caughlin (1997). The five-item, seven-point, Likert-type scale asked participants questions such as ‘‘How likely are you to reveal the mental health problem you described to this instructor in the future?”, modified from the original questions, “How likely are you to reveal the family secret in the future?” Responses ranged from 1 (strongly disagree) to 7 (strongly agree), with higher scores indicating a higher likelihood the participant would reveal private information. Two items were reverse coded for accuracy, the questions representing reverse coding read as, “How likely are you to keep your mental health problem hidden from your instructor?” Items associated with these questions required a response of 1 (strongly agree); higher scores indicating a decreased likelihood student would disclose their

mental health problem to their instructor. This scale demonstrated a reliability (Cronbach's) of α =.95 in this study. The results of this scale were collapsed into a composite variable for analysis.

4. RESULTS

Multiple regression and bivariate linear regression analysis were used to analyze the first four hypotheses of this study. The premise of this research hinges on predicting behavior based on the relationship between the variables that account for the decision-making criteria of CPM and the outcome variable of willingness to disclose a mental health problem to one's instructor. The grouping of the five criteria (culture, context, motivation, stigma, gender) warrants the separate regression tests as opposed to conducting one large multiple regression or bivariate correlation accounting for all the variables at once. This study aimed to know how each of the five criteria individually predicted the outcome of willingness to disclose and then more specifically the predictive power of the sub criteria within each of the five major criteria to gain deeper insight into the phenomena.

Culture criteria contained three indicator measures: communication conversation patterns, communication conformity patterns, and privacy orientation. Context criteria contained two indicators: appropriateness and previous conversation assessment. The criteria of motivation, gender, and risk benefit had no indicators, but rather used scales that appropriately operationalize their conceptual components. Multiple regression was used to account for the criteria with sub criterion and bivariate regression used for the criteria that do not contain sub-criterion. Lastly, ANOVA was used to address the RQ1 which asked if gender accounts for any difference in the variable groups categorized by the labels of gender and their willingness to disclose a mental health problem to their instructor.

To address the findings in this study it should be acknowledged that the cross-sectional data does not allow for a proof of causality. As a consequence, results are reported in terms of

statistical associations. Nonetheless, I searched for the empirical implications that would be observed in the hypotheses and research questions.

4.1. Culture Criteria

Multiple regression was employed to test H1A, H1B, and H1C, which stated that open conversations orientation, low conformity, and high permeable boundaries (as sub criteria of culture) would predict an increased likelihood that a student will disclose a mental health problem to their instructor. Together, open conversations, low conformity, and high permeable boundaries did account for a significant portion of the variance in student likelihood to disclose a mental health problem to their instructor, F (1, 220) = 17.65, Adjusted R^2 = .19, p < .001. Open conversation orientation (β = .44, p < .001) and high permeable boundaries (β = .17, p < .001) were positive predictors of a student mental health disclosure. While low conformity (β = -.18, p < .001) was a negative predictor of student mental health disclosures. Data were consistent with H1A, H1B, and H1C (See Appendix B).

4.2. Context Criteria

Multiple regression was employed to test H2A and H2B, which stated that appropriateness and satisfaction with previous classroom discussions about mental health (as sub criteria of context) would predict an increased likelihood that a student will disclose a mental health problem to their instructor. Together, appropriateness and satisfaction with previous conversations did account for a significant portion of the variance in student likelihood to disclose a mental health problem to their instructor, F (1, 220) = 90.35, Adjusted R^2 = .45, p < .001. Appropriateness (β = .67, p < .001) and satisfaction with previous conversations (β = .37, p < .001) were positive predictors of a student mental health disclosure. Data were consistent with H2A and H2B (See Appendix B).

4.3. Motivation Criteria

A bivariate linear regression was used to test H3 which suggested that increased satisfaction with one's relationship with their instructor will predict an increased likelihood that students will disclose a mental health problem to their instructor. Satisfaction with one's instructor was a significant predictor of likelihood to disclose. Higher levels of satisfaction positively predicted a likelihood to disclose a mental health problem to an instructor F (1, 220) =67.71, adjusted $R^2 = 0.23$, $p < .001$, $\beta = 0.49$. Data were consistent with H3 (See Appendix B).

4.4. Risk/Benefit Criteria

A bivariate linear regression was used to test H4, which predicted that increased perceived stigma risk would negatively predict a student's likelihood to disclose a mental health problem to their instructor. There was no relationship between these two variables, the relationship between perception of risk and willingness to disclose was negative but not significant. An increase in perceived stigma did not predict students' increased likelihood to disclose a mental health problem to their instructor F (1, 220) = 3.20, adjusted $R^2 = 0.01$, $p = .08$, $\beta = -.12$. Data were not consistent with H4 (See Appendix B).

4.5. Gender Criteria

RQ1 queried if gender (sex) of the student and gender (sex) of the instructor revealed any differences between groups in student disclosures of a mental health problem to their instructor. A 2 (sex of student: male, female) by 2 (sex of instructor: male, female) ANOVA was conducted on student willingness to disclose a mental health problem to their instructor. The main effect for sex was significant in that male students (M = 2.63, SD = 1.62), did not more significantly report they would disclose a mental health problem than female students (M = 3.20, SD = 1.71), F(3, 218) = 3.31, $p = 0.038$, while females reported more significantly they would report suffering

from a mental health problem. The main effect of sex of the instructor was also significant in that students did not disclose a mental health problem more to a male instructor (M = 2.51, SD = 1.42) but did disclose more to a female instructor (M = 3.01, SD = 1.74), F (3, 218) = 4.62, p = 0.033. The interaction effect between sex of the student and sex of the instructor was insignificant concluding there was no difference in male students disclosing a mental health problem to a male instructor (M = 2.26, SD = 1.08) compared to a female instructor (M = 2.84, SD = 1.42). Nor was there a difference in female students disclosing a mental health problem to a male instructor (M = 2.72, SD = 1.62) compared to a female instructor (M = 3.30, SD = 1.70), F (3, 218) = <.001, p= 0.99 (See Appendix C).

4.6. Graduate and Undergraduate Student Response

While it was not hypothesized in this study that there would be a difference between graduate and undergraduate students and their willingness to disclose a mental health problem to their instructor, given the large number of graduate respondents (18.1%) it is important to address the potential contribution they make to the overall results. Arguably there is a difference between the relationship one has with their instructors as an undergraduate versus as a graduate student. Previous research states that the relationship between faculty and graduate students is of paramount importance when it comes to completion and satisfaction with graduate degree programs (Primé, Bernstein, Wilkins, & Bekki, 2015). They also assert that the quantity and quality of interaction with graduate faculty are also seen as important predictors of graduate school success. Therefore, an independent sample t-Test was employed to determine if a difference existed in the willingness to disclose between undergraduate and graduate students. There was no significant difference in the mean scores of undergraduates (3.0, 1.76) and graduate students (3.2, 1.87) relating to their willingness to disclose a mental health problem to

their instructor t (2) = 1.75, p=.91. The large number of graduate students in this study seemed to have no overall significance on the results.

5. DISCUSSION

This study provided insight into the factors that contribute to the disclosure of mental health problems between students and instructors. Willingness to disclose mental health information to instructors was influenced by the privacy rules criteria of CPM; the sense of culture criteria (classroom culture and classroom conversation) context criteria (appropriateness and previous conversation assessment), motivation criteria (quality of the student instructor relationship), and gender criteria, but not risk/benefit criteria. As Petronio (2002, 2004) argued, predicting private information disclosure can be difficult because the reasons for revealing and concealing private information are contingent upon individual privacy rules associated with the process (Caughlin & Petronio, 2004; Petronio & Durham, 2008). Despite CPM's complexity, context. Based on the results of this study, it is evident that the criteria most salient to predicting a student's likelihood of revealing a mental health problem were (a) classroom culture, including conversation orientation, low conformity in conversations, and high permeable boundaries (b) conversation context, meaning the appropriateness of the conversation and satisfaction with previous conversations about mental health, (c) motivation or the quality of the student-instructor relationship, and (d) gender.

5.1. Culture Criteria

A strong degree of communicative openness perceived within the classroom predicted the likelihood of mental health problem disclosure. Petronio (2002) mentioned how individuals and groups, often unknowingly, create patterns or routines involving disclosure that shape how the individuals within the group manage their private information. This illustrates that group members are socialized about private information and how to manage private information (Morr Serewicz & Canary, 2008; Petronio, 2002). Classrooms that encourage open conversation and

instructors that encourage classroom discussion regardless of differing opinions may foster an environment that will increase openness amongst students and between students and instructors.

5.2. Context Criteria

Instructors that facilitated conversations about mental health issues, that were perceived positively and reoccurring also seem to result in an increased likelihood of disclosure. When students indicated that mental health seemed to fit into topics of discussion, or they were satisfied with previous conversations about mental health in the classroom they reported a significant increased likelihood to disclose to their instructor about mental health problems. This may mean that something as simple as a conversation piece about mental health, or a note on a syllabus may open the door for a discussion about mental health. According to this study, previous conversations will predict disclosure, therefore it may be beneficial to bring the topic of mental health to the forefront of classroom conversations when and if appropriate.

5.3. Motivation Criteria

The criteria regarding motivation indicated by quality of student/instructor relationship, which addressed the decision-making criteria motivation as a predictor of student disclosures was also supported in the results of this study. This finding is consistent with other privacy management researchers who have observed positive relationships between the two constructs (Greene & Serovich, 1998; Petronio, 1994). Not surprisingly, findings suggest that if a student is satisfied with their relationship with their instructor and feels that their instructor “likes” them they are more likely to reveal private information. Students that report being satisfied with their instructors may feel a bond or connection with their instructor that relates to a perceived decrease in relational risk with the instructor. Meaning, a fear that their instructor will dislike, or reject them if they disclose a mental health problem seems to be less likely if that relationship is

perceived to be positive. Interestingly, Hammonds (2008) found the opposite of these findings to be true in the family context, as they assert that the risk to "quality relationship" may be too high and indicate a concealment of private information. Although the findings in this study seems to be opposite of the previous Hammonds (2008) study they may actually be pointing researchers in the same direction regarding relationship quality and disclosure. While one may not be willing to risk a "good" relationship with a close family member or friend over a private disclosure it is likely that the student -instructor relationship, albeit a positive one, is probably less consequential when weighing risks and benefit to the continuance of the relationship.

The student-instructor relationship is complex as there are many factors at play including a hierarchy, power distribution, and the sheer fact that an instructor is the summative assessor of a student's performance in a particular class. All of this aside, data in this study seems to suggest that positive relationships predict disclosures. While quality of student-instructor relationships has been positively associated with many ideal learning outcomes this data speaks to an even deeper association between the student-instructor relationship and private disclosures. Disclosure of a mental health problem is not necessarily a learning outcome; however, a student's mental health can most certainly be a contributing factor to individual learning outcomes. Therefore, making instructors aware of a problem or potential problem can at least give instructors insight into a student's state of mind, or performance, where then an instructor can be an ally or facilitator of necessary resources.

5.4. Gender Criteria

Gender was also revealed to have a relationship with a student's willingness to disclose. The main effect of gender of the student and gender of the instructor as a confidant revealed that students are more likely to reveal a mental health problem if they are female and students are

more likely to disclose to a female instructor over a male instructor. However, the interaction effect of sex of the student and sex of the instructor was insignificant. Meaning, female students were no less or more likely to reveal to a female instructor than to a male instructor and male students were no more or less likely to reveal to a male instructor than to a female instructor. These results, although mixed, do challenge the ambiguous norm that gender has little or no influence on the likelihood to reveal private information, as seen with the main effect of gender in this study. The findings of this study suggest that male and female students prefer to reveal mental health related problems to female instructors over males, and females disclose more than males, which may be due to socialization regarding gender that males and females are exposed to from very early ages.

Individuals both male and female develop schemas and use them to categorize and organize information (Samp, Wittenberg, & Gillett, 2003). Schemas can be both simplistic or complex and can be thought of as a map, or pathway, to retrieve information and conceptualize the world around us. Gender is an example of a schema often used to organize and perceive individuals. Arising from gender schema theory, a cognitive approach to sex typing Bem (1981) detailed how individuals engage in the ongoing process of assigning certain traits with males and females. These traits then become stereotypical ideas, such as women being passive, emotional, caring and weak, while men are viewed as being strong, unemotional, and dominant, for example. Research often reflects these stereotypes which may be a contributor to the findings in this study. Emmers-Sommer (2017) discovered that females are typically more empathetic and emotionally aware than males in their study on hypothetical rape disclosure. Their study also indicates that empathy (traditional female trait) is associated with other traits such as forgiveness and understanding that may translate into a perceived safer, more approachable confidant for

such a disclosure. Basow, Phelan, and Capotso (2006) discovered that in the classroom, students who use gender schemas as a primary way to categorize males and females may hold unwavering strong gender stereotypes and often times expect traditional gender-roles be applied to their instructors and themselves.

The idea of gender differences and gender stereotypes is not a nuanced concept, but rather a reality of the modern world. It is, however, from a research standpoint important to note that students did report a higher likelihood to disclose a mental health problem to a female instructor over a male and were more likely to disclose if they identified as female. While the reasoning for these results may lie within deeply embedded gender stereotypes, more research into the gender differences and disclosures will need to be conducted to make such claims. As it remains from this particular study a contribution to theory and literature can be made from the above results.

5.5. Risk/Benefit Criteria

Perceived stigma risks an indicator of risk/benefit criteria revealed no clear relationship with the outcome variable willingness to disclose. The finding that stigma had no relationship was surprising in light of previous literature often exclaiming that stigma was one of the strongest predictors of willingness to disclose (Hammonds 2008; Westerman, Currie-Mueller, Motto, & Curti, 2017) in the contexts of family and workplace disclosure of private and health-related information. While efforts in mainstream media ascertain that mental health should be destigmatized, by nature the topic of mental health and more personally one's mental history is arguably still regarded as highly sensitive disclosure. If in fact stigma does not play a role in disclosure decision, it should at the least indicate a potentially changing climate surrounding the stigmatization of those afflicted with mental health problems. More research into stigma and

mental health disclosures amongst students will need to be conducted to make further assumptions on the matter.

The findings in this study shift the likelihood that student disclosures may occur are influenced by the classroom atmosphere itself and the relationship with the instructor and personal characteristics of the student, rather than a perceived risk of stigma. This concept could be a powerful tool in how instructors view conversations about mental health in their classrooms. It should at least encourage instructors to consider if conversations about mental health don't occur in their class, how the effects of this may impact whether students reveal or conceal their own experiences with mental health. The results in this study imply that positive conversations about mental health, reoccurring conversations, and creating a communicative environment in which mental health can fit into the conversation context could predict a likelihood to disclose. It is important to understand when disclosures are more likely to occur given the sensitive nature of the topic. If we understand better how students respond to classroom environments, we can better prepare instructors about what to expect from student behaviors that may follow. In this case, the behavior is a disclosure about one's mental health.

6. LIMITATIONS

While this study provides theoretical and practical implications, there are limitations worth noting. This study is limited because it focused solely on the perspective of the student. Future studies might look at managing student mental health problem disclosure from the instructor's point of view. If instructors encourage an environment rich for student disclosure how will instructors prepare themselves for these sensitive conversations? It may be important to further examine if student disclosures of mental health problems have a positive or negative effect on their academic outcomes.

A second limitation involved the study sample. In an effort to gather a large sample size for the study, data was collected from participants who predominantly identified as white (91.9%). A more culturally diverse sample is warranted in future research. While the population sample in this study may be representative of the university from which is came, it may not represent colleges and universities as a whole. Students who self-identify as other race/ethnic backgrounds may have a need for different types of mental health related disclosures with their instructors, which other scholars have also found (White, Sandfort, Morgan, Carpenter, & Pierre, 2016; Kaphingst et al., 2016). Thus, the current research findings provide an initial examination that focuses specifically on how certain criteria influence student mental health disclosures between a specific demographic of students and instructors.

Participants were prompted to think of an instructor with whom they could recall easily and readily and the classroom environment in which they were a part of. It is possible that this prompt led participants to select an instructor that they viewed favorably which could have skewed the results regarding the student-instructor relationship. Lastly, another opportunity for future research is related to the study's design. This study was developed to parallel previous

research (Hammonds 2008). Hammonds (2008) investigated private information disclosures of emerging adults in the family context. Although this study paralleled their language, the phrasing and adaptation of previously reliable measurement tools may have influenced responses. Future research should consider questions that would enable participants to indicate how their disclosures (mental health problems) shape privacy management rules. Future studies also could connect private information- sharing to other factors in instructional communication (e.g., policies, students' learning or grade orientation, and learning outcomes).

7. PRACTICAL IMPLICATIONS

The findings of this research advance scholars' understanding of CPM by responding to the calls for post-positivist scholarship (Petronio & Durham, 2008). In particular, the study assessed how different criteria (e.g., family relational culture, gender, motivational criteria, and risk-benefit ratio) influence the likelihood of a student to reveal her or his mental health problem to their instructor. Specifically, the present study attempted to validate and extend the criteria variables of CPM theory and serves as a springboard for future research that quantitatively assesses CPM behaviors within the collegial and classroom contexts. The goal of this study was to help refine and strengthen CPM theory so communication scholars can continue to uncover in-depth insight into the complex process of privacy management. Examining the ways people reveal and conceal private information can lend great understanding into our interpersonal and professional relationships at hand. CPM theory is a useful tool in that it centers on how private information is managed. When applied to the classroom context, findings revealed important revelations about what influences students to discuss private matters that may be the barrier between them and success. In the classroom, instructors could use strategies to develop class policies that bolster students' perceptions of an open conversation culture and encourage a highly permeable privacy boundary-oriented classroom. In the broader sense college or university students might benefit from hearing about resources that can aid them in their mental health concerns in the classroom. Students may need additional opportunities to share private information and classrooms can offer an environment conducive to connect students to support. Receiving support, or asking for help, may be as simple as having a positive classroom conversation about mental health. Connecting students to a means of support and mental health resources could offer students an opportunity to address mental health needs not being met in

their other interactions. Further, most institutions have these resources available to students and simply need to encourage students to use them.

The perceived benefits for incorporating instructor strategies that may result in increased disclosures must be carefully weighed against the possibilities for negative outcomes. Put simply, caution must always be exercised when outcomes are unknown. If we better understand how students respond to classroom environments, we can better prepare instructors about what to expect from student behaviors that may proceed.

8. CONCLUSION

The study's findings demonstrated how the criteria relating to decision-making and privacy management rules predict student's sharing private mental health related information to their instructors. Specifically, the conversations had within the classroom, perception of one's relationship with their instructor, and how well a disclosure of a mental health problem fit into the conversation, both appropriately and timewise were all predictors of student disclosures, as well as student and instructor genders. CPM theory provided a valuable lens for investigating the notion that disclosing mental problems is influenced by classroom culture, conversation context, and student-instructor relationships. The implications suggest faculty and universities need to recognize the influence that instructors and classroom environment have on student disclosures of private information. A more wholistic view into the decision-making process individuals go through in different contexts when disclosing or concealing important private information can expose the risks and benefits to organizations when considering personnel training and preparedness. Ultimately, it is practical and sometimes necessary for students to share their mental health struggles with instructors. Both students and instructors will reap benefits when conditions that predict these events can be identified and potential consequences examined.

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APPENDIX A. DEMOGRAPHIC INFORMATION

DEMOGRAPHICS		N (%)
GENDER	MALE	52(23.5%)
	FEMALE	168(76.0%)
	OTHER	1(0.5%)
YEAR IN COLLEGE	FRESHMAN	62(28.1%)
	SOPHOMORE	46(20.8%)
	JUNIOR	33(14.9%)
	SENIOR	32(14.5%)
	FIVE YEAR PLUS	8(3.6%)
	GRADUATE/ PROFESSIONAL	40(18.1%)
DIAGNOSIS OF MENTAL ILLNESS	YES	83(37.6%)
	NO	138(62.4%)
SEX OF INSTRUCTOR	MALE	115(52%)
	FEMALE	106(48%)
COURSE DELIVERY	ONLINE	8(3.6%)
	FACE-TO-FACE	195(88.2%)
	MIXED DELIVERY	18(8.1%)

Note: N=220.

APPENDIX B. REGRESSION TABLE

Variables	F	Adjusted R^2	*df*	Mean	Standard Deviation	β	*Significance*
Culture	17.65	0.19	1				<.001
Conversation				4.01	1.30	0.44	<.001
Orientation				3.80	1.04	0.17	<.001
Privacy				2.33	1.18	-0.18	<.001
Boundaries							
Conformity							
Context	90.36	0.45	1				<.001
Appropriateness				4.03	1.73	0.67	<.001
Satisfaction				4.34	1.25	0.37	<.001
with prev.							
convo.							
Motivation	67.71	0.23	1	4.89	1.19	0.49	<.001
Stigma	3.20	0.01	1	4.01	1.17	-.12	0.08

Note: N=220.

APPENDIX C. ANOVA TABLE

Variables	Male Student	Female Student	Gender of Student and Likelihood to Disclose
Male Instructor	2.26 (1.08)	2.72 (1.74)	2.63 (male)
Female Instructor	2.84 (1.42)	3.30 (1.70)	3.20 (female)
Gender of Instructor/Likelihood to Disclose: 2.51 (1.42) to male instructors 3.01 (1.74) to female instructors			

Note: * Sig. at .05, ** Sig at .001

APPENDIX D. ZERO ORDER CORRELATION TABLE

	WTD	Culture-Conversation Orientation	Culture-Conformity	Culture-Privacy Orientation	Context-Appropriateness	Context-Prev. Convo. Assessment	Motivation-Quality of SIR	Risk/Benefit
WTD								
Culture-Conversation Orientation	.436**							
Culture-Conformity	-.184**	-.522**						
Culture-Privacy Orientation	.174**	.520**	-.286**					
Context-Appropriateness	.665**	.484**	-.245**	.201**				
Context-Prev. Convo. Assessment	.372**	.619**	-.516**	-.322**	.426**			
Motivation-Quality of SIR	.486**	.762**	-.656**	.402**	.485**	.596**		
Risk/Benefit	-.120	.068	.075	-.050	-.073	-.091	-.090	
Mean	2.89	4.01	2.33	3.80	4.04	4.34	4.89	4.01
Standard Deviation	1.68	1.30	1.18	1.04	1.73	1.25	1.19	1.17

Note: * Sig. at .05, ** Sig at .001

APPENDIX E. SURVEY INSTRUMENT

Demographic Information

- What is your age?
- What is your year in college? Freshmen, Sophomore, Junior, Senior, Fifth year plus
- Please Indicate your Race: White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, Hispanic or Latino, Other
- Please select your sex: Male, Female
- Have you ever been Diagnosed with a Mental Illness? Yes, No

Have you ever suffered from mental health symptoms i.e., feeling withdrawal, decrease or change in functioning, problems thinking, increased sensitivity, apathy, feeling disconnected, illogical thinking, nervousness, panic attacks, unusual behavior, sleeping, appetite, or sexual changes, excessive anger, feeling overwhelmed, feeling excessively stressed, alcohol or drug abuse, and suicidal ideations (APA, 2017).

- Yes, No.

If no, skip to end of survey questionnaire, if yes, continue to survey questionnaire

Please, think of a particular instructor with whom you have taken one or multiple courses from in your collegiate career. Throughout the duration of this questionnaire, you will be asked to respond based on your experiences with that instructor.

- Indicate the sex of the instructor: Male, Female
- How was the course with this instructor delivered? Face to Face, Online, Other

Before moving forward, you will be asked to report on experiences with the instructor you indicated above, you will also be asked about your experience with a potential mental health

problem. Please keep in mind a mental health problem in this research does not need to be a formally diagnosed mental health illness. Mental health problems can be, but are not limited to: feelings of one or more of the following symptoms; withdrawal, decrease or change in functioning, problems thinking, increased sensitivity, apathy, feeling disconnected, illogical thinking, nervousness, panic attacks, unusual behavior, sleeping, appetite, or sexual changes, excessive anger, feeling overwhelmed, feeling excessively stressed, alcohol or drug abuse, and suicidal ideations (APA, 2017).

Please think about the instructor you indicated above and the experiences you had in their classroom, indicate your level of agreement with the following statements:

1/Strongly Disagree, 2/, 3/, 4/Undecided, 5/, 6/, 7/Strongly Agree.

- In our class, we often talk about topics like politics and religion where some persons disagree with each other.
- My instructor often says things like, “every member of the class should have some say in class decision”.
- My instructor often asks for opinions when the class is talking about something.
- My instructor encourages the class to challenge their beliefs and opinions.
- I usually tell my instructor what I think about things.
- I usually tell my instructor almost anything.
- In our classroom, we often talk about our feelings and emotions.
- My instructor and I often have relaxed conversations about nothing in particular.
- I really enjoy talking with my instructor, even when we disagree.
- My instructor likes to hear the class’s opinions even when they don’t agree with them.
- My instructor encourages me to express my feelings.

- My instructor tends to be open about their emotions.
- We often talk as a class about things we have done during the day.
- In our class, we often talk about our plans and hopes for the future.
- My instructor often says things like, “You’ll know better when you’re older”.
- My instructor often says things like, “My ideas are right, and you should not question them”.
- My instructor often says things like, “A student should not argue with a teacher”.
- My instructor often says things like, “There are just some things that should not be talked about”.
- My instructor often says things like, “You should give in on arguments, rather than risk making someone mad”.
- My instructor expects me to obey without question.
- In our class, my instructor has the last word.
- My instructor feels it’s important that they are the boss.
- My instructor often becomes irritated with views that are different from their own.
- If my instructor doesn’t approve of something, they don’t want to know about it.
- When I am in class, I’m expected to obey my instructor’s rules.

These items assess culture criteria-conversation and conformity

Please think about the instructor you indicated above and the experiences you had in their classroom, indicate your level of agreement with the following statements:

1/Strongly Disagree, 2/, 3/, 4/Undecided, 5/, 6/, 7/Strongly Agree.

- Students in the class are very open with each other.
- Students in the class do not discuss private information with each other.

- Within the class, everybody knows everything.
- Class members keep secrets from one another.
- There are specific groups within the class that keep secrets from one another.
- Students in the class share private information with one another.

These items assess culture criteria-privacy orientation

Please think about the instructor you indicated above and the experiences you had in their classroom, also think about a mental health problem you have experienced, indicate your level of agreement with the following statements:

1/Strongly Disagree, 2/, 3/, 4/Undecided, 5/, 6/, 7/Strongly Agree.

- I would reveal my mental health problem to my instructor if it seemed to fit into the conversation.
- If the mental health problem was an appropriate conversation topic, I would tell my instructor.
- I would tell my instructor about my mental health problem if we were discussing a topic related to mental health.
- If the topic came up in conversation, I would share my mental health problem with my instructor.
- I would reveal my mental health problem to my instructor if it seemed to fit into the context.
- If the mental health problem was appropriate for the context, I would tell my instructor.
- I would tell my mental health problem to my instructor if the timing was right.

These items assess context criteria-appropriateness

Please think about the instructor you indicated above and the experiences you had in their classroom, also think about a mental health problem you have experienced, indicate your level of agreement with the following statements:

1/Strongly Disagree, 2/, 3/, 4/Undecided, 5/, 6/, 7/Strongly Agree.

- I have generally been satisfied with previous conversations about mental health in my class.
- I have NOT enjoyed conversations about mental health in my class.
- I would like to have more conversations about mental health like the ones I've had in my class.
- Conversations about mental health in my class have flowed smoothly.

These items assess context criteria-previous conversation assessment

Please think about the instructor you indicated above and the experiences you had in their classroom, indicate your level of agreement with the following statements:

1/Strongly Disagree, 2/, 3 Neutral/, 4/, 5 Strongly Agree.

- I think my instructor is enjoying having me in their class.
- If I encountered a problem at home, I would likely approach my instructor for help.
- I would describe my relationship with my instructor as positive.
- I think my instructor is frustrated with me more than other students in the class.
- I think my teacher would miss me if I was missing from class.
- I share things about my personal life with my instructor.
- I think this teacher cannot wait for the moment they no longer have me in class.
- I think this teacher would feel relieved if I were no longer in their class.
- If I need help, I am likely to ask my instructor for help.

- I turn to my instructor for a listening ear or for sympathy.
- I think my instructor would enjoy class more if I were not in it.
- I depend on my instructor for advice or help.
- I am happy with my relationship with my instructor.
- I like my instructor.

These items assess motivation criteria-quality of student instructor relationship

Please keep in mind mental health problems as described above, in particular the mental health problem you identified as having experience with, indicate your level of agreement with the following statements:

1/Strongly Disagree, 2/, 3/, 4/Undecided, 5/, 6/, 7/Strongly Agree.

- Most people believe that if you have experienced a mental health problem then you must have done something to deserve it.
- Most people think that mental health problems are something to be ashamed of.
- I worry that people may judge me if they were to learn about my mental health problem.
- Most people think that those with mental health problems are people of good character.
- People would reject me if they were to know about my mental health problem.
- If people were to know about my mental health problem, they would look for flaws in my character.
- If I were to disclose my mental health problem, I would worry about people making generalizations about me.

These items assess Risk/Benefit criteria-perceived stigma

You may not be currently taking class from the instructor you indicated, however, please think hypothetically about the instructor you indicated above and the experiences you had in their class, also think about a mental health problem you may have experienced. Indicate your level of agreement with the following statements:

1/Strongly Disagree, 2/, 3/, 4/Undecided, 5/, 6/, 7/Strongly Agree.

- How likely would you be to reveal your mental health problem to your instructor in the future?
- How likely would you be to reveal your mental health problem to your instructor soon?
- How likely are you to reveal your mental health problem to your instructor ever?
- How likely are you NOT to reveal your mental health problem to your instructor in the future?
- How likely are you to keep your mental health problem hidden from your instructor?

These items assess willingness to disclose