The relationship of psychological distress to the decision to obtain professional psychological help.

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THE RELATIONSHIP OF PSYCHOLOGICAL DISTRESS TO THE DECISION TO OBTAIN PROFESSIONAL PSYCHOLOGICAL HELP

A Thesis Presented by
DANA DENYSE WEAVER

Submitted to the Graduate School of the University of Massachusetts in partial fulfillment of the requirements for the degree of MASTER OF SCIENCE
February, 1989
Department of Psychology
THE RELATIONSHIP OF PSYCHOLOGICAL DISTRESS
TO THE DECISION TO
OBTAIN PROFESSIONAL PSYCHOLOGICAL HELP

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by
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CHAPTER I
INTRODUCTION

Research in counseling psychology is replete with efforts to better understand and describe potential clients of counseling services. One particular question that continues to provoke empirical examination addresses the factors that are most influential in the decision to seek professional counseling. Approaches to the clarification of this issue are varied, and have included work on client expectations about the nature of counseling (Bordin, 1955; Subich & Coursol, 1985; Tinsley & Benton, 1978; Tinsley, Brown, de St. Aubin, & Lucek, 1984; Tinsley & Harris, 1976; Tinsley, Workman, & Kass, 1980; Yuen & Tinsley, 1981), college students' help seeking preferences (Cook, Park, Williams, Webb, Nicholson, Schneider, & Bassman, 1984; Tinsley, de St. Aubin, & Brown, 1982; Tinsley & Benton, 1978), college students' perceptions of "counselors" and problems appropriate for counselors (Gelso & Karl, 1974; Gelso & McKenzie, 1973; Getsinger & Garfield, 1976), the relationship between help seeking, life stress, and social support systems (Goodman, Sewell, & Jampol, 1984), the relationship between help seeking, student characteristics and program descriptions (Tracey, Sherry, Bauer, Robins, Todaro, & Briggs, 1984), the relationship of demographic factors to the use of
counseling services (Greenley & Mechanic, 1976; Hummers & DeVolder, 1979; Kessler, Brown, & Broman, 1981; Kulka, Veroff, & Douvan, 1979), the relationship of personality variables to the incidence of help seeking (Sharp & Kirk, 1974), and the relationship of depression and help seeking history to the decision to seek help (Halgin, Weaver, Edell, & Spencer, 1987).

Reviewers have organized this literature according to more global themes. Tinsley, de St. Aubin, and Brown (1982) reported that investigations regarding the issue of who uses or does not use counseling services generally fall into one of three categories: (a) the types of problems for which clients seek help, (b) the influence of characteristics of the helpers on the decision of prospective clients to seek help, or (c) the characteristics of the potential clients. Utz (1983), in reviewing literature concerning characteristics of potential clients, reported that researchers have attempted to differentiate seekers of counseling services from nonseekers according to differences in personality characteristics, level of personal adjustment, and demographic and attitudinal variables.

The focus of the present study was on the characteristics of potential clients of counseling services. More specifically, the study looked at psychologically distressed college students as potential clients and primarily focused on the relationship
between intention to obtain professional psychological help, and attitudes and beliefs about the outcome of obtaining help. Additionally, the influence of the following variables on the decision-making process involved in obtaining help was explored:

(a) sociodemographic variables such as sex and religion,
(b) help seeking history, (c) the extent to which students perceived others as supportive of such an intention, (d) the extent to which students felt the behavior of obtaining professional psychological help was under volitional control, and (e) psychological distress as assessed by the SCL-90-R (Derogatis, Lipman, and Covi, 1973). With the exception of the work of Halgin et al. (1987), this study differed from previous work in that the method, based in social psychological theory (Ajzen & Fishbein, 1980), permitted an empirical analysis of those beliefs about the outcome of obtaining professional help that determine attitudes toward and intention to seek such help.

For the present study, the term "professional psychological help" was used instead of the terms "counseling" and "counselor." This choice was made in an attempt to reduce possible confusion about the latter terms that was documented by Gelso and Karl (1974), who asserted that the term counselor is a "generic label" and "serves as an umbrella, subsuming a variety of professionals differing in the type of degree and the
amount of graduate training" (p. 243). When used in surveys, it is probable that students do not attribute appropriate levels of psychological and professional training to the broad conception of the counselor.

The Theory of Reasoned Action and the Theory of Planned Behavior

The method employed for this study was based on the theory of reasoned action (Fishbein & Ajzen, 1975; Ajzen & Fishbein, 1980), which states that the decision to engage in a particular behavior (obtaining professional psychological help) is primarily a function of the individual's intention to engage in the behavior. The stronger the intention, the greater the probability is that an individual will try to perform the behavior, and therefore the more likely it is that the behavior will be performed. Thus, according to the theory, intention is the immediate antecedent of any behavior.

Additionally, there are two determinants of intention. The first is the attitude toward the behavior, which is the degree of favorable or unfavorable evaluation a person holds toward the behavior. Unlike the first, the second determinant is not personal, but social in nature, and is termed the subjective norm. This determinant refers to the perception of the extent to which significant others, or referent individuals and/or groups, approve or
disapprove of one performing the behavior. Attitude and subjective norm are theoretically independent antecedents of, and work together to jointly determine, intention.

Conceptually, the most important components of the theory are those antecedents to attitude and subjective norm. These are the antecedents that form the foundation for the ultimate intention and performance of the behavior. These are beliefs about the possible outcomes of performing the behavior. Two kinds of beliefs are specified, and are referred to here as outcome beliefs and normative beliefs. Outcome beliefs directly determine attitude toward the behavior, and are beliefs about the possible outcomes of performing the behavior, such as "I will feel better if I obtain professional psychological help." Normative beliefs refer to those specific referent groups or individuals who approve or disapprove of one performing the behavior, such as one's father, spouse, or sibling.

Thus, according to the theory of reasoned action, intention is determined by one's attitude and subjective norm, and attitudes and subjective norm are determined by outcome beliefs and normative beliefs, respectively. Ajzen and Madden (in press) review some of the fundamental problems of the theory which led to the formulation of the theory of planned behavior (Ajzen, 1985). The theory of planned behavior addresses the
requirement that the behavior be under volitional control:

A behavior may be said to be completely under a person's control if the person can decide at will to perform it or not to perform it. Conversely, the more that performance of the behavior is contingent on the presence of appropriate opportunities or on possession of adequate resources (time, money, skills, cooperation of other people, etc.), the less the behavior is under volitional control. (Ajzen & Madden, in press).

The theory of planned behavior includes the concept of perceived behavioral control, or the individual's belief as to how easy or difficult it will be to perform the behavior. Perceived behavioral control, like attitude and subjective norm, is an antecedent of intention. Perceived behavioral control is, in turn, determined by specific beliefs about the "presence or absence of requisite resources and opportunities" (Ajzen & Madden, in press), such as having enough time or money to obtain professional psychological help. Ajzen and Madden provided empirical support for the inclusion of perceived behavioral control as an antecedent to intention. They also found that there was no interaction between perceived behavioral control and the other independent variables of attitude and subjective norm. These three constructs can be seen as
independent, but together they permit prediction of intention.

The theory of reasoned action has proved effective in providing the means for successful prediction of behavior, often health related, in a number of areas, including weight loss, family planning, treatment of alcoholism, and the performance of general health practices (see, e.g., Ajzen & Fishbein, 1980; Ajzen & Timko, in press; Bentler & Speckart, 1979; Smetena & Adler, 1980). Halgin and his colleagues (Halgin, et al., 1987) successfully used the model to uncover those beliefs which contribute to the formation of attitude toward intention or tendency to seek professional psychological help among depressed college students, and students with a help seeking history. The present study is seen as an extension of the work of Halgin and his colleagues, in that the construct of perceived behavioral control is now included as a determinant of intention.

Help Seeking Attitudes

Fischer and Turner (1970) and Fischer and Cohen (1972), in the administration of their Attitudes Towards Seeking Professional Psychological Help Scale among nonclinical student samples, found more favorable attitude scores among females, Jewish persons, and more educated individuals. Calhoun, Dawes, and Lewis (1972)
failed to find the same demographic correlates with the scale among a sample of outpatients at a psychological clinic, but rather found that individuals who reported prior professional assistance for psychological problems had more favorable attitudes than those who did not report such experience. Cash, Kehr, and Salzbach (1978) determined that Fischer and Turner's inventory successfully discriminated college undergraduates who had sought professional psychological help from those who had not. They found that persons with more favorable attitudes toward seeking such help also had more positive perceptions of the counselors' expertise, trustworthiness, regard, empathy, genuineness, and helpfulness. Positive attitudes also influenced willingness to return after the first interview, and the expectation for improvement in personal problems. It was unclear, however, whether such positive attitudes preceded or resulted from the help seeking behavior.

Greenley and Mechanic (1976) found that the factors that had the strongest influence on college students' decisions to seek help were global attitudes, in that respondents were more likely to seek help if they had a psychological readiness to do so, and also had relatives with more positive attitudes toward psychiatry. Bosmajian and Mattson (1980), on the other hand, found that level of personal adjustment interacted with seeker-nonseeker differences, and that attitudinal
variables were not good predictors of help seeking behaviors of college students. Utz (1983), however, in a study of students with vocational problems, found that persons who used the services of a counseling center had significantly more positive attitudes towards counseling centers and counselors. Because level of adjustment was not measured, it was not possible to ascertain whether there was an interactive role between this variable and attitude.

Related to the issue of level of personal adjustment is the impact of distress on attitude toward seeking professional psychological help. Sharp and Kirk (1974) found specified anxiety level to be a strong correlate to positive attitudes, while other researchers found severity of disturbance to be inversely related to positive help seeking attitudes (Calhoun, Dawes, & Lewis, 1972; Calhoun & Selby, 1974). Mechanic (1975), however, suggested that the factor which most influences help seeking decisions among college students is level of subjective distress. It is apparent that distress has been defined differently by researchers in this area. As Hammen and her colleagues (Hammen, 1980; Hammen, Marks, Mayol, & deMayo, 1985) have shown, college students have relatively high rates of diagnosable depressive disorders. Depressive symptomatology appears to be a common manifestation of stress or distress in the college population. In the
study by Halgin et al. (1987), the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) was chosen as the measure of depression, because this scale has been shown to correlate highly with psychiatric ratings of depression among college students (Bumberry, Oliver, & McClure, 1978). Additionally, Hammen (1980) found that within her college student sample, BDI scores were positively correlated with scores on the Hamilton Rating Scale for Depression (Hamilton, 1960), an interviewer-administered scale. Halgin et al. (1987) found that depression was significantly related to more positive attitudes and beliefs about help seeking, and to a more positive intention to seek help.

However, Coyne and Gotlib (1983), in a review of the results of a number of studies using the BDI with student samples, question the relationship between scores on the BDI and ratings of depression based on clinical interviews. More recently, Gotlib (1984) reviewed several studies in which there were significant relationships between depression, as measured by the BDI, and anxiety in subclinical or student samples. He suggested that the "BDI may be measuring a construct or emotional state considerably broader than depression" (p. 20). Gotlib (1984) examined the relationship between self-reported depression and other self-report measures of maladaptive functioning among college
students. He distributed seven questionnaires to students, including the BDI and the SCL-90-R, and found all to be significantly intercorrelated. He concluded that these scales appear to measure a "unitary factor" of general distress in subclinical populations, which he asserts may be simply called dysphoria, malaise, or general psychological distress. Furthermore, it seems extremely difficult to separate depression from anxiety, and other constructs of subjective distress. Gotlib concluded that "caution must be exercised in extrapolating empirical findings from students obtaining high scores on the BDI to the discrete phenomenon of depression" (p. 28). Given this caveat, the SCL-90-R is used in the present study as a measure of general psychological distress among the sample of college students, for the purposes of examining the relationship between distress and the process of deciding whether or not to obtain professional psychological help.

In addition to the finding that the experience of depression is related to more positive attitudes, beliefs, and intention to seek professional psychological help, Halgin et al. (1987) found that the experience of having sought help in the past is also positively related to how one feels about seeking help again. More specifically, they reported that students who were not depressed and had no help seeking history were unlikely to have positive intentions or attitudes
about the pursuit of professional psychological help. Even persons who were depressed, but who had never previously sought help, had a low intention to seek help and relatively neutral attitudes about such help. Cash, Kehr, and Salzbach (1978) and Fischer and Turner (1970) also found that individuals reporting prior professional assistance espoused more favorable attitudes toward seeking help. Additionally, Tinsley and his colleagues (Tinsley & Benton, 1980; Tinsley & Harris, 1978) have suggested that potential clients who do not seek professional help have lower expectations of being helped through counseling than those who do seek help. Given these findings, the present study included an examination of the influence of help seeking history on the intention to obtain professional psychological help, and on the other dependent variables of the model (i.e., attitudes, subjective norm, perceived behavioral control, and beliefs).

The relationship between sex of the student and help seeking attitudes was also investigated in light of the contradictory literature in this area. For example, Hummers and DeVolder (1979) found that women are more likely to use counseling services than are men, and Cook and his colleagues (Cook, Park, Williams, Webb, Nicholson, Schneider, & Bassman, 1984) found that women had a greater willingness to seek help and more favorable attitudes about counseling than men. However,
others have found no sex differences related to help seeking behavior or attitudes (Christensen & Magoon, 1974; Halgin, Weaver, Edell, & Spencer, 1987; Parish & Kappes, 1979; Snyder, Hill, & Derksen, 1972).

**Hypotheses and Research Questions**

The following are hypotheses generated from the above cited literature. Related questions appropriate to the research are included.

(1) It was expected that there would be a positive correlation between level of psychological distress and: (a) intention to obtain professional psychological help, (b) attitude toward obtaining help, (c) subjective norm, (d) perceived behavioral control, (e) outcome beliefs, and (f) normative beliefs.

(2) It was also expected that highly distressed subjects would score significantly higher than moderately distressed and low-distressed subjects on these six dependent variables.

(3) It was hypothesized that helpseekers would score significantly higher than non-helpseekers on the six dependent variables.

(4) Differences between males and females, and between religious groups, on the dependent variables listed above would be examined (see note 1). It was expected that if such differences were present, females' scores on the six dependent variables would be
significantly more positive than males' scores, and Jewish subjects would have more positive scores than non-Jewish subjects.

(5) Questions concerning the relative influence of distress and helpseeking history on intention to seek help were addressed. More specifically, regression analyses would be performed in order to assess the influence of these two factors on intention, relative to those variables specified by the Ajzen-Fishbein model as predictors of intention (i.e., the six dependent variables listed above). Based on the findings of Halgin et al. (1987), it was hypothesized that while both factors would be significantly related to intention to seek help, a previous history of helpseeking behavior would prove to be more influential than level of distress.
Notes

1. While significant differences were not expected, given the findings of Halgin et al. (1987), tests of differences were nonetheless performed in light of the attention to such differences in the literature.
CHAPTER II

METHOD

The following section contains descriptions of both the pilot study and the main study of this two-part project. The results of the pilot study are included in the method section, in the form of descriptive statistics, as this information was used to inform the construction of the decision measure used in the main study.

Pilot Study

A pilot study was conducted to assess college students' salient beliefs about the advantages and disadvantages of seeking professional psychological help. The lists of advantages and disadvantages generated in the pilot study were used to formulate items of the decision measure administered in the main study. Other information obtained in the pilot study is described in the instrument and elicitation procedure sections below.

Subjects

The subjects for the pilot study were 78 undergraduate students enrolled in psychology courses at the University of Massachusetts at Amherst. Thirty-seven (47.4%) students were psychology majors, 22 (28.2%) had majors in the arts and social sciences, and
the remaining 19 (24.34) listed majors in the "hard" sciences. The sample was 76.9% female, and the mean age for all subjects was 20.4 years. Of the sample, 41% designated themselves as Catholic, 17.9% as Protestant, 21.8% as Jewish, and the remaining 19.3% were categorized as "other" and their religious affiliation was not determined.

Of the 78 students, 28 (33.3%) indicated that they had sought professional psychological help in the past. Those students who had not sought such help were asked to rate how close they had come to seeking help, on a 5-point scale with response choices ranging from "not at all close" (0) to "very close" (4). Of these 50 students, 28 (56%) scored 0, 5 (10%) scored 1, 8 (16%) scored 2, 4 (8%) scored 3, and 4 (8%) scored 4.

All students were asked to complete a brief problem checklist, which consisted of 10 categories, or problem types (e.g., academic, financial, family, or emotional; see item 16 in Appendix B). Students rated the degree to which they were concerned about each problem type. Responses were scored from 0 to 4, with 0 representing "no concern," 2 representing "moderate concern," and 4 representing "high concern." The mean score for all students on the problem checklist was 21.49 (possible range of 0 to 40). The mean score for those students who had not sought help in the past was 20.18, and
for those students who had sought help the mean score was 23.48.

Instrument: The Elicitation Questionnaire

The pilot study questionnaire is referred to as the "elicitation questionnaire" (Ajzen and Fishbein, 1980). It was designed to elicit salient beliefs about the potential outcomes of seeking professional psychological help (see Appendix B for the elicitation questionnaire). In addition to demographic information and the problem checklist described above, the elicitation questionnaire included the following components.

**Intention to Seek Professional Psychological Help**

The questionnaire was designed to ascertain the degree of intention to seek professional psychological help within this sample of college students. This was done by including five intention statements in the instrument, each answered according to a 7-point Likert scale, scored -3 (extremely unlikely) to +3 (extremely unlikely). Each item was similar in format, with the first intention statement reading "I intend to seek professional psychological help within the next eight weeks if I feel psychologically distressed." It was thought that this first statement might result in a forced choice even with the use of the Likert response scale; the remaining four items were therefore included to account for more subtle differences in degree of intention to seek help. The subsequent statements were
phrased so as to address possible reluctance, due to the personal nature of such an intention, to outrightly indicate intention to seek professional psychological help. In these statements, the words (a) "I intend to seek" (M = -.81, SD = 1.89) were replaced with (b) "I might seek" (M = -.22, SD = 1.61); (c) "I probably will seek" (M = -.05, SD = 1.95); (d) "I will look into the possibility of seeking" (M = -.08, SD = 1.99); and (e) "I will make an effort to seek" (M = -.19, SD = 1.94; see items 1, 5, 12, 17, and 20). The average score, of all five intention statement scores, was -.27 (SD = 1.83).

An additional and related item was included in the questionnaire. The item read: "If I feel psychologically distressed within the next eight weeks, I intend to talk to..." (see item 4 in Appendix B). Students could check as many of the following categories as appropriate: (a) friends (n = 37, 36.3% of total responses); (b) parents (n = 25, 24.5%); (c) siblings (n = 16, 15.7%); (d) minister, priest, or rabbi (n = 5, 4.9%); (e) Residential Assistant in the dorm (n = 1, .98%); (f) someone at Student Mental Health Services (n = 5, 4.9%); and (g) other (students were asked to specify who this might be; 13 students, 12.7% checked this category and of these, 10 specified boyfriend, girlfriend, or spouse). This item was included to answer the question of to whom, if anyone, do students
talk when distressed, other than or including professionals.

**Attitudes Toward Seeking Professional Psychological Help**

General attitudes toward seeking help were ascertained through a composite of six bipolar adjective items, each phrased as follows: "If I feel psychologically distressed, seeking professional psychological help within the next eight weeks would be..." Subjects were then asked to rate the experience of seeking professional psychological help from (a) good to bad (with +3 representing "extremely good" and -3 representing "extremely bad"), (b) wise to foolish, (c) beneficial to harmful, (d) pleasant to unpleasant, (e) interesting to boring, and (f) rewarding to unrewarding (see item 2). Scale ratings were averaged in computing a single general attitude score, which was 1.19 (SD = 1.12).

**Subjective Norm**

This was measured with a single item, worded as follows: "If I feel psychologically distressed within the next eight weeks, most of the people who are important to me would think that..." Item anchors were "I should" (+3) versus "I should not" (-3) seek professional psychological help (see item 3). The mean score for all students on this item was .69 (SD = 1.92).
Perceived Behavioral Control

Students were asked to list three factors or conditions that would make it difficult to seek professional psychological help in the following eight weeks, and three factors and conditions that would make it easy to do so. These responses were elicited in order to ascertain the extent to which students felt that the act of seeking help was under volitional control, or perceived behavioral control (see items 18 and 19). The data from these items are summarized in the elicitation procedures section.

Salient Beliefs about the Outcome of Seeking Professional Psychological Help, and Salient Referents

Each student listed three advantages and three disadvantages of seeking professional psychological help within the following eight weeks if s/he felt psychologically distressed. Additionally, students listed three advantages and three disadvantages of not seeking professional psychological help, under the same conditions. An example of one of these items is "If I feel psychologically distressed within the next eight weeks, I think three advantages of seeking professional psychological help would be..." (see items 6 through 9 in Appendix B). Each student was also asked to list three people or groups of people who would approve, and three who would disapprove, of him or her seeking
professional psychological help, under the same conditions (see items 10 and 11 in Appendix B).

These items were constructed according to the procedure stipulated by Ajzen and Fishbein (1980), and were designed to elicit the modal salient beliefs about the outcomes of seeking professional psychological help, and the modal salient referents, or those significant others who approve or disapprove of one's seeking help. These consist of the beliefs and referents that were most frequently elicited from this sample of college students. The data from these items are summarized in the elicitation procedures section.

Procedure

The title of the study, "Attitudes About Seeking Professional Psychological Help," was posted in noticeable places in the psychology building, along with the information that students who participated in the study by filling out a questionnaire would receive experimental credit to apply toward course requirements. Two time periods, on separate days, were scheduled during which interested students could come to the specified room to complete the questionnaire. The present author also asked several instructors of large lecture classes to announce the dates of administration to their classes. A total of 89 questionnaires was administered during these scheduled times; 9 questionnaires were eliminated due to partial
completion. Participants signed an informed consent form before completing the questionnaire (see Appendix C).

All responses to the elicitation questionnaire were reviewed by two raters working independently (the author and a research assistant). Each rater thematically grouped all responses pertaining to the advantages and disadvantages of seeking professional psychological help, formulated a frequency distribution of responses for each group, and gave each response group or category a descriptive label. This intercoder procedure was designed by Ajzen and Fishbein and has been used in studies predicting weight loss, family planning, voting patterns, behavior of alcoholics (Ajzen and Fishbein, 1980), and the relationship between help seeking history and depression to attitudes toward seeking professional psychological help among college students (Halgin, Weaver, Edell, & Spencer, 1986).

Because of the straightforward nature of the responses, raters differed less than 20% of the time in grouping responses into outcome categories. A discussion among the raters resulted in consensual agreement regarding the most appropriate and concise wording for each category. The 23 categories are presented as statements in Table 1, listed in order of the frequency of use of each category. These categories represent the top 80% of beliefs about the advantages
and disadvantages of seeking help, or the modal salient belief set underlying attitudes toward seeking professional psychological help. The categories represent both positive and negative outcomes of seeking help. Examples of these categories include: Seeking professional psychological help would (a) prevent my problems from getting worse, (b) result in other people thinking that I am mentally ill, (c) result in my seeing a therapist who does not understand me, (d) improve my ability to concentrate on school or work, and (e) make me feel like I cannot deal with my problems on my own.

The same procedure for grouping advantages and disadvantages of seeking help into categories was used to group those significant others who would approve or disapprove of one's seeking help. Eight social referents were identified as the modal salient referents for this sample. These referents are: (1) mother, (2) father, (3) brothers and sisters, (4) close friends, (5) boyfriend/girlfriend or partner, (6) acquaintances, (7) mental health professionals, and (8) members of my religious group.

Also grouped according to frequency of response category were the answers to the perceived behavioral control items. The most frequent responses addressed having adequate time, energy, and money to seek
professional psychological help, and the concern of not knowing whom to see for such help.

The data pertaining to modal salient beliefs, modal salient referents, and perceived behavioral control were collected in the pilot study in order to inform the construction of the items in the decision questionnaire. This process is further described below. The data pertaining to intention to seek help, global attitudes about such help, and subjective norm, were collected in an attempt to obtain a preliminary and general understanding of the distribution of these variables within a college sample.

Main Study

Subjects

The sample for the main study consisted of 235 undergraduate students enrolled in introductory level psychology courses at the University of Massachusetts. The sample was 66.7% female, with a mean age of all subjects of 18.4 years. A majority of the sample (65.5%) indicated majors within the College of Arts and Sciences, and a majority (63%) were freshmen. Of all the students, 52.8% designated themselves as Catholic, 15.3% as Protestant, 21.3% as Jewish, and 10.2% fell into the undefined "other" category regarding religious affiliation.
A total of 45 students (19.1%) answered positively to a question asking whether they had sought professional psychological help in the past. Of these students, 3 were seeking help at the time of this administration, 16 had last sought help within the last six months, seven within the last year, nine within the last two years, and the remainder within the last five or more years. Of these 45, 31 (69%) felt the psychological help they received was helpful, and 13 (29%) felt it was not helpful. Those 190 students who had never sought such help were asked to rate how close they had come to doing so on a 9-point Likert scale, with response choices ranging from "not at all close" (+4) to "very close" (-4). The mean response on this item was 3.16, indicating that most had not come very close to seeking professional psychological help.

Procedure

The main study was conducted approximately four months after the pilot study. Questionnaires were administered during regularly scheduled class meeting times. Participation was voluntary and extra credit was offered. Of 307 questionnaires distributed, seven were not returned, and eight were eliminated from the final sample due to partial completion. Due to a collating error, 57 of the questionnaires were distributed with missing pages, and were therefore eliminated, leaving a total of 235 completed questionnaires. Students
received informed consent forms and debriefing forms similar to those used in the pilot study.

Instruments

Decision Measure

A decision measure about seeking professional psychological help was constructed according to the method specified by Ajzen and Fishbein (1980), with the following scores representing antecedents to the hypothetical decision to obtain professional psychological help: (a) intention to seek professional psychological help, (b) global attitude score, (c) subjective norm score, (d) perceived behavioral control score, (e) summative outcome beliefs score, and (f) summative normative beliefs score. These scores are described below. Unless otherwise indicated, all items were answered according to a 9-point Likert scale, scored -4 to +4, with higher scores indicating more positive responses. (See Appendix D for the decision measure.)

Within the decision measure, the phrasing of items differs from that of the elicitation questionnaire in the following ways. First, the stipulation of "if I feel psychologically distressed" was omitted because of its lack of clarity and lack of universal agreement as to how psychological distress can be defined. During the pilot study, administrators of the questionnaire found this phrase to be troublesome to respondents for
these reasons. Second, the condition of time within which to obtain help was shortened to one month, instead of eight weeks. It was felt that one month would more realistically frame the time in which the intention or decision to obtain professional help would be carried out. Third, the word "seek" was replaced with "obtain." It was felt that, conceptually, the phrase "obtaining professional psychological" help was more straightforward and was less susceptible to conjecture than the word "seeking."

Intention to Seek Professional Psychological Help (Intention Score)

Three items were used to assess intention to seek help in the decision measure. The first of these three items was phrased as "I intend to obtain professional psychological help within the next month." Item anchors were "extremely likely" (+4) and "extremely unlikely" (-4), with a middle choice representing "neither." The other two items, were: (a) "I might obtain professional psychological help within the next month," and (b) "I will look into the possibility of obtaining professional psychological help within the next month."

The three items pertaining to intention to obtain professional help were averaged to obtain an overall intention score.

Global Attitude Score

The global attitude score was a composite of 13
bipolar adjective items, each phrased as follows: "My obtaining professional psychological help within the next month would be..." Subjects were then asked to rate this hypothetical experience of obtaining such help from (a) good to bad (with +4 representing "extremely good" and -4 representing "extremely bad"), (b) wise to foolish, (c) beneficial to harmful, (d) interesting to boring, (e) rewarding to unrewarding, (f) enjoyable to unenjoyable, (g) desirable to undesirable, (h) appealing to unappealing, (i) not embarrassing to embarrassing, (j) helpful to not helpful, (k) important to unimportant, (l) useful to useless, and (m) calming to tension-producing. These 13 items were averaged to form a single global attitude score.

Subjective Norm Score

This was measured by the following item: "Most people who are important to me think that I should obtain professional psychological help within the next month" (+4 extremely likely, to -4 extremely unlikely).

Perceived Behavioral Control Score

This score was computed by averaging the scores of five perceived behavioral control items, all pertaining to whether or not the respondents felt they had volitional control over the behavior of obtaining help. These beliefs, generated in the pilot study, referred to having adequate money, time, and energy to obtain help within the next month, whether students felt that
obtaining professional psychological help would be easy or hard to do, and with the question of knowing who to see. The following is an example of a perceived behavioral control item: "If I wanted to obtain professional psychological help within the next month I would have enough money to do so." Responses were scored in the same way as the subjective norm score.

Outcome Beliefs Score

Following the method of Ajzen and Fishbein (1980), this summative score was obtained by means of a multi-step procedure. First, each of the 23 modal salient beliefs about obtaining professional psychological help generated in the pilot study was used to form a pair of related items: an outcome probability item and an outcome evaluation item. Each outcome probability item consisted of a rating of the likelihood of occurrence of a particular outcome of seeking help. For example, "Obtaining professional psychological help within the next month would prevent my problems from getting worse," [scored from extremely likely (+4) to extremely unlikely (-4)]. Each corresponding outcome evaluation item consisted of a rating from good to bad of the same outcome. Following the same example, the outcome evaluation item read as follows: "Preventing my problems from getting worse is..." [good (+4), bad (-4)]. Scores of corresponding outcome probability items and outcome evaluation items were multiplied together, thus yielding
23 products (possible range = -16 to +16), also referred to as outcome beliefs. In order to simplify and reduce the data, these products were summed to form a single index of beliefs underlying attitude about obtaining professional psychological help, called the outcome beliefs score. This summative process is in accordance with the methodological specifications of Ajzen and Fishbein (1980), and reflects the theoretical assumption that attitudes toward a specific behavior are based on the total set of an individual's salient beliefs; "attitudes toward the behavior correspond to the favorability or unfavorability of the total set of consequences" (outcome evaluation), "each weighted by the strength of the person's beliefs that performing the behavior will lead to each of the consequences" (outcome probability; p. 67).

Normative Beliefs Score

This score was obtained in a multi-step procedure much like that described above. First, each of the eight modal referents generated in the pilot study was used to form a pair of related items: a normative probability item and a motivation to comply item. Each normative probability item consisted of a rating of the likelihood that a particular referent would think that one should obtain professional psychological help. For example, "My mother thinks I should obtain professional help within the next month"
[scored from extremely likely (+4) to extremely unlikely (-4)]. Each corresponding "motivation to comply" item consisted of a unipolar rating of one's general motivation to comply with that particular referent. Following the same example, the "motivation to comply" item read as follows: "Generally speaking, I want to do what my mother thinks I should do" [likely (+7) to unlikely (+1)]. Scores of corresponding normative probability items and "motivation to comply" items were multiplied together, thus yielding 8 products (possible range = -28 to +28), also referred to as normative beliefs. Each product reflected the degree of influence the particular referent had on the subject's decision to obtain professional psychological help. In order to simplify and reduce the data, these products were summed to form the normative beliefs score.

Symptom Check List - Revised (SCL-90-R)

The SCL-90-R, developed by Derogatis, Lipman, and Covi (1973) is a self-report symptom inventory designed to measure symptomatic psychological distress. The inventory consists of 90 items listing problems or complaints pertaining to possible manifestations of distress. Respondents rate the degree to which they are distressed by the problem described in each item. Responses are scored according to a 5-point scale, ranging from "not at all" (0) to "extremely" (4).
Scores of the SCL-90-R can be combined to produce a global index of distress, or the General Severity Index (GSI; calculated by dividing the grand total by 90), which reflects numbers of symptoms and severity of distress. The Positive Symptom Total (PST: the total score of non-zero responses) reflects only numbers of symptoms. The Positive Symptom Distress Index (PSDI: the grand total divided by the PST) reflects intensity of distress only, adjusted for numbers of symptoms.

Internal consistency coefficients for nine primary symptom dimensions of the SCL-90-R range from .77 to .90, with test-retest reliabilities ranging from .78 to .90 (Derogatis, Rickels, & Rock, 1976). Tests for validity, comparing the SCL-90-R to subscales from the Middlesex Health Questionnaire and the MMPI, have demonstrated high convergent validity (Derogatis, Rickels, & Rock, 1976). The SCL-90-R has been used to measure psychiatric symptomatology among psychiatric inpatients (Brown, Schwartz, & Sweeney, 1978), obese female patients of general medical practitioners (Rickels, Hesbacher, Fisher, Perloff, & Rosenfeld, 1976), and opiate addicts (Rounsaville, Weissman, Crist-Cristoph, Wilber, & Kleber, 1982). More relevant to the present study, the SCL-90-R has been useful in detecting low levels of symptomatology in normal populations (Uhlenhuth, Lipman, Balter, & Stern, 1974).
In a study such as the present one, the use of the primary symptom dimensions in between-groups analyses may lead to questionable results and conclusions. Cyr and colleagues (Cyr, McKenna-Foley, & Peacock, 1985), in a review of the literature on the factor structure of the SCL-90-R, concluded that the inventory is more a measure of "general distress factor than several independent symptom dimensions" (p. 577). This seems particularly true when the designated sample does not consist solely of neurotic outpatients, as in the present study. Given this caveat, the inventory was used primarily as an indicator of general level of distress, and those aspects of the data analyses involving the SCL-90-R were restricted to the GSI.
CHAPTER III
RESULTS OF THE MAIN STUDY

Formation of Groups Based on SCL-90-R Score

Subjects were divided into three groups based on scores on the General Severity Index (GSI) of the SCL-90-R, with the groups representing (1) low distress level (LD), (2) moderate distress level (MD), and (3) high distress level (HD). The possible range of scores on the GSI is 0 to 4; the range of all subjects' scores was .02 to 2.87. The LD group (n = 76), consisting of one-third or 32.4% of the entire sample, had GSI scores ranging from .02 to .41, with a mean of .25 (SD = .11). The range of GSI scores for the MD group, which consisted of 80 subjects or 34% of the sample, was .42 to .80 (M = .60, SD = .11). The HD group (n = 79, 33.6% of sample), had a mean GSI score of 1.26 (SD = .46) with scores ranging from .81 to 2.87. The mean GSI score for all subjects was .71 (SD = .50).

Groups did not differ markedly in composition of males and females (x2 = 2.88, df = 4, p = .58), and helpseekers and non-helpseekers (x2 = .66, df = 2, p = .72; see Table 2, Appendix A, for breakdown of groups).

Internal Reliability of the Measures

Estimates of the internal consistency of the following scales were calculated according to the
Cronbach alpha statistic. The intention score, comprised of the average of three items designed to assess degree of intention to seek professional psychological help within the month, had a coefficient alpha value of .91. The global attitude score, an average of 13 bipolar adjective items, had a coefficient alpha value of .89. The perceived behavioral control score, an average of five items measuring aspects of perceived control, had a reliability of .64. The outcome beliefs score, derived from the ratings of the value and likelihood of 23 outcomes of seeking help, had a coefficient alpha value of .90. The normative beliefs score, derived from ratings of significant others' opinions about seeking help, and motivation to comply to these opinions, had a coefficient alpha value of .84.

Overall, these scales had a relatively high degree of internal consistency. The perceived behavioral control score had the lowest internal consistency, relative to the others. This score was comprised of 5 items (possible range = -4 to +4) which asked about (a) having the energy to seek help (M = 1.59, SD = 2.05), (b) having the money needed to seek help (M = .03, SD = 2.96), (c) having the time needed to seek help (M = .21, SD = 2.50), (d) whether one thought seeking help within the next month would be easy or hard to do (M = .04, SD = 2.34), and (e) whether one knew who to see if such help was needed (M = 1.21, SD = 2.71). By definition,
these items tap very different issues, and this may have resulted in the relatively low alpha value. This issue will be addressed further in the discussion section.

Correlations Between GSI and the Dependent Variables:

The Influence of Level of Distress

Means and Standard Deviations for the Entire Sample

Table 3 shows the means and standard deviations for the entire sample on the six dependent variables specified by the Ajzen-Fishbein model. As can be seen from the table, mean intention to seek professional psychological help for all subjects was low \((M = -2.89)\). The mean global attitude score was positive at .43, while the mean subjective norm score was -2.93. The mean perceived behavioral control score fell close to the neutral position on the Likert-type scale \((M = .13)\). The mean outcome beliefs score was 1.58, and the mean normative beliefs score was -17.18.

As mentioned above, subjects' ratings of intention to seek help was low. The median intention was -3.83 on a scale that ranged from -4 to 4. This skew in the measure of intention indicates that on the whole, subjects were not intending to seek professional psychological within the next month's time. Lack of variability in responses may have limited or weakened statistics reported below that include the factor of intention.
Correlations Between GSI and the Dependent Variables

In order to better assess the influence of level of distress on intention to seek help, and attitudes and beliefs about seeking help, correlations between the GSI and the six dependent variables were calculated based on data from all subjects (see Table 4). Given the hypothesis that level of distress would be positively related to the dependent variables, these correlations were surprisingly low, with weak correlations between GSI and (a) intention \(r = .12\); (b) global attitude score \(r = .15\); (c) global subjective norm \(r = .15\); (d) perceived behavioral control \(r = -.21\); (e) outcome beliefs score \(r = .26\); and (f) normative beliefs score \(r = .22\). The most striking result of this analysis is the negative, albeit moderate, correlation between GSI and perceived behavioral control, which suggests that as subjects felt more distressed, they also perceived professional psychological help as difficult to obtain. Overall, however, there was not a strong positive relationship between distress and intention, attitudes, and beliefs as was hypothesized.

These correlations remained weak, and often non-significant, when subjects were grouped as helpseekers, non-helpseekers, males and females (see Table 4). The correlations were most positive for the helpseekers. An exception to this was the correlation between GSI and perceived behavioral control; for helpseekers \(r = -.08\).
(n.s.), and for non-helpseekers \( r = -0.23 \) (p < .001).

For non-helpseekers, then, there was an inverse relationship between level of distress and perceived control over obtaining professional psychological help.

**Group Differences**

To test for differences between females and males, helpseekers and non-helpseekers, and distress groups on the dependent variables, 3 X 2 X 2 (Distress Group X Sex X Helpseeking History) multivariate analyses of variance were conducted for the six dependent variables of intention, global attitude, subjective norm, perceived behavioral control, outcome beliefs score, and normative beliefs score. The F values of these ANOVAs are presented in Table 5, along with the means and standard deviations used in the analyses.

Prior to conducting these ANOVAs, a oneway ANOVA was conducted to test for significant differences between religious groups on each of the dependent variables. This ANOVA yielded no significant F values, and the factor of religion was dropped from all subsequent analyses.

**Intention Score**

No significant differences between females and males on intention, nor between distress groups, were found on intention score. Helpseekers' scores were significantly less negative than those of non-
helpseekers, $F(1, 219) = 28.273, p < .001$. No interaction effects were found.

Global Attitude Score

Females had significantly higher global attitude scores than males, $F(1, 216) = 9.21, p < .01$. Helpseekers and non-helpseekers also differed significantly on this score, $F(1, 216) = 8.17, p < .01$.

Significant differences were also found between distress groups on the global attitude score, $F(2, 216) = 3.91, p < .02$. Pairwise comparisons using Scheffe's test for significance were performed, revealing critical differences at the .05 level between the LD group and the HD group (.17 vs .69).

Subjective Norm Score

No differences were found between females and males on the global subjective norm score. Helpseekers' scores were significantly more positive than the scores of non-helpseekers, $F(1, 219) = 25.10, p < .001$.

A marginally significant difference was found between the distress groups on global subjective norm, $F(2, 219) = 2.93, p < .06$. Subsequent pairwise comparisons using both Scheffe's test for significance, and the less conservative Newman-Keuls test, revealed no critical differences between any pair of groups at the .05 level.

There was a significant interaction effect between group and helpseeking history, $F(2, 219) = 3.23, p <$
.05. Among helpseekers, the LD group scored lower than the MD group, and the MD group scored lower than the HD group. However, among non-helpseekers there was no effect of group. That is, for helpseekers only, as level of distress increased (as defined by group membership), scores on global subjective norm became more positive (see Figure 1, in Appendix A).

**Perceived Behavioral Control Score**

Helpseekers scored significantly higher than non-helpseekers on the perceived behavioral control score, \( F(1, 219) = 27.96, p < .001 \). Significant differences were also found between distress groups, \( F(2, 219) = 4.50, p < .01 \). Subsequent pairwise comparisons, using Scheffe's test for significance, were performed. Critical differences were found at the .05 level between the LD group and the HD group (.37 vs -.31), and between the MD group and the HD group (.36 vs -.31).

**Outcome Beliefs Score**

The distress groups differed significantly on the outcome beliefs score, \( F(2, 214) = 7.33, p < .001 \). Pairwise comparisons using Scheffe's test revealed a significant difference at the .05 level between the LD group and the HD group (.63 vs. 2.55).

**Normative Beliefs Score**

Females and males differed significantly on this score, with the mean score for females the most negative of the two, \( F(1, 213) = 5.77, p < .02 \). Non-
helpseekers' scores were significantly more negative than those of helpseekers, F (1, 213) = 16.43, p < .001.

The distress groups also differed significantly on this score, F (2, 213) = 4.16, p < .02, with pairwise comparisons using Scheffe's test indicating a critical difference at the .05 level between the LD group and the HD group (-18.85 vs. -15.01).

The General Severity Index

A final multivariate ANOVA, 2 X 2 (Sex X Helpseeking History), was performed to test for group differences on the General Severity Index of the SCL-90-R. The analysis yielded no main effect for helpseeking history, F(1, 227) = .38, p = .54, no main effect for sex, F(1, 227) = .07, p = .80, and no interaction effect.

Predicting Intention: Regression Analyses

Regression Analysis Based on Data From All Subjects

A multiple regression analysis with stepwise inclusion was performed on the entire data set in order to assess the importance of the dependent variables relative to the measures of distress, sex, and helpseeking history in predicting intention. All variables were entered into the equation: global attitude score, global subjective norm, perceived behavioral control, outcome beliefs score, normative beliefs score, sex, helpseeking history, and GSI.
The overall equation for the prediction of intention was highly significant, \( F(8, 210) = 23.95, p < .001 \), yielding \( R = .69 \) (\( R^2 = .48 \)). Four factors contributed significantly to the prediction, accounting for almost half of the variance. The measure of global subjective norm was the best predictor, \( F(1, 217) = 78.12, p < .001 \), accounting for 26% of the variance, suggesting that intention to seek help was influenced most by beliefs about the opinion of significant others about seeking such help. The measure of global attitude, \( F(1, 217) = 49.24, p < .001 \), accounted for an additional 14% of the total variance. The normative beliefs score accounted for 4% of the variance, \( F(1, 217) = 16.05, p < .001 \). The next variable entered into the equation was sex, although this factor accounted for only 1% of the total variance, with \( F(1, 217) = 5.15, p < .05 \).

Regression Analysis Based on Data From Non-helpseekers

In order to assess the influence of helpseeking history in the above analysis, further regression procedures were performed. The first included data from non-helpseekers only, and the second included only helpseekers in the analysis. These subjects were separated in light of the fact that the only two groups to significantly differ on the intention score were helpseekers and non-helpseekers, and in light of the highly significant differences between these two groups.
on the predictor variables (refer to Table 6). Except for helpseeking history, of course, the variables entered into the equations were the same as in the above regression procedure.

For non-helpseekers, the variable that proved to be the strongest predictor of intention was **global attitude score**, $F(1, 175) = 51.63, p < .001$, which accounted for 23% of the variance. The next variable entered into the equation was **global subjective norm**, $F(1, 175) = 23.95, p < .001$, accounting for 9% of the total variance. The **normative beliefs score**, $F(1, 175) = 6.15, p < .02$, accounted for an additional 2.3% of the variance, and the **outcome beliefs score**, $F(1, 175) = 4.62, p < .05$, accounted for 1.7%. For non-helpseekers, the regression procedure confirmed the relationships between intention and the predictor variables of attitude and subjective norm, as postulated by the theory of reasoned action. The overall equation for prediction of intention was $F(7, 169) = 14.00, p < .001$, multiple $R = .61$ ($R^2 = .37$).

**Regression Analysis Based on Data From Helpseekers**

For helpseekers, the strongest predictor of intention was the **normative beliefs score**, $F(1, 43) = 26.93, p < .001$, which accounted for 38.5% of the variance. **Global attitude score**, $F$ to enter $= 9.77, p < .01$, accounted for 11.6% of the variance. The next variable entered was **sex**, $F$ to enter $= 4.87, p < .05$, and it accounted for 5.3% of the variance. **Perceived**
behavioral control, $F$ to enter = 5.63, $p < .05$, accounted for 5.5% of the variance in intention to seek professional psychological help among helpseekers. The overall equation here was $F (7, 37) = 9.61$, $p < .001$, yielding multiple $R$ of .90 ($R^2 = .65$).

These results suggest that for helpseekers, normative beliefs about seeking help (i.e., beliefs about the opinions of significant others' regarding helpseeking, coupled with motivation to comply to these opinions) are most influential in intention to seek help again. Also important are attitudes toward helpseeking, and to a lesser degree, sex and perceived behavioral control.

**Discriminating Between Helpseekers and Non-helpseekers**

Stepwise discriminant analyses were conducted to determine the normative beliefs, and attitude items, that differentiated best between helpseekers and non-helpseekers. In the first analysis, the eight normative probability items and eight motivation to comply items were entered. An example of a normative probability item is as follows: "My father thinks I should obtain professional psychological help within the next month" (possible range = +4 likely to -4 unlikely). An example of the corresponding motivation to comply item is, "Generally speaking, I want to do what my father thinks I should do" (possible range = +1 unlikely to +9
likely). Five variables maintained a minimum F value of 4.00 required for entry into the stepwise selection, and the overall discriminant function had a canonical correlation of .52, with Wilk's lambda = .71, $x^2 (df = 5, N = 233) = 69.33, p < .002.$

The normative probability item corresponding to mother emerged as the best discriminator, followed by the normative probability items for partner and close friends, respectively. These were followed by the motivation to comply item corresponding to religious groups, and the normative probability item for siblings. Of all subjects, 82.17% were correctly classified as helpseekers or non-helpseekers. For helpseekers alone, 61.24% were correctly classified; 87.1% of the non-helpseekers were correctly classified. Table 6 shows the results of this analysis and lists the standardized discriminant function coefficients of the five items that maximized the discrimination between helpseekers and non-helpseekers. In Table 7, the results of the classification prediction using this function are summarized.

In the second discriminant analysis, the thirteen bipolar adjective items comprising the global attitude score were entered. Four variables maintained a minimum F value of 4.00 and could be entered into the discriminant function, canonical correlation = .37, Wilk's lambda = .87, $x^2 (4, N=233)= 32.55, p < .001.$
The adjective item that best discriminated between the two groups was defined by the poles of "embarrassing" and "not embarrassing". The second item entered contained the poles "beneficial" and "not beneficial", followed by "interesting" versus "not interesting" and "wise" versus "unwise". The overall rate of correct classification was 66.7%, with 77.3% of the helpseekers, and 73.1% of non-helpseekers, correctly classified. The results of this analysis, along with the standardized discriminant function coefficients of these four items, are presented in Table 8. The classification results are summarized in Table 9.
The Correlation Between Level of Distress and Intention

Contrary to the original hypothesis, level of distress was not an important factor in determining intention to obtain professional psychological help for these college students. Attitudes toward obtaining professional psychological help, and perceptions about significant others' opinions about obtaining such help, proved to be more important in understanding intention. Furthermore, students who had sought help in the past had significantly higher intention to do so again than those who had never sought help, irrespective of level of distress.

Significant but weak correlations were found for all subjects between level of distress and: (a) attitudes, (b) subjective norm, (c) perceived control, and (d) beliefs about obtaining help. It is interesting to note, however, that there was an inverse relationship between level of distress and perceived control; students who were highly distressed were less likely to see the act of obtaining professional psychological help as under their volitional control. Distressed students apparently perceived professional psychological help as difficult to obtain, or as something out of their reach. This relationship did not hold when helpseekers alone
were examined, probably because past experience had shown them otherwise. Perhaps their experience has rendered them more confident in their ability to obtain help again should they choose to do so. The relation between level of distress and global subjective norm was also positive for helpseekers, but not significant for non-helpseekers. Perhaps, then, past experience has shown helpseekers that significant others are likely to support their attempts to obtain professional help for their distress. Given that the correlations between level of distress and the dependent variables of the study were modest at best, it is difficult to draw any hard and fast conclusions based solely on these results. Additional tests for differences between groups of subjects were more helpful in understanding factors influencing intention, and attitudes and beliefs about helpseeking.

**Differences Between Highly Distressed and Low to Moderately Distressed Students**

The hypothesis that highly distressed students would have significantly higher intention to seek help than students with moderate to low distress levels was not supported. This is not surprising, in light of the weak correlation between level of distress and intention presented above, and may be attributable to the fact that these college students represented a subclinical
group, sampled from the general population and not from a population of clinically distressed subjects. The fact that there are as of yet no norms on the SCL-90-R for a college-age population renders it difficult to comment on the meaning of distress among these subjects. According to available norms, however, the mean score on the General Severity Index for these students fell closer to the normative mean for adolescents than the lower mean for the normative sample of adults (Derogatis, 1985). Perhaps a relatively high or elevated level of distress is the norm for college students, much like it is the norm for adolescents, and is not actually indicative of serious psychological distress. Or, it may be that the anxiety and stress that accompany aspects of late adolescence/early adulthood are manifested in slightly elevated scores on the SCL-90-R, but do not compel students to seek professional psychological help.

Low intention to seek help did not necessarily preclude positive attitudes toward seeking help. Mean attitude scores for the entire sample, and for high, moderate, and low distress groups, were positive. Also, students with higher levels of distress had more positive attitudes towards helpseeking than students with lower distress levels. This supports other findings of a positive relationship between level of distress and attitudes toward helpseeking (Halgin et
Highly distressed students also had more positive beliefs about the outcome of seeking professional psychological help than moderately or low distressed students. One reason that distressed students are more likely to have positive attitudes and outcome beliefs than non-distressed students might be that the idea of obtaining help is more salient and personally relevant for them. Even so, the saliency is not sufficient to positively affect intention to actually obtain help.

**Differences Between Helpseekers and Non-helpseekers**

The hypothesis that students with previous helpseeking experience would have more positive intentions to seek help in the future than students with no previous experience was supported. Indeed, helpseekers had more positive scores than non-helpseekers on the following variables: (a) intention, (b) attitude, (c) subjective norm, (d) perceived behavioral control, and (e) normative beliefs. The issue of discriminating between these two groups based on these variables is addressed in a later section of this chapter. Generally speaking, however, it seems the experience of seeking help had a pervasive and positive impact on intention and the determinants of intention. This supports other findings that people with previous help seeking experience have more positive attitudes.
toward counseling than do people who with no experience (Calhoun et al., 1972; Cash et al., 1978; Halgin et al., 1987). The single dependent variable that did not elicit significantly different responses was the outcome beliefs score. Both helpseekers and non-helpseekers had positive beliefs about the outcome of obtaining professional psychological help. This is contrary to the findings of Halgin and his colleagues (1987), who found helpseekers' outcome beliefs to be significantly more positive than non-helpseekers' beliefs.

Additionally, an interaction effect between distress group and subjective norm revealed that as level of distress increased, helpseekers were more likely to believe that significant others thought they should obtain professional psychological help within the next month. This is in accordance with the correlation presented earlier, and indicates that helpseekers were quite sensitive to the opinions of significant others as they considered the option of professional help for their distress. This point is considered further in a later section of this chapter.

Differences Between Males and Females

Males did not differ from females on intention to seek help. In light of conflicting conclusions from previous studies regarding the role of gender in helpseeking behavior (e.g., Christensen & Magoon, 1974;
Hummers & DeVolder, 1979), and considering the fact that Halgin et al. (1987) found no sex differences related to helpseeking intention in a similar study, the lack of sex differences here is not surprising. However, females did have more positive attitudes towards helpseeking than did males. This supports findings from previous studies which showed that women had more positive attitudes towards counseling, or professional help, than did men (Cook et al., 1984; Fischer & Cohen, 1987; Fischer & Turner, 1970).

**Predicting the Intention of Helpseekers and Non-helpseekers**

The only two groups to differ on intention were helpseekers and non-helpseekers, with helpseekers having more positive intention to seek help. In light of this finding, regression analyses were performed in an attempt to better understand the forces influencing intention for both groups. For all students, subjective norm (a global measure of one's belief about whether or not significant others think one should seek help), attitude, and normative beliefs (specific beliefs about the opinions of significant others' regarding helpseeking, coupled with motivation to comply to these opinions) were the best predictors of intention. Results were similar when non-helpseekers were examined alone, and when the regression procedure was performed
for helpseekers alone. Thus, for all students, attitudes and beliefs about others' opinions were influential in determining intention to seek help. This is not unlike the findings of Greenley and Mechanic (1976), which suggested that the factors that had the strongest influence on college students' decisions to seek help were global attitudes, in that the respondents were more likely to seek help if they had a psychological readiness to do so, and also had relatives with more positive attitudes toward psychiatry.

To more fully understand how experiences of helpseeking relate to these attitudes and normative beliefs, discriminant analyses were performed. Helpseekers were more likely than non-helpseekers to believe that the following groups thought they should seek help: (a) mother, (b) partner, (c) close friends, and (d) siblings. It was previously mentioned that helpseekers were quite sensitive to the opinions of others regarding whether or not they should seek help. These results were particularly illuminating in that they not only corroborated the important role of significant others in intention to seek help, but also specified which people impacted most on such an intention.

Also, helpseekers were more motivated than non-helpseekers to comply with the opinions of their religious groups. This difference in motivation is
somewhat negated, however, as both groups indicated that the motivation to comply with religious groups was "unlikely"; for helpseekers it was simply less unlikely, but unlikely nevertheless.

Additionally, four attitude items best discriminated helpseekers from non-helpseekers. Helpseekers were more likely to perceive the process of obtaining help as beneficial and wise. Non-helpseekers were more likely to think of helpseeking as interesting, yet as embarrassing also. It seems that previous experience convinced helpseekers of the benefits and wisdom of seeking help, while non-helpseekers' attitudes were in a sense tenuous, or a bit offset by the risk of embarrassment. To see helpseeking as interesting, as those with no prior helpseeking experience were more likely to do, does not imply the same level of conviction or investment as the perception of helpseeking as beneficial or wise.

Limitations of the Study

In this study, students' intentions to seek professional psychological help were examined. As was mentioned previously, there was little variability among students in intention to seek help; in fact, the majority of students indicated that they had little to no intention to seek help. While it may be true that the incidence of helpseeking behavior is low among these
students, it is also possible that they found it difficult to predict such an intention. That is, helpseeking may be perceived as a reaction or response to distress from an emotional crisis or a particularly stressful event, which is often not anticipated or foreseen. If so, this renders the measurement of helpseeking intention difficult, as it requires the measurement of an unanticipated intention and is therefore not currently relevant or salient.

In a related vein, the wording of the items on the decision measure may have been troublesome for many students because of the absence of a qualifying phrase such as "if I feel psychologically distressed." This phrase was purposefully omitted from the decision measure in an effort to circumvent confusion about its meaning. However, it does encourage the responder to think hypothetically, and consider helpseeking as a response to currently unanticipated distress.

Reliability analyses revealed a relatively low reliability for the perceived behavioral control score. As was briefly mentioned, the items that comprised the score tapped very different issues regarding having the money, time, and energy needed for helpseeking, and the issue of knowing who to see. Most students are covered by the university health insurance policy that allows for ten prepaid visits at the Student Mental Health Clinic. Thus, practically speaking, seeking help was
neither expensive nor hard to do for this sample. Also, lack of time or energy did not appear to be relevant to the question of helpseeking, perhaps because of the relative ease offered by the on-campus clinic. Knowing whom to see was the single problematic item out of the five which comprised the score. Students may know where to go, but the questions of which therapist to see, and perhaps even what kind of therapy is appropriate, are not so easily answered.

Finally, without replication it is not possible to ascertain whether those attitudes and beliefs identified are an artifact of sample characteristics or are representative of college students' attitudes and beliefs about seeking professional psychological help. Additionally, any conclusions regarding the relation of level of distress and helpseeking intention are limited not only to college students, but also to students who can be identified as distressed according to scores on the General Severity Index of the SCL-90-R.

Conclusions

In conclusion, these findings suggest that it is not the experience of distress, but prior helpseeking experience, that is significantly related to intention to seek professional psychological help in the future. Indeed, distressed students were more likely to perceive professional help as out of their reach, rather than as
a conceivable option for help with their problems. For these students, then, level of distress as measured by the SCL-90-R seemed to act as a deterrent to helpseeking, even though distressed students had positive attitudes towards helpseeking. It is important to note that this did not prove to be true for helpseekers; it is possible that the "experienced" students were more aware of the fact that free or inexpensive mental health services are commonly available at universities. The combination of inexperience and distress, however, seemed to lead to a perceived inability to obtain professional help.

Halgin and his colleagues (1987) found that helpseekers and non-helpseekers had substantially different beliefs about the outcome of seeking professional psychological help. In the current study, these two groups did not differ on outcome beliefs; rather, normative beliefs about the opinions of significant others regarding one's need to seek help were important discriminants between the two groups. Future research might focus on the ways in which the helpseeking experience impacts on perceptions of the opinions and beliefs of others. Are helpseekers generally more sensitive to the opinions of others, or does this sensitivity pertain to the helpseeking decision process alone? Is this sensitivity linked to differences between helpseekers and non-helpseekers in
styles of social comparison, and if so, in what way? That is, do helpseekers see themselves as different from those significant others who impact on their intention to seek help, or do helpseekers believe that significant others share their perceptions about the benefits of professional psychological help? Further research is needed before these and other questions regarding the role of other people in helpseeking behavior and intention can be adequately answered.
APPENDIX A

TABLES AND FIGURE 1
TABLE 1
Twenty-three outcome categories of advantages and disadvantages of seeking professional psychological help, as derived from the pilot study, ranked according to frequency of use of category.

Seeking professional psychological help would...  

<table>
<thead>
<tr>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. give me objective and professional advice about my problems. 52</td>
</tr>
<tr>
<td>2. help me to understand my problems better. 44</td>
</tr>
<tr>
<td>3. make me feel like I cannot deal with my problems on my own. 42</td>
</tr>
<tr>
<td>4. cause me to confront painful feelings and issues. 39</td>
</tr>
<tr>
<td>5. prevent my problems from getting worse. 38</td>
</tr>
<tr>
<td>6. result in other people thinking I was mentally ill. 36</td>
</tr>
<tr>
<td>7. result in solving my problems. 29</td>
</tr>
<tr>
<td>8. make me embarrassed or ashamed. 26</td>
</tr>
<tr>
<td>9. require me to spend my money. 26</td>
</tr>
<tr>
<td>10. involve a commitment of my time. 23</td>
</tr>
<tr>
<td>11. result in an improvement in my relationships with others. 22</td>
</tr>
<tr>
<td>12. mean taking a risk that seeking help would make me feel worse. 20</td>
</tr>
<tr>
<td>13. allow me to talk about my problems with someone who will listen. 19</td>
</tr>
<tr>
<td>14. help me to cope better with my problems. 17</td>
</tr>
<tr>
<td>15. improve my ability to concentrate on school or work. 17</td>
</tr>
<tr>
<td>16. result in discomfort due to talking about my problems to someone who doesn't know me. 16</td>
</tr>
<tr>
<td>cont.</td>
</tr>
</tbody>
</table>
TABLE 1 (continued)

<table>
<thead>
<tr>
<th>Seeking professional psychological help would...</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. result in a reduction of my tension stress.</td>
<td>15</td>
</tr>
<tr>
<td>18. help me to understand myself better.</td>
<td>14</td>
</tr>
<tr>
<td>19. help me to feel better about myself.</td>
<td>12</td>
</tr>
<tr>
<td>20. result in feeling dependent on a therapist for help with my problems.</td>
<td>12</td>
</tr>
<tr>
<td>21. help me to release my built up feelings.</td>
<td>10</td>
</tr>
<tr>
<td>22. make me feel weak or as if I am incompetent.</td>
<td>10</td>
</tr>
<tr>
<td>23. give me encouragement and support while I am dealing with my problems.</td>
<td>9</td>
</tr>
</tbody>
</table>
TABLE 2
Composition of females, males, helpseekers, and non-helpseekers in the three distress groups.

<table>
<thead>
<tr>
<th></th>
<th>females</th>
<th>males</th>
<th>helpseekers</th>
<th>nonhelpseekers</th>
</tr>
</thead>
<tbody>
<tr>
<td>LD group</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of group</td>
<td>64.5</td>
<td>34.2</td>
<td>19.7</td>
<td>61</td>
</tr>
<tr>
<td>% of sample</td>
<td>20.9</td>
<td>11.1</td>
<td>6.5</td>
<td>26.3</td>
</tr>
<tr>
<td>MD group</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of group</td>
<td>65.0</td>
<td>35.0</td>
<td>21.8</td>
<td>61</td>
</tr>
<tr>
<td>% of sample</td>
<td>22.1</td>
<td>11.9</td>
<td>7.3</td>
<td>26.3</td>
</tr>
<tr>
<td>HD group</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of group</td>
<td>70.9</td>
<td>29.1</td>
<td>16.7</td>
<td>65</td>
</tr>
<tr>
<td>% of sample</td>
<td>23.8</td>
<td>9.8</td>
<td>5.6</td>
<td>28.0</td>
</tr>
</tbody>
</table>

TABLE 3
Means and standard deviations of the six dependent variables for the entire sample (n = 235).

<table>
<thead>
<tr>
<th>range:</th>
<th>Intention (-4, 4)</th>
<th>Global Attitude (-4, 4)</th>
<th>Subjective Norm (-4, 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X = -2.89</td>
<td>X = 0.43</td>
<td>X = -2.93</td>
</tr>
<tr>
<td></td>
<td>SD = 1.71</td>
<td>SD = 1.17</td>
<td>SD = 1.81</td>
</tr>
<tr>
<td>Perceived Control range: (-4, 4)</td>
<td></td>
<td>Outcome Beliefs (-16, 16)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>X = 0.13</td>
<td>X = 1.58</td>
<td>X = -17.18</td>
</tr>
<tr>
<td></td>
<td>SD = 1.61</td>
<td>SD = 3.11</td>
<td>SD = 9.57</td>
</tr>
</tbody>
</table>
TABLE 4
Correlations between GSI and the six dependent variables for all subjects, helpseekers and non-helpseekers, females and males.

<table>
<thead>
<tr>
<th></th>
<th>Intention</th>
<th>Global Attitude Score</th>
<th>Global Subjective Norm</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GSI</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All:</td>
<td>.12*</td>
<td>.15**</td>
<td>.15**</td>
</tr>
<tr>
<td>HS:</td>
<td>.23*</td>
<td>.37**</td>
<td>.41**</td>
</tr>
<tr>
<td>NHS:</td>
<td>.12*</td>
<td>.13*</td>
<td>.11</td>
</tr>
<tr>
<td>F:</td>
<td>.18**</td>
<td>.23**</td>
<td>.15*</td>
</tr>
<tr>
<td>M:</td>
<td>.02</td>
<td>.07</td>
<td>.16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Perceived Behavioral Control</th>
<th>Outcome Beliefs Score</th>
<th>Normative Beliefs Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GSI</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All:</td>
<td>-.21***</td>
<td>.27***</td>
<td>.22***</td>
</tr>
<tr>
<td>HS:</td>
<td>-.08</td>
<td>.20</td>
<td>.44***</td>
</tr>
<tr>
<td>NHS:</td>
<td>-.23***</td>
<td>.28***</td>
<td>.19**</td>
</tr>
<tr>
<td>F:</td>
<td>-.29***</td>
<td>.28***</td>
<td>.26***</td>
</tr>
<tr>
<td>M:</td>
<td>-.09</td>
<td>.26**</td>
<td>.15</td>
</tr>
</tbody>
</table>

* p < .05     ** p < .01  *** p < .001

HS: helpseekers
NHS: non-helpseekers
F: females
M: males
TABLE 5
Means, standard deviations, and analysis of variance results for the six dependent variables across groups of subjects.

<table>
<thead>
<tr>
<th>Range:</th>
<th>Int. (-4,4)</th>
<th>Att. (-4,4)</th>
<th>Sub.Norm. (-4,4)</th>
<th>PBC (-4,4)</th>
<th>OBS (-16,16)</th>
<th>NBS (-36,36)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LD group (n = 76)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>-3.12</td>
<td>.17</td>
<td>-3.23</td>
<td>.37</td>
<td>.63</td>
<td>-18.85</td>
</tr>
<tr>
<td>SD</td>
<td>1.47</td>
<td>1.04</td>
<td>1.04</td>
<td>1.58</td>
<td>3.28</td>
<td>9.41</td>
</tr>
<tr>
<td>MD group (n = 80)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>-2.90</td>
<td>.39</td>
<td>-2.92</td>
<td>.36</td>
<td>1.44</td>
<td>-17.87</td>
</tr>
<tr>
<td>SD</td>
<td>1.72</td>
<td>1.11</td>
<td>1.70</td>
<td>1.51</td>
<td>2.75</td>
<td>8.63</td>
</tr>
<tr>
<td>HD group (n = 79)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>-2.68</td>
<td>.69</td>
<td>-2.60</td>
<td>-.31</td>
<td>2.55</td>
<td>-15.01</td>
</tr>
<tr>
<td>SD</td>
<td>1.91</td>
<td>1.31</td>
<td>2.17</td>
<td>1.66</td>
<td>3.07</td>
<td>10.31</td>
</tr>
<tr>
<td>Females (n = 158)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>-2.83</td>
<td>.59</td>
<td>-2.95</td>
<td>.13</td>
<td>1.87</td>
<td>-18.19</td>
</tr>
<tr>
<td>SD</td>
<td>1.86</td>
<td>1.10</td>
<td>1.87</td>
<td>1.61</td>
<td>3.13</td>
<td>9.30</td>
</tr>
<tr>
<td>Males (n = 77)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>-3.03</td>
<td>.09</td>
<td>-2.84</td>
<td>.16</td>
<td>.99</td>
<td>-15.40</td>
</tr>
<tr>
<td>SD</td>
<td>1.32</td>
<td>1.25</td>
<td>1.71</td>
<td>1.61</td>
<td>3.02</td>
<td>9.96</td>
</tr>
<tr>
<td>Helpseekers (n = 45)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>M</td>
<td>-1.74</td>
<td>.86</td>
<td>-1.77</td>
<td>1.24</td>
<td>2.16</td>
<td>-12.31</td>
</tr>
<tr>
<td>SD</td>
<td>2.29</td>
<td>1.11</td>
<td>2.25</td>
<td>1.39</td>
<td>2.88</td>
<td>9.44</td>
</tr>
<tr>
<td>Non-helpseekers (n = 190)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>-3.17</td>
<td>.32</td>
<td>-3.18</td>
<td>-.12</td>
<td>1.43</td>
<td>-18.40</td>
</tr>
<tr>
<td>SD</td>
<td>1.41</td>
<td>1.17</td>
<td>1.60</td>
<td>1.57</td>
<td>3.16</td>
<td>9.25</td>
</tr>
<tr>
<td>F</td>
<td>28.27***</td>
<td>8.17**</td>
<td>25.10***</td>
<td>27.96***</td>
<td>2.26</td>
<td>16.43***</td>
</tr>
</tbody>
</table>

* p < .05  ** p < .01  *** p < .001
TABLE 6

Discriminant analysis summary table, for normative probability and motivation to comply items.

<table>
<thead>
<tr>
<th>item</th>
<th>M</th>
<th>SD</th>
<th>F</th>
<th>Wilk's Lambda</th>
<th>Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My mother thinks I should seek help (likely +4, unlikely -4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helpseekers</td>
<td>-1.20</td>
<td>2.66</td>
<td>53.97***</td>
<td>.81</td>
<td>.55</td>
</tr>
<tr>
<td>Non-helpseekers</td>
<td>-3.39</td>
<td>1.48</td>
<td>(dfs=1,224)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. My partner thinks I should seek help (likely +4, unlikely -4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helpseekers</td>
<td>-1.63</td>
<td>2.44</td>
<td>30.74***</td>
<td>.78</td>
<td>.56</td>
</tr>
<tr>
<td>Non-helpseekers</td>
<td>-3.36</td>
<td>1.40</td>
<td>(dfs=3,222)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. My close friends think I should seek help (likely +4, unlikely -4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helpseekers</td>
<td>-2.32</td>
<td>2.08</td>
<td>22.88***</td>
<td>.76</td>
<td>-.62</td>
</tr>
<tr>
<td>Non-helpseekers</td>
<td>-3.36</td>
<td>1.58</td>
<td>(dfs=3,222)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I want to do what my religious group thinks I should do (likely +9,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>unlikely +1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helpseekers</td>
<td>2.07</td>
<td>2.04</td>
<td>18.56***</td>
<td>.75</td>
<td>.30</td>
</tr>
<tr>
<td>Non-helpseekers</td>
<td>2.63</td>
<td>2.17</td>
<td>(dfs=4,221)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. My siblings think I should seek help (likely +4, unlikely -4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helpseekers</td>
<td>-1.18</td>
<td>2.44</td>
<td>16.17***</td>
<td>.73</td>
<td>.49</td>
</tr>
<tr>
<td>Non-helpseekers</td>
<td>-3.53</td>
<td>1.23</td>
<td>(dfs=5,220)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*** p < .001
TABLE 7
Classification results of discriminant analysis with normative probability and motivation to comply items.

<table>
<thead>
<tr>
<th>Actual group</th>
<th>Predicted group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HS</td>
</tr>
<tr>
<td>Helpseekers</td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>27</td>
</tr>
<tr>
<td>% classified</td>
<td>61.4</td>
</tr>
<tr>
<td>Non-helpseekers</td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>24</td>
</tr>
<tr>
<td>% classified</td>
<td>12.9</td>
</tr>
</tbody>
</table>

% of cases correctly classified = 82.2%
TABLE 8
Discriminant analysis summary table, for attitude items.

<table>
<thead>
<tr>
<th>item</th>
<th>M</th>
<th>SD</th>
<th>F</th>
<th>Wilk's Lambda</th>
<th>Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. embarrassing (unlikely +4, likely -4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helpseekers</td>
<td>1.15</td>
<td>2.19</td>
<td>14.74***</td>
<td>.94</td>
<td>.70</td>
</tr>
<tr>
<td>Non-helpseekers</td>
<td>-1.28</td>
<td>2.23</td>
<td>(dfs=1,227)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. beneficial (likely +4, unlikely -4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helpseekers</td>
<td>1.43</td>
<td>1.21</td>
<td>12.95***</td>
<td>.90</td>
<td>.52</td>
</tr>
<tr>
<td>Non-helpseekers</td>
<td>.81</td>
<td>1.20</td>
<td>(dfs=2,226)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. interesting (likely +4, unlikely -4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helpseekers</td>
<td>1.43</td>
<td>1.40</td>
<td>10.12***</td>
<td>.88</td>
<td>-.47</td>
</tr>
<tr>
<td>Non-helpseekers</td>
<td>1.53</td>
<td>1.71</td>
<td>(dfs=3,225)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. wise (likely +4, unlikely -4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helpseekers</td>
<td>.91</td>
<td>1.68</td>
<td>8.72***</td>
<td>.86</td>
<td>.44</td>
</tr>
<tr>
<td>Non-helpseekers</td>
<td>-.07</td>
<td>1.75</td>
<td>(dfs=4,224)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*** p < .001

TABLE 9
Classification results of discriminant analysis with attitude items.

<table>
<thead>
<tr>
<th>Actual group</th>
<th>Helpseekers</th>
<th>Non-helpseekers</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>34</td>
<td>50</td>
</tr>
<tr>
<td>% classified</td>
<td>77.3</td>
<td>26.9</td>
</tr>
<tr>
<td>Predicted group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HS</td>
<td>10</td>
<td>136</td>
</tr>
<tr>
<td>NHS</td>
<td>22.7</td>
<td>73.1</td>
</tr>
</tbody>
</table>

% of cases correctly classified = 73.9%
**FIGURE 1**
Graph of interaction of distress group and helpseeking history on global subjective norm score.
APPENDIX B

THE ELICITATION QUESTIONNAIRE
Please answer each of the following questions completely, but do not spend too much time on any one question. Thank you.

1. I intend to seek professional psychological help within the next eight weeks if I feel psychologically distressed.

   ______:_______:_______:_______:_______
   extremely quite slightly neither slightly quite extremely likely likely likely likely likely

2. If I feel psychologically distressed, seeking professional psychological help within the next eight weeks would be:

   good
   ______:_______:_______:_______:_______
   extremely quite slightly neither slightly quite extremely

   wise
   ______:_______:_______:_______:_______
   extremely quite slightly neither slightly quite extremely

   harmful
   ______:_______:_______:_______:_______
   extremely quite slightly neither slightly quite extremely

   pleasant
   ______:_______:_______:_______:_______
   extremely quite slightly neither slightly quite extremely

   interesting
   ______:_______:_______:_______:_______
   extremely quite slightly neither slightly quite extremely

   rewarding
   ______:_______:_______:_______:_______
   extremely quite slightly neither slightly quite extremely
3. If I feel psychologically distressed within the next eight weeks, most of the people who are important to me would think that

I should

I should not

seek professional psychological help

4. If I feel psychologically distressed within the next eight weeks, I intend to talk to:  (check as many as appropriate)

_____ my friends  
_____ my parents  
_____ my Residential Assistant in my dorm  
_____ my brother(s)/sister(s)  
_____ someone at Student Mental Health Services  
_____ my minister, priest, rabbi  
_____ other. Please specify:

5. I might seek professional psychological help within the next eight weeks if I feel psychologically distressed.

extremely quite slightly neither slightly quite extremely likely likely likely likely likely likely likely

6. If I feel psychologically distressed within the next eight weeks, I think three advantages of seeking professional psychological help would be:

1.

2.

3.

7. If I feel psychologically distressed within the next eight weeks, I think three disadvantages of seeking professional psychological help would be:

1.

2.

3.
8. If I feel psychologically distressed within the next eight weeks, I think three advantages of not seeking professional psychological help would be:
   1.
   2.
   3.

9. If I feel psychologically distressed within the next eight weeks, I think three disadvantages of not seeking professional psychological help would be:
   1.
   2.
   3.

10. If I feel psychologically distressed within the next eight weeks, I think that the people or groups of people who would approve of my seeking professional psychological help would be:
    1.
    2.
    3.

11. If I feel psychologically distressed within the next eight weeks, I think that the people or groups of people who would disapprove of my seeking professional psychological help would be:
    1.
    2.
    3.
12. I probably will seek professional psychological help within the next eight weeks if I feel psychologically distressed.

extremely quite slightly neither slightly quite extremely likely likely likely likely likely likely

13. Sex _______ Age _______

Major ___________________

Religion: ______ Catholic ______ Jewish
______ Protestant ______ other

14. Have you ever sought professional psychological help?
Yes _____ No _____

15. If you have not sought such help, how close have you come to seeking professional psychological help?

not at all close very close
16. The following is a list of the types of problems that students often have. Please put an "X" on each scale to indicate the degree to which you are concerned about the given problem.

<table>
<thead>
<tr>
<th>Problem Type</th>
<th>Scale 1</th>
<th>Scale 2</th>
<th>Scale 3</th>
<th>Scale 4</th>
<th>Scale 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic</td>
<td>no</td>
<td>moderate</td>
<td>high</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial</td>
<td>no</td>
<td>moderate</td>
<td>high</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>no</td>
<td>moderate</td>
<td>high</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social relationships with friends</td>
<td>no</td>
<td>moderate</td>
<td>high</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>no</td>
<td>moderate</td>
<td>high</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious</td>
<td>no</td>
<td>moderate</td>
<td>high</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work</td>
<td>no</td>
<td>moderate</td>
<td>high</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living/housing situation</td>
<td>no</td>
<td>moderate</td>
<td>high</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intimate/romantic relationships</td>
<td>no</td>
<td>moderate</td>
<td>high</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional</td>
<td>no</td>
<td>moderate</td>
<td>high</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
17. I will look into the possibility of seeking professional psychological help in the next eight weeks if I feel psychologically distressed.

likely likely likely likely likely likely likely likely

18. What factors or conditions would make it difficult for you to seek professional psychological help in the next eight weeks if you were under distress?

1. 

2. 

3. 

19. What factors or conditions would make it easy for you to seek professional psychological help in the next eight weeks if you were under distress?

1. 

2. 

3. 

20. I will make an effort to seek professional psychological help in the next eight weeks if I feel psychologically distressed.

likely likely likely likely likely likely likely likely
APPENDIX C

INFORMED CONSENT FORM
In an effort to understand influences on the decision to seek professional psychological help, investigations into the help-seeking process are being conducted. In this particular study, we are investigating college students' attitudes toward professional psychological help. In order to do this, we would like you to answer a questionnaire which inquires about your attitudes toward seeking help, and also about possible problems which you may have experienced recently. Your answers in this study will be held in the strictest confidence. You will be asked to code your answer sheet with your student number, so that your name will not be available to any members of the research team.

While your cooperation in this study would be greatly appreciated, participation is entirely voluntary. If you do consent to participate, please indicate your consent by initialing below. Once given, your consent may be revoked and participation discontinued at any time. If you choose not to participate, your grade or standing in the class will not be affected in any way.

Individuals who participate in the study may see the results of the study if they so desire. You may do this by delivering a self-addressed, stamped envelope to the secretary in 401 Tobin and telling him it is for Dr. Richard Halgin's research team. It is anticipated that the results will not be available until the spring of 1988 at the earliest.

If you have any questions concerning the procedures of this study, we would be happy to answer your inquiries.

----------
(initials)
APPENDIX D

THE DECISION MEASURE
Please answer the following questions concerning your attitudes about seeking professional psychological help. Answer the questions as honestly as you can in light of your current psychological condition. Also, please indicate your answers to each item both on this questionnaire and also on the opscan sheet. Be sure to put your student number on the opscan sheet as well as at the end of the questionnaire itself. Thank you.

Please rate the following statements using the following scale:

1: 2: 3: 4: 5: 6: 7: 8: 9

extremely    quite    neither    quite    extremely

My obtaining professional psychological help within the next month would be:

1. good  bad

1: 2: 3: 4: 5: 6: 7: 8: 9

2. wise  foolish

1: 2: 3: 4: 5: 6: 7: 8: 9

3. harmful  beneficial

1: 2: 3: 4: 5: 6: 7: 8: 9

4. interesting  boring

1: 2: 3: 4: 5: 6: 7: 8: 9

5. rewarding  unrewarding

1: 2: 3: 4: 5: 6: 7: 8: 9

6. enjoyable  unenjoyable

1: 2: 3: 4: 5: 6: 7: 8: 9

7. undesirable  desirable

1: 2: 3: 4: 5: 6: 7: 8: 9

8. appealing  unappealing

1: 2: 3: 4: 5: 6: 7: 8: 9
9. embarrassing
   
10. helpful
    
11. important
    
12. useful
    
13. calming
    
14. For me to obtain professional psychological help within the next month would be
    easy __:__:__:__:__:__:__:__:__:__ hard to do 1 2 3 4 5 6 7 8 9 to do
    
15. Most people who are important to me think that I should obtain professional psychological help within the next month.
    likely __:__:__:__:__:__:__:__:__:__ unlikely
    
16. Preventing my problems from getting worse is
    good __:__:__:__:__:__:__:__:__:__ bad
    
17. Obtaining objective and professional advice about my problems is
    good __:__:__:__:__:__:__:__:__:__ bad
18. If other people thought I was mentally ill, this would be

good ______:____:____:____:____:____:____:____ bad

1 2 3 4 5 6 7 8 9

19. Being embarrassed or ashamed about obtaining professional psychological help is

good ______:____:____:____:____:____:____:____ bad

1 2 3 4 5 6 7 8 9

20. Spending my money to obtain professional psychological help is

good ______:____:____:____:____:____:____:____ bad

1 2 3 4 5 6 7 8 9

21. Making time to obtain professional psychological help is

good ______:____:____:____:____:____:____:____ bad

1 2 3 4 5 6 7 8 9

22. Understanding my problems better is

good ______:____:____:____:____:____:____:____ bad

1 2 3 4 5 6 7 8 9

23. Going beyond my regular circle of support (such as friends and family) for help with my problems is

good ______:____:____:____:____:____:____:____ bad

1 2 3 4 5 6 7 8 9

24. Taking a risk that professional psychological help may make me feel worse is

good ______:____:____:____:____:____:____:____ bad

1 2 3 4 5 6 7 8 9

25. Coping better with my problems is

good ______:____:____:____:____:____:____:____ bad

1 2 3 4 5 6 7 8 9
26. Improving my performance in school or work is
   good __________: __________: __________: __________: __________: __________: __________: __________: bad
   1 2 3 4 5 6 7 8 9

27. Releasing my built up feelings is
   good __________: __________: __________: __________: __________: __________: __________: __________: bad
   1 2 3 4 5 6 7 8 9

28. Talking about my personal problems to someone who doesn't know me is
   good __________: __________: __________: __________: __________: __________: __________: __________: bad
   1 2 3 4 5 6 7 8 9

29. Reducing tension and stress is
   good __________: __________: __________: __________: __________: __________: __________: __________: bad
   1 2 3 4 5 6 7 8 9

30. Understanding myself better is
   good __________: __________: __________: __________: __________: __________: __________: __________: bad
   1 2 3 4 5 6 7 8 9

31. Improving relationships with others is
   good __________: __________: __________: __________: __________: __________: __________: __________: bad
   1 2 3 4 5 6 7 8 9

32. Dealing with my problems on my own is
   good __________: __________: __________: __________: __________: __________: __________: __________: bad
   1 2 3 4 5 6 7 8 9

33. Feeling incompetent for needing professional psychological help is
   good __________: __________: __________: __________: __________: __________: __________: __________: bad
   1 2 3 4 5 6 7 8 9
34. Feeling incompetent for needing professional psychological help is

good __:__:__:__:__:__:__:__:__ bad

35. Depending on a therapist for help with my problems is

good __:__:__:__:__:__:__:__:__ bad

36. Feeling better about myself is

good __:__:__:__:__:__:__:__:__ bad

37. Talking about my problems to someone who will listen and understand is

good __:__:__:__:__:__:__:__:__ bad

38. Solving my problems is

good __:__:__:__:__:__:__:__:__ bad

39. Getting encouragement and support in dealing with my problems is

good __:__:__:__:__:__:__:__:__ bad

40. I intend to obtain professional psychological help within the next month.

likely __:__:__:__:__:__:__:__:__ unlikely

41. Obtaining professional psychological help within the next month would prevent my problems from getting worse.

likely __:__:__:__:__:__:__:__:__ unlikely
42. Obtaining professional psychological help within the next month would give me objective and professional advice about my problems.

likely  unlikely
1 2 3 4 5 6 7 8 9

43. Obtaining professional psychological help within the next month would result in other people thinking I am mentally ill.

likely  unlikely
1 2 3 4 5 6 7 8 9

44. Obtaining professional psychological help within the next month would result in my being embarrassed or ashamed for doing so.

likely  unlikely
1 2 3 4 5 6 7 8 9

45. Obtaining professional psychological help within the next month would require me to spend my money.

likely  unlikely
1 2 3 4 5 6 7 8 9

46. Obtaining professional psychological help within the next month would involve a commitment of my time.

likely  unlikely
1 2 3 4 5 6 7 8 9

47. Obtaining professional psychological help within the next month would help me to understand my problems better.

likely  unlikely
1 2 3 4 5 6 7 8 9

48. Obtaining professional psychological help within the next month would decrease the possibility that I would seek help for my psychological problems from people other than professionals, such as family members or friends.

likely  unlikely
1 2 3 4 5 6 7 8 9
49. Obtaining professional psychological help within the next month would result in my seeing a therapist who does not understand me.

likely  unlikely
1 2 3 4 5 6 7 8 9

50. Obtaining professional psychological help within the next month would help me to cope better with my problems.

likely  unlikely
1 2 3 4 5 6 7 8 9

51. Obtaining professional psychological help within the next month would improve my ability to concentrate on school or work.

likely  unlikely
1 2 3 4 5 6 7 8 9

52. Obtaining professional psychological help within the next month would help me to release my built up feelings.

likely  unlikely
1 2 3 4 5 6 7 8 9

53. Obtaining professional psychological help within the next month would result in discomfort due to talking about my problems to someone who doesn't know me.

likely  unlikely
1 2 3 4 5 6 7 8 9

54. Obtaining professional psychological help within the next month would result in a reduction of my tension and stress.

likely  unlikely
1 2 3 4 5 6 7 8 9

55. Obtaining professional psychological help within the next month would help me to understand myself better.

likely  unlikely
1 2 3 4 5 6 7 8 9
56. Obtaining professional psychological help within the next month would result in an improvement in my relationships with others.

likely

unlikely

1 2 3 4 5 6 7 8 9

57. Obtaining professional psychological help within the next month would make me feel like I cannot deal with my problems on my own.

likely

unlikely

1 2 3 4 5 6 7 8 9

58. Obtaining professional psychological help within the next month would cause me to confront painful feelings and issues.

likely

unlikely

1 2 3 4 5 6 7 8 9

59. Obtaining professional psychological help within the next month would make me feel weak or as if I am incompetent.

likely

unlikely

1 2 3 4 5 6 7 8 9

60. Obtaining professional psychological help within the next month would result in feeling dependent on a therapist for help with my problems.

likely

unlikely

1 2 3 4 5 6 7 8 9

61. Obtaining professional psychological help within the next month would help me to feel better about myself.

likely

unlikely

1 2 3 4 5 6 7 8 9

62. Obtaining professional psychological help within the next month would allow me to talk about my problems to someone who will listen.

likely

unlikely

1 2 3 4 5 6 7 8 9
63. Obtaining professional psychological help within the next month would result in solving my problems.

likely unlikely
1 2 3 4 5 6 7 8 9

64. Obtaining professional psychological help within the next month would give me encouragement and support while dealing with my problems.

likely unlikely
1 2 3 4 5 6 7 8 9

65. I might obtain professional psychological help within the next month.

likely unlikely
1 2 3 4 5 6 7 8 9

66. If I wanted to obtain professional psychological help within the next month I would have enough money to do so.

likely unlikely
1 2 3 4 5 6 7 8 9

67. If I wanted to obtain professional psychological help within the next month I would have enough time to do so.

likely unlikely
1 2 3 4 5 6 7 8 9

68. If I wanted to obtain professional psychological help within the next month I would have enough energy to do so.

likely unlikely
1 2 3 4 5 6 7 8 9

69. If I wanted to obtain professional psychological help within the next month I would know who to see.

likely unlikely
1 2 3 4 5 6 7 8 9
70. My mother thinks I should obtain professional psychological help within the next month.
likely
unlikely
1 2 3 4 5 6 7 8 9

71. My father thinks I should obtain professional psychological help within the next month.
likely
unlikely
1 2 3 4 5 6 7 8 9

72. My brothers and sisters think I should obtain professional psychological help within the next month.
likely
unlikely
1 2 3 4 5 6 7 8 9

73. My close friends think I should obtain professional psychological help within the next month.
likely
unlikely
1 2 3 4 5 6 7 8 9

74. My boyfriend/girlfriend or partner thinks I should obtain professional psychological help within the next month.
likely
unlikely
1 2 3 4 5 6 7 8 9

75. My acquaintances think I should obtain professional psychological help within the next month.
likely
unlikely
1 2 3 4 5 6 7 8 9

76. Mental health professionals think I should obtain professional psychological help within the next month.
likely
unlikely
1 2 3 4 5 6 7 8 9
77. The members of my religious group think I should obtain professional psychological help within the next month.

likely unlikely
1 2 3 4 5 6 7 8 9

78. Generally speaking, I want to do what my mother thinks I should do.

likely unlikely
1 2 3 4 5 6 7 8 9

79. Generally speaking, I want to do what my father thinks I should do.

likely unlikely
1 2 3 4 5 6 7 8 9

80. Generally speaking, I want to do what my brothers or sisters think I should do.

likely unlikely
1 2 3 4 5 6 7 8 9

81. Generally speaking, I want to do what my close friends think I should do.

likely unlikely
1 2 3 4 5 6 7 8 9

82. Generally speaking, I want to do what my boyfriend/girlfriend or partner thinks I should do.

likely unlikely
1 2 3 4 5 6 7 8 9

83. Generally speaking, I want to do what my acquaintances think I should do.

likely unlikely
1 2 3 4 5 6 7 8 9
84. Generally speaking, I want to do what mental health professionals think I should do.

likely

unlikely

1 2 3 4 5 6 7 8 9

85. Generally speaking, I want to do what members of my religious group think I should do.

likely

unlikely

1 2 3 4 5 6 7 8 9

86. I will look into the possibility of seeking professional psychological help within the next month.

likely

unlikely

1 2 3 4 5 6 7 8 9

The experience of being in therapy in the next month would be:

87. good

bad

1 2 3 4 5 6 7 8 9

88. wise

foolish

1 2 3 4 5 6 7 8 9

89. harmful

beneficial

1 2 3 4 5 6 7 8 9

90. interesting

boring

1 2 3 4 5 6 7 8 9

91. rewarding

unrewarding

1 2 3 4 5 6 7 8 9

92. enjoyable

unenjoyable

1 2 3 4 5 6 7 8 9

93. undesirable

desirable

1 2 3 4 5 6 7 8 9
94. appealing __________ unappealing
   1 2 3 4 5 6 7 8 9

95. embarrassing __________ not embarrassing
   1 2 3 4 5 6 7 8 9

96. helpful __________ not helpful
   1 2 3 4 5 6 7 8 9

97. important __________ unimportant
   1 2 3 4 5 6 7 8 9

98. useful __________ useless
   1 2 3 4 5 6 7 8 9

99. calming __________ tension-producing
   1 2 3 4 5 6 7 8 9

100. I intend to seek help for my psychological problems from my friends within the next month.

likely __________ unlikely
   1 2 3 4 5 6 7 8 9

101. At the present time (number corresponds to answer choice on opscan sheet)

_____1. I have no problems that require obtaining professional psychological help.

_____2. I have very few problems that require obtaining professional psychological help.

_____3. I have a number of problems that require obtaining professional psychological help.

_____4. I have quite a few problems that require obtaining professional psychological help.

_____5. I have many problems that require obtaining professional psychological help.
102. I intend to seek help for my psychological problems from an adult such as my family doctor, priest or professor (someone who is not a professional psychologist, psychiatrist, or social worker) within the next month.

likely

unlikely

103. Are you male or female? (1 = male; 2 = female)

104. Your major:

1 = College of Arts and Sciences
2 = College of Food and Natural Resources
3 = School of Engineering
4 = School of Health Sciences
5 = School of Management
6 = School of Education
7 = School of Physical Education

105. Your age: 1 = 18 or under
2 = 19
3 = 20
4 = 21
5 = 22
6 = 23
7 = 24
8 = 25
9 = 26 or over

106. Your religion: 1 = Catholic
2 = Protestant
3 = Jewish
4 = other

107. Class: 1 = Freshman
2 = Sophomore
3 = Junior
4 = Senior
5 = Grad Student
6 = other

108. Are you presently obtaining professional psychological help?

1. Yes
2. No

109. Have you ever sought professional psychological help?

1. Yes
2. No

110. If yes, when did you last seek professional psychological help?

1. Within the last six months.
2. Within the last year.
3. Within the last 2 years.
4. Within the last 5 years.
5. Within the last 7 years.
6. More than 7 years ago.

111. If yes, was it helpful?

1. Yes
2. No
112. If you have not sought such help, how close have you come to seeking professional psychological help?

| not at all | ___:___:___:___:___:___:___:___:___ very close |
| close      | 1  2  3  4  5  6  7  8  9                  |

******************************************************************************

Please indicate your student number below:

--- --- --- --- --- --- ---
******************************************************************************
REFERENCES


