

CHAPTER FIVE

Summary, Discussion, Conclusion

The 529 participants of this study were predominantly single (77.1%), Kuwaiti (91.3%) undergraduate females (79%), with no previous counseling experience (92.6%). Most participants indicated a preference to seek psychological help from family members or friends and many indicated that should the need arise, counselors or teachers would be their last choice for psychological help. Findings regarding help preference were similar to those of Hinson's and Swanson's (1993) that psychological help was most likely to occur within the family or social network rather than from professional psychological services.

Certain correlates of attitudes toward seeking professional psychological help suggested by the results of this study are the lack of support from family, friends, and social network and the social stigma associated with help-seeking behaviors. Further, the KU students' unfavorable attitudes toward seeking professional psychological help appear to be related to certain demographic variables (e.g., gender, previous counseling experience, and study major), utilization of social support, and life stress events.

In addition to the factors mentioned above that inhibit KU students from seeking professional psychological help (e.g., lack of family and support to seek professional help), socioeconomic status must be considered. The relationship between socioeconomic status and parental education level with attitudes toward mental health services reported in the present study replicates findings from other research investigating barriers to seeking mental health services (e.g., Pescosolido, Wright, Alegria, & Vera, 1998). Additionally, most of the participants reported a relatively large number of family members (69.3% had 6-13 family members) and many reported parental education levels at high school or less (64.6% for fathers and 75.3% for mothers). Also, most participants reported that their mothers did not work outside

the home (66.4%). That is to say, participants with lower socioeconomic levels, whether due to parental education level or number of family members, reported to have more negative attitudes toward seeking professional psychological help. These demographic factors not only influence the etiology and development of psychological distress (Murphy, 1976), but also influence clients' and counselors' expected attitudes and roles in treatment (Atkinson, Morten, & Sue, 1993), including what behaviors are perceived as normal and desirable within a culture (Fabrega, 1987).

The belief that seeking psychological help from "outsiders" outside the family or social network is a sign of weakness may adversely affect an individual's self-esteem (Farina et al., 1996). This appears especially true in this study of KU students. Consequently, fear of being perceived negatively by others may prevent many people who could benefit from professional help from seeking it.

Previous research suggests that individuals who embrace western values have more positive attitudes toward seeking psychological help than less western-aculturated individuals. Those individuals with less traditional and ideological cultural views express more positive attitudes toward psychological services than their culture-specific counterparts, who tend to express stronger preference for seeking help from family ties or social network first and foremost (Fischer, Jome, & Atkinson, 1998; Brody, 1994, 1984; Hill & O'Brien, 1999). Kuwait society has retained many traditional views that can yield negative attitudes and perceptions relative to the seeking of professional psychological services.

Instruments

The total scores from the four psychological scales (ATSPPHS, FFSS, OTUSRS, & LSE) used in the study demonstrated an acceptable level of reliability coefficients, ranging in size from 0.72 to 0.82. However, two of the ATSPPHS subscales yielded a relatively low level of

reliability coefficients, including the Need subscale (eight items $\alpha = 0.35$) and the Openness subscale (seven items $\alpha = 0.47$, and one of the FFSS subscales, the friends subscale (four items $\alpha = 0.55$). Since the total scores of these two scales, the ATSPPHS and the FFSS, rather than the subscales were used in this study and given that this study was about measuring attitudes (e.g., versus achievement), the low reliability coefficients of the mentioned subscales were not of great concern.

Discussion of Study Hypotheses

The first hypothesis was that KU students would express negative attitudes toward seeking professional psychological help. This hypothesis was supported in that KU students express less favorable attitudes toward seeking professional psychological help than participants in other similar studies (e.g., Flum, 1998; Kelly & Achter, 1995). One can speculate as to why this is the case. Possible explanations include:

1. Kuwaiti society is in transition from a traditional, semi-nomadic lifestyle, to a settled existence in established cities. Various cultural backgrounds and beliefs limit the utilization of the psychological services that are available in the state.
2. People continue to view psychological distress as an illness of the soul and not of the mind. Therefore, these situations are often answered with religious actions including prayer, visiting shrines and holy places, or a call for magical actions (e.g., *Zar* practice).
3. The Kuwaiti society has a high rate of second generation marriage (e.g., marriage among cousins). Since the rate of second generation marriage is high, the social stigma associated with any potential seeking professional psychological help is high. This is true as long as the divulgence of family business and norms is required, since seeking help from professionals involves revealing personal and familial issues. Seeking help from professionals would create pressure on individuals and may cause a clash with their

families, especially if they were receiving only minimal family and societal support to seek such help.

4. The Kuwaiti population lacks trained professionals who can provide culturally appropriate psychological services. Furthermore, Kuwait has no counseling training programs in existence at the current time.
5. It has been suggested that the counseling profession has struggled to find a place in Kuwait because family support, mentor relationships, and other forms of social support currently serve many of the helping needs of people in Kuwait (Skovholt et al., 1998).

The second hypothesis was that the FFSS and ATSPPHS scores would be positively correlated. This hypothesis was supported by a positive Pearson correlation coefficient of 0.70. It appears that family, friends, and societal support for seeking professional psychological services play a major role in KU students' reluctance to seek professional psychological help. This finding supports the idea that individuals with families, friends, and social networks who support professional psychological help are more likely to have positive attitudes toward seeking professional psychological help than those with less family and societal supports. Scores on the FFSS were shown to distinguish between those who receive more family and societal support to seek professional psychological help from those who do not, suggesting that the FFSS can be used to help predict attitudes toward seeking professional psychological services. The strong positive correlation between the ATSPPHS and the FFSS suggests that in a family-oriented culture, the FFSS may provide a useful measure to predict attitudes toward professional psychological help. One possible explanation for the high correlation between the ATSPPHS and FFSS ($r = 0.7$) is that these two measures may target the same construct. The ATSPHHS, however, measures an individual's "personal" perception of his or her attitudes toward seeking professional psychological help. That is, it is the individual "emic" perspective that involves an

inside or personal view when seeking professional help. On other hand, the FFSS measures an individual's perception of "external" or "others'" perception when the individual intends to seek professional psychological help. That is, it is the others' "etic" perspective that involves an outside or external view when seeking professional help. As is always the case, the distinction between the emic and etic perspective is always difficult to achieve. Although this explanation seems legitimate, the predictive ability of the FFSS on attitudes toward seeking professional psychological help should not be affected by this explanation.

The third hypothesis, suggesting a positive relationship between the LSE and the ATSPPHS scores, was also supported ($r = 0.19$). As noted previously, research has shown that when people experience stressful life events, they tend to seek help from close friends and family members, and choose psychological professionals last (Hill & O'Brien, 1999). The findings of this study indicate that the more stressful one's life is as measured by LSE, the more positive the attitudes toward seeking professional psychological help, and the more likely one is to actually seek professional help. Thus, a person who is distressed or facing stressful life events would deal with such situations, in part, by seeking professional psychological help. The mechanisms by which stressful life events predict attitudes toward or willingness to seek professional psychological help cannot be precisely inferred from the finding of this study. However, the results favor some explanations over others. The study data did not provide evidence of cause-and-effect inference of stressful life events on attitudes toward seeking professional psychological help. That is, while LSE provided a modest contribution to ATSPPHS, one cannot say that a stressful life as measured by LSE results in more positive ATSPPHS scores. This is so because a causal inference is not warranted.

The fourth hypothesis suggested a negative correlation between the ATSPPHS and the OTUSRS scores. This hypothesis was not supported ($r = 0.19$). It was thought that those

recipients having a greater sense of social support would report negative attitudes toward seeking formal psychological help. In other words, as seen in previous research (e.g., Cohen & Wills, 1985; Sherbourne, 1988), it was believed that the more social support available to a person, the less likely that person would be to use professional psychological services. This study, however, found no evidence for this buffering effect of social supports on attitudes toward seeking professional psychological help. One explanation for this finding concerns the nature of the social support resources in this study. If the social support is one that provides resources and information about professional psychological help, then one might expect that persons with more social support may express more favorable attitudes toward seeking professional psychological help. The availability of social networks (e.g., size, range) determines the potential influence of social networks on attitudes toward professional psychological services. However, the content of social networks (e.g., support, beliefs, and values) is what aligns the direction toward or away from professional services. Another explanation for the absence of buffering relationships of social support could be due to the measure of social support used in this study, since the OTUSR measures the orientation and not the actual utilization of social support. Despite the lack of support for the hypothesis, this study still provides important information about the predictive value of social support in relation to attitudes toward professional psychological help.

A negative correlation between the OTUSRS and the LSE scores was the fifth hypothesis of this study. The negative correlation supported this hypothesis ($r = -0.09$) moderately, illustrating the potential role that social support plays for people as they struggle to deal with stressful life events. Yet, it is important to remember that the presence of more social support does not necessarily imply the absence of stressful life events, and that sometimes, social support itself can become a stressor for some individuals (e.g., for introverted persons).

The sixth hypothesis, supported by the results of this study ($t = -3.54, p < 0.001$), suggested that students who have received previous professional psychological help ($M = 47.69, SD = 10.02$) were more likely to have positive attitudes toward seeking professional psychological help than those who have had not ($M = 41.93, SD = 9.75$). Previous counseling experience was correlated with greater positive attitudes toward seeking professional psychological help. These results mirror findings from previous studies (e.g., Bringle & Byers, 1997) that found prior counseling experience, regardless of quality, is indicative of positive attitudes toward professional psychological help.

The seventh and eighth hypotheses suggested the presence of gender differences in the scores of the ATSPPHS total scale and subscales. The findings supported these two hypotheses. The t-test results ($t = -2.62, p < 0.01$) supported the seventh hypothesis, indicating that females ($M = 42.93, SD = 10.16$) report greater receptivity toward professional psychological services than males ($M = 40.18, SD = 10.16$) as measured by the total scores of ATSPPHS. This finding is congruent with previous studies (e.g., Tata & Leong, 1994; Fischer & Turner, 1970). The eighth hypothesis was also supported by the results of this study. There were gender differences on the scores of the ATSPPHS subscales as measured by the ATSPPHS first ($t = -2.87, p < 0.01$) and fourth ($t = -2.39, p < 0.05$) subscales. Females reported more recognition of the need for psychological help ($M = 10.89, SD = 2.71$) and more confidence in mental health practitioners ($M = 14.51, SD = 3.91$) than did males ($M = 10.07, SD = 2.47$ and $M = 13.49, SD = 4.35$, respectively). Previous research provided possible explanation of these difference in that males have more self-ego involvement when seeking professional help, leading to more feelings of incompetence than females. In addition, masculinity norms for male students discourage expression and sharing of emotion (e.g., Fischer & Turner, 1970; Rickwood & Braithwaite, 1994). Social norms for females, however, provide more freedom to discuss personal and

psychological concerns, thereby allowing females the ability to express emotion without violating gender norms (Rickwood & Braithwaite, 1994).

It was expected that males would report less stigma tolerance and less interpersonal openness associated with seeking professional psychological help than females. However, results showed that men and women did not differ in their stigma tolerance and interpersonal openness (measured by the ATSPPHS second and third subscales) associated with their attitudes toward seeking professional psychological help. Indeed, both KU male and female students reported low scores on the stigma tolerance and interpersonal openness scales associated with seeking professional psychological help. This finding suggests that regardless of gender, KU students have high stigma levels associated with help-seeking behavior from professionals

The ninth hypothesis pertained to participants' college major or minor, and suggested that those who major in psychology would report more positive attitudes toward seeking professional psychological help than those in other fields. The hypothesis was supported, indicating that those whose major or minor was psychology expressed more willingness and positive attitudes toward seeking professional psychological help. This may be due to the fact that these students know more about the nature of professional psychological services. After all, it is assumed that most of these students will be working in professional psychological services after graduation. Results related to the study ancillary hypotheses supported the notion that certain socioeconomic factors are associated with individuals' attitudes toward seeking professional psychological help.

Regression Analysis Discussion

The newly developed FFSS was able to enhance the prediction of KU students' attitudes toward seeking professional psychological help, as measured by the ATSPPHS, beyond that obtained from other predictors. Overall, the hierarchical regression analysis indicated that demographic variables such as gender, major or minor in psychology, and previous counseling

experience explained almost 6% of the variance in attitudes toward seeking professional psychological help. Specifically, females, who major or minor in psychology, and had received previous counseling experience were more likely to report positive attitudes toward seeking professional psychological help.

Social support orientation (OTUSRS) and stressful life events (LSE) information also contributed to the prediction of attitudes toward seeking professional psychological help. Although the current study provided partial support in this regards it is important to note that their contribution nearly disappeared when the FFSS scale was added to the model. The predictive effects of the OTUSRS and LSE on the criterion, ATPSHHS, were much higher when estimated from a model that did not include the family, friends, and societal support scale (FFSS). Even though operational definitions of social supports were used in this study to help distinguish between one's family, friends, and societal support of seeking professional psychological help (FFSS) and utilization of social support orientation (OTUSRS), it is important to assess the common variance between FFSS and the OTUSRS and/or the LSE. In other words, the OTUSRS may be tapping into the same construct as that of the FFSS (e.g., support participants receive from family and friends). As discussed earlier, the results underscore the importance of social support utilization in predicting attitudes toward seeking professional psychological help without including the family, friends, and societal support to seeking professional psychological help in the regression equation. The presence of social support utilization (e.g. family and close friends) indicated positive attitudes toward seeking professional psychological help regardless of the levels of life stress events experienced.

The absence of buffering effects of OTUSRS on ATSPPHS found in this study can be explained by examining the nature of the FFSS and OTUSRS measures. This study cannot resolve the issue of which types of social support or resources are more likely to buffer the

effects of participants' attitudes toward professional psychological help, since the OTUSRS only measures the orientation toward utilization of social support resources, and not the actual utilization of the social support. The use of other types of support measures, including more functional aspects of support (e.g., emotional or informational support) and more qualitative types of support, should be considered in the attempts to predict help-seeking behaviors. The methodology used in this study did not allow for tests of the causal nature of the relationship between attitudes toward seeking professional psychological help and the measures used in this study, FFSS, OTUSRS, and LSE. However, issues of cause and effect are difficult to resolve in any analysis of nonexperimental design.

FFSS Clinical and Practical Value

A major contribution of the study was the development of the FFSS, which was designed to be administered in conjunction with the ATSPPHS. The scale reflects the possible support an individual receives from his or her family and social resources (e.g., friends) for seeking professional psychological help. The instrument is written in understandable simple language to be administered to both younger and older individuals. However, the researcher of this study recommends that the FFSS be used with college students or other equivalent groups. The practical features of the FFSS include its convenient administration using a paper-and-pencil form, its convenient coding and analysis using basic statistical software, its convenient biased-free language that can be read and comprehended by a person at an 8th grade reading level, its convenient completion time of 15 to 25 minutes, and its practical utility in including family, friends, and societal support as predictors of attitudes toward seeking professional psychological help. The FFSS is comprised of 22 items (strongly disagree = 0, strongly agree = 3) and includes three subscales (family, societal, friends support) to measure the support an individual receives from family and social resources when making a possible decision to seek professional

help. A possible respondent's score could range from 0 to 66, a high score indicating greater support to seek professional psychological help. Professionals can use the FFSS to examine the level of family, friends, and societal support their clients have when seeking their services. This can help professionals to have a better understanding of their clients' family and social structure and support system (e.g., are there any family or social pressures on the client for being in therapy) and enhance the working alliance in therapy between professionals and their clients (e.g., establishing rapport). When a client's FFSS indicates low scores, professionals can explore reasons for this low received support and build their clinical interventions considering the pressure on their clients in therapy. The reliability of the FFSS total scale and subscales were in acceptable levels. Evidence of the content and construct validity of the FFSS supported the purpose that FFSS accurately identified the level of family, friends, and societal support individuals receive for seeking professional psychological help, indicating that the FFSS is a helpful tool in predicting attitudes toward professional psychological help. Validity evidences were provided by correlating the FFSS with other scales used in the study.

Conclusion

The field of psychology has been relatively unsuccessful at identifying predictive factors associated with reluctance to seek professional psychological services leading to the need for additional research in the area. As findings of this study indicate, participants with minimal family and societal support for seeking professional psychological help are less likely to have favorable attitudes toward seeking professional psychological help. Future professionals in psychological services might benefit from targeting families in an attempt to identify reasons for negative views of psychological intervention from family members or friends. It is the professionals' task to outreach the public's perception and understanding of the professional psychological services available to them. Outreach programs would be most beneficial if these

programs were well-delivered by professionals. Further analyses with other Kuwaiti samples for generalizability purposes (e.g., other cultural settings) may prove fruitful.

Although physical and medical services have been broadly accepted in Kuwait, mental health services have not. There are many potential explanations as to why Kuwaitis in general, and KU students specifically, have expressed negative attitudes toward seeking professional psychological help. Perceived as a western export, people from traditional Arabic and Islamic Kuwaiti culture view counseling, psychiatry, and other forms of mental health services as alien concepts. The negative attitudes toward seeking professional psychological help and underutilization of these professional services at Kuwaiti University stem from several avenues. First, KU students are more likely to seek help from their immediate relatives and members of their social network before they turn to professionals. Second, seeking help from professionals may be considered a sign of weakness and/or insanity (Soliman, 1991). Third, KU students may fear upsetting family members if they were to seek help from professionals. Fourth, KU students may fear social stigma if they were to seek psychological help from professionals (Soliman, 1991, 1986). Even for those Kuwaitis who do seek help, their values and beliefs may limit the efficacy of the psychological services received and affect the outcome. Finally, counseling is a relatively new profession in Kuwait.

The first steps in improving psychological services for Kuwaitis lie in ascertaining the need for services and changing the perceptions of the Kuwaiti people. To do this, one must know and understand the Kuwaiti people's attitudes toward seeking professional psychological help and investigate the character and depth of the culture's influence on their beliefs. Kuwaiti culture, as this researcher argues, exerts a strong influence on the perceptions of the Kuwaiti populace, with even the best-educated individuals often holding traditional beliefs and continuing to question the value of psychological and psychiatric services. The fact that students

enrolled in a large Middle Eastern university do not undergo any substantive changes in their underlying attitudes and cultural beliefs toward seeking psychological help, the nature of psychological problems, and the efficacy of “Western” psychotherapeutic interventions bears witness to this claim.

Although some reasons for KU students’ avoidance in seeking professional psychological help can be speculated, the cultural factors of KU students’ must be considered. As suggested by previous research, there is a strong link between cultural beliefs about psychological and mental health problems and the outcome of psychotherapeutic services (Dohrenwend & Dohrenwend, 1974; Fouad, 1995; Sue et al., 1994). Fischer, Jome, and Atkinson (1998) suggest that consideration of the common factors found in formal and informal psychological help across cultures bridges the gap between culturally specific and universal approaches. However, the gap still wide. To narrow this gap, knowledge of the factors that influence the utilization of professional psychological services need to be identified. In light of the findings of the current study and previous ones, factors such as, but not limited to, negative attitudes toward seeking psychological help; stigma associated with seeking psychological help (Komiya, Good, & Sherrod, 2000); the use of indigenous healings and rituals instead of available professional psychological services (Gorenstein, 1984); the lack of value placed on psychological services by people in traditional societies (Brody, 1994); the conflict felt by some individuals between the desire to seek psychological help and one’s perception of self; and the unfamiliarity with psychological services found in people of traditional settings were major factors that buffered individuals’ utilization of professional services. Without investigating these factors, the value of professional psychological services becomes limited. Segall (1986) indicated that at the heart of culture is the expectation that people’s behavior is driven by different attitudes, values, beliefs, and motives. Given the difficulty of defining and investigating various types of cultural factors, it

may be difficult to pinpoint the precise impact that cultural factors make on the counseling process and ultimately, its effectiveness. In any case, culture clearly plays a determining role in shaping and predicting the outcome of mental health services (Kelly, Aridi, & Bakhitar, 1996). Therefore, counseling approaches and styles that are suitable in one given cultural setting may not be suitable for another. As cultures and mental health issues vary from one setting to another, so must the type of psychological services provided. Finally, it is the responsibility of mental health professionals to convey the message that mental health is more than the absence of illness.