MEASURING THE INFLUENCE OF SELF-EFFICACY, FEAR OF STIGMA, PRIOR COUNSELING EXPERIENCE, AND ENCOURAGEMENT ON COLLEGE STUDENTS' ATTITUDES TOWARD PSYCHOLOGICAL COUNSELING

by

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(Under the Direction of Richard L. Hayes)

ABSTRACT

When college students need assistance, their attitudes toward help seeking may interfere with whether they ask for assistance or continue to solve their problems on their own. The purpose of this study was to measure the influence that self-efficacy, prior counseling experience, fear of stigma, and encouragement had on college students’ attitudes toward counseling. Four hundred eighty undergraduate college students from a rural university in a north central Texas county participated in this survey research. Participant data were examined separately for students with prior counseling experience and no prior counseling experience.

One-way ANOVAs were calculated to investigate whether differences existed between these two groups in their ratings of self-efficacy, stigma, encouragement, and attitude toward counseling. The group that had no prior counseling reported more concerns of being stigmatized by counseling, rated themselves as more encouraged individuals, and had lower perceptions of self-efficacy than the group with prior counseling experience. These results suggest that students who have not experienced counseling are a varied group, ranging from very encouraged individuals to those doubting their own capabilities.
Pearson Product-Moment correlation coefficients were calculated to investigate the relationships between stigma, self-efficacy, encouragement and attitude toward counseling for student participants. Results indicate that more positive attitudes toward counseling were positively related to being older and female. These analyses also revealed that self-efficacy was associated with being male and with higher levels of encouragement.

Two multiple regressions (i.e., group that had prior counseling experience and group than had not had prior counseling experience) were calculated to investigate which of the variables listed above were the best predictors of participants’ attitudes toward counseling. Among participants who had no prior counseling experience, encouragement, self-efficacy, and gender were significant predictors of attitude toward counseling. Among participants who had prior counseling experience, gender and age were the significant predictors of attitude toward counseling. Lastly, an ANCOVA revealed that the majority of the variance in attitudes toward counseling was accounted for by prior counseling experience. Findings suggest that, although the fear of being stigmatized may not affect students' attitudes toward counseling, it remains an important variable in the decision to seek or not seek counseling services. Actually engaging students in counseling-related experiences will have the greatest influence on positively shaping their attitudes toward counseling.

INDEX WORDS: Counseling, Attitude, College Student, Self-Efficacy, Encouragement, Stigma, Prior Counseling Experience
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CHAPTER 1

INTRODUCTION

Supporting students through their academic programs and promoting their development are central functions in meeting the stated mission of any university. Despite the best intentions of university officials, however, students can feel overwhelmed or discouraged as they face the various life and academic tasks that confront them in today’s complex university. In an effort to support students’ efforts to cope with the challenges they face, today’s modern universities provide a wide array of counseling and psychological services. Despite the ready availability of such services, whether or not students will seek them is due, at least in part, to their attitudes toward counseling (Cepeda-Benito & Short, 1998; Cramer, 1999). Given the current emphasis on increasing student retention to graduation on campuses nationwide (Tinto, 1993), seeing that students develop healthy attitudes toward the use of the full range of services available to them is becoming a strategic imperative for many in higher education today (Dean, 2000).

Students' attitudes toward the use of counseling services are influenced by multiple factors, however, one of which is stigmatization. The negative stigma attached to mental illness and the consequent belief by some people that those who seek counseling are diminished in some way have been problematic and continue to plague counseling professionals (Esters, Cooker, & Ittenbach, 1998). There are both the stigma attached to the presenting concern, such as rape or incest (Amato & Saunders, 1985;
Ogletree, 1993) and the stigma attached to needing help for psychological concerns that negatively affect students' attitudes toward seeking professional help.

Prior experience with the use of counseling services, whether directly or indirectly, as in the case of relatives or friends, has been shown to have a positive influence on one’s attitude toward counseling (Komiya & Eells, 2001). Unfortunately, even prior positive experience does not always relieve students’ concerns about being stigmatized. Instead, students are often left still feeling anxious about what family, friends, and acquaintances will think of their seeking counseling (Halgin, Weaver, & Donaldson, 1986).

The concept of self-efficacy (i.e., the self-evaluation of a person's performance capabilities) offers some explanation of the variance in students’ help-seeking behaviors. Smalec and Klinge (2000), for example, found that among persons who were diagnosed as bulimic, those most likely to be persuaded to seek counseling had the highest levels of self-efficacy and were the most aware of the dangers they faced. Their findings are instructive because they run counter to the intuitive notion that students with higher levels of self-efficacy would be most likely to work through their problems, while those with lower levels of self-efficacy, feeling less capable of dealing with their problems alone, would be more likely to seek counseling. On the contrary, these and other researchers have found that negative help-seeking attitudes are actually associated with lower levels of self-efficacy (Garland & Zigler, 1994) and a general lack of self-effectiveness (Halgin, Weaver, & Donaldson, 1986). Believing in one's own personal capabilities seems to play an important role in the decision to seek counseling.
Moreover, because counseling relies upon the building of a trusting relationship, establishing such a relationship with a trained helping professional, can be extremely challenging for these students. Such students question their own resourcefulness and the ability of others to be helpful (Terner & Pew, 1979). Further, they lack a sense of connectedness to the larger community and are less likely to try new experiences (Ansbacher & Ansbacher, 1956). Simply put, such individuals are “discouraged,” that is, they lack the courage to act in their own best interest (Dinkmeyer & Dreikurs, 1963). Although counseling services are available that could assist these discouraged students, their overall negative attitude toward self and others and their lack of courage to behave proactively seem likely in combination to prohibit their seeking these services.

It has been estimated that anywhere from 5 to 15% of students on any university campus receive counseling from the university counseling center (Gallagher, Sysko, & Zhang, 2001). For every student who seeks counseling, however, the evidence is that there are six to eight students with comparable needs who do not seek counseling (Gallagher, Gill, & Kelleher, 1992). Critically, counseling has been shown to be effective in treating the psychological needs of most discouraged or distressed students (Kushner & Sher, 1991). In particular, anxiety and depression disorders, which are common diagnoses among college students (Humphrey, Kitchens, & Patrick, 2000), can be treated successfully with professional counseling and, depending on severity, with medication (Satcher, 2000).

In summary, despite its proven success and their need for such services, many students do not seek counseling services because they have negative attitudes toward counseling that are influenced by concerns about being stigmatized (Esters, et al., 1998),
lower levels of self-efficacy (Garland & Zigler, 1994), the lack of prior personal experience with counseling (Komiya & Eells, 2001), and low levels of encouragement. Distressed and discouraged, such students are left to struggle in their current situation unaided by counseling professionals.

Statement of the Problem

Untreated, psychological disorders pose a risk to students as well as to the larger university community. In particular, college students face potential and compounding negative consequences from untreated psychological disorders such as (a) an inability to attend classes regularly, (b) reduced academic performance, (c) premature withdrawal from the university, and (d) dismissals due to conduct problems.

The most serious consequence of failing to treat psychological disorders is loss of life, either at their own hand or by the actions of others. Significantly, the suicide rates on college campuses have been increasing for the past four decades, with the annual rate of suicide attempts in the range of 4 to 8 per 10,000 college students and the annual rate of completed suicides reaching 1 in 10,000 (Meilman, Hacker, & Kraus-Zeilmann, 1993). Violent behavior, which is often linked to alcohol and other drug use and abuse is on the rise on campuses as well (Humphrey, Kitchens, & Patrick, 2000). Student deaths that are listed as accidental (e.g., vehicular crashes) or as arising from medical complications may also be connected to untreated psychological disorders.

The risk to students when psychological concerns go untreated is great and efforts are needed to prevent unnecessary suffering. As noted, however, the provision of services is a necessary but insufficient first step in addressing the mental health concerns of university students. To be successful, college student support services personnel must
also find ways to engage students’ participation in the use of these services when and as needed. Overcoming their concerns about being stigmatized, raising their levels of self-efficacy, providing positive personal experiences with counseling personnel, and addressing low levels of encouragement are likely to be central counseling strategies for improving the utilization of counseling services on university campuses.

Researchers have actively explored college student help-seeking behavior over the past twenty years in order to understand what students need and to match these needs to the provision of services. Although there is now a comprehensive picture of the factors that influence help-seeking behavior, the problems that arise when psychological disorders go untreated are still increasing. It is imperative that student service personnel address themselves to improving the utilization of counseling services in order to reduce the negative consequences to the individual student and the larger community that are created when psychological disorders go untreated.

**Purpose of the Study**

The purpose of the present study was to examine a set of factors that have been shown to influence the attitudes of college students toward the utilization of counseling services. Specifically, this study explored the relationship between (a) prior personal experience with counseling, (b) level of self-efficacy, (c) concerns about stigmatization, (d) factors related to encouragement, and (e) a set of demographic variables and their relationship to students’ attitudes toward counseling.

Previous research on these variables had suggested that changing students' attitudes toward counseling would encourage an increase in the use of counseling services and help to reduce the incidence of untreated psychological disorders on college
campsuses. As a first step in changing student attitudes toward counseling, understanding how these attitudes are shaped was indicated.

Significance of the Study

Given the present concerns about the psychological health of today's college students, there has been a call to better understand how to meet the psychological needs of students (Bishop, Bauer, & Becker, 1998). The present study was intended to answer this call by exploring a set of factors that have been shown to influence students' attitudes toward the use of counseling. This research was addressed to close the gap between the offering of services and connecting students to the use of these services (Stefl & Prosperi, 1985).

In addition, the present study introduced the Adlerian construct of encouragement into the literature on college student help-seeking development and provides empirical support for the use of such a construct in understanding college students' help-seeking behavior. Moreover, reliability data were generated on the Encouragement Scale-Abbreviated Version (Dagley, 2001), which was used for the first time in the present study.

Research Questions

The present study investigated the following research questions:

Research Question 1: Are there differences between college students who have had prior counseling experience and college students who have not had prior counseling experience in their self-ratings of stigma, self-efficacy, encouragement, and attitude toward counseling?
Research Question 2: Assuming that there is a main effect of prior counseling for stigma, self-efficacy, encouragement, and attitude toward counseling, what are the direction and strengths of the relationships between gender, age, stigma, self-efficacy, encouragement and attitude toward counseling for students who have and have not previously received counseling services?

Research Question 3: Which of five potential predictor variables (i.e., stigma, self-efficacy, encouragement, gender, and age) contribute significantly to predicting attitude toward counseling?

Definition of Terms

The following definitions are provided to clarify terms frequently used in the present study:

1. Stigmatization: negative judgment by others.
3. Encouragement: "the extent to which one feels good about self and others and feels up to the tasks of learning and living" (Adler, 1931/1980, p. 8).
4. Help-seeking: recognizing a difficulty affecting current functioning and making contact with persons who might be helpful in correcting the difficulty.

Delimitations

The present study was delimited to college students as the sample for the purpose of specifically exploring college students' attitudes toward counseling. This study included as participants only those students who were 18 or more years olds to limit responses to young adults and to and to avoid complications likely to be encountered in securing informed consent from minors during data collection.
Limitations

Any interpretation of the results of the present study was anticipated to be limited by the following conditions:

1. The Encouragement Scale - Abbreviated Version (Dagley, 2001) had not been used in a research study prior to the present study. Reliability and validity of this specific scale are unknown.

2. The Stigma Concerns subscale of the Thoughts About Psychotherapy Survey (Kushner & Sher, 1989) had not been used alone in a research study prior to the present study. The usefulness of capturing college student stigma concerns is not currently known.

3. The outcomes of the present study may have been influenced by the fact that participation in the study was voluntary. In particular, student volunteers may share characteristics that contribute to help-seeking behavior, especially for psychological concerns. Similarly, students who declined to participate may share characteristics that are negatively related to their attitudes toward counseling. To what extent such characteristics may have influenced the outcomes of the present remains unknown.

4. The present study used a convenience sample of college students from a rural southwestern university and results may not be generalizable to other college student populations.

5. Data were collected on participants drawn from academic classes and student organizations. Despite efforts to draw from several courses and a broad set of
student organizations, non-randomized data collection may have resulted in a sample that does not accurately represent the larger university population.

Assumptions

The basic assumptions that guided the conceptualization of the present study included:

1. It was assumed that responses on the self-report questionnaires were anonymous. Anonymity lessens participant embarrassment and is more likely to gather honest participant responses.

2. It was assumed that self-report questionnaires could be used to measure stigma concerns, self-efficacy, encouragement, and attitudes toward counseling.

3. It was assumed that distinguishing responses based on both age and academic classification would provide a significantly different view of participant data.
CHAPTER 2

LITERATURE REVIEW

Today's College Student Population

Today's college students are growing up in a period of unrelenting change. Rapid advances in technology, an increasingly culturally diverse society, and the emergence of a truly global economy are combining to create a world that offers young adults both enormous opportunities and tremendous challenges. Levine and Cureton (1998) stated that as a result of these changes, students are both weary and energized as members of a new generation in which hope and fear collide. These researchers proposed that there have been two periods in United States history, the industrial revolution and the present decade, when the country has undergone such "profound demographic, economic, global, and technological change" (1998, p. 152).

The common element in these two times of far-reaching change is the impossibility of knowing where one is and where one is going. Levine and Cureton surmise that this situation forces college students to "straddle two worlds, one dying and another being born" (p. 155), which arouses both hope and fear in students and can result in ambivalence. They believe that universities and colleges have the challenging task to educate this "transitional generation" (p. 145) and they assert that students must learn four things: (a) hope; (b) responsibility; (c) appreciation of differences; and (d) efficacy or the sense that they can make a difference.

As each new wave of students arrives upon this shore of their new lives as college students, they are provoked to ask themselves "Who am I?" "What do I want?" and "How
Anxiety about themselves and the future that lies before them can arise from what they have yet to discover about themselves and this new and changing world that surrounds them (Von Steen, 2000). In going to college, many students move away from home and familiar support systems only to find themselves facing the challenge of developing new social networks in a university environment and the intellectual rigors of a university curriculum (Sher, Wood, & Gotham, 1996). College students must also learn to deal with traumatic life events and psychological problems away from the social network that had supported them until now (Stone & Archer, 1990). While at college, they are neither invulnerable to the problems that confront them at college nor insulated from the problems at home. Although, they may enjoy academic success and new relationships, and may experience some personal growth and development, there are likely still to be tragedies, failures, family difficulties, and failed intimate relationships with which to contend (Meilman, Hacker, & Kraus-Zeilmann, 1993). It is reasonable to expect that these changes coexist with various forms of distress that reveal themselves as psychological, behavioral, and psychosomatic symptoms.

Among student affairs professionals, there is a debate, currently, whether today's students have more severe psychological problems than seen in previous decades. This debate has been fueled by several high profile student tragedies that have raised concerns about the status of student mental health (O'Connor, 2001). In increasing numbers, university students report depression, substance abuse, eating disorders, learning disabilities, and adjustment concerns. The number of students seeking services in counseling centers is also rising compared to previous years (O'Connor, 2001). Moreover, counseling center directors express concern that the number of incoming
students with severe psychological illness is increasing (Pledge, Lapan, Heppner, Kivlighan, & Roehlke, 1998).

A survey of a nationwide sample of counseling center staff indicated that clients' presenting problems have become much more severe than those that students brought to counseling just 20 years ago (Gilbert, 1992; Stone & Archer, 1990). Heppner et al. (1994) discovered that, beginning in the late 1980s, clients coming to university counseling centers reported qualitatively different and more severe problems than clients from previous decades. In the period from the 1950s through the early 1980s, for example, college students were seen for traditional presenting problems of adjustment and individuation issues (Heppner & Neal, 1983). The findings of a survey of 205 university and college counseling centers in 1985 (Robbins, May, & Corazzini), however, captured the changes in staff perceptions of students' reasons for seeking services. These changes were described as a shift from primarily addressing informational and educational student needs to attending to more serious emotional and behavioral problems. Further, counseling center staff noted a potential need for increased emphasis in professional training programs on diagnostic and specialty skills, such as crisis intervention and substance abuse.

Heppner et al. (1994) noted that client identified concerns were remarkably constant over a six year period ending in the early 1990s and replicated the severe levels of distress found in earlier research. During this same period, students were often found to have a history of psychiatric treatment or hospitalization prior to entering college and needed assistance with issues of suicidality, substance abuse, depression, anxiety, and very high subjective ratings of distress. Based on a review of data from university
counseling centers, it appears that the more serious types of presenting concerns have plateaued at a higher level of severity than seen in the decades prior to 1980s (Pledge, Lapan, Heppner, Kivlighan, & Roehlke, 1998).

It may only be the perception of counseling center directors and their staff that students present themselves for counseling with more severe psychological issues. Nonetheless, crime statistics add to the evidence that today's college students are more troubled. Based on data collected by U.S. Department of Education, including the areas surrounding campuses (Nicklin, 2002), drug arrests increased by 10.2 percent and alcohol arrests rose by 4.2 percent in 2000. That same year, there were 391 murders, 3,982 forcible sex offenses, 42,455 liquor arrests, and 25,351 drug arrests among college students.

Binge drinking (i.e., consuming large amounts of alcohol in a short period of time) is on the rise among university students with two of every five students in a study of 14,521 students at 116 four-year institutions considered to be binge drinkers (Wechsler, Dowdall, Maenner, Gladhill-Hoyt, & Lee, 1998). Beyond the obvious health risks that accompany binging, there are multiple problems associated with high alcohol use that include sexual assault, injury, academic difficulties, and the risk of contracting sexually transmitted diseases through unsafe sexual practices (Wechsler et al., 1998). Moreover, the suicide rate for 16- to 24-year olds has markedly increased over the last four decades, with an annual rate of suicide attempts in the range of 4 to 8 per 10,000 college students and an annual rate of completed suicides of 1 in 10,000 (Meilman, Hacker, & Kraus-Zeilmann, 1993).
It has been estimated that 20% of entering college students experience significant psychological distress, with half of them having such experiences transiently and the other half on a long-term basis (Offer & Spiro, 1987). In particular, Rimmer, Halkika, and Schuckit (1982) found that over a four-year period, 39% of college students evidenced a psychiatric disorder. To complicate the picture, there is a rippling effect of acute mental health disturbances on campus that can be "profound and far reaching" (Perlmutter, Schwartz, & Reifler, 1984, p.193). Not surprisingly, alcohol related accidents and injuries are the leading cause of death among students in the traditional college age group (Larimer, Irvine, Kilmer, & Marlatt, 1997). More specifically, there are numerous behaviors associated with binge drinking, such as unplanned sexual activity, driving while intoxicated, and riding with intoxicated drivers, that make the heavy drinking by students a significant public health problem (Wechsler, Davenport, Dowdall, Moeykens, & Castillo, 1994).

Clearly, today's college students are experiencing significant distress in increasing numbers and evidence clinical symptoms that should be addressed by counseling professionals. Despite the apparent need, however, getting college students to seek appropriate and available services presents yet another challenge to college counseling centers.

Help-Seeking Behavior

Pescosolido (1992) described help-seeking as a process and not just as an individual's rational decision about whether or not to seek the assistance of a mental health professional. This process consists of socially embedded interactions through which the individual identifies both the problem and possible solutions. Thus, these
solutions result from a series of decisions rather than a single choice. By this process, the help-seeker continues to seek helpful interactions regarding a problem from multiple informal support sources and professionals until a resolution is found or all possible solutions are exhausted.

An earlier and simpler view of help-seeking was offered by Gurin, Veroff, and Field (1960) whereby individuals recognize a problem, decide to go for help, and choose a specific source of help. Decades of subsequent research, however, have shown this linear cause-effect model to be inadequate to capture the full complexity of such decision-making. Hinson and Swanson (1993), for example, explored adolescents’ help choices and discovered that they would seek help from people in the following order: self, best female friend, mother, best male friend, father, counselor, faculty advisor, and minister. Possibly the help-seeking process may best be understood as lying somewhere between the descriptions offered by Pescosolido (1992) and Gurin, Veroff, and Field (1960). Specifically, for the purpose of the present study, help-seeking was viewed as recognizing a difficulty affecting current functioning and making contact with persons who might be helpful in correcting the difficulty, recognizing that both the degree of difficulty and the characteristics of possible helpers are not always the same in every situation.

There is evidence, however, that a sustained increase in stress can especially lead to a decrease in coping behavior and withdrawal for adolescents (Kuhl, Liat, & Morrissey, 1997). In fact, Dubow, Lovko, & Kausch (1990) found that almost 70% of students with distressing problems did not seek help, and other studies have suggested that the most needy are the least likely to seek help (Choquet, Menke, & Ledoux, 1989;
Olgetree, 1993; Saunders, Resnick, Hoberman, & Blum, 1994). From this viewpoint, help-seeking may be understood as a functional coping mechanism that is used by those who are distressed, but used less by adolescents who are emotionally disturbed (Nelson-LeGall, 1990).

Sources of Help

Bayer and Peay (1997) found that persons who were more likely to seek help more often believed that they would receive help from a mental health professional. Moreover, they were more likely to believe that they would also experience acceptance and understanding, and that their disclosures would be held confidentially. These likely help-seekers also believed that family members, friends, and their physician would approve of their help-seeking from a mental health professional and rated receiving help more positively than did unlikely help-seekers. Critically, Halgin, Weaver, and Donaldson (1986) found that college students believed that the group who would most disapprove of their help-seeking were acquaintances. These researchers speculated that this belief was based on the assumption that acquaintances would be unfamiliar with the details of the help-seeking situation and would be more likely to be judgmental than friends and family.

Self-Efficacy

Individuals who have a strong sense of self-efficacy in a particular situation have shown themselves to be capable of devoting their attention and effort to the demands of the situation (Lee & Bobko, 1994). When faced with difficult situation, these individuals will try harder and persist longer. Indeed, they may ascribe failures on hard or complex tasks to inadequate efforts on their parts. Ability and past performance have consistently
been found to be positively related to self-efficacy (Bandura, 1986; Locke & Latham, 1990; Podsakoff & Farh, 1989; Wood & Bandura, 1989).

Several factors appear to contribute to the findings that those who need help most are less likely to seek it. When individuals repeatedly are unsuccessful, researchers have found that they are likely to attribute the result to low ability (Weiner, Russell, & Lerman, 1979). In turn, unwavering low ability attributions can lead to anticipating future failure. Further, low ability attributions may coexist with negative emotions such as melancholy, guiltiness, embarrassment, despair, and resignation (Weiner et al., 1979) and possibly feelings of helplessness, if low ability attributions are global (Abramson, Seligman & Teasdale, 1978). For individuals who combine low expectations with negative emotions, particularly helplessness, receiving help may be considered irrelevant to achievement, with the consequence that they are unlikely to seek help (Ames, 1983).

In addition, help seeking can be especially threatening to these individuals because persistent failure after having sought help might create even more evidence of their assumed low ability and their lower self-worth (Covington & Beery, 1976).

Help-seeking may also be viewed by some as dependent behavior and, therefore, be perceived as a threat to one's sense of competence and autonomy or as a barrier to becoming independent (Nelson-LeGall, 1981). Perceived self-efficacy has been found in children to be related to high perceived competence, a pragmatic sense of internal control, less anxiety, and positive adjustment (Cowen, Work, Hightower, Wyman, Parker, & Lotyezewski, 1989). Although somewhat speculative, this view of self-efficacy suggests that individuals who view themselves independently as competent would also approve of engaging in dependent behavior when needed. However, it may be
hypothesized that adolescents could have a more negative attitude toward help-seeking than younger children because they struggle more strongly for autonomy and independence in meeting the developmental task of adolescence (Erikson, 1968). More to the point, there is indirect support that children respond with more help-seeking suggestions than do adults when asked to list activities that help to alleviate depression (Wierzbicki, 1989).

In addition, there are patterns of negative attitudes toward help-seeking associated with depression and lower self-efficacy that may become more trait-like with age. More specifically, Garland and Zigler (1994) found that self-efficacy for adolescents was strongly and significantly positively correlated with help-seeking and was a strong predictor of help-seeking attitudes. These researchers proposed that viewing help-seeking as contrary to autonomy appears to be incorrect. Instead seeing it as an effective way of gaining competence and as a sign of competence appears to be more accurate.

Bandura (1977) proposed that high arousal or fear weakens performance and that individuals, realizing their impairment, tend to remove themselves from threatening situations perceived to surpass their coping skills. Although threats may be necessary to get individuals to take action, Witte (1992, 1994) also found that threats perceived as too great can result in individuals rationalizing their fear and not taking action to address what frightens them. Thus, perceptions of threat appear necessary for action but it also takes perceived self-efficacy to bring the individual to act (Smalec & Klinge, 2000). With habitual, addictive, or hard to change behaviors, perceptions of self-efficacy have proven particularly important in getting individuals to consider and take actions
appropriate to changing these behaviors (Hertog, Finnegan, Rooney, & Voswanath, 1993).

Fears and Concerns

The mentally ill are often regarded with fear, distrust or dislike (Angermeyer & Matschinger, 1997; Woiff, Pathare, Craig, & Leff, 1996) and tend to be perceived negatively. Consequently, they are often stigmatized and rejected by others (Brown & Bradley, 2002; Woiff et al., 1996) Critically, persons who are in therapy and persons designated as mentally ill are seen by most other persons as no different from one another (O'Connor, 2001). In 1983, Wodarski suggested that although there may be no diagnosis of mental illness, it is the act of seeking help for psychological concerns that initiates social bias directed at the help-seeker. Avoiding the negative opinions attached to being mentally ill and the possibility of stigmatization, therefore, can inhibit one's decision to seek help.

Kushner and Sher (1991) reviewed the empirical literature that examined fears and concerns about seeking and utilizing mental health services. They found the following six potential fears related to treatment: (a) fear of embarrassment; (b) fear of change; (c) fears involving treatment stereotypes; (d) fears associated with past experience with mental health service systems; (e) fear of treatment associated with specific phobias; and, (f) fear of being stigmatized (negative judgments). Kushner and Sher (1991) recommended that future research on treatment fears focus on specific factors such as gender and age as areas of investigation. Identifying the fears of a particular group about therapy could allow for more specific targeting of education or of advertising approaches intended to address these fears (Deane & Chamberlain, 1994).
Many people in need of psychological help fail to seek this help because they believe a mental health professional could not do anything to help or that professional help was inappropriate for their problems. Many also believe that they should deal with their own problems or consult friends, family, or a physician instead (Bayer & Peay, 1997). Critically, Amato and Saunders (1985) found that problems that were perceived as being the most stigmatizing, embarrassing, and intimate were also those that were seen as the most difficult to solve. Participants in their study reported being least likely to seek assistance for problems that were seen as being the most serious and difficult to solve.

In a similar study with college students, Karabenick and Knapp (1988) discovered that the majority of those students seeking academic help fell in the B- to C+ grade range, while students who were barely passing with a D average or failing with an F average were as unlikely to seek help as were students in the A to B+ range. Clearly, failing grades can be stigmatizing and embarrassing for students, which may keep them from seeking help. Similarly, Saunders, Resnick, Holberman, & Blum (1994) found that adolescents who had high suicidal ideation were less likely to seek help than those students who had less severe or no suicidal ideation. As they explained, students appear less likely to seek help as thoughts about suicide increase, a result that points again to the discrepancy between increased need leading to increased help-seeking. Although high suicidal ideation has the element of hopelessness, students also perceived it as stigmatizing and embarrassing.

Attitudes Toward Counseling

Another variable that appears to influence students' intentions to seek mental health services is their attitudes toward counseling, a variable that is influenced by
numerous other variables (Cramer, 1999; Delphin & Rollock, 1995; Kushner & Sher, 1991; Saunders et al., 1994; Surgenor, 1985). Females over 25 years of age, who had previously sought or received help, were found to have more positive attitudes toward counseling (Surgenor, 1985). In a study by Kushner and Sher (1991), concerns about being stigmatized and the level of psychological distress accounted for 32% of the variance in help-seeking attitudes for females and for persons over 20 years of age. Similarly, fear of coercion and concerns related to the image of those seeking mental health services have been found to negatively influence help-seeking attitudes for males under 20 years of age.

Fears and concerns about the nature of mental health services have been shown to negatively influence attitudes toward counseling (Kushner & Sher, 1989, 1991). In particular, Delphin and Rollock (1995) found in their study of the help-seeking behavior of African Americans that only attitudes toward counseling and knowledge of available psychological services predicted the use of counseling services. The degree of alienation and the racial identity development of the African Americans in their study were related positively to both the students’ attitudes toward counseling and their knowledge of available services. Research suggests that contact with the discipline of psychology, its practitioners, or with mental health facilities may reduce these fears and promote favorable attitudes toward seeking mental health treatment (Fischer & Farina, 1995).

The need to address the stigmatization of persons seeking psychological help has been documented in the literature (Center for Mental Health Services, 2002). According to the Center for Mental Health Services, although an estimated 50 million Americans each year will experience a mental disorder, only 25 percent will seek mental health
services. Brown and Bradley (2002) assert that the fear of being stigmatized related to mental health concerns will keep the other 75 percent from seeking psychological assistance. Even with increased knowledge of mental illness over the last 30 years, the fear of mental illness and the stigmatization that arises from its diagnosis have not diminished (Pescosolido, Monahan, Link, Stueve, & Kikuzawa, 1999). Many scholars believe that negative opinions about mental illness, attitudes toward help-seeking, and negative expectations about the outcomes of psychotherapy contribute to the underuse of mental health services (Cramer, 1999; Fischer & Farina, 1995; Tinsley, Brown, de St. Aubin, & Lucek, 1984; Von Sydow & Reimer, 1998). Satcher (2000) outlined the following specific suggestions for overcoming stigmatization and discrimination related to using mental health services: (a) increase public awareness of effective treatments; (b) tailor treatments to age, gender, race, and culture; (c) facilitate entry into treatment; and, (d) reduce the financial barriers to treatment. Because of the attention paid to these issues by university personnel, the stigmatization of seeking mental health assistance would be expected to be experienced less by young adults and students on college campuses than the general population. In support of this expectation, researchers were able to measurably reduce stigmatization in a rural adolescent population through mental illness educational efforts (Esters et al., 1998). Furthermore, college students are utilizing psychological services more now than in years past (O'Connor, 2001), suggesting that today’s college students may be less affected by the fear of being stigmatized.

Cramer (1999) found that attitude toward counseling was the most important help-seeking antecedent, even more important than a student’s level of distress. Thus, it can be expected that students experiencing distress will not necessarily seek out
psychological help if they have a negative attitude toward counseling. Alternatively, when experiencing a psychological crisis, positive attitudes about help-seeking could lead students to seek mental health services. A robust finding of Cramer's research was that favorable attitudes toward psychotherapy significantly predicted greater perceived likelihood of seeking help regardless of the reasons for which help would have been sought. Thus, keeping in mind that psychological treatment can potentially reduce many of the negative effects associated with mental health problems (Kushner & Sher, 1991), it becomes important to know more about the factors that shape people's attitudes toward psychotherapy. Such knowledge could facilitate the development of preventive interventions aimed at increasing favorable attitudes toward counseling. In turn, improved attitudes are likely to promote early use of services rather than during advanced stages of mental disorders (Cepeda-Benito & Short, 1998).

Encouragement

According to Adler (1964), support and challenge are necessary for people to develop and to be successful. Although this assertion was intended to describe relationships between parents and their children, college students' development as well can be fostered by a balance of support and challenge within the college environment (Benshoff & Bundy, 2000; von Steen, 2000). Such support consists of factors in the human and material environment that provide students with the security, sense of well-being, and information needed to succeed in college (Dean, 2000). Challenge, on the other hand, consists of exposure to new circumstances, people, and issues that can lead students to perceive the world and themselves in a different way. The proper balance of these factors has been shown to foster students' growth and development (Dean, 2000).
Ideally, colleges and universities can provide the healthy balance of support and challenge that is required to encourage social, as well as, academic development (Padilla, Trevino, Gonzalez, & Trevino, 1997).

In order to be up to the tasks of developing hope, responsibility, appreciation of differences, and self-efficacy that students need to live in today's world, they must become the kind of person Adler (1964) refers to as "encouraged." The theoretical framework underlying this construct holds that the encouraged individual has four main characteristics: (a) an adequate and positive view of self, which includes feeling wanted, worthy, and capable; (b) an adequate and positive view of others, which allows for trust and belief in others; (c) an openness to experience and not fearing mistakes; and (d) a sense of belonging to a larger community of human beings (Evans, Dedrick, & Epstein, 1997).

Persons who feel inadequate, or who believe that they are life failures, or who are unable to succeed in a constructive and cooperative manner, can be viewed as "discouraged." Such individuals fear life and its challenges (Lingg & Wilborn, 1992). According to Adler's theory of Individual Psychology, the core aspect of neurosis is discouragement. In this view, pathology represents a display of discouragement that is observable in the life tasks of work, love, friendship, and an individual's relationship to self and the universe (Lingg & Wilborn, 1992). According to Adler (1930), adolescence specifically offers the important life task of proving that you are no longer a child. In meeting this life task, a discouraged adolescent will exhibit pathological behavior such as hopelessness, which appears to be a significant mediating variable between stress and suicidal thoughts (Dixon, Rumford, Heppner, & Lipps, 1992).
During late adolescence, students who enter the college environment discouraged or who become discouraged from the mix of challenge and support offered in the university environment are likely to exhibit pathological behaviors. As college students struggle with life tasks, it may be impossible to learn hope, responsibility, appreciation of differences, and efficacy, if they are discouraged. Unfortunately, discouraged students may also not be up to the task of seeking assistance, even when readily available, from professionals who understand the role of encouragement in student development.

Conclusion

Today's college students are both weary and energized in their efforts to mature in a period of unrelenting change that fosters both hope and fear (Levine & Cureton, 1998). As a consequence, college students have shown increasing rates and higher levels of pathology. In response, mental health professionals on university campuses have shifted their focus from addressing the informational and educational needs of students to attending to more serious emotional and behavioral problems (Heppner, Kivlighan, Good, Roehlke, Hills, & Ashby, 1994). Despite increased need, the utilization rates for mental health services fail to reach their availability. Help-seeking for psychological problems appears to be a complex decision-making process that is affected by multiple variables, particularly by a person's attitude toward counseling (Cramer, 1999). Research suggests that prior contact with the disciplines of counseling or psychology or with mental health practitioners, or with mental health facilities may reduce a person's treatment fears and promote favorable attitudes toward seeking mental health treatment (Fischer & Farina, 1995). Understanding the differences between students who have and have not had prior personal experience with counseling or psychological services may
facilitate the development of interventions to promote the early use of these services rather than during the advanced stages of mental disorders. Based on a review of the literature on help-seeking behavior, encouragement, stigmatization, prior experience with counseling, and self-efficacy appear to be significant contributors to the help-seeking process. What appears necessary, therefore, is research examining these variables. The present study was intended to extend the previous research on help-seeking behavior by examining the measurable differences in these variables on college students' attitude towards the use of counseling services.
CHAPTER 3

METHODOLOGY

The methods and procedures used to assess the relationship between help-seeking behavior, encouragement, stigmatization, prior experience with counseling, and self-efficacy as variables in the help-seeking process by college students are described. Information on the sample frame, instrumentation, research design, data collection procedures, and method of data analysis is presented.

Sample Frame

The present study was conducted at a rural public university located in a north central Texas county. Students from approximately 220 different counties in the state, 45 different states, and 17 foreign countries comprise the student body. There is a student-faculty ratio of 18:1 and the university is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award the Associate’s, Bachelor’s, and Master’s degrees. This university offers a wide variety of professional and pre-professional undergraduate programs and graduate degrees in selected disciplines, and requires of all students that they graduate with a well-defined and thorough foundation in the liberal arts.

The sample frame consisted of 3,057 (53%) female students and 2,760 (47%) male students. Eighty-nine percent of the undergraduate student body from which this sample was drawn were Caucasian (5,174 out of 5,817). Of the remaining undergraduate students, 48 were American Indian (0.8%), 25 were Asian Americans (0.4%), 195 were African Americans (3%), 346 were Hispanics (6%), and 30 were international students.
(0.5%). Approximately 80% of the undergraduate students fell in the traditional college student age range of 18-24 years of age, with a mean age of 22.8 years. There were 1,842 students (32%) in the 18-19 year age range, 1,685 students (29%) in the 20-21 year age range, and 1,119 students (19%) in the 22-24 year age range. The remaining 20% of the undergraduate student body were 25 years of age or older.

Research Questions

Research Question 1: What differences are there, if any, between college students who have had prior counseling experience and college students who have not had prior counseling experience in their self-ratings of stigma, self-efficacy, encouragement, and attitude toward counseling?

Research Question 2: Assuming that there is a main effect of prior counseling for stigma, self-efficacy, encouragement, and attitude toward counseling, what are the directions and strengths of the relationships between gender, age, stigma, self-efficacy, encouragement and attitude toward counseling for students who have and have not previously received counseling services?

Research Question 3: Which, if any, of the five predictor variables (i.e., stigma, self-efficacy, encouragement, age, and gender) contribute significantly to the prediction of attitude toward counseling for people who have and have not previously received counseling services? Do the regression models that result from subsets of the five predictor variables reliably predict attitudes toward counseling for students who have and have not previously received counseling services?
Sample Size

In order to determine the sample size needed to answer each of the three research questions, an a priori power analysis was computed using the computerized power analysis calculator, GPOWER (Erdfelder, Faul, & Buchner, 1996). To address the first research question, four one-way analysis of variance (ANOVA) tests were employed. An apriori power analysis revealed that when power is held at .80, alpha is set at .05, and there are two levels (groups) of the independent variable (previous counseling or no previous counseling), 128 participants are needed to obtain a medium effect size ($f = .25$; Cohen, 1988). To address the second research question a series of Pearson product-moment correlations were employed. An a priori power analysis revealed that when power is set at .0 and alpha is set at .05, only 64 participants are needed to obtain a medium effect size ($r = .30$; Cohen, 1988). Finally, to address the third research question, multiple regression procedures were employed. Using this data analysis strategy, an a priori power analysis revealed that when power is held at .80, alpha is set at .05, and there are five predictors, 93 participants are needed to obtain a medium effect size ($f^2 = .15$; Cohen, 1988). Combining the results of these analyses, an overall sample size of 130 was considered to be sufficient to examine each of the research questions posed.

Instrumentation

Previous research had shown that one’s attitude toward counseling, degree of fear of stigmatization, levels of encouragement and self-efficacy, and prior counseling experience, along with selected demographic variables, such as gender and age, were significant factors associated with whether or not college students would seek professional counseling help when needed. Instruments selected to measure these
variables as part of the present study included the following: (a) Attitudes Toward Seeking Professional Psychological Help Scale - Shortened Version (Fisher & Farina, 1995); (b) Stigma Concerns subscale of The Thoughts About Psychotherapy Survey (Deane & Chamberlain, 1994; Kushner & Sher, 1989); (c) The Encouragement Scale - Abbreviated Version (Dagley, 2001); (d) The General Perceived Self-Efficacy Scale Revised (Schwarzer & Jerusalem, 1995); and, (e) questions regarding prior counseling experience and demographics. The specific rationale for the selection of each of these instruments follows.

*Attitudes Toward Seeking Professional Psychological Help Scale - Shortened Version (ATSPPH-S)*

The ATSPPH-S (Fischer & Farina, 1995) is a ten-item instrument used to assess attitudes toward seeking professional psychological help. This instrument was selected for its brevity and common usage in the help-seeking literature. It is based on a 29-item version previously developed by Fischer and Turner (1970). Each item is rated on a 4-point, Likert-type scale, ranging from 1 (“disagree”) to 4 (“agree”) with half of the items presented in reverse order. Higher scores reflect more positive attitudes toward seeking professional psychological help.

The test-retest reliability of the ATSPPH-S over a 4-week period was .80 and the coefficient alpha was .84, which was replicated in this current study. Support for the construct validity of the instrument was obtained through examination of the point biserial correlations between the respondents who had sought help and those who had not. The correlations were .24 (p < .03) for females, .49 (p < .0001) for males, and .39 (p
< .0001) overall. The normative sample was comprised primarily of freshmen (74%) with a modal age of 18 years, and 55% of the sample was female (Fischer & Farina, 1995).

**Stigma Concerns Subscale of The Thoughts About Psychotherapy Survey (TAPS)**

The TAPS (Deane & Chamberlain, 1994; Kushner & Sher, 1989) (TAPS) uses 30 items to assess fear of psychological services along with therapist responsiveness, and image, coercion, and stigmatization concerns. Respondents indicate their level of agreement to statements using a 5-point Likert scale from 5 (“very concerned”) to 1 (“no concern”). The TAPS has four subscales: Therapist Responsiveness, Image Concerns, Coercion Concerns, and Stigma Concerns.

For the purposes of the present study, the 11-item Stigma Concerns subscale (SC) was selected to assess stigmatization as defined in the present study because the subscale assesses a participant's rating of the effects of therapy attendance on the attitudes of employer, friends, and family (Deane & Chamberlain, 1994). Items are summed to create a score that can range from 11 to 55. The higher the score, the more the respondent fears being stigmatized for attending therapy. The normative sample for the TAPS were university students with a mean age of 22.37 (SD = 5.26 years) and 48% were female.

The internal consistency reliability of the SC subscale was .93. Construct validity for the SC subscale was determined using the Psychotherapy Questionnaire (Zwick & Attkisson, 1984), which measures the accuracy of respondent expectations of psychotherapy. Previous research has shown a negative relationship (r = -.17, p < .005) between stigma concerns and accuracy of participant expectations of therapy (Deane & Chamberlain, 1994). The Cronbach’s alpha was .97 for this present study.
The Encouragement Scale-Abbreviated Version (ES-A)

The ES-A (Dagley, 2001) is a 25-item instrument used to measure the psychological construct of encouragement as described by Adler (1925/1973) in his theory of Individual Psychology. The instrument is based on a 100-item version of The Encouragement Scale - General Form (EDG) previously developed by Dagley and Evans (1991). Because the present study was interested in encouragement as a global construct and in order to reduce the total time anticipated for administration of all instruments, an abbreviated version of the instrument was developed by Dagley (2001) for the present study. Each item on the ES-A is rated on a 5-point, Likert-type scale, ranging from 1 (“strongly disagree”) to 5 (“strongly agree”) with 14 of the 25 items presented in reverse order. Higher scores reflect a more encouraged individual, with an overall range of scores from 25 to 125.

Because the present study marks the first use of The Encouragement Scale - Abbreviated Version (Dagley, 2001), there is no prior reliability and validity information on its use. Reliability of The Encouragement Scale - General Form was determined by the test-retest method and Cronbach's alpha coefficients. Test-retest results on the General/Clinical Form indicated a correlation of .88 (Jenkins, 1992; Waring, 1992). Cronbach's alphas have varied from .83 to .94. Subscale reliability measures range from .70 to .90. Construct validation studies for the EDG have indicated acceptable comparisons with the Beck Depression Inventory (Beck & Steer, 1987), The Family Environment Scale (Moos & Moos, 1986), The Hope Scale (Snyder et al., 1991), The Beck Hopelessness Scale (Beck, Weissman, Lester, & Trexler, 1974), The Rosenberg
Self-Esteem Scale (Rosenberg, 1965), and The Teacher Efficacy Scale (Gibson & Dembo, 1984). The Cronbach’s alpha was .79 for the present study.

The General Perceived Self-Efficacy Scale – Revised (GPSE-R)

The GPSE-R (Schwarzer & Jerusalem, 1995) uses 10 items to assess participants' self-report of self-efficacy. This instrument was selected because it is a brief measurement tool of general self-efficacy. This scale was originally developed in German with 20 items and then reduced to a 10-item version by the same authors (Schwarzer & Jerusalem, 1995). The English version of this scale was used in the present study. Respondents indicate their level of agreement to statements using a 4-point Likert scale, ranging from 1 (“not at all true”) to 4 (“exactly true”), with a score ranging from 10 to 40. Higher scores represent higher levels of self-efficacy.

The General Perceived Self-Efficacy Scale - Revised has yielded internal consistencies ranging from .75 to .91 (Schwarzer & Jerusalem, 1995). The Cronbach’s alpha was .80 for this study. Self-efficacy as measured by this instrument has been found to correlate positively with self-esteem and optimism and correlate negatively with anxiety, depression, and physical symptoms showing good convergent and discriminant validity (Schwarzer, 1992; Schwarzer & Born, 1997; Schwarzer, Mueller, & Greenglass, 1999).

The majority of the normative sample was in the traditional college age range of 19-24 with samples collected from Great Britain and Canada, and from samples solicited using the worldwide web. Seventy-eight percent of the worldwide web sample were from North America.

Demographic and Previous Counseling Variables
The demographic information collected from participants included gender, age, and academic classification. Evidence of prior counseling experience was solicited with the question "Have you previously (or currently) seen a counselor, psychologist, or psychiatrist?"

Research Design

A passive research design (Cook & Campbell, 1979 as cited in Heppner, Kivlighan, & Wampold, 1999) was selected for use in the present study because of the desire to sample college students directly through the use of self-reports. This design has been used extensively in social science research for these purposes (Heppner et al., 1999). Benefits of using a passive research design include the ability to take participants directly from the population of interest and to use self-reports. In particular, taking participants directly from the population results in good external validity and using participants' self-reports allows access to phenomena that might be very difficult or impossible to measure (e.g., attitudes) through other research designs.

The present study has low internal validity due to a lack of randomization of the sample and no manipulation of the independent variables (Heppner et al., 1999). Readers should use caution when interpreting results. Because participants were recruited from one south central university in the United States with little racial or ethnic diversity, the results are not generalizable to student populations recruited from different settings.

Procedure

Recruitment of Participants

During the Fall Semester of 2001, participants were recruited by the principal investigator by visiting various academic classes and student organizations at the
southwestern University in cooperation with the course instructor or the organization’s
director.

**Wellness for Life Classes.** The majority of the data (70%) for the present study
were collected in the “Wellness for Life” classes offered by the Department of Health and
Physical Education. This decision was influenced by the student diversity across the
demographic variables of interest in the present study (i.e., age, gender, and academic
classification) that these classes offered. The “Wellness for Life” Class satisfies part of
the core curriculum requirements for a baccalaureate degree from the university. This
three credit-hour freshmen level course covers a variety of topics (e.g., nutrition,
exercise, weight management) that are intended to assist students in making choices for
life long wellness. Students can take this course on either a three-day schedule (Monday,
Wednesday, Friday) or a two-day schedule (Tuesday, Thursday). Students may satisfy the
“Wellness for Life” requirement by substituting classes in Physical Education Activities,
Military Science, Rodeo Techniques, or Marching Band.

Permission was obtained from the Department Head of Health and Physical
Education to collect data in the academic classes. A list of classes was obtained and a
departmental contact person was established. The contact person notified instructors that
the researcher would contact the instructor to collect data during class time. The
researcher contacted each instructor via email or phone and established a date for data
collection.

**Other Academic Classes.** The researcher obtained permission to collect data in
various other classes across the campus by filling in for an instructor who would be
absent from class who had also requested a presentation for that class period. These
classes included Business Management Senior Seminar, Human Resource Management, Human Sciences, and Freshmen General Studies Class.

**Student Organizations.** Permission was obtained to collect data at the organizational meetings for The Student Leaders and Resident Advisors Association.

**Data Collection**

The researcher collected the data during the Fall Semester of 2001 in classrooms and organizational meetings at the University using the same approach to collect data in all settings and offering the same incentives to all participants. At times decided on by the classroom instructor or student organization leader, the researcher attended the academic classes and organizational meetings and was introduced by the class instructor or organizational leader as the principal researcher on a study of college students’ attitudes toward counseling. The researcher addressed the students at the beginning of the class time or meeting. Research packets were distributed to all students. A brief introduction was given about the survey and contents of the survey packets (i.e., consent form, survey, drawing entry card). Students who were 18 years of age and older were invited to participate in the research study. All students were invited to participate in a drawing for the bookstore gift certificate regardless of research participation.

Completing all surveys took about 15 to 20 minutes. The researcher collected the research packets and debriefed the participants. Participants had the opportunity to ask questions before, during, and after the data collection process. The Institutional Review Boards of The University of Georgia and the participating university reviewed and approved the research materials prior to data collection.
Data Analysis

Data were coded and transferred by the principal investigator from the completed questionnaires to computer data files. The individual research questions and statistical analysis for each question are offered below.

Research Question 1

What differences, if any, are there between college students who have had prior counseling experience and college students who have not had prior counseling experience in their self-ratings of stigma, self-efficacy, encouragement, and attitude toward counseling?

Statistical Analysis: A one-way ANOVA has one predictor variable and one criterion variable. The predictor variable, prior counseling experience, was analyzed with each criterion variable, stigma, self-efficacy, encouragement, and attitude toward counseling.

Research Question 2

Assuming that there is a main effect of prior counseling on stigma, self-efficacy, encouragement, and attitude toward counseling, what are the direction and strengths of the relationships between gender, age, stigma, self-efficacy, encouragement and attitude toward counseling for people who have and have not previously received counseling services?

Statistical Analysis: A set of Pearson product-moment correlations was conducted to measure the relationship between gender, age, stigma, self-efficacy, encouragement, and attitude toward counseling for participants who have and have not previously received counseling services.
Research Question 3

Which of the five predictor variables (i.e., stigma, self-efficacy, encouragement, age, and gender) contribute significantly to the prediction of attitude toward counseling for people who have and have not previously received counseling services?

Statistical Analysis: Two simultaneous multiple regression analyses were conducted to answer this question. Attitude toward counseling was regressed onto stigma, self-efficacy, encouragement, age, and gender simultaneously for people who have and have not previously received counseling services.
CHAPTER 4

RESULTS

The current study was designed to obtain a deeper understanding of college students’ attitudes toward counseling with respect to whether or not they would seek counseling services. Analyses were conducted to reveal which of a set of variables known to influence a person's help seeking behavior would be positively related to one's attitude toward counseling.

Data were collected from 430 college students of which 282 (66%) were female and 148 (34%) were male. Two hundred and seventeen (51%) students fell in the 18-19 year age range, 123 students (29%) in the 20-21 year age range, and 55 students (13%) in the 22-24 year age range. The remaining 8% (35) of the sample were 25 years of age or older. The mean age in the sample was 20.4 years.

Of the 430 participants who completed the questionnaire, 341 (79.3%) reported never receiving counseling services in the past and 89 (20.7%) reported that they had received counseling services at some point in the past. To control for prior counseling as a variable that was expected to be related to the primary criterion (i.e., attitudes toward counseling), 89 of the 341 participants who did not report receiving counseling services in the past were randomly selected using an Excel randomization function. Thus, only the data from 178 participants were used in the analysis, where 89 participants reported that they had received counseling services at some point in the past, and 89 did not.
Analysis of Demographic Variables

In order to understand how the final sample of 178 participants compares to the total sample of 430 participants, comparison data are offered in Table 4.1. Data are given for gender and age for both samples. These demographic variables are then compared across groups by “prior counseling” and “no prior counseling” experience.

Table 4.1

*Comparison Table of Demographic Variables for Sample of 430 and Sample of 178*

<table>
<thead>
<tr>
<th></th>
<th>Sample of 430</th>
<th>Sample of 178</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>148</td>
<td>52</td>
</tr>
<tr>
<td>%</td>
<td>34.4</td>
<td>29.2</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>282</td>
<td>126</td>
</tr>
<tr>
<td>%</td>
<td>65.6</td>
<td>70.8</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>120 (28%)</td>
<td>46 (26%)</td>
</tr>
<tr>
<td>19</td>
<td>97 (23%)</td>
<td>40 (22%)</td>
</tr>
<tr>
<td>20</td>
<td>71 (17%)</td>
<td>35 (20%)</td>
</tr>
<tr>
<td>21</td>
<td>52 (12%)</td>
<td>19 (11%)</td>
</tr>
<tr>
<td>22</td>
<td>37 (9%)</td>
<td>19 (11%)</td>
</tr>
<tr>
<td>23</td>
<td>13 (3%)</td>
<td>3 (2%)</td>
</tr>
<tr>
<td>24</td>
<td>5 (1%)</td>
<td>3 (2%)</td>
</tr>
</tbody>
</table>
As the data in Table 4.1 indicate, the samples were more similar than different from each other with regard to gender and age. However, there was a large sampling of younger female participants, with approximately half the sample 18- to 19- year olds and 70% of the sample consisting of female participants. As noted earlier in this chapter, the data for the sample of 178 participants was grouped into "received prior counseling" and "did not receive prior counseling." Gender and age differences were examined for each of the two groups.

Gender

The gender of the groups (prior and no prior counseling) was fairly skewed, with more female representation in the group that had prior counseling. Specifically, females
comprised 77.5% of the prior counseling group. There was no statistically significant
difference ($p > .05$; $X^2 = 3.93$) between the groups in reference to gender. Table 4.2
depicts the gender distribution of the sample.

Table 4.2

*Gender of Study Participants by Group*

<table>
<thead>
<tr>
<th>Gender</th>
<th>Prior Counseling</th>
<th>No Prior Counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>20</td>
<td>32</td>
</tr>
<tr>
<td>%</td>
<td>22.5</td>
<td>36.0</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>69</td>
<td>57</td>
</tr>
<tr>
<td>%</td>
<td>77.5</td>
<td>64.0</td>
</tr>
</tbody>
</table>

*Age*

Participants ranged from 18 to 40 years of age. The mean age for all participants
was 20.54 years. Based on the ANOVA statistical test, there was no statistically
significant difference ($p > .05$; $F = .823$) between the groups regarding age. The mean ages
for the two groups are displayed in Table 4.3.
Table 4.3

*Age of Study Participants by Group*

<table>
<thead>
<tr>
<th>Group</th>
<th>Prior Counseling</th>
<th>No Prior Counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>20.61</td>
<td>20.48</td>
</tr>
<tr>
<td>SD</td>
<td>3.58</td>
<td>3.76</td>
</tr>
</tbody>
</table>

Research Questions

*Research Question 1: Are there differences between college students who have had prior counseling experience and college students who have not had prior counseling experience in their self-ratings of stigma, self-efficacy, encouragement, and attitude toward counseling?*

To address the first research question, the sample was compared across levels of stigma, self-efficacy, encouragement, and attitude toward counseling for participants who received and did not previously receive counseling services. Results for each variable will be discussed separately and the results of the one-way ANOVAs are displayed in Table 4.4.

*Stigma*

It was hypothesized that there would be a significant difference, as measured by the *Stigma Concerns Subscale of the Thoughts About Psychotherapy Survey*, between the levels of fear of stigmatization for those participants that had and had not received prior counseling. There was a statistically significant difference (p<.05; F=18.29) between the groups (i.e., prior counseling and no prior counseling) for fear of stigmatization for
attending counseling. Specifically, the group that had no prior counseling reported a higher level of fear of stigmatization (M=2.68) than the group that had prior counseling (M=2.10).

**Self-efficacy**

It was posited that there would be a significant difference, as measured by *The General Perceived Self-Efficacy Scale-Revised*, between the levels of reported self-efficacy for those college students that had and had not received prior counseling. There was no statistically significant difference (p<.05; F=.13) found between the two groups of students that had and had not received prior counseling.

**Encouragement**

It was hypothesized that there would be a significant difference, as measured by *The Encouragement Scale-Abbreviated Version*, between the levels of perceived encouragement of participants that had and had not received prior counseling. There was a statistically significant difference (p<.05; F=10.63) between these groups of participants. Specifically, the group that had no prior counseling reported a higher level of encouragement (M=3.54) than the participant group that had prior counseling (M=3.35).

**Attitude toward counseling**

It was hypothesized that there would be a significant difference, as measured by the *Attitudes Toward Seeking Professional Psychological Help Scale – Shortened Version*, between the levels of positive attitudes of college students who had and had not received prior counseling services. There was a statistically significant difference (p<.05; F=44.60) between these two groups of students on attitude toward counseling. Data show
that the group that received prior counseling reported a more positive attitude toward
counseling ($M=2.92$) than the group that had no prior counseling ($M=2.32$).

In summary, college students who had prior counseling experience reported lower
levels of fear of stigmatization, perceived themselves as less encouraged, and had more
positive attitudes toward counseling. The groups did not report different levels of
perceived self-efficacy.

Table 4.4

Means, Standard Deviations, and One-way Analysis of Variance for Stigma, Self-Efficacy,
Encouragement, and Attitude Toward Counseling by Prior Counseling Experience.

<table>
<thead>
<tr>
<th>Variable</th>
<th>No Previous Counseling</th>
<th>Previous Counseling</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$</td>
<td>$SD$</td>
<td>$M$</td>
</tr>
<tr>
<td>Stigma</td>
<td>2.68</td>
<td>.92</td>
<td>2.10</td>
</tr>
<tr>
<td>Self-Efficacy</td>
<td>3.09</td>
<td>.35</td>
<td>3.07</td>
</tr>
<tr>
<td>Encouragement</td>
<td>3.54</td>
<td>.36</td>
<td>3.35</td>
</tr>
<tr>
<td>Attitude Toward Counseling</td>
<td>2.32</td>
<td>.59</td>
<td>2.92</td>
</tr>
</tbody>
</table>

*p <.01. **p <.001. N = 178

Research Question 2: Assuming that there is a main effect of prior counseling for stigma,
self-efficacy, encouragement, and attitude toward counseling, what are the direction and
strengths of the relationships between gender, age, stigma, self-efficacy, encouragement,
and attitude toward counseling for students who have and have not previously received
counseling services?

To address research question 2, two sets of correlations were computed with
respect to prior counseling group ("received" counseling services or "did not receive"
counseling services). Results of the correlations are displayed in Table 4.5; gender was coded as “1” for males and “2” for females. Correlations between the variables for both participants who had and had not received counseling services were very similar, where attitude toward counseling was positively related to age and gender. Thus more positive attitudes toward counseling were positively associated with age and with being female. These analyses also revealed self-efficacy was associated with being male and with higher levels of encouragement.

Table 4.5

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Stigma</td>
<td>–</td>
<td>-.20</td>
<td>-.12</td>
<td>-.06</td>
<td>-.17</td>
<td>.03</td>
</tr>
<tr>
<td>2. Encouragement</td>
<td>.03</td>
<td>–</td>
<td>.48**</td>
<td>.13</td>
<td>.05</td>
<td>-.05</td>
</tr>
<tr>
<td>3. Self-Efficacy</td>
<td>.07</td>
<td>.46**</td>
<td>–</td>
<td>-.01</td>
<td>.10</td>
<td>-.22*</td>
</tr>
<tr>
<td>4. Attitude Toward Counseling</td>
<td>-.14</td>
<td>.19</td>
<td>-.17</td>
<td>–</td>
<td>.25*</td>
<td>.27*</td>
</tr>
<tr>
<td>5. Age</td>
<td>-.18</td>
<td>.19</td>
<td>-.02</td>
<td>.22*</td>
<td>–</td>
<td>.02</td>
</tr>
<tr>
<td>6. Gender</td>
<td>-.02</td>
<td>-.10</td>
<td>-.24*</td>
<td>.27*</td>
<td>.03</td>
<td>–</td>
</tr>
</tbody>
</table>

*Note.* Correlations below the diagonal are for participants who have not previously received counseling services, and correlations above the diagonal are for participants who have previously received counseling services.

*p < .05. **p < .01. N = 178

Fischer’s Z transformation independent correlations were calculated to see if the relationship between the variables listed in Table 4.6 are dependent and did not indicate any differences between identical correlations with respect to prior counseling group
("received" counseling service previously and "did not receive" counseling services previously).

Table 4.6

*Simultaneous Regression Summary for Attitude Toward Counseling Regressed onto Stigma, Self-Efficacy, Encouragement, Age, and Gender by Prior Counseling Experience*

<table>
<thead>
<tr>
<th></th>
<th>No Previous Counseling</th>
<th>Previous Counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>SEB</td>
</tr>
<tr>
<td>Stigma</td>
<td>-.06</td>
<td>.06</td>
</tr>
<tr>
<td>Self-Efficacy</td>
<td>-.42</td>
<td>.19</td>
</tr>
<tr>
<td>Encouragement</td>
<td>.51</td>
<td>.19</td>
</tr>
<tr>
<td>Age</td>
<td>.02</td>
<td>.02</td>
</tr>
<tr>
<td>Gender</td>
<td>.29</td>
<td>.12</td>
</tr>
</tbody>
</table>

*p < .05.  **p < .01.  N = 178

Although the same correlations between variables did not differ with respect to counseling group, two simultaneous multiple regression models were designed to obtain a deeper understanding of the variables that predict peoples’ attitudes toward counseling for people who have and have not previously received counseling services. In both regression models, attitude toward counseling was regressed onto stigma, self-efficacy, encouragement, age, and gender. The first regression analysis examined the model for participants who had not previously received counseling and the second regression analysis examined the model for participants who had previously received counseling. Among participants who had not previously received counseling, the model of predictors accounted for 21% of the variance in attitude toward counseling ($R^2 = .21, F(5, 83) =$)
4.41, \( p < .01 \)). This analysis also indicated a main effect for self-efficacy, encouragement, and gender. Among participants who had previously received counseling, age and gender accounted for 15% of the variance in attitude toward counseling (\( R^2 = .15, F(5, 83) = 2.95, p < .02 \)). This model indicated a main effect for age and gender (see Table 4.6).

These results suggest that among those participants who had not previously received counseling, their attitudes toward counseling were impacted most by their self-efficacy, encouragement, and gender, and that the attitudes toward counseling among participants who had previously received counseling was most likely affected by their age and gender.

**Research Question 3:** Which of the five predictor variables (i.e., stigma, self-efficacy, encouragement, age, and gender) contribute significantly to the prediction of attitude toward counseling for students who have and have not previously received counseling services?

Finally, to determine the relationship between counseling group and attitude toward counseling, while statistically controlling for the effects from the other predictors, an analysis of covariance (ANCOVA) was computed using counseling group as the independent variable, attitude toward counseling as the dependent variable, and stigma, self-efficacy, encouragement, age, and gender as covariates. The results of the ANCOVA revealed a significant main effect for encouragement, gender and age, as well as counseling group \( F(1, 171) = 41.16, p < .001, \eta^2 = .19 \); all other \( \eta^2 \) were below .06, indicating that the majority of the variance in attitudes toward counseling was accounted for by whether or not participants had previously received counseling services.
Summary

The purpose of the study was to understand college student’s attitudes toward counseling more fully. Specifically, the study compared self-reported differences in stigma fears, perceived encouragement, level of self-efficacy, and attitude toward counseling for students who had and had not had prior counseling experience.

The present study reviewed an analysis of data collected from 178 undergraduate students attending a four-year university in a rural north central Texas county. The students completed a questionnaire that consisted of four assessment instruments. The instrumentation used in the present study consisted of the (a) Attitudes Toward Seeking Professional Psychological Help Scale – Shortened Version; (b) Stigma Concerns Subscale of The Thoughts About Psychotherapy Survey; (c) The Encouragement Scale – Abbreviated Version; (d) The General Self-Efficacy Scale Revised; and (e) questions regarding prior counseling experience and demographics.

There were statistically significant differences (p<.05) concerning fear of stigma, encouragement, and attitude toward counseling between the groups that had received prior counseling and had not received prior counseling. However, there were no statistically significant differences (p<.05) for perceived self-efficacy for these two groups of college students. Students who had prior counseling experience had less fear of stigmatization, perceived themselves as more encouraged individuals, and had more positive attitudes toward counseling.

Models of predicting attitudes toward counseling were tested with statistically significant findings (p<.05). College student age and gender accounted for 15% of the variance among participants who had previously received counseling ($R^2 = .15$, $F(5, 83)$...
= 2.95, \( p < .02 \)). Specifically, being older rather than younger, and female rather than male, predicted those students who had more positive attitudes toward counseling among those students who had prior counseling experience. The prediction model for those students who had not received counseling explained 21% of the variance in attitude toward counseling (\( R^2 = .21, F(5, 83) = 4.41, p < .01 \)). The college students who perceived themselves as more encouraged, less self-efficacious, and who were male had less positive attitudes toward counseling among those students who had not had prior counseling experience.

Lastly, the contribution of prior counseling experience to the variance in college student attitude toward counseling was examined. The significant contributing variables that explain the variance in college student attitude toward counseling was encouragement, gender, age, and prior counseling experience. The majority of the variance in attitudes was explained by prior counseling experience \( F(1, 171) = 41.16, p < .001, \eta^2 = .19 \).
CHAPTER 5
SUMMARY, CONCLUSIONS, IMPLICATIONS, LIMITATIONS AND RECOMMENDATIONS

Summary

Given the present concerns about the psychological health of today's college students, there has been a call to understand better how to meet the psychological needs of today’s college students (Bishop, Bauer, & Becker, 1998). The purpose of the present study was to examine a set of factors that have been shown to influence the attitudes of college students toward the utilization of counseling services. Specifically, the present study explored the relationship between (a) prior personal experience with counseling, (b) level of self-efficacy, (c) concerns about stigmatization, (d) factors related to encouragement, and (e) a set of demographic variables and the relationship between these variables and students' attitudes toward counseling.

The research questions that guided the present study were: (a) What, if any, differences are there between college students who have had prior counseling experience and college students who have not had prior counseling experience in their self-ratings of stigma, self-efficacy, encouragement, and attitude toward counseling?; (b) Assuming that there is a main effect of prior counseling for stigma, self-efficacy, encouragement, and attitude toward counseling, what are the direction and strengths of the relationships between gender, age, stigma, self-efficacy, encouragement and attitude toward counseling for students who have and have previously received counseling services?; and (c) Which of the five predictor variables (i.e., stigma, self-efficacy, encouragement, age,
and gender) contribute significantly to the prediction of attitude toward counseling for students who have and have not previously received counseling services? Do the regression models, resulting from subsets of the five predictor variables, reliably predict attitudes toward counseling for students who have and have not previously received counseling services?

The present study was conducted at a public, four-year university in a rural north central Texas county. Data were collected from 430 college students of which 282 (66%) were female students and 148 (34%) were male. The mean age in the sample was 20.4 years of age. Participant data were examined separately for students with prior counseling experience and no prior counseling experience. Students volunteered to participate in the present study and completed self-report questionnaire packets. The majority of the data (70%) for this study were collected in the "Wellness for Life" classes offered by the Department of Health and Physical Education. The remaining data were collected in various academic classes around the campus and student organizational meetings.

One-way ANOVAs were conducted to investigate whether differences existed on levels of stigma, self-efficacy, encouragement, and attitude toward counseling among participants who have had and who have not had prior counseling experience. Results indicated that there were no significant differences in self-efficacy for participants who have and have not had prior counseling experience. There were significant differences in stigma, encouragement, and attitude toward counseling for participants who have had and not had prior counseling experience.

Pearson correlation coefficients were calculated to investigate whether there were relationships between prior counseling experience and no prior counseling experience
and each of the following variables: attitudes toward counseling, stigma, self-efficacy, encouragement, age, and gender. Results indicated that these correlations did not differ significantly for the groups that have and have not had prior counseling. There were significant relationships between attitude toward counseling and gender and attitude toward counseling and age. In addition, there were also significant relationships between self-efficacy and being male and self-efficacy and encouragement.

Multiple regression analyses were conducted for both groups, prior counseling experience and no prior counseling experience, to determine the variables that predict students' attitudes toward counseling. Results indicated that gender, self-efficacy, and encouragement were significant variables found to predict attitude toward counseling for students who have not had prior counseling. These variables accounted for 21% of the variance in students' attitudes toward counseling who have not had prior counseling. Gender and age were the significant variables found to predict attitude toward counseling for students who had counseling experience and accounted for 15% of the variance.

Lastly, an analysis of covariance (ANCOVA) was computed using counseling group as the independent variable, attitude toward counseling as the dependent variable, and stigma, self-efficacy, encouragement, age, and gender as covariates. Results indicated a main effect for encouragement, gender, and age, as well counseling group. The ANCOVA revealed that the majority of the variance in attitude toward counseling was accounted for by whether participants had prior counseling experience.

Conclusions

*Findings from Research Question 1 Regarding Measured Differences in Attitudes Toward Counseling*
In the first analyses (ANOVAs), the data were grouped by student participants who have and have not had counseling experience and differences in stigma, self-efficacy, encouragement, and attitudes toward counseling were examined. From these analyses, it was discovered that college students who did not have counseling experience rated themselves as more encouraged, more fearful of the stigma related to counseling, and had more negative attitudes toward counseling than students who had participated in counseling. An encouraged individual, by definition, feels good about himself or herself and others and feels up to the tasks of learning and living (Adler, 1931/1980, p. 8). By definition, encouraged individuals have meaningful relationships with others and are connected to the larger community. As a consequence, encouraged individuals have personal resources beyond their own capabilities. It is likely, therefore, that encouraged students may not have felt a need to avail themselves of professional counseling and thereby not have sought these services.

Students with negative attitudes toward counseling and who fear being stigmatized for seeking counseling services may not view counseling as a viable option for addressing problems or concerns, a conclusion supported by other studies (Fischer & Farina, 1995; Connor, 2001; Cramer, 1999). Students with stigma concerns who have not experienced counseling are apprehensive about how others may view them if they seek counseling services. Reducing the stigma of counseling and mental health issues has been attempted through psycho-educational interventions with adolescents and college students (Esters, Cooker, & Ittenbach, 1998; Gonzalez, Tinsley, & Kreuder, 2002) with varying degrees of success. The interventions by Esters, et al., (1998) were several hours in length by contrast to those by Gonzalez et al., (2002) interventions, which were about
fifteen minutes in length. Comparing the results of these two studies, it appears that a longer intervention can have a more lasting effect on changing attitudes toward counseling and perceptions of mental illness. Although college counselors may not often have two hours to spend specifically on changing students' attitudes and perceptions, there are other means to address these issues, such as utilizing counseling center websites. Information and online screenings can be offered to students that may reduce their fears associated with counseling and mental illness. Students can spend the time necessary to understand their current symptoms and find information on both self-help and professional treatment for their concerns by completing confidential online screenings and privately exploring mental health information on-line. The marketing of web resources could direct students to these services. As a consequence, students who would not be expected to browse the counseling center website or other mental health websites on campus for fear of discovery or other potentially negative consequences, might be encouraged to explore non-university sites anonymously.

Findings from Research Question 2 Regarding Relationships between Variables

Results of the correlations between the variables, stigma, encouragement, self-efficacy, attitude toward counseling, age, and gender were very similar for both participant groups (received counseling and have not received counseling). More positive attitudes toward counseling were associated with being female and older in age and self-efficacy was positively related to being male and encouragement. These findings and the failure to find differences between the two counseling groups could be due to the lack of variability in the participants. Forty-eight percent of the sample (86 of 178 participants) were 18- to 19-years of age and 70.8 % of the sample (126 of 178 participants) were
female participants. Moreover, participants were drawn from a relatively small geographic area in a north central Texas county that surrounds the rural public university where data for this study were collected.

Female participants in the present study expressed more positive attitudes toward counseling whether or not they had prior counseling experience. It appears that having a positive attitude toward counseling is not dependent on prior experiences with counseling and nor does having experience with counseling negatively influence their attitudes toward counseling. Male participants, by comparison, held more negative attitudes toward counseling, which may have discouraged them from seeking counseling. Without having had counseling experiences, their negative attitudes apparently remain unchanged, if not also unchallenged by a positive and corrective experience.

*Findings from Research Question 3 Regarding Predicting Attitude Toward Counseling in the College Student Population*

The present study provides general support for predicting students’ attitudes toward counseling. Unfortunately, this study provides little support for understanding specific pathways by which students develop their attitudes toward counseling. Separate prediction models were considered for the no prior counseling experience and the prior counseling experience groups. Of the variables examined in the present study, only gender and age predicted attitude toward counseling for students who had counseling experience. Being an older female accounted for only 15% of the variance in attitude toward counseling for this group, leaving 85% of the variance still unexplained. Although these findings are supported by earlier studies, they do not add anything to predicting the attitude toward counseling of a student who has prior counseling experience. Critically,
the age at which students in this study had prior counseling experience and the nature of that experience are unknown. Based on the findings, it is possible to speculate that a process of maturation, or the accumulation of relevant life experiences other than counseling, enables students to entertain a wider range of problem-solving choices, which may include counseling. Alternatively, female socialization includes the expectation that they must rely upon others for help or that they will need others to “fix” conditions that are beyond their own control. How gender socialization, problem awareness, and help seeking are related to the development of attitudes toward seeking counseling services remains unclear. Exploring attitudes toward counseling for students with prior counseling experience may better be accomplished through qualitative approaches that could assess the prior counseling experience of both males and females from their unique perspectives. In particular, how males and females develop attitudes toward counseling and how these attitudes are related to any subsequent experience with counseling are critical questions to be answered by further research.

Encouragement, self-efficacy, and gender explained 21% of the variance in attitudes toward counseling for students who have not had prior counseling experience. Male students with no counseling experience who perceived themselves as less efficacious and more encouraged held more negative attitudes toward counseling. If encouraged individuals have the inner and supportive resources to cope with daily stressors and traumas of living, it is unclear why this group would hold more negative attitudes toward counseling. This finding could be an artifact of the dichotomous thinking that characterizes the traditional age student population from which the majority of this sample was drawn. An example of this thinking could be "I cannot be an encouraged
individual if I would consider receiving counseling assistance, because this would indicate that I lack courage" or "being diagnosed as different (e.g., depressed, anxious) by a professional would threaten my sense of belonging to my peer group or family."

Feeling less efficacious or doubting one's own ability and having a negative attitude toward help seeking has been explained previously in the literature (Covington & Beery, 1976; Nelson-LeGall, 1981). The prospect of having to seek help can be especially threatening to these individuals because persistent failure after having sought help might create even more evidence of their assumed low ability and their lower self-worth (Covington & Beery, 1976). Help-seeking may also be viewed by students with low self-efficacy as dependent behavior and, therefore, constitute a threat to one's sense of competence and autonomy or provide a barrier to becoming independent (Nelson-LeGall, 1981). For student retention purposes, it may be useful to identify less efficacious students through the use of selected performance indicators (e.g., failing grades, missing multiple classes, lack of participation) and by being more proactive as student services professionals in assisting students to become more efficacious. Students with low self-efficacy may need not only to be made more aware of available counseling services, but may also need to be instructed more specifically about the personal and academic conditions under which they may find counseling to be useful. Deliberate instruction may be particularly important for male students who may only have mandated counseling experiences as a consequence of alcohol or other drug violations or other conduct infractions. These counseling experiences may only serve to reinforce student beliefs that someone other than themselves will tell them when and under what conditions counseling can be useful.
Students' fear of being stigmatized by attending counseling was not a predictor of attitudes toward counseling for students who neither have nor have not had prior counseling experience. Although students who have had prior counseling were found to have less fear of stigmatization, the degree of the fear did not predict whether that student held a positive or negative attitude toward counseling. Possibly efforts to reduce the stigmatization of mental illness and seeking mental health services on college campuses (Satcher, 2000) has had a positive effect on the college student population. The point should not be lost, however, that students who did not have prior counseling had a greater fear of being stigmatized by attending counseling, suggesting that getting students to engage in counseling in the first place is a significant step toward improving their attitude toward counseling.

When the findings related to self-efficacy, encouragement, and being male are considered with the finding that fear of stigma was not a predictor, it seems that students, particularly male students, are less concerned about what others might think of them for needing mental health assistance and more concerned with what they will think about themselves for seeking mental health assistance. Counseling may be perceived as a threat to independence and competence for college students who are in the developmental process of taking greater control of their own lives. This threat may be felt more strongly among male students who are less likely to have had prior counseling experience and who may be less likely to recognize a need for counseling in their personal or academic lives.

The largest contributor to the variance in college students' attitudes toward counseling was attributed to previous experience with counseling. As anticipated,
students with prior counseling experience expressed more positive attitudes toward counseling. This result supports previous research that has shown that students are more likely to seek counseling help if they have had previous experience with counseling (Fischer & Farina, 1995). If prior experience with counseling can positively influence students' attitudes toward counseling, how can students, especially male students who generally have less prior experience, gain experience with counseling without first participating in counseling sessions? One avenue for students to gain experience with counseling may be through psycho-educational presentations that include counseling techniques for active listening, stress management, and problem solving. Once a student has had a glimpse of counseling and an experience with a counselor through a classroom or student organization presentation, it may be easier to seek professional psychological help. If a counselor is perceived as approachable and counseling is perceived as similar to the care and concern offered by friends and family, students' attitudes toward counseling may be positively influenced.

Implications

There are two significant implications from the present study. After college students have experienced counseling, their attitude appears to be more positive toward counseling and they fear being stigmatized less by the experience. These two variables, prior experience and reducing stigmatization, seem to make significant differences in whether a student will seek counseling services when that student has difficulty coping with life stressors or experiences a trauma or significant loss while attending college. Although male participants reported being less affected by the fear of stigma related to psychological counseling, they had less prior experience with counseling than the female
participants in this study. Prior experience with counseling was the best predictor of attitude toward counseling in this study and attitude toward counseling has repeatedly been shown to be the best predictor of whether a student will seek or not seek counseling services. Based on these findings, it seems imperative for counseling professionals to make every effort to expand the range of occasions for meeting students in their role as helping professionals through classroom presentations, and participating in university activities that allow students a personal experience with counselors before they need them for more serious issues.

Limitations

The students participating in the present study were either attending classes or student organizational meetings and volunteered to participate. Although the course from which these students were drawn meets a core university requirement and attracts a large proportion of the university’s general population, students do have alternatives that may have influenced their participation in the study. Specifically, it is unknown to what extent those taking an alternative course in military science, for example, are dissimilar from those taking a course on “wellness for life.” This consideration is particularly poignant when one considers the significance previous counseling experience, stigmatization, and gender play in seeking services. Specifically, it might be hypothesized that males who are attracted to military service are more likely to have high levels of self-efficacy, lower levels of experience with counseling, and greater sensitivity to the possibility of being stigmatized for seeking counseling services. Similar arguments might be made for students selecting physical education and/or rodeo techniques rather than wellness as the means to satisfy the university’s course requirement. Attempts were made, however, to
rectify the possibility that those not taking the course (a full 30% of all students) were not unlikely to be too dissimilar in their attitudes toward counseling by drawing students from a diverse set of other courses (e.g., business, resource management, and human science) and a cross section of student organizations. Nonetheless, the full extent to which participants in the study are representative of the larger student population remains unknown. More critically, this sample may not represent more discouraged students who are no longer participating academically or socially but remain within the university community. Moreover, the students attending this university are predominantly White and middle class. What relationship race, ethnicity, and socio-economic status have upon any interpretation of these results awaits further research.

The data were collected from self-report questionnaires, which necessarily rely upon a minimal level of student insight into their own behavior and a willingness to report their self-assessment honestly. Given the nature of the study into student’s attitudes toward counseling, one might imagine that those students with lower levels of self-efficacy and encouragement and/or those with more negative attitudes toward counseling may be less insightful and/or willing to report honestly. Qualitative interviews with a random sample of participants might provide a greater depth of understanding regarding college students' concerns that negatively affect their attitudes toward counseling and might provide an opportunity to probe student perceptions and expectations regarding counseling in greater detail. Alternatively, interviews with those who attitudes were more positively affected by personal experience with counseling might be able to provide some insight into conditions that led to their initial use of counseling and their subsequent experience.
Another limitation of this study is that it was not addressed to understanding differences in attitudes toward counseling by race and ethnicity. Racial and ethnic minority groups differ in professional help-seeking attitudes and these differences are influenced by numerous variables specific to individual groups (Leong, Wagner, & Tata, 1995). Future research may replicate this study for specific racial and ethnic populations and include data collection on acculturation and racial identity, which have been found to have an impact on help-seeking attitudes (Gloria, Hird, & Navarro, 2001).

Finally, previous research had demonstrated utilization rates by students for counseling on university campuses nation-wide of 5-15% (Gallagher, Sysko, & Zhang, 2001). Strikingly, a full 20% of the students in the present study reported previous experience with counseling. Whether these experiences were prior to or subsequent to enrollment in the university is unclear from the data. Previous research noting the rise in levels of pathology among college students and increasing reports of having previously sought counseling and psychological services suggests that the larger portion of these students may be pre-disposed to use available services on campus (Humphrey, Kitchens, & Patrick, 2000). To what extent prior experience may have influenced these students to select a course on wellness and then also volunteer to participate in a study of attitudes toward counseling is impossible to determine from this study. Clearly, the participants in the present study represent a student population with a greater than average number of students with prior experience that argues for interpreting these results for the general population with great caution.
Recommendations

Because older females express more positive attitudes toward counseling, it is recommended that future studies inquire specifically into the maturation process for females as it relates to help-seeking behavior. The relationships that exist among the experience of being female, self-efficacy, encouragement, and previous experience with counseling remain unclear. Although advancing age provides additional challenges that might suggest the need for counseling, greater opportunity to seek services does not necessarily translate into greater utilization of services. Recognizing the continued low levels of both prior experience and attitudes toward counseling by men in the sample raises interesting questions about the differential socialization of women and men, especially related to the use of counseling services. Whether and how counseling professionals on university campuses might respond to the differential needs and experiences of students by age or gender seems a fruitful line of inquiry if universities are to help students make effective use counseling services on campus.

Consistent with this recommendation, university counselors are encouraged to investigate the potential effectiveness of increasing students' experience with a counselor through semi-formal contacts, such as attending classroom presentations or campus workshops on career issues, or through more informal contacts such as through shared campus activities in Greek organizations, clubs, or academic societies. Understanding that prior experience with counseling increases the likelihood of seeking services for more serious counseling-related issues underscores the necessity for university counselors to expand the range of their contacts with students as means to positively affecting their attitudes toward counseling.
The construct of encouragement appears to offer some insight into the help-seeking process of college students. Clearly, encouragement and self-efficacy are closely related constructs that play a significant role in how students view themselves and their abilities to deal effectively with their own problems. Nonetheless, the equivocal findings between these variables and attitudes toward, and previous experience with, counseling implies that how this process works is very different for men than it is for women, at least for college-age men and women. Further, the disparity in attitudes by gender, and to a lesser extent by age, suggest that different sub-groups of students might respond, not only to different sets of services, but they may have to be introduced to those services with different approaches. Although entirely speculative, given the relative cultural homogeneity of the present sample, college counselors serving the needs of a diverse student population may wish to consider diversifying their contacts as well as their services to reach the greatest proportion of their students. Clearly, further inquiry with a more diverse sample of “discouraged” college students may offer useful findings to inform practice in student services.

Finally, based on my counseling experience with students and the findings from this study, students are concerned with what others may think of them for seeking counseling assistance, but, it appears to affect them more deeply to admit to themselves that they need help from a counselor or from medication. Students who need help the most may be the least likely to seek out this help and this study was an attempt to better understand this phenomenon. Psychological help-seeking may be another area for this generation of students as Levine and Cureton (1998) has described "where hope and fear collide". As first responders to these collisions, faculty and student service professionals
need the tools to identify troubled or discouraged students and the relationship skills to attend to these crash victims with confidence.
REFERENCES


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Psychiatry, 33*(5), 718-728.


APPENDIX
CONSENT FORM

I agree to take part in a research study titled "Measuring the Influence of Self-Efficacy, Knowledge of Counseling, Fear of Stigma, and Encouragement on College Students' Attitudes Toward Psychological Counseling", which is being conducted by Becky Tabony, M.A. under the direction of Richard L. Hayes, Ph.D. both in the Department of Counseling and Human Development at The University of Georgia, (706) 542-1812. I do not have to take part in this study; I can stop taking part at any time without giving any reason, and without penalty. I can ask to have information related to me returned to me, removed from the research records, or destroyed.

The purpose of this research study is to gain a better understanding of college students' attitudes toward counseling. I will not benefit directly from this research, however, if I participate in this study, I may enter a drawing for a $50 bookstore gift certificate. If I chose to withdraw from this study, I may still choose to participate in the drawing. The drawing will take place after all data is collected this Fall Semester 2001. The researcher will contact the winner by the information provided on the entry card. If the winner cannot be contacted another winning entry card will be drawn and this student contacted. This process will continue until the gift certificate is given away. All entry cards will be destroyed after the winner is contacted.

If I volunteer to take part in this study, I will be asked to complete a questionnaire that will take approximately ten minutes. If I choose to participate in the drawing, I will be asked to put my name and contact information on an entry card provided in the research packet. The estimated total time that it will take me to participate in this study is twenty minutes. The anticipated discomforts or stress from participating in this study are minimal.

The risk of participating in this study is minimal. Any information collected from me will be kept confidential through a coding system. My name will not be associated with my responses. All of my responses will be combined and analyzed with those of others. An exception to confidentiality would be made to protect the rights and welfare of others or myself as required by law.

The researcher will answer any further questions about the research, now or during the course of the project, and can be reached by telephone at 254-968-9044. My signature below indicates that the researcher has answered all of my questions to my satisfaction and that I consent to volunteer for this study. I have been given a copy of this form.

_____________________________
Signature of Researcher, Date

_____________________________
Signature of Participant, Date

For questions or problems about your rights please call or write: Human Subjects Office, University of Georgia, 606A Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-6514; E-Mail Address IRB@uga.edu.