

Help-Seeking Stigma and Attitudes in College Students and Parents

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A Senior Thesis submitted in partial fulfillment
of the requirements for graduation
in the Honors Program
Liberty University
Spring 2020

Abstract

Help-seeking stigma is a hindrance to obtaining treatment for mental illness and is related to people's attitudes toward seeking help. Therefore, learning about the various types of stigma and gaining predictive knowledge of the constructs has value. Self-stigma and perceived stigma of others, as well as the attitudes people hold towards seeking help, were compared in college students and their parents. A sample of college students at a private Christian university and their parents were surveyed using the Self-Stigma of Seeking Help (SSOSH) scale, the Perception of Stigmatization by Others for Seeking Help (PSOSH) scale, and a short form of the Attitudes Toward Seeking Professional Help (ATSPPH-SF). There was a statistically significant positive correlation between parent and student attitudes toward seeking help, but the data did not significantly support the other hypotheses. Limitations include a homogenous sample population and the necessity for parent participation. A shared universal responsibility to foster an environment free of help-seeking stigma was emphasized.

Help-Seeking Stigma and Attitudes in College Students and Parents

Many factors can facilitate or discourage help-seeking for mental health issues. Help-seeking stigma is a significant barrier to receiving care, and it can manifest in thoughts and feelings towards oneself (as self-stigma), in one's perceptions of others seeking help (as personal stigma), or in one's beliefs about others' opinions on seeking help (as perceived public stigma). Stigma affects the likelihood of people asking for counseling when they need it. Consequently, the development of stigma is worth examining. The relationships between the help-seeking stigma of family members and the help-seeking stigma of individuals, as well as attitudes towards obtaining professional help were analyzed.

Help-Seeking Stigma Keeps People from Getting Necessary Help

Clark, Hudson, Dunstan, and Clark (2018) demonstrated that help-seeking may be inhibited or encouraged by multiple factors, including help-seeking stigma. They also proposed several phases, ranging from the recognition of the issue to informal help-seeking and to formal help-seeking. Barriers and facilitators play a role at every point on the continuum, and are therefore worth examining. The researchers conducted interviews with 29 male students between the ages of 12 and 18, several of whom were receiving mental health care for anxiety. All eight of these clinical participants were interviewed individually, in addition to one of the non-clinical participants who preferred an individual interview. The other 20 participants were interviewed in small groups. The discussions were coded and analyzed for relevant information pertaining to barriers and facilitators to seeking help. A self-sufficient attitude was found in the participants; they reported that they preferred to depend on themselves rather than to seek help from other people. A barrier that stood out in the interviews was public stigma. Participants did not feel they would be comfortable with others knowing about their help seeking, and they more specifically

felt that help seeking would make them seem less masculine. Other barriers included unfamiliarity with the process and nature of receiving help for anxiety, the work and energy required to seek out help, and the difficulty of dealing with negative emotions. Conversely, identified facilitators were accessibility of immediately available services, due to the limited duration of participants' desire to seek help. One participant noted the value of being reminded of the help available. The availability of inconspicuous sources of help was also suggested, since concern over public stigma makes people prefer confidentiality. Interviewees also believed that conveying the potential life-changing benefits of intervention could facilitate help-seeking.

Empirical support for the importance of stigma reduction was found when Baptista and Zanon (2017) surveyed a convenience sample of over 270 psychology students using 13 different scales, including the Intentions to Seek Counseling Inventory (ISCI). The researchers analyzed the predictive value of 17 different variables on the intention to seek help, including stigma, psychopathology, attitudes, and disclosure comfort. The most significant variables identified were the attitudes people held toward seeking help, the nature of their relationships, and the advantages and disadvantages of help-seeking. The attitudes people hold are largely predicted by stigma. Therefore, stigma reduction seems to be important in getting people the help that they may need.

Stigma and Recognition of Need for Help

One study by Mojtabai, Olfson, and Mechanic (2002) surveyed individuals who had mental disorders to determine correlations between help-seeking and various factors, because of the prevalent problem of suffering people lacking treatment. The researchers found a correlation between favorable attitudes related to help-seeking and perceiving that help was necessary, as well as a correlation between those attitudes and actually seeking help. It seems intuitive that if

one does not view a course of action positively, one will not be inclined to admit to others or to self that the course of action could be necessary.

This idea that stigma interacts with recognition of issues as well as the action taken regarding them is also supported in the research of Picco et al. (2018). Participants in this study were from Singapore and were interviewed for responses to a vignette about people with a variety of mental disorders, including depression, Obsessive Compulsive Disorder (OCD), and dementia. The interview included questions to test for recognition of disorders as well as opinions regarding the participants' recommendations for help-seeking. They were tested for their levels of personal and perceived public stigma toward the mental illness. Relationships revealed by analysis of the data included a correlation between disorder recognition and a reduction of both kinds of stigma as well as more encouragement to seek professional help. This research demonstrated the openness to professional help that reduced stigma accompanies, which allows for more direct and timely intervention.

Types of Stigma

The construct of stigma is nuanced, and studies which seem to have examined the same dynamics may actually be quite different. Half of the six types of stigma to be discussed here are related to mental illness while the other three types of stigma are related to help-seeking. Perceived public stigma, personal stigma, and self-stigma all exist for both mental illness and help-seeking. Perceived public stigma relates to what people believe about others' orientations and feelings toward the variable in question (in this case, either mental illness or help-seeking). Personal stigma relates to people's own attitudes, while self-stigma pertains to how people feel about themselves if they were to be connected to the variable in question. Naturally, help-seeking stigma and mental illness stigma are related. Part of why some help-seeking stigma may exist is

likely due to mental illness stigma, and some mental illnesses might be stigmatized in part because of the knowledge of needed professional intervention.

It is possible to further distinguish among these types of stigma. For example, Choi and Miller (2014) assessed for the help-seeking self-stigma, but they also distinguished between the perceived help-seeking stigma of “close” others and perceived help-seeking stigma of the public by using both the Perception of Stigmatization by Others for Seeking Help (PSOSH) scale and the Stigma Scale for Receiving Psychological Help (SSRPH). The former of the two scales was used to assess the stigma of close others. To complicate the issue further, Golberstein, Eisenberg, and Gollust (2008) drew attention to the fact that some items on the SSRPH tend to sound more like personal stigma. This sort of conundrum points to another source of construct ambiguity, which is that even if the nuances are adequately parsed out, the scales and assessments meant to measure them may overlap and measure the wrong nuances of the same construct. Perhaps this is a limitation intrinsic to psychological research.

Another example of nuance is in a study by Ross, Bruggeman, Maldonado, and Deiling (2019) which examined what they termed “treatment stigma.” It seems that this type refers more to beliefs about the efficacy and desirability of treatment itself, and as such is distinct from help-seeking stigma, which relates to reactions toward the individuals seeking help and not to the help itself. For simplicity’s sake, the following six main categories are listed to reference while reading through the following literature review: perceived public stigma of mental illness, personal stigma of mental illness, self-stigma of mental illness, perceived public stigma of help-seeking, personal stigma of help-seeking, and self-stigma of help-seeking.

Mental Illness Stigma

Mental illness stigma as a predictor for help-seeking. Eisenberg, Downs, Golberstein, and Zivin (2009) surveyed a large sample of American college students from 13 different schools to examine their levels of both public and personal stigma toward mental illness and how they correlated with seeking help. They chose to examine personal stigma rather than self-stigma in order to better include those who did not have personal mental health struggle experience. Personal stigma encompassed such viewpoints as how one would personally feel about someone going to therapy as opposed to how they thought that the general public would feel. The participants were from a wide variety of institutions with a wide range of characteristic makeups and geographic locations. The researchers' specific research questions regarded which type of stigma was more prevalent and which type of stigma was more indicated in help seeking. Both types of stigma were measured using adapted Discrimination-Devaluation scales. The adaptation for perceived public stigma made the items more broadly relevant to apply to more than institutionalizing mental illness, while the adaptation for personal stigma changed the wording of items to refer to the individual taking the survey. In order to ascertain levels of participant help-seeking, researchers utilized questions that were used in the Healthcare for Communities Study. Significant results included finding that higher levels of perceived public stigma existed for the sample than personal stigma, but that the two types of stigma were positively related to each other. A specific yet potentially telling result was that it was very rare for a participant to be found with a high level of personal stigma and a low level of perceived public stigma, while the opposite situation was not uncommon. Researchers also found that demographic variables predicted differing levels of personal stigma more than levels of perceived public stigma. Some of these demographic patterns included that being younger in age (keeping in mind that all

participants were college-aged) and being male were both associated with higher levels of personal stigma. A significant negative relationship between help-seeking and levels of personal stigma was found and interpreted by researchers to indicate that personal stigma may be a greater hindrance to seeking help than perceived public stigma, although they noted that the correlational results do not necessarily imply causation. The varied sample of colleges and universities, combined with random sampling of students at each school may speak to a higher level of generalizability of study results, since there were less likely to be specific participant variables responsible for the significant findings and trends.

While Eisenberg et al. (2009) utilized questions that determined the capacity to which participants had actually previously sought help, Nearchou et al. (2018) used a help-seeking scale that was more hypothetical in nature to determine how the participants would theoretically go about dealing with an issue. Nearchou et al. (2018) surveyed a younger group of students than the prior study to determine whether age and gender were related to attitudes towards seeking help, specifically for anxiety, depression, and self-harm. They also sought to determine whether their levels of mental health stigma or the levels of mental health stigma they thought others held affected these attitudes, similarly to the last study. The participants were from secondary schools in Ireland and ranged from age 12 to 18. Measures included the General Help-Seeking Questionnaire and the Peer Mental Health Stigmatization Scale. The results of this study also supported that younger age correlated with higher levels of personal stigma. However, younger students were more likely to seek help. A significant finding was that perceived public stigma predicted lower likelihood of help-seeking more than personal stigma did.

This finding seems to contradict the findings of Eisenberg et al. (2009). Additionally, Golberstein et al. (2008) published work which suggested a potential lack of correlation between

perceived public stigma related to seeking help and utilization of therapeutic services. However, this study utilized the Stigma Scale for Receiving Psychological Help (SSRPH), and Golberstein et al. (2008) pointed out that two of the five items on the scale can be answered in a way that reflects personal stigma more than perceived public stigma, which could influence one's frame of mind for the other items. Additionally, needing and going for help were measured rather than intentions or likelihood of seeking help, which is substantially different. The researchers also noted that the participants came from one single university and may lack external validity. Additionally, they noted that "structural stigma" was not accounted for; in other words, the concern for external ramifications of seeking help beyond social consequences were not surveyed, such as career advancement. In consideration of other studies which do seem to indicate a correlation between various types of stigma and difficulty seeking help, as well as the qualitative data that demonstrates a concern for the privacy of one's choice to seek help, it seems worthwhile to continue examining the variable of perceived public stigma related to help-seeking. Nearchou et al. (2018) suggested the importance of addressing both personal and public mental health stigma in light of their own findings. They also noted in their discussion that different measures or scales analyze varied aspects of the same construct at times.

An example of a study that examined some other angles of mental illness stigma such as social distance, perceived peril, and weakness was completed by Yap, Wright, and Jorm (2011) to determine the effect that these aspects of stigma had on help-seeking and attitudes towards the effectiveness of the help, as well as interactions with parental beliefs. Results did not include any significant findings related to parental attitudes, but the constructs did relate significantly in varied ways to help-seeking and effectiveness beliefs. The study utilized a vignette of someone suffering with mental illness, and the constructs were negatively related to perceiving the

individual in the vignette as weak as well as to keeping socially distant from the individual, but positively related to a perception of the individual as dangerous. This study examined mental illness stigma more than the specific stigma of seeking help. Therefore, more research may be necessary to examine parental attitude transmission to their offspring in relation to stigma that is particularly towards the action of seeking mental health care.

Differing impact on attitudes toward varied treatments. The different types of stigma may have varied levels of impact depending on the type of intervention being sought.

Shechtman, Vogel, Strass, and Heath (2018) found more negative orientations towards group counseling which correlated with perceived mental illness public stigma as measured by the Devaluation-Discrimination scale. Group counseling is just one of many treatment methods, so other interventions may be researched to determine the differing effects stigma might have. Knowledge of the impact of stigma may encourage professionals to suggest varied treatment plans dependent on client levels of comfortability. Again, Shechtman et al. (2018) studied mental illness stigma, so the different types of stigma might also fluctuate with the different treatments.

Help-Seeking Stigma

Help-seeking stigma as a predictor for help-seeking. Varied forms of help-seeking stigma have been empirically shown to affect people's attitudes in such a way that they are hindered from getting help. Both self-stigma and perceived stigma related to help-seeking are hindrances, as evidenced by Barney, Griffiths, Jorm, and Christensen (2006), who surveyed over 1000 individuals in Australia of a variety of ages after presenting a vignette of someone struggling with depression. The surveys accounted for self-stigma, perceived stigma from others, and attitudes related to help-seeking. Older participants were generally more likely to seek help for the problems described in the vignette. The results did support relationships between

decreased likelihood to seek help from a number of medical professionals (including psychiatrists and general practitioners) and each kind of stigma. Some individuals indicated concern even for the stigma their health care professionals may hold. The researchers recommended targeting the stigma that exists on the societal level in addition to self-stigma.

Coleman, Stevelink, Hatch, Denny, and Greenberg (2017) recommended that quantitative measures be developed to better account for the different dimensions of help-seeking stigma. They conducted a review of qualitative literature, including interviews and focus groups, on the stigma of help-seeking and found that stigma did relate strongly to decreased help-seeking for those in the military. Experiencing improvement from the help that was sought and received resulted in a change in negative stigma that was previously held. Participants in the studies reviewed were concerned with both internal and external ramifications of seeking help, such as feeling inadequate personally (internal) and experiencing judgment from others and/or hindrances in career progression (external). This concern for ramifications in one's external circumstances is reason to continue to study and address public stigma as well as self-stigma, and supports Barney et al. (2006) in their recommendation to target systemic stigma.

Stress as a mediator. Lives can be healthier and happier if help can be sought before a breaking point forces a person to choose it. Unfortunately, in the study by Coleman et al. (2017), many participants delayed seeking help until it was deemed entirely necessary. Research by Surapaneni, Larson, Heath, and Vogel (2018) suggested that heightened levels of stress reduce the strength of the relationship between self-stigma as measured by the Self-Stigma of Seeking Help (SSOSH) scale and attitudes towards counseling as measured by the ATSPPHS-SF. This research was conducted with American undergraduate students, and coincides with the qualitative review of Coleman et al. (2017) in the possibility that great levels of inner pain may

lead to less regard for stigma in light of the hope that treatment offers. Stigma reduction is still of great importance, because people should not have to attain a certain level of distress or desperation in order to seek help.

Cultural Formation of Stigma

Cultural backgrounds may be predictive of help-seeking stigma, attitudes toward therapy, and personal willingness to go to counseling. Stigma and attitudes were shown to be related to cultural identity when a sample of clinical psychology students from America, Argentina and England was surveyed; they were administered questions about their own therapy-seeking, a form of the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPH), and the SSRPH (Digiuni, Jones, & Camic, 2013). There were significant differences among the groups of participants from each country, with Argentinian participants displaying the most positive attitudes toward help-seeking. Perceived public stigma as measured by the SSRPH was found to be a predictor for attitudes toward help-seeking as measured by the ATSPPH-SF for both English and American participants. The highest levels of perceived public stigma toward help-seeking were found in the participants from the United States.

Choi and Miller (2014) took the analysis a step further by administering the Willingness to See a Counselor (WSC) in addition to the SSRPH, the SSOSH, the PSOSH, and the ATSPPH-SF. They surveyed a sample of Asian, Asian American, and Pacific Islanders (AAPI) students attending a university in America for levels of different kinds of stigma and their allegiance to both Asian and European-American values. Findings were significant and showed that culture does impact willingness to seek help from a therapist. Those who adhered to Asian cultural values were less likely to be amenable to help-seeking. The indirect relationship demonstrated by this research was that Asian cultural values predicted perceived public stigma and the student-

reported stigma of those close relationally to the students, which both predicted self-stigma levels. The self-stigma then related to attitudes, and attitudes predicted willingness to seek help. European-American values were found to relate to a greater level of willingness, but the indirect relationship was only the same for perceived public stigma and not the stigma of close others. These studies have demonstrated the potential cultural impact on stigma and attitudes toward counseling.

Different people groups, even within one country, may have come to foster certain habits and attitudes which interact to affect help-seeking inclinations. One such example is with rural college students who were surveyed on the constructs of their help-seeking attitudes and choices as well as the help-seeking stigma they held and their expression of emotion, which was considered a cultural variant (Kujawa et al., 2013). The results of the study suggested that help-seeking could be indirectly predicted by both perceived and self-stigma related to help-seeking and emotionality, due to those constructs' correlations with intentions to go for therapy and ability to deal with stigma. The significance of these results lies in the implication that factors which vary from person to person and culture to culture are involved in decisions to go for therapy. Since family members often share cultural values, the impact of one family member on another in the decision to go for therapy may be substantial.

If stigma can be transmitted across cultures and societies, can it be passed along within a small group? According to Keum, Hill, Kivlighan, and Lu (2018), that is quite probable. The researchers analyzed survey data from college students in a class for developing therapeutic skills applicable to the helping professions after administering the SSOSH scale and the ATSPPH-SF scale. The surveys were administered to each participant at the beginning and the end of the semester. The students were generally lower in self-stigma by the end of the course,

but a significant finding was that the relationship between reduced self-stigma and better attitudes towards seeking help was stronger at a group level than for individuals. There were multiple classrooms, and therefore the constructs could be analyzed at the group level. Individual reductions in stigma did not significantly predict attitude change, but group reduction in self-stigma did relate to a more positive attitude toward seeking help. This information is significant and can lead to questions of how to reduce stigma at a systemic level in order to impact individuals. Furthermore, it establishes that stigma can spread among smaller clusters of people, rather than just across the large context of country or culture.

Family Impact on Help-Seeking Stigma

One such type of cluster worth investigating is the family unit. Reardon et al. (2017) conducted an analysis of over 40 studies which included qualitative and quantitative endeavors to determine the major factors in the decisions parents make about going for mental health services for their children. One of the four major themes the researchers drew out of the many research studies was attitudes towards mental health services; concern for the stigmatizing reactions from others was a significant component of this theme. Parental concern for stigma is clearly related to a dependent minor's likelihood to receive mental health counseling, but the impact of a parent's attitude can last beyond the child-rearing years to affect an individual's personal decision to seek help later on. Considering the research related to group-level impact on attitudes towards stigma (Keum et al., 2018), the family system might be considered for the effect it may have on individual perceptions of stigma towards help-seeking. In a study of 21 adolescent-parent pairs, perceived barriers to getting help were similar for adolescents and their corresponding parents, and many of the dyads consisted of parents and adolescent children who were in the same help-seeking stage as each other (Cometto, 2014).

Ross et al. (2019) surveyed undergraduate students in an introductory psychology class and their parents to determine the relationships between varied types of stigma and treatment stigma. These types included personal stigma as measured by a subscale of the Endorsed and Anticipated Stigma Inventory (EASI), perceived stigma from others as measured by another subscale of the EASI, and self-stigma as measured by the Self Stigma of Mental Illness Scale (SSOMI). Each of these assessments took into account the stigma related to mental disorder rather than to help-seeking. The treatment stigma measure is somewhat comparable to the help-seeking construct which the current research seeks to analyze, and was measured by Ross et al. (2019) by subscales of the EASI known as the Beliefs about Mental Health Treatment subscale and the Treatment Seeking subscale. Items on these questionnaires seem to be more broad than the help-seeking construct in the PSOSH and SSOSH scales. For example, the perceived efficacy of mental health care was assessed in the survey of these undergraduates. Regardless, the researchers discovered significant correlations. All three types of stigma held by the students were found to relate to their own treatment stigma levels. Parents were generally found to carry less treatment stigma. Another noteworthy finding was that parent and student levels of stigma of the same kinds did not significantly correlate, but the personal stigma held by parents was found to be predictive of self-stigma held by students. The researchers noted that the small size of their sample and lack of variability within the already small sample may limit the external validity of the findings. However, the finding that certain stigma between parents and their offspring is related supports the continued and nuanced research analysis of the construct.

The construct has, in fact, continued to be studied, and in one such endeavor, Surapaneni (2019) examined the relationship between parental stigma and individual stigma and how it interacts with help seeking intentions. The SSRPH was used to measure perceived public stigma

for seeking help, the SSOSH was used to measure self-stigma, and the PSOSH was adapted for the participants to report their perceptions of their parents' (both fathers' and mothers') stigma toward help seeking. The participants, who were Asian, Asian American, or Caucasian undergraduate and graduate students, also completed the ISCI.

Results of the study confirmed the finding of Vogel, Wade, and Hackler (2007) that self-stigma was a mediator for the correlation between perceived public stigma and seeking help, although in that study the perceived public stigma related to mental illness rather than help-seeking. Attitudes toward seeking help was also a mediator in that relationship. The researchers surveyed college students from psychology classes on their levels of perceived public stigma toward mental illness using the Devaluation-Discrimination scale, their levels of self-stigma toward seeking help using the SSOSH, and attitudes toward help-seeking using the ATSPPH-SF scale and the ISCI scale. Significant results were that perceived public stigma towards mental illness correlated positively with self-stigma for seeking help, self-stigma for seeking help had a negative relationship with the positivity of attitudes towards mental health treatment, and attitudes towards mental health treatment seeking correlated positively with intentions to seek help. In other words, self-stigma and attitudes towards mental health counseling mediated the relationship between the perception of mental health stigma in the general public and the likelihood to seek help for psychological disturbance.

The mediating effect of self-stigma in the relationship between perceived stigma and help-seeking found by Vogel et al. (2007) in relation to mental illness stigma was supported by Heath, Strass, Vogel, Wade, and Armistead-Jehle (2014) more specifically with help-seeking stigma. Heath et al. (2014) found that the correlation between perceived public help-seeking stigma and attitudes related to mental health treatment as measured by the ATSPPH was fully

mediated by self-stigma as measured by the SSOSH in a study with veterans. The majority of this sample consisted of white males who had experienced traumatic brain injuries, though, so generalizability may be lacking.

Again, Surapaneni (2019) confirmed the finding that self-stigma was a mediator for intentions to seek help specifically with the Caucasian and Asian American participants. For both of these categories of participants, perceived public stigma about others receiving help and self-stigma related to seeking help correlated positively. However, for both of these groups, neither the perceived stigma of the fathers nor of the mothers correlated with self-stigma, and the parental perceived stigma relationship to seeking help was not mediated by self-stigma. With the Asian participants, none of these mediating relationships were found, but there were correlations between the perceived public stigma and self-stigma, as well as self-stigma and perceptions of maternal stigma. In the discussion portion of the study, Surapaneni (2019) recommended further research due to the absence of other studies involving the variables of help-seeking intentions, self-stigma, and perceived stigma of parents. To account for the lack of a mediating relationship of self-stigma for the Asian participants, the researcher suggested that due to a collectivistic culture, the adoption of attitudes like stigma may not have been a necessary step to choosing to act on more others-focused opinions.

The relationship between parents' and adult children's stigma, attitudes, and even actual intentions to seek help was again solidified by Vogel, Michaels, and Gruss (2009). They examined the relationship between parental and student attitudes towards going for counseling and the subsequent correlation with students' intentions to actually go for counseling personally. The SSOSH scale was administered as well as the ISCI, the ATSPPH-SF, an attachment scale, and a scale to measure perceived risks and benefits of going to therapy. The resulting

information from the student-parent dyads indicated that the attitudes parents held related to their students' attitudes and therefore their help-seeking intentions. According to the researchers, this study was the first to examine this sort of relationship. The attachment scale information was helpful in determining that the closeness of the parent-student dyad related to how closely attitudes towards help-seeking were correlated. The students' own self-stigma related to help-seeking as measured by the SSOSH was also predictive of their attitudes. The correlation between perceived public stigma and self-stigma of parents and children was not examined in this study. One recommendation that the researchers made in light of their results was to normalize mental health treatment by reaching out to families.

Conclusion of Literature Review

As described in the literature review, Ross et al. (2019) found relationships between parent and student stigma related to mental illness and treatment. These constructs do not address help-seeking in particular. Therefore, the findings raise the question of whether help-seeking self-stigma of a student is also impacted by any of the types of stigma held by parents. Research more particular to help-seeking has, in fact, been done.

Surapaneni (2019) researched the relationship between student and parent levels of stigma, but the parents did not actually complete any measure. Rather, students completed the PSOSH scale in reference to their parents. Associations between self-stigma of seeking help for parents and children and the perceived public stigma of seeking help for parents and children has yet to be researched using pairs of participants taking both the PSOSH and the SSOSH.

Vogel, Michaels, and Gruss (2009) studied the relationship between student and parent attitudes towards counseling, but did not look at the relationships between stigma levels specifically. Considering the correlation that has been found between parents' and students'

attitudes towards therapy (Vogel, Michaels, & Gruss, 2009), and considering the relationship that has been found between stigma and attitudes towards therapy (Heath et al., 2014), analyzing the relationships among self-stigma, perceived public stigma, and attitudes towards therapy held by individuals and their parents may yield new insight.

Since both self-stigma and perceived public stigma have been suggested as barriers to mental health treatment, and research has already supported that stigma affects one's personal orientations towards seeking help (Clark et al., 2018; Mojtabai et al., 2002), such analysis would be beneficial to society at large. Attitudes towards therapy can be assessed to test for whether there is an indirect effect of perceived public stigma of parents on their adult children's attitudes towards counseling.

In the research by Choi and Miller (2014), the PSOSH was used to measure the construct of the stigma of close others. Even though the items on the PSOSH are to be answered in consideration of the reactions of the people the participant engages with, the present research is using this scale to measure the perceived public stigma because individuals do interact with people they do not consider themselves close to, and those they interact with may be a representation of the public. Additionally, the PSOSH contains items such as whether the individual taking the survey believes he or she would be regarded less positively if he or she sought help; the wording is personal and first hand in nature, rather than assessing his or her beliefs about how others would respond to hypothetical people.

Research Questions

The research questions are as follows:

1. Do parents' levels of help-seeking self-stigma correlate with their adult children's levels of help-seeking self-stigma?

2. Do parents' levels of perceived public stigma related to help-seeking correlate with their adult children's levels of perceived public stigma related to help-seeking?
3. Do parents' attitudes toward seeking professional help correlate with their adult children's attitudes toward seeking professional help?
4. Does the perceived public stigma that parents have towards help-seeking have an indirect effect on their adult children's attitudes towards seeking professional help?

Method

Participants

The number of participants who completed the survey was 282. Some entries could not be matched, for reasons including the lack of a paired response or similar basic passcodes indicating multiple possible matches, such as "12345678." Therefore, the number of remaining participants whose data has been analyzed is 156, or 78 student-parent dyads. Student participants were between 18 and 26 years old ($M = 20.05$, $SD = 1.268$) and parent participants were between 33 and 60 years old ($M = 51.12$, $SD = 4.726$). Students were on various paths of study with the majority on a track towards the Human Services field. The vast majority of both student and parent participants identified as Protestant Christian, and some participants who chose "other" identified as specific varieties of Christian, such as Baptist and Pentecostal. Table 1 contains more detailed demographics of student participants, and Table 2 has the parent participant demographics.

Table 1

Demographics of the 78 Student Participants

Characteristic	<i>n</i>	%	<i>M (SD)</i>	Range
Age			20.05 (1.268)	18-26
Gender				
Male	11	14.1		
Female	67	85.9		
Religion				
Protestant Christian	65	83.3		
Roman Catholic	1	1.3		
Nonreligious	1	1.3		
Other	11	14.1		
Major				
Human Services	58	74.4		
STEM	3	3.8		
Biblical Studies/Ministry	1	1.3		
English/Foreign Language/TESL	2	2.6		
Education	3	3.8		
Criminal Justice/Pre-Law/Int'l Studies	2	2.6		
Other	9	11.5		
Year of College				
Freshman	9	11.5		

Sophomore	18	23.1
Junior	21	26.9
Senior	30	38.5

Table 2

Demographics of the 78 Parent Participants

Characteristic	<i>n</i>	%	<i>M (SD)</i>	Range
Age			51.12 (4.726)	33-60
Gender				
Male	15	19.2		
Female	63	80.8		
Religion				
Protestant Christian	61	78.2		
Roman Catholic	1	1.3		
Nonreligious	1	1.3		
Other	15	19.2		
Level of Education Completed				
High School	5	6.4		
Some College	21	26.9		
Graduated from College	30	38.5		
Some Postgraduate Schooling	7	9.0		
Postgraduate Degree	15	19.2		

Measures

Demographic questions were asked of participants along with all items of the Self-Stigma of Seeking Help scale (SSOSH; See Appendix A; Vogel, Wade, & Haake, 2006), the Perception of Stigmatization by Others for Seeking Help scale (PSOSH; See Appendix B; Vogel, Wade, & Ascherman, 2009), and a shortened form of the Attitudes Toward Seeking Professional Psychological Help scale (ATSPPH-SF; See Appendix C; Fischer & Farina, 1995).

Self-stigma. The Self-Stigma of Seeking Help scale (SSOSH) was used to measure self-stigma and contained statements such as “I would feel inadequate if I went to a therapist for psychological help” and “I would feel worse about myself if I could not solve my own problems.” Five of the ten statements on the scale were reverse scored, including the statements, “My self-confidence would remain the same if I sought professional help for a problem I could not solve” and “I would feel okay about myself if I made the choice to seek professional help.” Participants chose from a 5-point Likert scale to respond to these statements, ranging from “Strongly Disagree” to “Strongly Agree.”

Perceived stigma of others. The Perception of Stigmatization by Others for Seeking Help scale (PSOSH) was used to measure the perceived help-seeking stigma of others and consisted of only five items, none of which were reverse scored. Each item was a potential response of others to the participant seeking counseling, and the person was to consider how likely they thought others would have those specific reactions. For example, the participants were asked how much they thought others would consider them a risk if they sought counseling, or view them as “seriously disturbed.” These also were answered according to a 5-point scale, ranging from “Not at all” to “A great deal.” Higher scores on the SSOSH and PSOSH are indicative of higher levels of help-seeking stigma.

Attitudes toward help-seeking. The shortened form of the Attitudes Toward Seeking Professional Psychological Help scale (ATSPPH-SF) was used to measure attitudes toward help-seeking and involved a 4-point Likert scale ranging from “Disagree” to “Agree.” Some of the items were, “I would want to get psychological help if I were worried or upset for a long period of time” and “If I believed I was having a mental breakdown, my first inclination would be to get professional attention.” Half of these ten items of the scale were reverse scored, including, “A person should work out his or her own problems; getting psychological counseling would be a last resort.” More positive attitudes towards professional help-seeking are presumed in those with higher scores on the ATSPPH-SF.

Sampling Procedures

IRB approval was obtained for this study. Eligible student participants were from residential undergraduate Psychology courses at a private Christian university, and the parents involved in the study were recruited via these students, their adult children. Exclusion criteria included being under 18 years of age and not having a parent willing to participate. The students had access to a website page with various opportunities for class credit, and the survey was one of these options. An email was also sent from the psychology department to students informing them of the opportunity to be involved in research. Students were prompted during the survey to create an 8-digit code and provide this code to their parents with a link to the consent form and survey, in order to preserve anonymity. Each parent was to give the same 8-digit code upon taking the survey in order to be matched to the right student. All participants who completed the study gave informed consent, which was the first page of the survey.

Statistical Analysis

We used SPSS Version 23 to run all statistical analyses. Mediation analyses were conducted using Hayes' (2018) PROCESS macro (version 3) to examine indirect effects. Bootstrap confidence intervals were used to determine whether or not indirect effects were statistically significant.

Results

Hypothesis 1 was that parent and student levels of self-stigma related to help-seeking would have a positive correlation, and Hypothesis 2 was that parent and student levels of perceived help-seeking stigma of others would have a positive correlation. Hypotheses 1 and 2 of this study were not supported. There were no significant positive or negative correlations between student SSOSH scores ($M = 23.24$, $SD = 6.527$, $\alpha = .848$) and parent SSOSH scores ($M = 20.97$, $SD = 6.231$, $\alpha = .864$), $r(76) = .168$, *ns*, or between student PSOSH scores ($M = 7.67$, $SD = 3.218$, $\alpha = .847$) and parent PSOSH scores ($M = 7.42$, $SD = 3.652$, $\alpha = .921$), $r(76) = .149$, *ns*.

Hypothesis 3, which was that parent and student attitudes toward seeking professional help would relate, was supported; ATSPPH-SF scores for students ($M = 30.42$, $SD = 4.860$, $\alpha = .793$) were positively correlated with ATSPPH-SF scores for parents ($M = 30.91$, $SD = 5.478$, $\alpha = .818$), $r(76) = .243$, $p = .032$.

Hypothesis 4 was that perceived stigma of others (as measured by the PSOSH) in parents would have an indirect effect on student attitudes towards seeking professional help. This was not supported, as there was no mediating relationship found between parent PSOSH scores and student ATSPPH-SF scores. Because Hypothesis 3 was supported, further statistical analysis was completed to determine whether the relationship that was found between student and parent

attitudes toward seeking professional help was mediated by self-stigma or by perceived stigma. These variables were not found to mediate the relationship; therefore, the correlation between parent and student attitudes exists separately from stigma as measured by the PSOSH and SSOSH. Hayes' (2018) PROCESS Macro was used to run all mediation analyses. Table 3 contains all correlations and includes the significant and nonsignificant findings, as well as means, standard deviations, and reliability coefficients.

Table 3

Means, Standard deviations, Reliabilities, and Correlations between Student and Parent Self-Stigma, Perceived Stigma, and Attitudes Toward Seeking Professional Help

Measure	1	2	3	4	5	6
1. SSOSH-Student	1	--	--	--	--	--
2. PSOSH – Student	.222	1	--	--	--	--
3. ATSPPH-SF – Student	-.368**	-.142	1	--	--	--
4. SSOSH – Parent	.168	.070	-.209	1	--	--
5. PSOSH – Parent	.034	.149	.039	.545**	1	--
6. ATSPPH- SF – Parent	.074	-.033	.243*	-.638**	-.412**	1
M	23.24	7.67	30.42	20.97	7.42	30.91
SD	6.527	3.218	4.860	6.231	3.652	5.478
Chronbach's α	.848	.847	.793	.864	.921	.818

Note: SSOSH = Self-Stigma of Seeking Help Scale. PSOSH = Perceptions of Stigmatization by Others for Seeking Help Scale. ATSPPH-SF = Attitudes Toward Seeking Professional Psychological Help – Short Form Scale.

*.05 level of significance **.01 level of significance

It was not the primary intention of this study to examine, nor did the hypotheses regard, the relationships among stigma and attitudes apart from the student-parent score correlations. However, some significant correlations showed up in the data. There was a statistically significant negative correlation between the self-stigma of students and student attitudes toward seeking help, $r(76) = -.368, p = .001$. There was a significant positive correlation between parent self-stigma and parent perceived stigma, $r(76) = .545, p < .001$, and significant negative correlations between parent self-stigma and parent attitudes toward seeking help, $r(76) = -.638, p < .001$, and parent perceived stigma and parent attitudes toward seeking help, $r(76) = -.412, p < .001$.

Discussion

Some of the research findings, such as the confirmed relationship between professional help-seeking attitudes of parents and children, support what Vogel, Michaels, and Gruss (2009) found in their study with college students. The present research also supports their finding that SSOSH scores were correlated with ATSPPH-SF scores. Comparable research with other age groups could be recommended, since college students are often still quite connected to their families and in the process of identity formation. Adult children who are fully independent may have more variant attitudes from their parents, while children who are minors might be expected to have even more similar beliefs to their families. Knowledge of how pervasive parent attitudes toward help-seeking can be through the years could be interesting.

This study involved a homogenous sample population. The vast majority of the sample population, both of students and parents, consisted of females. Therefore, more research related

to stigma should be directed at the male population. This suggestion is worth considering in light of the fact that personal stigma toward mental illness may tend to be greater in the male population (Eisenberg et al., 2009) and males may tend to be particularly concerned with self-sufficiency and their persona as a strong masculine figure from the perspectives of others (Clark et al., 2018). Research with greater inclusion of males could potentially involve more stigma in the formation of attitudes toward seeking help. It is possible that females' attitudes toward seeking professional help depend less on their levels of personal and perceived stigma than males' attitudes.

Additionally, much of the sample population of students consisted of those planning to enter the Human Services field. Such a relevant demographic variable could potentially affect the results, since many who plan to make a career of helping others are likely to be more familiar with professional help-seeking as a viable option for those in crisis. Ledet (2009) found varied levels of these attitudes in a study involving mental health care professionals, recipients of mental health care, and a control group of college students who had not received mental health care. The attitudes of the professionals and recipients of care differed in a statistically significant manner from the attitudes of the control group when it came to help-seeking and mental illness. Ledet (2009) posited that mental health professionals may have had better attitudes at least in part due to the education they received. Considering that the sample population of this present study consisted of many whose educational programs were in the field of Human Services, and that even those who had other declared academic majors were enrolled in a Psychology class, the information from Ledet's study is relevant to demonstrate the lack of external validity this present study has.

Research by Gomez-Nacht (2015) supports the idea that education helps to reduce stigma. The sample consisted of students in the United States and in South Africa studying to be mental health professionals. Those who were in the graduate stage of their education demonstrated lesser stigma than those who were undergraduates, according to the Community Attitudes Towards the Mentally Ill scale (CAMI). The researcher described one facet of this scale, Benevolence, as “supported by religious ideologies rather than scientific facts” (Gomez-Nacht, 2015, p. 50). Although the CAMI scale accounts for stigma toward those with mental illness and is not specific to help-seeking, which the present study focused on, the types of stigma undoubtedly interact. Furthermore, important truth was highlighted, which was how factors contributing to stigma are not all essentially objective, but rather interact in complex ways with individuals’ convictions and values.

Nuances of a Christian Sample Population

This sample population consisted of mostly believers in the Gospel. Considering that most participants hold to a Biblical worldview, examining how Christian beliefs might affect help-seeking attitude formation may yield insight. However, even those who have in common their faith in Jesus Christ as Lord and Savior may differ on lesser convictions, such as how to approach the field of psychology or whether to seek professional mental health care. This diversity of approaches was described by Entwistle (2015). He categorized the ways Christians theoretically may approach the discipline of psychology. What he termed the “neutral parties” model, more broadly known as the levels-of-explanation view, tends to involve compartmentalizing theology from psychology. This perspective involves acknowledging contributions of both, but dismissing a need to resolve tensions. Another model accounts for Christians and non-Christians alike who may view faith and modern psychology as entirely

incompatible and contradictory, thus rejecting one or the other. Additional views, which do not espouse such a compartmentalized view of faith, include the “allies” model (held by integrationists) or the “rebuilders” model (held by proponents of a distinct field of Christian psychology). Those who hold to these perspectives believe that Christianity and psychology do interact and are both valuable. Christian psychology, in particular, seeks to build on a foundation of Christian faith, maintaining an awareness of assumptions that underlie modern psychology. More models exist, and even the totality of the theoretical frameworks do not fully encapsulate the possibilities for how a person may approach psychology or counseling as a Christian. People are diverse and have various perspectives, and those within the faith community are no exception.

It is possible that the context in which students grew up (in which their parents raised them) had affected their attitudes toward professional help through these dynamics. The language that was used by their parents growing up may have implicitly conveyed how to approach the topics of psychology and mental health, and students may still retain those implicit stances or may have adopted them as their own. Students in this sample population who are Psychology majors may have taken a class on the interaction of Christianity and Psychology, but it is unknown which students had already taken the class or not, or whether they had consciously thought through the interaction of the two on their own yet.

Informal Help-Seeking

The ramifications of such varied models may play out in numerous ways, including the decision whether or not to take antidepressants, see a professional counselor versus a pastor, or to seek out a Christian private practice or a secular practitioner. Merely because a person does not feel comfortable with professional psychological help does not necessarily mean the person

will isolate himself or herself. Help-seeking may take various forms, and a Christian college student sample population in another study (Exman, 2018) tended to rather seek help from friends and family than from other resources such as counselors, faculty, or even campus ministry. In reality, many mental health professionals, medical providers, ministers, faculty, and loved ones do not operate in a vacuum when coming to the aid of someone seeking help; rather, they intuitively refer people in need to other supports. A social worker may help a client connect to community resources, which may include a local church. A medical doctor might refer someone to a psychiatrist for medication management. Concerned parents may decide to take their son or daughter to a therapist. Research studies in the future may investigate these more commonplace conceptions of help-seeking, as they are certainly as relevant in maintaining wellness as attitudes toward professional mental health intervention itself.

Limitations

As it has already been alluded to, the homogeneity of the sample reduces the external validity of the findings, as the findings may not apply to all individuals or groups. Age ranges were limited, much of the sample consisted of Christian females, and many of the student participants were studying in preparation to work in the field of Human Services. All student participants were enrolled in an undergraduate Psychology course.

The necessity of parent participation also limited the scope of this study. Many participants could not be paired. The limitation to those whose parents were involved and responsive enough to their students while potentially living away from home at college to complete a survey may also result in a skewed sample population.

The scope of the survey scales also may have been limiting. As stigma has many types and nuances, the question of construct validity is quite relevant. Although reliability was

relatively high, one may wonder whether the words used were correctly perceived by the recipients. This ambiguity may apply to most research endeavors, and as such, this suggestion is more of a reminder to remain epistemically humble than a weakness in this particular study.

Recommendations

Future research may seek to determine the interaction of stigma and attitudes among more diversified sample populations, or in other homogenous but unique sample populations, such as in other cultural contexts. Racial differences could also be researched, as there were no demographic questions broaching the topics of race or culture. A predominantly male sample population might yield varied results, since this present study's sample was predominantly female. Examining other age groups and groups with other religious affiliation might also yield valuable data.

Researchers in the future could differentiate between male and female parent/guardian participants, obtaining both parents' survey responses and determining whether any statistically significant correlations exist in the influence which parents have.

Pairing of student and parent participant data was done by requesting the student participant to create an 8-digit code to provide to their parent, which the parent was to provide when taking the survey in order to link the two anonymously. Several respondents provided an overly simplistic code such as "12345678," creating difficulty in matching. Due to this, many complete data sets had to be deleted. An emphasis on the uniqueness of the created code may eliminate this issue in the future.

Conclusion

Despite limitations, this study has yielded relevant data in support of the positive relationship between parent's and adult children's attitudes towards seeking professional

psychological help. Since this relationship was not mediated by stigma, one might suggest investigating other factors in attitude formation. However, student self-stigma, parent self-stigma, and parent perceived stigma were also found to relate to attitudes, confirming research linking the constructs of help-seeking stigma and attitudes towards seeking professional help. Since student attitudes are directly related to parents' attitudes according to the results of this study, prediction of an individual's likelihood to perceive counseling as a viable option for himself or herself should take family setting into account. Therefore, it is wise to echo the recommendation of Vogel, Michaels, and Gruss (2009) to seek to reduce stigma by engaging families regarding mental health treatment. Researchers, professionals, and members of society at large should all play a role in fostering a systemic norm of acceptance and a personal openness to help-seeking, thus reducing stigma and normalizing positive attitudes towards seeking both formal and informal support.

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APPENDIX A

Self-Stigma of Seeking Help Scale/SSOSH (Vogel, Wade, & Haake, 2006)

Instructions: People at times find that they face problems that they consider seeking help for. This can bring up reactions about what seeking help would mean. Please use the 5-point scale to rate the degree to which each item describes how you might react in this situation.

1 = Strongly Disagree 2 = Disagree 3 = Agree & Disagree Equally 4 = Agree 5 = Strongly Agree

1. I would feel inadequate if I went to a therapist for psychological help.
2. My self-confidence would NOT be threatened if I sought professional help.
3. Seeking psychological help would make me feel less intelligent.
4. My self-esteem would increase if I talked to a therapist.
5. My view of myself would not change just because I made the choice to see a therapist.
6. It would make me feel inferior to ask a therapist for help.
7. I would feel okay about myself if I made the choice to seek professional help.
8. If I went to a therapist, I would be less satisfied with myself.

9. My self-confidence would remain the same if I sought professional help for a problem I could not solve.

10. I would feel worse about myself if I could not solve my own problems.

Items 2, 4, 5, 7, and 9 are reverse scored.

APPENDIX B

Perception of Stigmatization by Others for Seeking Help Scale/PSOSH (Vogel, Wade, & Ascheman, 2009)

Instructions: Imagine you had an emotional or personal issue that you could not solve on your own. If you sought counseling services for this issue, to what degree do you believe that the people you interact with would _____.

1 = Not at all 2 = A little 3 = Some 4 = A lot 5 = A great deal

1. React negatively to you
2. Think bad things of you
3. See you as seriously disturbed
4. Think of you in a less favorable way
5. Think you posed a risk to others

Scoring: add items 1-5.

APPENDIX C

Attitudes Toward Seeking Professional Psychological Help Scale – Short Form/ATSPPH-SF

(Fischer & Farina, 1995)

1 = Disagree 2 = Partly disagree 3 = Partly agree 4 = Agree

1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.
2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.
3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.
4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.
5. I would want to get psychological help if I were worried or upset for a long period of time.
6. I might want to have psychological counseling in the future.
7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.
8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.
9. A person should work out his or her own problems; getting psychological counseling would be a last resort.
10. Personal and emotional troubles, like many things, tend to work out by themselves.

Reverse score items 2, 4, 8, 9, and 10.