THE RELATIONSHIPS AMONG COUNSELING EXPECTATIONS, ATTITUDES TOWARD SEEKING PSYCHOLOGICAL HELP, PSYCHOLOGICAL DISTRESS, AND INTENTION TO SEEK COUNSELING

A DISSERTATION

FOR THE DEGREE

DOCTOR OF PHILOSOPHY

BY

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ABSTRACT

The relationships among counseling expectations, attitudes toward seeking psychological help, psychological distress, and intention to seek counseling have only been examined in one previous study (Vogel, Wester, Wei, & Boysen, 2005). The primary purpose of the current study was to replicate and address the limitations of the Vogel et al. (2005) study. First, a mediation analysis of attitudes on the relationship of expectations and intention to seek therapy was performed. Next, path analyses were used to test a model of the relationship among counseling expectations, attitudes toward seeking psychological help, psychological distress, and the intent to seek counseling, for men and women separately. In the hypothesized model, two separate paths were predicted to impact intentions to seek psychological help. First, three distinct expectations about counseling (personal commitment, facilitative conditions, and counselor expertise) were expected to influence attitudes toward seeking psychological help, which in turn, predicted intention to seek counseling. Second, psychological distress was expected to relate to the intent to seek therapy. Because the hypothesized model for both genders did not fit the data, exploratory path analyses were completed. In the final path model for men, additional paths from the expectancy factors personal commitment and counselor expertise to intent to seek therapy resulted in a well-fitting model. For women, an additional path between psychological distress and attitudes improved the model significantly. Impact of these findings for research and practice are discussed.

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CHAPTER I

INTRODUCTION

Identifying factors influencing persons to seek psychological help has been the focus of a number studies in the counseling psychology field. Expectations about counseling, attitudes toward seeking psychological help, and psychological distress have all been shown to be related to intentions to seek psychological help. However, only one study has combined all of these variables into a single model and tested the relationships among them (Vogel, Wester, Wei, & Boysen, 2005). The goal of this project was to replicate the Vogel et al. study and address some of its limitations.

In any given year, approximately 26.2% of Americans over the age of 18 are diagnosed with some type of mental disorder. Of those diagnosed, almost one-half (45%) are diagnosed with two or more disorders (Kessler, Chiu, Demler, & Walters, 2005). Additionally, of the approximately 32,000 people that committed suicide in the United States in 2004, more than 90% had a diagnosable mental disorder, such as a depressive disorder or a substance abuse disorder (Kessler et al., 2005). Furthermore, based on the World Health Organization (WHO) statistic to estimate the years of life lost due to disability (YLDs), nearly one-third of all causes of the world's YLDs were of neuropsychiatric origin (i.e., unipolar depression, bipolar disorder, schizophrenia; 2004). Of these, the leading cause of YLDs was unipolar depression (WHO, 2004). Thus, mental

health disorders not only affect a large percent of the world population, but also negatively affect the length of life of those diagnosed with a mental disorder.

Individuals may learn to cope with psychological distress by engaging in psychotherapy. It has been shown in a vast number of studies that psychotherapy is beneficial for clients (Lambert & Bergin, 1994). For example, Smith, Glass, and Miller (1980) found that by the end of treatment, when compared to those who remain untreated, 80% of those who receive psychological treatment had a reduction in psychiatric symptoms. Furthermore, Howard, Kopta, Krause, and Orlinsky (1986) found a dose-response relationship with psychotherapy. More specifically, in a number of settings and diagnoses, by 8 sessions approximately 50% of patients were measurably improved, and approximately 75% were improved by the 26th session. Also, different therapeutic models (i.e., Cognitive Behavioral, Psychodynamic) have been found to be equally effective (Drisko, 2004).

In a meta-analysis of cognitive therapy outcome research, clients who received Beck's cognitive therapy for depression were able to reduce depressive symptoms at a greater level than 98% of control patients (Dobson, 1989). Persons who choose to not seek help may experience psychological symptoms for extended periods of time, and the symptoms may get worse. For example, in a three year longitudinal study of non-help-seeking third-graders, it was found that as the number of depressive symptoms increased, the number of reciprocal relationships and perceived quality of interpersonal relationships decreased (Rudolph, Ladd, & Dinella, 2007). Lambert and Bergin (1994) summarized the literature on efficacy of psychotherapy stating, "an overwhelming number of controlled studies reveal a positive therapeutic effect when compared with no-treatment" (p. 149).

Finally, psychotherapy has been shown to be as effective as, or better than psychoactive medication in reducing psychological symptoms (Quality Assurance Project, 1983).

Even though the efficacy of psychotherapy in treating a variety of disorders has been demonstrated in numerous trials, many persons are hesitant to seek psychological help. For example, they may have negative expectations of counseling, negative attitudes toward counseling, and/or feel they are not experiencing significant psychological distress (Biddle, Donovan, Sharp, & Gunnell, 2007; Cramer, 1999; H. E. A. Tinsley, 2008). Whereas counseling expectations, counseling attitudes, and distress have been extensively researched in relation to psychological help-seeking, the relationships among all these factors and willingness to seek help have not. That is, to date limited information exists on how each of these variables interacts in relation to psychological help-seeking. Such knowledge might offer suggestions on how to increase individuals' willingness to seek psychological help when it may benefit them. Therefore, in the current study, the relationships among expectations about counseling, psychological help-seeking attitudes, intent to seek counseling, and psychological distress were examined.

Expectations about Counseling

Expectations about counseling refer to persons' beliefs about the outcome of therapy, the therapist characteristics, and the amount of emotional disclosure required in a counseling session (H. E. A. Tinsley, 2008). More specifically, H. E. A. Tinsley, Brown, de St. Aubin, and Lucek (1984) wrote:

> In general… the counselor is expected to be warmly interested in each client, highly trained and expert, and confident in his or her ability to help the client. The findings also indicate that the counselor is expected to be problem centered on a

> personal level, thoroughly prepared for each interview, at ease with the client and the client's problem, and trustworthy (i.e., maintain confidentiality). (p. 149)

H. E. A. Tinsley and Harris (1976) noted that the strongest expectations of undergraduate students regarding counseling included seeing an experienced, genuine, expert, and accepting counselor that they could trust. Furthermore, it has been found that persons who have low, or negative, expectations about counselor expertise, empathy, and trustworthiness, are more reluctant to seek help from counselors than those who hold high or positive expectations about these counselor characteristics (H. E. A. Tinsley & Benton, 1978; H. E. A. Tinsley et al., 1984).

Counseling expectations vary by gender. Women tend to have more positive expectations for counseling than men (Ægisdóttir & Gerstein, 2000, 2004; H. E. A. Tinsley et al., 1984). In general, women expect to take more responsibility in sessions and expect a more positive outcome from counseling when compared to men (Hardin & Yanico, 1983; Subich & Hardin, 1985). Ægisdóttir and Gerstein (2000, 2004) found that women expected to be more personally committed in counseling than men. In contrast, men tended to expect more directions and more self-disclosure from the counselor than women (Ægisdóttir & Gerstein, 2000, 2004; Hardin & Yanico, 1983; Kunkel & Williams, 1991). Ægisdóttir and Gerstein (2000, 2004) suggested that the difference between counseling expectations of men and women might explain some of the differences in counseling utilization, because women have higher utilization rates than men (Morgan, Ness, & Robinson, 2003; Rickwood & Braithwaite, 1994).

In addition to gender, persons' age and cultural background have been found to affect counseling expectations. Wagner (1999), for instance, found that traditionally aged college students (18-25 years) expected counselors to be more accepting, directive, self-disclosing, expert, and tolerant than older students (over 25 years). In terms of culture, it has been found that compared to U.S. college students, Icelandic college students expressed greater expectations that a counselor should be directive, should offer advice, and had the ability to know clients' feelings without being informed about them (Ægisdóttir & Gerstein, 2000). Also, North (1996) found that Mexican-American women, when compared to Mexican-American men, had higher expectations for counselors to be empathetic and compassionate. Finally, when compared to U.S. college students, Singaporean college students had lower expectations of personal commitment to counseling and believed less in its efficacy. They also expected the counselor to be more directive, empathic, and self-disclosing than U.S. students (D'Rozario, 1996).

Based on this research, it appears that counseling expectations is an important concept to consider in understanding psychological help-seeking. Furthermore, previous research suggests that individuals' gender and cultural background need to be considered when examining counseling expectations.

Attitudes Toward Seeking Psychological Help

Attitudes have been defined as "the degree to which a person has a favorable or unfavorable evaluation or appraisal of the behavior in question" (Ajzen, 1991; p. 188). The more positive attitudes persons have about a behavior, the greater their intentions to perform the behavior. As a result, they are more likely to perform that behavior (Ajzen, 1991).

In terms of seeking psychological help, persons who hold positive attitudes toward seeking psychological help are more likely to seek psychological help compared to those with more negative attitudes toward that behavior (Cepeda-Benito & Short, 1998; Cramer, 1999; Deane & Todd, 1996; Kelly & Achter, 1995; Morgan et al., 2003). Not only has this relationship been found in studies with mostly Caucasian participants (as in the studies above), but it has also been found among Asian and Asian Americans (Liao, Rounds, & Klein, 2005) and African Americans (Wallace & Constantine, 2005). Furthermore, biracial persons in the United States (Constantine & Gainor, 2004) and Korean persons (Yoo & Skovholt, 2001) who have sought psychological help in the past reported more positive attitudes toward seeking such help compared to those who have not sought help. Thus, regardless of culture, when persons have positive attitudes toward seeking psychological help they may be more likely to seek it.

Psychological help-seeking attitudes have been found to vary by gender. Women typically express more positive attitudes toward psychological help-seeking than men (Kelly & Achter, 1995; Mackenzie, Gekoski, & Knox, 2006; Morgan, Ness, & Robinson, 2003; Yoo, Goh, & Yoon, 2005; Ægisdóttir & Gerstein, 2009). Because numerous studies have found women to express more positive attitudes toward seeking psychological help than men, it is important to include gender as a variable when examining the relationship between attitudes and willingness to seek help.

Psychological Distress

In addition to counseling expectations and attitudes, the degree of individuals' perceived psychological distress has been shown to influence persons' psychological help-seeking intentions. For example, Cepeda-Benito and Short (1989) found that college

students reported an intention to seek help from a counselor if they were experiencing significant interpersonal, academic, or drug problems. Furthermore, others have found that as persons' psychological distress increased, so did their intention to seek counseling (Cramer, 1999; Kushner & Sher, 1989; Morgan et al., 2003). Those who seek psychological help have been similarly found to have more severe psychological distress compared to those who do not seek professional psychological help (Pillay & Rao, 2002). Thus, one's level of distress is an important antecedent to psychological help-seeking.

Biddle, Donovan, Sharp, and Gunnel (2007) created a dynamic model of psychological non-help-seeking, called the Cycle of Avoidance Model (see Figure 1, Chapter II). In this model, persons experiencing increasingly severe distress use repeated attempts to cope and normalize this distress. If an appropriate coping mechanism is not found, a threshold is crossed eventually either via a crisis, self-realization, or action of an external agency (i.e., being arrested). Once the threshold is crossed, persons acknowledge they are in distress and seek help (Biddle et al., 2007). Thus, perceived psychological distress impacts intention to seek help.

Much like counseling attitudes and expectations, men and women rate their psychological distress differently. Women have been found to have higher rates of depression and depressive symptoms than men (Kessler et al., 1994). Also, in a study of Israeli adolescents, Tishby et al. (2001) noted that women reported higher level of stress than men. Morgan et al. (2003) also found this gender effect, but noted that the difference might be due to men under-reporting their psychological symptoms. Due to this robust gender effect, the difference in reporting psychological distress between men and women is important to take into consideration.

Intentions to Seek Counseling

Ajzen (1991) described intentions to perform a particular behavior as "the motivational factors that influence a behavior; they are indications of how hard people are willing to try, of how much of an effort they are planning to exert, in order to perform the behavior" (p. 181). The greater one's intentions are to perform a behavior, the more likely it is that one will perform the behavior. When there are no problems with control (i.e., cannot pay for behavior, do not have the time for the behavior), behaviors can be accurately predicted from intentions (Ajzen, 1991). The relationship between behavioral intentions and the performance of the actual behavior has been found for voting (Fishbein & Ajzen, 1981); using condoms (Fisher, 1984; McCarty, 1981); and purchasing generic prescriptive drugs (Brinberg & Cummings, 1984).

Because behaviors can be predicted from intentions, in counseling psychology research, persons' intention to seek psychological help is typically measured instead of actual psychological help-seeking. Many factors have been found to act as barriers to persons' intention to seek psychological help, such as fear of treatment (Amato & Bradshaw, 1985; Kushner & Sher, 1989; Pipes, Schwarz, & Crouch, 1985); anticipated cost (Vogel & Wester, 2003); desire to avoid discussing distressing information (Cepeda-Benito & Gleaves, 2000; Cramer, 1999; Kelly & Achter, 1995; Vogel & Wester, 2003); hope to avoid experiencing painful feelings (Komiya, Good, & Sherrod, 2000); and avoidance of the social stigma attached to psychological help-seeking or negative judgments from others (Deane & Chamberlain, 1994). In contrast, factors that may increase persons' intentions to seek psychological help are: positive expectations about counseling (Ajzen, 1991; Watson, 2005); positive attitudes toward seeking psychological

help (Ajzen, 1991; Bergandi & Wittig, 1984; Cramer, 1999; Kelly & Achter, 1995; Mau & Jepsen, 1988; Morgan et al., 2003; Ponterotto, Anderson, & Grieger, 1986); and increased psychological distress (Cepeda-Benito & Short, 1998; Cramer, 1999; Kelly & Achter, 1995; Morgan et al., 2003).

Attitudes, Expectations, Psychological Distress, and Intentions

In an effort to understand factors influencing psychological help-seeking, Cramer (1999) and Morgan et al. (2003) investigated the relationships among psychological distress, attitudes toward seeking psychological help, and intentions to seek counseling among college students. They found that (separately) psychological distress and attitudes toward seeking psychological help were positively related to students' intentions to seek counseling services. They also found that psychological distress and psychological help-seeking attitudes were not related (Cramer, 1999; Morgan et al., 2003). These findings mirror some previous research (Cepeda-Benito & Short, 1998; Rickwood & Braithwaite, 1994) that psychological distress does not have a significant influence on attitudes toward seeking psychological help. Yet, these findings contradict those reported by Chang (2007a, 2007b, 2008), who, in a series of studies, found a significant negative relationship between distress and psychotherapy attitudes between Taiwanese and Chinese students. Thus, although intentions to seek psychological help are clearly related to both psychological distress and attitudes toward counseling, the relationship between psychological distress and attitudes toward counseling is less clear.

As mentioned previously, counseling expectations are related to psychological help-seeking. As shown by H. E. A. Tinsley, et al (1984), college students' expectations about counseling predicted which of seven different campus help-giving agencies (i.e.,

college counselor, advisor, counseling psychologist) they would choose. However, unlike attitudes and psychological distress, counseling expectations' influence on help-seeking intentions may be mediated by attitudes.

According to a specific part of the Theory of Reasoned Action (TRA; Ajzen & Fishbein, 1980) and the Theory of Planned Behavior (TPB; Ajzen, 1991), intentions to perform a behavior are greatly influenced by the persons' attitudes toward the behavior. For example, the more positive attitude one has about a behavior, the greater one's intent to perform that behavior. In a recent study on the relationships among counseling expectations, attitudes toward counseling, psychological distress, and intentions to seek therapy, Vogel et al. (2005) examined how attitudes toward counseling mediated the relationship between intentions to seek psychological help and numerous factors they labeled "counseling expectations". These expectancy factors were social stigma, treatment fears, self-disclosure, self-concealment, anticipated risks, anticipated utility, and social norm. The authors argued that each of these psychological factors were counseling expectations and therefore impacted intentions to seek therapy via the mediating role of attitudes toward seeking psychological help. They found that social stigma, self-disclosure, anticipated utility, social norm, social support, and previous therapy experience were all related to counseling attitudes, which in turn were related to intentions. Also, treatment fear and self-disclosure were found to have a direct effect on intentions to seek therapy (Vogel et al., 2005). To my knowledge, this was the first and only study focusing on the relationships among expectations about counseling, attitudes toward seeking psychological help, psychological distress, and intention to seek counseling. Yet, despite this study's importance, several problems can be noted that

limits the validity of the findings. The first criticism has to do with the selection of instruments. Vogel et al. (2005) used an attitude measure (i.e., the Attitudes Toward Seeking Professional Psychological Help Scale – Short Form (ATSPPHS-SF); Fischer & Farina, 1995), which, despite its name, includes items that measure intentions to seek counseling. Responses to this attitude scale were then used to predict participants' intentions to seek psychological help as measured by the Intentions to Seek Counseling Inventory (ISCI; Cash, Begley, McCown, & Weise, 1975). Because they are measuring the same construct when these scales are used to measure the relationship between attitudes and intentions, it is quite possible that the relationship between attitudes and intention is elevated. This could result in misleading conclusions.

In addition to the potentially inflated relationship between attitudes and intentions due to using the ATSPPHS-SF to measure attitudes, Vogel et al.'s operationalization of counseling expectations is questionable. Vogel et al. chose seven factors (as listed above) that they believed "may be considered as part of the person's outcome expectations, and, as a result, may play a role in a person's help-seeking intentions through their effect on attitudes" (p. 460). This "shotgun" approach (i.e., using a number of instruments to represent poorly defined counseling expectations) increases the possibility that an effect will be found. Yet it is not clear if, in their study, the counseling expectancy construct (e.g., H.E.A. Tinsley, 2008) was actually measured.

Finally, the reasoning of Vogel et al. (2005) as to why they did not find (1) a gender effect on attitudes and (2) a relationship between psychological distress and intentions to seek help leads one to question the validity of their conclusions. For instance, despite that numerous studies have found that women express more positive

attitudes toward seeking psychological help than men (Fischer & Farina, 1995; Kelly & Achter, 1995; Mackenzie, Gekoski, & Knox, 2006; Morgan, Ness, & Robinson, 2003), Vogel et al. failed to find this difference. In explaining their findings, Vogel et al. stated that *no* gender differences had been found in previous studies and cited Kelly and Achter (1995). Yet upon reviewing Kelly and Achter's work, this author found the following statement, which was based on their data: "a significant predictive effect was revealed for gender…Male participants tended to have less favorable attitudes toward seeking help than did female participants" (p. 42). Thus, the citation from Vogel et al. was incorrect.

In addition, Vogel et al. (2005) did not find a relationship between psychological distress and intentions to seek therapy. Yet, the relationship between psychological distress and intention to seek therapy has been well documented (e.g., Cramer, 1999; Halgin et al., 1987; Morgan et al., 2003). Vogel et al. (2005) explained their lack of finding this well documented relationship to the, "use of a general distress measure rather than identifying those who had or were experiencing an intense problem" (p. 465). Thus far, a number of studies have found a relationship between psychological distress and intent using this same measure (Cramer, 1999; Morgan et al., 2003, Vogel, 2008).

Although Vogel, et al's. (2005) study had numerous strengths; the limitations just mentioned thwart its reliability and validity. The current project was designed to replicate the Vogel et al. (2005) work on the relationships among expectations about counseling, attitudes toward seeking psychological help, psychological distress, and intentions to seek counseling and to improve on some of Vogel et al.'s study's limitations.

In the current study, therefore, instead of utilizing numerous measures of diverse concepts to represent counseling expectation, the current study employs a scale

specifically developed to measure common and theoretically relevant counseling expectancies - the brief version of the Expectation About Counseling questionnaire (H. E. Tinsley, 1982). In addition, in the current study, careful attention was paid to selecting a measure of attitudes toward seeking psychological help that did not confuse the constructs of attitudes and intentions. Thus, the Beliefs About Psychological Services scale was used (BAPS, Ægisdóttir & Gerstein, 2009), which separates behavioral items from attitudinal items by the use of subscales. That is, the researcher, if only interested in measuring attitudes toward seeking psychological help and not attitudes and intentions, can rely on only two of the three subscales of the measure. By doing this, the potential inflation and conceptual confusion between attitudes and intentions is avoided. In the current study, therefore, and as Vogel et al. (2005) did, the relationship among expectations about counseling, attitudes toward seeking psychological help, psychological distress, and intentions to seek therapy was examined.

Based on the Cycle of Avoidance and previous research, a theoretical model was developed and tested (See Figure 2, Chapter II). In this model, a direct positive relationship was expected between counseling expectations and attitudes toward seeking psychological help. Also, a positive relationship was anticipated between attitudes toward seeking psychological help and intentions to seek psychological help. Thus, the relationship between counseling expectation and intentions to seek help will be partially mediated by attitudes. Finally, a positive relationship was expected between psychological distress and intentions to seek psychological help.

The information garnered from this study has implications for research and practice. First, a model using valid and reliable measures of counseling expectations,

psychological help-seeking attitudes, psychological distress, and counseling intentions has yet to be developed and tested. Therefore the findings of this study will help clarify the relationship among these factors and their impact on persons' intentions to seek counseling. Second, the findings from this study may be useful in designing programs to counteract negative or unrealistic counseling expectancies or attitudes and may therefore increase the likelihood that those who may benefit from seeking counseling services actually seek such help. Finally, the model used in this study was tested separately for men and women. By doing so, gender differences can be addressed in pre-counseling outreach programs to increase utilization of counseling services.

CHAPTER II

REVIEW OF THE LITERATURE

In the psychological help-seeking research literature, a number of studies have been completed on what influences persons to seek psychological help. Three of the most investigated variables include expectations about counseling, attitudes toward seeking psychological help, and psychological distress. Despite each of these variables individually being shown to have a relationship with seeking help, very few studies have used a path analysis to examine the relationships among these variables. The goal of this project was to examine a hypothesized path model containing each of these factors.

According to a recent study of a nationally representative sample of United States English speaking adults over 18 years old (Demyttenaere et al., 2004), slightly over one-fourth of the persons sampled (n = 9282) had been diagnosed with a mental disorder (anxiety, mood, impulse control, and/or substance abuse). Of those, just under one-half of them were diagnosed with two or more disorders. Furthermore, of the persons who were diagnosed with at least one mental disorder, approximately 60% were classified as serious (22.3%) or moderate (37.3%). Serious cases included: a serious lethal suicide attempt in the past 12 months, limits on work due to a mental or substance disorder, non-affective symptoms of psychosis, Bipolar I or II disorder, substance dependence that seriously interfered with routine daily functioning, serious repeated violence due to an

impulse control disorder, or any mental disorder which resulted in 30 or more days out of normal life roles (i.e., job, education, family). Moderate cases were defined as those that included a suicidal gesture, plan, or ideation; substance dependence without interference with daily functioning, or any disorder that had moderate role impairment on the Sheehan Disability Scale (Sheehan, 1983), which is a scale of impairment of daily functioning. Among those debilitated by a mental disorder, depression was the leading cause of disability in United States and Canada for those aged 15 – 44 years (WHO, 2004). Furthermore, mental illness and suicide have been found to account for over 15 percent of the burden of disease (years of life lost due to premature mortality and years of life lost due to time lived in states of less than full health) in the United States. This is more than the disease burden caused by all cancers (WHO, 2004).

In addition to the general U.S. population, university counseling centers across the United States have noted an increase in the severity and complexity of clients' presenting problems (Arnstein, 1995; Holm-Hadulla & Soeder, 1997; C. Rosenthal, 2000). For example, Robbins, May, and Corazzini (1985) surveyed university counseling center staff across the United States about their perceptions of the changes in client problems in the previous three years. The participants rated that clients with informational or educational needs were decreasing, while those clients with more chronic, emotional needs were on the increase. However, as Benton, Robertson, Tseng, Newton, and Benton (2003) noted, perceptions of changing needs of clients may not equate to actual changes. Also, the three year time period examined by Robbins et al. is not enough time to detect a trend in changing client needs. To correct these limitations, Benton et al. studied 13 years of counseling center archival data which included the therapist perceptions of

developmental, relational, and more serious problems (i.e., anxiety, depression, personality disorders) at therapy termination. Over the 13 years, increases in the percentage of clients identified as anxious, depressed, suicidal, or victims of sexual assault, and having a personality disorder were identified. More specifically, the number of students seen for depression doubled, the number of students with suicidal ideation tripled, and the number of students seen after a sexual assault quadrupled (Benton et al, 2003).

Benton et al. (2003) provided three reasons for the increasing complexity of client problems. First, students with more complex problems require more resources to support them. Benton et al. noted that community resources for additional support are limited. Thus, counseling centers become the primary care providers for the students. Secondly, vocational and educational choices have been limited to the counseling center in the past. Benton et al. noted their counseling center was the only one to provide career and vocational counseling services on campus until a new center dedicated to providing vocational and career services to students opened during the early years of the study. Thus, at the counseling center, the proportion of students seeking vocational services greatly decreased, and, in effect, those seeking more emotionally based concerns greatly increased. Finally, in explaining the dramatic increase in students seeking help for abuse, Benton et al. hypothesized that this may be due to an increase in books, made for TV movies, and media attention of childhood physical and sexual abuse (Benton et al., 2003).

In addition to limited availability of community resources, more access to career/vocational counseling, and increased attention in the media, the increase in problem severity may also be a function of the increasing diversity among university

students (in terms of country of origin, race, age, and religion). Additional stressors that minority university students face resulting from oppression can lead to more serious psychopathology than typically observed in non-minority students. For example, it has been shown in a number of studies that Asian American, African American, and Latino/a American students consistently seek help from counseling centers with greater distress than their Caucasian American counterparts (Hudson, Towey, & Shinar, 2008; Kearney, Draper, & Barón, 2005; Weitzman, 2004). Thus, as the diversity (in terms of country of origin, age, race, religion) of students seeking counseling at university counseling settings increases, the psychopathology seen, as well as the need for counseling, will increase for the counseling center as a whole.

Based on future trends in global health and projections of mortality and burden of disease, it is expected that the impact of psychological symptoms will worsen in the future. Between 2002 and 2030, unipolar depressive disorders are projected to increase from the fourth to the second leading cause of Disability Adjusted Life Years (DALY); or "the equivalent years of full health lost due to diseases and injury in World Health Organization WHO member states;" Mathers & Loncar, 2006, p. 2015. More specifically, unipolar depressive disorders are expected to account for the highest proportion of DALYs in high-income countries, second highest in middle-income countries, and third highest in low-income countries (Mathers & Loncar, 2006). Furthermore, the World Health Organization (WHO) projections of the leading causes of death in the next 30 years reveal that self-inflicted injuries will increase in rank from being the 14th leading cause of death in the world to 12th (Mathers & Loncar, 2006). Currently, in the United States in 2007, suicide was the 11th leading cause of death (Xu, Kochanek, Murphy, &

Tejada-Vera, 2010). Because of the negative impact of mental illness, understanding the process by which persons seek or don't seek psychological help is important.

Efficacy of Psychotherapy

For those experiencing distressing psychopathology, psychotherapy has continuously been shown to be beneficial in alleviating psychological symptoms. Smith, Glass, and Miller (1980) found that by the end of treatment, when compared to those who remain untreated, 80% of those who receive psychological treatment had a reduction in psychiatric symptoms. Clients were also found to improve throughout therapy. By the 8th session, 50% of clients had improved mental health and by the 26th session, 75% had improved (Howard, Kopta, Kranse, & Orlinsky, 1986). Also, diverse therapeutic modalities (i.e., Cognitive Behavioral, Psychodynamic) have been found equally effective (Drisko, 2004).

More specifically, a meta-analysis of studies examining the efficacy of treatments for personality disorders (especially Borderline Personality Disorder), demonstrated that psychotherapy decreased symptomatology, improved interpersonal functioning, decreased maladaptive behaviors, and decreased clients' use of mental health facilities (Hadjipavlou & Ogrodniczuk, 2010). Furthermore, in a study of persons diagnosed with depression, those who received Beck's Cognitive Therapy had a greater decrease in symptoms of depression than 98% of those in a control group (Dobson, 1989).

Psychotherapy effectiveness has also been compared to the effects of psychoactive medication. When examining depressed subjects in a general medical practice, psychotherapy was shown to be a more effective treatment than tricyclics (Blackburn, Bishop, Glen, Whalley, & Christie, 1981). Furthermore, in a meta-analysis of

medical and psychological treatments for Binge Eating Disorder (Vocks et al., 2010), cognitive behavioral interventions were found to decrease binge eating behaviors better than pharmacotherapy (mostly anti-depressants). It should be noted that the efficacy of psychotherapy and pharmacotherapy depends upon the severity of the depression. For example, Klesse et al. (2010) recommended waiting 14 days for mild depression prior to treatment, recommended either therapy or medication for those with moderate depression, and a combination of therapy and medication for those diagnosed with severe depression.

It is important to mention that the effectiveness of psychotherapy as indicated in enhanced psychological functioning resulted from engagement in therapy and not "spontaneous remission" as Eysenck (1952) suggested. For example, Howard, Kopta, Krause, and Orlinsky (1986), demonstrated that psychological symptoms decrease as the amount of therapy increases. That is, their meta-analysis of 2,431 patients over 30 years revealed that approximately 50% of patients receiving weekly psychotherapy were measurably improved by the 8^{th} session and 75% of patients improved by session 26. This rate of improvement in psychological functioning is not seen in untreated groups.

Lambert and Bergin (1994) concluded that statistically significant and clinically meaningful client improvements have been found with a wide range of psychotherapies. When provided by well trained and experienced therapists, psychotherapy is likely to result in gains for the client by not only stimulating natural healing processes but also by endowing clients with skills for current and future problems. Prior to engaging in psychotherapy, however, persons must decide to seek help. Thus, it is important to determine what factors impact persons' decision to seek psychological help.

Psychological Help-seeking

Psychological help-seeking has been defined as a behavior in which someone actively searches for psychological assistance from a mental health provider (Cramer, 1999; Morgan et al., 2003). The Information Processing Model of Psychological Help-seeking (Vogel, Wester, Larson, & Wade, 2006) was designed based on theories in information processing and social cognition to help explain the help-seeking (or non-help-seeking) course of action and describes the decision-making process in 4 steps. In Step 1 of this model, the most relevant internal and external cues regarding the need for psychological help are selectively encoded and interpreted by the individual. Personal significance of the cues or symptoms plays a large part in attention of persons. Thus, it is possible to experience severe depressive symptoms, but these symptoms may be labeled as nonthreatening (i.e., not an illness). When symptoms are thought of as nonthreatening, the help-seeking process stops, which may lead to further deficits in psychological functioning. If symptoms are labeled as threatening, persons may continue in the help-seeking process. In Step 2, persons generate options based on previous interpretations of cues and current goals. In this step they decide if a problem exists and if it needs attention. If attention is required, behavioral options are generated. In Step 3, individuals decide on the best option generated in Step 2. In this step the costs and benefits (i.e., discomfort with sharing emotional pain, feeling less distress) of their decisions are evaluated. Finally, in Step 4, the outcomes of seeking help (or not) are considered and evaluated (Vogel et al., 2006). In this fashion, in order to seek therapy, individuals must perceive their psychological distress as significant; they evaluate their expectations about therapy, and come to a conclusion that therapy will be beneficial. It is important to

mention that even though the steps in this model are presented sequentially, “it [the model] is neither progressive (i.e., individuals may not experience the process in this exact order) nor inclusive (i.e., not all clients will experience these steps)” (Vogel et al., p. 398).

Despite the growing number and severity of mental health problems, a number of studies have shown that only a fraction of individuals with psychological symptoms seek therapy. In fact, only about one-third of those who would likely benefit from psychological treatment are recipients of therapeutic services (Andrews, Hall, Teeson, & Henderson, 1999). As expected, persons may view counseling as a last resort, or a consideration only after other options of support have been exhausted (Hinson & Swanson, 1993; Lin, 2002; Maniar, Curry, Sommers Flanagan, & Walsh, 2001). For example, according to Demyttenaere et al., (2004), only 52.3% of persons in the United States with a current serious psychological disorder (see definition earlier) had received mental health treatment in the previous year. Furthermore, in the United Kingdom, Biddle, Gunnell, Sharp, and Donovan (2004) found that only 5.3% of young adults (M = 19.6 years SD = 2.3) with suicidal ideation reported seeking help from a counselor. In the United States, only 25% of persons with a lifetime history of at least one diagnosed psychiatric disorder have ever obtained professional treatment, and 20% of persons recently diagnosed with a mental disorder (in the past 12 months) accessed professional help (Kessler et al., 1994). Based on the apparent underutilization of psychological services of those who may benefit from such services, the need to examine and discover the factors that influence the decision to seek psychological services remains important.

Demographic Variables

A number of demographic variables have been studied in relation to psychological help-seeking. The variables most frequently studies are persons' cultural background, gender, and prior counseling experience.

Persons' cultural background seems to influence psychological help-seeking. When compared to Caucasian Americans, African Americans, Latino Americans, and Asian Americans seek psychological help significantly less often (Ayalon & Young, 2005; Alvidrez 1999; McMiller & Weisz, 1996; Ying & Hu, 1994). Part of this difference in help-seeking may be cultural differences about the acceptability of treatment for mental disorders. Cooper et al. (2003) examined Hispanic American, African American, and Caucasian American adult patients' perception of acceptable course of treatment for their symptoms of depression. Cooper et al. (2003) found that Caucasian patients considered medication and counseling as an acceptable course of treatment. In comparison to Caucasian patients, African American and Hispanic American patients were less likely to consider medication acceptable. In terms of counseling, African American patients found counseling less acceptable than Caucasian patients, whereas Hispanic Americans found counseling more acceptable than Caucasian patients (Cooper et al., 2003).

A number of cultural explanations have been given for the above mentioned differences. For example, Mori, Panova, & Keo (2007) noted that, when compared to Caucasian university students, Asian university students (Vietnamese (n = 105; 27.6%), Chinese (n = 79; 20.7%), Filipino (n = 82; 21.5%), Korean (n = 37; 9.7%), and Japanese (n = 31; 8.1%) were more likely to believe that mental illness was predominately organic

or environmental in nature as opposed to personality factors. Asians were also more likely to believe that the onset of mental illness is related to having poor will power and dwelling on morbid thoughts. In addition, Sue (1988) wrote that Asian cultures stigmatize emotional expression and reinforce handling problems by oneself, because expressing emotional distress may bring a lack of harmony to the group (i.e., family, friends, work). Thus, as found by Mori et al. (2007), Asians expressed less openness to engage in psychotherapy as well as less confidence in the efficacy of psychotherapy, when compared to Hispanic (mostly Mexican [n = 262; 86.2%]) and Caucasian students. As a result, Asians seek help less frequently than Hispanic and Caucasian students.

In terms of Hispanic university students, Mori (2007) noted that Hispanic college students expressed less confidence in the ability to overcome mental illness than Caucasian students. Differently from Asian cultures, some aspects of emotional expression are inherent in Hispanic culture. For example, as in many Hispanic cultures, Catholicism is the dominant religion, expression of concerns is encouraged (i.e., confessing their sins). Thus, sharing personal issues with authority figures outside the family is familiar to many Hispanics.

McMiller and Weisz (1996) reported that minorities (defined in their study as African Americans and Latino Americans) are much more likely to rely on family members and friends for mental health problems than Caucasian Americans. This same pattern holds true for Asian Americans (Abe-Kim, Takeuchi, & Hwang, 2002). Ayalon and Young (2005) found that prior to seeking a professional mental health provider, African American college students relied more on religious organizations than Caucasian Americans for mental health concerns.

Because of environmental factors, members of cultural minorities may be less likely to seek help. For example, lack of financial or insurance resources, language barriers, cultural mistrust of health professionals, and perceived violation of family privacy all affect the help-seeking process for minorities (Kim, 2007). These findings suggest that one's culture may affect one's decision to seek help and from whom such help is sought.

Persons' gender also influences psychological help-seeking. Men are consistently found to seek psychological help less often than women. This trend has been found for issues such as substance abuse, stress, and depression. In a review of psychological service utilization in Australia, United States, Canada, United Kingdom, and The Netherlands, Andrews, Issakidis, and Carter (2001) found that across the board women sought professional psychological services more often than men. Also, when faced with psychological problems, educated women aged 25 - 54 were most likely to seek psychological help, whereas high school-only educated men without families were least likely to seek professional psychological help. The authors' only explanation was that this difference could be partially based on men's inability to recognize they had an emotional problem (Andrews et al., 2001). In addition to the Andrews et al. (2001) study, Betz and Fitzgerald (1993) wrote that, "a major theme in the emerging literature on the psychology of men has to do with… men's lesser willingness to participate in counseling" (p. 358).

Gender role conflict is often considered in explaining gender difference in psychological service utilization. Gender role conflict is defined as, "a psychological state where gender roles have negative consequences or impact on a person or others"

(O'Neil, Helms, Gable, David, & Wrightsman, 1986, p. 336). Because characteristics of a "good" client (i.e., emotionality, vulnerability, willingness to self-disclose) are in conflict with the traditional sex role of men (i.e., one must be self-reliant, physically tough, and have emotional control), seeking help from mental health professionals may create gender-role conflict for men (Addis & Mahalik, 2003; Eisler & Blalock, 1991; O'Neil, 1981). Male gender role conflict centered around seeking psychological help has been shown to impact men both inter-personally (i.e., decreased willingness to seek help, decreased tendency to disclose information) and intra-personally (i.e., higher levels of psychological distress, increased self-stigma of seeking counseling, and greater negative attitudes toward counseling services; Blazina & Watkins, 1996; Good & Wood, 1995). Thus, it is possible that due to gender role conflict, men express decreased willingness to seek psychological help. Previous counseling experience affects psychological help-seeking as well. Chang (2008) found that students who had previous counseling experience were much more likely to seek help for academic, career, interpersonal, and emotional stressors than those without prior counseling experience. It appears, therefore, that previous experience with a mental health provider is an important variable to consider when examining counseling expectancies, attitudes toward seeking psychological help, and psychological help-seeking intentions.

In the upcoming sections, the help-seeking factors of expectations about counseling, attitudes toward help-seeking, and psychological distress are discussed in detail. In addition to a general overview of each factor, the impact of culture and previous counseling experience are discussed in more detail for each factor.

Expectations about Counseling

H. E. A. Tinsley (2008) defined counseling expectations as "subjectively held probability statements that represent the person's estimate of the likelihood that an event will occur (e.g., the counselor will understand my problem) or a condition will exist (e.g., the therapist will seem "trustworthy"; p. 594). Expectations are thought to influence the help-seeking process, clients' behavior in therapy, and outcome of therapy (H. E. A. Tinsley, 2008).

In an early study on expectations about counseling, H. E. A. Tinsley and Harris designed a questionnaire to measure expectations about counseling (1976). The questionnaire was published as the Expectations about Counseling Questionnaire (H. E. A. Tinsley, Workman, & Kass, 1980), which was later shortened into the Expectations about Counseling – Brief form (EAC-B; H. E. A. Tinsley, 1982). The EAC-B is one of the most widely used measures of counseling expectations.

An extensive amount of research has shown that counseling expectations vary by gender and culture. Women, when compared to men, generally expect to take more responsibility in sessions, expect a more positive outcome from counseling, expect a greater acceptance from the therapist, expect to be more open in sessions, and have greater expectations that the psychotherapist will be genuine (Hardin & Yanico, 1983; Kunkel, Hector, Coronado, & Vales, 1989; Subich & Hardin, 1985; Ægisdóttir and Gerstein, 2000, 2004; Ægisdóttir, Gerstein, & Gridley, 2000). Men, in contrast, expect more direction and guidance and more self-disclosure from the counselor than do women (Ægisdóttir and Gerstein, 2000, 2004; Hardin & Yanico, 1983; Kunkel & Williams, 1991).

In terms of culture, Kunkel, Hector, Coronado, and Vales (1989) found that Mexican natives had similar expectations than American students. By contrast, Ægisdóttir (2000) found that Icelandic university students expected the counselor to be more of an expert, expected more understanding from the counselor, and expected more directiveness from the counselor than American university students. This result replicates Yuen and Tinsley (1981) in which they found that American students had lower expectations for counselor expertise than Chinese, Iranian, and African students. In the Ægisdóttir study, there were similarities between Icelandic and American students. Both groups of students rated similarly their personal commitment expectations as well as expecations for counselor genuinness, acceptance, and trustworthiness. Thus, expectations for the roles of both the client and the therapist are similar regardless of culture. It appears the biggest difference among cultures is the expectation about the process of counseling (i.e., American students have much lower expectations about the counselor giving advice).

In addition to cultural differences, expectation differences between those who had engaged in therapy and those who have not are apparent. For example, Mexican citizens who sought psychological services previously expected to be more open in a counseling session compared to those who had no counseling experience. Also, those with previous counseling experience report lower expectations for counselor direction, empathy, self-disclosure and tolerance (Kunkel, Hector, Coronado, & Vales, 1989). Ægisdóttir and Gerstein (2000, 2004) similarly found that Icelandic and American college students without previous counseling experience expected more counselor expertise than those with previous counseling experience.

In the counseling expectation literature, a majority of studies provide suggestions about how the counseling process can be modified to address different expectations by participants. For example, Ægisdóttir & Gerstein (2004) suggested that, for Icelandic students, who may have limited experience with the counseling process and more expectations about counseling including advice giving, counselors may need to "inform their clients what is realistic to expect from the counseling process" and "employ more concrete and directive strategies" (p. 747). Suggestions such as these are seen throughout the expectancy literature for counseling men and women (Hardin & Yanico, 1983), Mexicans (Kunkel et al., 1989) and African American and Latino American students (Winograd & Tyron, 2009).

Despite these suggestions about what to do in a counseling session, the relationship between counseling expectations and psychological help-seeking is less frequent. H. E. A. Tinsley (1982) and H. E. A. Tinsley and Benton (1978) mentioned that persons who do not seek counseling have more negative expectations about counseling compared to those who seek counseling. More recently, Winograd and Tyron (2009) suggested that if "expectations are low enough…potential clients in need of support may not even seek counseling" (p. 445).

Furthermore, the relationship between expectations about counseling and help-seeking is rarely directly studied. In one of the few studies including expectations and help-seeking, Tinsley, Brown, de St. Aubin, and Lucek (1984) found that students' expectations for psychological help-seeking influenced their help-seeking behavior. More specifically, the students' choice of who they seek help from (i.e., counseling psychologist, psychiatrist, peer counselor, clinical psychologist, advisor, career

counselor) was directly tied to their expectations about that interaction. For example, those students who were expecting the counselor to be more concrete, expected a more beneficial outcome, and anticipated to be more open in session were more likely to seek help from a counseling psychologist (Tinsley et al., 1984).

To better understand the link between counseling expectations and psychological help-seeking, Lopez, Melendez, Sauer, Berger, and Wyssmann (1998) suggested looking at *self* and *other* schemas. A *self* schema is one's own perception of one's worth and lovability. An *other* schema includes expectations about the trustworthiness and dependability of important others. Lopez et al. (1998) found that those with negative *other* schema (i.e., poor expectations of others) reported that they were significantly less willing to seek counseling than those with positive *other* schema. Therefore, Lopez et al. (1998) explained that those with negative other schema may have tainted expectations about counseling (i.e., doubting the counselor's competence, trustworthiness, and dependability), as a part of their overall negative view of others and, thus, did not report a desire to seek help from counselors.

In one of the few studies examining the mediating role of attitudes toward seeking psychological help on the relationship between counseling expectations and intentions to seek help, Vogel et al. (2005) studied the effect of a number of outcome expectations (i.e., risk, utility, stigma) on college students' attitudes toward and willingness to seek help. They found that social support, self-disclosure, anticipated utility, stigma, and social norm expectations directly predicted attitudes, which in turn predicted intentions to seek therapy. Thus, there is evidence to suggest that counseling expectations influence psychological help-seeking tendencies through attitudes.

Attitudes Toward Psychological Help-Seeking

Attitude toward seeking counseling is probably the variable most often examined in relation to psychological help-seeking. As predicted within the framework of the Theory of Planned Behavior (TPB; Ajzen, 1991), attitudes play an important role in understanding behavior through its influence on behavioral intentions. Ajzen (1991) defined attitudes as, "the degree to which a person has a favorable or unfavorable evaluation or appraisal of the behavior in question" (p. 188). A relationship between attitudes and intentions to perform a behavior has been found for a number of behaviors, such as school sex education (Abraham, Henderson, & Der, 2004), choice of leisure (Ajzen & Driver, 1991), and physical activity of adolescents (Araújo-Soares, McIntyre, MacLennan, & Sniehotta, 2009). Furthermore, attitudes toward seeking psychological help have been found to be an important predictor of the intent to seek such help (e.g., Cepeda-Benito & Short, 1998; Cramer, 1999; Deane & Todd, 1996; Kelly & Achter, 1995; Morgan et al., 2003).

As noted previously, attitudes toward seeking psychological help vary by gender. Typically, women report more positive attitudes toward counseling than men. In a sample of undergraduate men and women, Kelly and Achter (1995) found that, regardless of symptom severity and social support ratings, women reported more positive attitudes toward counseling than the men. Similarly, Ægisdóttir and Gerstein (2009), using the Beliefs and Psychological Services scale, found that female college students reported greater intent to seek psychological help, more stigma tolerance, and greater beliefs in psychologists' expertness compared to their male counterparts. Additionally, relying on a different measure of counseling attitudes (the Inventory of Attitudes toward Seeking

Mental Health Services), Mackenzie, Gekoski, and Knox (2006) found that women endorsed more positive attitudes about help-seeking than men did. Mackenzie et al. also found that the gender difference accounted for the discrepancy in service utilization between men and women. With the differences in men and women in mind, it was important to incorporate gender into the examination of attitudes for this study.

Not only are there differences in gender, but cultural differences in attitudes toward psychological help-seeking are apparent. When compared to racial and ethnic minority (REM) American university students, Caucasian American university students have more positive attitudes toward counseling (Gloria, Hird, & Navarro, 2001). The more negative attitudes of REM students was proposed to be a function of their lower cultural congruity as well as more negative perceptions of the university environment than Caucasian students. Thus, REM students may feel that, in a Caucasian majority environment, they are alienated, marginalized, or inaccurately stereotyped and, because of this, have more negative attitudes toward seeking psychological help (Gloria et al., 2001). More positive attitudes toward help-seeking were also found in a sample of Canadian Caucasian students when compared to a group of Asian Canadian and a group of racially diverse Canadian students (Kuo, Kwantes, Towson, Nanson, 2006).

Not only have differences between Caucasian and other racial groups have been studied, but differences among help-seeking attitudes of different cultures have been investigated. For example, Dadfar and Freidlander (1982) measured differences in attitudes of international students in the United States. They found that those students from a primarily Western Culture (i.e., European and Latin) held more positive attitudes about counseling than those international students from primarily non-Western cultures

(i.e., Asian and African). Furthermore, when American university students were compared to Korean university students, American students expressed more positive attitudes toward seeking psychological help (Yoo & Skovholt, 2001). The differences in attitudes were ascribed to the tendency for Korean students to somaticize their depressive symptoms, which in turn was related to more negative attitudes toward counseling (Yoo & Skovholt, 2001).

The difference in attitudes has been also examined in terms of acculturation/enculturation. When Mexican American university students were assessed, those students who were more acculturated to American values expressed more positive attitudes toward counseling than those less acculturated. This is a similar result for Turkish students in the United States, in that level of acculturation was a factor in counseling attitudes (Kilinc & Granello, 2003). Also, in a study of Asian American students in the United States, the level of enculturation to Asian values was significantly related to attitudes toward counseling. Those students with higher levels of enculturation, which include such values as emotional self- control and avoidance of shame, reported significantly less positive attitudes toward counseling than those with lower levels of enculturation (Kim, 2007).

In many of the studies of Asian attitudes toward psychological help-seeking, all Asians are combined into a single group (as in the Kim 2007 study above). However, Fung and Wong (2007) studied differences between groups of Asian immigrant and refugee women in Canada (more specifically, Toronto, ON). Attitudes toward counseling were assessed in women from Hong Kong, China, Taiwan, Korea, and Vietnam. The cultural differences in women's attitudes were explained based on how closely their

beliefs resembled Western definitions of stress (i.e., physiological causes) as opposed to supernatural definitions of stress (i.e., resulting from impersonal forces, caused by a supernatural agent, caused by another person by magical means). Those cultures that prescribed to a more Western definition of stress (e.g., Vietnamese) reported more positive attitudes toward counseling than those who prescribed to a more supernatural belief (e.g., Hong Kong and Taiwanese; Fung & Wong, 2007).

In terms of previous counseling, there is also a difference between those who have engaged in the psychological help-seeking process and those who have not. As shown by Halgin et al. (1987) in a sample of depressed university students who have and have not received prior counseling services, those who had prior counseling expressed more positive attitudes about seeking psychological help. This result is consistent throughout the literature (Dadfar & Friedlander, 1987; Cash, Kehr, & Salzbach, 1978; Vogel & Wester, 2003, Vogel et al., 2005; Ægisdóttir & Gerstein, 2009).

Psychological Distress

It should not come as a surprise that psychological distress has been shown to have a direct impact on psychological help-seeking. A number of studies have shown that as psychological distress increases, the intent to seek psychological help also increases (Cepeda-Benito & Short, 1998; Cramer, 1999; Deane & Chamberlain, 1994; Kelly & Achter, 1995; Kushner & Sher, 1989; Morgan et al., 2003). For instance, when compared to individuals who do not seek help from a mental health provider, those who do seek help have more severe psychological distress (Pillay & Rao, 2002). Also, in a study of undergraduate women seeking psychological help, Bosmanian and Mattson (1980) found that their help-seeking was accounted for by the severity of pathology, access to alternate

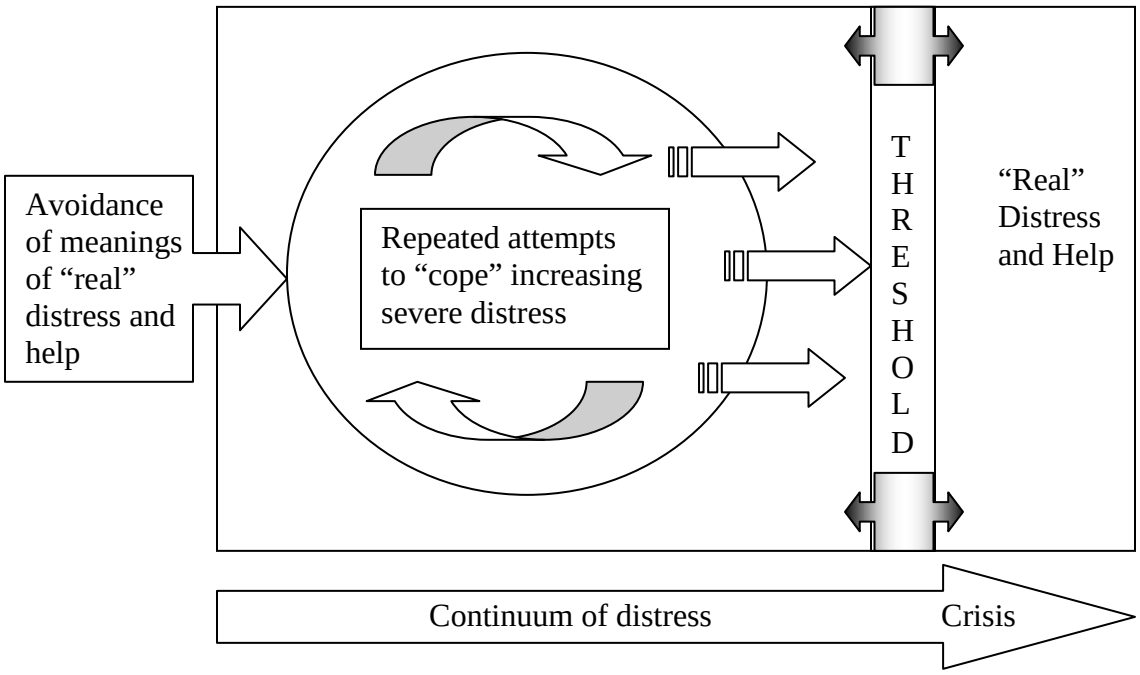
sources of help, and perception of counseling usefulness. Moreover, Oliver, Reed, Katz, and Haugh (1999) noted that levels of psychological problems and distress predicted psychological help-seeking. In a study of Chinese American participants who completed the Chinese American Psychiatric Epidemiological Study, it was found that those who engaged in psychological help-seeking, compared to those who did not, had greater family conflict, greater negative life events and greater emotional distress (Abe-Kim, Takeuchi, & Hwang, 2002). Thus, as the stressors increased in number and strength, the more likely the Chinese American participants were to seek psychological help.

Based on young British adults (aged 16 to 24 years), Biddle, Donovan, Sharp, and Gunnell (2007) developed a conceptual model to explain how psychological distress is related to help-seeking, named the Cycle of Avoidance Model (see Figure 1; Biddle et al., 2007). According to this model, the intention to seek psychological help is low when persons rely upon their own coping mechanisms to overcome psychological distress. As available coping mechanisms become exhausted over time, the distress becomes increasingly more severe until a threshold is reached. At this time, persons' intentions to seek outside help increases in order to relieve distress (Biddle et al., 2007).

The reporting of psychological distress varies by gender. Women have been found to have higher rates of reported depression and depressive symptoms (Kessler et al., 1994) in comparison to men. This gender effect may due to men under-reporting their psychological symptoms rather than being less susceptible to the experience of psychological problems (Morgan et al., 2003). Biddle et al. (2004) found that men were generally less likely to report psychological distress than women, unless they were extremely distressed. Also, in a study of Israeli adolescents, women reported a higher

level of stress than men (Tisby et al., 2001). In the United States, men are expected to the "sturdy oaks" and be able to handle their own problems. For men, admitting one has a problem severe enough to seek help is directly against what it is to be "masculine" in the US. Thus, men tend to underreport symptoms as well as seek help less.

Figure 1
Cycle of Avoidance Model (Biddle et al., 2007)



The reporting of psychological symptoms also varies by culture. As written by Canino, Rubio-Stipec, Canino, and Escobar (1992) and Kwang-Iel, Dongen, and Dae-Ho (1999), those from non-Western societies tend to somaticize their reports of which is different from Western societies, who report more psychological symptoms. More specifically, Chinese research participants tended to report their depressive symptoms somatically (Chang, 1985; Parker, Cheah, & Roy, 2001; Ying, Lee, Tsai, Yeh, & Huang, 2000). This somatic reporting of depressive symptom is a sign of the holistic mind-body

connection inherent in Chinese culture. Additionally, the Chinese convey emotional messages through somatic terms with affective meanings, such as “heartache” to reflect sadness. By using these terms, Chinese persons are able to avoid the stigmatization associated with mental health illness, as having mental health problems are associated with character flaws or personality weaknesses, and are seen as a characteristic for the whole family (Chang, 2007). Furthermore, the expression of strong emotions is seen as self-centered and socially unacceptable. Chang hypothesized that the initial tendency for Chinese individuals is to report somatic symptoms, but, upon further questioning, will report more psychological symptoms.

Reporting emotional distress with somatic complaints is not unique to Asian populations. When differences in reporting depressive symptoms were examined between African American community outpatient clients and Caucasian American community outpatient clients, African American clients reported more somatic symptoms of depression when compared to Caucasian American clients (Avalong & Young, 2003).

Unlike gender and cultural differences, the differences in reporting of psychological symptoms between those who have had counseling previously and those who have not are unclear. For example, Asian American students with previous counseling experience reported more distress than Asian American students without previous counseling. It was hypothesized that those students who had prior counseling experience were able to see the utility of counseling and were more likely to report symptoms (Solberg et al., 1994). In contrast to this result, Kahn and Williams (2003) did not find differences in reported psychological distress between American university students with prior counseling experience and those without. These different findings

may be a result of the emotional competence (i.e., the ability to perceive and manage one's own emotions and help others with their emotions) of the participants. As shown by Ciarrochi and Deane (2001), those with higher emotional competence were more likely to seek help due to previous positive experiences with help-seeking and an expectation that they would have more positive experiences with help-seeking. Thus, differences in previous help-seeking studies may be a result of differences in emotional competence of the participants.

The Relationships Among Expectations, Attitudes, Distress, and Intentions

Although attitudes and psychological distress have been found to predict help-seeking intentions independently, there is some discrepancy in the literature whether attitudes toward seeking psychological help and psychological distress are related to one another. For instance, Cramer (1999), Morgan et al., (2003) and Vogel et al., (2005) did not find a relationship between attitudes toward seeking psychological help and distress., Chang (2007a, 2007b, 2008), however, discovered that psychological distress predicted help-seeking attitudes. In all of these studies, Chang found that as persons' distress increased, their attitudes became more negative. These results have been replicated on several samples of participants (Obasi & Leong, 2009; Yoo, Goh, & Yoon, 2005). Therefore, these inconsistent findings in the relationship between psychological distress and attitudes still need further exploration.

In the literature on psychological help-seeking, very few studies have examined the interrelations among psychological distress, counseling expectations, and help-seeking attitudes. Only one study (Vogel et al., 2005) was located in which these variables were specifically examined in relation to persons' help-seeking intentions.

Vogel et al. (2005) employed structural equation modeling to examine these relationships, and found that attitudes had a direct impact on help-seeking intentions and that attitudes were associated with previous counseling experience. These findings corresponded with past research on the relationship among these variables (Kahn & Williams, 2003; Ægisdóttir & Gerstein, 2009).Yet, in contrast to prior findings (Cramer, 1999; Morgan et al. 2003), neither psychological distress nor gender was related to help-seeking attitudes or intentions in Vogel et al.'s study. In addition, Vogel et al. found that attitudes toward seeking psychological help mediated the relationship among social norms, anticipated utility, self-disclosure, and social stigma and intentions to seek psychological help.

Whereas Vogel et al.'s study has a number of strengths it also has some serious limitations. In terms of strengths, it is notable that this is the first study of the relationship among counseling expectations, counseling attitudes, psychological distress, and intentions to seek psychological help. It is also a strength that the measures used were considered reliable and valid representation of their constructs and had been used extensively in past research. Moreover, the size of the sample of participants used to discern the relations between the variables was appropriate for applying structural equation modeling.

Despite these strengths, number of problems can also be detected. One serious limitation is the use of the short form of the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS-SF; Fischer & Farina, 1995) to measure counseling attitudes. Whereas the ATSPPH scale is frequently used to measure the attitude construct, its use becomes problematic when the role of attitude in predicting intentions to seek

psychological help is examined, given that at least three of its ten items refer to help-seeking intention rather than attitudes. An example is: “If I believed I was having a mental breakdown, my first inclination would be to get professional help,” “I would want to get psychological help if I were worried or upset for a long period of time,” and “I might want to have psychological counseling in the future”. Because of the conceptual cross-contamination between attitudes and intentions in this scale, it is highly probable that the relationship between attitudes and intentions that Vogel et al. (2005) discovered was inflated, and may therefore lead to erroneous conclusions about the importance of attitudes in predicting intentions to seek psychological services.

Another limitation of Vogel et al.’s (2005) study is the use of numerous “factors” to measure counseling expectations, instead of relying on a reliable and valid measure of the construct. Using seven “factors” (i.e. social stigma, treatment fears, self-disclosure, self-concealment, anticipated risks, anticipated utility, and social norm), which may or may not be linked with the expectation construct, is reminiscent of the time prior to the development of the EAC-B in the 1980s. As Tinsley (2008) stated, prior to the development of the EAC and subsequent EAC-B, research on counseling expectations included researchers designing their own expectation scales focusing on diverse content without any uniform theorization about the expectancy construct. The problem with this is twofold. First, studies employing different scales could not be compared to one another and it is unknown or unclear how well or even if any of them actually measured the expectancy construct in a valid manner. Second, because Vogel et al. (2005) did not use a single valid and reliable measure of expectations about counseling, it is difficult to determine if in fact counseling expectations are related to other variables in their model

as they suggested. Furthermore, it is highly conceivable that the large number of scales they used to represent counseling expectations may have made it more likely that they found a significant relationship by chance. Using one instrument considered a valid representation of the expectancy construct would have made the study much stronger.

Another problem with Vogel et al.'s (2005) project has to do with some of their explanation of their findings. As noted previously, Vogel et al. did not find a difference between men and women in their attitude toward seeking psychological help. In fact, they stated that the lack of a gender effect had been documented in "several previous studies (Kelly &Achter, 1995; Vogel & Wester, 2003)" (p. 465). This statement, however, is incorrect. Kelly and Achter did discover that counseling attitudes differed by gender. In fact, Kelly and Achter wrote, "a significant predictive effect was revealed for gender…Male participants tended to have less favorable attitudes toward seeking help than did female participants" (p. 42). Thus, not only did Vogel et al. (2005) fail to find that counseling attitudes varied by gender as has been reported in numerous studies, they also cited findings from Kelly and Achter (1995) incorrectly. Finally, Vogel et al. (2005) did not find a relationship between psychological distress and intentions to seek therapy. Yet, the relationship between psychological distress and intention to seek therapy is well documented (Cramer, 1999; Halgin et al., 1987; Morgan et al., 2003). Vogel et al. (2005) explained their findings such that the, "use of a general distress measure rather than identifying those who had or were experiencing an intense problem" (p. 465) reduced the likelihood of finding the documented link between distress and psychological help-seeking intentions. Despite this explanation, however, a number of studies have found

this relationship using the same measure of distress as Vogel et al. (2005) used, namely Cramer (1999), Morgan et al. (2003) and Vogel (2008).

Based on the aforementioned limitations of Vogel et al. (2005), the current study was conducted to further examine the relationships among counseling expectations, counseling attitudes, psychological distress, and help-seeking intentions. In the current project some of the limitations of the Vogel et al. study were addressed. First, by utilizing a different measure of attitudes toward seeking psychological help, careful attention was paid to exclude items tapping intentions to seek help, thereby controlling for a potentially inflated relationship between counseling attitudes and intentions. The Beliefs About Psychological Services scale (Ægisdóttir & Gerstein, 2009) provides this option as it separates intent items from attitudinal items by the use of valid and reliable subscales. Second, by using a single reliable and valid measure of counseling expectations – a measure that is theoretically relevant, the question about the relationship among counseling expectations, attitudes, psychological distress and intentions to seek help may be better discerned than the use of several measures representing diverse constructs labeled as counseling expectations as performed by Vogel et al. (2005).

As the current study is only the second study performed on the relationships among counseling expectations, attitudes, psychological distress and intentions to seek psychological help, it is expected that information gathered from it will provide a significant contribution to the literature on psychological help-seeking. Not only will this study extend and help verify the relationship Vogel et al. found among these variables, it will also help discern if the relationship among counseling expectations, attitudes,

distress, and intentions to seek psychological help shows the same pattern for men and women.

In terms of practice implications, it has been shown that approximately one-fourth of the population in the United States and Canada over the age of 18 will be diagnosed with at least one mental disorder in their lifetime (Kessler et al., 1994). Yet, it is documented that persons may not seek psychological help even though it may benefit them. This could be due to not acknowledging psychological stress (Biddle, Donovan, Sharp, & Gunnell, 2007; Biddle, Gunnell, Sharp, & Donovan, 2004), to negative expectations about counseling (H. E. A. Tinsley, 2008) or to negative attitudes toward counseling (Cramer, 1999). Therefore, an understanding of the relationships among expectations about counseling, counseling attitudes, psychological distress, and help-seeking intentions for men and women may help discern why they choose to seek help. This type of information may be used to develop outreach programs, educational brochures, pre-counseling preparation strategies, and interviewing techniques to help men and women feel more comfortable about seeking psychological help.

Hypotheses

Relying on results from the existing literature, the following hypotheses were tested:

1. Counseling expectations, attitudes toward seeking psychological help, psychological distress, and intention to seek psychological help will vary as a function of participants' gender.

a. Women will have greater expectations for personal commitment and facilitative conditions than men; men have greater expectations for counselor expertise than women.
b. Women will have more positive attitudes toward seeking psychological help than men.
c. Women will report more severe levels of psychological distress than men.
d. Women will report greater intentions to seek therapy compared to men.

2. Counseling expectations, attitudes toward seeking psychological help, psychological distress, and intention to seek psychological help will vary as a function of participants' previous counseling experience.
   a. Participants who have previous counseling experience will report lesser expectations for counselor expertise compared to those without previous counseling experience. No other differences in Facilitative Conditions or Personal Commitment will be found between those who have had previous counseling and those who have not.
   b. Participants with previous counseling experience will report more positive attitudes toward seeking counseling compared to those without such experience.
   c. Participants with previous counseling experience will report greater psychological distress than those without such experience.

d. Participants with previous counseling experience will report greater intentions to seek therapy compared to those without such experience.

3. Attitudes toward seeking psychological help will mediate the relationship between expectations about counseling (i.e., counselor expertise, facilitative conditions, and personal commitment) and intentions to seek psychological help.

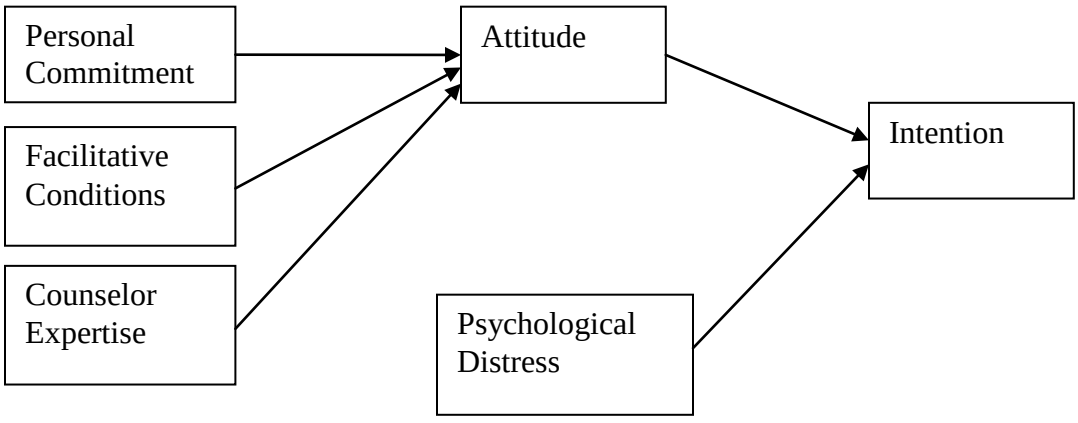
4. For men and women, the model represented in Figure 2 will fit the data well based on goodness of fit indices.

   a. A direct relationship between psychological distress and intentions to seek psychological services will be found.

   b. A significant direct relationship between attitudes toward seeking psychological help and intentions to seek psychological services will be found.

   c. A significant relationship between counseling expectations and intentions to seek psychological services will be mediated by attitudes.

Figure 2
Theoretical Model of Help-Seeking



CHAPTER III

METHOD

Participants

Two-hundred and ninety-four college students initially participated in this study. Those who did not complete the demographic information sheet (*n* = 3) were excluded from the study, leaving 291 students. Of those, 110 (38%) were men and 181 (62%) were women. Twelve percent identified as African American (*n* = 36), 83% identified as Caucasian (*n* =240), 2% identified as Hispanic (*n* = 7), less than 1% identified as Asian (*n* = 1), and 2% identified as "other" (*n* = 7). Students' ages ranged from 18 – 52 years (*M* = 21.25, *SD* = 3.66). In terms of previous counseling experience, 37% of students (*n* = 108) reported having received counseling in the past. Of those 37%, 73% were women (*n* = 75) and 27% were men (*n* = 33).

Instruments

Six instruments and a demographic information sheet were used in this study. The Expectations about Counseling Questionnaire – Brief form (EAC-B; H. E. A. Tinsley, 1982) was used to measure expectations about counseling. To measure attitudes toward psychological help-seeking, two measures were used: The Attitudes Toward Seeking Professional Psychological Help Scale – Short Form *(*ATSPPHS-SF; Fischer & Farina, 1995) and the Beliefs About Psychological Services questionnaire (BAPS; Ægisdóttir &

Gerstein, 2009). The Hopkins Symptom Checklist-21 (HSCL-21; Green, Walkey, McCormick, & Taylor, 1988) was used to assess psychological distress. The Intentions to Seek Counseling Inventory *(*ISCI; Cash, Begley, McCown, & Weise, 1975) was used to measure intentions to seek counseling. A demographic sheet especially designed for this study was utilized to inquire about demographic information and previous counseling experience relevant to the purpose of this study.

The Expectations about Counseling Questionnaire – Brief form (EAC-B). The EAC-B was originally designed in the 1970s to determine whether any pre-conceived notions (i.e., expectations) of counseling were held by college students. Since then, it has become one of the most widely used measures of counseling expectations. The EAC-B has 53 items, which were initially reported to form 17 subscales targeting diverse expectation about the counseling process, counselor characteristics, client behavior, and counseling outcome, with each subscale composed of 3 or 4 items. In an exploratory factor analysis, H.E.A. Tinsley et al. (1980) found that these subscales formed 4 factors: (Personal Commitment, Facilitative Conditions, Counselor Expertise, and Nurturance). Later, Hayes and H. E. A. Tinsley (1989) and D. J. Tinsley, Holt, Hinson, & Tinsley (1991) determined that this scale consisted of 3 factors: Personal Commitment, Facilitative Conditions, and Counselor Expertise.

It should be noted that although both studies used the same terminology for factor names, the factors differed in terms of path and underlying factor structure. Ægisdóttir, Gerstein, and Gridley (2000) performed a confirmatory factor analysis of the EAC-B and determined that a three-factor structure best represented the EAC-B. These factors were: Personal Commitment (e.g. “I expect to take responsibility for making my own

decisions"), Facilitative Conditions (e.g. "I expect the counselor to be honest with me"), and Counselor Expertise (e.g. "I expect to see an experienced counselor"). (See Appendix 1). Each statement of The EAC-B is responded to on a 7-point Likert-type scale (1 = *Not True*, 2 = *Slightly True*, 3 = *Somewhat True*, 4 = *Fairly True*, 5 = *Quite True*, 6 = *Very True*, 7 = *Definitely True*). Participants were instructed to rate each of the 53 statements based on their own counseling expectations.

H. E. A. Tinsley et al. (1982) reported Cronbach's alpha reliability for the 17 subscales as ranging from .69 to .82, with a median of .76 for college students. Test-retest (2 months) ranged from .47 to .87 (median of .71) on the 17 subscales (H. E. A. Tinsley et al.,1982). Winograd and Tryon (2009) reported a Cronbach's alpha for the total score as .96. For this study, Cronbach's alpha for the EAC-B total score was .95. It was .92 for Personal Commitment, .93 for Facilitative Conditions, and .89 for Counselor Expertise.

H.E.A. Tinsley (1982) examined the factorial validity of the EAC-B. He found four principle components that define the EAC-B (Personal Commitment, Facilitative Conditions, Counselor Expertise and Nurturance) as separate elements of the scale. These four factors, however, have not been replicated. For example, D. J. Tinsley et al. (1991) found the EAC-B to have three factors, labeled Personal Commitment, Facilitative Conditions, and Counselor Expertise. In order to establish validity to the factorial structure of the EAC-B, Ægisdóttir et al. (2000) used series of confirmatory factor analyses to examine one, three, and four factor structure of the EAC-B. They concluded that because of a high correlation between Counselor Nurturance and Facilitative Conditions, a three factor model best represented the underlying structure of the EAC-B.

These three factor scales, Personal Commitment, Facilitative Conditions, and Counselor Expertise, were used in the current study.

To examine the EAC-B known groups criterion-related validity, Ægisdóttir and Gerstein (2004) examined the effect of gender and prior counseling experience on the three factor scales of the EAC-B. Their results supported previous research indicating that women have higher expectations than men of personal commitment to the counseling process whereas men had higher expectations about counselor expertise. Furthermore, on the counselor expertise factor scale, persons who had been in counseling previously expected a lesser degree of counselor expertise compared to those who had no counseling experience.

The EAC-B was originally designed for use with undergraduate students, but has been used with diverse populations: church and religious study organization members over 18 years of age (Belaire, 2002), Puerto Rican college students (Cancio, 2001), Icelandic college students (Ægisdóttir, 2001; Ægisdóttir, & Gerstein, 2004; Ægisdóttir & Gerstein, 2000), adults over 25 years (Wagner, 1999), Latino college students (Wagner, 1999), Mexican-American men and women in a community mental health setting (North, 1996), and Singaporean college students (D'Rozario, 1996).

The Attitudes Toward Seeking Professional Psychological Help Scale *(*ATSPPHS-SF; Fischer & Farina, 1995). This scale was developed as a brief version of the 29 item ATSPPHS (Fischer & Turner, 1970). Due to the "unstable" factor structure of the original ATSPPHS, Fischer and Farina designed a "single, unitary measure of attitude toward seeking professional help" (p. 368). On a scale of 1 (*disagree*) to 4 (*agree*), participants rate 10 statements about seeking counseling. Sample items include

"If I believed I was having a mental breakdown, my first inclination would be to get professional help" and "I might want to have psychological counseling in the future." (See Appendix 2). Higher scores on this scale are considered equivalent to more positive attitudes and intentions.

Fischer and Farina (1995) reported that the shorter scale was equivalent to the longer 29 item scale (correlation of .87), had a good internal consistency reliability (Cronbach's alpha = .84), and test-retest reliability (r =.80) over a 4 week interval. Other studies have found similar internal consistency reliability coefficients: .84 (Komiya, Good, & Sherrod, 2000); .82 (Vogel et al., 2005), .81 (Shaffer et al., 2006), .77 (Elhai, Schweinle, & Anderson, 2008), and .72 (Ægisdóttir & Gerstein, 2009).

The ATSPPH-SF displayed the ability to differentiate between college students who chose to seek help and those who chose not to seek help (Fischer & Farina, 1995). Also, the ATSPPH-SF differentiated between those who had previous counseling and those who did not (Elhai et al., 2009; Kahn & Williams, 2003). Finally, Vogel et al. (2005) found that the scale had a positive association with intention to seek counseling and a negative association with self-concealment tendencies.

For this study, the ATSPPH-SF Cronbach's alpha internal consistency reliability was .80. Furthermore, the scale discriminated between men and women, t (289) = 4.68, p < .001, with women having significantly more positive attitudes and intentions than men. Also, students with previous counseling experience had significantly more positive attitudes and intentions about counseling than those without such experience, t(289) = 5.63, p < .001. Due to the ATSPPHS's acceptable psychometric properties for the current sample and because of its extensive use in counseling attitude research the scale was used

in this study to establish further concurrent validity for the newer attitudinal measure used in the current study, the BAPS (Ægisdóttir & Gerstein, 2009). The BAPS, however, was employed to represent counseling attitudes.

The Beliefs About Psychological Services scale (BAPS; *Æ*gisdóttir & Gerstein, 2009). This instrument is an 18-item measure of persons' psychological help-seeking attitudes and intentions (see Appendix 3) and is partially based on the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS; Fischer & Turner, 1970; six items share content with the 29 item ATSPPHS). The BAPS was designed to overcome limitations in the ATSPPHS and the ATSPPHS-SF. These limitations included outdated wording of items, lack of target population feedback to generate items, use of a number of terms for therapists, and poor factor structure (Ægisdóttir & Gerstein, 2009). Furthermore, the BAPS helps resolve the conceptual confusion between counseling attitudes and intentions in the counseling help-seeking literature as it separates items measuring behavioral intentions from attitudinal items by the use of three separate subscales.

When responding to the BAPS, participants rate each item on a 6-point Likert-type scale (1 = *strongly disagree* to 6 = *strongly agree*). The BAPS contains three factors: Intent (6 items; "At some future time, I might want to see a psychologist."), Stigma Tolerance (9 items; "I would feel uneasy going to a psychologist because of what some people might think."), and Expertness (4 items, "I would be willing to confide my intimate concerns to a psychologist"). This factor structure was confirmed in a subsequent confirmatory analysis with a different sample. In the current study, the Intent scale was not used as it contains items referring to intentions to seek psychological

services. The remaining two BAPS scales, Stigma Tolerance and Expertness, were used. Internal consistency reliability across two studies was .78 and .81 for Stigma Tolerance, and .72 and .69 for Expertness (Ægisdóttir & Gerstein, 2009). In the current study Cronbach's alpha was .72 for Stigma Tolerance, and .69 for Expertness. For these two subscales combined (12 items), Cronbach's alpha was .77.

In terms of the BAPS's convergent validity, its total score correlated highly (r = .83) with the 29 item ATSPPH, and the 10-item ATSPPH - SH (r = .71). Also, BAPS subscales (Stigma Tolerance, Expertness) correlated significantly with factors on the original ATSPPHS (Recognition of need for psychotherapeutic help, Stigma Tolerance, Interpersonal Openness, and Confidence in Mental Health Practitioners). Correlations ranged from .34 to .68 (Ægisdóttir & Gerstein, 2009).

Ægisdóttir and Gerstein (2009) established the BAPS's known groups validity by its ability to detect known gender differences in counseling attitudes and intentions and in its ability to differentiate between those with and without previous counseling history. The BAPS's content validity was established by a group of counseling psychology faculty members and counseling psychology doctoral students, who scrutinized the BAPS items for relevance to the attitude domain, for positive and negative items, and for item sentence structure.

In this study, the total score on the BAPS correlated highly with the 10-item ATSPPH-SF (r = .76). Without Intent items on the BAPS, the correlation between the BAPS and the ATTSPPH-SF was r = .61. The BAPS subscales scores correlated with the ATSPPH-SF score the following: Expertness: r = .44 and Stigma Tolerance: r = .57. For this study, both the original BAPS and the BAPS with Intention items removed (i.e.,

Intent subscale) discriminated between men and women ($F(1, 3) = 16.68$, $p < .001$ and $F(1, 3) = 12.58$, $p < .001$, respectively) with women having significantly more positive attitudes toward seeking psychological help than men. In accordance with Ægisdóttir and Gerstein (2009), women reported higher scores across all subscales of the BAPS (Intent $F(1, 3) = 15.04$, $p < .001$; Stigma $F(1, 3) = 6.47$, $p < .05$; Expertness $F(1, 3) = 14.06$, $p < .001$). Furthermore, students with previous counseling experience reported significantly more positive attitudes toward counseling than those without such experience only on the total BAPS score (BAPS [all subscales]; $F(1, 3) = 10.21$, $p < .01$, BAPS [without the Intent subscale], $F(1, 3) = 2.57$, $p > .05$). As Ægisdóttir and Gerstein (2009) found, those with previous counseling reported greater intent to seek therapy and greater stigma tolerance than those without prior counseling (Intent $F(1, 3) = 21.05$, $p < .001$; Stigma $F(1, 3) = 5.65$, $p < .05$; Expertness $F(1, 3) = .05$, $p > .05$).

For the current study, a total score consisting of the mean aggregate of the Stigma Tolerance and Expertness subscales of the BAPS was used to measure attitudes toward seeking counseling. Because of the shortcomings of the ATSPPH listed previously (e.g., Ægisdóttir & Gerstein, 2009), the BAPS' comparable reliability coefficient in the current sample, and because the BAPS offers the option of excluding items measuring intentions to seek counseling by not including the Intent subscale in analyses, the two subscales of the BAPS were used instead of the ATSPPH-SF to represent counseling attitudes. This will allow for a clearer understanding of the relationship between attitudes and intentions than has previously been reported in the literature (e.g. Vogel et al., 2005).

The Hopkins Symptom Checklist-21 (HSCL-21). The HSCL-21 is a 21-item version of the Hopkins Symptom Checklist (Derogatis, 1974). It was used to measure

current psychological distress (See Appendix 4). Each item of the HSCL-21 represents a physical or mental symptom that is endorsed on a Likert-type scale of 1 (*not at all)* to 4 (*extremely*). Participants were instructed to use the scale to describe how distressing each of the 21 items was for them over the past seven days. The HSCL-21 is composed of 3 factors of seven items each: General psychological feelings of distress (GD; "Trouble concentrating"), Somatic Distress (SD; "Soreness of your muscles"), and Performance Difficulty (PD; "Having to do things very slowly in order to be sure you are doing them right"; Green et al., 1988). The three-factor structure of the HSCL-21 has been replicated with European American, African American and Latino college students (Cepeda-Benito & Gleaves, 2000) and with a nationally representative sample of persons over 18 years who completed the National Comorbidity Survey Replication (Kessler et al., 2005). Because this investigation was concerned with overall feelings of psychological distress, the total score on the HSCL-21 was used.

In the original study of this instrument, Green et al. (1988) found alpha coefficients for the three factors ranging from .75 to .86 (GD = .86, SD = .75, PD = .85), and .90 for the total score on an undergraduate student sample (1988). Furthermore, split half reliabilities were found to be good (GD = .89, SD = .80, PD = .88, total = .91; Green et al., 1988). More recently Vogel et al. (2005), using undergraduate students, reported similar reliabilities (GD = .87, SD = .82, PD = .78, total = .90). For the present study, Cronbach's Alpha was .89 for the total score. The subscales also showed good reliability: GD = .84, SD = .80, and PD = .80.

In terms of convergent validity, the HSC-21 has been shown to correlate positively with the State-Trait Anxiety Inventory (Spielberger, 1983) and the Brief

Hopkins Psychiatric Rating Scale (Derogatis, 1975). To demonstrate known group criterion-related validity, the HSCL-21 accurately discriminated between a clinical and a nonclinical sample and was sensitive to changes in distress over the course of therapy (Deane, Leathem, & Spicer, 1992).

Intentions to Seek Counseling Inventory *(*ISCI). This 17-item questionnaire was designed to measure a participant's intention to seek psychological counseling. By using a factor analysis, Cepeda-Benito and Short (1998) found three subscales on the ISCI: Psychological and Interpersonal Concerns (10 items) Academic Problems (4 items), and Drug/Alcohol Problems (2 items). Each participant was instructed to rate the items on a Likert-type scale that ranged from 1 *(very unlikely)* to 6 *(very likely)* on how likely they are to seek psychological help for the problem listed (i.e., "depression" and "excessive alcohol use;" See Appendix 5). Because a general measure of intention to seek counseling was desired for this study, the total score on the ISCI was used.

The ISCI has adequate internal consistency estimates for the total score. Kelly and Achter (1995) reported a total score Cronbach's alpha of .84. Cepeda-Benito and Short (1998) reported an alpha of .89; and Morgan et al. (2003) reported an alpha of .88. For this study Cronbach's alpha was .90 for the total score.

In terms of known group criterion related validity, Cash et al. (1975) found that the ISCI was able to predict differences in those who had been to counseling previously and those who had not. Those with previous counseling experience scored significantly higher on the scale compared to those without prior counseling experience (Lopez et al., 1998).

The Demographic Questionnaire. The demographic questionnaire was designed by the author to obtain information about the background of each participant. Participants were asked to provide information about their age, race, and previous counseling experience (See Appendix 6).

Procedure

Participants were recruited from a counseling psychology subject pool. These students received one course credit for their participation. The counseling psychology subject pool is composed of undergraduate students taking a psychology class at a mid-sized university in the Midwestern United States. Data were collected on two different occasions, in Spring 2007 (n = 218) and Spring 2009 (n = 76). The questionnaire packet given to the students included the EAC-B, ATSPPHS-SF, BAPS, HSCL-21, ISCI, demographic questionnaire, and an informed consent. To control for order effects, the order of the measures were randomly varied. To maintain confidentiality, basic demographic information was obtained, but identifying information was not. Each packet had a pre-assigned number, which identified the questionnaires. No names were associated with the data and the data were analyzed as group data only. Finally, students placed the completed questionnaires in a plain envelope provided to them to further secure confidentiality of the data.

Available research times were posted on a bulletin board outside of the counseling psychology office for students to sign up for the study. At the selected time, students gathered in an assigned classroom. The researcher explained the informed consent procedure to the students, provided instruction for the questionnaires and encouraged participants to answer each question honestly. Furthermore, the researcher advised

students to take their time, and answer every question to their best ability. After the students had been provided a chance to ask questions about the study, the questionnaire packets were distributed. Once completed, participants received a research participation form and were allowed to leave. One hour was allocated for this procedure, and everyone completed this task within the allotted hour; most within 30 minutes. The data from the packets were then entered into Predictive Analytics SoftWare (PASW; PASW Statistics 18, release date July 30, 2009) for analyses.

Research Design

The design of this study is nonexperimental and correlational. It utilized a survey-type methodology in a single setting. Based on the Theory of Planned Behavior and the Vogel et al. (2005) study, the mediating effect of attitudes toward psychological help-seeking between expectations about counseling and intent to seek counseling was tested. Following the mediation testing, path models were tested to determine the relationships among expectations about counseling, attitudes toward psychological help-seeking, psychological distress, and intention to seek therapy. Due to the robust gender effect reported in the literature (Cepeda-Benito & Short, 1998; Kelly & Achter, 1995; Morgan et al., 2003), separate exploratory path models were tested for men and women. To complete these analyses, as suggested by Mitchell (1993), a model should contain 10 to 20 times as many observations as variables. In addition, Ding, Velicer, and Harlow (1995) noted that 100 participants per model should be used. Thus, it was decided that a minimum of 100 men and 100 women would be recruited for this study. Therefore, based on Mitchell and Ding et al.'s suggestions for number of participants, no threats to internal validity were expected for this study.

Instrumentation threats to internal validity were controlled by using instruments that have established reliability and validity. As noted earlier, the instruments were presented in a counter-balanced order to control for order effects. Maturity and mortality threats to internal validity were limited by administering the questionnaires to the participants at a single point in time.

Analyses

Once data were collected, the data were entered into PASW. As suggested by Schlomer, Bauman, and Card (2010), each research study should report the extent and nature of missing data as well as procedures used to manage the missing data. In this study, 2.4% of the participants (n = 6) of the total number (N = 291), had minimal missing information (i.e., less than 5 items were not completed per case). In order to test for the nature of the missing data, a Missing Value Analysis was completed. The data for this study were found to be missing completely at random (MCAR; Little's MCAR test: χ^2 (836) = 867.16, p = .22). Due to the nature of the missing values, mean score substitution was used for replacement as suggested by Byrne (2010) and Schlomer et al. (2010).

After the data were appropriately cleaned, factor and total scores for the EAC-B, ATSPPH-SF, BAPS (12 items), HSC-21, and ISCI were computed. Also, to determine the validity of testing a different model of the relationship among counseling expectations, counseling attitudes, general distress, and intentions to seek counseling, gender differences on these variables (hypotheses 1 & 2) were determined using a Multivariate Analyses of Variance (MANOVA). Results are reported in Chapter 4.

The mediation analyses (hypothesis 3) and proposed path models (hypothesis 4) were constructed and analyzed using the AMOS software (Arbuckle & Wothke, 2009). It should be noted that one of the assumptions of using a path analysis is that each observed variable is a perfect measure of the construct. Thus, it is crucial that measures have good psychometric characteristics (Klem, 1995). The psychometric properties of each of the measures used were determined to be adequate (although not perfect) to employ path analysis techniques.

The analyses completed in AMOS were two-fold. First, to replicate Vogel et al. (2005), the mediating effect of attitudes between expectations about counseling and intention to seek therapy was investigated via a bootstrapping method identical to Vogel et al. (2005) and recommended by Cheung and Lau (2008). Secondly, because no previous literature exists about the relationship among all of the variables, for men and women separately, a theoretical model was tested via path analyses and followed by exploratory path analyses with the use of modification indices. The hypothesized path model is based partly on the Cycle of Avoidance Theory (Biddle et al. 2007) and previous literature. Counseling expectations were anticipated to influence attitudes about counseling, which, in turn, were expected to be related to intention to seek psychological help. In addition to attitudes about counseling, psychological distress was expected to be related to intention to seek help (See Figure 2 in Chapter II for Hypothesized Model).

CHAPTER IV

RESULTS

Preliminary Analyses

Once the data were cleaned and entered into PASW, descriptive statistics were calculated (see Table 1). Included were total score on all measures (EAC-B, ATSPPH [with and without intent items], BAPS [with and without intent items], HSC, and ISCI) as well as the factor scores on the EAC-B for men and women. In addition to demographic differences, gender differences were also examined. To assess for the effects of gender and previous counseling experience, a 2 (Gender) X 2 (Counseling Experience) MANOVA was completed for (a) expectations about counseling, (b) attitudes toward seeking psychological help, (c) psychological distress, and (d) intention to seek therapy. Means and standard deviation for these variables are presented in Table 1.

The 2-Way MANOVA yielded significant main effects for gender and previous counseling experience across most variables (see Table 2). No significant interactions were found. In terms of gender, significant differences were found between men and women on Attitudes, Intentions, and the Personal Commitment, Facilitative Conditions, and Counselor Expertise expectancy scales. Women rated Personal Commitment, Facilitative Conditions, Attitudes, and Intentions higher than men, who rated Counselor Expertise higher than women. These findings replicated those reported in the literature

and were in support of Hypothesis 1 about gender differences on psychotherapy attitudes, intentions to seek psychological help, counseling expectations, and psychological distress.

Table 1

Descriptive Statistics for Variables by Gender (n = 291)

	Men		Women		
	Mean	SD	Mean	SD	Range
Attitude					
ATSPPH - WI[a]	2.69	.57	2.98	.50	1 - 4
ATSPPH - WOI[b]	2.72	.57	3.01	.52	1 - 4
BAPS - WI[a]	4.11	.72	4.53	.69	1 - 6
BAPS - WOI[b]	4.45	.66	4.77	.66	1 - 6
Psy Distress					
Total	1.67	.44	1.80	.50	1 - 4
Intention					
Total	2.71	1.11	3.24	.91	1 - 6
Expectation					
Total	4.98	.93	5.20	.85	1 - 7
PC	4.81	1.02	5.22	1.01	1 - 7
FC	5.40	1.04	5.76	.83	1 - 7
CE	4.52	1.18	4.18	1.14	1 - 7

***Note*:** [a] WI = With Intent Items; [b] WOI = Without Intent Items; ATSPPH = Attitudes Toward Seeking Professional Psychological Help; BAPS = Beliefs About Psychological Services; PC = Personal Commitment; FC = Facilitative Conditions; CE = Counselor Expertise

Table 2

Results of 2 (Gender) X 2 (Counseling Experience) MANOVA

		SS	MS	df	F	η^2
Attitude						
BAPS						
(No Intent)	Gender	778.95	778.96	1	12.58**	.04
	Experience	158.85	158.85	1	2.57	.00
	Interaction	5.74	5.74	1	.09	.00
Psy Distress						
Gender		164.16	164.16	1	1.70	.00
Experience		1487.39	1487.39	1	15.42**	.05
Interaction		102.91	102.91	1	1.07	.00
Intention						
Gender		2965.27	2965.27	1	12.45**	.04
Experience		4562.90	4562.90	1	19.15**	.06
Interaction		97.94	97.94	1	.41	.00
Expectation						
Total						
Gender		3401.07	3401.07	1	1.57	.00
Experience		5752.31	5752.31	1	2.65	.00
Interaction		6126.56	6126.56	1	2.83	.00
PC						
Gender		3124.87	3124.87	1	7.53*	.03
Experience		577.17	577.17	1	1.39	.00
Interaction		298.44	298.44	1	.72	.01
FC						
Gender		1924.34	1924.34	1	5.23**	.02
Experience		1177.51	1177.51	1	3.20	.01
Interaction		1251.94	1251.94	1	3.41	.01
CE						
Gender		1718.03	1718.03	1	8.93**	.03
Experience		306.41	306.41	1	1.59	.00
Interaction		656.09	656.09	1	3.41	.01

***Note*:** BAPS = Beliefs About Psychological Services; PC = Personal Commitment; FC = Facilitative Conditions; CE = Counselor Expertise; * $p \leq .05$; ** $p \leq .01$

In terms of previous counseling, significant counseling experience main effects were discovered for Psychological Distress and Intentions to seek psychological services (see Table 2). No prior counseling experience effect was found for attitudes or

expectations. Those who had previous counseling experience, however, reported more psychological distress and greater intent to seek counseling than those without such experience. These findings correspond to what has been reported in the literature and provide partial support for Hypothesis 2 about differences in attitudes toward seeking psychological help, counseling expectations, psychological distress, and intentions to seek help based on previous counseling experience).

In this study, men and women rated their expectations (personal commitment, facilitative conditions, and counselor expertise), their attitudes toward seeking psychological help-seeking, and their intentions to seek counseling significantly different. Because of these findings, the decision to test the hypothesized model about the relationship among these variables separately for men and women was further supported.

As stated previously, one of the limitations of the Vogel et al (2005) study was the use of an attitudinal measure that included items measuring intention to seek help (ATSPH-SF) to predict intention to seek help using another measure of intentions to seek help (the ISCI). To examine the validity of this concern, for men and women, correlations between the attitudinal measures (ATSPPH-SF and BAPS, with and without intent items) and the intentions to seek counseling scale (ISCI) were completed. Results are reported in Tables 3 and 4. As expected, all attitudinal measures were significantly correlated with the Intent measure. Furthermore, as can be seen the correlations between counseling intentions and the attitudinal measures with the intent items included (ATSPPHS-SF [r = .41] and BAPS [r = .36]) were all higher than the correlations between counseling intentions and the attitudinal measures without the intent items (ATSPPHS-SF [r = .29] and BAPS [r = .21]).

Table 3
Correlations for Women among Attitudes Measures, Distress, Intention to Seek Therapy, and Expectations about Counseling

	1	2	3	4	5	6	7	8	9	10
1. ATSPPH –NI[a]	1	.95**	.63**	.70**	-.24**	.29**	.30**	.38**	.30**	.06
2. ATSPPH – I[b]		1	.62**	.73**	-.18**	.41**	.29**	.37**	.30**	.04
3. BAPS – NI[a]			1	.93**	-.26**	.21**	.44**	.52**	.40**	.16*
4. BAPS – I[b]				1	-.21**	.36**	.45**	.55**	.42**	.15
5. HSC TOT					1	.15*	-.02	-.08	-.04	.10
6. ISCI TOT						1	.17*	.23**	.14	.02
7. EACB TOT							1	.88**	.93**	.79**
8. EACB PC								1	.74**	.48**
9. EACB FC									1	.70**
10. EACB CE										1

Note: [a] NI = No Intent Items included; [b] I = Intent Items included; ATSPPH = Attitudes Toward Seeking Professional Psychological Help; BAPS = Beliefs About Psychological Services; HSC = Hopkins Symptom Inventory; ISCI = Intention to Seek Counseling Inventory; EACB = Expectations About Counseling Brief Form; PC = Personal Commitment; FC = Facilitative Conditions; CE = Counselor Expertise; * $p < .05$; ** $p < .01$

Table 4
Correlations for Men among Attitudes Measures, Distress, Intention to Seek Therapy, and Expectations about Counseling

	1	2	3	4	5	6	7	8	9	10
1. ATSPPH –NI[a]	1	.95**	.54**	.69**	.05	.46**	.17	.32**	.13	-.08
2. ATSPPH – I[b]		1	.55**	.75**	.12	.58**	.23*	.36**	.20*	-.01
3. BAPS – NI[a]			1	.92**	-.13	.21*	.36**	.46**	.33**	.10
4. BAPS – I[b]				1	-.04	.40**	.34**	.45**	.31**	.06
5. HSC TOT					1	.28**	.00	-.11	-.04	.10
6. ISCI TOT						1	.16	.24*	.16	-.04
7. EACB TOT							1	.83**	.95**	.81**
8. EACB PC								1	.67**	.43**
9. EACB FC									1	.78**
10. EACB CE										1

Note: [a] NI = No Intent Items included; [b] I = Intent Items included; ATSPPH = Attitudes Toward Seeking Professional Psychological Help; BAPS = Beliefs About Psychological Services; HSC = Hopkins Symptom Inventory; ISCI = Intention to Seek Counseling Inventory; EACB = Expectations About Counseling Brief Form; PC = Personal Commitment; FC = Facilitative Conditions; CE = Counselor Expertise; * $p < .05$; ** $p < .01$

Due to the higher correlations and desire to avoid an inflated relationship between attitudes and intentions, in the current study attitudes toward counseling were measured by the Stigma Tolerance and Expertness scales of the BAPS (Ægisdóttir & Gerstein, 2009), excluding the Intent scale.

Main Analyses

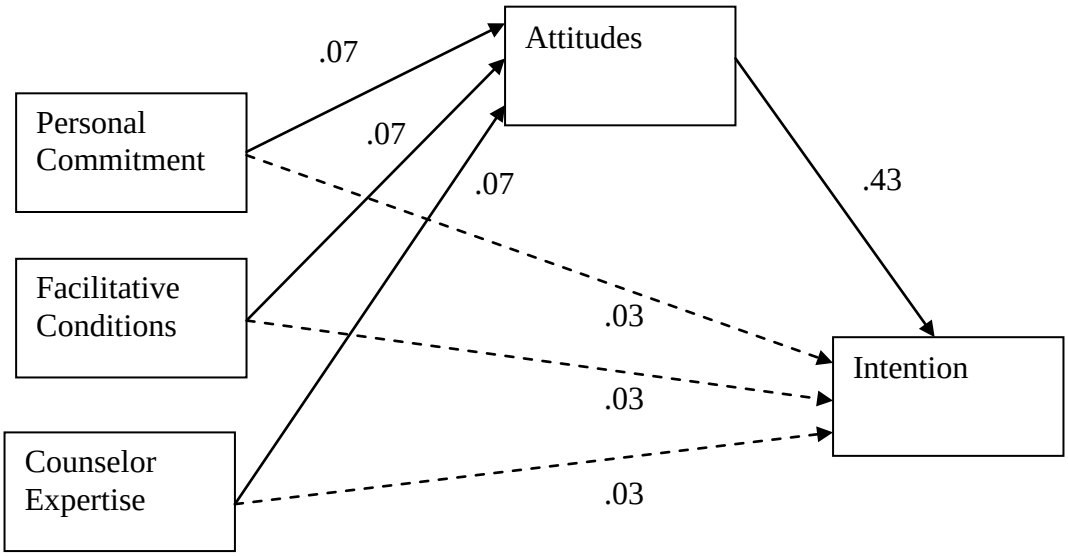
To replicate the Vogel et al. (2005) study, a mediation analysis was completed on the entire sample (this is the same method used by Vogel et al.) using the structural equation modeling software, AMOS (Arbuckle & Wothke, 2009). Bootstrapping analyses were conducted using methods described by Preacher and Hayes (2008) for estimating total, direct, and indirect effects with mediators. This approach was chosen because unlike previous methods to estimate mediating effects, this method does not rely on the assumption of a normal sampling distribution (see MacKinnon, Lockwood, & Williams, 2004; Preacher & Hayes, 2004; Shrout & Bolger, 2002). Also, the number of inferential tests is minimized, thus reducing the likelihood of Type 1 error.

In the Preacher and Hayes (2008) bootstrap method, after the number of bootstrap samples and the bias-level confidence intervals are chosen, total effects (i.e., the relationship between expectations and intent) are compared to the direct effects (i.e., the relationship between expectations and intent when attitudes are included as a mediator). If the total effects are significant and direct effects are not, then the relationship between expectations and attitudes in conjunction with the relationship between attitudes and intentions (i.e., indirect effects) are examined. According to Preacher and Hayes, if the confidence interval of the indirect effects does not include “0” and the two tailed significant estimates are below .05, then the indirect effects are significant.

For this analysis (see Figure 3 for model), the number of bootstrap samples was set to 1000 and the bias-corrected confidence level set to .95 as done by Vogel et al. (2005) and suggested by Cheung and Lau (2008). In the model, the total effect of each of the expectation factors on intent to seek therapy were all significant (Personal Commitment (PC; total effect = .07, p = .002), Facilitative Conditions (FC; total effect = .07, p = .002), and Counselor Expertise (CE; total effect = .07, p = .002)). The total effect, however, became nonsignificant when the attitude mediator was included in the model (PC direct effect = .03, p = .08; FC direct effect = .03, p = .08; and CE direct effect = .03, p = .08). Furthermore, the analyses revealed with 95% confidence that the total indirect effect (i.e., the difference between the total and direct effects) of expectations about counseling on intentions to seek therapy through attitudes about counseling was significant. Bootstrap confidence intervals (with two-tailed significance) for PC was .02 to .07 (p = .00); for FC it was .01 to .05 (p = .00); and for CE it was .01 to .05 (p = .00). Thus, because the relationship between expectations about counseling and intention to seek therapy became nonsignificant when attitudes were included as a mediator, the confidence intervals did not include 0, and the indirect effects were significant, it was concluded that attitudes mediated the association between expectations about counseling and intentions to seek therapy. Thus, the hypothesis that attitudes mediated the expectation-intention relationship (Hypothesis 3) was supported.

Figure 3

Mediation Model, Unstandardized Estimates



***Note*:** Unstandardized estimates were used as they are the "standard metric in causal modeling" (Hayes, 2010, p. 1); Dotted lines were used for aesthetic reasons.

Path Analyses

Path analyses were completed on the theoretical model (See Figure 2, Chapter II) for fit of the data. To test for model fit, several fit indices were chosen. First, to test for absolute fit, Chi Square was used to test the fit of the model with significant *p* values equal to or below .05, signifying a poor fit to the data. Because this index is highly influenced by sample size, other fit indices were also examined to determine overall fit. The Goodness of Fit Index (GFI) is an incremental fit index which indicates what proportion of the variance in the sample is accounted for by the proposed model. The index should be greater than .95 for a model to be considered a good fit to the data (Byrne, 2010). The Normed Fit Index (NFI) compares research models to the

independence model (worst fit). This index reflects the proportion by which the researcher's model improves fit compared to the independence model. Because of the propensity of the NFI to underestimate model fit in small sample sizes, Byrne (2010) suggested the use of the Comparative Fit Index (CFI), which takes into account sample size. NFI and CFI values above .95 indicate that the hypothesized model adequately describes the data (Schumacker & Lomax, 2004). Parsimony goodness of fit measures were not used as they are meant to account for the use of large, complex models (which, all things being equal, generate a better fit than less complex ones). Because the model in question is parsimonious, the use of these fit indices was not determined helpful in describing the model. The absolute fit index, Root Mean Square Error of Approximation **(**RMSEA), indicated how well the model fit the data when compared to the saturated model. The RMSEA should be less than .05 for a good fit and .08 for an adequate fit (Byrne, 2010). The Expected Cross Validation Index (ECVI) assesses for cross validation across similar samples. A good fit is indicated by the ECVI value being low, especially when compared to the saturated and independence model (Byrne, 2010). All goodness of fit estimates are presented in Table 5.

Table 5

Goodness of fit Estimates for Hypothesized and Exploratory Models for Men and Women

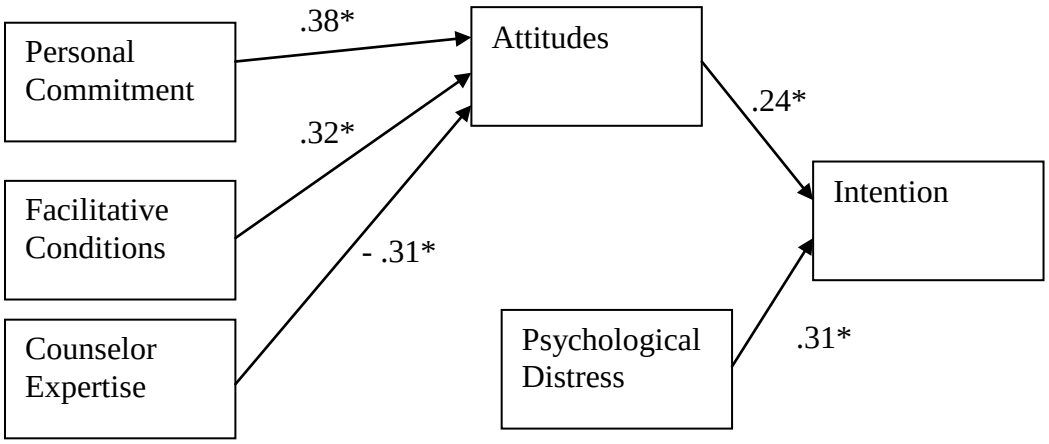
	χ^2	$\Delta\chi^2$	GFI	CFI	RMSEA (CI)	PLCOSE	ECVI (SM, IM)
Hypothesized Model							
Men	16.30*	N/A	.96	.96	.11 (.39 – 1.81)	.73	.41 (.39, 2.25)
Women	23.47*	N/A	.96	.95	.11 (.07 - .17)	.02	.13 (.11, .29)
Exploratory Models							
Men							
PC – I	12.25	4.05*	.97	.97	.10 (.00 - .18)	.14	.39 (.39, 2.24)
CE – I	7.51	4.74*	.98	.99	.07 (.00 - .16)	.32	.36 (.39, 2.24)
Women							
D – A	12.64*	10.83*	.98	.98	.08 (.01 - .14)	.19	.24 (.23, 2.12)

Note: GFI = Goodness of Fit Index, CFI = Comparative Fit Index, RMSEA (CI) = Root Mean Square Error of Approximation (Confidence Interval), PLCOSE = p of Close Fit, ECVI (SM, IM) = Expected Cross Validation Index (Saturated Model Estimate, Independence Model Estimate), PC = Personal Commitment, CE = Counselor Expertise, I = Intention, D = Distress, A = Attitude, * $p < .05$

For the original model for the male sample, Chi-square was significant, which indicated a poor fit (χ^2 (7, N = 110) = 16.30, p = .023). The GFI for this model was .96, suggesting a good fit. Furthermore, when the hypothesized model was compared to the independence model, it showed a good fit to the data (CFI = .96). The RMSEA was high however, indicating that it may not represent the data well (RMSEA = .11, CI = .39 – 1.81, PCLOSE = .73). Also, as the ECVI index for the proposed model (.41) was higher than for the saturated model (.39) and below the index for the independence model (2.25), this index suggests that this model does provide a poor fit to the data. Thus, the hypothesized model for men (Hypothesis 4) was not supported. Paths among the variables and standardized estimates are presented in Figure 4.

Figure 4

Hypothesized Model for Men with Standardized Path Coefficients



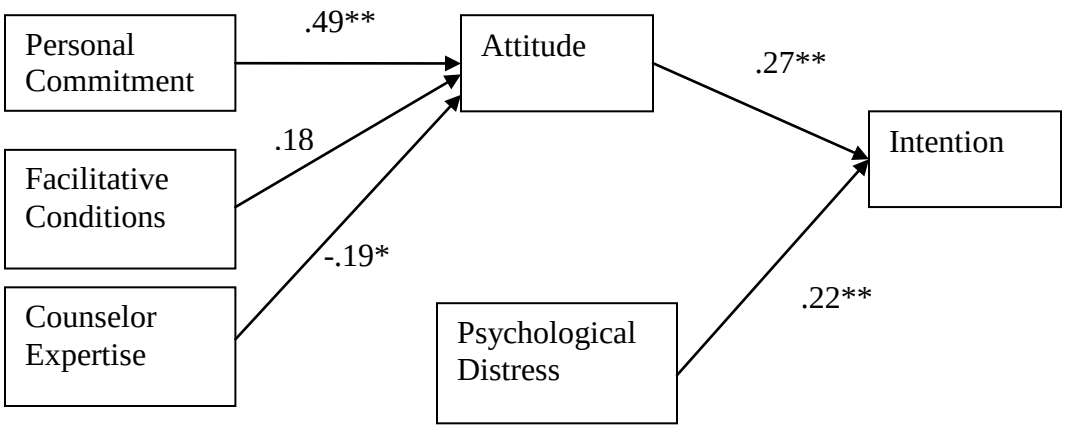
Note**:** * p < .05

Similar to men and as indicated by the fit indices the women's original model did not fit the sample well. Chi-square was significant, indicating a poor fit (χ^2 (7, N = 181)

= 23.47, p = .001). The GFI for this model was .96, and the CFI was .95 which suggests that, when compared to no model at all, the model fit the data well. Other fit indices indicated a poor fit. The RMSEA for this model was .11 with a confidence interval of .065 – .167 and PCLOSE = .018, which suggests a poor fit for the model. Also, the ECVI for the proposed model was .13, which was between the saturated model score of .11 and the independence model score of .29. Based on the RMSEA and ECVI, the model provided a poor fit for the female sample. Thus, the hypothesized model (Hypothesis 4) was not supported for women. Standardized estimates for the paths are found in Figure 5.

Figure 5

Hypothesized Model for Women with Standardized Path Coefficients



***Note*: * p < .05; ** p < .01**

Post-Hoc Analyses

Due to the poor fit of the hypothesized model for men and women, it was decided to use exploratory path analyses by consulting the modification indices (MI). The modification indices signify “meaningful sources of misspecification” in path models (Byrne, 2010, p. 108). Because modifying multiple paths may lead to confusion about

what change (if any) is significant, only one change was made to each model at a time Byrne (2010). Byrne furthermore wrote that the changes must make "substantive sense" and should not lead to an overfitted model. Byrne cautioned that if MI suggestions do not make sense, to not include the modifications. Also, Byrne suggested that once a model fits the data well, it is unwise to continue adding paths, because it can lead to addition of weak effects, inflation of standard errors, and it may influence primary parameters in the model. To determine if the changes made to a model are significant, the change in the Chi Square statistic between the original model and the modified models was calculated (Δ Chi-square for Δdf). This number was compared to a Chi-square table to determine significant differences.

Based on the MI of the original model for the men, a direct link between the expectation of personal commitment and intention to seek psychological help was added. In addition to the statistics offered by the MI on this sample of men, this decision is supported by prior theorization about gender role conflict. Mahalik, Good, and Englar-Carlson (2003) wrote that, in therapy, "male clients may expect that they will be encouraged, or even demanded, to use affective language and explore the emotional context of their life experiences" (p. 127). Because this expectation is contrary to the North American value of men inhibiting strong emotional expression, Mahalik et al. theorized that "men who are ambivalent about experiencing or expressing emotions may be more likely to avoid or terminate counseling as the work becomes focused on feelings" (p. 128). Thus, it makes sense that expectations about being personally committed to the counseling process may have a direct impact on counseling intentions in addition to it affecting intentions through attitudes toward seeking psychological help.

With this modification, the men's model showed adequate fit. The Chi-square statistic was non-significant (χ^2 (6, N = 110) = 12.25, p = .06), which indicated that the model fit the data well. Also, the change from the original model was significant (χ^2(1, N = 110) = 4.05, p < .05). The GFI and CFI for this model were .97, suggesting that, when compared to no model at all, the modified model fit the data well. The RMSEA, however, was .10 with a confidence interval of .00 - .18 and PCLOSE was .14, which is indicative of a poor fitting model. The ECVI was .39, which was the same value as for the saturated model and below the index of 2.24 for the independence model. This index, therefore, suggested an adequate fit.

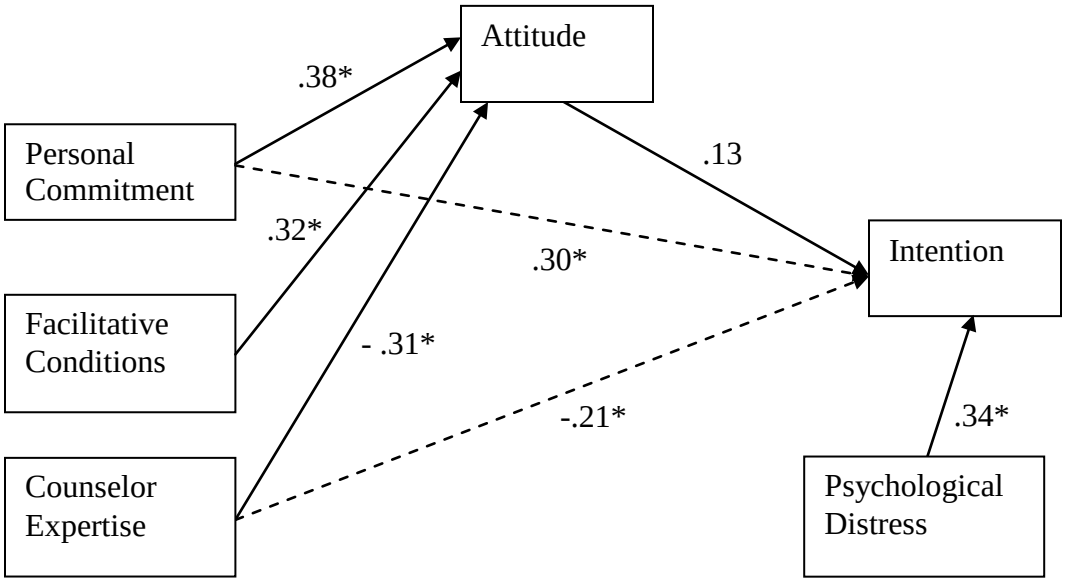
Because the RMSEA was considered too high, the MI were again consulted. This time, a path between expectations of Counselor Expertise and Intention to seek psychological help was added. Ægisdóttir and Gerstein (2000, 2004) found that, when compared to women's ratings of counselor expertise, men rated counselor expertise more importantly. Furthermore, as shown by Schaub and Williams (2007), men's expectations that a counselor should be an excellent clinician may directly affect their intent to seek therapy. More specifically, Schaub noted that "tough guys" and "strong and silent" men, who have extremely high expectations for the therapist's ability to know what is wrong with little or no information, as well as how to solve their problem(s), may have low intentions to seek therapy. This is akin to a magical view of counseling (Ægisdóttir and Gerstein, 2004).

Following this modification (a direct link between expectations of counselor expertise and intentions to seek counseling), the model fit significantly improved. The Chi-square statistic remained non-significant (χ^2 (5, N = 110) = 7.51, p = .19), but the

change in Chi-square was significant ($\chi^2(1, N = 110) = 4.74, p < .05$). GFI for this model was .98 and the CFI was .99, suggesting that, when compared to no model at all, the modified model fits the data very well. The RMSEA was .07 with a confidence interval of .00 – .16 and PCLOSE of .32 indicating an adequate fit. Finally, the ECVI for the proposed model was .36, which was lower than the saturated model (.39) and independence model (2.24). Based on these fit indices, it was concluded that an acceptable model had been developed describing the relationship among psychological distress, counseling expectations, counseling attitudes, and intentions to seek help for men (See Figure 6 for final model).

Figure 6

Final Modified Model for Men with Standardized Path Coefficients



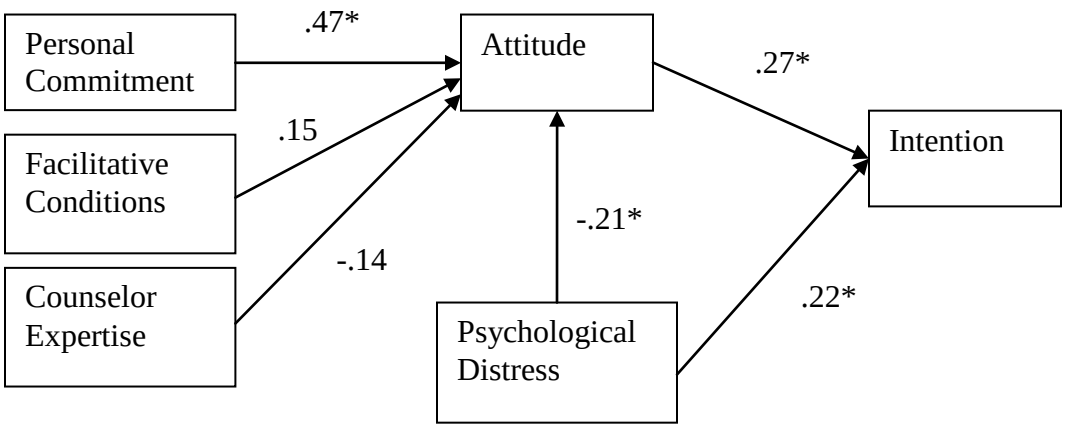
***Note*:** * $p < .05$; Dotted lines were used for aesthetic reasons.

The MI of the model for women were consulted as well for suggestions about how to improve the model. Based on the MI, a path from psychological distress to attitudes toward seeking psychological help was added. Past research has shown mixed results about the relationship between psychological distress and attitudes toward seeking psychological help. Whereas some studies have reported that there is no relationship between the two variables (e.g., Cramer, 1999; Morgan et al., 2003) others have found a relationship between the variables (e.g., Chang, 2005, 2007a, 2007b, 2008; Halgin et al., 1987; Obasi & Leong, 2009; Yoo et al., 2005). Because all of these studies have examined this relationship on samples that have included both men and women, these mixed results could be due to gender moderating the relationship between psychological distress and attitudes and different ratios of men to women in these samples.

With the addition of a path from psychological distress to attitudes, the model for women showed improved fit. The Chi-square statistic was still significant (χ^2 (6, N = 181) = 12.64, p = .05), which indicated a poor fit for the model. There was, however, a significant change from the original model (χ^2(1, N = 181) = 10.83, p < .05). GFI was .98 and CFI was .98 suggesting that, when compared to no model at all, the modified model fit the data well. Furthermore, with an RMSEA score of .08 (CI = .01 – .14, PCLOSE = .19), the model showed an adequate fit. Also, as the ECVI for the proposed model (.24) was just above the saturated model (.23) and below the independence model (2.12), which suggests an adequate fit. Due to the significant Chi-square and only adequate RMSEA and ECVI indices, the MI were examined again for additional theoretically relevant modifications. No MIs were found that made substantial sense, thus, no further modification of the model were performed. The final model is depicted in Figure 7.

Figure 7

Final Modified Model for Women with Standardized Path Coefficients



***Note*: *** $p < .01$

CHAPTER V

DISCUSSION

The relationships among counseling expectations, attitudes toward seeking psychological help-seeking, psychological distress, and intention to seek psychological help were examined in this study. First, the effects of gender and previous counseling experience on these variables were examined. Second, to replicate Vogel et al.'s (2005) study, the mediation of attitude toward seeking psychological help on the relationship between expectations about counseling and the intent to seek counseling was examined. Finally, a hypothesized path model of the relationship among counseling expectations, attitudes toward seeking psychological help, and intentions to seek help was tested for men and women separately and modified based on the modification indices (MI), as well as the theoretical and empirical literature.

It was expected and observed that men and women would report different counseling expectations, attitudes, and intention to seek psychological help. Consistent with previous research (Hardin & Yanico, 1983; Hatchett, 2007; Hatchett & Han, 2006; Kunkel, Hector, Coronado, & Vales, 1989; Subich & Hardin, 1985; Ægisdóttir, 2001; Ægisdóttir & Gerstein, 2004), women reported greater expectations about being personally committed to the counseling process and had greater expectations about the facilitative conditions of counseling than men. Also in accord with past research, men

rated their expectation of expertise of the counselor higher than women. Because the Personal Commitment and Facilitative Conditions factors represent expectations that counseling will be helpful and worthwhile, the difference between men and women's expectations may reflect women's more positive attitudes as well as greater utilization of counseling services (Ægisdóttir and Gerstein, 2004). Furthermore, because women are more likely than men to openly discuss emotional problems (Rawlins, 1992), they are more likely to do so in counseling as well as expect positive outcomes from that interaction. Men, on the other hand, expect the counselor to be an expert on their problems, and be able to give direction or advice on how to solve them.

Also in accordance with past research, women expressed more positive attitudes about counseling than men (e.g., Calhoun & Selby, 1974; Cepeda-Benito & Short, 1998; Cooper-Patrick et al., 1997; Deane & Todd, 1996; Fischer & Farina, 1995; Kelly & Achter, 1995; Morgan et al., 2003; Zeldow & Greenberg, 1980; Ægisdóttir & Gerstein, 2009). Thus, in this study, women reported more positive views on stigma tolerance and therapist expertness than men.

As previously demonstrated (e.g., Kessler et al., 2004; Morgan et al., 2003; Tisby et al., 2001), women reported more psychological distress than men. However, in this study, no gender effect was found for psychological distress. Although it is unclear it could be due to an overall lack of current distress in all participants.

Finally, women in this study had greater intentions to seek therapy then men, which is in keeping with previous research on the utilization of counseling services (Andrews et al., 2001; Collier, 1982; O'Neil, Lancee, & Freeman, 1984; Robertson, 2001;

Vogel, Wade, Wester, Larson, & Hackler, 2007; Wills & DePaulo, 1991). Thus, women were more willing and had greater intentions to seek therapy.

The basis for the observed gender differences in attitudes, and intentions could be due to the masculine socialization of men. The accepted idea of masculinity in the United States is hypothesized to be directly opposite of those qualities that lead to psychological help-seeking (Addis & Mahalik, 2003; Blazina & Watkins, 1996). For example, David and Brannon (1976) described the masculine norm that men should be strong and independent as "sturdy oaks." in In keeping with this norm, men should not have problems, and if they do have problems, asking for help will cause them to appear weak and dependent. This type of thinking may be why men have lower intentions to seek help than women. Men may believe that they could be rejected by others if they express emotion (Warren, 1983), hide their feelings of sadness, and not seek help. As noted by Kessler, Brown, and Broman (1981), men are less likely to label nonspecific feelings of distress as having an emotional basis. Furthermore, men may fear expressing affectionate emotions or behavior toward other men, and thus have lower intention to seek therapy, especially with male counselors.

This decreased intention to seek therapy may be related to attitudes men have about therapy. For example, as shown by Good, Dell, and Mintz (1989), when men's concerns for revealing emotions increases, so do their negative attitudes toward counseling. Pederson and Vogel (2007) examined the relationships among self-stigma (i.e., "internalization of the negative images expressed by society toward those who seek psychological help and can lead to a perception of oneself as inferior, inadequate, or weak if one seeks help," p. 374), self-disclosure, attitudes toward counseling, and intent

to seek therapy among men who ascribe to masculinity norms. They found that higher gender role conflict was related to more self-stigmatization and less self-disclosure, which were related to more negative attitudes toward counseling, which in turn was related to lesser willingness to seek help (Pederson & Vogel, 2007). Thus, men with a gender role conflict fear what others may think of them if they seek help and keep their emotions inside. These men have more negative attitudes about therapy, which leads to a reduced intention to seek help.

In this study, counseling expectations, attitudes toward seeking psychological help, psychological distress, and intentions to seek psychological help were examined as a function of previous counseling experience. For both men and women, those with previous counseling experience reported greater intention to seek therapy and had higher levels of psychological distress than those who had no previous counseling experience. These results reflect Solberg and Ritsma's (1994) findings, who reported that Asian American students with previous counseling experience reported higher severity of problems and greater intentions to seek help when compared to those without previous counseling.

Contrary to what was expected, no differences were found in attitudes between those who had counseling in the past and those who had not. Halgin et al. (1987) found that those with prior psychological help-seeking experience expressed more positive attitudes about psychological help-seeking compared to those without this experience. They stated, "Students who are not depressed and have no help-seeking history are unlikely to have positive intentions or attitudes about the pursuit of psychological help" (p. 181). Ægisdóttir and Gerstein (2009) found that those with prior counseling

experience reported greater intentions to seek psychological help and greater tolerance for stigma attached to seeking psychological help compared those without prior experience. Ægisdóttir and Gerstein, however did not find differences in terms of the merit of counseling due to counselor expertness. Although the results of the current study reflect Ægisdóttir and Gerstein's findings in terms of counselor expertness, the findings of stigma tolerance were not replicated.

When previous scholars have used a total score on the attitude measures (ATSPPH and BAPS), attitudes have been found to vary as a function of previous counseling experience. For these studies, those with previous counseling experience expressed more positive attitudes about counseling than those without previous counseling experience (i.e., Kahn & Williams, 2003; Komiya & Eells, 2001; Halgin et al., 1987; Ægisdóttir & Gerstein, 2009). In the current study, when items measuring intentions to seek psychological help (as measured by the Intent scale of the BAPS) were removed and items from the Stigma Tolerance and Expertise scales combined to represent the attitude construct, no difference was found as a result of previous counseling experience. Therefore, it is conceivable that the differences in attitudes as a function of previous counseling experience found in past studies may be related to how attitudes were operationalized. That is, in each of these studies, the attitudinal measured used included items measuring intent as well as attitudes. Thus, the difference might be due to the strength of the Intent items relative to the attitude items.

The primary purpose of this study was to replicate a mediation model proposed by Vogel et al. (2005) in which the relationship between counseling expectations and intentions to seek help were mediated by attitudes toward seeking psychological help.

Another purpose was to test a model describing the relationship among counseling expectations, attitudes toward seeking psychological help, psychological distress, and intentions to seek psychological help. First, it was suggested that the relationship between attitudes and intentions reported by Vogel et al. (2005) were artificially inflated, because the attitude measures they used included items measuring intention to seek psychological help. In the current study, the BAPS was used because it separates intent items from attitudinal items by the use of subscales. Only two (Stigma Tolerance, Expertness) of the three scales of the BAPS were used. Second, instead of using a battery of diverse measures to represent counseling expectations, as done by Vogel et al., a single counseling expectation inventory was used.

As expected, attitudes toward seeking psychological help were found to mediate the relationship between counseling expectations and intentions to seek help. Therefore, as predicted by previous results (Vogel et al., 2005), counseling expectations were indirectly related to intentions to seek therapy via attitudes toward seeking psychological help. Thus, it appears that what one expects about the counseling process is related to how one evaluates counseling, which, in turn, is related to willingness to seek therapy. Path analyses were completed to determine the relationships among counseling expectations, attitudes toward counseling, distress, and intention to seek counseling for men and women separately. For both men and women, all three expectancy factors (personal commitment, facilitative conditions, and counselor expertise) were related to attitudes, which in turn were related to intentions to seek psychological help. Furthermore, for both genders, their level of perceived psychological distress was associated with their intent to seek psychological help. The hypothesized model did not

have a good fit to the data for either men or women. Thus, modification indices were consulted to see how to improve the models.

Of note is that psychological distress was negatively associated with attitudes toward seeking psychological help for women but not for men. The relationship between psychological distress and attitudes has been disputed in the literature. For example, Cramer (1999), Morgan et al. (2003), and Vogel et al. (2005) found no association between psychological distress and attitudes, whereas Chang (2007a; 2007b; 2008) found that as psychological distress increased, attitudes toward counseling became more negative. One of the major differences between those studies finding a relationship and those who did not find a relationship may be related to how participant gender was treated. Cramer combined data from men and women and did not examine whether participant gender moderated the distress - attitude relationship. Morgan et al. and Vogel et al. used gender as an exogenous variable in their analyses (i.e., gender was used as a variable included in the path model). By either combining data from men and women or using participant gender as a variable in a path model, true differences in models between men and women may be obscured or not discovered. That is, in these types of analyses gender differences either cannot be determined, or they can only be discerned in the variables linked with gender.

In contrast to these approaches, in the current study the potential moderating effect of gender on a complex relationship between help-seeking variables was discerned by testing an entire model for men and women separately. Thus, a more meaningful difference between men and women may be found that may have important theoretical, empirical, and practice implications. It may even be conceivable that some of the

discrepancies reported in the psychological help-seeking literature (i.e., relationship between psychological distress and attitudes, relationship between Personal Commitment and intentions, relationship between Counselor Expertise and intentions) may be due to the neglect of gender as an important moderating variable.

One of the differences between the final model for men and women was in the relationship between psychological distress and attitudes; this relationship was only found for women. Another difference found was that for men a direct link was found among expectations of personal commitment to the counseling process and intentions to seek psychological help and expectations of counselor expertise and intentions to seek help. It has been suggested (i.e., Ægisdóttir & Gerstein, 2004), that men have greater expectations than women that therapists be directive, that they give advice, and that they demonstrate expert skills in solving client problems. Furthermore, men have lower expectations than women that they will have to reveal personal and emotion-based information in therapy. These expectations may have developed in the socialization process for men in the United States, and may directly impact their intention to seek therapy. Gender norms such being “sturdy oaks”, being in control, and being able to handle one’s own problems impact men’s expectations about personal commitment and counselor expertise in such a way that these expectations directly impact their intention to seek therapy. Thus, for men only, it appears that these expectations’ tend to have an additional direct predictive influence on the intent to seek help, which are not sufficiently accounted for in their attitudes toward seeking psychological help.

Implications for Research and Practice

Given the preliminary findings of this study, especially the modifications of the models for men and women, future research is needed to replicate and validate the results. Furthermore, as previous counseling experience has been shown to be related to psychological distress and intentions to seek psychological help, this variable may be added to the models suggested by the current data to further clarify the psychological help-seeking process. Another important area of research is an examination of the impact of gender roles on the variables included the proposed models. A common explanation for differences between men and women in counseling expectations, attitudes toward seeking psychological help, perceived distress level, and intentions to seek help, is that men are socialized differently than women and that male gender roles act as barriers to seeking psychological help. To determine the validity of this argument, however, it needs further investigation. It is important, for instance, to examine attitudes, expectations, intentions, and psychological distress of those who do not fit into traditional male gender roles by looking at the models based on gender roles of participants (female, male, nontraditional). Furthermore, it is also important that greater conceptual clarity be employed in psychological help-seeking research. More studies are needed in which measures of attitudes toward seeking psychological help and intentions to seek help be separated and treated as different but related constructs. It is highly possible that in previous studies in the relationship between attitudes and intentions (i.e., Cramer, 1999; Leech, 2007; Morgan, 2003; Vogel, 2005) was overestimated and should be reexamined. Finally, the current data suggests that gender is an important moderating variable when it comes to psychological help-seeking. This was demonstrated in that different path

models needed to be developed for men and women to better account for the data. While these models are just exploratory as this time, it is suggested that psychological help-seeking models be developed and tested separately for men and women.

In addition to implications for research, the results can be applied to practice settings. For instance, the results of this study could be beneficial in program development and evaluation. Men and women may benefit from a classroom intervention designed to improve attitudes and expectations about counseling, such as the psychoeducational program designed by Sharp, Hargrove, Johnson, and Deal (2006) for college men and women. For example, based on the findings of this study, men may benefit from programs designed to address expectations about personal commitment and counselor expertise. Specific interventions for men can be designed to explain what their role in therapy will be as well as the role of the counselor. In this way, men will have a better understanding and expectations of the therapy process. For women, because those women with higher degrees of distress have more negative attitudes toward help-seeking, a psychoeducational intervention designed to address negative attitudes may prove beneficial for women. Women with higher degrees of distress may feel that no one can help them, and thus develop negative attitudes toward help-seeking (Chang, 2007). However if an intervention can be designed to address the utility of psychotherapy, women may develop more positive attitudes.

Another way in which this study could be beneficial, especially if these findings are replicated, is to emphasize to counselors in training the help-seeking processes that clients' experience. It seems to be beneficial knowing that as women's psychological distress increases, their attitudes about seeking counseling becomes more negative and

that men's intentions to seek therapy are directly influenced by their expectations about personal commitment and counselor expertise. By understanding the process by which men and women seek help, this type of information, if validated in future research, may aid in a counselor's ability to empathize with their clients' help-seeking processes, and, in effect, provide a way to develop an environment and relationship in which clients feel safe to share difficult feelings. Also, discussing the client's specific attitudes and expectations about the counseling process in the initial session can help the counselor understand and connect better with his/her client.

Finally, psychoeducational pamphlets and flyers can be designed to provide information about symptoms of psychological disorders. Among the men in this sample no relationship was found between distress and attitudes toward seeking psychological help, but there was a relationship between their current distress and intention to seek help as well between their attitudes toward seeking help and intent to seek help. Therefore, a pamphlet specially designed for men could contain information about specific symptoms of psychological distress, which may raise men's awareness of any distress they may be experiencing and potential solutions to be found in psychotherapy. For women, due to the relationships found among attitudes, psychological distress, and intentions to seek therapy, in addition to symptoms, information regarding the benefits of engaging in psychotherapy may be beneficial to improve attitudes and possibly increase intention to seek therapy.

Limitations

The current results should be interpreted with caution, given the limitations with the study's design. First, due to the limited availability of diverse participants, the

findings are limited to mostly caucasian mid-western university students. Furthermore, due to the relative homogeneity (e.g., college students, from one university) of the sample, generalizing the results to other populations (i.e., college students in other regions, the total population of men and women in the United States) is somewhat limited. Second, although having some advantages over other attitudinal measures (i.e., better psychometric data, valid factor structure), the BAPS is limited in terms of its recent publication and lack of published information and examination of its reliability and validity. Despite initial results indicating that the BAPS is a reliable and valid measure of counseling attitudes and intentions (i.e., Ægisdóttir & Gerstein, 2009), further investigations are required. To minimize this limitation, the reliability and validity of the BAPS was calculated and found acceptable in this study.

Third, the decision to use path analysis may be a limitation as well. One of the assumptions of path analysis is that the measures have no error, but to my knowledge no measurement is without an error. Often times, Structural Equation Modeling is used to account for errors, however, this was not done in the current study due to limited sample size. Yet, to minimize the effect of measurement error in the models that were tested, instruments were chosen that have acceptable psychometric properties. Fourth, the use of self-report measures may be a limitation due to the possibility of socially desirable responses. To counteract this potential bias, participants were instructed to answer the items honestly and were assured that their confidentiality would be maintained in order to minimize this bias.

Strengths

Despite the limitations just mentioned, this study has a number of noteworthy strengths. First, in addition to Vogel et al. (2005) study, this is the only other study of the relationships among expectations about counseling, attitudes toward seeking psychological help, psychological distress, and intentions to seek psychological help. Because these variables have been shown to impact the help-seeking process, the examination of these variables together will assist in gaining a better understanding of the help-seeking process. Another notable strength of this study is that limitations of the Vogel et al. study were addressed as stated previously. By improving the methodology, the reliability and validity of the results are improved and one can feel more confident in the conclusions drawn from the study. Moreover, path models of the relationship between the psychological help-seeking variables were tested and developed separately for men and women. This is important, because it has long been suggested that help-seeking attitudes and tendencies between men and women differed without knowing what factors may account for those differences. This study is a step in that direction. Finally, it may also be considered a strength that the BAPS was used in the current study, because it allowed the exclusion of one if its subscales which measures the general intent to seek psychological help. This has not been done in previous research on the relationship between counseling attitudes and intentions. Furthermore, the BAPS is a newer measure that was designed to address some additional limitations of previous measures of attitudes toward seeking psychological help. By using the BAPS in this way, the conceptual confusion between attitudes and intent can be limited, if not eliminated.

Conclusion

Based on the findings of this study, counseling expectations, attitudes toward psychological help-seeking, and psychological distress, are all related to the intention to seek therapy. For both men and women, the relationship between counseling expectations and intention to seek therapy was mediated by attitudes. Thus, as suggested by the TPB and past research, one's attitudes are related to one's willingness to seek counseling. Further research is necessary to validate these results. In terms of practice, it may be beneficial for therapists to evaluate their clients' preconceived notions of the help-seeking process, so as to address any incorrect expectations or negative attitudes, which may affect the counseling relationship.

In addition to attitudes toward seeking psychological help, psychological distress was directly related to intention to seek therapy. Psychological distress was negatively associated with attitudes for women. Although this relationship has been found relatively rarely in past research, the gender difference of the relationship between distress and intentions to seek help is important to consider and examine further. Based on women participants in this study, as psychological distress increases, so do negative attitudes. As noted by Chang (2007), this may be a function of women believing that nobody can help them. Thus, a psychoeducational workshop which includes signs and symptoms of psychological distress, as well as the utility of psychotherapy in minimizing or alleviating distress may prove to be beneficial for women.

Counseling expectations (expectations of personal commitment to the therapy process and expectations about counselor expertise) were only related to intentions to seek therapy for men. Although this finding needs to be replicated in future research, it

appears that, for men, attitudes do not sufficiently account for intentions. These findings suggest that men's intention to seek therapy is influenced by how much personal information they expect to reveal in therapy, as well as their expectations about the proficiency of the therapist. The more expertise they expected (direction, guidance, knowledge about their thoughts and feelings without them disclosing them) the lower were their intentions to seek help. It may be beneficial for the therapist to address these expectations in initial sessions, to make sure that there is a mutual understanding between the client and the counselor about clients' expectations and the clients' role. A lack of mutual understanding about the therapy process may result in client's expectations not being met, which could lead to early termination of therapy.

Further research is needed to validate the results of the current study. It is recommended that a single expectation measure be used in order to be confident that the expectancy construct is measured appropriately. Furthermore, using an attitudinal measure with intent items along with an intentional measure requires a great deal of caution, because it is possible that there may be some cross contamination of the two constructs, which will result in an inflated relationship between the variables. It is also recommended that separate help-seeking models be examined for men and women because using gender as a single variable in a study only provides information regarding the relationship of gender to another variable. In contrast, when examining models of the relationships among the psychological help-seeking variables separately for men and women it is much easier to see the big picture and discover gender differences in the help-seeking process. In closing, it is argued that by following the suggestions just mentioned the relationship among counseling expectations, attitudes toward seeking

psychological help, psychological distress, and intention to seek psychological help can be ascertained in a more reliable and valid way.

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Appendix 1

EXPECTATIONS ABOUT COUNSELING (EAC-B)

Directions

Pretend that you are about to see a counseling psychologist in a university counseling center for your first interview. I would like to know just what you think counseling will be like. On the following pages are statements about counseling. In each instance you are to indicate what you expect counseling to be like. The rating scale I would like you to use, which is from 1 to 7, is printed at the top of each page. Your ratings of the statements are to be recorded in the space provided in front of each statement. **For each statement, write the number that most accurately reflects your expectations.**

When you are ready to begin, pretend that you are about to see a counseling psychologist in a university counseling center for your first interview. Answer each question as quickly and accurately as possible and finish each page before going to the next.

Now please turn the page and begin.

ANSWER THE FOLLOWING QUESTIONS IN THE SPACE PROVIDED

1	**2**	**3**	**4**	**5**	**6**	**7**
Not True	Slightly True	Somewhat True	Fairly True	Quite True	Very True	Definitely True

---

I EXPECT TO...

_____ 1. Take psychological tests.
_____ 2. Like the counselor.
_____ 3. See a counselor in training.
_____ 4. Gain some experience in new ways of solving problems within the counseling process.
_____ 5. Openly express my emotions regarding myself and my problems.

I EXPECT TO...

_____ 6. Understand the purpose of what happens in the interview.
_____ 7. Do assignments outside the counseling interviews.
_____ 8. Take responsibility for making my own decisions.
_____ 9. Talk about my present concerns.
_____ 10. Get practice in relating openly and honestly to another person within the counseling relationship.

I EXPECT TO...

_____ 11. Enjoy my interviews with the counselor.
_____ 12. Practice some of the things I need to learn in the counseling relationship.
_____ 13. Get a better understanding of myself and others.
_____ 14. Stay in counseling for at least a few weeks, even if at first I am not sure it will help.
_____ 15. See the counselor for more than three interviews.

I EXPECT TO...

_____ 16. Never need counseling again.
_____ 17. Enjoy being with the counselor.
_____ 18. Stay in counseling even though it may be painful or unpleasant at times.
_____ 19. Contribute as much as I can in terms of expressing my feelings and discussing them.
_____ 20. See the counselor for only one interview.

ANSWER THE FOLLOWING QUESTIONS IN THE SPACE PROVIDED

1	**2**	**3**	**4**	**5**	**6**	**7**
Not True	Slightly True	Somewhat True	Fairly True	Quite True	Very True	Definitely True

---

I EXPECT TO...

_____ 21. Go to a counselor only if I have a very serious problem.
_____ 22. Find that the counseling relationship will help the counselor and me identify problems on which I need to work.
_____ 23. Become better able to help myself in the future.
_____ 24. Find that my problem will be solved one and for all in counseling.
_____ 25. Feel safe enough with the counselor to really say how I feel.

I EXPECT TO...

_____ 26. See an experienced counselor.
_____ 27. Find that all I need to do is answer the counselor's questions.
_____ 28. Improve my relationships with others.
_____ 29. Ask the counselor to explain what he or she means whenever I do not understand something that is said.
_____ 30. Work on my concerns outside the counseling interview.
_____ 31. Find that the interview is not the place to bring up personal problems.

The following questions concern your expectations about the counselor.

I EXPECT THE COUNSELOR TO...

_____ 32. Explain what's wrong.
_____ 33. Help me identify and label my feelings so I can better understand them.
_____ 34. Tell me what to do.
_____ 35. Know how I feel even when I cannot say quite what I mean.

I EXPECT THE COUNSELOR TO...

_____ 36. Know how to help me.
_____ 37. Help me identify particular situations where I have problems.
_____ 38. Give encouragement and reassurance.
_____ 39. Help me to know how I feel by putting my feelings into words for me.
_____ 40. Be a ″real″ person not just a person doing a job.

ANSWER THE FOLLOWING QUESTIONS IN THE SPACE PROVIDED

1	**2**	**3**	**4**	**5**	**6**	**7**
Not True	Slightly True	Somewhat True	Fairly True	Quite True	Very True	Definitely True

---

I EXPECT THE COUNSELOR TO...

_____ 41. Help me discover what particular aspects of my behavior are relevant to my problems.
_____ 42. Inspire confidence and trust.
_____ 43. Frequently offer me advice.
_____ 44. Be honest with me.
_____ 45. Be someone who can be counted on.

I EXPECT THE COUNSELOR TO...

_____ 46. Be friendly and warm towards me.
_____ 47. Help me solve my problems.
_____ 48. Discuss his or her own attitudes and relate them to my problems.
_____ 49. Give me support.
_____ 50. Decide what treatment plan is best.

I EXPECT THE COUNSELOR TO...

_____ 51. Know how I feel at times, without my having to speak.
_____ 52. Do most of the talking.
_____ 53. Respect me as a person.
_____ 54. Discuss his or her experiences and relate them to my problems.
_____ 55. Praise me when I show improvement.

I EXPECT THE COUNSELOR TO...

_____ 56. Make me face up to the differences between what I say and how I behave.
_____ 57. Talk freely about himself or herself.
_____ 58. Have no trouble getting along with people.
_____ 59. Like me.
_____ 60. Be someone I can really trust.

ANSWER THE FOLLOWING QUESTIONS IN THE SPACE PROVIDED

1	**2**	**3**	**4**	**5**	**6**	**7**
Not True	Slightly True	Somewhat True	Fairly True	Quite True	Very True	Definitely True

---

I EXPECT THE COUNSELOR TO...

_____ 61. Like me in spite of the bad things that he or she knows about me.
_____ 62. Make me face up to the difference between how I see myself and how I am seen by others.
_____ 63. Be someone who is calm and easygoing.
_____ 64. Point out to me the difference between what I am and what I want to be.
_____ 65. Just give me information.
_____ 66. Get along well in the world.

Appendix 2

Attitudes Toward Seeking Professional Psychological Help Scale
<u>Instructions</u>: Please read the following statements and rate them using the scale provide. Place your ratings to the left of each statement by recording the number that most accurately reflects your agreement or disagreement for the following items. There are no "wrong" answers, just rate the statements as you honestly feel or believe. It is important that you answer every item.

Disagree			**Agree**
1	2	3	4

____ 1. If I believed I was having a mental breakdown, my first inclination would be to get professional help.

____ 2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.

____ 3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.

____ 4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to help.

____ 5. I would want to get psychological help if I were worried or upset for a long period of time.

____ 6. I might want to have psychological counseling in the future.

____ 7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.

____ 8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.

____ 9. A person should work out his or her own problems; getting psychological counseling would be a last resort.

____ 10. Personal and emotional troubles, like many things, tend to work out by themselves.

Appendix 3

Belief About Psychological Services.

<u>Instructions</u>: Please read the following statements and rate them using the scale provided. Place your ratings to the left of each statement by recording the number that most accurately reflects your attitudes and beliefs about seeking psychological help. There are no "wrong" answers, just rate the statements as you honestly feel or believe. It is important that you answer every item.

Strongly Disagree			Agree		Strongly
1	2	3	4	5	6

____ 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 was 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 was 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.

Appendix 4

Hopkins Symptom Checklist - 21

<u>Instructions</u>: How have you felt during the past seven days including today? Use the following scale to describe how distressing you have found these things over time.

Not at All	A little	Quite a bit	Extremely
1	2	3	4

____ 1. Difficulty in speaking when you are excited.

____ 2. Trouble remembering things.

____ 3. Worried about sloppiness or carelessness

____ 4. Blaming yourself for things.

____ 5. Pains in the lower part of your back.

____ 6. Feeling lonely.

____ 7. Feeling blue.

____ 8. Your feeling being easily hurt.

____ 9. Feeling others do not understand you or are unsympathetic.

____ 10. Feeling that people are unfriendly or dislike you.

____ 11. Having to do things very slowly in order to be sure you are doing them right.

____ 12. Feeling inferior to others.

____ 13. Soreness of your muscles.

____ 14. Having to check and double-check what you do.

____ 15. Hot or cold spells.

____ 16. Your mind going blank.

____ 17. Numbness or tingling in parts of your body.

____ 18. A lump in your throat.

____ 19. Trouble concentrating.

____ 20. Weakness in parts of your body.

____ 21. Heavy feelings in your arms and legs.

Appendix 5

Intentions of Seeking Counseling Inventory

<u>Instructions</u>: Please read the following statements and rate them using the scale provided. Place your ratings to the left of each statement by recording the number that most accurately reflects your willingness to see a psychologist for the following items. There are no "wrong" answers, just rate the statements as you honestly feel or believe. It is important that you answer every item.

Very Unlikely					Very Likely
1	2	3	4	5	6

_____ 1. Weight control

_____ 2. Excessive alcohol use

_____ 3. Relationship difficulties

_____ 4. Concerns about sexuality

_____ 5. Depression

_____ 6. Conflicts with parents

_____ 7. Difficulties dating

_____ 8. Difficulty in sleeping

_____ 9. Drug problems

_____ 10. Inferiority feelings

_____ 11. Difficulties with friends

_____ 12. Self-understanding

_____ 13. Loneliness

_____ 14. Choosing a major

_____ 15. Test anxiety

_____ 16. Academic work procrastination

Appendix 5

Demographics Questionnaire

<u>Instructions:</u> Please answer the following questions about yourself. This information will be used in combining your responses with those of other people like you. *Circle* or *fill in* your responses.

1) **What is your race?**
   a. Black
   b. White
   c. Hispanic
   d. Asian or Pacific Islander
   e. American Indian or Alaskan Native
   f. Other: _____

2) **How old are you? _____**

3) **What is your sex?**
   a. Male
   b. Female

4) **Have you ever seen a counselor / psychologist for vocational problems?**
   a. Yes
   b. No

5) **How many times have you seen a counselor / psychologist for vocational problems? (not number of sessions, but number of times sought their services) _____**

6) **Have you ever seen a counselor / psychologist for personal problems?**
   a. Yes
   b. No

7) **How many times have you seen a counselor / psychologist for personal problems? (not number of sessions, but number of times sought their services) _____**