CHAPTER TWO

Review of the Literature

This chapter presents an overview of literature related to attitudes toward seeking professional psychological help. Since the focus of this study is on attitudes and help-seeking behavior, the chapter starts by defining attitudes and attitudes components along with the term counseling. A review of relevant studies is also presented and discussed, followed by a discussion on counseling and other psychological services in Kuwait and other Arab countries.

Defining Attitude and Attitude Components

The term "attitude" is widely used by the public to denote a psychological state that predisposes a person to act favorably or unfavorably to an event or situation. This viewpoint favors defining attitude as having several components and restricted definitions. Allport (1954) defined attitude as "a mental and neural state of readiness, organized through experience, exerting a directive or dynamic influence upon the individual's response to all objects and situations with which it is related" (p. 810). Eagly and Chaiken (1993) defined attitude as "a psychological tendency that is expressed by evaluating a particular entity with some degree of favor or disfavor" (p. 1). Although formal definitions of attitude vary, most contemporary social psychologists seem to agree that the characteristic attribute of attitude is its evaluative (pro-con, positive-negative) dimension (Ajzen, 1993; Ajzen, 1989; Fishbein & Ajzen, 1975).

The definition that will be used in this study is: "An attitude is an individual's disposition to respond favorably or unfavorably to an object, person, institution, or event, or to any other discriminable aspect of the individual's world" (Ajzen, 1989, p. 241). This definition is favored in this study because of its evaluative nature, which refers to overt or covert evaluative responding of cognitive, affective, or behavioral responses (Eagly & Chaiken, 1993). Although the most popular classification system distinguishes between cognition, affect, and

behavior/conation (Ajzen, 1989; McGuire, 1985), it is useful to separate verbal from nonverbal responses within each of these three categories.

Cognitive responses. Cognitive responses of a verbal nature are expressions of beliefs that link the object with certain characteristics or attributes (e.g., the belief expression that counseling is a helpful source for individuals) (Ajzen, 1989; Eagly & Chaiken, 1993). Cognitive responses of a nonverbal nature are more difficult to assess, and the information they provide about attitudes is usually more indirect.

Affective responses. The second category of responses from which attitudes can be inferred has to do with feelings toward the attitude object (e.g., expressions of admiration or disgust, appreciation or disdain). Thus, a person who claims to admire counselors, or feel good about the available medical care, would seem to hold a favorable attitude toward the counseling profession and health care system. On the contrary, a person who indicates that the mere thoughts of counselors and psychiatrists are disgusting would seem to hold a negative attitude (Ajzen, 1989; Eagly & Chaiken, 1993). Facial expressions, as well as various physiological and other bodily reactions, are often assumed to reflect affective response in a nonverbal fashion.

Behavioral responses. Characteristics of this category are behavioral inclinations, intentions, commitments, and actions with respect to the attitude object (e.g., people with negative attitudes toward the counseling profession might indicate a refusal to be seen by counselors and psychologists) (Sherman & Fazio, 1983). On the other hand, those with positive attitudes might either express intentions to attend professional seminars and meetings or they might indicate a readiness to read about advances in counseling and psychology (Ajzen, 1993; Ajzen, 1989; Eagly & Chaiken, 1993).

Ajzen (1989) says that consistent with the typical operationalization, many investigators have assumed that verbal responses reflect a person's attitude, whereas nonverbal (overt) actions

are measures of behavior. However, both verbal and nonverbal responses are observable behaviors. As noted by Ajzen (1989), neither verbal nor nonverbal are more or less a measure of attitude than the other, and both types of behavior can reflect the same underlying disposition. Moreover, the validity of overt behavior as indicators of a latent disposition cannot be taken for granted, any more so than the validity of verbal responses to questionnaire items. Both types of behavior must be submitted to standard scaling procedures, and only some responses—whether verbal or nonverbal—will be found adequate for the assessment of a given attitude (Ajzen, 1993, 1989; Ajzen & Fishbein, 1980; Jackson & Paunonen, 1985).

Attitudes versus Behaviors

To sum up, an individual's favorable or unfavorable attitude toward a person, institution, or event can be inferred from verbal or nonverbal responses toward the object in question. These responses can be of a cognitive nature, reflecting perceptions of the object concerning its likely characteristics; they can be of an affective nature, reflecting the person's feelings; and they can be of behavioral nature, indicating how a person acts with respect to the object (Ajzen, 1993; Ajzen, 1989).

Counseling Definition and Process

When counseling is viewed from a very broad perspective, one can say that "counseling" occurs almost anytime a person provides advice, support, guidance, or help to one or more individuals. However, this study defines counseling from a more narrow perspective, focusing on what is commonly referred to as professional counseling. Skovholt, Rivers, and Al-Rowaie (1998) define counseling as "the process in which a trained professional helps a person, or a group, function more effectively and improve his or her life by addressing problems in a preventive, developmental, or remedial way" (p. 360). This definition distinguishes counseling

as a profession, which contains ethical standards, professional organizations, and training programs, from more informal forms of helping, such as family or other social resources.

Factors Affecting Attitudes Toward and Utilization of Psychological and Mental Health Services

Several studies have been conducted on attitudes toward mental health services with different racial and ethnic groups, including Caucasian and African American populations (Fischer & Shaw, 1999; Neville, Heppner, & Wang, 1997; Nickerson, Helms, & Terrell, 1994), Hispanic (Casas & Vasquez, 1996; Gloria & Rodriguez, 2000), Native American (Trimble, Fleming, Beauvais, & Jumper-Thurman, 1996), Asian and Asian Americans (Kitamo & Maki, 1996; Mori, 2000), and people from the Middle East (Haque, 1993).

The results of other studies suggest that there are key factors that play major roles in predicting attitudes toward seeking professional psychological help. For example, gender (Lopez, Melendez, Sauer, Berger, & Wyssmann, 1998), education (Esters, Cooker, & Ittenbach, 1998), prior counseling experience, problem severity (Solberg, Ritsma, Davis, Tata, & Jolly, 1994; Tata & Leong, 1994; Hinson & Swanson, 1993), similarities between clients and counselors (e.g., same gender) (Nickerson, et al., 1994), personality (e.g., self-concealers) and social factors (e.g., social stigma) (Kelly & Achter, 1995), and culture and acculturation (Pederson, 1997; Tata & Leong, 1994, Sue, 1995, 1992, 1991; Sue & Zane, 1987) were found to have significant impact on attitudes toward seeking professional psychological help. Moreover, psychological help-seeking behavior has been found to have a positive correlation with demographic variables, such as age and education among college students. There are also differences on the basis of gender and cultural backgrounds. The following paragraphs discuss these factors in more detail.

Demographic and Prior Counseling Experience Factors

Leaf, Bruce, Tischler, and Holzer (1987) examined the effect of relationships between age, sex, race, household income, and education on the attitudes toward mental health services in New Haven, Connecticut. The authors found that nearly one-quarter (23%) of the participants indicated that their families would get upset if they entered mental health treatment. The participants also indicated that they were afraid of their families' reactions to service use. Women indicated significantly higher receptivity to mental health treatment than did men ($\chi^2 =$ 16.83, $\underline{df} = 1$, $\underline{p} < .001$). However, men were more likely to be concerned that their families would get upset than did women ($\chi^2 = 12.57$, $\underline{df} = 1$, $\underline{p} < .001$). Young adults (ages 18 to 24) and the elderly (over age 64) were less likely than the age group in the middle range to be highly receptive to mental health services ($\chi^2 = 50.73$, $\underline{df} = 2$, $\underline{p} < .001$). A greater proportion of the elderly also believed that their families would get upset if they were to enter treatment ($\chi^2 =$ 133.19, $\underline{df} = 2$, $\underline{p} < .001$). Surprisingly, the results indicated that the elderly participants had a higher level of confidence in mental health care provided by the family doctor than did younger age groups ($\chi^2 = 12.47$, $\underline{df} = 1$, $\underline{p} < .001$). They also found significant differences based on social class for each of the indicators of attitudes. Participants with less education or income displayed less psychological accessibility, more concern about family reactions, and greater faith in family doctors as mental health providers.

Similar findings were found by Fischer and Cohen (1972) who examined the relationship between demographic variables and help-seeking attitudes among American college students. Educational level and scholastic major were significantly related to help-seeking attitudes. The higher the educational level, the more positive the attitudes toward seeking professional psychological help. Also, a positive relationship was found between college majors with social science majors having more accepting attitudes toward seeking psychological help. The

researchers found no significant relationships between socioeconomic status and attitudes toward seeking psychological help.

Gender differences in help-seeking behavior were found to be significant in predicting help-seeking behavior for psychological treatment. Women were found to have higher rates of help-seeking behavior than men (Solberg, et al., 1994). In a college sample, help seeking behavior has been found to have a positive correlation with age, gender, education, social support, and prior counseling experience (Cramer, 2000; Solberg, et al., 1994).

Gender differences in help-seeking were also examined by Flum (1998), Kessler, Brown, and Broman (1981), and Leaf, Bruce, Tischler, and Holzer (1987), who speculated that the increased incidence of help-seeking behavior among women and the higher rate of labeled emotional problems may be due to the greater ability of women to verbalize vague emotional distress in terms of conscious problems requiring assistance. Findings by Leaf et al. (1987) showed that women were more receptive to mental health treatment than men and less concerned about the reactions of their family. Similarly, Kessler et el. (1981), concluded that 10-20 % of the excess psychiatric morbidity identified in women might be due to gender differences in problem recognition. This is similar to Cook's (1984) finding that female college students had greater potential interest in counseling than did males.

Brody (1994, 1984) indicated that people who identify themselves as traditional had negative attitudes toward psychotherapy. This is consistent with the findings of Fischer and Turner (1970) who found a negative correlation between being more religious and attitudes toward psychotherapy. Brody also found that traditionalism was negatively correlated with the use of psychotherapy. The occupational and educational levels of the fathers were found to be positively associated with attitudes toward psychotherapy.

Good, Dell, and Mintz (1989) indicated that traditional attitudes about the male role, concern about expressing emotions, and concern about expressing affection toward other men were each significantly related to negative attitudes toward seeking professional psychological help. Six years later, Good and Wood (1995) conducted a similar study and their findings indicated that a significant relationship exists between male gender role conflict and attitudes toward seeking professional psychological help. However, traditionalism is a product of "non-mobility". Once there is mobility, there will be some deviation from traditionalism; and new cultural adaptation as well as acquisition will take place.

There is also a large body of research on cross-cultural factors associated with reluctance to seek psychological help among western and non-western societies. A few cross-cultural studies have investigated attitudes toward seeking professional psychological help. Studies by Zhang (1998), Flum (1998), Tedeschi and Willis (1993), and Haque (1993) found that acculturation was a significant predictor of professional psychological help-seeking behavior among samples of Asian, Arab, and other international college students in the United States. Similar studies by Tata and Leong (1994) and Atkinson and Gim (1989) examined the impact of cultural identity on Chinese and Asian Americans' attitudes toward seeking professional psychological help. Students who were more acculturated to the American culture had more positive attitudes toward seeking professional psychological help than those who were less acculturated. Similarly, Ying and Miller (1992) found that more time spent in the United States, high level of acculturation of western culture, and being female were significant predictors of positive attitudes toward seeking psychological help. Finally, several studies have shown that members of non-Caucasian ethnic groups underutilize professional psychological help services compared to Caucasians (Fischer and Shaw, 1999; Tata & Leong, 1994).

Mental illness and psychological disorders may have different presentations in different cultures. Some cultures may not endorse seeking help for mental or emotional problems (e.g., depression) but may judge somatic problems (e.g., headache) socially acceptable. In fact, somatization occurs frequently in the cross-cultural context (Segall, 1986; Sue & Sue, 2000). Several factors may account for patients' presenting physical symptoms for emotional disorders (e.g., complaining from headache or physical fatigue when in fact being depressed or anxious). Another factor that may contribute to a somatic presentation is a patient's reluctance to entrust a clinician from another culture with too much personal information, especially if the patient is not on his or her own cultural turf (Hughes, 1993).

Social class has been found to have a strong influence on attitudes toward mental health services. Leaf et al. (1987) found that despite efforts to make treatment available irrespective of income, people with the least financial resources and least education exhibit a low propensity to seek mental health treatment and are more sensitive to the reactions of others.

Prior personal counseling experience and a history of marriage counseling were found to have a significant relationship with willingness to seek marriage counseling among couples. Those with prior counseling contacts hold more positive attitudes toward counseling and are more likely to utilize counseling and mental health services in the future (Bowen & Richman, 1991). Bringle and Byers (1997) also found that previous counseling history accounted for 19% of variance on intention to seek counseling. Individuals with positive attitudes toward marriage counseling and those with a previous counseling history were predisposed toward seeking counseling in the future if a problem arose. Consistent with other research, Bringle and Byers also found that females expressed a greater likelihood of seeking counseling than males.

Clary and Fristad (1987) found that college students who reported seeking help on a college campus had more experience with mental health services than those who did not seek

help. They reported no significant differences between help-seekers and non-seekers in attitudes toward help seeking. They also found that individuals with previous contact with mental health professionals expressed more positive attitudes toward professional psychological help than those who did not have past experiences with mental health services.

<u>Psychological Factors and Help-Seeking Behaviors</u>

The focus of help-seeking behavior studies includes: help-seeking preferences (e.g., Nickerson, Helmes & Terrell, 1994; Tinsley, Aubin & Brown, 1982; Webb & Spears, 1986); types of clients problems (e.g., Brown, 1983; Dreman & Delov, 1976; Hinson & Swanson, 1993; Solberg, Ritsma, Davis, Tata & Jolly, 1994); the characteristics of those who might or might not seek psychological help (e.g., Cepeda-Benito & Short, 1998; Cook, 1984; Fischer & Turner, 1970; Goodman, Sewell & Jampol; 1984; Lopez, Melendez, Sauer, Berger & Wyssmann, 1998); and attitudes toward theoretical orientation of the professionals (e.g., Dadfer & Friedlander, 1982; Nickerson, Helmes & Terrell, 1994; Porche' & Banikiotes, 1982; Rule & Gandy, 1994; Tedeschi & Willis, 1993). Selected outcomes of some of these studies are discussed briefly in the following paragraphs.

Seeking help for a problem is a natural process that many people engage in each day. The problems for which people seek counseling are numerous, including: (a) post-traumatic stress (e.g., post-invasion Kuwait), (b) physical illness (e.g., cancer), (c) substance abuse (e.g., alcoholism), (d) vocational planning (e.g., applying for a job), (e) academic concerns (e.g., study skills), (f) affective concerns (e.g., anxiety and depression), and (g) loss (e.g., divorce) (Skovholt et al., 1998). Similarly, Hill and O'Brien (1999) state, "most people need assistance at some point in their lives to deal with troublesome issues that stifle their personal growth and limit their potential" (p. 3). The problems for which help is sought may range from time management or study skills to dealing with low self-esteem, depression, or working through grief. People most

often turn to family members or close friends for advice or support in dealing with a problem. Hinson and Swanson (1993) say, "If these 'natural helpers' are not able to provide adequate help, persons may turn to religious leaders and, if not, to professionals" (p. 465). In general, people seek help, not only because they are experiencing distress, but also because they are inclined to perceive others as potential sources of support and help.

<u>Social Support, Life Stress, and Help Seeking Behaviors</u>

The concept of social support has been addressed under a variety of terms (e.g., social support, social network, social resources). These terms are similar and share a focus on the relevance and significance of human relationships. Hence, they are not all identical (Turner & Turner, 1999). Notwithstanding the apparent mental health significance of perceived social support, the dominant view among social scientists is that social support is best understood as a multidimensional construct (Turner & Turner, 1999; Vaux, 1988). A number of researchers have concluded that social support is a multifactorial construct and described different types or categories of social support that should be considered and that may have differing consequences. Vaux (1988) has argued that social support is best viewed as a metaconstruct "comprised of several legitimate and distinguishable theoretical constructs." (p. 28)

In general, social support can be divided into three major dimensions: (1) perceived support (e.g., the availability of social network resources), (2) supportive behaviors (e.g., the actual support one receives from his or her social network), and (3) appraisals of support (e.g., subjective and evaluative assessments of one's occurred supportive relationships). The transactions process between the individuals and their social network and environment is dynamic and multidimensional (Vaux, 1988).

For the purpose of this study, the phrase social network analysis is used as an individual's orientation toward and perception of the utilization of his or her focal social network. The word

network refers to the individual's system of relationships with other individuals (Vaux, 1988). Therefore, the social network may be examined with respect to its structure, composition, and component relationships. Important structural aspects of network composition might include, for example, "the proportion of family members and the focal person, with respect to age, sex, social status, or ethnicity, and density of the interconnectedness of individuals in the network" (Vaux, 1988, p. 12). Many features including the frequency of contact, geographic proximity, and the durability and intensity of relationships, can be examined as indicators of potential social support. Vaux (1988) suggested that "the content of exchanges in the relationship, the degree of reciprocity involved, and whether the relationship involves one or multiple types of exchange, multiplexity, may also be examined." (p. 12)

Although what has been said implies optimistic perception of the effect of social support and networks, not all networks are good networks and not all network involvement is positive. Proximity or frequency of content with kin, friends, or neighbors does not necessarily mean that those individuals will be helpful or supportive. Further, if individuals in one's network are themselves abusive or neglectful, this may reinforce maltreating behaviors and attitudes and consequently result in stressful impacts on the individuals.

Numerous researchers have examined the role of social supports and life stress events in attitudes toward and use of mental health services. They have shown that the absence of social supports or a disruption in the individual's support system are associated with higher rates of psychotherapy (Sherbourne, 1988). Other studies have shown a relationship between psychological distress or mental health status and use of mental health services, as well as between depression and seeking of psychiatric treatment (Sherbourne, 1988; Amori, 1987).

Sherbourne (1988) indicated that people who have small support from relatives and friends were more likely to use mental health services than did those who reported receiving

greater support from relatives and friends. The results of Sherbourne's study also showed that the amount of social contacts buffers the effect of loss events on the use of mental health services. People with the highest number of social contacts used services less than those with the lowest number of social contacts. Individual predisposing and enabling factors were important predictors of mental health service use. For example, Sherbourne found that women, younger people, and more highly educated people used mental health services more than men, older people, and less educated people. Family size, income, and race did not predict use of mental health services. The major concern regarding the findings of Sherbourne's study may be geared toward how social support and how life stress events are defined. Therefore, generalizing the findings of Sherbourne's study is limited to similar social settings. Furthermore, the question remains as to whether or not social support and life stress events predict the decision to use mental health services in different social and environmental settings (e.g., Kuwait).

Hill and O'Brien (1999) reported that many people seek help when they become aware that they are facing a stressful situation that requires getting help from others. These people seek help when their painful feelings are greater than the actual barriers in seeking help from psychological professionals. However, many people hesitate to seek professional help and feel embarrassed, ashamed, or stigmatized about asking for assistance or believe that going for help constitutes weakness or inadequacy (Farina, Fischer, Boudreau, & Belt, 1996; Gaw, 1993; Hill & O'Brien, 1999; Westermeyer, 1993). As a result, it is not surprising that researchers have found that people seek help first from relatives and friends, and last from professionals (Hill & O'Brien, 1999). There are many other factors that make people reluctant to seek psychological help, such as concerns about being labeled mentally ill, or beliefs that no one will understand their real problems (Hill & O'Brien, 1999; Sue, Sue, & Sue, 1994).

Tata and Leong (1994) utilized Fischer and Turner's (1970) scale of Attitudes Toward Seeking Professional Psychological Help (ATSPHHS) and Vaux's (1985) scale of Orientation Toward the Utilization of Social Resources (OTUSRS) in the exploration of the attitudes toward seeking professional psychological help and social-network support among Chinese-Americans students. A hierarchical regression analysis yielded that social-network orientation accounted for 12% of the variance and made a significant contribution to the prediction of the criterion variable, the ATSPHHS. Chinese-American students who have less social-network orientation are more likely to have positive attitudes toward seeking professional psychological help.

Several studies (e.g., Hinson & Swanson, 1993; Solberg et al., 1994) have showed that the severity of life events distress is the most salient factor contributing to seeking professional help. Experiencing life stress events can result in a continuum of distress from the symptoms of feeling anxious, afraid or worried through transient anxious and depressive states to the affective disorder (Sherbourne, 1988). Barlow (1991a, 1991b) defines anxiety as a loose cognitive-affective structure comprising negative affect, a sense of uncontrollability regarding future events, and self-focus of attention. Anxiety disorders account for 31% of total mental health costs, exceeding those due to mood disorders (22%) and schizophrenia (20%) (Craske, 1999; Rice & Miller, 1993). Craske (1999) said that despite the serious consequences of untreated anxiety, most individuals do not seek treatment. However, attitudes toward seeking psychological help have been positively associated with increased severity of anxiety and depression (Amori, 1987; Asser, 1978; Craske, 1999; Yokopenic, Clark, & Aneshensel, 1983). Many individuals may be reacting to a life event or they may be experiencing a psychological or physical problem with anxiety as a symptom. If these symptoms persist or interfere with an individual's abilities to function effectively, it is reasonable to assume that they might seek help in the form of counseling or other treatment. At any given level of depression or anxiety, being

female, a graduate student, or being away from home were key factors contributing to help-seeking behavior (O'Neil, Lancee, & Freeman., 1984).

<u>Underutilization of Mental Health Services</u>

Komiya, Good, and Sherrod (2000) questioned why people underutilized mental health services in the United States. They were interested in finding out if there is a relationship between fear of emotions and seeking psychological help. They hypothesized that emotional openness would contribute to the prediction of attitudes toward seeking psychological services beyond the variance accounted for by the previously examined factors such as gender, psychological distress, and perception of stigma. The authors used four scales in their study: (a) one subscale (Orientation) of the Test of Emotional Styles (TES), which was developed by Allen and Hamsher (1974) to measure comfort level with emotions and a tendency to seek emotional experiences; (b) the Stigma Scale for Receiving Psychological Help (SSRPH), which was designed to assess the level of stigma associated with seeking psychological help from professionals; (c) the Hopkins Symptom Checklist (HSC-21) consisting of 21 items, which was developed by Derogatis, Lipman, Rickles, Uhlenhuth, and Covi (1974) to measure psychological and behavioral distress levels; and (d) the shortened form (10-items) of the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS-S), which was developed by Fischer and Farina (1995). The results showed that the predictor variables (Gender, SSRPH, HSC-21, & TES) were statistically significant to predict attitudes toward seeking professional psychological help, $\underline{F}(4, 305) = 25.88$, $\underline{p} < 0.001$, and accounted for 26% of the variance in ATSPPH-S total scores. The results indicated that males are more likely to experience greater stigma associated with seeking help and tend to have less emotional openness when compared with their females counterparts. Their findings have many practical implications in counseling relationships, including the promotion of more positive attitudes when seeking psychological help from

professionals and the promotion of future efforts to reduce psychological barriers in dealing with those who have a lack of emotional openness. However, there appears to be a major methodological limitation associated with confounding the independent and dependent variables in this study, specifically; (1) the authors tried to predict emotional openness (TES) from the criterion (ATSPPHS-S) which contains a similar factor (interpersonal openness), and (2) when the authors, again, tried to predict social stigma (SSRPH) from the criterion (ATSPPHS-S) which already contains another similar factor (stigma tolerance). Predicting factors that already exist in the criterion is a major weakness of their research design. Consequently, the results of their study are questionable and unclear.

Similarly, Hinson and Swanson (1993) hypothesized that individuals who had a low tendency to self-disclose would probably be less likely to seek help for a problem than those individuals who had a strong tendency to self-disclose. They also hypothesized that individuals would be more likely to seek help for a problem of high severity than for a problem of low severity. The purpose of their study was to determine the effect of problem severity, amount of self-disclosure, and self-disclosure flexibility on willingness to seek help for a problem. The sample consisted of 101 (63 women & 38 men, 80% were Caucasians) university students who were enrolled in an introductory psychology course. Only those students who had no previous counseling experience were included in the study. The authors used three instruments: (1) the Self-Disclosure Questionnaire (SDQ), which was developed by Jourard (1971) to assess amount of self-disclosure; (2) the Self-Disclosure Situations Survey (SDSS), which was developed by Chelune (1976) to assess self-disclosure flexibility; and (3) the Help-seeking scenarios developed by Hinson and Swanson to manipulate problem severity.

The results of Hinson and Swanson's (1993) study indicated that participants were more willing to self-disclose first to same-sex friend, followed by opposite-sex friends, mother, father,

and lastly to a counselor and stranger. Willingness to seek help was predicted by variables of severity, self-disclosure flexibility, the amount of disclosure to target persons of mother, father, same/opposite-sex friends, counselor, and counselor-by-severity-interaction. A high correlation was found between the participants' perception of the appropriateness of the problem for counseling and their perception of the seriousness of that problem. This suggests that people who have severe problems are more likely to perceive counseling as appropriate and more likely to seek help from counselors. Another implication of this study was its emphasis on assessing willingness to seek help when people experience severe problems and subsequently relating that to their self-disclosure flexibility. The authors also said that a counseling situation seems to be distinct from other possible situations in which some problems and issues seem more appropriate for counseling and others are not (Hinson & Swanson, 1993).

Hinson and Swanson's study suggests that when a counselor meets a client, several issues need to be addressed. For example, prior help-seeking attempts from other help sources (e.g., family, friends, mentors) need to be identified and determined from whom the client has sought help. It is also important to assess the client's willingness to self-disclose and know more about the severity of his or her problems.

The findings of Hinson and Swanson are similar to that of Fuligni and Eccles (1993), who found that individuals who are more willing to self-disclose are those individuals who are more likely to seek both informal (e.g., family) and formal (e.g., professional) help, specifically among adolescents and college students. A limitation of Hinson and Swanson' study is that it did not provide psychometric information about the help-seeking scenarios they used in the study. This may cause a greater chance of subjectivity and further affect the reliability and validity of their findings because of the questionable predictive validity of the SDQ. More research is needed to determine the effects of problem severity and willingness to self-disclose, particularly

to a mental health professional. Also, including attitudes toward seeking psychological help from a professional is more appealing to enhance the implications of this study rather than just addressing the process of self-disclosure alone.

<u>Help-Seeking Preferences</u>

Tinsley, Aubin, and Brown (1982) indicated that students who experience a personal problem would be significantly more likely to seek help from a close friend than from a professional counselor and they would be more likely to consult with a professional counselor than they would with an academic advisor or instructor. For career issues in general, the students indicated they would be significantly more likely so seek help from an academic advisor, close friend, or instructor rather than from a professional counselor. On the average, only 36% ($\underline{n}$ = 49) of the total participants ($\underline{N}$ = 136) indicated that they would seek professional help at some point for personal problems compared to those indicated they would turn to close friend (58% [$\underline{n}$ = 79]) and close relative (45% [$\underline{n}$ = 61]). A total of 64% ($\underline{n}$ = 87) of the students believe they would deal with a personal concern themselves rather than see a professional counselor, and 74% ($\underline{n}$ = 100) indicated that they would probably not seek help from a professional counselor for career concerns.

Similarly, Schonert-Reichk and Muller (1996) found that of their total sample ($\underline{N}$ = 221), almost 60% ($\underline{n}$ = 132) of the adolescents reported seeking help from their mothers, 35% ($\underline{n}$ = 77) from their fathers, 81% ($\underline{n}$ = 179) from their friends, and 44% ($\underline{n}$ = 97) from professionals. Females were more likely to seek help from their mothers, friends, and professionals; no gender differences emerged when seeking help from fathers. In congruent with Tinsley's et al. (1982) study that was conducted 20 years ago, Schonert-Reichk and Muller found similar findings 14 years later.

Schonert-Reichk and Muller's findings were limited to western societies. When considering the collectivistic (e.g., Middle East and Asia) versus individualistic (US and Europe) nature of different societies, it is expected that in more collectivistic societies people would be more likely to turn to close relatives or close friends for career, academic, or psychological help rather than seeking help from professionals.

Although many factors shape an individual's help preferences (e.g., availability of network members) making counselors the least favorable choice for help, Cash, Begley, McCown, and Weise (1975) found that physical attractiveness differentially cues covert social responses and found that an attractive counselor was perceived more favorably in general aspects than the unattractive counselor. They suggested that a professional's physical attractiveness might exert substantial and critical influence on the development of a therapeutic process and its outcome. This probably helps in reducing the client's resistance and enhancing the commitment to be in counseling and may further cue the client's attitudes for being in counseling (Cash et al., 1975).

Different Groups, Different Attitudes

Hall and Tucker (1985) conducted a study with African-American and Caucasian-American teachers and found that: (a) race was an accurate predictor of people who had sought psychological help in the past; (b) African-Americans and Caucasian-Americans were different in terms of conceptions of mental illness, African-Americans had more misconceptions of mental illness; and (c) there were no significant differences between African-Americans and Caucasian-Americans in attitudes toward seeking professional help.

Further, Nickerson, Helms, and Terrell's (1994) found that African-American students' underutilized mental health facilities when compared to white students. Nickerson et al. (1994) focused on general opinions of African-American students, on how attitudes about mental illness

affect the delivery of mental health services, and how professional education and training might affect such opinions. The results suggested that African-American students were less willing to visit mental health clinics than whites. Nickerson and colleagues were interested in knowing if cultural mistrust would predict negative help-seeking attitudes or not when an African-American client seeks psychological help from a white professional. The findings suggested that African-American students had higher levels of cultural mistrust and had negative attitudes toward seeking psychological help from white counselors.

Sanchez and Atkinson (1983) found that Mexican-American college students ($\underline{N}$ = 109) with strong commitment to the Mexican-American culture rated their preference for an ethnically similar counselor. Results showed that preference for counselor ethnicity and willingness to self-disclosure in counseling were related to cultural commitment. Male participants expressed less willingness to self-disclosure than females, who expressed more favorable attitudes toward using professional psychological services and were more willing to use counseling services.

Other research findings on attitudes toward seeking psychological help report similar findings with Asian-American and Asian internationals. Atkinson and Gim (1989) examined the impact of cultural identity on Asian-Americans' attitudes toward seeking professional psychological help. Chinese-Americans, Japanese-Americans, and Korean-Americans students who were more acculturated had more positive attitudes toward seeking professional psychological help than those who were less acculturated. Atkinson and Gim's findings were similar to what Ying and Miller (1992) and Tata and Leong (1994) who found that Chinese acculturation was a significant predictor of positive attitudes toward psychological help among Chinese-Americans. However, gender was also found to be significant predictor since Chinese females were more likely to have positive attitudes toward seeking psychological help than males (Flum, 1998; Zhang, 1998; Sue & Sue, 2000).

Dadfar and Friedlander (1982) surveyed 300 international student participants from different continents to examine the differential attitudes toward seeking professional psychological help. Besides a demographic data sheet, the authors used Fischer and Turner's (1970) Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS) to predict students' differential attitudes. Because ATSPPHS was found to be a significant predictor of previous counseling experience, Dadfer and Friedlander (1982) found that students who had past counseling experience had more positive attitudes toward seeking psychological help than those who did not. The results also indicated that positive attitudes toward seeking psychological help from professionals is correlated with students' cultural background. Students coming from western cultures (Europe & Latin America) had more positive attitudes than their counterparts from other different regions (Asia & Africa), but attitudes of Latin students did not significantly exceed those from Europe. Social stigma associated with seeking psychological help was less for those individuals who had previous counseling experience.

Haque (1993) studied the relationships between attitudes toward and expectations about counseling and cultural considerations among 122 Arab (17 males and 44 females) and American students (45 males and 16 females) attending two public universities in the United States. The participants completed five different scales (a) Omnibus Personality Inventory (OPI), which was designed by Heist and Yonge (1968) and modified by Lavin and Prull (1989) to study intellectual activity and to differentiate educational context among students as well as investigate general changes in attitudes, personality traits, and values of college students, (b) Traditional-Egalitarian Sex Role Scale (TESR), which designed by Larsen and Long (1988) to measure attitudes toward traditional-egalitarian beliefs about sex roles, (c) Religious Involvement Index (RINDEX), which was developed by Hafsi (1987) to measure Muslim individual's knowledge about Islamic teachings, (d) Attitudes Toward Seeking Professional Psychological Help Scale

(ATSPPS), which was developed by Fischer and Turner (1970) to measure attitudes toward psychological help from professionals (see Chapter Three for more details about this scale), and (e) Expectations about Counseling—Brief Form (EAC-B), which was developed Tinsley, Workman, and Kass (1980) to measure potential client's expectancies about counseling.

The results showed that liberal Arab students, who are more open to western values, have significantly more positive attitudes toward counseling than conservative Arab students. The American students had more positive attitudes toward counseling than the Arab students. Furthermore, the results showed that liberal Arab students did not differ from liberal American students in attitudes toward or expectations about counseling. But a significant difference was found between conservative Arab students and conservative American students. The conservative American students had more positive attitudes toward counseling than the conservative Arab students who had negative attitudes. The study also showed that those who had previous counseling experience had much more positive attitudes toward counseling than those who had not. This is consistent with Solberg et al. (1994) who found that previous counseling experience correlates positively with attitudes toward seeking counseling. The results of Haque's (1993) study showed that there is a significant gender difference in attitudes toward counseling. Females tend to be more willing to seek counseling and have more positive attitudes toward counseling than males. However, American males and females had more positive attitudes toward counseling than Arab males and females. This indicates significant ethnic differences in attitudes toward counseling when comparing the Arab students and the American students. Age was not found to have significant correlations with attitudes toward counseling among Arab students. The duration or years spent in the United States were found to have significant correlation in predicting attitudes toward counseling for Arab students. The more years spent in the states, the more positive the attitudes toward counseling. Haque (1993) found

that for both populations, the Arab and American students, the amount of worship attendance time per week was found to have significant negative correlation with attitudes toward counseling.

One major limitation of Haque's study was the small size of the Arab student sample ($\underline{n} =$ 61). Another limitation was that 78.6% ($\underline{n} = 48$) of the students were from only four countries, Palestine (23), Lebanon (13), Egypt (7), and Jordan (5), respectively. Therefore, the study represent only one Arab sub-culture that represents only these five countries and does not convert to other Arab countries, such as Kuwait, Saudi Arabia, Oman, and Yemen on one hand and to Morocco, Algeria, Libya, and Sudan on the other hand. Generalization of the findings of this study is questionable and further research is needed to include specific Arab populations or to include a larger sample than merely 61 students.

In general, research suggests that white Americans have more positive attitudes toward mental health and seeking psychological help than any other ethnic groups (Atkinson et al., 1993). On the same line, individuals who are more westernized, acculturated to western culture, less ideologically traditional or more liberal have more positive attitudes than their corresponding culture-specific individuals (Gim, Atkinson, & Whiteley, 1990; Brody, 1984; Hill & O'Brien, 1999; Zhang, 1998; Tedeschi & Willis, 1993).

Stigma Associated with Seeking Professional Psychological Help

In light of the advances made in the counseling profession, a stigma is still experienced by individuals who need or use psychological and mental health services (Gaw, 1993). This stigma appears to be associated with treatment (Farina et al., 1996), denial of the problem or lack of problem recognition (Nieradzik & Cochrane, 1985), and a sense of self-reliance with regard to solving personal problems (Farina et al., 1996; Brown, 1997; Yokopenic, Clark, & Aneshensel, 1983). Schonrt-Reichl and Muller's (1996) research indicates that people who are in need of help

often fail to use helping resources because it represents an open admission of inadequacy. Even in children, the stigma associated with mental health treatment is a major barrier for receiving professional help. Simmons (2000) said that as high as 85% of children who need mental health treatment are not receiving any because of the perceived stigma associated with mental illness. Moreover, some parents are afraid they will be blamed for their child's state of mental illness (Simmons, 2000). Stigma is often singled out as the primary factor inhibiting psychological and mental health service utilization.

Farina (1982) found that social stigmatization and negative feedback from family and friends are potential inhibiting factors to seek professional psychological help. Similarly, Leaf et al. (1987) found that those in need of services who had not used the specialized mental health sector, those in the service gap, perceived higher stigma barriers associated with utilizing such services than those who had utilized mental health services. The rate of perceived stigma is almost twice as high for non-users as it is for users. Therefore, stigma barriers were relatively more important for creating the phenomena of service gap. That is, when individuals need mental health services but they are not receiving them.

What is true in the United States related to social stigma associated with help-seeking behavior is true in other countries. Social stigma is found high among all minorities groups in the United States, as well as among other groups in different countries when seeking psychological help (Al-Issa, 1990). Because of the stigma mentioned, the need continues for more public education to modify or alter misconceptions about mental and psychological services and even about mental and psychological disorders.

<div align="center">Counseling in Kuwait</div>

The counseling profession, as described by Skovholt et al. (1998), is not as well established in Kuwait and other Gulf States as it is in the United States. Other forms of help,

besides professional counseling, have been more prominent in Arab cultures. For example, the family is a very important source of support (Skovholt et al., 1998; Soliman, 1986). In Arab cultures, for example, mentoring is a part of "an informal counseling" philosophy. Soliman (1986) said that mentor relationships are deeply rooted in Arab culture. Some counseling aspects, therefore, can be considered natural components of these cultures, though they may not always be formalized. In Middle Eastern Arab societies, "informal counseling" is considered part of daily life, and takes place informally when people meet each other and share common interests and issues. These interests and issues can be varied and broad, depending upon the importance of current events or related concerns. People in Arab societies are always socializing with their relatives or friends in their houses, coffee houses, worship places, or work settings. Adults or adolescents might discuss issues like education, social welfare, politics, economics, or even provide psychological or physical support for someone who needs help. This form of informal counseling may be best considered as a way of providing help to individuals, in such it is a source of social support in a plateau of informal counseling.

Soliman (1986) indicates that the family is the most important source of help in the Arab culture. Still, in some cases, families need external help. This may increase the need for effective and well-established counseling. Effective counseling can be promoted by: (1) increasing the qualifications of counselors; (2) increasing counselors' self-awareness; (3) assessment of their "racial identity"; (4) increasing the counselors' backgrounds about their cultures and others' cultures; (5) increasing counseling skills and techniques in multicultural counseling; (6) increasing counselors' training and qualifications in the process of acculturation; (7) establishing an organization that takes responsibility for protecting clients, counselors, and counseling as a profession; (8) instituting standard ethical codes of counseling; and (9) increasing the supervision of counselors' work and qualifications.

Moursi (1984) raised major questions that Kuwaiti educators and psychologists must address. These questions are: (1) What are the difficulties and barriers that face guidance and counseling professionals in Kuwait? and (2) Can we solve these difficulties by developing effectiveness counseling in coming years? Moursi (1984) recognized that we have difficulties that limit and minimize counselors' training in Kuwait. These difficulties can be solved only by increasing the selectivity of counselors and improving training in counseling. Moursi (1984) identifies several obstacles that have hindered counselors in Kuwait: (1) misuse and misunderstanding of the counseling process; (2) the general complexity of human behavior; (3) the negative cultural impression of counseling and guidance; (4) the lack of accurate information; (5) the stigma of seeking professional help for problems; and (6) poor training for counseling professionals.

In another study, Moursi (1996) raised an important consideration when applying counseling in Kuwait. He said that most counseling theories are culturally western and they reflect the reality and needs of the western world. However, counseling effectiveness depends upon understanding the population being served and mastering the factors that will provide optimal services to the population (Soliman, 1993). Therefore, counselors must develop their own orientations and modify their theories to meet their clients' demographic and cultural backgrounds. Although a number of counseling-related research that has been conducted in Kuwait and the Middle East, the research findings are not well-utilized in order to provide effective counseling (Abu Aita, 1988; Al-Ghanim, 1983; Al-Sarraf, 1995; Sherief & Odah, 1983).

Counselor education programs still have not been started at Kuwait University or at any schools in the Arabian Peninsula. In March 1997, the Department of Educational Psychology at Kuwait University held a symposium on school counseling and recommended the start of a

counseling program at the master's level at Kuwait University. To date, no graduate programs in counseling exist.

Soliman (1991) suggested five principles for counseling in developing countries. These principles are especially important when considering the cultures of these countries: (1) the counselor should assure freedom for the clients; (2) the counselor should help clients become aware of their needs; (3) the counselor must be a scientist-practitioner, since the philosophy of the scientist-practitioner will permit the counselor to test the applicability of foreign theories and techniques in the local culture; (4) the counselor should continually study the local culture and understand factors that affect counseling outcomes such as family influences, gender differences, sex roles, and social and educational status influences; and (5) the counselor should not limit counseling services to one-to-one counseling interactions.

Knowing that only less than 1% of total KU students sought counseling help in 1999-2000 does not reflect the actual psychological and other needs of the KU students. Sherief and Odah (1986) investigated counseling and guidance needs and problems of Kuwaiti college students and the kinds of counseling interventions needed to solve their academic difficulties. The authors concluded that students at Kuwait University are in need of one-to-one counseling within familial, religious, occupational, personal, and psychological relationships. They could benefit from group counseling as well. The authors also found that most students have problems in their personal and social relationships but, unfortunately, do not have adequate counseling and guidance services. However, the study did not provide information on whether the students have positive or negative attitudes toward mental health services, and it did not give any explanation of why the students do not utilize the available mental health services in their colleges or communities.

Al-Sarraf (1997) investigated students' and teachers' opinions toward school counseling in Kuwait and its developmental impact on students' lives. The author found that principals and school counselors agree that counseling activities are important to the quality of their schools. Both female and male students believed that counseling could improve their lives. The study, however, did not differentiate between "formal counseling" as a profession and "informal counseling," the process of people giving advice to others in their everyday lives.

In another study, El-Sherbeiny and Ayad (1995) investigated people's influence of cultural beliefs on attitudes toward mental illness in Kuwait and showed that people of Kuwait, to some extent, have positive attitudes toward mental illness. El-Sherbeiny and Ayad (1995) ascertained that Kuwaiti people, like many other Arabs, usually sought psychological help from traditional healers first as they believe that traditional healers are able to treat their mysterious problems better than other helpers, specifically mental health professionals. Conversely, Abdul-Khalek, Harmina, and Emam (1982) examined attitudes of female psychology students in Egypt. They concluded that many female students believe that having psychological disorders carries a social stigma. Female students who believed that a stigma exists scored higher on the anxiety scale than female students who did not believe that a stigma exists.

Kamal (1997) conducted a study to predict students' attitudes toward psychology in Qatar University. The author examined gender, academic major, studying psychology, desire to study psychology, and other variables that were related to psychology as a major. The sample consisted of 335 university students (103 males and 232 females). Students who majored in psychology, had previous psychology courses, read psychology books, or had a desired to study psychology had more positive attitudes toward psychology than those who majored in non-psychology areas or had no previous psychology courses. Female students had stronger positive attitudes than male students. Humanities and arts students had stronger positive attitudes toward psychology than

students who are majored in sciences. As cited by Kamal (1997), similar findings were found in Saudi Arabia and Oman by two different studies.

Almangour (1985) conducted research to examine the feasibility of establishing a guidance and counseling center in Saudi Arabia. The author conducted two research activities for this purpose. The first involved collecting survey data from a sample of students at King Faisal University (KFU) to see if the students perceived a need for counseling services. The second activity assessed the services of international college counseling centers by identifying factors behind their creation and problems encountered during their establishment. A majority of the students perceived a need for counseling services and recommended that a counseling center be established at KFU. In their attitudes toward seeking help for personal problems from professional counselors, 93.73% of the sample felt hesitant to seek help; and 25% offered negative perception of counseling due to cultural rejection of counseling, high social stigma associated with seeking help from a counselor, believing that seeking psychological help is a sign of weakness and self-insufficiency, and because of general misunderstanding concerning the nature and purpose of counseling services. Although, these findings are important for providing better psychological services in the area, Almangour (1985) was not specifically targeting the attitudes toward seeking professional psychological help. The validity of these findings and the psychometrics in this particular domain, attitudes toward seeking psychological help, need to be reexamined.

All of the studies mentioned above were conducted primarily in Egypt and other Arabic countries. Because of cultural sensitivity, none of these studies can be directly applied in Kuwait without modifications, and none have investigated people's attitudes toward seeking professional help. Wherever in the world counseling is practiced as a profession, the following are true. That is, counseling practice and training is heavily influenced by: (a) western counseling theories and

trends; (b) western experts in the counseling field; and (c) local counselors and helpers who were trained in the United States or a country that already follows the American model of training (Almangour, 1985).

Summary

Most of previous research and studies in psychological services were conducted in the United States and, thus, it is unwise to generalize the findings of these studies into different settings. Moreover, despite the great amount of research addressing individuals' attitudes toward seeking psychological help from professionals, we do not have a clear understanding of how Kuwaiti college students perceive seeking psychological help from professionals. Factors that affect Kuwaiti people's attitudes toward seeking help need to be researched and documented in order to improve the psychological services provided to the public.

In sum, the current review of literature was meant to fill a gap in the research concerning attitudes toward seeking psychological help. Therefore, the following questions need to be investigated as they reflect significant practical and theoretical research implications. How do Kuwaiti college students, as potential counseling clients, view seeking counseling and psychological services? What kind of attitudes do they have toward seeking psychological help from professionals? Are there major differences among the Kuwaiti students in terms of their attitudes toward seeking psychological help? Do familial and societal factors detract their attitudes toward and willingness to seeking psychological help from professional? Finally, what factors distinguish those who have positive attitudes toward seeking professional psychological help from those who do not?