COPING BEHAVIORS, SELF-EFFICACY AND
ATTITUDES TOWARD SEEKING PROFESSIONAL PSYCHOLOGICAL HELP
A THESIS
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This study is an investigation of how people’s attitudes toward seeking professional psychological help are related to how they typically cope with stressors and by their general self-efficacy – a relationship that has not been examined in prior research. Participants were 754 men and women students in a mid-sized Midwestern university. Students completed an online survey that included the Brief COPE, Beliefs About Psychological Services scale, and New General Self-Efficacy scale. Results revealed that higher general self-efficacy and coping by means of Use of Emotional Support, Use of Instrumental Support, and Venting were associated with more positive attitudes toward seeking professional psychological help; and that lower self-efficacy and coping by means of Denial, Substance Use, Behavioral Disengagement, and Self-Blame were associated with less positive attitudes toward seeking professional psychological help. Implications for theory, research, and practice are discussed.
CHAPTER I
INTRODUCTION

In a given year, 28 percent of the United States population has a diagnosable mental or substance abuse disorder; only one third of these people receive mental health treatment (Surgeon General’s Report, 1999). Consistent with this data, research on psychological help seeking reveals that the majority of people do not seek help for their mental health problems. Help-seeking research has identified factors believed to contribute to people’s help-seeking attitudes and intentions. Some factors (approach factors) increase the likelihood of seeking help; others (avoidance factors) reduce the likelihood of seeking help (Vogel & Wester, 2003). Vogel, Wade, and Ascheman (2009) identified stigma as a key avoidance factor, reporting that “fear of being stigmatized is the most cited reason why individuals avoid psychotherapy (p. 301).” Additionally, gender and prior help seeking experience are widely considered to be approach factors: researchers have repeatedly found that women (see Fischer & Turner, 1970; Kelly & Achter, 1995; Tata & Leong, 1994; Ægisdóttir & Gerstein, 2009) and people with prior counseling experience (see Dadfar & Friedlander, 1982; Vogel & Wester, 2003; Ægisdóttir & Gerstein, 2009) have more positive attitudes toward counseling than men and people without prior counseling experience.
There appears to be a consensus among researchers that people who fail to seek professional help for psychological and interpersonal difficulties should be encouraged to make use of counseling services. It has been argued that such people should be urged to seek help that counseling professionals should try to change both the societal stigma and people’s attitudes and beliefs about counseling (see Corrigan, 2004; Komiya, Good, & Sherrod, 2000; Kushner & Sher, 1989; Vogel, Wade, & Hackler, 2007).

Despite this emphasis on encouraging non-seekers of psychological help to seek such help, the literature reveals that people generally prefer alternate means of dealing with their problems including seeking help from a non-professional (e.g., a friend) (Tinsley, de St. Aubin, & Brown, 1982). Research has shown that there exists an even wider range of options beyond seeking help that people utilize when responding to their own stress or personal problems (e.g., Carver, Scheier, & Weintraub, 1989; Folkman & Lazarus, 1980; Peacock & Wong, 1993). One of the measures used in the present study, for example, includes 14 unique coping behaviors (Carver, 1995). It is evident that psychological help seeking is one of many means by which people deal with personal problems. Rather than simply encourage people to seek professional psychological help, it is important to consider that alternative ways of coping may also be adaptive.

Statement of the Problem

Efforts to reach out to diverse populations and to reduce the stigma associated with seeking mental health services are undoubtedly worthwhile and have potentially beneficial consequences that may increase access to services for many people. A problem, however, is that the research guiding many of these efforts reflects an overwhelmingly negative perspective on the factors that decrease people’s likelihood of
seeking professional psychological help. Avoidance factors are framed as “barriers” (e.g., Komiya et al., 2000; Surgeon General’s Report, 1999), and the term “avoidance” could be viewed as implying that non-seekers engage in active avoidance of psychological services. This criticism is not to suggest that there are no legitimate barriers to address, or that avoidance factors do not exist. Rather, it is to highlight that help-seeking research, specifically that which is centered on avoidance factors, has largely ignored the possibility that the factors preventing or reducing help seeking may not be strictly barriers, but may include the ability to cope adaptively without seeking the help of a professional.

The coping literature serves as a reminder that people respond to stress and personal difficulties in myriad ways. The assumption that all people who “avoid” seeking help end up suffering (e.g., Vogel et al., 2006), therefore, warrants reconsideration. The question of what constitutes adaptive coping carries its own set of problems. Some researchers have labeled certain coping strategies as adaptive and others as maladaptive (e.g., Carver, Scheier, & Weintraub, 1989). These categorizations, however, may be overly simplistic and inaccurate (e.g., Bjorck, Cuthbertson, Thurman, & Lee, 2001; Folkman & Lazarus, 1980; Peacock & Wong, 1993). For this reason, the present study includes a measure of general self-efficacy in addition to a measure of coping. Research on coping may benefit from consideration of general self-efficacy, or an individual’s confidence in his or her ability to cope across a wide range of situations (Sherer & Maddux, 1982). General self-efficacy is a predictor of performance that can shed light on how successfully individuals use coping strategies (Bandura & Locke, 2003). General self-efficacy may provide a more accurate picture than researcher-imposed
categorizations of what strategies are working well (i.e., adaptive) for people. General self-efficacy may also correlate with help-seeking attitudes, although no hypotheses will be made about the direction of this possible relationship.

Purpose of Study

The present study is an attempt to bridge the gap between help-seeking and coping research by means of examining help-seeking attitudes in the context of various coping strategies people may use and people’s beliefs about their own self-efficacy. The primary purpose of this study is to investigate how individuals’ attitudes toward counseling are related to how they typically cope with stressors and by their general self-efficacy – a relationship that has not been examined in prior research. It is hypothesized that participants’ attitudes toward seeking psychological services will be significantly related to their preferred coping strategies and general self-efficacy.

Significance of Study

It was expected that the results of this study might be used to challenge existing assumptions about the ability of persons to cope adaptively and efficaciously without seeking professional help. It was also expected that results of this study could be used to develop informed and appropriate recommendations to mental health clinicians regarding ways to conduct more sensitive and appropriate outreach to persons not currently seeking their services. These recommendations could additionally include ways to utilize psychological interventions that are sensitive to and informed by a variety of potentially adaptive coping strategies. Lastly, it was expected that the results of this study would stimulate further research from a broader perspective of help seeking that includes the possibility of adaptive coping alternatives to seeking professional psychological help.
CHAPTER II
REVIEW OF LITERATURE

Many people who experience psychological and interpersonal concerns and stressful life circumstances never seek professional psychological help. Such help, however, might benefit them (Corrigan, 2004) or they “may desperately need it” (Vogel, Wester, Larson, & Wade, 2006, p. 398). Many who do seek help fail to fully participate in their treatment (Corrigan, 2004). In fact, research has shown that people often prefer to seek help from people other than mental health professionals. Tinsley, de St. Aubin, and Brown (1982), for instance, found that college students preferred to go to close friends for personal problems and to an academic advisor, close friend, or instructor for professional problems. Also, Hinson and Swanson (1993) found that students preferred to seek help from non-professional sources such as family and friends, rather than talk to a counselor. They concluded that counselors tended to be consulted last, after the student had sought help from other sources, such as friends, family, religious leaders, and academic advisors or teachers. Tinsley, et al. (1982) and Hinson and Swanson (1993) found that people often prefer to deal with problems themselves than to seek help from a professional counselor. These data reveal that when dealing with personal problems many people prefer not to seek professional help, and that people may sometimes prefer not to seek help whatsoever.
Factors Influencing Help-Seeking Attitudes

Much help-seeking research has focused on the identification of factors believed to contribute to people’s help-seeking attitudes and intentions. Approach factors are those that increase the likelihood of seeking counseling (Vogel & Wester, 2003). These factors include greater emotional openness (Komiya, Good, & Sherrod, 2000); heightened distress (Cepeda-Bonito & Short, 1998; Kushner & Sher, 1989); greater severity of problem (Hinson & Swanson, 1993); having had previous counseling experience (e.g., Dadfar & Friedlander, 1982; Vogel & Wester, 2003; Ægisdóttir & Gerstein, 2009); comfort with self-disclosing distressing personal information to others (Vogel & Wester, 2003); and being female. Women generally report more positive help-seeking attitudes than do men (e.g., Fischer & Turner, 1970; Kelly & Achter, 1995; Tata & Leong, 1994; Ægisdóttir & Gerstein, 2009).

Avoidance factors, in contrast to approach factors, decrease a person’s likelihood of seeking counseling (Vogel & Wester, 2003). These have been found to include reluctance to self-disclose (Hinson & Swanson, 1993), the tendency to conceal distressing personal information (Kelly & Achter, 1995), having limited social support (Hinson & Swanson, 1993), fear of emotions, and perception of stigma (Komiya, Good, & Sherrod, 2000) surrounding not only mental illness but seeking psychological services in general (Vogel et al., 2007). Vogel and Wester (2003) argued that avoidance factors such as discomfort with self-disclosure might moderate approach factors and keep people from seeking services. The Surgeon General’s report (1999) identified four categories of “barriers” to mental health treatment: demographic, attitudinal, financial, and
Coping Behaviors

organizational. Psychological research appears to focus on demographic and attitudinal avoidance factors.

Research has consistently found that women and people with previous counseling experience show more favorable attitudes toward seeking help than men and people with no previous counseling experience. Addis and Mahalik (2003) concluded that across ages, ethnicities, and social backgrounds, men are less likely than women to seek help for physical and mental health problems. Good, Dell, and Mintz (1989) found that identification with a traditional male gender role, concern about expressing emotions, and concern about showing affection to other men were related to men’s negative attitudes toward help seeking.

It has been suggested that prior help-seeking experience may be responsible for producing a positive attitude shift in relation to help seeking (e.g., Cash, Kehr, & Salzback, 1978). Research has found that people’s decisions to seek professional psychological help are strongly influenced by their preconceptions about psychological services (Cepeda-Benito & Short, 1998; Kelly & Achter, 1995). Perhaps an initial experience of seeking professional psychological help serves to reduce or eliminate negative preconceptions about help seeking. It has also been suggested that prior help seeking may reflect an a priori positive attitude (e.g., Fischer & Turner, 1970). Because many researchers have found gender and prior counseling experience to be significantly related to attitudes toward seeking professional psychological help, these two variables were analyzed in the present study as a means of demonstrating known-groups validity.

In addition to gender and prior experience, ethnic cultural factors have also been found related to help seeking attitudes and behaviors. Research has shown that ethnic
minorities underutilize counseling services (Kearney, Draper, & Barón, 2005) and that people from non-Western countries have less favorable attitudes toward psychological services than people from Western countries (Dadfar & Friedlander, 1982). These differences may be rooted in cultural norms and values. Tata and Leong (1994) found that Chinese Americans with high individualism scores had more positive attitudes toward professional psychological services than those who were more collectivistic. While self-disclosure is typically seen as a necessary and beneficial element of counseling (Fischer & Turner, 1970; Vogel & Wester, 2003), Asians avoid self-disclosure of their problems (Liao, Rounds, & Klein, 2005) because it may potentially disrupt the harmony of their relationships with others (Kim, Sherman, & Taylor, 2008; Taylor, Sherman, Kim, Jarcho, Takagi, & Dunagan, 2004). People from other countries, especially non-Western ones, may also have different expectations about counseling (Gerstein & Ægisdóttir, 2007) and may view Western psychological services as unrelated to their needs. Research has shown that greater acculturation to Western culture and values may contribute to more positive attitudes toward seeking counseling services (Tata & Leong, 1994).

Encouraging Non-Seekers to Seek Professional Psychological Help

For counseling practitioners who attempt to reach out to populations in need and for researchers who seek to understand the factors that influence people’s attitudes toward professional psychological services, people’s tendency to avoid seeking professional help is of great concern. There appears to be agreement among researchers that people who fail to seek professional help for psychological and interpersonal difficulties should be encouraged to make use of counseling services (Vogel et al., 2007).
Researchers highlight avoidance factors inhibiting help seeking in their recommendations for psychological service providers to reach out to these people who may “desperately need” help (Vogel et al., 2007, p. 398). Researchers have recommended that psychologists change the public stigma of seeking psychological help (Corrigan, 2004; Komiya et al., 2000) that can result in stereotypes, prejudice, and discrimination toward recipients of psychological services by educating the public about mental illness and psychological services (Corrigan, 2004).

Vogel et al. (2007) pointed out, however, that although the ultimate goal should be to change society’s attitude toward psychological help seeking, changing the public stigma is not easy; therefore, more attention should be paid to reducing or altering people’s self-stigmas associated with help seeking. Recommendations targeting current seekers of professional help include disconfirming clients’ fears (Kushner & Sher, 1989), emphasizing the importance of and increasing people’s comfort with expressing emotions in counseling (Komiya et al., 2000), and empowering clients through prescribing their active participation in treatment (Corrigan, 2004). Recommendations targeting a broader audience, including non-seekers, include addressing people’s apprehensions about counseling, reframing mental health services as consultation or classes rather than psychotherapy, offering information to people who do not seek help (Vogel et al., 2007), and using education programs to alter negative help-seeking orientations and increase the use of psychological services (Fischer & Turner, 1970; Komiya et al., 2000). That is, emphasis has been placed on educating potentially misinformed or uninformed people about the true nature of mental health services, and on changing people’s beliefs and attitudes about counseling.
An Incomplete Picture

Ensuring that people and societies have an accurate understanding of what mental health services can provide is undoubtedly important. An admirable and important goal of research on help seeking has been to allow the profession to reach out to people who need services (Komiya et al., 2000) but may be unaware or hesitant about such services. Researchers of help seeking, however, have framed avoidance factors in an overwhelmingly negative way. Avoidance factors have been called “barriers” to psychological help seeking (e.g., Komiya, et al. 2000; Surgeon General’s Report, 1999). Even the term “avoidance factor” could imply that people are actively evading professional help or avoiding facing their problems in a constructive way, or at all. Vogel et al.’s (2006) claim that people who did not seek professional help are “languishing in their problems unnecessarily” captures a more troubling theme in the literature: the conclusion that if people are not coming to psychologists or counselors for help with their problems, they are suffering; therefore, it is the responsibility of psychologists/counselors to convince those people to seek psychological assistance. This negative perspective, and the resulting calls to reduce or remove avoidance factors, may actually be providing an incomplete picture of the reasons people do not turn to counseling professionals for psychological help.

Not only is it known that professional psychological services may be a last resort for people who prefer to seek help from other people, but it is also known that, in many cases, people prefer to deal with problems on their own, without explicitly seeking help from any person (Hinson & Swanson, 1993; Tinsley et al., 1982). Despite an apparent insistence on the value of help seeking, there is evidence within the research that seeking
help in general may not be the only solution for dealing with psychological and emotional problems. This is true not only for people belonging to ethnic minority groups or from other countries, but also for the Caucasian American population, who formed the majority of the samples in Tinsley et al.’s (1982) and Hinson and Swanson’s (1993) studies.

It appears that help-seeking research has largely ignored the possibility that factors preventing professional help seeking may not be strictly barriers, but may include strengths and resources enabling people to cope without having to seek the help of a professional. Heppner, Leong, and Gerstein (2007) stressed that, “people in all countries use resources other than counseling to cope with stressful life events and various mental health issues” (p. 253). There appears to be little emphasis in the help-seeking research on possible beneficial alternatives to seeking counseling or possible positive ways in which non-help-seekers may differ from help-seekers; rather, the focus is on getting people who do not seek professional help to seek professional help.

Gerstein and Ægisdóttir (2007) warned against the temptation to respond to the differing counseling expectations of people from other countries by recommending teaching clients to develop more “appropriate” or “realistic” expectations that fit with how counseling is practiced in the United States. The danger of such actions is illustrated by Kim, Sherman, and Taylor (2008), who warned that “overemphasis” on disclosure may limit the benefits that Asians and Asian Americans could possibly get from seeking professional help. This is because such self-disclosure does not fit with Asians’ cultural norms for relationships. The finding that self-disclosure is positively associated with
well-being (Kahn, Achter, & Shambaugh, 2001) should therefore be understood as potentially irrelevant to some ethnic minority and international populations.

As can be seen from the recommendations previously presented, it appears that researchers of help seeking have given in to the temptation described by Gerstein and Ægisdóttir (2007). That is, the assumption seems to be made that if a person experiencing a personal difficulty does not seek help, he or she must not be experiencing improvement. It is therefore assumed that it is detrimental for people to avoid, fear, or be hesitant about counseling, and that psychologists must educate people to feel positively toward counseling. It is also apparently believed that it is problematic for people to not self-disclose distressing personal information, and that psychologists must actively encourage greater self-disclosure from their clients. Rather than to simply point to avoidance factors that should be transformed into or replaced by approach factors, it may instead be beneficial for researchers to instead examine help-seeking attitudes and behaviors within the larger context of the variety of ways in which people deal with personal difficulties. Heppner et al. (2007), for instance, pointed to a need for counseling professionals to become aware of a broad array of coping strategies “other than or in addition to seeking professional counseling” (p. 253). that may be culturally specific. Furthermore, Gerstein and Ægisdóttir (2007) argued that a person’s expectations about counseling should be examined alongside their experience with indigenous mental health practices and should be interpreted from the unique frame of reference or worldview of the person.

Coping Behaviors

It is evident that not all people experiencing psychological distress choose to seek professional psychological help. All people do, however, cope with stressful life events
Coping with stress is a universal process and a fundamental aspect of human experience (Tweed & Conway, 2006; Wong, Wong, & Scott, 2006). The interaction between stress and coping, therefore, certainly deserves the attention it has been paid by researchers. According to Aldwin and Revenson (1987), the primary reason to study coping is to learn how people can reduce the negative impact of stressful events on their emotional well-being. Much of the modern research on stress and coping has been influenced by the work of Lazarus and Folkman (1984) who defined coping as “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (p. 141). Coping is viewed as a dynamic process. Lazarus and Folkman’s (1984) model begins with an event that may potentially be a stressor. Primary appraisal involves an individual’s evaluation of the event in terms of its significance for his or her well-being; an event may be appraised as benign or irrelevant, or it may be appraised as a harm/loss, a threat, or a challenge to one’s well-being. If an event is appraised as one of the latter, secondary appraisal follows, whereby an individual considers their skills, resources, and ability to respond to the stressor. Actual coping behaviors follow secondary appraisal.

Folkman and Lazarus (1980) distinguished between two types of coping: problem-focused coping, aimed at problem solving or doing something to change the stressful situation; and emotion-focused coping, aimed at reducing or managing one’s distressing emotions resulting from the stressful situation. Folkman and Lazarus (1985; 1986) developed the Ways of Coping Questionnaire (WCQ) that measures coping strategies according to problem- and emotion-focused strategies. Lazarus and Folkman originally considered problem-focused coping to be generally more adaptive, while
emotion-focused coping was seen as less adaptive and potentially threatening to health (Lazarus & Folkman, 1984). This two-dimensional model, however, has since been called simplistic (Carver et al., 1989), as subsequent research was unable to match the factor structure of the WCQ (Parker, Endler, & Bagby, 1993). These findings indicated that the two dimensions of coping, problem-focused and emotion-focused, did not sufficiently capture the ways in which people cope (Carver et al., 1989). Additional problems with the WCQ were found; for example, some of its items lacked a clear focus while other items appeared to combine two distinct qualities (Carver et al., 1989).

As a response to criticisms of the WCQ (Folkman & Lazarus, 1985; 1986), Carver et al. (1989) developed the COPE, a multidimensional coping inventory. The original COPE scale had 60 items measuring a broad range of theoretically and empirically developed coping dimensions. Carver et al. (1989) expanded upon the two-dimensional model of Folkman and Lazarus, e.g., by distinguishing among several aspects of problem-focused coping (e.g., active coping and planning) and by incorporating measures of coping strategies seen as less useful (e.g., behavioral disengagement and mental disengagement). Factor analysis yielded a four-factor pattern for the COPE: (a) active coping, planning, suppression of competing activities; (b) seeking of social support for instrumental and emotional reasons, and focus on emotion; (c) acceptance, restraint, and positive reinterpretation and reframing; and (d) denial, mental disengagement, behavioral disengagement, and religion.

Having found similar results of studies assessing people’s dispositional coping strategies (coping as a trait) and people’s situational coping behaviors (coping as a state), Carver et al. (1989) suggested that people tend to adopt certain coping strategies as
relatively stable preferences. They identified two clusters of coping, one adaptive and one maladaptive. The “adaptive” cluster, according to Carver et al. (1989) included planning, active coping, suppression of competing activities, restraint coping, positive reinterpretation of growth, and seeking social support (primarily for instrumental reasons). The “maladaptive cluster” included denial, behavioral disengagement, mental disengagement, focus on and venting of emotions, and alcohol use. Seeking social support for emotional reasons was found to relate to both clusters.

Later, Carver (1995) introduced the Brief COPE, a shorter 28-item scale measuring 14 different coping reactions, which included improvements to the original scale. The Brief COPE eliminates the redundancy of the earlier scale and eliminates the issue of participant response burden. It also omits two scales from the original COPE, renames several other scales that had been found problematic, and includes an additional scale, Self-Blame. Carver (2007) stated that in choosing which items to retain for the Brief COPE, he relied on strong loadings from previous factor analyses, and on item clarity and meaningfulness to the participants in a previous study. The subscales of the Brief COPE are Active Coping, Planning, Positive Reframing, Acceptance, Humor, Religion, Using Emotional Support, Using Instrumental Support (considered effective ways of coping), Self-Distraction, Denial, Venting, Substance Use, Behavioral Disengagement, and Self-Blame (considered ineffective). The Brief COPE was found to have good internal reliability and a very similar factor structure to that of the full inventory (Carver, 1997). Carver (2007) cautioned, however, that for both the brief and original versions, different samples might yield different coping patterns. The Brief COPE will be used in the present study as a measure of coping behaviors.
Research on coping, as described above, supports the existence of a variety of means in which people deal with personal difficulties. Researchers have sought to understand the factors that influence the ways in which people choose to cope. In line with the work of Lazarus and Folkman, much of the research on coping has emphasized the importance of appraisal factors as determinants of coping strategies. It has been found that situations appraised as being amenable to change tend to result in the use of more active or problem-focused coping strategies, while situations appraised as unable to be controlled by the person tend to result in more passive or emotion-focused coping strategies (Carver et al., 1989; Folkman & Lazarus, 1984). Peacock and Wong (1993) developed and found support for a congruence model of coping, in which each of five types of life stressors corresponds with each of five distinct coping schemas. These coping schemas (problem-focused, emotion-focused, existential, preventive, and spiritual) represented the “uniquely appropriate” coping strategies for that particular stressor. In their study, Peacock and Wong (1993) found that greater perceived controllability of a stressful event (the feeling that one can do something about or change the situation) was associated with increased problem-focused coping, while greater perceived uncontrollability was associated with emotion-focused, existential (aimed at finding positive purpose/meaning), and spiritual coping.

There appears to be an assumption that if one’s appraisal and coping strategies are congruent with each other, coping is therefore effective (Folkman & Lazarus, 1980; Lazarus & Folkman, 1984; Peacock & Wong, 1993). Despite this apparently simple formula of appraisal-coping, however, people tend use multiple strategies when dealing with a stressor. Folkman and Lazarus (1980) found that 98% of the 1,332 stressful
episodes reported in their study were met with both problem- and emotion-focused coping. They concluded that coping is a complex process involving reliance on both strategies. Carver et al. (1989) similarly concluded that people might display coping behaviors consistent with both sides of a dichotomous pair, such as acceptance and denial. It also has been shown that people can respond to the same stressor in very different ways. Peacock and Wong (1993) had all of their participants respond to the same stressful situation; results showed that coping strategies from all five of their proposed coping schemas were used in dealing with the problem. Taken together, these findings suggest that coping is complex and that simply grouping coping strategies into adaptive and maladaptive clusters, or assuming that specific coping strategies are inherently appropriate for specific types of stressors and how they are appraised, may be simplistic and inefficient.

Adding to the challenge of categorizing coping and distinguishing adaptive from maladaptive coping behaviors is the importance of considering the role of culture in coping. Researchers have recently paid more attention to cultural variation in coping strategies. For example, in a study using the Brief COPE, Taylor et al. (2004) found that Asians (in Asia) and Asian Americans relied significantly less on social support as a coping strategy than European Americans. This finding is consistent with collectivistic cultural norms emphasizing group harmony and suggests that social support may not be as beneficial a coping resource in Asian cultures as it is considered to be in the United States. Bjorck et al. (2001) using the WCQ found that Korean and Filipino participants had significantly higher scores than Caucasian participants on the more passive coping scales of Accepting Responsibility, Religious Coping, Distancing, and Escape-
Avoidance. The latter two of these coping strategies would be considered maladaptive by Western standards but may actually be adaptive in Korean and Filipino cultures. The results of Bjorck et al.’s (2001) study may point to possible reasons why ethnic and cultural minorities avoid psychological services. If distancing and avoidance strategies are culturally appropriate for Filipinos and Koreans, these individuals presumably could cope effectively using such strategies, strategies that would seem to be at odds with the active seeking-out of psychological services. These studies suggest that there are indeed cultural differences in the coping strategies that people use and that it is unwise to rely on judgments of coping strategies as adaptive or maladaptive without considering the cultural context of coping.

The Potential Role of Self-Efficacy in Coping, Coping Effectiveness, and Help Seeking

It is evident that there are many ways in which people cope with stressors. Which coping strategies, then, are the most effective? Rather than being subject to empirical assessment, this question has largely been answered by researchers’ assumptions. Most active coping strategies have traditionally been deemed “adaptive,” while most passive and emotion-focused strategies have been designated as less adaptive (Carver et al., 1989; Folkman & Lazarus, 1980; Peacock & Wong, 1993). The fit between appraisal and coping has also been used as an indicator of coping effectiveness (Carver et al., 1989; Folkman & Lazarus, 1980; Peacock & Wong, 1993). These methods of judging coping effectiveness, however, have been challenged. Research has shown that cultural norms and values may play a major role in determining what constitute “appropriate” ways of coping (e.g., Taylor et al., 2008). Research has also shown that people may simultaneously employ coping strategies from both active- and emotion- focused
categories, as well as strategies considered to be polar opposites (e.g., acceptance and denial) (Carver et al., 1989; Folkman & Lazarus, 1980). Although some researchers (e.g., Carver et al., 1989) additionally label avoidance and self-distraction as maladaptive coping strategies, others have suggested that these coping strategies may instead be adaptive, at least in some cases. Thompson, Sobolew-Shubin, Galbraith, Schwankovsky, and Cruzen (1993) asserted that switching one’s attention away from an uncontrollable stressor and toward a less threatening area of one’s life may in fact be a successful strategy for maintaining control. It is unfortunate that researchers have relied so heavily on global assumptions about what coping strategies are healthy and unhealthy, as such assumptions may be inaccurate and seem to neglect the complexity of coping and potential benefits of supposedly maladaptive coping behaviors.

Self-efficacy shows promise as a potential predictor of coping success. The concept of self-efficacy was introduced by Albert Bandura and became a major component of his social cognitive theory. Bandura (1977) defined self-efficacy as an individual’s confidence in his or her ability to perform a given behavior and exercise control over events. Perceived self-efficacy determines whether or not a person will initiate a behavior (i.e., motivation), how much effort he or she will put into the behavior, and for how long he or she will sustain the behavior in the face of obstacles. Bandura (1977; 1989) claimed that if people believe that they can deal effectively with potential stressors, they will not be greatly distressed by those stressors, whereas people who believe that they cannot control or deal with aversive circumstances will experience distress and impaired functioning. Bandura and Locke (2003) reported that efficacy
beliefs have consistently been found to contribute significantly to motivation and performance levels.

Although Bandura conceptualized self-efficacy as a state-like variable, some researchers (e.g., Sherer & Maddux, 1982) have conceptualized self-efficacy as a trait. Instead of varying within people according to mood and situation, their view is that self-efficacy may vary across people as a more or less stable trait. Trait self-efficacy, referred to as general or generalized self-efficacy, reflects stable and global self-confidence in the ability to cope across a wide range of demanding or novel situations (Sherer & Maddux, 1982). General self-efficacy captures individual differences in the tendency to view oneself as capable of meeting task demands in a variety of settings (Chen, Gully, & Eden, 2001). The general tendency to feel efficacious across tasks and situations is believed to “spill over” into specific tasks and situations (Sherer, Maddux, Mercandante, Prentice-Dunn, Jacobs, & Rogers, 1982). General self-efficacy also serves as a buffer against the negative effects of adverse experiences on subsequent situational self-efficacy (Chen, et al., 2001).

Self-efficacy has implications for both coping and coping effectiveness. Some researchers (e.g., Jex, Bliese, Buzzell, & Primeau, 2001) have found a positive association between self-efficacy and the use of active coping strategies aimed at controlling environmental demands. It may be that people who feel more capable of dealing with stressors are more likely to employ problem-focused ways of coping than to use passive or avoidant coping behaviors. The finding that greater self-efficacy predicts greater tolerance for pain (Bandura, O’Leary, Taylor, Gauthier, & Gossard, 1987),
however, suggests that self-efficacy may also be associated with other coping strategies, e.g., emotion-focused.

Bandura (1983) emphasized the difference between possessing skills and being able to use them well under diverse circumstances. Perceived efficacy is concerned not with one’s skills, but with one’s judgments of what one can do with one’s skills. This idea may shed light on the difficulty of classifying coping strategies as effective or ineffective. The use of certain coping strategies alone is unlikely to lead to coping efficacy or satisfaction. Self-reported use of certain coping behaviors may reveal that an individual has such strategies available to him or her, but self-efficacy may reveal the degree to which those strategies will be performed well.

Self-efficacy also has implications for help seeking. The reality that people may prefer to solve problems on their own before resorting to professional help (Hinson & Swanson, 1993; Tinsley et al., 1982) would suggest that greater self-efficacy is more predictive of negative help-seeking attitudes, particularly in terms of intent or willingness to seek help. According to this perspective, an individual with high self-efficacy would be more confident in his or her ability to deal with difficulties and would thus use his or her personal coping behaviors more effectively than would an individual with low self-efficacy. A person with low self-efficacy would, by contrast, believe that he or she is unable to deal with an aversive situation and would therefore experience greater distress and be more inclined to turn to another person for help.

There is also evidence, however, to suggest a different relationship between self-efficacy and help-seeking attitudes. A study of adolescents’ willingness to seek help for psychosocial problems found a significant and strong positive correlation between
perceived self-efficacy and help-seeking (Garland & Zigler, 1994); in fact, a regression analysis found self-efficacy to be the best independent predictor of help-seeking attitudes. It may be that an individual with high self-efficacy would be more motivated to seek help and more confident in his or her ability to manage a stressor by means of seeking help and using that help. A person with low self-efficacy, on the other hand, might feel less capable of making it through an aversive situation and may be doubtful of the ability of professional psychological help to improve the situation and of his or her own ability to succeed in counseling or therapy.

The Present Study

Given the evidence that most people only seek professional psychological help after they have exhausted their other options (e.g., Hinson & Swanson, 1993; Tinsley et al., 1982), it is appropriate that researchers strive to gain a better understanding of those other options. The present study examines help seeking in the larger context of how people respond to stressors or psychological problems. Aldwin and Revenson (1987) stated that “the challenge facing coping researchers is to identify adaptive coping strategies, delineate their contextual appropriateness, and understand how qualitative factors, such as level of effort and skill in using strategies, may affect the complex relation between coping and mental health” (p. 346). The present study sought to address this challenge.

Research on coping reveals a broad range of potentially effective and ineffective strategies that people may utilize when faced with a stressor or psychological problem. The Brief COPE was chosen for this study (Carver, 1997) because it measures a broader range of coping behaviors than can be found in other coping measures. An individual’s
general self-efficacy should relate positively to how well he or she copes. General self-efficacy may also influence what coping strategies an individual uses and the degree to which an individual is inclined to seek professional help for psychological problems, although the nature of this relationship remains unclear.

Although researchers have been able to identify many factors that influence people’s attitudes toward seeking professional psychological services, no published research has systematically addressed the relationship between coping behaviors, self-efficacy, and help seeking. It is not known how people with positive help-seeking attitudes might differ from people with negative help-seeking attitudes in terms of their coping behaviors and general self-efficacy (which contributes to coping success). Researchers have made recommendations to counseling practitioners based on assumptions about people who have negative attitudes or “avoid” seeking help. It has been argued that such people should be urged to seek help, and that counseling professionals should try to change such people’s attitudes and beliefs about counseling and about how they should deal with their problems.

The present study reveals how people’s help-seeking attitudes are related to their preferred coping behaviors and general self-efficacy – a relationship that has not been examined in past research. It was expected that the results of this study might be used to challenge existing assumptions about the ability of people to cope adaptively and efficaciously without seeking professional help, as well as about which coping strategies might in fact be helpful to people. It was also expected that results of this study could be used to develop informed and appropriate recommendations to mental health clinicians regarding ways to conduct more sensitive and appropriate outreach to people not
Coping Behaviors

Currently seeking their services. These recommendations would also include ways to utilize interventions that are sensitive to and informed by a variety of potentially adaptive coping strategies. Lastly, it was expected that the results of this study would stimulate further research from a broader perspective of help seeking that includes the possibility of both adaptive and maladaptive coping alternatives to seeking professional psychological help.

Research Question and Hypotheses

The present study addressed two research questions:

1. Do attitudes toward seeking psychological help vary by gender and previous counseling experience? As stated previously, research has consistently found that women and people with previous counseling experience show more favorable attitudes toward seeking help than men and people with no previous counseling experience (e.g., Dadfar & Friedlander, 1982; Fischer & Turner, 1970; Kelly & Achter, 1995; Tata & Leong, 1994; Vogel & Wester, 2003), including when responding to the Beliefs About Psychological Services scale (Ægisdóttir & Gerstein, 2009). In line with these findings, it was expected that women and people with previous counseling experience would report more positive attitudes toward seeking psychological help than men and those without previous experience. This hypothesis was tested as a means of finding known-groups validity.

2. What is the relationship between people’s attitudes toward seeking professional psychological help and their preferred coping behaviors and general self-efficacy? Based on existing research on the nature of stress and coping (e.g., Carver et al., 1989; Lazarus & Folkman, 1984), the approach and avoidance factors that influence help seeking (e.g.,
Vogel & Wester, 2003), the reality that people cope in many ways which may not include seeking professional psychological help (e.g., Heppner et al., 2007; Hinson & Swanson, 1993; Tinsley et al., 1982), and the impact of self-efficacy on motivation and performance (e.g., Bandura & Locke, 2003), it was hypothesized that there would be a significant relationship between participants’ help-seeking attitudes and their coping behaviors and general self-efficacy. Due to the lack of published research linking these variables, specific directional hypotheses about their relationship were not developed.
CHAPTER III

METHOD

Participants

Participants were 754 students enrolled at a mid-sized Midwestern university who responded to an e-mail inviting them to participate in a study on stress and coping with the incentive of eligibility to win one of four gift cards. The responses of 35 participants were excluded from analyses because of missing data. These included 11 participants who failed to complete at least one entire scale, 4 participants who missed multiple items in a single scale, 3 participants whose responses to the BAPS scale were the same for every item (some of the items were reverse-scored, indicating that such a response pattern would likely be an error), and 17 participants who missed items on the Brief COPE (removed because each item contributes significantly to this scale representing 50% of a subscale). After removing participants who missed Brief COPE items, mean replacements were applied to remaining cases of missing data in which single items were unanswered in a particular scale.

The final sample consisted of 719 students. 537 were women (75%), 180 were men (25%), and 2 did not identify their gender. Their mean age was 23.43 (SD = 6.62), ranging from 18 to 60 years. The sample was 90% Caucasian (n = 644), 3% African American/Black (n = 23), 3% Biracial (n = 20), 1% Hispanic/Latino (n = 10), 1%
Asian/Asian American/Pacific Islander (n = 7), .4% Multiracial (n = 3), .3% Caribbean/Caribbean/American (n = 2), .1% Middle Eastern/Middle Eastern American (n = 1), and 1% Other (n = 9). The sample included 27% seniors (n = 192), 25% sophomores (n = 177), 24% juniors (n = 170), 5% freshmen (n = 36), and 20% graduate students (n = 143), with one student (.1% of sample) not indicating grade level. Seventy-seven percent of the students were single (n = 556), 14% married (n = 103), 6% living with partner (n = 45), 2% divorced (n = 11), and .3% separated (n = 2). Forty-five percent of participants reported having no prior experience of seeking professional psychological help (n = 322), and the remaining 55% of participants reported having received psychological help (n = 397).

Measures

Demographic and Background Information

Participants were asked to indicate their age, sex, ethnicity, education level, and marital status. They were also asked to indicate whether or not they have had prior experience seeking counseling or professional psychological help (see Appendix A).

Attitudes Toward Seeking Professional Psychological Help

Participants responded to the Beliefs About Psychological Services scale (BAPS) (Ágisdóttir & Gerstein, 2009). The BAPS is an 18-item measure of help-seeking attitudes and intentions consisting of three theoretically relevant subscales: Intent (6 items, e.g., “If I believed I was having a serious problem, my first inclination would be to see a psychologist”), Stigma Tolerance (8 items, e.g., “I would feel uneasy about going to a psychologist because of what some people might think”), and Expertness (4 items, e.g., “Psychologists provide valuable advice because of their knowledge about human
behavior”). The Intent scale represents one’s willingness, or intention, to seek counseling, the Stigma Tolerance scale assesses one’s perception of societal barriers and stigma of seeking psychological services, and the Expertness scale measures one’s beliefs in the merits of psychotherapy due to psychologists’ expertness. Participants received written instructions modified from those used by Ægisdóttir and Gerstein: “Please read the following statements and rate them using the scale provided. For each item, select the response that most accurately reflects your attitude toward seeking psychological help.” Each statement is rated on a 6-point Likert scale ranging from 1 (“Strongly disagree”) to 6 (“Strongly agree”), with higher scores reflecting more positive attitudes and intention (see Appendix B).

Three separate studies found support for the BAPS’ factor structure, validity, and reliability (Ægisdóttir & Gerstein, 2009). Cronbach’s alpha for the total score was .88, and Cronbach’s alphas were .82, .78, and .72 for Intent, Stigma Tolerance, and Expertness, respectively. Two-week test-retest reliability was .87 for the total score and .88 for Intent, .79, for Stigma Tolerance, and .75 for Expertness. Validity evidence includes the stability of the 3-factor structure and its ability to discriminate between men and women and people with and without counseling experience (known-groups criterion validity). In the present study, scores on the three subscales of the BAPS were used as distinct dependent/criterion variables.

**General Self-Efficacy**

Students’ general self-efficacy was assessed by the New General Self-Efficacy Scale (NGSE) (Chen et al., 2001). The scale consists of eight items that are rated on a 5-point scale with anchors of Strongly Disagree and Strongly Agree, with higher scores
indicating higher levels of GSE (e.g., “I am confident that I can perform effectively on many different tasks”). Participants received the following instructions: “Please read the following statements and rate them using the scale provided. For each item, select the response that most accurately reflects your agreement or disagreement (see Appendix C).”

Chen et al. (2001) found support for the internal consistency, cross-temporal stability, unidimensionality, and predictive and construct validity of the scale. Internal consistency reliability coefficients for this scale ranged from .85 to .88 (Chen et al., 2001). DeRue and Morgeson (2007) reported an internal consistency reliability of .92. The test-retest reliability coefficient has been reported as .67 and .86.

In terms of validity, two independent graduate student panels’ classification of 98% of NGSE items as capturing the construct of GSE, rather than self-esteem or “other,” provided support for the content validity of the NGSE (Chen et al., 2001). Furthermore, responses to the NGSE were found to discriminate between GSE and self-esteem and to predict situational self-efficacy (Chen et al., 2001). The psychometric properties of the NGSE were compared to those of Sherer et al.’s (1982) General Self-Efficacy Scale (SGSE). Chen et al. (2001) concluded that the NGSE had stronger construct, content, and predictive validity than the SGSE and that the NGSE better captured the construct of GSE. Also, Scherbaum, Cohen-Charash, and Kern (2006) found the NGSE to outperform the SGSE and Schwarzer and Jerusalem’s (1995) General Perceived Self-Efficacy Scale in terms of item discrimination, item information, and the relative efficiency of the test information function. In the present study, a total score on the NGSE was used as a predictor of psychological help seeking attitudes and intention.
Coping Behaviors

Participants responded to the 28-item Brief COPE (Carver, 1997; see Appendix D), indicating how much they typically rely on each of 14 conceptually differentiable coping strategies: Active Coping, Planning, Positive Reframing, Acceptance, Humor, Religion, Using Emotional Support, Using Instrumental Support, Self-Distraction, Denial, Venting, Substance Use, Behavioral Disengagement, and Self-Blame. Carver (1997) asserted that the Brief COPE had similar factor structure as the original COPE and had sufficient internal reliability. His exploratory factor analysis yielded nine factors (Substance Use, Religion, Humor, Behavioral Disengagement, Use of Emotional Support and Use of Instrumental Support, Active Coping and Planning plus one Acceptance item, Venting and Self-Distraction, Denial and Self-Blaming, and Acceptance – one item), which explained 72.4% of the variance. Alpha reliabilities of the 14 two-item subscales met or exceeded the value of .50, with all but four scales exceeding .60 (Carver, 1997). In a study of 123 college students, Schnider, Elhai, and Gray (2007) found support for the internal consistency of a three-factor model of Brief COPE subscales which they created rationally based on existing literature: problem-focused coping (active coping, planning, instrumental support, and religion scales; α = .80); active emotional coping (venting, positive reframing, humor, acceptance, and emotional support scales; α = .81); and avoidant emotional coping (self-distraction, denial, behavioral disengagement, self-blame, and substance use scales; α = .88). As mentioned previously, however, Carver (2007) stated that different samples might yield different coping patterns/factors (see Appendix D).
Participants received the following instructions, which were adapted from those used by Carver, Scheier, and Weintraub: “We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This part of the questionnaire asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress. Then respond to each of the following items using the response choices listed below, selecting the response that best reflects your answer to each question. Please try to respond to each item separately in your mind from each other item. Make your answers as true FOR YOU as you can.” Response choices ranged from 0 (“I usually don’t do this at all”) to 3 (“I usually do this a lot”). Items are in the form of statements, e.g., “I accept the reality of the fact that it has happened” (Acceptance) and “I think hard about what steps to take” (Planning). Aggregate or overall scoring is not recommended for the Brief COPE; rather, Carver (2007) recommended that scales be examined separately or used to create second-order factors. Following an exploratory factor analysis, such factors from Brief COPE responses will be used as predictors of help seeking attitudes and intention.

Procedure

Participants were recruited via an e-mail inviting all registered students at the university to respond to an on-line survey about stress and coping (see Appendix E). The e-mail briefly described the purpose of the research as exploring the ways in which college students deal with stressful experiences. The e-mail then informed recipients that their participation in this study on stress and coping would be anonymous and that they
could enter to win a retail gift card to Amazon.com or Best Buy after completing the survey. The same e-mail was sent to all registered students a second time as a reminder one week later.

Upon clicking the link provided in the e-mail, participants arrived at an online consent form for the survey (see Appendix F). The consent form and survey were created using InQsit. The consent form informed participants that their participation would be voluntary and anonymous and that they could withdraw at any time. Participants who agreed to the consent form arrived at the online survey. In the online questionnaire, participants were asked to provide demographic information, indicate their attitudes toward seeking professional psychological help, indicate their perceived general self-efficacy, and indicate how they generally cope with stressful experiences. Although the demographic items always appeared first, the help-seeking, coping, and self-efficacy measures were presented to participants in a randomized order so as to control for order effects.

Following their completion of the questionnaires, participants were thanked for their participation and were invited to enter to win a prize (one of four gift cards, a $25 and a $50 gift card to Amazon.com, and a $25 and a $50 gift card for Best Buy) (see Appendix G). Individuals could enter the raffle by sending an e-mail to an account created for this study. Winners were randomly selected and notified after all data was collected.
CHAPTER IV
RESULTS

Internal Reliabilities for BAPS and NGSE

Cronbach’s alpha for the Intent, Stigma Tolerance, and Expertness subscales of the BAPS were .85, .81, and .75, respectively. Cronbach’s alpha for the eight-item New General Self-Efficacy scale was .91. Table 1 reports means and standard deviations for all scales. Table 2 reports Pearson’s correlations among the scales.

Psychological Help-Seeking Attitudes and Intentions by Gender and Prior Help Seeking

To examine the effect of gender and prior counseling experience on attitudes toward seeking psychological help (research question one), a 2 (gender) by 2 (prior counseling experience) MANOVA was performed with the 3 subscales of the BAPS (Expertness, Stigma Tolerance, Intent) as the dependent variables. No interaction was found between gender and prior counseling experiences (Wilks’ lambda = .995, $F(3, 711) = 1.28, p > .05$). As hypothesized, there were significant main effects for gender (Wilks’ lambda = .980, $F(3, 711) = 4.848, p < .01$, Partial Eta$^2$ = .02) and prior counseling experience (Wilks’ lambda = .887, $F(3, 711) = 30.316, p < .001$, Partial Eta$^2$ = .11).

As predicted, follow-up ANOVAs revealed a significant difference between men and women on all three subscales of the BAPS. Women ($M = 4.03, SD = 1.06$) expressed
greater intent to seek psychological services than did men ($M = 3.68, SD = 1.03$), $F(1, 713) = 5.37, p < .05$, Partial Eta$^2 = .01$); women ($M = 4.71, SD = .86$) reported greater stigma tolerance than did men ($M = 4.38, SD = .89$), $F(1, 713) = 13.80, p < .001$, Partial Eta$^2 = .02$); and women ($M = 4.62, SD = .85$) expressed greater belief in psychologists’ expertness than did men ($M = 4.41, SD = .93$), $F(1, 713) = 6.55, p < .05$, Partial Eta$^2 = .01$). These results confirmed the hypothesis that responses to the BAPS would discriminate between men and women.

Follow-up ANOVAS also revealed, as predicted, that students with prior counseling experience ($M = 4.42, SD = .98$) expressed greater intent to seek psychological services than did students without counseling experience ($M = 3.56, SD = .97$), $F(1, 713) = 78.27, p < .001$, Partial Eta$^2 = .10$). Students with prior counseling experience ($M = 4.87, SD = .84$) also reported greater stigma tolerance than did students without prior experience ($M = 4.44, SD = .88$), $F(1, 713) = 17.42, p < .001$, Partial Eta$^2 = .02$). Finally, students with prior counseling experience ($M = 4.74, SD = .84$) reported greater beliefs in psychologists’ expertness than did those without prior counseling experience ($M = 4.43, SD = .88$), $F(1, 713) = 6.76, p < .05$, Partial Eta$^2 = .01$). These results confirmed the hypothesis that responses to the BAPS would discriminate between individuals with and without prior experiences of help seeking.

Factor Structure and Reliabilities of Brief COPE Subscales

As recommended by Carver (2007), a factor analysis of the Brief COPE was performed to create second-order factors from the scales. Although Carver (2007) stressed that different samples show different patterns, it is expected that the factors will resemble those found by Carver et al. (1989) and Carver (1997). This possible factor
structure could include a support-seeking factor, a problem-solving coping factor, an avoidance coping factor, and an emotion-focused factor.

A principal axis factor analysis of the 14 Brief COPE subscales using oblique (Promax) rotation was conducted. Principal axis factoring was selected because the aim of the factor analysis was to analyze shared variance and explore the underlying factor structure of coping behaviors. Promax rotation was used because Carver (1989; 1997) used an oblique rotation to allow factors to correlate with one another. Carver (1997) factor analyzed items rather than subscales and found nine factors. In the present study, an additional factor analysis was conducted on the items, which also yielded 9 factors, but most of the factors contained very few items and had low reliabilities.

The factor analysis yielded 4 factors with eigenvalues greater than 1, which together accounted for 56.32% of the variance (See Table 2). Factor loadings are presented in Table 3. Four second-order scales were created based on this factor analysis, and internal consistency reliabilities for the items of each scale were calculated. The first factor accounted for 23.5% of the variance and included the Active Coping, Positive Reframing, Religion, and Planning subscales. The Structure Matrix indicated that Planning belonged on Factor 4, but the Pattern Matrix loadings placed Planning on Factor 1; it was decided that Planning best fit on Factor 1 based on current factor loadings, prior research (Carver, 1989, 1997), and theory. The additional factor analysis conducted on the items, although overall did not produce a sound factor structure, also showed Planning to load with Active Coping. This factor was labeled Problem-Focused Coping. It yielded a Cronbach’s alpha of .75.

The second factor accounted for 13.32% of the variance and consisted of the Use
of Emotional Support, Use of Instrumental Support, and Venting subscales. This factor scale was named Support-Seeking Coping. Its Cronbach’s alpha reliability was .80. The third factor accounted for 10.74% of the variance, was made up of the Denial, Substance Use, Behavioral Disengagement, and Self-Blame subscales. This factor scale was labeled Avoidant Coping; Cronbach’s alpha was .77. Finally, the fourth factor accounted for 8.77% of the variance and consisted of the Acceptance, Humor, and Self-Distraction subscales. This factor scale was labeled Focus-Shifting Coping, as these coping behaviors seem to emphasize shifting one’s attention away from a stressor, or the distress caused by it, but not through active deliberate avoidance. This scale had a Cronbach’s alpha of .53. Given the low internal consistency reliability of this factor scale, the hypothesis regarding the relationship between coping, general self-efficacy and psychological help-seeking attitudes and intention was tested both with and without this factor scale.

General Self-Efficacy, Coping and Psychological Help Seeking

To examine the relationship between general self-efficacy, coping, and help seeking (research question 2), a canonical correlation analysis was conducted. Canonical correlation analysis allows for the assessment of relationships between a set of independent/predictor variables (in this case, general self-efficacy and the four second order coping factors) and a set of dependent/criterion variables (in this case, the three subscales of the BAPS: Stigma Tolerance, Intent, and Expertness). Stevens (1986) recommended that in order to obtain reliable results from a canonical correlation analysis there should be at least 20 times as many cases as variables in the analysis. Consideration of the variables in the present study and allowance for several second-order coping factors suggested a target of at least 160 complete sets of responses to
include in the analyses. The present sample was large enough that these analyses could be used. Because the fourth coping factor (Focus-Shifting Coping) demonstrated poor reliability, an additional canonical correlation with that factor eliminated was performed. This change did not yield different results, and Focus-Shifting Coping did not contribute significantly to the model in either analysis; therefore, the initial analysis will be discussed.

A canonical correlation analysis with the four Brief COPE scales and General Self-Efficacy as predictor variables and the three BAPS subscales as criterion variables yielded three functions. Multivariate tests of significance showed the full model to be significant (Wilks’ lambda = .811, $F(15, 1963.16) = 10.30, p < .001$). By subtracting Wilks’ lambda from 1, the full model effect size – or the proportion of variance shared between the variable sets across all functions – was calculated (Sherry & Henson, 2005) and was $R_c^2 = .19$. This indicated that the full model explained 19% of the variance shared between the variable sets.

Next, each canonical function was evaluated to determine its respective strengths. The model yielded three canonical functions or roots. The first function explained 14.6% of the variance in its function. The second and third functions explained 4.6% and 0.4% of the variance within their functions, respectively, and were considered too weak to warrant interpretation. Sherry and Henson (2005) considered a function that explained less than 10% to be too weak to interpret.

A dimension reduction analysis revealed that the full model (Functions 1 to 3) was significant (see above), as well as the cumulative effects of Functions 1 to 3 (Wilks’ lambda = .95, $F(8, 1424) = 4.62, p < .001$). Although functions 2 to 3 were cumulatively
significant, neither function was interpreted as they each accounted for less than 10% of the variance, as explained above.

Next, Function 1, or the first root, was evaluated to determine what variables contributed to this significant relationship. Structure coefficients (or correlations between dependent variables / covariates and canonical variables) were examined to determine which variables were useful to the model. Sherry and Henson (2005) considered structure coefficients greater than .45 to be have the highest level of usefulness to a given function and, therefore, only interpreted variables with structure coefficients above .45. All three BAPS subscales were shown to be relevant criterion variables. Stigma Tolerance was the largest contributor \((r_s = .98)\), followed by Expertness \((r_s = .65)\) and Intent \((r_s = .56)\). Variables whose structure coefficients have the same sign are positively related to one another, and those whose structure coefficients have different signs are inversely related (Sherry & Henson, 2005). This canonical set was characterized, therefore, by higher stigma tolerance, greater beliefs in psychologists’ expertness, and greater intent to seek professional psychological help, as there were significant positive loadings on all three subscales.

The relevant contributors to the predictor set of variables were Avoidant Coping (Denial, Substance Use, Behavioral Disengagement, Self-Blame; \(r_s = -.77\)), followed by Support-Seeking Coping (Use of Emotional Support, Use of Instrumental Support, Venting; \(r_s = .68\)), followed by General Self Efficacy \((r_s = .50)\). Problem-Focused Coping (Active Coping, Positive Reframing, Religion, and Planning; \(r_s = .41\)) and Focus-Shifting Coping (Acceptance, Humor, Self-Distraction; \(r_s = .10\)) did not contribute to the synthetic predictor variable. Problem-Focused Coping (Active Coping, Positive Reframing,
Religion, Planning) and Support-Seeking Coping (Use of Emotional Support, Use of Instrumental Support, Venting), as well as General Self Efficacy were positively related to one another. This canonical set was characterized, therefore, by higher general self-efficacy, higher use of Support-Seeking Coping (Use of Emotional Support, Use of Instrumental Support, Venting), and lower use of Avoidant Coping (Denial, Substance Use, Behavioral Disengagement, Self-Blame). In addition to being positively related to one another, Support-Seeking Coping and General Self-Efficacy were positively related to the three subscales of the BAPS. Avoidant Coping (Denial, Substance Use, Behavioral Disengagement, Self-Blame) was inversely related to all other predictor variables as well as the BAPS subscales.

The relationship between the two canonical sets suggests that more positive attitudes toward seeking professional psychological help and help-seeking intentions are associated with higher general self-efficacy, greater use of Support-Seeking Coping (Use of Emotional Support, Use of Instrumental Support, and Venting), and less use of Avoidant Coping (Denial, Substance Use, Behavioral Disengagement, and Self-Blame). These results support the hypothesis that help-seeking attitudes are related to coping behaviors and general-self efficacy.
CHAPTER V
DISCUSSION

The purpose of this study was to examine the relationship between attitudes toward seeking professional psychological help, coping behaviors, and self-efficacy. Support was found for the hypothesis that responses to the BAPS would differ between men and women and those with and without prior counseling experience. Indeed, women and people with prior counseling had more positive help-seeking attitudes on all three BAPS subscales than men and people without prior counseling. This is consistent with prior research on help-seeking including research on the psychometric properties of the BAPS (Dadfar & Friedlander, 1982; Fischer & Turner, 1970; Kelly & Achter, 1995; Tata & Leong, 1994; Vogel & Wester, 2003; Ægisdóttir & Gerstein, 2009).

Support was also found for the hypothesis that a relationship would exist between help-seeking attitudes, coping behaviors, and general self-efficacy. Results of the canonical correlation revealed that higher general self-efficacy and Support-Seeking Coping (Use of Emotional Support, Use of Instrumental Support, and Venting) were associated with greater intent to seek psychological help, greater stigma tolerance, and greater beliefs in psychologists’ expertness than were lower general self-efficacy and Avoidant Coping (Denial, Substance Use, Behavioral Disengagement, and Self-Blame).
Implications for Coping Research and Theory

The factor analysis of the Brief COPE shared both similarities and dissimilarities with previous factor analyses of the scale (Carver, 1989; 1997). For example, both Carver’s studies and the present study found that active coping and planning clustered together, and that seeking emotional and instrumental support clustered together. A difference, however, between the current study and those of Carver’s is that Venting loaded with Self-Distraction in Carver’s (1997) research, thus implicating venting as a maladaptive form coping. In the current study, however, Venting clustered with coping by the use of instrumental and emotional support, which implies adaptiveness. Carver (1989) referred to “focusing on and venting of emotions” as a “dysfunctional tendency” (p. 278) and categorized it, along with several other coping strategies (i.e., denial, disengagement, substance use), as being of “questionable value” (p. 273). He explained that focusing on emotions, especially for long periods, impedes adjustment, exacerbates distress, and distracts people from active coping efforts and moving beyond the distress.

The current finding that venting was related to coping via use of instrumental and emotional support, which are considered adaptive coping strategies (Carver, 1989), suggests that venting may also serve adaptive purposes. It may be that venting is adaptive when coupled with support from others. One possible explanation for Carver’s concluding that venting may be maladaptive is that the items in Carver’s (1989) original “Focusing On And Venting of Emotions” scale appear to measure emotional distress in addition to just venting of emotion (e.g., “I feel a lot of emotional distress and I find myself expressing those feelings a lot” and “I get upset, and am really aware of it”). The items in the Brief COPE Venting scale do not seem to capture such distress (e.g., “I’ve...
been saying things to let my unpleasant feelings escape”). Additionally, the finding in Carver’s (1997) study that Venting and Self-Distraction were closely related suggests that perhaps participants rely on both strategies and alternate between venting emotion and focusing away from the emotion, which may be more adaptive than relying solely on venting. A replication of the current findings would add more support for venting being an adaptive means of coping.

The finding that Humor, Acceptance, and Self-Distraction, despite forming a factor (Focus-Shifting Coping) did not form an internally consistent scale or have a strong relationship with other coping scales, suggests that these coping behaviors merit further investigation. It may be that these Brief COPE subscales have questionable construct validity, or that they represent unique constructs that are more conceptually distinct than related to one another. Because the Focus-Shifting Coping factor was too weak to be interpreted in relation to other variables, its status is uncertain and needs further examination. At present, it remains unclear how these coping strategies relate to general self-efficacy and help-seeking attitudes and intentions.

In addition to questions regarding the factor structure of the brief COPE and how to classify coping strategies, this study has several other implications for coping theory and research. In the current study, general self-efficacy was positively related to Support-Seeking Coping (Use of Emotional Support, Use of Instrumental Support, and Venting) and negatively related to Avoidant Coping. Self-efficacy is a determinant of motivation, effort, sustenance of a behavior, and performance (Bandura, 1977; Bandura & Locke, 2003). One could infer, based on this, that coping strategies associated with higher self-efficacy would be more successful than those associated with lower self-efficacy. In this
case, Support-Seeking coping would be an adaptive means of coping and Avoidant Coping (Denial, Substance Use, Behavioral Disengagement, and Self-Blame) would appear more maladaptive. Although this conclusion is speculative, as general self-efficacy cannot prove a certain coping strategy to be adaptive, it merits further investigation.

As discussed in Chapter II, coping strategies have historically been categorized as adaptive or maladaptive. Although evidence suggests that these traditional labels may not be adequate, they are still used. What if, as suggested by Thompson et al. (1993), avoidance or self-distraction may in fact be adaptive in certain situations? Researchers have found that individuals rely more on “maladaptive” coping strategies when they feel they cannot control a stressor (e.g., Carver, 1989). The finding that general self-efficacy was negatively related to Avoidant Coping (Denial, Substance Use, Behavioral Disengagement, and Self-Blame) supports these suggestions. That is, the current findings indicate that people may use more traditionally maladaptive coping strategies when they do not believe they have control over a certain situation. Perhaps, as suggested by Thompson et al. (1993), switching one’s attention away from the stressor (which would imply the use of traditionally labeled “maladaptive” strategies, such as self-distraction and behavioral disengagement) may in fact be adaptive when one is dealing with an uncontrollable stressor, but maladaptive when the stressor is controllable. As the present study did not address the relationship between coping and perceived controllability of a stressor, and although general self-efficacy may provide clues about adaptive and maladaptive strategies, the relationship between coping, self-efficacy, and controllability
of the stressor warrants further study. This type of research may shed additional light on the usefulness of various coping strategies.

Unless assumptions about what adaptive coping looks like are challenged, scholars may continue to consider certain strategies to be adaptive and others maladaptive regardless of the context. The author believes that it remains critically important to find new ways of investigating the adaptiveness or maladaptiveness of different means of coping. Additionally, because the primary analysis of this study was correlational in nature, future research might be aimed at identifying the causative links between self-efficacy and coping. For example, does self-efficacy predict how people cope, or do people’s preferred means of coping determine their self-efficacy? Furthermore, and in relation to the link between coping and psychological help-seeking attitudes and intentions, one may ask if coping strategies that are positively related to help-seeking attitudes are necessarily adaptive, and if strategies negatively related to help-seeking attitudes are maladaptive.

An additional challenge to coping research is the question of whether or not coping can indeed be measured in “general” terms, i.e., in terms of how one “generally copes,” as was done in the present study. Although Carver (1997) asserted that the Brief COPE could be used in either a situational (state) or dispositional (trait) format, questions remain as to whether or not coping can indeed be understood separate from the specific contexts and situations in which coping occurs. Context may be critical, given that the degree to which certain means of coping are adaptive or maladaptive may be inextricably related to the appraisal of the stressor in question (see Peacock & Wong, 1993). Perhaps self-efficacy is similarly not best measured as a general, stable construct. It may be that
both coping and self-efficacy are best examined when tied to specific situational contexts, rather than removed from those contexts.

Implications for Help-Seeking Research and Theory

The results of this study also have implications for help-seeking research and theory. The results suggest that individuals who prefer to cope by venting and seeking out support are especially likely to hold positive attitudes toward seeking professional psychological help. This makes conceptual sense, because receiving professional psychological help inherently involves support seeking and likely involves venting of thoughts and emotions. One possibility is that seeking professional psychological help can be conceptualized as a means of coping that relates to or encompasses venting and the use of emotional and instrumental support. Of the predictor variables, Support-Seeking Coping made the greatest contribution to the root, which lends support to this idea that psychological help seeking is one of many means by which people choose to cope with problems. It may also be that those who generally cope with adversities by openly talking about their problems with others are the ones who also tend to seek professional psychological help.

Problem-Focused Coping did not make a significant contribution to the model. Active Coping, Positive Reframing, Religion, and Planning constituted this factor, and these coping behaviors have consistently been labeled adaptive. The results of the canonical correlation show that, despite their "adaptiveness," these coping strategies were not strongly related to positive help-seeking attitudes. This weak relationship between Problem-Focused Coping and positive help-seeking attitudes, coupled with the positive correlation of these coping strategies with general self-efficacy and the belief that
problem-focused coping is adaptive, suggests that people may in fact be able to cope adaptively without seeking the help of a professional counselor. This interpretation is consistent with prior literature that challenged the assumption that people who do not seek help are unable to deal with their problems (e.g., Heppner, Leong, & Gerstein, 2008).

The results also suggest that people higher in self-efficacy are more likely to have positive help-seeking attitudes and intentions than people with lower self-efficacy, which is consistent with the findings of Garland and Zigler (1994). Perhaps people need to be self-efficacious, or to have a strong belief that they can benefit or successfully deal with a problem specifically by means of seeking professional help, before they are willing to seek such help. Thus, future efforts aimed at increasing people’s psychological help-seeking intentions should focus on educating people on the efficacy of counseling as one means of tackling their problems. More research is needed to examine the underlying nature of the relationship between self-efficacy and help-seeking attitudes and intentions.

Because Stigma Tolerance was the strongest contributing criterion variable, it appears that this dimension of help-seeking attitudes is the most strongly related to coping behaviors and self-efficacy. Furthermore, Avoidant Coping (Denial, Behavioral Disengagement, Self-Blame) had the strongest loading on the predictor set. The fact that Stigma Tolerance and Avoidant Coping made such significant contributions to the root suggests a particularly strong negative relationship between these variables. It may be that people who cope in the ways listed above perceive a strong stigma associated with seeking professional help. Another possibility, although speculative, is that such individuals might also fear being stigmatized by the professional psychologist for being a
person who copes in ways that are generally considered unhealthy or maladaptive by psychologists (i.e., by using substances, by denying, by disengaging, or by blaming themselves). The finding that Avoidant Coping (Substance Use, Denial, Behavioral Disengagement, and Self-Blame) also had a negative relationship with General Self-Efficacy warrants further investigation. Lower self-efficacy has been found to predict poorer outcomes of one’s effort (Bandura, 1977). The negative relationship between avoidant coping and self-efficacy in the present study would seem to lend support to the assumption that these means of coping are less adaptive (e.g., Carver et al., 1989; Carver, 1997) and result in avoidance of seeking professional psychological help. Future research is needed to examine the causative relationship between these variables, as are studies on how to most effectively encourage people with low self-efficacy and who use avoidance coping strategies to consider more adaptive ways of coping and to seek professional psychological help.

**Implications for Psychological Practice**

This study has several implications for psychological practice. The significant contribution of Stigma Tolerance to the canonical model is reflective of Vogel et al.’s (2009) assertion that the most important reason that people avoid psychotherapy is fear of stigmatization. As in past research, men and people without prior counseling experience have more negative attitudes toward seeking help, which includes lesser stigma tolerance. Keeping this in mind may help practitioners be more sensitive to current and potential clients’ feelings toward counseling. Vogel, Wade, and Hackler (2007) found that attitudes and willingness to seek help are related to the degree to which public stigma is internalized as self-stigma. Counseling practitioners may better understand self-stigma if
they ask clients whether or not they have received help in the past and explore clients’ past counseling experience, if any, as well as their hopes, fears, and expectations regarding counseling. Practitioners may also consider exploring with male clients what it is like for them to seek help. Exploring these thoughts and feelings and the context (e.g., perceived social norms, public stigma, others’ attitudes) that might influence them may in turn assist practitioners in better understanding how to reach out to people with negative attitudes toward seeking help and how to potentially prevent public stigma from being internalized and fostering negative attitudes.

Although reducing stigma is important, it is also crucial that counseling practitioners remain aware that people can cope adaptively even if they do not intend or choose to seek professional psychological help. Efforts aimed at fostering more positive attitudes toward seeking help should not overlook this reality. People who come to counseling may bring with them a host of coping strategies that have served them well in the past and may be serving them well in the present. Heppner, Leong, and Gerstein (2008) asserted that counseling professionals should become knowledgeable of culture-specific and culturally sanctioned ways of coping beyond seeking professional counseling. Practitioners are advised to respect and explore those ways of coping, highlight their usefulness, and perhaps incorporate them into treatment.

The coping strategies with the strongest positive relationships with help-seeking attitudes and intent were the Support-Seeking behaviors of Use of Instrumental and Emotional Support and Venting. As stated previously, this suggests that many people who ultimately choose to seek help may do so because this is a familiar or preferred means of coping. Counseling practitioners may consider exploring to what extent such
clients have utilized other potentially adaptive means of coping, such as those comprising the Problem-Focused Coping factor. Some people who feel efficacious about using venting and the support of others may not feel as efficacious about using problem-focused coping, which would seem to rely more on the individual’s own efforts rather than assistance from another. Practitioners may be able to help people expand their repertoire of coping skills.

The finding that self-efficacy is positively related to help-seeking attitudes and intentions has implications for counseling practitioners despite the fact that the underlying nature of this relationship needs further investigation. As mentioned previously, it may be that people will not seek help unless they possess a certain degree of self-efficacy, perhaps specifically related to the usefulness and potential positive outcomes of seeking professional help. Researchers (e.g., Corrigan, 2004; Komiya, Good, & Sherrod, 2000; Kushner & Sher, 1989; Vogel, Wade, & Hackler, 2007) have called for efforts to reduce stigma associated with help seeking, to encourage self-disclosure, etc. Another key task for counseling practitioners should be to address through outreach and education people’s concerns about the efficacy of psychological services, their ability to take the steps needed to seek such services, and their ability to achieve positive outcomes from seeking psychological help. A multipronged approach that is aimed at both stigma reduction and efficacy enhancement may be most effective.

Limitations

This study has several limitations. Participants were college students from a medium-sized Midwestern university with a narrow range of demographic characteristics (i.e., predominantly Caucasian and of traditional college age). This obviously limits the
degree to which the results of the present study can generalized to other samples and settings.

The use of a correlational analysis in the present study presents a limitation in that predictive or directional relationships among the variables cannot be determined. Although there may be a number of feasible interpretations of the results, the underlying nature of the relationship between these variables is not known and merits further investigation. The one significant canonical correlation that was interpreted in the present study only accounted for about 15% of the variance between the two canonical sets. Even though relationship between the two sets of variables was significant, future studies are needed on the nature of and the relevance of the relationship between coping, self-efficacy, and help-seeking attitudes and intentions.

The use of the Brief COPE posed additional challenges for this study. The subscales of Acceptance, Humor, and Self-Distraction did not form a strong factor scale and did not load strongly on other coping factors that emerged in the factor analysis. Thus, these coping strategies were essentially excluded from interpretation. The construct validity of the original Brief COPE subscales may be questionable. Because the Brief COPE has 14 subscales of only 2 items each, their ability to cover their respective coping domains sufficiently can be questioned. In the current study, several factor analyses were performed on both the 14 subscales and the 28 items. Ultimately, Principal Axis factoring of the subscales with a Promax rotation yielded the most interpretable and conceptually meaningful factor structure. A factor analysis of individual items, however, was more challenging. Principal axis factor analysis on items yielded nine factors but several items did not load greater than .40 on any factor; many factors consisted of only 2 items; and
the Acceptance subscale items loaded on two separate factors. A closer look at the items of the subscales, in fact, indicated that items in a subscale seemed to have different meanings and might therefore not have been reflective of the same construct. For example, the two Acceptance items are: “I accept the reality of the fact that it has happened” and “I learn to live with it” (Carver, 1997). The first item seems to suggest a more active, direct acceptance of the stressor, whereas the second item does not appear to do so, as a person may “learn to live with it” but not necessarily deliberately “accept the reality of the fact that it happened.” Particularly because the Brief COPE subscales contain only two items each, it would be important that the pairs of items measures the same construct. It appears that there may be issues related to the construct validity of at least some of the Brief COPE subscales and items.

As mentioned previously, the use of the Brief COPE as a trait-like measure, as well as the use of a trait-like measure of self-efficacy may have limitations in that the coping behaviors assessed were not linked to any particular contexts. Although it makes sense that self-efficacy would be associated with adaptive coping, it cannot be known for sure the extent to which the coping strategies examined were adaptive or maladaptive. Another limitation is that conclusions could not be drawn about Humor, Acceptance, and Self-Distraction, as these coping strategies formed a weak factor scale (Focus-Shifting Coping) and did not seem to be related to other strategies.

Finally, the present study did not address the fact that people may rely on several coping strategies simultaneously, some of which may appear opposed to one another or may belong to both “adaptive” and “maladaptive” categories (e.g., Carver et al., 1989; Folkman & Lazarus, 1980; Peacock & Wong, 1993). It is unknown how help-seeking
attitudes may relate to the use, for example, of both active coping and self-blame. It is also unclear if participants who “generally cope” in certain ways always use those strategies, or if they may rely on other strategies in certain situations, such as when a stressor is uncontrollable. Future research might address this issue.

Conclusions

The results of the current study provide researchers and mental health practitioners with information about the relationship between coping behaviors, general self-efficacy, and attitudes toward seeking professional psychological help. As hypothesized, women and people with prior counseling had more positive attitudes toward seeking psychological help than men and people without prior counseling. It was discovered that in the current sample higher general self-efficacy and Support-Seeking Coping (Use of Emotional Support, Use of Instrumental Support, and Venting) were associated with greater intent to seek psychological help, greater stigma tolerance, and greater beliefs in psychologists’ expertness; and that lower self-efficacy and Avoidant Coping (Denial, Substance Use, Behavioral Disengagement, and Self-Blame) were associated with less intent to seek psychological help, less stigma tolerance, and less belief in psychologists’ expertness. These results supported the hypothesis that help-seeking attitudes and intentions would be related to coping and general self-efficacy even though the relationship was not very large.

These findings have implications for research, theory, and practice, as discussed. Among these implications are that self-efficacy seems to be a prerequisite for help seeking, that efforts to reduce the stigma associated with help seeking are needed, that a number of people who do not choose to seek help are likely to rely on avoidant coping
strategies, and that it is also possible for people to cope in ways considered to be adaptive (e.g., via Problem-Focused Coping) without seeking professional psychological help.

Although the canonical correlation examining the relationship among the variables studied yielded significant findings, the significant root accounted for a small portion of the variance, which suggests a more complex relationship among these variables than can be explained by the present findings. Future research should be aimed at investigating the underlying nature of the relationships among these variables. Future research is needed, for example, to explore the role of self-efficacy in coping and help seeking and to better understand what constitutes adaptive versus maladaptive coping and what contextual factors may determine this distinction.
REFERENCES


Table 1

*Scale Means, Standard Deviations, and Reliabilities*

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<tr>
<th>Scale/Documents</th>
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<th>SD</th>
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### Table 2

*Pearson’s Correlations between the BAPS, General Self-Efficacy, and Brief COPE Scales*

<table>
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<tr>
<th>BAPS Intent</th>
<th>BAPS Stigma Tolerance</th>
<th>BAPS Expertness</th>
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* p < .05 (2-tailed); ** p < .01 (2-tailed); *** p < .001 (2-tailed).
Table 3

*Total Variance Explained by Factor Analysis of Brief COPE*

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<th>Factor</th>
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<th>% of Variance</th>
<th>Cumulative</th>
<th>Total</th>
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Table 4

**Brief COPE Factor Loadings by Subscale**

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<td>.319</td>
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Note. Principal Axis Factoring with Promax Rotation; Loadings that are underlined represent the factor to which each subscale belonged; Factor 1: Problem-Focused Coping (Active Coping, Positive Reframing, Religion, Planning); Factor 2: Support-Seeking Coping (Use of Emotional Support, Use of Instrumental Support, Venting); Factor 3: Avoidant Coping (Denial, Substance Use, Behavioral Disengagement, Self-Blame); Factor 4: Focus-Shifting Coping (Acceptance, Humor, Self-Distraction).
Table 5

*Canonical Correlation for Coping and Self-Efficacy Predicting Help Seeking for Function 1*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Coef</th>
<th>$r_s$</th>
<th>$r_s^2$ (%)</th>
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<tr>
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<td>BAPS - Stigma Tolerance</td>
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<td>$R_c^2$</td>
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<td>General Self-Efficacy</td>
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</table>

Note. Structure coefficients ($r_s$) greater than |.45| are underlined. Coef = standardized canonical function coefficient; $r_s$ = structure coefficient; $r_s^2$ = squared structure coefficient. Problem-Focused Coping: Active Coping, Positive Reframing, Religion, Planning; Support-Seeking Coping: Use of Emotional Support, Use of Instrumental Support, Venting; Avoidant Coping: Denial, Substance Use, Behavioral Disengagement, Self-Blame; Focus-Shifting Coping: Acceptance, Humor, Self-Distraction.
APPENDIX A

DEMOGRAPHIC FORM, PREVIOUS COUNSELING

Please check only those responses that apply.

1. I am: _____ Male  _____ Female

2. My ethnic/racial background is:
   _____ African American/Black
   _____ Caribbean/Caribbean American
   _____ Middle Eastern/Middle Eastern-American
   _____ Asian/Asian American/Pacific Islander
   _____ Caucasian/White
   _____ Hispanic/Latino
   _____ Native American
   _____ Biracial
   _____ Multiracial
   _____ Other

3. My date of birth is: _____ Month   _____ Day,   ___ Year

4. I am a:
   _____ Freshman
   _____ Sophomore
   _____ Junior
   _____ Senior
   _____ Graduate Student

5. My marital status is:
   _____ Never married
   _____ Married
   _____ Divorced
   _____ Separated
   _____ Living with partner

6. I have:
   _____ An experience of seeking counseling or professional psychological help
   _____ No experience of seeking counseling or professional psychological help
APPENDIX B

BELIEFS ABOUT PSYCHOLOGICAL SERVICES SCALE (BAPS)
(ÆGISDÓTTIR & GERSTEIN, 2009)

Please read the following statements and rate them using the scale provided. For each item, select the number that most accurately reflects your attitude toward seeking psychological help.

Strongly Disagree (1) (2) (3) (4) (5) (6) Strongly Agree

1. If a good friend asked my advice about a serious problem, I would recommend that he/she see a psychologist.
2. I would be willing to confide my intimate concerns to a psychologist.
3. Seeing a psychologist is helpful when you are going through a difficult time in your life.
4. At some future time, I might want to see a psychologist.
5. I would feel uneasy going to a psychologist because of what some people might think.
6. If I believed I were having a serious problem, my first inclination would be to see a psychologist.
7. Because of their training, psychologists can help you find solutions to your problems.
8. Going to a psychologist means that I am a weak person.
9. Psychologists are good to talk to because they do not blame you for the mistakes you have made.
10. Having received help from a psychologist stigmatizes a person’s life.
11. There are certain problems that should not be discussed with a stranger such as a psychologist.
12. I would see a psychologist if I were worried or upset for a long period of time.
13. Psychologists make people feel that they cannot deal with their problems.
14. It is good to talk to someone like a psychologist because everything you say is confidential.
15. Talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.
16. Psychologists provide valuable advice because of their knowledge about human behavior.
17. It is difficult to talk about personal issues with highly educated people such as psychologists.
18. If I thought I needed psychological help, I would get this help no matter who knew I was receiving assistance.

Subscales are computed as follows:
Intent, items 1, 2 3, 4, 6, 12
Stigma Tolerance, items 5, 8, 10, 11, 13, 15, 17, 18
Expertness, items 7, 9, 14, 16

Reverse scoring: items 5, 8, 10, 11, 13, 15, 17
APPENDIX C

NEW GENERAL SELF-EFFICACY SCALE (NGSE) (CHEN ET AL., 2001)

Please read the following statements and rate them using the scale provided. For each item, select the number that most accurately reflects your agreement or disagreement.

Strongly disagree (1) (2) (3) (4) (5) Strongly agree

1. I will be able to achieve most of the goals that I have set for myself. (1) (2) (3) (4) (5)
2. When facing difficult tasks, I am certain that I will accomplish them. (1) (2) (3) (4) (5)
3. In general, I think that I can obtain outcomes that are important to me. (1) (2) (3) (4) (5)
4. I believe I can succeed at most any endeavor to which I set my mind. (1) (2) (3) (4) (5)
5. I will be able to successfully overcome many challenges. (1) (2) (3) (4) (5)
6. I am confident that I can perform effectively on many different tasks. (1) (2) (3) (4) (5)
7. Compared to other people, I can do most tasks very well. (1) (2) (3) (4) (5)
8. Even when things are tough, I can perform quite well. (1) (2) (3) (4) (5)
APPENDIX D

BRIEF COPE (CARVER, 1997)

We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This questionnaire asks you to indicate what you generally do and feel, when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress.

Then respond to each of the following items by blackening one number on your answer sheet for each, using the response choices listed just below. Please try to respond to each item separately in your mind from each other item. Choose your answers thoughtfully, and make your answers as true FOR YOU as you can. Please answer every item. There are no "right" or "wrong" answers, so choose the most accurate answer for YOU—not what you think "most people" would say or do. Indicate what YOU usually do when YOU experience a stressful event.

I usually don’t do this at all (0) (1) (2) (3) I usually do this a lot

1. I turn to work or other activities to take my mind off things. (0) (1) (2) (3)
2. I concentrate my efforts on doing something about the situation I'm in. (0) (1) (2) (3)
3. I say to myself "this isn't real." (0) (1) (2) (3)
4. I use alcohol or other drugs to make myself feel better. (0) (1) (2) (3)
5. I get emotional support from others. (0) (1) (2) (3)
6. I give up trying to deal with it. (0) (1) (2) (3)
7. I take action to try to make the situation better. (0) (1) (2) (3)
8. I refuse to believe that it has happened. (0) (1) (2) (3)
9. I say things to let my unpleasant feelings escape. (0) (1) (2) (3)
10. I get help and advice from other people. (0) (1) (2) (3)
11. I use alcohol or other drugs to help me get through it. (0) (1) (2) (3)
12. I try to see it in a different light, to make it seem more positive. (0) (1) (2) (3)
13. I criticize myself. (0) (1) (2) (3)
14. I try to come up with a strategy about what to do. (0) (1) (2) (3)
15. I get comfort and understanding from someone. (0) (1) (2) (3)
16. I give up the attempt to cope. (0) (1) (2) (3)
17. I look for something good in what is happening. (0) (1) (2) (3)
18. I make jokes about it. (0) (1) (2) (3)
19. I do something to think about it less, such as go to movies, watch TV, read, daydream, sleep, or go shopping. (0) (1) (2) (3)
20. I accept the reality of the fact that it has happened. (0) (1) (2) (3)
21. I express my negative feelings. (0) (1) (2) (3)
22. I try to find comfort in my religion or spiritual beliefs. (0) (1) (2) (3)
23. I try to get advice or help from other people about what to do. (0) (1) (2) (3)
24. I learn to live with it. (0) (1) (2) (3)
25. I think hard about what steps to take. (0) (1) (2) (3)
26. I blame myself for things that happened. (0) (1) (2) (3)
27. I pray or meditate. (0) (1) (2) (3)
28. I make fun of the situation. (0) (1) (2) (3)
Scales are computed as follows (with no reversals of coding):

- Self-distraction, items 1 and 19
- Active coping, items 2 and 7
- Denial, items 3 and 8
- Substance use, items 4 and 11
- Use of emotional support, items 5 and 15
- Use of instrumental support, items 10 and 23
- Behavioral disengagement, items 6 and 16
- Venting, items 9 and 21
- Positive reframing, items 12 and 17
- Planning, items 14 and 25
- Humor, items 18 and 28
- Acceptance, items 20 and 24
- Religion, items 22 and 27
- Self-blame, items 13 and 26
APPENDIX E

INTRODUCTORY E-MAIL MESSAGE

Subject: Participants Needed: Stress & Coping Survey

Message: I am looking for students to take a survey on stress and coping. Your participation will greatly assist me in conducting research for my master’s thesis. The purpose of this research is to better understand the ways in which college students cope with stressful experiences. By completing the survey, you will also be eligible to win a gift card for Amazon.com or Best Buy.

To participate, please click on the link below. This survey should take about ten to fifteen minutes to complete. Please know that your responses will be anonymous.

[LINK]

This project has received approval from BSU’s Institutional Review Board. Winners will be notified during finals week of this semester. There will be four gift card winners.

Thank you! Your participation is greatly appreciated!

Kathleen L. Niegocki, B.A.
Principal Investigator
Department of Counseling Psychology & Guidance Services
klniegocki@bsu.edu
(765) 288-2408

Dr. Stefánía Ægisdóttir
Thesis Advisor
Associate Professor of Psychology
Department of Counseling Psychology & Guidance Services
stefaegis@bsu.edu
(765) 285-8040
APPENDIX F

INTRODUCTION TO PARTICIPANTS: INFORMATION AND AGREEMENT

Thank you for your interest in this study on stress and coping! The purpose of this research project is to better understand the ways in which individuals cope with stressful experiences. The principal investigator is Kathleen Niegocki, B.A., and her faculty supervisor is Dr. Stefания Ægisdóttir. (Contact information can be found below.)

Your participation in this study is voluntary and anonymous. In order to ensure that you are entered for the prize drawing, you will be asked to send an e-mail containing your name to an address that will be provided to you at the end of the survey. Please know that your e-mail address and name can in no way be linked to your survey responses. Your answers will be accessible only to the principal investigator and faculty advisor. Your responses will only be presented in the form of group data with absolutely no identifying information.

Please read all instructions carefully and answer all questions openly and honestly. There are no “right” answers except for those that reflect your actual experiences, feelings, and beliefs. In order to be entered to win a gift card, you must complete the entire survey; however, you are free to withdraw from the study at any point as your participation is voluntary. This should take about ten to fifteen minutes.

There is little foreseeable risk associated with your participation in this study. However, if you find yourself feeling anxious or experiencing any negative feelings as a result of your participation, please know that there are psychological services on campus available for students that are confidential and free of charge. You may contact the Counseling Center at (765) 285-1736.

For questions about your rights as a research participant, please contact the Institutional Review Board, Office of Academic Research and Sponsored Programs, Ball State University, Muncie, IN, 47306, (765) 285-5070, irb@bsu.edu.

Thank you again for participating!

Kathleen L. Niegocki, B.A.
Primary Investigator
klniegocki@bsu.edu
(765) 288-2408

PLEASE CLICK BELOW TO BEGIN THE SURVEY

[BEGIN]
APPENDIX G

THANK YOU, PRIZE DRAWING

Thank you very much for taking the time to complete this survey. Again, your participation is greatly appreciated.

In order to enter to win a prize, simply send an e-mail containing your full name to the address listed below. The prizes are: a $25 Amazon.com gift card, a $50 Amazon.com gift card, a $25 Best Buy gift card, and a $50 Best Buy gift card.

stresscopingresearchbsu@gmail.com