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LIKELINESS OF SEEKING PROFESSIONAL PSYCHOLOGICAL SERVICES

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# LIKELINESS OF SEEKING PROFESSIONAL PSYCHOLOGICAL SERVICES

by

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APPROVAL BY THESIS DIRECTOR

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Date

## DEDICATION

This thesis is dedicated with much love and appreciation to my parents, Anita L. Roth and Otto W. Roth, my brother, Vincent P. Roth, and my grandmother, Rose Roth, for their continued encouragement, support, and abundant love . . . and for their endless and unconditional belief in me.

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ABSTRACT

The likeliness of seeking professional psychological services among undergraduate psychology students was assessed utilizing a newly developed, 159 item questionnaire. The findings suggest that the following factors were associated with increased likelihood of seeking appropriate mental health services in the future: the more willing the subject was to seek non-psychological help; the less stigma the subject attached to the utilization of mental health services; the more knowledge he/she had regarding psychology, psychotherapy, and clinical psychologists; the more favorable the subject's previous exposure to psychological services; and the more willing he/she was to self-disclose. It was also found that females were more likely to utilize professional psychological services than their male counterparts.

# INTRODUCTION

It is evident that individuals vary in their tendency to seek or resist professional help for their psychological difficulties. Some individuals for example, may perceive the decision to seek professional psychological help as a sign of personal weakness and indicative of failure. For these people, action to receive professional treatment may be representative of a last resort effort to mitigate a psychologically intolerable situation. Other individuals however, may willingly and openly consult a mental health professional for a relatively minor problem with a genuine expectation of life changes resulting from the therapeutic process.

Certainly, it is reasonable to assume that numerous personality, interpersonal, and social variables exist which serve to impact upon our orientation to seeking professional services for psychological problems. A review of the literature however, reveals that a limited amount of research has been conducted in this area. What follows is a brief summary of the variables found to be empirically associated with an individual's likeliness to seek professional psychological services.

The fear of being stigmatized has been found to be associated with an individual's willingness to seek professional psychological help. These fears often serve as a deterent to seeking such help. A series of investigations by Farina and his colleagues revealed that such fears have a realistic basis in terms of how people behave towards psychiatric patients (Farina, Holland, & Ring, 1966; Farina

& Ring, 1965). In addition, it has been observed that the stigmatized person behaves differently on the belief that others attribute a psychiatric history to him/her (Farina, Allen, & Saul, 1968). A study conducted by Phillips (1963) indicates that people who have sought help are socially rejected to the extent that the helping agency is psychiatrically tinged. For example, individuals who were treated in mental hospitals or seen by psychiatrists were more vulnerable to denigration, and subject to rejection, than those individuals who were counseled by clergymen or general physicians for identical problems. According to Bar-Levar (1976), the stigma of mental illness and consultation with a psychiatrist has not disappeared over time. He additionally notes the sharp contrast in attitudes devoid of shame toward physical illness. Trute and Loewen (1978) report that attitudes toward the mentally ill were composed of factors involving rejection in social relationships and rejection in situations requiring social responsibility. A direct relationship was found however, between the extent of an individual's prior personal experience with the mentally ill, and his/her acceptance of the mentally ill in social activities and in trusting them in situations of social responsibility. In investigating the attitudes toward those who seek psychological services, Parish & Kappes (1979) found that a "typical" person was evaluated significantly more positively than "a typical person seeking counseling," or "a patient seeking counseling." These findings held regardless of the sex of the respondent and whether or not the respondent had previously sought counseling services.

Another important variable that is thought to be associated with an individual's help seeking orientation, is his or her willingness and/or ability to disclose himself/herself to another. Jourard and Lasakow (1958) has developed a scale which has been widely utilized to measure the amount and content of self-disclosure to selected target persons. It was determined (Jourard, 1964, cited in Fischer & Turner, 1970) that self-disclosure is a crucial component in successful psychotherapy based upon the assumption that to be helped, it is necessary to disclose intimate aspects of one's life and feelings to the therapist. Sanchez and Atkinson, (1983) and Wolkon and Moriwaki (1973) found that individuals who are least willing to self disclose tended to have significantly more negative attitudes toward psychotherapy, and were less willing to use professional counseling services than those individuals with higher self disclosure scores.

It has also been documented that socioeconomic class is a strong correlate to seeking professional psychiatric help. Redlich, Hollingshead, and Bellis (1955) have found that compared to individuals in the higher SES brackets, those individuals lower in socioeconomic status are less psychologically minded, and that given an opportunity to receive psychotherapy, these individuals tend to terminate it prematurely (Imber, Nash, & Stone, 1955). Wolken et al. (1973), examined the relationship of race-ethnicity and social class to attitudes toward help seeking. Race alone was not found to be related to attitudes toward psychotherapy, whereas social class was. These researchers, utilizing a black subject population, found evidence consistent with most findings in the literature utilizing Mexican-American, Native

American, and other black populations. It appears that these ethnic minorities prefer ethnically similar counselors, and that the likelihood of seeking counseling services increased if these individuals could be seen by a counselor of the same race (Gordon & Grantham, 1979; Haviland et al., 1983; Sanchez & Atkinson, 1983; Thompson & Cimbolic, 1978; Wolken et al., 1973).

Fischer and Turner (1970) found that significant sex differences existed with respect to attitudes toward seeking professional counseling for psychological disturbances. It was found that when compared to their male counterparts, females tended to endorse items on a scale designed to assess attitudes toward seeking psychological help in the direction more favorable to help seeking behavior. Other research yielded results similar to Fischer and Turner. These findings suggest that females tend to have more favorable attitudes toward counseling programs (Minatoya, 1982), are more likely to be seen for counseling (Philips & Segal, 1969; Sanchez & Atkinson, 1983; Schneider & Laury, 1981; Selig & Weiss, 1975; Tracey et al., 1984), and are more likely to self-disclose to a counselor (DeForest & Stone, 1980; Levine & Franco, 1981; Pederson & Breglio, 1968).

Zeldow and Greenberg (1979, 1980) investigated the relationship between attitudes toward the rights and roles of women in society and attitudes toward seeking professional help for emotional problems. These researchers found that for both males and females, those individuals with liberal attitudes toward women held more positive attitudes toward seeking psychological help, and had actually sought professional help more often than those with conservative attitudes.

A generic help seeking process is defined by Lin and his colleagues (Lin & Lin, 1979, Lin et al., 1982), as those events occurring between the point when problems are first recognized (onset) and the point when the subject enters the mental health care system and stayed in treatment for more than one session (treatment point). These investigators explain that subjects frequently have brief contacts with a mental health worker which does not result in significant treatment action, and which they define as the contact point. Delay in seeking professional psychological help occurs due to both contact delay (time between onset and contact point), and to treatment delay (lag between onset and treatment point). These researchers, based upon their investigations, have delineated three different types of help-seeking pathways: A) persistent family involvement, extensive use of traditional health care methods, and a reluctance to accept a psychiatric referral; B) self-initiation of help seeking and more active pursuit of treatment; and C) passive method of coping with mental problems and are coerced by legal agencies into treatment. The help seeking process, specifically the length of delay, and the help seeking pathway assignment was found by Lin and his colleagues to correlate strongly with ethnicity.

Prior contact with mental health treatment, or an association to those familiar with psychiatric services, was found to be an important determinant in predicting a persons attitude toward seeking professional help for personal problems (Dadfar & Friedlander, 1982), as well as his or her actual initiation of psychiatric contact (Kadushin, 1958). Dadfar and Friedlander, (1982) found that students inexperienced with professional help perceived it as a nontrustworthy,

and inappropriate means for solving personal difficulties. It is also reported that students least concerned with the social stigma and invasion of privacy associated with treatment, were those who had previously received help. Robbins (1981) investigated the relationship between lay attribution of personal problems and psychological help-seeking, and found that: 1) individuals with greater psychiatric contact and sophistication tend to interpret personal problems as dispositional; 2) dispositional interpretation of problems tends to be associated with use of psychiatric and psychological services; and 3) a positive association existed between psychiatric contact and sophistication, and use of psychiatric and psychological services.

Attribution research on help-seeking for psychological problems revealed that students were more willing to seek help when they felt their difficulty was less attributable to their own failure than to a difficult situation (Tessler & Swartz, 1972, and that target problem people are more likely to seek help when they believe that their problem is common (ie. high consensus) (Gross, et al., 1979; Snyder & Ingram, 1983). Snyder and Ingram purport that information that a problem is common may prove reassuring in that this information "allows" individuals with long standing problems to acknowledge that seriousness of the problem along with the inadequacy of their response (coping mechanism) to it. These researchers infer that this insight is instrumental in motivating the individual to seek appropriate help.

From this review, it is apparent that only a few of the many possible variables that may impact on an individual's orientation to seeking psychological services have been examined empirically. The

identification of these variables is essential to our understanding of the tendency to seek or resist professional psychological treatment, and would have both practical and theoretical significance. The need for in-depth investigation in this area cannot be overemphasized in view of the statistics which indicate that the vast majority of people with psychological problems, including those of a debilitating nature, never seek help from a mental health professional (Bergin, 1971; Cowen, 1982; Dohrenwend et al., 1980; Gottlieb, 1976; Langer et al., 1974).

It is thus the intention of this investigation to further examine several components that were found in past research to be significantly related to an individual's psychological help seeking tendencies, along with some additional new ones. A large number of components were chosen for this investigation so that a broader understanding of the likeliness of seeking psychological services could be generated. The specific components addressed in this study include: prior exposure to psychological services; degree of willingness to seek help in non-psychologically related areas; perception of stigma associated with seeking psychological services; amount of knowledge regarding psychotherapy and clinical psycologists; extent of willingness/ability for self-disclosure; degree of need for social desirability; and the number of psychology courses taken.

Several hypotheses have been formulated:

1) Individuals with more extensive prior exposure to professional psychological services will be more likely to seek psychological help than those individuals with less experience with these services. This hypothesis is based upon the assumption that individuals with prior

exposure to psychological services will have also been exposed to some of the positive results effected by counseling and psychotherapy, and will consequently be more likely to seek these services when they are needed.

2) Individuals who are more willing to seek appropriate, situation specific, help in non-psychologically related areas will be more likely to seek professional psychological services than individuals who are less willing to seek help in non-psychologically related areas. A general willingness to seek help is assumed to underly all help-seeking behavior.

3) Individuals low on perceived stigma will be more likely to seek professional psychological help than individuals high on perceived stigma. This hypothesis is based upon the assumption that if a significant amount of stigma is associated with utilizing psychological services, it will serve as a deterent to seeking professional help even when it is needed.

4a) Individuals more informed about psychotherapy and about clinical psychologists would be more likely to seek professional psychological services than those individuals who are less informed.

4b) Individuals who have taken a greater number of psychology courses would be more likely to seek professional psychological help than those individuals with less background in academic psychology. It is assumed for both of these hypotheses, that the more informed an individual is about psychology, psychotherapy, and clinical psychologists, the less misperceptions he/she will have regarding these constructs and will thus be more likely to seek professional services when they may be necessary.

5) Individuals who are willing to disclose more information about themselves would be more likely to seek professional psychological help than those individuals less willing to communicate information about themselves to others. The rationale which underlies this hypothesis, centers around a generally accepted principle of therapy - that to be helped, it is necessary to be willing to disclose personal aspects of one's life to the therapist.

6) Individuals who have a high need to be socially dersirable would be less likely to seek psychological services than those with less need for social desirability. This final hypothesis is related to hypothesis number 3, in that both hypotheses assume that many individuals attach a significant amount of stigma to seeking professional psychological services. It follows that individuals with a high need to be socially desirable would be less likely to engage in any activity that has a certain amount of social stigma associated with it.

A preliminary questionnaire has been developed for purposes of this study. This questionnaire is designed to assess likeliness of seeking professional psychological services for a variety of situational problems and psychological disorders, as a function of the aforementioned variables.

## METHOD

### Subjects

Two hundred and twenty-four (224) students enrolled in introductory or other undergraduate psychology courses at the University of Arizona agreed to participate in this study in exchange for receiving five (5) extra credit points toward their total grade point accumulated in their psychology class. This subject population ranged in age from 17 to 38 years ($\underline{M}$ = 20.99, $\underline{SD}$ = 5.66), and consisted of eighty-nine (89) males and one hundred and thirty-five (135) females. Class distribution was delineated as thirty (30) freshman, eighty-seven (87) sophomores, forty-four (44) juniors, and fifty (50) seniors. Thirteen (13) students had previously obtained a Bachelor degree. One hundred and seventy-six (176) students described themselves as white, nine (9) as black, twenty-one (21) as hispanic, twelve (12) as Asian or Pacific islander, and six (6) as "other."

### Procedure

A questionnaire designed to assess likeliness of seeking professional psychological services for a variety of psychological and situational problem was administered to all subjects. Variables of this questionnaire included: degree of perception of stigma associated with seeking psychological services; amount of knowledge regarding psychotherapy and clinical psychologists; extent of willingness/ability for self disclosure; degree of need for social desirability; prior exposure to psychological services; and number of psychology courses taken. A sign was posted in the Psychology building which described the purpose

and nature of the study, and stated the room numbers, times and dates of administration of the questionnaire. There were ten separate administrations of the questionnaire (five morning, and five afternoon, one administration per day for two consecutive weeks). Prior to each administration, the subjects were again informed that the purpose of the study was to assess orientation to seeking professional psychological help. It was explained that the questionnaire would require forty-five minutes to complete, and that all their responses to the questionnaire items were confidential and identifiable only by number. Subjects were encouraged to answer all items and to avoid if possible, using the middle "Neither agree or disagree" response choice.

Instrument

The questionnaire employed in this study consisted of a total of one hundred fifty-nine (159) items, grouped into nine (9) different sections. Five (5) of the sections (Section A, B, C, D, and I) were developed by the author on an a priori basis to assess likeliness of seeking professional psychological help as a function of degree of willingness to seek help in non-psychologically related areas, perception of stigma associated with seeking psychological services, amount of knowledge regarding psychotherapy and clinical psychologists, and prior exposure to professional psychological services. Demographic items were also included.

The items on this questionnaire were subjected to the judgements of two clinical psychologists, and several clinical psychology graduate students for 1) their relevance in assessing an individual's likeliness

of seeking professional psychological services and, 2) their ability to operationally define and likeliness of seeking psychological services when needed, delineated in this questionnaire as a priori "factors." Items were randomly negatively worded to avoid the possibility of response bias. Some of the items were revised or deleted subsequent to faculty and student suggestions, and the revised form of the questionnaire was administered to the students.

An outline of the questionnaire is presented in Figure 1.

| | |
|---|---|
| SECTION A (CRITERION) | Likeliness of seeking Professional Psychological Services |
| SECTION B | Willingness to Seek Help in Non-Psychologically Related Areas |
| SECTION C | Perception of Stigma Associated with Seeking Professional Psychological Services |
| SECTION D | Knowledge of Counseling/Psychotherapy Services |
| SECTION E | Self-Disclosure (Personality Scale on Jourard and Lasakow's Self Disclosure Questionnaire |
| SECTION F | Social Desirability (The Marlowe-Crowne Social Desirability Scale) |
| SECTION G | Attitude Toward Seeking Professional Help (Three Items from Fischer and Turner's Attitudes Toward Seeking Professional Psychological Help) |
| SECTION H | Demographics |
| SECTION I | Prior Experience/Exposure to Professional Psychological Services |

Figure 1

Questionnaire Outline.

Section A served as the criterion measure and assessed how willing an individual was to seek professional psychological help. This 18 item subscale consisted of different situations which might warrant professional psychological assistance. The instructions requested that the subject indicate on a 5-point Likert scale how much they agree or disagree with the action of seeking professional psychological services ("by going to talk to a counselor, social worker, psychologist, or psychiatrist") for a variety of psychologically disturbing problems. Subjects received between 1-5 points for each item depending upon their response (The larger the subject's total score on this section scale, the more strongly the subject agreed on taking action to seek professional psychological services.)

Section B consisted of ten items which described situations involving help-seeking behaviors in non-psychologically related areas (ie. behavior patterns in seeing a physician for any physical illness, doing one's own taxes vs. using an accountant.) This subscale was developed to assess the subject's orientation to seeking assistance from others in general.

The next section of the questionnaire, Section C, contained twelve items, and was designed to assess the degree of stigma associated with seeking professional psychological services. Sample items from this section include, "I would be uncomfortable going to see a psychologist for help with personal problems because of what other people would think of me if they knew," and "Most people would prefer to be friends with someone who works out their problems on their own, as opposed to someone who is seeing a psychologist for help."

Section D, a 22 item scale, consists of statements of attitudes, facets, and perceptions regarding counseling, psychotherapy, and clinical psychologists. This scale is intended to assess the subject's general knowledge of the domain of professional psychological services. The instructions for sections B, C, and D (as in section A), request that the subject rate their response to each item on a 5-point Likert scale ranging from "Strongly Agree" to "Strongly Disagree" items on these three subscales were randomly stated positively and negatively. Negatively worded items were reversed for scoring purposes. Each item, depending on the subject's response, received between one and five points.

Two published scales were also included in this questionnaire: The ten item personality scale from Jourard and Lasakow's Self-Disclosure Questionnaire (1958) (Section E), and the Marlowe-Crown Social Desirability Scale (1960) (Section F). These scales were included in the questionnaire to determine whether or not the constructs measured by these instruments (degree of self-disclosure, and need for social desirability, respectively), were hypothesized to be a component associated with an individual's likeliness to seek professional psychological services when it may prove beneficial to do so.

Section G of the questionnaire consisted of three items from the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPH) developed by Fischer and Turner (1970).

Also included in the questionnaire were nine demographic items (Section H). Two items, later deemed irrelevant, were deleted during data analysis.

The final section of the questionnaire (1) pertained to the subject's prior experience/exposure to professional psychological services. Instructions requested that the subject rate on a scale from 0 to 100, how helpful/effective was any experience(s) they personally had with psychological services (Item 158), and how helpful/effective they believed the experiences with professional psychological services were for their family members or friends (Item 159). Subjects were instructed to leave these items blank if there was no exposure to these services.

## RESULTS

### Factor Analyses of Subscales

Separate varimax factor analyses were performed on four of the a priori developed subscales (Subscales A, B, C, and D). The rationale for these analyses was to purify the subscales by determining which items on the scales significantly loaded on the factors (utilizing a factor loading cutoff of .40 and an eigenvalue statistic cutoff of 1.00). Items which did not load on the factors were to be deleted from the subscale. Based upon these factor analyses however, it became evident that it would not be prudent to streamline the subscales as originally intended for a substantial amount of variance was not explained in each subscale using the subscale factors (See Table 1). For example, only 54% of the variance of subscale A was explained by four factors with eigenvalues greater than 1.00.

Table 1

Percent of Variance Explained in Each Subscale by Subscale Factors.

| Subscale | Cummulative Variance Explained[1] | |
|---|---|---|
| A (Criterion) | 54.3% | (4 Factors) |
| B (Willingness to seek Help in Non-Psychology Related Areas.) | 56.8% | (4 Factors) |
| C (Perception of Stigma Associated with Seeking Professional Psychological Services.) | 61.9% | (3 Factors) |
| D (Knowledge of Counseling/Psychotherapy and Clinical Psychologists.) | 54.8% | (7 Factors) |

[1]Orthogonal Factor Analytic Solution

All items were consequently maintained in each of the subscales and were utilized in the calculation of a subject's subscale score. A subject's subscale score was derived in part by the addition of point values ranging from 1 to 5 (depending on the subject's response to the five point Likert scale), for each subscale item. Point values for negatively worded items were reversed. Communality statistics derived from the factor analyses, were employed as weightings for each item in computing a subject's final subscale score. (Note: A subject's score on Self-Disclosure (Subscale E) and on Social Desirability (Subscale F) were computed in accordance with the author's instructions for these published scales).

Criterion Subscale

Although the factors on the criterion subscale did not explain a significant amount of the variance of that scale, they did group events for which people seek professional psychological help. Using a communality statistic cutoff above .43, the factors were defined as follows: Factor I (Item 1, 2, 9, 10, 12, 15, 17), Emotional Discomfort; II (Items 5, 7, 8), Abusive Behavior (To Self and to Others); III (Items 13, 14), Schizophrenic symptoms; IV (Items 3, 4), Marital Problems.

There were certain specific events/situations to which seeking psychological help was found to be more likely than others. A majority of subjects responded "Strongly Agree" or "Moderately Agree" with seeking psychological help for several items on the criterion subscale. For example, more than 50% (adjusted frequency percent) of the respondents answered that they would "Strongly Agree" with action to seek professional help if they were drinking excessively and if it sometimes interfered with my job or family." (See Table 2)

Table 2

Situations Where Seeking Psychological Help is Highly Likely

| Item No. | Situation | Adjusted Frequency | | Commulative Freq. |
|---|---|---|---|---|
| | | "Strongly Agree" | "Moderately Agree" | |
| 5 | Alcoholism | 60.7% | 29.0% | 89.7% |
| 6 | Anxiety Attacks | 50.4% | 29.9% | 80.4% |
| 13 | Aud. Hallucin. | 57.2% | 28.4% | 85.6% |
| 14 | Depersonalization | 58.0% | 24.6% | 82.6% |
| 16 | Major Depressive Episode | 58.5% | 28.1% | 86.6% |
| 18 | Suicidal Ideation | 67.4% | 21.4% | 88.8% |

Conversely, certain items revealed that less than 50% of the respondents either "Strongly Agreed" or "Moderately Agreed" to seek professional psychological help for other situations and problems. (See Table 3).

Table 3

Situations Where Seeking Psychological Help in Not Likely

| Item No. | Situation | Adjusted Frequency | | Cummulative Freq. |
|---|---|---|---|---|
| | | "Strongly Agree" | "Moderately Agree" | |
| 9 | Parent/child Communication | 15.2% | 34.4% | 49.6% |
| 10 | Sexual Problems | 13.9% | 35.9% | 49.8% |
| 12 | General Anxiety | 14.3% | 33.0% | 47.3% |

Item Analysis for Subscale D

A Mermac test analysis was performed on the a priori twenty-one item subscale (D) designed to measure extent of knowledge regarding psychotherapy and clinical psychologists Subjects received either 0 or 1 point for each item depending on the correctness of their response. With a possible high score of 21 points, a mean of 15.12, a median of 15.65, and a standard deviation of 3.59, was obtained by the respondents.

R.P.B.I item discrimination index's ranged from .17 to .54. A difficulty index indicated that a range of 96% of the subjects to 33% of the subjects answered a given item correctly. The Kuder Richardson - 20 Reliability Statistic was observed to be .747 for this subscale. Based upon this statistic, it appears that subscale D is a reasonable measure of one's general knowledge of psychotherapy and clinical psychologists.

Subscale Correlation with the Criterion

Most of the Pearson correlation coefficients relating a subject's score on the criterion (Likeliness of Seeking Psychological

Services) with his/her score on the subscale (each representing a hypothesized component associated with an individual's willingness to seek psychological help) were relatively low (See Table 4). Six of the subscale variables were found to be correlated with the criterion in the predicted direction. Only the social desirability subscale variable was found to be related to the criterion in the opposite direction than what was hypothesized.

Table 4

Pearson Correlation Coefficients of the Subscales with the Criterion.

| Subscale | Correlation with Criterion (Likeliness of Seeking Professional Services) |
|---|---|
| B (Likeliness of Seeking Non-Psychological Help) | .125 * |
| C (Stigma) | -.296 ** |
| D (Knowledge) | .208 ** |
| E (Self-Disclosure) | .142 * |
| F (Social Desirability) | .087 |
| G | |
| Item 158 (Prior Personal Experience) | .333 ** |
| Item 159 (Prior Experience of Family/Friends) | .129 * |

NOTE: * $P < .05$
** $P < .01$

Multiple Regression Analyses

Three stepwise multiple regressions were performed on the data. The rationale for these analyses was to determine which components (subscale sections), if any, or which demographic variables, if any, could

best predict how likely an individual was to seek professional psychological services when it would be appropriate to do so. These multiple regressions were conducted separately as they were deemed to be three conceptually different analyses.

a) A multiple regression which included only those subjects who in fact gave a rating on Section G, Item 158 and 159 indicating that either they, or their family/friends/neighbors had prior psychological experience, were included here. Subscale section B (Help/Non Psychological), C (Stigma), D (Knowledge), E (Self-Disclosure), F (Social Desirability), and G (Attitude Toward Seeking Professional Help) were utilized to predict likeliness of seeking psychological help (Section A).

The subjects' ratings of the helpfulness of their own personal experiences with professional psychological services (Item 158), (Beta Weight .272), and their total scores on subscale C (Extent of Stigma Associated with Psychological Services), (Beta Weight -.221) were found to significantly predict how likely a subject is to seek professional psycholgocial help ($F(2,137) = 12.70$, $p < .001$). Those who have previously sought psycholgoical help and rated that experience helpful to them, and those individuals who have less stigma attached to seeing a mental health professional are more likely to seek out professional psychological services in the future. (See Figure 2).

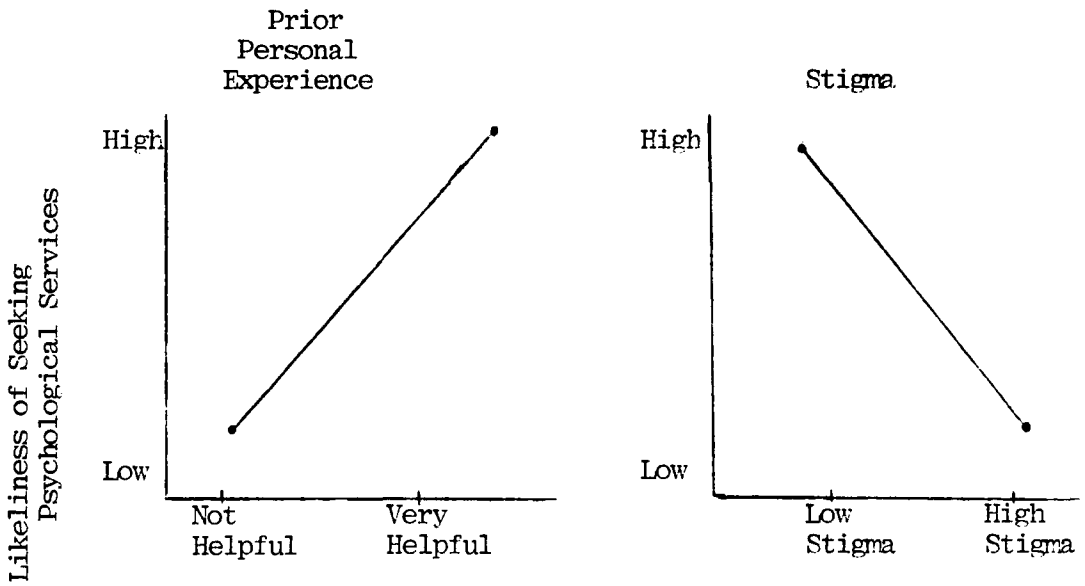


Figure 2

Prior personal experience and extent of stigma as predictors in seeking psychological services.

b) Two dichotomous variables were created to identify those subjects who 1) either themselves did not have any prior exposure to psycholgocial services, or 2) their family/friends/neighbors had no such experience. Thus, Experience 1 (0 = No Prior Personal Experience, 1 = Prior Personal Experience). Experience 2 (0 = No Prior Experience of Family/Friends/Neighbors, 1 = Prior Experience of Family/Friends/Neighbors). These dichotomous variables, along with the predictor variables described in (a) were employed in a stepwise multiple regression to once again attempt to predict a subject's response on the criteria (Subscale A). Three variables, a subjects score on Subscale C (Stigma), Subscale D (Knowledge), and on the subjects numerical assignment on the Experience 2 (Prior Experience of Family/Friends) variable, were found to significantly predict a subject's likeliness of seeking professional psychological services (Subscale Score A), ($F(3,220) = 10.16$, $p < .001$). The extent of stigma associated with seeking professional psycholgoical services was found to predict likeliness of seeking psychological services as in (a). It was also found that the more knowledge an individual has about psychotherapy and clinical psychology, the more likely he/she is to seek professional services. Those individuals whose family, friends, or neighbors have some prior experience with psychological services, were less likely to seek help for their problems (See Figure 3).

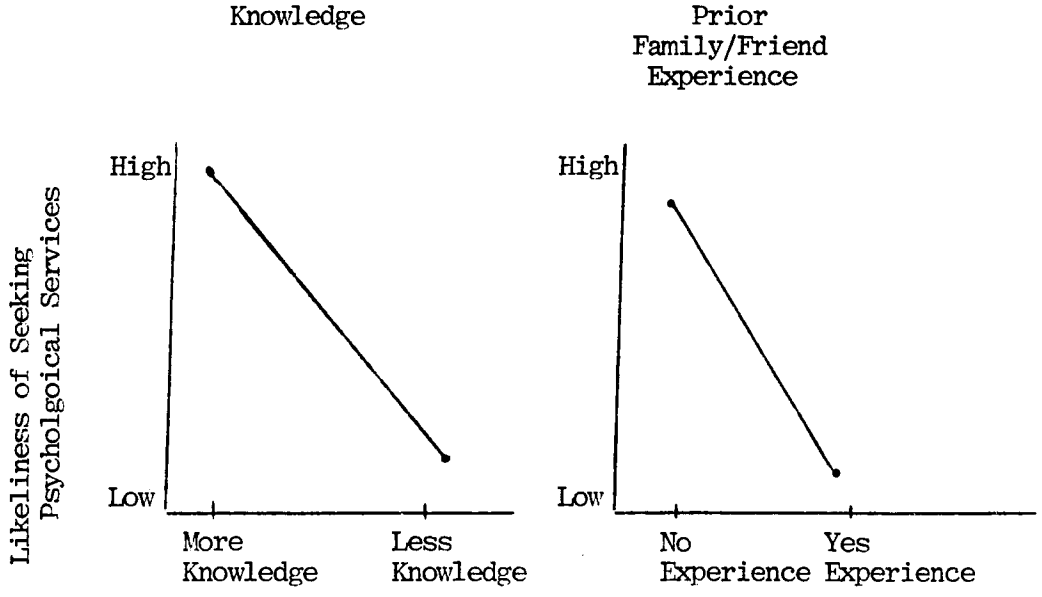


Figure 3

Knowledge of psychotherapy and family/friends prior experience with psychological services as predictors in seeking psycholgoical services.

c) A multiple regression with demographic variables of sex, race, marital status, presence or absence of mental health professionals in the subject's family or group of friends, number of psychology courses taken, and age, was performed in order to predict a subject's score on Subscale A (Criterion: Likeliness of Seeking Psychological Services). The number on courses in psychology and sex were found to significantly predict how likely the subject was to seek help ($F(2,209) = 7.44$, $p < .001$). Females and subjects who had taken more psychology courses were more likely to seek professional psychological services.

Discriminant Function Analyses

Three standardized canonical discriminant function analyses were performed on the data to determine if the a priori developed subscales B (Help/Non-Psychological), C (Stigma), D (Knowledge), the published subscales E (Self-Disclosure), F (Social Desirability) and the variables, Experience 1 and Experience 2 (Personal Experience and Experience of Family/Friends, respectively), could predict a subject's response to three dichotomous items selected from the Fischer and Turner Attitudes Toward Seeking Psychological Help Scale.

a) 69.51% of the subjects were correctly classified as to their response on questionnaire item 146, "I have sometimes thought that I should seek professional psychological help in order to work out some things in my life." This discriminant analysis yielded five variables, (the subject's score on Subscale C, D, E, F, and the variables, Experience 1), which significantly predicted group membership (Wilkes Lambda = .808. $p < .001$) in terms of the subjects true or false response to this item.

b) A subject's score on subscales C, D, and F and position on variables Experience 1 and Experience 2, were found to significantly classify his or her response to questionnaire item 147, "I believe that it is highly likely that there will be a time in the future when I will talk to a counselor, psychologist, or psychiatrist for professional help (Wilkes Lambda = .839, $\underline{p} < .001$). Sixty-six point five percent (66.5%) of these group cases were correctly classified.

c) The percent of correct classifications for a subject's response to questionnaire item 148 was 68.7%. The true or false response to the statement "Seeking psychological help would only be a last resort for me in trying to work out my problems, was predicted using three variables, Subscale score C, Experience 1, and Experience 2 (Wilkes Lambda = .832, $\underline{p} < .001$).

The results of these discriminant function analyses essentially replicate the findings of the multiple regressions and Pearson correlations.

## DISCUSSION

Based upon the above findings, it appears that the more willing an individual is to seek non-psychological help, the less stigma the individual attaches to the utilization of mental health services, the more knowledge an individual has regarding psychology, psychotherapy, and clinical psychologists, the more favorable the individual's previous exposure to psychological services, the more willing an individual is to self-disclosure, and if the individual is female, the more likely the individual will be to seek appropriate mental health services. These findings were in accord with the original hypotheses regarding these variables. It was also hypothesized that the higher one's need for social desirability, the less likely he/she would be to seek appropriate mental health services. This hypothesis was not supported by the data, and may suggest that all or part of the rationale underlying this hypothesis (that a significant amount of stigma is associated with seeking mental health consultation, and that those who have a high need for social desirability would shun activities high in perceived stigma), is erroneous. It is also possible that after a certain level of psychological discomfort the desire to alleviate that discomfort becomes more important than the desire for social approval.

An important consideration of this study which requires mention early in this discussion, is the preliminary, exploratory nature of this investigation. The a priori developed subscales included in the questionaire currently only possess face validity to substantiate them.

Certainly adjustments and refinements of these scales, and their subjection to more rigorous statistical measures are necessary to acertain both validity and reliability data on them, as well as to consequently determine their usefulness in future studies. In addition, although all but one of the hypotheses were supported by the direction of the correlations between the subscale scores and the criterion score, the low quantitative values of these correlations necessitates the use of caution in drawing conclusions based upon them.

The results of the multiple regression analyses helped to substantiate several of the hypotheses, that were only weakly supported by the correlation data. Based upon their power to predict a subject's score on the criteria subscales, several factors were found to be significantly associated with an individual's likeliness to seek professional services. It was re-affirmed that the more knowledge one has of psychology, psychotherapy, and clinical psychologists, the less stigma one attaches to the utilization of psychological services, and the more "helpful" the individual has found his/her own prior experience with professional psychological services, the more likely he/she is to seek out these services in the future.

A surprising and interesting finding revealed that the more experience an individual's family, friends, or neighbors had with mental health services, the less likely the subject reported that he or she would personally utilize these types of services. It can perhaps be inferred that the subject perceived these experiences to be non-effective, perhaps even detrimental (whether this was the case or not), to the recipient of these services, and consequently is deterred from utilizing such services himself/herself.

Females were found to be significantly more likely to seek professional help than their male counterparts. This finding may be interpretted within the context of our socialization process. It has long been recognized that females in our society are encouraged to be more verbal, more self-disclosing, and more willing to look to others for assistance, all of which are necessary for any type of psychotherapy or counseling process. In contrast, males are generally reared to be less verbal and more action oriented, and self-reliant. All of these characteristics are certainly not conducive to seeking out the assistance of a mental health professional, or for effective psychotherapy itself.

The finding that the more psychology courses one has taken, the more knowledge one has about psychology, psychotherapy, and clinical psychologists, and the more favorable own's experiences with psychological services, the more likely he/she will utilize these services in the future, appears to be logical and consistent with a more general framework of human behavior. That is, the more information we have about anything, the less fear we have about it, the less prejudice and distortion we develop with respect to it, and the more open-minded we will be towards it. Similarly, if we have had a favorable experience, we will be more likely to engage in this experience again in the future.

Worthy of mention, and related to these issues, of knowledge and prior experience, is that of the current relative invisibility of our mental health services to the potential client. Entrance into our mental health system today, is still dependent to a large extent, upon referrals from non mental health professionals (ie., physicians and

law officials). Because these services are not as directly accessible to the general population, a perpetuation of the publics lack of knowledge regarding psychotherapy may be effected, as well as the prevention of the opportunity for favorable psychotherapeutic experience. This all may consequently contribute in maintaining the sense of stigma associated with the utilization of mental health services. Furthermore, our society to a large extent, still appears to endorse the belief that one should be able to handle ones own problems by oneself. This all leads one to ponder the dilemma of which came first; the stigma associated with psychotherapy, the lack of knowledge of the process and when to engage in it, or the invisibility of the mental health system.

Certainly other factors not investigated or discussed in this thesis must exist which serve to impact upon an individual's orientation to seek or resist professional psychological services. It seems logical that factors such as geographic distance to a mental health facility, or specific intrinsic and extrinsic motivation variables, are worthy of future investigation as related to this area. Implications for this and future studies are numerous. Only subsequent to a more thorough understanding of the factors which influence someone's willingness and/or resistance to seek professional help, can efforts be made which correct misperceptions surrounding counseling and psychotherapy. Community educational programs and informational media broadcasts, for example, can be developed and implemented which can serve to mitigate reluctance to seeking professional psychological help when it may be beneficial to do so. It would seem that by increasing our societies willingness to seek professional psychological services when they are indeed needed,

we may be able to produce more effective human functioning, more meaningful marital and family relationships, healthier behavior patterns, and more productive lifestyles.

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