

UNIVERSITY STUDENTS' ATTITUDES TOWARD SEEKING  
PSYCHOLOGICAL HELP: EFFECTS OF PERCEIVED SOCIAL SUPPORT,  
PSYCHOLOGICAL DISTRESS, PRIOR HELP-SEEKING EXPERIENCE  
AND GENDER

A THESIS SUBMITTED TO  
THE GRADUATE SCHOOL OF SOCIAL SCIENCES  
OF  
MIDDLE EAST TECHNICAL UNIVERSITY

BY

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IN PARTIAL FULFILMENT OF THE REQUIREMENTS  
FOR  
THE DEGREE OF MASTER OF SCIENCE  
IN  
THE DEPARTMENT OF EDUCATIONAL SCIENCES

AUGUST 2009

Approval of the Graduate School of Social Sciences

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## **ABSTRACT**

**UNIVERSITY STUDENTS' ATTITUDES TOWARD SEEKING  
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EFFECTS OF PERCEIVED SOCIAL SUPPORT, PSYCHOLOGICAL  
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August, 2009, 70 pages

The main purpose of the present study was to examine the effect of perceived social support, psychological distress, prior help-seeking experience, and gender on attitudes toward seeking psychological help of university students. In addition to the main purpose; gender, faculty, living arrangement, and year of study differences in attitudes toward seeking psychological help and students' knowledge about the psychological counseling services of the METU Health and Guidance Center were investigated.

The sample consisted of 417 (223 female, 194 male) undergraduate students of Middle East Technical University. The data was gathered using the scale of Attitudes Toward Seeking Psychological Help-Shortened (ASPH-S), the Multidimensional Scale of Perceived Social Support (MSPSS), General Health Questionnaire (GHQ-12) and a demographic information form.

It was found that nearly half of the participants (47%) had knowledge about the psychological counseling services of the METU Health and Guidance Center. Friends were the most frequently stated sources of help (59%) in times of need

for personal problems. Females had more positive attitudes toward seeking psychological help than males. Students of the Faculty of the Arts and Sciences, and students of the Faculty of the Education were found to have more favorable attitudes than of the Faculty of Engineering students. Finally, hierarchical regression analysis showed that perceived social support, prior help-seeking experience, and gender significantly predicted attitudes toward seeking psychological help. However, psychological distress was not associated with help-seeking attitudes.

**Keywords:** Attitudes toward seeking psychological help, university students, perceived social support, psychological distress, prior help-seeking experience

## ÖZ

### ÜNİVERSİTE ÖĞRENCİLERİNİN PSİKOLOJİK YARDIM ALMAYA İLİŞKİN TUTUMLARI: ALGILANAN SOSYAL DESTEK, PSİKOLOJİK SIKINTI, YARDIM ALMA DENEYİMİ VE CİNSİYETİN ETKİSİ

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Ağustos, 2009, 70 Sayfa

Bu çalışmanın temel amacı algılanan sosyal destek, psikolojik sıkıntı, yardım alma deneyimi ve cinsiyetin, üniversite öğrencilerinin psikolojik yardım almaya ilişkin tutumlarına etkisini incelemektir. Buna ek olarak, üniversite öğrencilerinin psikolojik yardım almaya ilişkin tutumlarında; cinsiyet, fakülte, yaşanan yer ve sınıf açısından farklılıklar olup olmadığı ve ODTÜ Sağlık ve Rehberlik Merkezi'nin sunduğu psikolojik danışmanlık hizmetlerinin öğrenciler tarafından bilinirliği araştırılmıştır.

Çalışmanın örneklemini, Orta Doğu Teknik Üniversite'sinin 417 lisans öğrencisi (223 kız, 194 erkek) oluşturmaktadır. Bilgiler, Psikolojik Yardım Almaya İlişkin Tutum Ölçeği-R (PYTÖ-R), Çok Yönlü Algılanan Sosyal Destek Ölçeği (ÇYASDÖ), Genel Sağlık Anketi (GSA-12) ve demografik bilgi formuyla toplanmıştır.

Üniversite öğrencilerinin 47%'sinin ODTÜ Sağlık ve Rehberlik Merkezi'nin sunduğu psikolojik danışmanlık hizmetleri hakkında bilgi sahibi olduğu bulunmuştur. Arkadaşlar (59%), kişisel problemler için başvurulan kaynaklar

arasında ilk sırayı oluşturmaktadır. Kız öğrenciler, erkek öğrencilere göre daha olumlu yardım alma tutumuna sahiptirler. Ayrıca, Fen-Edebiyat Fakültesi ve Eğitim Fakültesi öğrencileri, Mühendislik Fakültesi öğrencilerine göre daha fazla olumlu yardım alma tutumlarına sahip olarak bulunmuşlardır. Son olarak, hiyerarşik çoklu regresyon analizi sonuçları, algılanan sosyal destek, yardım alma deneyimi, ve cinsiyetin üniversite öğrencilerinin psikolojik yardım almaya ilişkin tutumlarını yordadığını göstermiştir. Fakat, psikolojik sıkıntı ve psikolojik yardım almaya ilişkin tutumlar arasında anlamlı bir ilişki bulunamamıştır.

**Anahtar Kelimeler:** Psikolojik yardım almaya ilişkin tutumlar, üniversite öğrencileri, algılanan sosyal destek, psikolojik sıkıntı, yardım alma deneyimi

*To my son, Ziya Çebi*



## ACKNOWLEDGEMENTS

This thesis emerged in a long and tiring process from which I learnt a lot. I want to thank people who provided valuable support in this period.

Firstly, I owe my special thanks to Prof. Dr. Ayhan Demir who guided and encouraged me during my work. His optimistic and supportive approach enabled me to complete my graduate training and this thesis. It was a great chance for me to be his student.

I would like to thank committee members, Prof. Dr. Ömer Geban and Assoc. Prof. Dr. Cennet Engin Demir for their suggestions and valuable criticisms.

I am grateful to Assoc. Prof. Dr. Ayşe Sibel Türküm for sharing the scale of Attitudes toward Seeking Psychological Help with me.

I also wish to present my special thanks to Dr. Hikmet Esin Erdem and other instructors for their great support during data collection.

I thank to my dear friend Çiğdem Topcu for her friendship and suggestions.

Finally, I would like to thank my family; my husband Evliya Çebi and my parents Hüriyet and Yusuf Özkan who were always with me.

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## CHAPTER 1

### INTRODUCTION

#### 1.1. Background of the Study

University is a new, challenging experience which mostly corresponds to the early adulthood of individuals. Early adulthood composes of the years (19-25) in which more new roles (partner, parent, and worker) are learnt and more life changes occur as compared to the other stages of life. Although this period is the best time of physical strengths, it is the worst time of mental health due to the demanding tasks (Bee, 1994). According to the results of the Turkey Burden of Disease Study, neuropsychiatric conditions are the most prevalent between the ages of 15-29 (Turkish Ministry of Health, 2004).

Being a university student is a milestone of early adulthood. Most of the young people live apart from their families, know new people, try to find new friends and gain financial responsibilities. In addition the these; university life ‘demands that individuals more closely define their own career interests, demonstrate performance, and present themselves as attractive on a competition dominated and individualistic labor market’ (Vaez & Laflamme, 2002, p. 72). Together with the developmental demands of early adulthood, unfortunately this new life may be a source of new stressors. Problems in career, social and academic areas are reported in studies conducted with university students (Vaez & Laflamme, 2002; Güneri, Aydın & Skovholt, 2003; Gizir, 2005; Güneri, 2006). More seriously, suicidal ideation, alcohol abuse is also seen among university students (Oliver, Reed & Smith, 1998; Duane, Stewart & Bridgeland, 2003; Eskin, Kaynak-Demir & Demir, 2005).

Studies reported high psychological distress among university students (Adlaf, Gliksman, Demers & Newton-Taylor, 2001; Demirüstü, Binboğa, Öner & Özdamar, 2009; Özenli, Yoldaşcan, Topal & Özçürümez, 2009) and high distress is one of the reasons of poor academic performance (Brackney & Karabenick, 1995; Vaez & Laflamme, 2008; Stallman & Shochet, 2009) and serious mental health problems. Supporting this fact, high rates of mental disorders among university students are also reported by different studies (Özdel, Bostancı, Özdel & Oğuzhanoğlu, 2002; İnanç, Savaş, Tutkun, Herken & Savaş, 2004; Kaya, Genç, Kaya & Pehlivan, 2004; Eskin, Kaynak-Demir & Demir, 2005; Kuğu, Akyüz, Doğan, Ersan & İzgiç, 2006; Özenli et al., 2009). Despite the aforementioned prevalence of serious mental health problems among university students, the reasons for seeking help from university counseling centers compose of adjustment difficulties. According to the results of a large survey including 28 university counseling centers in Turkey; communication problems, adjustment to university life, romantic relationships, depression, anxiety disorders, test anxiety, study skills, academic failure, low self-esteem and relations with parents are the top ten causes of seeking help from university counseling centers (Güneri, 2006) which are similar to reports of university students from other countries (Schweitzer, 1996; Oliveira, Dantas, Azevedo & Banzato, 2008). In a study conducted in the Middle East Technical University, students with serious mental health problems were found to seek help from the Health and Guidance Center and students with adjustment difficulties from the Counseling Units (Güneri, Aydın & Skovholt, 2003). Therefore, it is plausible not to find serious mental health problems in the causes of seeking help from university counseling centers where free psychological services are provided to the students in most of the campuses.

University counseling can be defined as ‘a myriad of developmental services that make counseling and counseling-related services available and accessible to students within the context of a specific environment’ (Dean & Meadows,

1995, p.141). Studies reported that counseled students are more socially, and emotionally adjusted (DeStefano, Mellott & Petersen, 2001), more likely to stay at school (Sharkin, 2004), more successfully complete their degree programmes (Rickinson, 1998). According to the Higher Education Law No. 2547 in 1982; universities must provide guidance and counseling services to their students (Yeşilyaprak, 1989). In Turkey, most of the counseling centers are located in health centers of the universities and various professionals (psychiatrists, psychologists, social workers, counselors) are working in these centers. Individual counseling, emergency services, consultation, testing, group counseling and psychotherapy, and outreach programs for students are the main services provided to students. Work overload and clients' misinformation and unrealistic expectations regarding counseling are the most frequently stated difficulties by the staff. Although the services are not appropriately available except some state and private universities in Turkey, there is improvement in services that most of the staff at centers has graduate degrees, membership of professional organizations, and attend national conferences (Güneri, 2006).

Although counseling services are improving day by day and university students are in need, the amount of seeking professional help is very low (Nilsson, Berkel, Flores & Lucas, 2004; Gollust, Eisenberg & Golberstein, 2008; Rosenthal, & Wilson; 2008; Stallman & Shochet, 2009). Moreover, students prefer to seek psychological help in the case of serious mental illness rather than in the cases of developmental, vocational or social problems (Turner & Quinn, 1999). However, by the way of preventive and developmental programmes provided by counseling centers, learning skills and activities will enhance well being of students, enable them to cope with the demands of life more effectively and prevent development of more serious psychopathology (Kaymak, 1996). Therefore, to understand help-seeking behavior, different conceptualizations and theories are proposed (Fischer, Winer & Abramowitz, 1983; Kushner & Sher, 1989; Cramer, 1999; Ajzen, 2005; Rickwood, Deane,

Wilson & Ciarrochi, 2005). Attitudes toward seeking psychological help are mostly investigated and found to be the most significant variable in understanding help seeking behavior (Halgin, Weaver, Edell & Spencer, 1987; Cramer, 1999; Vogel, Wester, Wei & Boysen, 2005). Too many factors affecting help-seeking attitudes are studied in the literature; gender (Chang, 2007; Duncan & Johnson, 2007; Gloria, Castellanos, Park & Kim, 2008; Gonzalez, Alegria & Prihoda, 2005), prior help-seeking experience (Dadfar & Friedlander, 1982; Masuda, Suzumura, Beauchamp, Howells & Clay, 2005), self disclosure (Vogel & Wester, 2003; Vogel et. al., 2005), stigma (Komiya, Good & Sheriya, 2000; Vogel et al., 2005), cultural factors (Floyd, 2006; Tata & Leong, 1994), psychological distress (Komiya, Good & Sheriya, 2000; Rosenthal & Wilson, 2008), social support (Goodman, Sewell & Jampol, 1984; Vogel et al., 2005) and reported to influence attitudes toward seeking psychological help. Although gender and prior help-seeking experience were consistently reported to predict attitudes toward seeking psychological help, there are conflicting results related to other variables such as psychological distress and social support.

Social support has positive effects on psychological health (Holahan & Moos, 1981; Cohen & Wills, 1985; Lin, Woelfel & Light, 1985; Zimet, Dahlem, Zimet & Farley, 1988; Fallon & Bowles, 2001; Eldeleklioglu, 2006). People benefit from the support provided by their immediate environment in times of need and this support may be emotional or material and most of the studies show that informal social support (friends, family, etc.) is preferred to formal social support by college students and friends are the first stated sources of help (Kılınç & Granello, 2003; Oliver, Reed, Katz & Haugh, 1999). In addition to this, social network has great influence on one's help-seeking decisions (Vogel, Wade, Wester, Larson & Hackler, 2007).

There is differentiation in sources of help according to the different stages of



the lifespan (Rickwood et al., 2005) and relationships with friends are important in early adulthood (Bee, 1994) and to some extent; this kind of help may be beneficial. However, help provided by professionals is more satisfactory for the individual than the help provided by informal support groups (McLennan, 1991) and some problems need professional intervention which is provided by professional helpers and having family and friends for help was found to be the main discouraging factor from seeking professional psychological help (Turner & Quinn, 1999; Setiawan, 2006). In addition to these, there is limited research about help-seeking attitudes of Turkish university students (Türküm, 2001; Kılınç & Granello, 2003; Türküm, 2005; Kalkan & Odacı, 2005). So, current study aimed to determine influence of mainly perceived social support, psychological distress of university students together with gender, prior help-seeking experience on the attitudes toward seeking psychological help.

## **1.2. Purpose and Significance of the Study**

The primary purpose of the present study was to investigate the influence of perceived social support, psychological distress, prior help-seeking experience, and gender on attitudes toward seeking psychological help.

In addition to the main purpose, this study examined (1) whether there are any differences in terms of gender, faculty, living arrangement, and year of study in attitudes toward seeking psychological help, (2) students' knowledge of the psychological counseling services of the METU health and guidance center and (3) their sources of knowledge about the psychological counseling services of the METU health and guidance center.

Most of the university students need psychological help, but they do not prefer to seek professional help. As mentioned before, psychological distress which is

not dealt with successfully threatens well being of students, disrupts their lives even causing more severe mental health problems. In addition to this, when students seek help, they prefer mostly their friends and then family members who also affect their professional help-seeking decisions. Therefore, by investigating the effect of social support and psychological distress on help-seeking attitudes, more information may be obtained about help-seeking behavior of university students.

Too many factors affect help-seeking behavior and among these, attitudes have been widely examined since they have important role in prediction of behavior and they are responsive to interventional efforts. Several studies which aimed to improve attitudes toward seeking psychological help found significant positive changes which continued for a significant amount of time after intervention (Esters, Cooker & Ittenbach, 1998; Sharp, Hargrove, Johnson & Deal, 2006). So, to find out variables influencing attitudes yield more valuable information for interventions.

The results of the study are also significant for counselors working with university students. Being aware of the certain factors influencing attitudes may assist them in their helping relationship. For example, students' help-seeking attitudes may change according to their gender, year of study, academic major or where they live and counselors may more easily understand reasons of their clients' resistance derived from their negative attitudes toward psychological help-seeking.

In addition to these, free counseling services are provided to university students in most of the campuses which means they have more opportunity to reach counseling services compared to other people living in the community. However, studies conclude that university counseling services are underutilized by the students. The present study examines how well known the counseling

services provided by the health and guidance center and students' sources of knowledge which may tell about the efficacy of the publicity material.

The results of the current study may be used for the development of appropriate counseling services and effective intervention strategies to increase the amount of seeking psychological help which in turn improve mental health status of the students, and cause positive outcomes in personal, social and educational life and may contribute to the existing limited knowledge about help-seeking behavior of Turkish university students.

### **1.3. Definitions of Terms**

The definitions of terms which were used in the present study are presented below.

Help Seeking Behavior: It is defined as “communicating with other people to obtain help in terms of understanding, advice, information, treatment, and general support in response to a problem or distressing experience” (Rickwood et al., 2005, p. 4).

Psychological Help: It is defined as “voluntary mental health treatment services provided by individuals who are specifically educated and trained to deal with another person's emotional problems in a therapeutic manner” (Wong, 1997, p. 49).

Attitudes Toward Seeking Psychological Help: Attitude is defined by Fishbein and Ajzen (1975, p. 6) as “a learned predisposition to respond in a consistently favorable or unfavorable manner with respect to a given object”. So, attitudes toward seeking psychological help can be defined as learned predispositions to respond in a consistently favorable or unfavorable manner with respect to

psychological help-seeking.

Perceived Social Support: It is defined as “an exchange of resources between at least two individuals perceived by the provider or the recipient to be intended to enhance the well-being of the recipient” (Shumaker & Brownell, 1984, p. 13).

Psychological Distress: It is defined as “the unique discomforting, emotional state experienced by an individual in response to a specific stressor or demand that results in harm, either temporary or permanent, to the person” (Ridner, 2004, p. 539).

## CHAPTER 2

### LITERATURE REVIEW

In the literature review, firstly definition, types, theories of psychological help-seeking behavior and role of attitudes in help-seeking behavior will be told. Secondly, factors influencing attitudes toward psychological help seeking; perceived social support, psychological distress, gender, prior help-seeking experience and other factors will be discussed in detail. Finally, studies about attitudes toward psychological help seeking in Turkey will be discussed.

#### **2.1. Psychological Help-Seeking Behavior and Attitudes**

Help seeking behavior is defined by Rickwood et al. (2005, p. 4) as “communicating with other people to obtain help in terms of understanding, advice, information, treatment, and general support in response to a problem or distressing experience”. They classified help-seeking as informal help-seeking (family, friends, etc.) and formal help-seeking (mental health professionals, youth workers, etc.) which is the main focus of the current study (Rickwood et al., 2005). Professional psychological help is one of the responses of formal help seeking and defined by Wong (1997, p. 49) as “voluntary mental health treatment services provided by individuals who are specifically educated and trained to deal with another person’s emotional problems in a therapeutic manner”.

Studies show that the amount of seeking professional psychological help is very low although university students are in need. In a recent review of utilization rates of university counseling services by Raunic and Xenos (2008),

it was concluded that only 2% to 4% of the students sought help from the university counseling centers which is very low. Rosenthal and Wilson (2008) investigated mental health service use utilizing a cross sectional correlational research design with sample of 1773 freshmen students and found that of the students who are seriously distressed, only less than one-fourth sought psychological help in the past six months. Stallman and Shochet (2009) conducted a study with university students (N = 1168) and only 39.4% of the highly distressed students were found to seek help from a health-care professional in 4 weeks.

Nilsson et al. (2004) investigated the use of counseling services of international students from the university counseling center during one year and found that only 2% of them sought help from the center. Another study with 2843 college students yielded that 7% of them reported self injury which is a maladaptive coping function consisting of intentionally giving harm to one's body without the purpose of killing oneself and only 26% of them sought mental health therapy or medication in the past year (Gollust, Eisenberg & Golberstein, 2008). Moreover, in the survey of 346 university students, Turner and Quinn (1999) found that students are more prone to seek psychological help in the case of serious mental illness (96%) and suicidal ideation (90%) or drug/alcohol dependency, eating disorders, coping with chronic disease, depression, anxiety (more than 50%); rather than developmental, vocational or social problems (less than 50%).

Studies conducted on use of mental health services found differences between people who use these services and who do not. In the cross-sectional study of Greenley and Mechanic (1976) with university students, students who applied for psychiatric services were found to be more likely to be females, Jewish, and non-Catholic; be seniors or postgraduate students; to be majored in social sciences, arts or humanities; to have fathers with more education; to have no

religious affiliation; and to have Eastern European ancestry whereas students who applied for counseling services were found to be more likely to be female, single, younger and be freshman, sophomore, or junior students. Authors concluded that symptomatology, attitudes, sociocultural characteristics, and reference-group factors are all influential not only on one's decision to seek help but also from which sources they seek help.

Rosenthal and Wilson (2008) reported they did not find any significant effect of gender, ethnicity and socioeconomic status on mental health service use. Authors reported only psychological distress predicting mental health service use but it was a weak association. In another study with 196 adolescents, Fallon and Bowles (2001) did not find any association between gender, problem type (family, educational, relationships, and health, financial/legal), age and help-seeking behavior.

Another study by Simoni and Adelman (1991) examined influence of intrapsychic variables on help-seeking behavior with a sample of 134 undergraduate university students. They concluded that students who were currently receiving help were more likely to internalize causality (accepting personal responsibility over one's problems), to be more dedicated to solve their problems and to have more perceived control over their problems than students who are not currently receiving help.

Some studies asked participants their general opinions about help-seeking behavior and provided some descriptive data. Dubov, Lovko and Kausch (1990) surveyed 1384 junior high and high school students and identified four barriers to seeking help; believing nobody can help, seeing problems too personal to tell somebody, confidentiality and perceived self-sufficiency. In a survey of 15000 Israeli adolescents by Tisbhy et al. (2001), confidentiality was also seen as an obstacle for seeking help from a school counselor.

As can be seen, it is difficult to organize findings in a coherent and sensible way since various variables seem to be influential and there are conflicting results between studies. Therefore, different conceptualizations and theories are attempted to explain behavior of help-seeking although there is lack a unifying theory (Rickwood et al., 2005).

Fischer, Winer and Abramowitz (1983) organized factors which influence help-seeking decisions into three categories; (1) personal factors such as denial as the coping style, having informal support, lack of time, (2) socio-cultural factors such as cultural values and (3) agency factors such as counseling service, professionals, fees (as cited in Nadler, Fisher & DePaulo, 2002). Setiawan (2006) examined these factors with 1276 Indonesian university students in two contexts; counseling services outside and inside the university. Students are asked their willingness of counseling about different problem areas and discouraging and encouraging factors in seeking help in two different contexts. All three factors were found to be influential to some degree. As a personal factor, 'having family and friends who can help' and 'perceived self-sufficiency' were the most frequently reported discouraging factors from seeking the university's counseling service. Students also mentioned the unpopularity of counseling in Indonesian, which is a socio-cultural issue, as a discouraging factor in counseling. Moreover, type of problem effects from where the help is sought which is emerging as an agency factor. Willingness to seek help from university counseling center is higher than willingness to seek help from professional counseling services outside the university in the case of academic or transitional problems and willingness to seek help from professional counseling services outside the university is higher than willingness to seek help from university counseling center in the case of romantic relationships, parental relationships, depression and mood change, abuse and sexual issues, compulsive behavior, loss, anxiety, and physical health.



Rickwood et al. (2005) conceptualized help-seeking as a social transaction based on the results of their research in the area. In this process, firstly individual becomes aware that there is a problem which needs intervention. Then, individual must be able to disclose personal information to others where sources of help are available and accessible. Based on their study with 2721 young people aged 14-24, authors provided confirmatory results with their conceptual framework that people choose to seek help from informal support groups (friends, family) who they can easily trust, who are more available and accessible than professional helpers.

Another conceptualization by Kushner and Sher (1989) views help-seeking behavior as a conflict between approach and avoidance factors. Approach factors enable the individual to seek help such as psychological distress which is aimed to decrease by receiving help. Avoidance factors hinder the individual from seeking help such as fear of being labeled mentally ill. Research conducted in different areas such as clinical, counseling, and social psychology, psychiatry and social work yielded that both group of factors effect one's decision to seek help (Vogel & Wester, 2003; Vogel et al., 2005; Vogel, Wester & Larson; 2008).

Cramer (1999) proposed a model specifically for the help-seeking behavior which explains the relationships between variables of distress, social support, attitudes and self-concealment. According to this model, likelihood of seeking counseling is increasing when one has high distress and positive attitudes toward counseling. Distress is higher when individuals refrain from telling personally distressing information and have impaired social support networks. People, who refrain from telling personally distressing information, often have negative attitudes toward counseling and have impaired social support networks. Moreover, attitudes toward counseling are found to be the most salient antecedent for help-seeking. Leech (2007) tested Cramer's model with

519 counseling students and provided support for the model. Another study conducted with 538 Asian, Asian American and White college students also reported that Cramer's model fit the samples (Liao, Rounds & Klein 2005).

Another theory is the theory of planned behavior which claims that intention is the main factor influencing one's decision to perform a particular behavior and intention is influenced by attitudes, subjective norms and perceived behavioral control (Ajzen, 2005). Attitude is defined by Fishbein and Ajzen (1975, p. 6) as "a learned predisposition to respond in a consistently favorable or unfavorable manner with respect to a given object". A meta-analytic review by Armitage and Conner (2001) provided evidence for the predictive power of the theory on intentions and behaviors. Attitude have a significant influence on intention to perform a behavior that studies conducted on many different types of behaviors using the theory of planned behavior show that the mean correlations with intentions are the highest for attitudes (.45 to .60) than subjective norms (.34 to .42) and perceived behavioral control (.35 to .46).

Attitudes toward seeking psychological help can be defined as learned predispositions to respond in a consistently favorable or unfavorable manner with respect to psychological help-seeking. Most of the studies conducted on help-seeking behavior utilizing theory of planned behavior showed significant role of attitudes. In the study of Cepeda-Benito and Short (1998) with 732 undergraduate students, perceived likelihood of seeking help was found to be greatly predicted by attitudes toward psychological help no matter what the problem is. Halgin et al. (1987) carried out a study with 429 undergraduate students and concluded that attitudes toward help seeking has been found to be the most significant predictor of intention of help seeking. Vogel et al., (2005) also reported the value of attitudes in predicting intent to seek help for drug and interpersonal issues in their study with 354 college students. Another study by Smith, Tran and Thompson (2008) utilizing a male sample (N = 307) showed

the significant mediating effect of attitudes toward psychological help between traditional masculinity ideology and intentions to seek psychological help.

As aforementioned most of the studies utilizing attitudes as a measure, provided evidence that they are useful in understanding help-seeking behavior. In addition to this, intervention strategies aiming to improve attitudes toward seeking psychological help yielded satisfactory results. Esters, Cooker and Ittenbach (1998) examined the impact of an instructional unit consisting of information about sources of help in the community, professional helpers and stigma on 40 rural adolescents' attitudes toward seeking help and found significant improvement in attitudes. Moreover, this effect continued for twelve weeks. In another study, influence of a 40-minute classroom-based mental health education program consisting of information about treatment, stigma, and effectiveness of psychotherapy on attitudes toward seeking professional psychological help of 123 college undergraduate students showed significant positive increase in attitudes continuing one month period (Sharp et al., 2006).

Kahle and Berman (1979) claimed that knowledge of attitudes is so important because they cause behaviors and any attempt to change behavior using attitudes will result in the desired way. Therefore, it is more plausible to evaluate effect of certain variables on attitudes toward seeking professional psychological help which have the potential to be changed in dealing with the low rate of psychological help-seeking.

## **2.2. Factors Influencing Attitudes toward Psychological Help-Seeking**

### **2.2.1. Perceived Social Support**

Social support is defined by Shumaker and Brownell (1984, p. 13) as “an

exchange of resources between at least two individuals perceived by the provider or the recipient to be intended to enhance the well-being of the recipient". According to Cohen and Wills (1985) measurement of perception of available social support is a good way of understanding how people are receiving effective support.

Despite the accumulated knowledge, problems exist in the research of this concept. However, it is well known that social support has positive effects on health (Brownell & Shumaker, 1984; Cohen & Wills, 1985). Although the link between social support and physical health is not clear, the relationship between social support and psychological health is well established (Cohen & Wills, 1985). Fallon and Bowles (2001) reported that spending time with parents enable adolescents to avoid a problem or relieve their stress indirectly. In a longitudinal study with 493 adult family members, decreased work and family support predicted significantly increased psychological maladjustment in one year period (Holahan & Moos, 1981). In another study with 275 undergraduates, high level of perceived social support was found to be related to low anxiety and depression symptomatology (Zimet et al., 1988). Several other studies reported the positive effect of social support on depressive symptoms (Eldeleklioglu, 2006; Lin, Woelfel & Light, 1985).

Two theories are proposed in the literature to explain how social support effects well-being; buffering model and main effect model. Buffering model claims that social support benefits people who are only under stress and main effect model posits that social support benefits all people no matter they are under stress or not. There is evidence for both of the theories depending on the assessment of social support (Cohen & Wills, 1985). Goodman, Sewell and Jampol (1984) conducted a study with 100 college students in order to examine help-seeking decisions. Although students do not differ in negative events,

students who requested counseling were found to have less contact with parents, less family closeness than students who do not seek counseling. Authors concluded that this finding supports buffering hypothesis because students who have adequate social support were not affected as much as students who have less social support and they did not seek counseling.

The question how social support affects well-being is addressed by Cohen and Wills (1985). According to the authors, social support contributes health in four different ways: (1) emotional support, (2) informational support, (3) diffuse support and (4) instrumental support. Emotional support is being accepted, valued in spite of personal mistakes. Informational support is being helped by advice, cognitive guidance in defining problematic situations. Diffuse support is being with others in leisure and recreational activities which facilitates positive feelings. Finally, instrumental support is providing material sources such as money or needed services.

People turn to others in times of personal problems to feel better or to solve their problems. Most of the studies show that informal social support (friends, family, etc.) is preferred to formal social support (psychologist, psychiatrist, etc.) by people. Kılınç and Granello (2003) carried out a study with 120 Turkish students in U.S. and found that friends were the first stated sources of help in Turkey (60%) and U.S. (50%). Another study by Oliver et al. (1999) with 248 undergraduate students yielded that 90% of the students talk to friends about their problems whereas only 7% of them prefer to talk to a counselor. Dubov, Lovko and Kausch (1990) reported that of the students having problems about being overweight, fatigue, alcohol use, trouble with parents, depression, trouble dating, drug use, suicidal thoughts, and peer pressure, only one third sought help and they received this help mostly from their friends, family and physicians. Lin (2002) carried out a qualitative study with 60 Taiwanese university students in order to find out how they view help-

seeking. Students reported that family members, friends, relatives and classmates are the most ideal helpers and they see formal helping as a last choice in serious conditions.

Studies showed that professional help has superiority over informal social support in many ways that professionals learnt many things during their training such as human development, helping skills, personality which make them well equipped in their helping relationships. McLennan (1991) investigated the experiences of 147 undergraduate college students having similar problems who sought formal (counseling service staff member, health service doctor, and psychiatrist) and informal help (friend, neighbors, and supervisor). They concluded that students who sought formal help have higher levels of satisfaction about the help compared to students who sought informal help although they felt less comfortable than the students who sought informal help.

In addition to being preferred as a first source of help, one's social network is also influential on help-seeking decisions as demonstrated in two studies (N = 780, N = 746) of Vogel et al. (2007). In these two studies; people, who sought psychological help, are recommended to do so 74% to 78% of the time and they know someone sought help before 92% to 95% of the time. In addition to these, they have more favorable expectations about others' opinions regarding to seeking help (social norm) and therapy and more positive help-seeking attitudes. Interestingly, higher social support was found to be associated with less favorable help-seeking attitudes in another study (Vogel et al., 2005). More specifically, Miville and Constantine (2006) found in their study with 162 Mexican-American college students that lower perceived social support from family members and higher levels of perceived social support from a significant other were significantly predictive of more positive attitudes toward seeking psychological help and higher levels of perceived social support from

friends were predictive of lower psychological help-seeking behavior. The findings suggest that social support seems to act in different pathways while effecting help-seeking decisions. If an individual has low perceived social support; he may also have negative attitudes toward seeking professional help which is also a source social support. On the other hand if a person has high perceived social support from which he is encouraged to seek professional help he may have positive attitudes toward seeking help or if he has high perceived social support from which he is discouraged to seek professional help he may have negative attitudes toward seeking help.

In addition to these, Rickwood et al. (2005) claim that there is differentiation in sources of help according to the different stages of the lifespan and developmentally, college students have strong peer orientation which is one of the reasons of avoiding psychological help-seeking according to Turner and Quinn (1999). Therefore, it is aimed to assess how perceived social support influences help-seeking attitudes of Turkish university students since there is little research in this area.

### **2.2.2. Psychological Distress**

Psychological distress is another factor which has been reported to effect help-seeking behavior. Ridner (2004) defined psychological distress as “the unique discomforting, emotional state experienced by an individual in response to a specific stressor or demand that results in harm, either temporary or permanent, to the person” (p. 539).

Elevated distress among university students is frequently reported by different studies. Adlaf et al. (2001) reported findings of a national survey done with 7800 undergraduate students from sixteen universities in Canada that 30% of the students reported increased psychological distress which is higher than

general population. According to the results of a large survey conducted with 6386 university students in Eskişehir revealed that 20.4% of the students were highly distressed and at risk for serious mental health problems (Demirüstü et al., 2009). Another recent study with 804 Turkish university students found 28.4% of the students highly distressed and at risk for developing serious psychopathology (Özenli et al., 2009) and high rates of mental disorders among Turkish university students are also reported by different studies. Eskin, Kaynak-Demir and Demir (2005) found in their study with 1262 university students that 42% of the university students had suicidal ideation and 7% of them attempted suicide in the past. In another study conducted with 980 university students of a rural area in Turkey, the prevalence of eating disorders was found to be 2.20% which is similar to Western societies (Kuğu et al., 2006). Another recent study (N = 804) aimed to investigate the prevalence of somatization disorder, found that 7.7% of the university students had somatization disorder and this rate was higher than the general population (Özenli et al., 2009). Of the 170 university students who applied to a university student health center psychiatric clinic, 49% had depression (Özdemir & Rezaki, 2007). Prevalence of depressive symptoms among Turkish university students are also reported in other studies (Özdel et al., 2002; İnanç et al., 2004; Kaya et al., 2004).

High distress may have adverse effects. Brackney and Karabenick (1995) reported the indirect effect of psychopathology (high distress) on academic performance in their study with 316 college students that students. They found that students who have poor adjustment, were more likely to see themselves incompetent, to have test anxiety, to fail in organizing their study environment and tolerating difficulty. Another study by Vaez and Laflamme (2008) with 1127 Swedish university students revealed that stress derived from unsuccessful coping with academic life and study support requirements (financial aid given to students when they met specific conditions) was a



serious obstacle for academic success. Stallman and Shochet (2009) carried out a study with 1168 Australian university students and reported that highly distressed students had difficulty in meeting work/study requirements in 1 week and they had low performance in continuing 8 days.

Studies reporting the impact of distress on attitudes toward seeking professional help found conflicting results. Halgin et al. (1987) reported that experience of depression is associated with more favorable attitudes toward seeking professional help. Komiya, Good and Sheriya (2000) also reported in their study with 311 university students that lower psychological symptom severity is related to unfavorable attitudes toward seeking professional help. However, in another study with 45 undergraduates, it was shown that people have less positive attitudes as they become more severely distressed (Calhoun & Selby, 1974). Chang (2007) also reported similar results by using a sample of 961 Chinese university students that higher levels of depression were found to be associated with negative help-seeking attitudes. Supporting this finding Meltzer et al. (2003) (N = 1400) revealed that people in more severe distress, show reluctance to seek help. It is claimed that distressed people are living unpleasant emotions leading them to hold negative attitudes toward seeking psychological help (Komiya, Good & Sheriya, 2000). Finally, some studies failed to show any effect of distress on attitudes toward seeking psychological help (Vogel et al., 2005; Elhai, Schweinle & Anderson, 2008).

In summary, though psychological distress is so prevalent and have negative influence on university students' lives, students do not prefer to seek professional psychological help. Therefore, it is useful to determine the influence of this distress on university students' attitudes toward seeking psychological help.

### **2.2.3. Prior Help Seeking Experience**

Prior help seeking experience is the state of being sought psychological help and it has been consistently reported to be associated with favorable attitudes toward seeking psychological help (Dadfar & Friedlander, 1982; Halgin et al., 1987; Vogel & Wester, 2003; Masuda et al., 2005; Vogel et al., 2005; Vogel, Wade & Haake, 2006; Elhai, Schweinle & Anderson, 2008).

Individuals who have psychological help experience have positive help-seeking attitudes since they might have been benefited from it or they have reduced worries or fears related to psychological help after seeing the real therapeutic environment. Consistently, Dadfar and Friedlander (1982) reported that students who did not take psychological help were found to perceive it as an unreliable and inappropriate way of dealing with personal problems.

### **2.2.4. Gender**

Gender difference, in which females have more positive attitudes than males, was supported by different studies (Lopez, Melendez, Sauer, Berger & Wyssman, 1998; Chang, 2007; Duncan & Johnson, 2007; Gloria et al., 2008; Gonzalez, Alegria & Prihoda, 2005; Masuda et al., 2005; Vogel et al., 2007) although some studies failed to show gender difference in help-seeking attitudes (Dadfar & Friedlander, 1982; Halgin et al., 1987).

Even in adolescence, girls were found to be more likely to use mental health services than boys and this difference is explained by more parental disapproval of mental health services reported by boys and perceived stigma in the study of Chandra and Minkovitz (2006) with 274 adolescents. They also found that females had more mental-health knowledge than males and females were more likely to see psychological help-seeking as a sign of strength than

boys. These findings point to the importance of gender role socialization which studies mostly address. Blazina and Watkins (1996) carried out a study with 148 male undergraduates and concluded that men who have higher gender role conflict scores (negative effect caused by one's gender role) were found to have more negative help-seeking attitudes than men who scored lower. Additionally, they reported that success, power, and competition and restricted emotionality components of gender role conflict significantly predicted negative help-seeking attitudes. According to the authors, power shift and working with emotions have the potential to make men feel uncomfortable. Another study conducted on 575 male undergraduate students by Pederson and Vogel (2007) found that self stigma and low tendency to self-disclose caused by gender role conflict lead to less favorable help-seeking attitudes which is associated with less willingness to seek psychological help. Attitudes toward seeking psychological help was also found to mediate the relationship between traditional masculinity ideology (believing that men should be strong, robust, self-reliant, independent) and intention to seek help in a study carried out with 307 undergraduate men (Smith, Tran & Thompson, 2008). So, the effect of gender should be evaluated while working with help-seeking attitudes.

#### **2.2.5. Other Factors**

In the literature, several other factors which influence attitudes toward psychological help-seeking are studied such as self concealment (Cepeda-Benito & Short, 1998; Kelly & Achter, 1995); self-disclosure (Vogel & Wester, 2003; Vogel et al., 2005); perceived stigma (Komiya, Good & Sheriya, 2000; Vogel et al., 2005); individualism-collectivism (Tata & Leong, 1994); degree of acculturation (Tata & Leong, 1994; Miville & Constantine, 2006). Among these variables culture related factors have been widely examined since studies show differences between western and eastern cultural groups in attitudes toward seeking psychological help. Yoo and Skovholt (2001)

compared help-seeking attitudes of American university students (N = 88) and Korean university students (N = 95) and concluded that Korean students have more negative attitudes toward seeking psychological help than American students. In the study of Dadfar and Friedlander (1982) conducted with international students from 75 countries, it was shown that Western (Latino and European) students have more favorable attitudes than non-Western students (African and Asian). Another study by Liao, Rounds and Klein (2005) reported that self-concealment was more associated with unfavorable attitudes toward counseling for Asian and Asian-American than the White students. Narikiyo and Kameoka (1992) also reported (N = 248) that compared to White American students, Japanese-American students are more prone to see the reasons of mental illness social causes, to solve their problems themselves and to take help from their friends and family.

Turkey is under the influence of both Western and Eastern values, attitudes, and lifestyles and results of the studies carried out in other countries may not be applicable for Turkish people. In addition to this, Turkish psychology is under the influence of Western theories which necessitate indigenous approaches (Mocan-Aydın, 2000). Therefore, in order to understand help-seeking behavior of Turkish people, research conducted on help-seeking attitudes may provide valuable information.

### **2.3. Attitudes Toward Psychological Help Seeking in Turkey**

There is limited research about knowledge, beliefs, and attitudes regarding to mental health and help-seeking patterns both for general population and university students in Turkey (Kılınç & Granello, 2003). Few of them are told in this part.

Arslantaş (2003) carried out a descriptive cross-sectional study with 490 adults

and reported that participants prefer to seek help from family members (57.1%); from friends (31.3%) and from a psychiatrist (15.5%). Additionally, having a relative receiving professional help was found to be associated with seeking help from psychiatrist and people who have high social support, higher general health perception and have better skills to cope with stress also have more positive attitudes toward help-seeking. Family members were chosen as a first source of help by adults whereas friends were the first source of help by university students. This result is in parallel with the fact that there is differentiation in sources of help according to the different stages of the lifespan (Rickwood et al., 2005).

Kalkan and Odacı (2005) examined the effect of gender and sex role orientation on attitudes toward seeking psychological help of 539 undergraduate students. Females were found to have higher means of attitudes than males. There is significant correlation between attitudes toward seeking psychological help and femininity role but not with masculinity role which is consistent with the findings related to gender role socialization in the literature.

Türküm (2001) conducted a study with 498 university students. The author reported female gender, cognitive distortions related to self, seeking social support as a coping style and problem focused coping were predictive of attitudes toward seeking psychological help. In another study of Türküm (2005) with 398 university students, consistently females were found to have more favorable attitudes than males. In terms of gender roles, androgynous students had more positive attitudes than masculine students and feminine students had more positive attitudes masculine students. Finally, students with prior help-seeking experience had more favorable help-seeking attitudes than students who did not seek help before.

Kılınç and Granello (2003) conducted a study with 120 Turkish international

students in U.S. and yielded that being younger and prior help seeking behavior were associated with more favorable attitudes toward seeking professional psychological help and friends were preferred to professional helpers for taking psychological help.

In summary, attitudes have an important role in psychological help seeking behavior and numerous factors, which influence attitudes, are studied in the literature. Although there are several studies conducted in other countries, few of them are from Turkey. So, present study is expected to make a contribution to the existing knowledge of psychological help-seeking attitudes of Turkish university students.

## **CHAPTER 3**

### **METHOD**

The main purpose of the study was to examine the effects of perceived social support, psychological distress, prior help-seeking experience, and gender on the attitudes of university students toward seeking psychological help. In addition to the main purpose; gender, faculty, living arrangement, and year of study differences in attitudes toward seeking psychological help and students' knowledge about the psychological counseling services of the METU Health and Guidance Center were investigated. In order to conduct the study, the methodology mentioned below is followed. This section includes (a) research questions, (b) data sources, (c) data collection instruments, (d) data collection procedure, (e) data analysis and (f) limitations of the study.

#### **3.1. Research Questions**

By utilizing cross-sectional associational research design, research questions which were addressed in the present study are stated below.

1. To what extent attitudes toward seeking psychological help is predicted from perceived social support, psychological distress, prior help-seeking experience and gender?
2. What are the possible differences among attitudes toward seeking psychological help by gender, faculty, year of study and living arrangement?

### 3.2. Data Sources

Participants were selected by convenience sampling method in the Middle East Technical University (METU) in Ankara. The sample consists of 417 (223 female, 194 male) undergraduate students from thirty departments of the five faculties of the university. Participants are aged between 17 and 33 ( $M = 21.47$ ;  $SD = 1.76$ ). Other demographic characteristics of the participants are shown in Table 1.1.

Table 3.1  
*Demographic Information of the Participants*

	<i>f</i>	<i>%</i>
Year of study		
1 <sup>th</sup>	97	23.3
2 <sup>th</sup>	120	28.8
3 <sup>th</sup>	99	23.7
4 <sup>th</sup>	101	24.2
Faculty of		
The Arts and Sciences	121	29
The Education	76	18.2
The Architecture	18	4.3
The Engineering	135	32.4
The Economics and Administrative Sciences	67	16.1
Living arrangement		
University's dormitory*	184	44.1
Private dormitory	16	3.8
Off campus, with parents	98	23.5
Off campus, no family	119	28.5

Note. \*Category of 'state's dormitory' is included into the category of 'university's dormitory' due to its low frequency

As can be seen in Table 3.1, ninety seven (23.3%) of the students were freshmen, one hundred and twenty (28.8%) of the students were sophomores, ninety nine (23.7%) of the students were juniors, and one hundred and one (24.2%) of the students were seniors. The majority of the students were from the faculty of the Engineering (32.4%) followed by the faculty of the Arts and Sciences (29%). Most of the students were living in the university's dormitory



(44.1%) and outside campus without their families (28.5%).

### **3.3. Data Collection Instruments**

In order to collect data, four different instruments were used. Characteristics of the each instrument including previous validity and reliability findings were reported. Psychometric properties of the instruments were also investigated in the current study. The construct validity and factor structure of the scales were tested with exploratory factor analysis (EFA). Assumptions of EFA were checked for each analysis. In addition to this, the reliability analyses of the whole and subscales were reported.

#### **3.3.1. Attitudes toward Seeking Psychological Help-Shortened (ASPH-S)**

For the purpose of measuring attitudes toward seeking help, the shortened version of the scale of Attitudes Toward Seeking Psychological Help will be used (Türküm, 2001). It is an 18-item, five-point, Likert-type scale and developed with university students in Turkey so it is culturally sensitive. Each item is on a five point response format with the following anchor points: 1 (strongly disagree); 2 (disagree); 3 (neutral); 4 (agree); 5 (strongly agree). In the scale, higher scores mean more positive attitudes toward seeking professional psychological help. There are two dimensions; positive views about seeking psychological help, and negative views about seeking psychological help. Internal consistency reported for the whole scale (.90), and test-retest reliability (.77) are satisfactory (Türküm, 2001).

##### **3.3.1.1. Validity and Reliability of ASPH-S**

Exploratory factor analysis (EFA) was conducted to test the construct validity of the scale and to find out the factor structure. Assumptions of EFA were

checked. First, the sample size needs to be  $N > 300$  (Tabachnick & Fidell, 2001). The sample size is  $N = 417$  so it is enough for EFA. Second, the variables are metric. Third, factorability of items was assessed. Inter-correlations among the items are greater than .3 which is necessary according to Tabachnick and Fidell (2001), and the Bartlett test of sphericity was significant. Finally, multivariate normality and sampling adequacy are assumed based on the Kaiser–Meyer–Olkin value .91 which should be between 0 to 6 (Tabachnick & Fidell, 2001). Maximum likelihood analysis resulted in two factors explaining 48% of the total variance. Oblique rotation was done in order to enhance interpretability. All variables showed strong loadings on only one factor and all of them are greater than .30 which should be in order not to be eliminated according to Hair, Anderson, Tatham, and Black (1998). As previously reported by Türküm (2001) factors are well suited to label as positive views about seeking psychological help (1, 3, 4, 5, 6, 7, 9, 10, 11, 14, 15, 18) and negative views about seeking psychological help (2, 8, 12, 13, 16, 17). The factor loadings were shown in Table 3.2.

Table 3.2  
*The Factor Analysis Pattern Matrix for ASPH-S*

	<i>Factors</i>	
	<i>Positive views</i>	<i>Negative views</i>
1	<b>.75</b>	-.05
2	-.05	<b>.55</b>
3	<b>.73</b>	-.05
4	<b>.60</b>	.07
5	<b>.75</b>	.03
6	<b>.70</b>	.02
7	<b>.75</b>	-.02
8	-.15	<b>.76</b>
9	<b>.75</b>	-.08
10	<b>.81</b>	-.02
11	<b>.60</b>	-.07
12	-.07	<b>.78</b>
13	.21	<b>.53</b>
14	<b>.72</b>	.04
15	<b>.53</b>	-.01
16	-.02	<b>.70</b>
17	.09	<b>.53</b>
18	<b>.75</b>	.11
% of variance explained	33.85%	14.41%

In the present study, Cronbach’s coefficient alpha was calculated to test reliability. Internal consistency coefficient for the whole scale was .86; for the subscale “positive views about seeking psychological help” was .92, and for the subscale “negative views about seeking psychological help” was .80.

### **3.3.2. Multidimensional Scale of Perceived Social Support (MSPSS)**

To measure perceived social support, the Multidimensional Scale of Perceived Social Support developed on university students by Zimet et al. (1988) was used. This scale was adapted to Turkish by Eker and Arkar (1995). The revised version (Eker, Arkar, & Yaldiz, 2001) of the scale, in which family and significant-other categories were defined to make it more culturally appropriate

for Turkey, was used. Family was defined as mother, father, siblings and significant other was defined as fiance (e), boy/girlfriend, relative, neighbor, and doctor. It is a 12-item, 7-point likert type scale with three factors (family support, friend support, significant-other support). Each item consists of choices ranging from “very strongly disagree” to “very strongly agree”. In the scale, higher scores mean more perceived social support. It is short and easy to understand. Internal consistency reported for the scale is between .80 and .95. Çakır and Palabıyıkoglu (1997) cross-validated the Multidimensional Scale of Perceived Social Support with a sample of young people (12-22) and found that the scale yields satisfactory test-retest reliability (.81) and internal consistency (.76). Duru (2007) tested the psychometric properties of the scale and concluded that it can be used with Turkish university students as well.

### **3.3.2.1. Validity and Reliability of MSPSS**

Exploratory factor analysis (EFA) was done to test the construct validity of the scale and to find out the factor structure. Assumptions of EFA were checked. First, the sample size needs to be  $N > 300$  (Tabachnick & Fidell, 2001). The sample size is  $N = 417$  so it is enough for EFA. Second, the variables are metric. Third, factorability of items was assessed. Inter-correlations among the items are greater than .3 which is necessary according to Tabachnick and Fidell (2001), and the Bartlett test of sphericity was significant. Finally, multivariate normality and sampling adequacy are assumed based on the Kaiser–Meyer–Olkin value .87 which should be between 0 to 6 (Tabachnick & Fidell, 2001). Maximum likelihood analysis resulted in three factors explaining 76% of the total variance. Oblique rotation was done in order to enhance interpretability. All variables showed strong loadings on only one factor and all of them are greater than .30 which should be in order not to be eliminated according to Hair et al., (1998). As reported by the scale authors (Zimet, et al., 1988) and previous studies (Çakır & Palabıyıkoglu, 1997; Duru, 2007) factors are labeled

as family support (2, 4, 8, and 10), friend support (6, 7, 9, and 12) and significant-other support (1, 3, 5, and 10). The factor loadings were shown in Table 3.3.

Table 3.3  
*The Factor Analysis Pattern Matrix for MSPSS*

	<i>Factors</i>		
	<i>Significant other support</i>	<i>Friend support</i>	<i>Family support</i>
1	<b>.89</b>	.01	.02
2	.02	.01	<b>.80</b>
3	<b>.96</b>	-.02	.01
4	.01	-.06	<b>.86</b>
5	<b>.93</b>	-.01	-.03
6	.01	<b>.85</b>	.04
7	.01	<b>.86</b>	-.02
8	.01	.01	<b>.84</b>
9	-.01	<b>.91</b>	-.01
10	<b>.92</b>	.02	.01
11	-.04	.06	<b>.71</b>
12	.00	<b>.85</b>	.01
% of variance explained	40.51%	23.46%	12.17%

In the present study, Cronbach's coefficient alpha was calculated to test reliability. Internal consistency coefficient for the whole scale was .89; for the subscale "family support" was .88, for the subscale "friend support" was .92, and for the subscale "significant-other support" was .87.

### 3.3.3. General Health Questionnaire-12 (GHQ-12)

To measure distress, General Health Questionnaire-12 was used. It is the one of the short forms of General Health Questionnaire which was developed by David Goldberg in 1970 in order to detect general psychopathology level in

large populations. The study of reliability and validity of the scale is done by Kılıç (1996a) in Turkey. Each question asks whether there is any complaint about different mental health topics in last weeks. Each question consists of four choices (*better than usual, same as usual, less than usual, much less than usual*) which reflect current change. The answers are scored by binary format (0-0-1-1); giving 0 to “*better than usual*”, and “*same as usual*”, and 1 to “*less than usual*”, and “*much less than usual*”. Internal consistency for the whole scale (.78), and test-retest reliability (.84) are satisfactory. With a large sample (N = 1307), reported internal consistency for the whole scale is .92 (Kılıç, et al., 1997).

### **3.3.3.1. Validity and Reliability of GHQ-12**

Exploratory factor analysis (EFA) was done to test the construct validity of the scale and to find out the factor structure. Assumptions of EFA were checked. First, the sample size needs to be  $N > 300$  (Tabachnick & Fidell, 2001). The sample size is  $N = 417$  so it is enough for EFA. Second, the variables are metric. Third, factorability of items was assessed. Only some of the inter-correlations among the items are greater than .3 which is necessary according to Tabachnick and Fidell (2001), but the Bartlett test of sphericity was significant showing some correlations exist between variables. Finally, multivariate normality and sampling adequacy are assumed based on the Kaiser–Meyer–Olkin value .90 which should be between 0 to 6 (Tabachnick & Fidell, 2001). Maximum likelihood analysis resulted in two factors explaining 41.5% of the total variance. Oblique rotation was done in order to enhance interpretability. All variables showed factor loadings greater than .30 which should be in order not to be eliminated according to Hair et al., (1998). Previous studies conducted in Turkey with primary care patients also reported two factors; anxiety/depression and social dysfunction (Kılıç, 1996b; Kılıç, et al., 1997) however present study yielded different factor loadings (see

Appendix E). Factor I consists of 1, 2, 3, 5, 6, 7, 8, 9, 10 and factor II consists of 4, 11, 12. Factor I is called “anxiety/depression” and Factor II is called “self-esteem” which was also reported by Sanchez-Lopez and Dresch (2008) as a distinct factor in their study. The factor loadings were shown in Table 3.4.

Table 3.4  
*The Factor Analysis Pattern Matrix for GHQ-12*

	<i>Factors</i>	
	Anxiety/ depression	Self- esteem
1	<b>.55</b>	.12
2	<b>.51</b>	-.11
3	<b>.55</b>	-.05
4	.14	<b>-.53</b>
5	<b>.45</b>	-.20
6	<b>.45</b>	-.12
7	<b>.39</b>	-.33
8	<b>.58</b>	-.13
9	<b>.80</b>	.13
10	<b>.57</b>	-.15
11	.09	<b>-.71</b>
12	-.05	<b>-.75</b>
% of variance explained	36.2%	5.3%

In the present study, Cronbach’s coefficient alpha was calculated to test reliability. Internal consistency coefficient for the whole scale was .87; for the subscale “anxiety/depression” was .84 and for the subscale “self-esteem” was .74.

### **3.3.4. Demographic Information Form**

Demographic information form includes questions about age, gender, year of study, faculty, living arrangement, prior help seeking experience, degree of satisfaction from the help, source of help when experiencing personal problems, knowledge of services of psychological counseling and guidance

center on campus and sources of their knowledge. Prior help seeking experience is asked by a “yes/no” question. The question is “Have you ever received professional psychological help?”. Degree of satisfaction from the help is also asked by the question of “How satisfied are you from the help?” and it is rated on a Likert-type scale ranging from 1 (no satisfaction) to 5 (very satisfied). Source of help (*family, friends, professionals, physician, noone, other*) when experiencing personal problems is learnt by asking “From whom do you get help when you experience personal problems?”. More than one item can be checked. Knowledge of services of psychological counseling and guidance center on campus is assessed by asking a “yes/no” question “Do you have any knowledge about the services of psychological counseling and guidance center on campus?” If the answer is yes, participants are asked to indicate their source of knowledge (*friends, internet, academic advisor, orientation program, brochure, poster, other*). More than one item can be checked.

### **3.4. Data Collection Procedure**

In order to conduct the study, required permission from the Middle East Technical University Human Subjects Ethics Committee and the Presidency was taken. By using convenience sampling method, questionnaires were distributed at the beginning or at the end of the classes whose instructors gave permission, between March and May. The aim of the study was told verbally in the classes and volunteers took questionnaires. For anonymity, students were told not to write their names on questionnaires.

### **3.5. Data Analysis**

Prior to the analysis of data, all missing data were excluded declining sample size from 443 to 417. First of all, demographics were depicted with descriptive



statistics (mean, SD, frequency and percentage). Secondly, in order to check validity and reliability of the instruments, exploratory factor analysis and reliability analysis (Cronbach's coefficient alpha) were conducted respectively. Thirdly, information related to psychological help seeking behavior was reported. For preliminary analysis, univariate analyses of variance were employed to find out whether there were any differences in terms of gender, faculty, living arrangement, and year of study in attitudes toward seeking psychological help. Finally for the main analysis, hierarchical multiple regression was carried out to examine the effects of perceived social support, psychological distress, prior help-seeking experience, and gender on the attitudes of university students toward seeking psychological help. Before doing, assumptions were checked for each analysis. Data was analyzed by the way of SPSS 15.0. The alpha level was determined at .05.

For each one-way ANOVA, assumptions of independent observations, normality and homogeneity of variance were tested (Stevens, 2002). The scores on the test variable within each sample were independent of each other. Histograms, which were used to check normality, showed normal distributions. Finally, the results of the Levene tests were not significant so homogeneity of variance was assumed.

The assumptions checked for the multiple regression analysis are listed below (Tabachnick & Fidell, 2001).

- 1. Sample size:** By using the formula  $N > 50 + 8m$  (m is the number of independent variables);  $N > 82$  and  $N = 417$  so sample size was adequate for conducting multiple regression.
- 2. Normally distributed errors:** Histograms and normal p-p plots showed a straight line which leads to the assumption of normally distributed errors.

3. **Homoscedasticity:** Scatterplot did not show any systematic pattern or clustering which leads to the assumption of homoscedasticity.
4. **Independent errors:** The result of the Durbin-Watson test was between 1.5 and 2.5. So, the independence of errors was assumed.
5. **Linearity:** The residual plot showed a linear relationship between predictor and criterion variables.
6. **No multicollinearity:** As bivariate correlation coefficients between independent variables were below .90, VIF (Variance Inflation Factor) values were less than 4 and tolerance values were greater than .20, there was any multicollinearity.
7. **Influential observations:** Mahalonobis distance test showed no multivariate outliers at  $p < .001$  level.

### 3.6. Limitations of the Study

There are some limitations of the study. The first limitation was using self-reports which may have been biased by social desirability. They were used due to their low cost and practicality. Second limitation was using cross-sectional design which did not allow for seeing time effects on variables. Third limitation was using convenience sampling method which limited the generalizability of the results. Although random sampling was desired, resources were not available to select this method. Finally, utilizing associational research only gived relationships between variables instead of causality.

## **CHAPTER 4**

### **RESULTS**

The results section consists of findings of the analyses of the data collected from 417 university students. For preliminary analyses, information related to psychological help seeking behavior and gender, faculty, living arrangement, and year of study differences in attitudes toward seeking psychological help were reported. Finally, for the main purpose of the study; descriptive statistics, intercorrelations between variables and the results of the multiple regression analysis were reported.

#### **4.1. Results of the Preliminary Analyses**

Information related to participants' prior help-seeking experience, sources of help in times of personal problems, their knowledge of the psychological counseling services provided by the METU Health and Guidance Center and their sources of knowledge were summarized in Table 4.5.

Table 4.5  
*Information related to psychological help seeking behavior*

	<i>f</i>	<i>%</i>
Prior help seeking		
Yes	79	18.9
No	338	81.1
Source of help*		
Family	190	45.6
Friends	246	59
Professionals** (Counselor, Psychologist, etc.)	22	5.8
Noone	84	20.1
Other ***	18	4.3
Information about the center		
Yes	196	47
No	221	53
Sources of information*		
Friends	101	24.2
Internet	24	5.8
Academic advisor	3	.7
Orientation program	57	13.7
Brochure	32	7.7
Poster	11	2.6
Other ****	8	1.9

Note. \*More than one item could be checked so percents do not sum up hundred.

\*\* Category of 'doctor' is included into the category of 'professionals' due to its low frequency.

\*\*\*It includes girlfriend/boyfriend (N= 7), self (N=8), books (N= 1), elder people (N=1) and neighbor (N= 1).

\*\*\*\*It includes instructor (N=2), by experience (N=2), health center on campus (N=1), psychiatrist (N=2) and professional friend (N= 1).

As can be seen in Table 4.5, of the participants, only 18.9% (N = 79) had prior psychological help seeking behavior and their mean satisfaction level from the service was 3.06 (*SD* = 1.23). Friends (59%) and family (45.6%) were the most frequently stated sources of help in times of need for personal problems. The amount of seeking help from professionals was 5.8%. Of the students, 20.1% did not prefer to take help from anyone and 4.3% chose to receive help from girlfriend/boyfriend, self, books, elder people, and neighbor. Nearly half of the participants (47%) had knowledge about the psychological counseling services of the METU Health and Guidance Center and friends were again stated as the most frequently stated sources of information (24.2%) about the

center. Other sources of knowledge were orientation program (13.7%), brochure (7.7%), internet (5.8%), poster (2.6%), academic advisor (0.7%) and instructor, by experience, health center on campus, psychiatrist, and professional friend (1.9%).

Before conducting one-way analyses of variances to investigate the effect of gender, year of study, faculty, and living arrangement on attitudes toward seeking psychological help, means and standard deviations of the scores of the scale of Attitudes toward Seeking Psychological Help were presented in Table 4.6.

Table 4.6  
*Means and Standard Deviations for ASPH-S*

	<i>ASPH-S</i>		
	<i>M</i>	<i>SD</i>	<i>N</i>
Gender			
Female	69.53	9.03	194
Male	62.45	9.68	223
Year of Study			
1 <sup>th</sup>	67.83	9.47	97
2 <sup>th</sup>	65.67	10.37	120
3 <sup>th</sup>	65.29	9.01	99
4 <sup>th</sup>	66.29	10.80	101
Faculty of			
The Arts and Sciences	66.91	10.80	121
The Education	69.47	9.05	76
The Architecture	68.11	8.83	18
The Engineering	63.17	9.31	135
The Economics and Administrative Sciences	67.01	9.60	67
Living Arrangement			
University's dormitory	67.05	10.33	184
Private dormitory	64.25	9.70	16
Off campus, with parents	66.05	9.88	98
Off campus, no family	65.40	9.55	119
Total	66.23	9.98	417

As shown in Table 1.6, females ( $M = 69.53$ ;  $SD = 9.03$ ) scored higher than the males ( $M = 62.45$ ;  $SD = 9.68$ ) on attitudes toward seeking psychological help. Freshmen students ( $M = 67.83$ ;  $SD = 9.47$ ) had the most favorable help-seeking attitudes although the means of the classes were close to each other. The students of the Faculty of the Education ( $M = 69.47$ ;  $SD = 9.05$ ) scored higher than the students of the other faculties and students of the Faculty of the Engineering had the lowest mean score ( $M = 63.17$ ;  $SD = 9.31$ ) among all faculties. Finally, students who live in university's dormitories scored the highest ( $M = 67.05$ ;  $SD = 10.33$ ) and students who live in private dormitories scored the least ( $M = 64.25$ ;  $SD = 9.70$ ) on attitudes toward seeking psychological help.

One-way between-groups analyses of variance were conducted separately to evaluate the impact of gender, year of study, faculty, and living arrangement in attitudes toward seeking psychological help. Results were presented in Table 4.7 and Table 4.8.

Table 4.7  
*The One-way ANOVA Result for Gender Difference in Attitudes toward Seeking Psychological Help*

	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	$\eta^2$
Attitudes					
Between Groups	5208.01	1	4094.36	19.88*	.12
Within Groups	36219.48	415	205.95		
Total	41427.50	416			

Note. \*  $p < .001$

As shown in Table 4.7, there was a significant gender difference in attitudes toward seeking psychological help ( $F(1, 415) = 19.88$ ,  $p < .001$ ,  $\eta^2 = .12$ , large effect). Females had more positive attitudes ( $M = 69.53$ ,  $SD = 9.03$ ) than males ( $M = 62.45$ ,  $SD = 9.68$ ).

Table 4.8

*The One-way ANOVA Result for Faculty Difference in Attitudes toward Seeking Psychological Help*

Attitudes						
Between Groups	2225.53	4	556.38	5.85*	.05	
Within Groups	39201.96	412	95.15			
Total	41427.50	416				

Note. \*  $p < .001$

As can be seen in Table 4.8, there was a significant difference for students of the five faculties ( $F(4, 412) = 5.85, p < .001, \eta^2 = .05$ , small effect) in attitudes toward seeking psychological help. Tukey HSD test, which was used for post-hoc comparisons, showed that students of the Faculty of Engineering have less positive attitudes ( $M = 63.17, SD = 9.31$ ) than students of the Faculty of the Arts and Sciences ( $M = 66.91, SD = 10.80$ ), and students of the Faculty of the Education ( $M = 69.47, SD = 9.05$ ).

There were not any differences in terms of year of study and living arrangement in attitudes toward seeking psychological help.

#### **4.2. Predicting Attitudes toward Seeking Psychological Help**

Hierarchical multiple regression was performed between attitudes toward seeking psychological help as the dependent variable; prior help-seeking experience, gender, perceived social support as independent variables. Descriptive statistics, intercorrelations between variables were presented in Table 4.9.

Table 4.9  
*Intercorrelations and Descriptive Statistics for the Variables*

	1	2	3	4	5	6	7	8	<i>M</i>	<i>SD</i>
1. ATT	—	.30*	-.03	.35*	.13**	.21*	.28*	.19*	66.23	9.98
2. PSS		—	-.19*	.21*	-.01	.80*	.75*	.67*	63.53	14.67
3. PD			—	.05	.07	-.09***	-.21*	-.14**	2.96	3.24
4. GEN				—	.13**	.12**	.18***	.20***	—	—
5. PHSE					—	.05	-.05	-.03	—	—
6. SOS						—	.35***	.23***	18.88	8.62
7. FRIS							—	.45***	22.28	5.53
8. FAS								—	22.37	5.34

Note. ATT: attitudes, PSS: perceived social support, PD: psychological distress, GEN: gender, PHSE: prior help-seeking experience, SOS: significant other support, FRIS: friend support, FAS: family support

\* $p < .001$ ; \*\*  $p < .01$ ; \*\*\*  $p < .05$

As shown in Table 4.9, attitudes were positively correlated with perceived social support ( $r = .30$ ,  $p < .001$ ), gender ( $r = .35$ ,  $p < .001$ ), and prior help-seeking experience ( $r = .13$ ,  $p < .01$ ). Attitudes were also positively correlated with subscales of perceived social support; significant other support ( $r = .21$ ,  $p < .001$ ), friend support ( $r = .28$ ,  $p < .001$ ) and family support ( $r = .19$ ,  $p < .001$ ) however no significant correlation ( $r = -.03$ ) between psychological distress and attitudes toward seeking psychological help was existing, so psychological distress was excluded from the multiple regression analysis as an independent variable.

In order to see the contribution of different types of perceived social support, subscales were entered into the analysis separately. In previous studies gender and prior-help seeking experience were consistently found as significant predictors. In order to control for the possible effects of them; they were entered in the first step. Result of the hierarchical multiple regression was presented in Table 4.10.



Table 4.10  
*Results of the Hierarchical Multiple Regression Analysis for the Prediction of Psychological Help-Seeking Attitudes*

	<i>B</i>	<i>SE<sub>b</sub></i>	$\beta$	<i>t</i>	<i>Semi-partial correlation</i>
Step 1					
Gender	6.86	.92	.34	7.43*	.34
Prior help-seeking	2.18	1.17	.09	1.85	.08
Step 2					
Gender	5.77	.92	.29	6.28*	.28
Prior help-seeking	2.48	1.14	.10	2.17**	.10
Significant Other Support	.12	.05	.10	2.14**	.09
Friend Support	.33	.09	.18	3.48*	.15
Family Support	.07	.09	.04	.72	.03

Note. \*  $p < .001$ ; \*\*  $p < .05$

As can be seen in Table 4.10,  $R$  was significantly different from zero at the end of each step. After step 1,  $R^2 = .13$ ,  $F(2, 414) = 31.73$ ,  $p < .001$ . After step 2, with subscales of perceived social support added to the prediction,  $F(5, 411) = 19.92$ ,  $p < .001$  ( $R^2 = .19$ ). Addition of subscales of perceived social support to the equation resulted in a significant increment in  $R^2$ . After controlling gender and prior-help seeking experience, perceived social support still able to predict a significant amount of variance. Altogether, 19% of the variability in attitudes toward seeking psychological help was explained by significant other support, friend support, family support, prior help-seeking experience, gender and all of them were significant predictors except family support. Students, who were female, had high perceived social support, and prior help-seeking experience tended to have favorable attitudes toward seeking psychological help.

To sum up, it was found that nearly half of the participants (47%) had knowledge about the psychological counseling services of the METU Health and Guidance Center, and friends were stated as the most frequently stated sources of information (24.2%) about these services. Friends were also the most frequently stated sources of help (59%) in times of need for personal problems. Females were found to have more positive attitudes toward seeking psychological help

than males. Additionally, students of the Faculty of the Arts and Sciences, and the Faculty of the Education were found to have more favorable attitudes than of the Faculty of Engineering students. Finally, it was found that perceived social support, prior help-seeking experience, and gender significantly predicted attitudes toward seeking psychological help but no relationship was found between psychological distress and help-seeking attitudes.

## **CHAPTER 5**

### **DISCUSSION**

In this part, findings of the current study will be discussed in three sections; (1) general discussion of the results (2) implications of the study, and (3) suggestions for future research.

#### **5.1. General Discussion of the Results**

##### **5.1.1. Evaluation of the Preliminary Analyses**

Nearly half of the participants (47%) had knowledge about the psychological counseling services of the METU Health and Guidance Center. Another study conducted with METU students reported a similar finding that 51% of the students had knowledge about the services of the Psychological Counseling and Guidance Center (Erkin, 1994). Dubov, Lovko and Kausch (1990) also reported that at least 50% of the students did not know available professional helping services in their community. Setiawan (2006) reported a slightly better ratio of 62.2% for the Indonesian university students' awareness of counseling services on their campus and reported lack of knowledge about counseling services as a discouraging factor in seeking psychological help. The author claimed that if students are well informed about the details of the services given such as opening hours, location, procedure in seeking counseling, about the problems which counseling deals, their worries and uncertainties will be reduced in receiving help. Supporting this view, Güneri (2006) reported that students' misinformation and unrealistic expectations regarding counseling are one of the most frequently stated difficulties by the counseling staff.

In the present study, friends were the most frequently stated sources of information (24.2%) about the center and other publicity material; the orientation program (13.7%), brochure (7.7%), internet (5.8%), poster (2.6%) which contain more accurate information were not too much stated as sources of information. In addition to this, only five faculty members (0.7%) (academic advisor and instructor) were stated as sources of information related to the services of Psychological Counseling and Guidance Center. This finding is consistent with the previously reported findings that faculty members do not have adequate information about available counseling services for students (Sharkin, Scappaticci & Birkey, 1995).

Students preferred to seek help mostly from their friends (59%) and family (45.6%) in times of need for personal problems. The amount of seeking help from professionals was 5.8% which is consistent with the literature that informal support groups (family, friends) are preferred to formal support groups (professionals) for help (Oliver et al., 1999; Kılınc & Granello, 2003; Rickwood et al., 2005). Informal support groups (family, friends) are preferred to formal support groups (professionals) for help because they are more available and these relationships can be trusted since they have been already established (Rickwood et al., 2005). Of the students, 20.1% do not prefer to take help from anyone. Kılınc and Granello (2003) also reported 12% of the students choosing not to seek help. Students may see themselves competent enough to deal with their problems or more seriously they may feel hopeless about their problems. Dubov, Lovko and Kausch (1990) identified believing nobody can help, and perceived self-sufficiency as barriers to seeking help. Setiawan (2006) also reported perceived self-sufficiency as a barrier for seeking help.

Females were found to have more positive attitudes than males as previously reported by many studies (Lopez et al., 1998; Chang, 2007; Duncan &

Johnson, 2007; Gloria et al., 2008; Gonzalez, Alegria & Prihoda, 2005; Masuda et al., 2005; Vogel et al., 2007). Several different findings provide supporting data about this difference. It was found that women are more likely to be encouraged to seek psychological help and they are more likely to know people who sought help. Additionally, it was reported that 47% of the participants' mothers recommended them to seek help and 5% of them said their fathers did which is a sign of males' unfavorable approach to help-seeking (Vogel et al., 2007). As a whole, the results of these findings point to the importance of the role of gender role socialization in help-seeking attitudes since studies reported that higher gender role conflict scores (negative effect caused by one's gender role) was associated with negative help-seeking attitudes (Blazina & Watkins, 1996; Pederson & Vogel, 2007).

Another difference in help-seeking attitudes was in faculty. Students of the Faculty of the Arts and Sciences, and students of the Faculty of the Education were found to have more favorable attitudes than of the Faculty of Engineering students. This finding may be the result of the familiarity of the students of social sciences with mental health professions. Kılınc (2001) reported that students of the Arts and Humanities major have more professionally oriented conceptions of mental illness than other majors. Or, they may have more opportunity to have friends from helping professions. Another reason for this difference can be the high proportion of males in the Faculty of Engineering and the high proportion of females in the Faculty of the Arts and Sciences, and students of the Faculty of the Education since males were found to have less favorable attitudes than females.

Contrary to some studies, the current analysis did not find any difference in terms of living arrangements and year of study in attitudes toward seeking psychological help. However, Annaberdiyev (2006) found in his study with 189 Turkic Republic students and 190 Turkish students enrolled in Ege and

Dokuz Eylül Universities that Turkic Republic students who were living in dormitories had more favorable help-seeking attitudes than Turkic Republic students who were living in houses.

To summarize, most of the university students had inadequate knowledge about counseling services and preferred to receive help from their friends and families instead of professional psychological help. Finally, females had more positive help-seeking attitudes than males and students of the Faculty of Engineering had less favorable help-seeking attitudes.

### **5.1.2. Prediction of Attitudes toward Seeking Psychological Help**

The results of the hierarchical regression showed that perceived social support, prior help-seeking experience, and gender significantly predicted attitudes toward seeking psychological help. In parallel with the literature female gender (Chang, 2007; Duncan & Johnson, 2007) and prior help-seeking experience were influential on help-seeking attitudes (Vogel, Wade & Haake, 2006; Elhai, Schweinle & Anderson, 2008).

Individuals who had psychological help, have more favorable help-seeking attitudes, since they might have been benefited from it or they might have reduced worries or fears related to help-seeking. Since, it was reported that students who did not take psychological help were found to perceive it as an unreliable and inappropriate way of dealing with personal problems (Dadfar & Friedlander, 1982).

In parallel with the finding of females have more positive attitudes toward seeking help than males, female gender positively predicted help-seeking attitudes. This is another support for the role of gender role socialization in help-seeking attitudes which were previously discussed.

Although some studies reported effect of psychological distress on attitudes toward seeking psychological help (Calhoun & Selby, 1974; Komiya, Good & Sheriya, 2000) no relationship was found in the present study. Most of the previous studies reported a significant relationship between psychological distress and intention to seek psychological help (Lopez et al., 1998; Cramer, 1999; Liao, Rounds & Klein 2005; Vogel & Wei, 2005; Vogel, Wade & Haake, 2006; Leech, 2007) and use of counseling (Oliver et al., 1999; Rosenthal & Wilson; 2008). Attitudes reflect general orientation of people whereas intentions reflect direct willingness of people toward seeking psychological help (Lopez et al., 1998). Therefore, it is more plausible to find an association between psychological distress and intention to seek psychological help or actual use of counseling rather than attitudes toward seeking psychological help and the present study confirmed this view.

Total perceived social support was found to be predictive of attitudes toward seeking psychological help. Students had more positive attitudes as they had more perceived support from friends and significant others. However, perceived support from family did not have any effect on attitudes. Miville and Constantine (2006) found in their study that higher levels of perceived social support from a significant other were significantly predictive of more positive attitudes toward seeking psychological help. Vogel et al., (2007) reported that being encouraged to seek help and knowing a person who had sought help are associated with more positive attitudes toward help seeking. So, friends and significant others may play such role in help-seeking behavior. Supporting this view, friends were found as the most frequently stated sources of information (24.2%) about the services of the psychological counseling and guidance center in the study. Additionally, the negative relationship between social support and psychological distress is the highest for friend social support which shows the importance of friends for young adults. University students have more chance to learn about psychological help-seeking via their friends or the existence of a

counseling center at campus than general population so family members may not have any influence on their children's help-seeking attitudes. Another explanation for the predictive power of social support may be coping style of individuals. Türküm (2005) reported that coping with stress by seeking social support predicts positive attitudes toward seeking psychological help. Therefore, regardless of informal or formal support, people may hold positive attitudes seeking help in general and this can be an explanation of more favorable attitudes with more perceived social support. Supporting this view, a related concept social network orientation was also found to be associated with help-seeking attitudes. Tata and Leong (1994) reported that positive social network orientation (being open to seek help in time of crisis from network members) is related to more favorable attitudes toward help seeking.

To sum up, help-seeking attitudes were significantly predicted by female gender, perceived social support and prior help-seeking experience.

## **5.2. Implications of the Study**

The results of the study provided valuable information about mental health and psychological help-seeking behavior of university students. The high prevalence of distress threatens well-being of students causing further problems in their lives. Moreover, amount of seeking professional help is very low. Therefore, regular screening by counseling center to detect at risk individuals is good way of intervention. Students may not notice that they have unusual distress, may not know there are effective ways of coping with it and may not know where to get help (Gollust, Eisenberg & Golberstein, 2008; Rosenthal & Wilson, 2008). Therefore, by using screening devices they become aware of their distress and by the way of contact with the professionals, they learn how to cope with it. Although orientation program and other publicity material were useful to inform individuals, friends were the



most frequently stated sources of help. So, quality of the publicity material should be questioned. University counseling centers are always in need of developing their resources and services due to fast changes in student demographics, higher education, and societal issues (Dean & Meadows, 1995). In addition to this, despite commonalities between university counseling centers, each campus has its own characteristics which affect psychological services provided. So, screening students and documenting changes in the mental health of students will also help counseling centers in organizing their services (Bishop, 2006). Unfortunately, there is lack of effort in this issue in Turkey since work overload and insufficient physical facilities are current problems of university counseling centers (Güneri, 2006).

Programs developed to increase awareness of faculty about counseling services can be helpful in order to make students informed about the available psychological services. Students have regular contact with their academic advisors who have the opportunity to observe apparent changes in their students. Even a simple faculty awareness program utilizing campus mail and telephone to inform faculty members, was proved to be effective in increasing referrals of distressed students (Nolan, Pace, Iannelli, Palma & Pakalns, 2006). However, it should be cautioned that rather than a long-term treatment facility or rehabilitation center, university counseling centers should serve as a specialized kind of mental health service which predominantly deals with developmental, career or social concerns of the students (Bishop, 2006).

Outreach programmes developed to increase use of counseling services by students, should take into consideration factors which affect help-seeking behavior. Also, in interventions, attitudes should be worked on due to their important role in help-seeking behavior. Since males have more negative attitudes toward help seeking, special attention should be given to them. In order to increase the utilization of psychological services by males, Good and

Wood (1995) suggested that in interventions, seeking professional help should be shown as a sign of courage or power or services may be made attractive by labeling them as workshop or seminars which are more congruent with males' socialization. In addition to this, engineering students may be especially targeted in outreach programming because of their less favorable help-seeking attitudes than others.

Finally, friends were found to be so influential on students' help-seeking behavior. This can be used as a tool in interventions or may be directly used as a strategy. McLennan (1991) proposed student peer-helping networks in which students provide assistance to their peers after being received brief training in communication skills.

In summary, male students have unfavorable help-seeking attitudes which should be especially targeted in interventions in which friends and academic advisors may be important actors.

### **5.3. Suggestions for Future Research**

The present study investigated the impact of limited number of factors on attitudes toward psychological help seeking. There are numerous factors reported to effect attitudes and their influence could be examined in a theoretical model congruent with the Turkish culture since the existence of effects is mostly known but the relationships among them have not been studied adequately. In addition to this, attitudes toward psychological help seeking could be investigated for different problem types.

The current study used convenience sampling method which affects generalizability of the results. Therefore, random sampling from different universities could give more accurate information about help-seeking attitudes

of all Turkish university students.

Finally, studies utilizing longitudinal designs are recommended to examine whether attitudes lead to actual help-seeking behavior.

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## APPENDICES

### APPENDIX A

#### DEMOGRAPHIC INFORMATION FORM

Değerli Katılımcı,

Bu araştırma ODTÜ Eğitim Bilimleri Bölümü öğretim üyesi Prof. Dr. Ayhan Demir danışmanlığında yüksek lisans öğrencisi Esra Çebi tarafından yapılmaktadır. Çalışmanın amacı, üniversite öğrencilerinin psikolojik yardım aramaya karşı tutumlarını etkileyen faktörleri belirlemektir. Çalışmaya katılmak gönüllülük esasına bağlı olup, elde edilecek bilgiler toplu olarak değerlendirilecek ve gizli tutularak bilimsel araştırma kapsamında kullanılacaktır. Sizden beklenen soruları samimiyetle ve eksiksiz olarak cevaplamanızdır. Anketi cevaplamanız yaklaşık olarak 10 dakika sürmektedir. Ankette kişisel rahatsızlık hissetmenize sebebiyet verebilecek sorular olmadığı halde böyle bir durum hissederseniz ya da başka bir sebepten dolayı rahatsızlık hissederseniz, anketi cevaplamayı bırakabilirsiniz. Çalışmanın sonuçları hakkında bilgi edinmek isterseniz Esra Çebi (E-posta: esra1018@hotmail.com) ile iletişim kurabilirsiniz.

1. Yaşınız:.....
2. Cinsiyetiniz:  Kadın  Erkek
3. Sınıfınız:  1  2  3  4
4. Fakülteniz:...
5. Nerede kalıyorsunuz?  
 Kredi ve Yurtlar Kurumu Yurdu  Üniversitenin Yurdu  
 Özel yurt  Aile yanı  Ev  Diğer.....(belirtiniz)
6. Hiç psikolojik yardım aldınız mı?  
 Evet  Hayır  
Cevabınız evet ise; verilen hizmetten ne kadar memnun kaldınız?  
1 2 3 4 5  
Hiç memnun Çok memnun  
kalmadım kaldım
7. Kişisel bir problem yaşadığımızda kimden yardım alırsınız?  
 Aile  Arkadaş  Uzman (Psikolog, psikolojik danışman, psikiyatrist, vb.)  Doktor  Hiç kimse  Diğer...(belirtiniz)
8. Kampüs içinde bulunan Psikolojik Danışma ve Rehberlik Merkezi hakkında bilginiz var mı?  
 Evet  Hayır  
Cevabınız evet ise; bu bilgiyi nereden elde ettiniz?  
 Arkadaşlar  İnternet  Akademik Danışman  
 Tanıtım programından  Broşür  Poster  
 Diğer:.....(belirtiniz)

## APPENDIX B

### SAMPLE ITEMS FROM THE ATTITUDES TOWARD SEEKING PSYCHOLOGICAL HELP-S SCALE

1. Psikolojik rahatsızlığım kendiliğinden geçmiyorsa, psikolojik yardım almak benim için bir çözümdür.
5. Kendimi çok rahatsız hissedersen psikolojik yardım isteyebilirim.
9. Psikolojik yardım, kişinin sorunlarla başa çıkma gücünü yükseltir.
12. Hakkımda söyleneceklerden dolayı, psikolojik yardım almaktan çekinirim.
15. Yaşamımda karşılaşılabileceğim duygusal bir krizi psikolojik yardımla atlatabileceğime inanıyorum.
18. Eğer bir ruhsal bozukluğum olduğunu düşünürsem, ilk yapacağım şey, profesyonel yardım almak olacaktır



## APPENDIX C

### SAMPLE ITEMS FROM THE MULTIDIMENSIONAL SCALE OF PERCEIVED SOCIAL SUPPORT

1. Ailem ve arkadaşlarım dışında olan ve ihtiyacım olduğunda yanımda olan bir insan (örneğin flört, nişanlı, sözlü, akraba, komşu, doktor) var.
3. Ailem ve arkadaşlarım dışında olan, sevinç ve kederlerimi paylaşabileceğim bir insan (örneğin flört, nişanlı, sözlü, akraba, komşu, doktor) var.
6. Arkadaşlarım bana gerçekten yardımcı olmaya çalışırlar.
8. Sorunlarımı ailemle (örneğin annemle, babamla, kardeşlerimle) konuşabilirim.
11. Kararlarımı vermede ailem (örneğin annem, babam, kardeşlerim) bana yardımcı olmaya isteklidir.

## **APPENDIX D**

### **SAMPLE ITEMS FROM THE GENERAL HEALTH QUESTIONNAIRE-12**

1. Endişeleriniz nedeniyle uykusuzluk çekiyor musunuz?
4. İşe yaradığınızı düşünüyor musunuz?
6. Karar vermekte güçlük çekiyor musunuz?
9. Günlük işlerinizden zevk alabiliyor musunuz?
12. Kendinizi değersiz biri olarak görüyor musunuz?