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**Self-Stigma, Social Stigma, and Attitudes towards seeking
Professional Counseling: International Students at Mississippi
State University**

Susan Boafo-Arthur

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Self-stigma, social stigma, and attitudes towards seeking professional counseling:
International students at Mississippi State University

By

Susan Boafo-Arthur

A Dissertation
Submitted to the Faculty of
Mississippi State University
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy
in Counseling
in the Department of Counseling and Educational Psychology

Mississippi State, Mississippi

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2014

Self-stigma, social stigma, and attitudes towards seeking professional counseling:
International students at Mississippi State University

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Each year, there is an increase in the number of international students pursuing higher education in the United States. These students often experience varying degrees of acculturative stress. International students are however not likely to seek counseling. Stigma has been identified as a major barrier to seeking psychological help. The study explored the relationship between self-stigma, social stigma, gender, and length of stay/residence as predictors of attitudes towards seeking professional psychological help of international students attending Mississippi State University. Results of the study indicated that between self-stigma and gender were statistically significant predictors of international students' attitudes towards seeking professional psychological help.

Self-stigma was inversely related to students' attitudes towards seeking counseling and implied that international students with greater self-stigma were more likely to have negative attitudes towards seeking professional psychological help. Mean scores on the attitudes towards counseling scale suggested that some participants were positively inclined towards counseling while others were not. Similarly, mean scores on the self-stigma scale indicated that some participants found the act of seeking help

personally stigmatizing while others did not. There were no statistically significant differences between males and females, and their attitudes towards seeking professional counseling. The results indicated that self-stigma might have a greater influence on help seeking as compared to social stigma. It also confirms the research that suggests that gender might play a role in influencing attitudes toward counseling. Limitations of the study, especially with regard to recruitment and mode of data collection, sampling procedures, instrumentation, and other demographic variables were discussed and alternatives explored.

DEDICATION

This dissertation is dedicated to my husband, Dr. Michael Yanney, and my precious little angel, Gabrielle Awurama Yanney

ACKNOWLEDGEMENTS

I thank the God Almighty for His protection and blessings throughout this journey. I wish to express my profound appreciation to my advisor, Dr. Daniel Wong, for his support and guidance. I give my most sincere thanks for your encouragement and your untiring efforts. Because of your input I was able to make it to this point. To my committee members (Dr. Kathy Dooley, Dr. Cheryl Justice, Dr. David Morse, and Dr. Tommy Phillips), I express my deep appreciation and gratitude for your presence, commitment, and scholarly contributions. I am also grateful to you for educating me and encouraging me during my academic journey. I would also like to thank the international students who volunteered to participate in this study. It would have been impossible without your help.

To my husband, my best friend, and my biggest fan; words are not enough to express how grateful I am to you for your support and encouragement. I truly appreciate the support you gave and the sacrifices you made during the length of my program. And to my precious angel Gabrielle, I thank you for giving me the motivation to stay focused and to meet my goals. Finally, to my parents and family, I am grateful for your prayers and support throughout the duration of my program.

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CHAPTER I

INTRODUCTION

International students pursue education in the United States (US) as a means of enhancing their educational and personal experiences (Institute of International Education [IIE], 2013). In return, higher education serves as one of the top income generation sectors in the US economy (IIE, 2013). International students therefore represent a population that seeks to enhance their own lives, even as they contribute to the economic and intellectual wealth of the US. Most international students are however unfamiliar with US culture and face many challenges (Mori, 2000; Pedersen, 1991).

Several authors have commented on international student responses to the mostly unfamiliar experiences they encounter in the US. For instance, Mori (2000) noted that students may experience social isolation, financial difficulties, cultural gaps, and racial discrimination. Poor English proficiency and poor social networks have also been reported (Constantine, Anderson, Berkel, Caldwell, & Utsey, 2005; Yi, Lin, & Kishimoto, 2003) experiences common to international students. Despite these challenges, researchers indicate that international students are not likely to seek professional counseling to manage or resolve their issues (Mori, 2000; Pedersen, 1991; Yi et al., 2003, Yoon & Jepsen, 2008) and in the event that they seek help they are known to prefer medical instead of psychological help (Alexander, Workneh, & Klein, 1976).

According to Mori (2000), international students are more likely to develop physiological problems in response to psychological stressors as a result of their unwillingness to seek mental health services. Differences in cultural beliefs, stigma, and shame, (Kung, 2004; Mori, 2000) can make international students unwilling to seek help. Also, a perceived lack of credibility of mental health professionals and cost (Kung, 2004) may delay international students' efforts to seek help. Raunic and Xenos (2008) have also reported denial, a lack of awareness of services, perceived resilience, and a fear of being exposed as reasons behind the unwillingness to seek help.

Stigma is seen as one of the barriers to seeking mental health care for most individuals (Corrigan, 2004a; Eisenberg, Downs, Golberstein, & Zivin, 2009; Golberstein, Eisenberg, & Gollust, 2008; Guimón, 2010; Vogel, Wake, & Haake; Weiss & Ramakrishna, 2006) and appears to act as a precursor to negative attitudes towards help-seeking behavior. Stigma has a negative influence on attitudes towards help-seeking behavior (Eisenberg et al., 2009; Golberstein et al., 2008; Guimón, 2010; Pedersen & Vogel, 2007), such that individuals who believe seeking help is stigmatizing would have a negative attitude toward seeking help (Corrigan, 2004a). Research on barriers to help-seeking behaviors of international students has focused on international students' negative attitudes towards seeking help for mental health concerns (Dadfar & Friedlander, 1982; Ghazi-Moghadam, 2009; Greenidge, 2007; Komiya, Good, & Sherrod, 2000; Komiya & Eells, 2001) and less on whether the act of seeking help is personally or socially stigmatizing.

Based on what has been discussed in recent studies (Corrigan, 2004; Eisenberg et al., 2009; Golberstein et al., 2008; Guimón, 2010) stigma acts as a barrier to help-seeking

behaviors of international students, which in turn influences their attitudes towards seeking professional counseling, leading to their unwillingness to pursue mental health services. Although some research has studied international students' attitudes towards seeking psychological help, there is a gap in the existing literature on how personal and social stigma influence the attitudes of Mississippi State University's international students population and their attitudes towards seeking professional psychological help. This chapter presents a synopsis of stigma, and the personal and social aspects of stigma which influence attitudes towards help-seeking, with a particular focus on international students. The statement of the problem, purpose of the study, definition of terms and research questions are also outlined.

Statement of the Problem

Despite significant increases in the prevalence of mental health problems that American college students present with at college campuses (Benton, Robertson, Tseng, Newton, & Benton, 2003), most individuals who need mental health services in the US do not seek the requisite help from professionals. Even on college campuses where counseling services are free, it is reported by Bishop, Gallagher, and Cohen (2000) that these services are underutilized and international students are no exception. Stigma is seen as an inhibitor of help-seeking behavior (World Health Organization [WHO], 2004) leading to poor utilization of mental health services. Stigma is implicated in help-seeking behaviors among the general American population (Eisenberg et al., 2009; Hobson, 2008; Storrie, Ahern, & Tuckett, 2010; Vogel, Wade, & Haake, 2006; Vogel, Wade, & Hackler, 2007) and has also been identified as one of the barriers to help-seeking behaviors of

international students (Komiya et al., 2000; Kung 2004; Misra & Castillo, 2004; Mori, 2000).

In their 2004 study, Nilsson, Berkel, Flores, and Lucas reported that international students represented only 2.6% of the number of students who sought help for their mental health concerns, with most dropping out after the intake session. Similarly, Dadfar and Friedlander (1982) discovered from their study on international students' attitudes towards counseling that students from non-western (Asian and African) societies were more likely to have negative attitudes towards counseling as compared to international students from western (European and Latin) societies. Coupled with the stigma attached to seeking mental health care, it can be assumed that many international students with mental health issues or psychological distress may find it difficult to seek help. There is however a gap in the literature about the personal and social implications of stigma in the formation of attitudes towards counseling among international students.

Purpose of Study

The purpose of this study was to investigate how self-stigma and social stigma influenced the attitudes of international students towards seeking professional psychological help. Also, in the specific aspects of stigma (self or social) were examined for predicting international student's attitudes towards seeking professional help. The research intended to provide results that would contribute to already established research on international students' attitudes towards counseling. Furthermore, the study was conducted to obtain information that can aid mental health professionals at Mississippi State University (MSU) and at campuses across the US in their conceptualization of international students' concerns and in their advocacy attempts with international student

populations. The main variables examined in this study were; (a) self-stigma, (b) social stigma, (c) gender, (d) length of stay/residence, and (e) attitude towards seeking professional psychological help. Personal/self stigma, social stigma, gender, and stay/residence, were the predictor variables whereas attitudes towards seeking professional psychological help was the criterion variable.

Kegel (2009) reported that gender is one of the variables implicated in international student's adjustment concerns. Gender was considered a variable of interest in this study because research (Komiya & Eells, 2001; Yoon & Jepsen, 2008) suggested that female international students are more likely to seek professional counseling as compared to male international students. Studies on minority groups in the United States have established the existence of a relationship between acculturation and attitudes towards seeking professional counseling (Wells, Hough, Golding, Burnam, & Karno, 1987). Length of stay/residence has long been used as a measure of how acculturated immigrants are to a host culture. Berry, Kim, Power, Young, and Bujaki (1989) have argued that the long term stay in a host culture hastens the process of acculturation.

Research by Wilton and Constantine (2003) reported a negative correlation between length of stay in the US and the symptoms of psychological distress. This implied that the longer an international student's stay/residence in the US, the less likely they will be to seek professional psychological help (Chebbet, 2013). This implies that as a student adjusts to life in the United States, they are less likely to report psychological distress. The inclusion of stay/residence in the US as a variable of interest was to help in determining the association, if any, between stay/residence in the US and international students' attitudes towards seeking professional counseling. Country or geographic

location was included as a demographic variable to determine the geographical origins of international students who participated in this study. As research also suggests the existence of differences in attitudes towards counseling between individuals from Western and non-western cultures (Dadfar & Friedlander, 1982; Raunic & Xenos, 2008) geographic origin was also considered as a potential independent variable depending on how diverse the sample was.

Research Question and Hypotheses

This study examined the relationship between self-stigma, social stigma, gender, stay/residence and international students' attitudes towards seeking professional counseling. One research question was addressed in order to identify the relationships that may exist among these variables. On the basis of the research question, three hypotheses were generated to predict students' attitudes towards seeking counseling from the basis of their gender, stay/residence, personal, and social stigma.

Research Question

How well do self-stigma, social stigma, stay/residence, and gender, predict the attitudes of international students studying at Mississippi State University towards seeking professional psychological help? The following hypotheses were developed:

- H_01 : International student's total scores on the Self Stigma of Seeking Help Scale (SSOSH) and the Social Stigma for Receiving Psychological Help (SSRPH) will not significantly predict Attitudes toward Seeking Professional Psychological Help (ATSPPH).

- *H_{o2}*: International student's gender and stay/residence in the US will not be statistically significant predictors of attitudes towards professional counseling services after controlling for the effects of self-stigma and social stigma.
- *H_{o3}*: There will be no statistically significant difference between male and female international students in their attitudes towards seeking professional psychological help and their stay/residence in the US.

Definition of Terms

Attitudes towards seeking professional counseling: This is an individual's total score on Fischer & Farina's (1995) shortened version of the ATSPPH scale. This scale was originally developed by Fischer & Turner in 1970. The original ATSPPH scale from 1970 had 29 items. The shortened version that will be used in this study has 10 items. In this study, attitudes towards counseling, attitudes towards seeking professional help, and attitudes towards seeking professional counseling will be used interchangeably.

Gender: This will refer to the characteristic of being either a man or woman.

International student: For the purposes of this study, an international student is an individual who is neither an American citizen nor permanent resident, who is in the United States for the purposes of education, and who is either an F-1 or J-1 visa holder.

Length of stay/residence: Length of stay in this study will be measured as a function of number of years spent in the US.

Professional counseling: According to the American Counseling Association (ACA, 2014) "Counseling is a collaborative effort between the counselor

and client. Professional counselors help clients identify goals and potential solutions to problems which cause emotional turmoil; seek to improve communication and coping skills; strengthen self-esteem; and promote behavior change and optimal mental health.” For the purposes of this study, professional counseling will be used interchangeably with psychological help and mental health care.

Self-stigma: Vogel et al.’s (2006) definition of self-stigma is deemed appropriate for use in this study. They defined self-stigma as “the reduction of an individual’s self-esteem or self-worth caused by the individual self-labeling herself or himself as someone who is socially unacceptable” (p. 325). Self-stigma will be used interchangeably with personal stigma.

Social stigma: The concept of social stigma may be defined in this study as the “internalized fear of severe social disapproval by behaving against accepted cultural meaning systems, norms about mental health issues, and treatment” (Cifuentes, 2010, p.12).

Stigma: For the purposes of this study, stigma will be defined as “a social process, experienced or anticipated, characterized by exclusion, rejection, blame or devaluation, that results from experience, perception, or reasonable anticipation of an adverse social judgment about a person or group” (Weiss & Ramakrishna, 2006, p. 536).

CHAPTER II

LITERATURE REVIEW

Mental Health and College Populations

Despite the prevalence of mental health issues among college students in the United States (Pietruszka, 2007), and the availability of treatment for mental health disorders, most individuals do not receive treatment (Wang, et al., 2005). And even in environments where mental health services are free, such as on college campuses, these services are largely underutilized (Bishop et al., 2000). The willingness to seek mental health services or treatment is influenced by several factors. For example, individuals who perceive that they have a poor social support system are less likely to seek mental health services (Rickwood & Braithwaite, 1994). Also, individuals with stigmatizing attitudes towards mental health services are less likely to seek help (Cooper, Corrigan, & Watson, 2003; Eisenberg et al., 2009).

Some individuals may also desire to avoid re-experiencing painful memories that may occur in the course of therapy (Komiya et al., 2000). Again, in areas where the availability and affordability of mental health services are limited, individuals are also less likely to seek help (Kushner & Sher, 1991). It also appears that age, as well as racial/ethnic origin (Narikiyo & Kameorka, 1992) may influence help-seeking behaviors such that older adults and individuals from non-western cultures are less likely to seek help as compared to older adults from more western societies. In terms of sex, female are

also seen as more likely to have positive attitudes towards seeking help for mental health concerns (Fischer & Turner, 1970). Similarly, individuals with high socioeconomic status (SES) are more likely to seek help than individuals with low SES (Tessler & Schwartz, 1972).

Eisenberg et al. (2009) believed it imperative to discover ways of minimizing barriers to help-seeking. This was because untreated mental health concerns can potentially prevent people from reaching their life goals (Corrigan, 2004a). In addition, mental health concerns can affect the academic and social development of college students if left untreated (Breslau, Lane, Sampson, & Kessler, 2008; Pietruszka, 2007). Poor retention, poor academic performance, increased risk of suicidal and self-injurious behavior, and problems with interpersonal relationships are some of the problems that can result from untreated mental health issues. College students are often unwilling to seek help because of the stigma associated with mental illness (Storrie et al., 2010). According to Kay (2013), at risk populations who are less likely to seek mental health services on college campuses are international students, returning students, older students, LGBT students, veterans, and minorities. Kay elaborated that of these groups of students; international students are the least likely to pursue mental health services for their problems. Kay further stated that the number of at risk college students who do not seek treatment is even higher for graduate students; among graduate students, international students are the least likely to seek help (Kay, 2013).

Many international students go through various adjustment experiences that might prove problematic to them upon arrival in the United States. Transitioning to life on a university campus may be challenging for some, and Alexander, et al. (1976) believe

that cultural differences make it more difficult for international students to adjust as compared to American students. Although counseling services may be available to students, it's known that these services are underutilized by most international students (Hyun et al., 2009) and international students are generally unwilling to attend counseling (Sue & Sue, 1977). International students also represent a broad demography and come from diverse cultural backgrounds. Often, students from non-western cultures in particular, may not be familiar with western models of help-seeking (Dadfar & Friedlander, 1982) and this can prevent them from seeking help. The International Student Identity (ISI) model developed by Kim (2012) is one means of understanding acculturative experiences of international students and their process of identity formation as they interact with their new environments.

Theoretical Framework: The International Student Identity (ISI) Model

The ISI model is a six-phase model of identity development that describes how international students explore their psychosocial development in new environments. This model, developed by Kim (2012), is based on an ethnographic study conducted with participants who were international students at a large university in the United States. The model, and its phases built into the model, is seen as encompassing the interplay of the relationships between international students, their cultural backgrounds, and the new environments they find themselves. According to Kim (2012), students are supposed to progress from phase 1 to phase 2 in a linear fashion, whereas progression from phases 2-3, 3-4, and 4-5 may be repeated if international students regress in their identity development. Similar to phases 1 and 2, movement from phase 5-6 is also linear and is not repeated.

The first three phases of the ISI model appear to be most applicable to this study because they attempt to describe international students' struggles with self-identity as they adjust to life in the US and some of the problems they might face. Phase 1 of the ISI model is the *pre-exposure phase-inheriting self* phase. According to Kim, students in this phase prepare themselves for education outside of their countries of origin and self-identity is based on their cultural values and the relationships they have with friends and family in their countries of origin. Upon arrival to the US, international students experience phase 2 of the ISI model which is the *Exposure-opening self phase*. In this phase, students begin to experience culture shock as they experience the unfamiliarity of American educational systems, culture and customs, and fall back on their own cultural values, and cognitive coping mechanisms as a means of dealing with the challenges of being in a new environment without losing their connections with their culture (Kim, 2012). Kim describes phase 3 as the *Enclosure-securing self* phase. This phase is an extension of the previous phase and depicts in more detail the challenges that international students face as they acculturate to their new environments. Students in this phase are focused on academic achievement and limit their interactions with members of the host culture because of problems they may be experiencing with acculturation. They therefore immerse themselves in social groups that are reflective of their cultural backgrounds and interact less with American students. It appears that the first three stages of the ISI are the most difficult to overcome for international students because this is when students move into a new culture and are forced to find a way to adapt. This lends some support to research that suggests that acculturation experiences/issues produce significant stress in international students and are usually the sources of mental health

issues (Aubrey, 1991; Brown & Holloway, 2008; Chapdelaine & Alexitch, 2004; Constantine et al., 2005; Kay 2013; Ineson, Lyons, & Branston, 2006; Mori, 2000; Pantalidou & Craig, 2006; Sandhu & Asrabadi, 1994).

Phase 4, the *emergence-disclosing self* phase, is described by Kim(2012) as the point during which students begin to form new identities by interacting with others outside of their cultural groups, and also make conscious efforts to engage in other non-academic social activities, and an exploration of their environments as they learn more about themselves and others, test the boundaries of their social relationships, and expand their social networks. Identity conflicts may occur at this stage and may take a long time to resolve. On a more positive note, students in phase 5, *Integration-internalizing self* phase are described by Kim (2012) as having successfully resolved identity conflicts, and have been able to develop new identities by integrating their own values with that of their host culture. In phase 6, which Kim (2012) refers to as *Internationalization- Globalizing Self*, students have developed their multicultural identities and an awareness of how they fit into the multicultural, pluralistic landscape of American culture. At this stage, students have developed the ability to synthesize and integrate values from both cultures, and have a maturity, awareness, and appreciation of their own membership in a multicultural and global society.

It is already known that international students struggle the most in the first three phases of the model when they experience acculturative stress. In learning to acculturate, international students' face several problems such as confusion about role expectations and self-identity, feelings of alienation, rejection and discrimination by members of the new culture, a loss of social support, and anxiety over their inability to fit into the new

culture (Mori, 2000; Oberg, 1960; Sandhu & Asrabadi, 1994). Tseng and Newton (2002) have summarized the problems that international students in the US experience into four broad categories; (a) social adjustment concerns (problems with food, accommodation, transportation etc); (b) academic adjustment concerns (problems with the educational system); (c) cultural adjustment concerns (adjusting to norms and values of the new culture while maintaining their own); and (d) psychological adjustment concerns (how to cope and maintain their identity).

This model is important and relevant to understanding the challenges outlined by Tseng and Newton (2002) because it highlights the ways in which international students navigate the challenges they face upon moving to the US. More importantly, Kim (2012) revealed several factors that influence how fast international students may progress through these stages. These factors include social experiences with individuals of the host culture, how long they have stayed in the US, self-confidence, psychosocial support, and personality variables. Kim (2012) also believes that students' utilization of mentor programs can help them in their identity formation process. From the above, it appears that utilization of mentor programs may also aid in the resolution of international students' adjustment concerns. Although Kim did not expand on what these mentor services are, it appears that mentor services refer to social support services and counseling/mental health services. However, it has already been established that international students are not likely to seek out these services. Therefore, gaining an understanding of the attitudes international students have towards help-seeking behaviors and mental health services may help in understanding why they underutilize these

services, and may also help in identifying barriers to help-seeking behaviors among international students.

Attitudes Toward Seeking Help

Minority populations in the US are known to have lower counseling utilization rates as compared to Caucasians (Kearney, Draper, & Barón, 2005; Sue, 1981). For example, Kung (2004), in her study on barriers towards help-seeking behaviors of Chinese Americans discovered that that they had a negative perception of mental health services and were not likely to use these services even when they had a diagnosable mental illness. In studying counseling utilization rates by ethnic minority students, Kearney et al. (2005) also found that minority groups in general attended significantly fewer counseling sessions when compared to Caucasian students even though the minority students had more psychological distress at intake. The extant literature also indicates poor utilization of counseling services by international students as compared to American students in general (Komiya et al., 2000; Vogel et al., 2006). Data from the Center for Collegiate Mental Health's (CCMH) 2013 annual report shows that a total of 82,541 students were seen at college counseling centers in various member universities. However, only 4.4 % (3,632) of those seen at their member institutions' counseling centers were international students (CCMH, 2013). Counseling center utilization trends for international students at Mississippi State University are currently not available. However, enrollment information on international students at tertiary institutions in the state of Mississippi from the Institute of International Education's (IIE) 2012 Open Door report revealed that these students number 803 with about 56.4% of these students coming from Asian and African countries. Based on the above data, it is safe to assume

that only a tiny fraction of international students studying at Mississippi State University seek professional counseling services.

Over the years, research has also focused on perceptions towards the intent to use, and the utilization of mental health services (Greenidge, 2007). It has been noted by Ness (1987), that the decision to seek counseling occurs as a function of an individual's personal characteristics as well as where the person is in the process of help-seeking. Several models have been proposed to explain the decisions that impact an individual's willingness to seek help. Anderson and Newman's (1973) healthcare utilization model was proposed to provide a basic understanding and conceptualization of the situations that may influence an individual's decision to pursue healthcare on the basis of three factors; predisposing factors, enabling factors, and need factors. According to the model, predisposing factors refer to an individual's socio-cultural characteristics that exist before their need for help occurs and includes their demographics, social structure, and health beliefs. Enabling factors are those factors that pertain to the processes involved in obtaining health care and include community and family resources that can be mobilized towards seeking help. Lastly, need factors are related to an individual's perceived need for health care, and a professional evaluation of health care needs. The model therefore depicts that an individual's decision to access mental health is influenced by a combination of their predisposing, enabling, and need factors.

Andersen and Neuman's (1973) model was criticized as being too general and not focusing enough on individual's attitudes towards seeking help thus Fischer, Winer, and Abramowitz (1983), expanded the Andersen and Neuman model into a five stage model that incorporates attitudes towards help-seeking. Stage one is when an individual

recognizes that they have a problem. In stage two, the individual evaluates the strategies they have for resolving the problem. Stage three is the point when the individual considers the pros and cons of seeking professional help. In stage four, an event occurs which motivates the individual to seek help, and finally, in stage five, the individual becomes engaged in seeking professional help. The five stage model is seen as being more helpful in explaining attitudes towards counseling because it provides a distinction between individuals who do not seek help because of a lack of awareness of health services from those who do not seek help because of negative perceptions (Fischer et al., 1983). Age, sex, SES, culture, values, and religion are other variables that can potentially affect how individuals evaluate their need for professional counseling, and the decisions they make at each stage of the model (Fischer et al., 1983).

In applying these models to how individuals make the decision to seek help, it can be concluded that an individual may not initiate the process of seeking help if they do not believe their problem to be psychological, and if they have a negative attitude towards seeking professional help. While these models are useful in understanding help-seeking behaviors, newer models may be more relevant in understanding international students' help-seeking behavior. One such model is the cultural determinants of help-seeking model (CDHM) proposed by Arnault (2009). The model proposes that the desire to seek help is influenced by an individual's perception of the problem, the interpretation ascribed to the cause of the problem as well as the social significance of the problem, and the social context and availability of resources they have to deal with the problem at hand. Figure 1.0 describes the Cultural Determinants of Help-seeking Model and its constituent components in more detail.

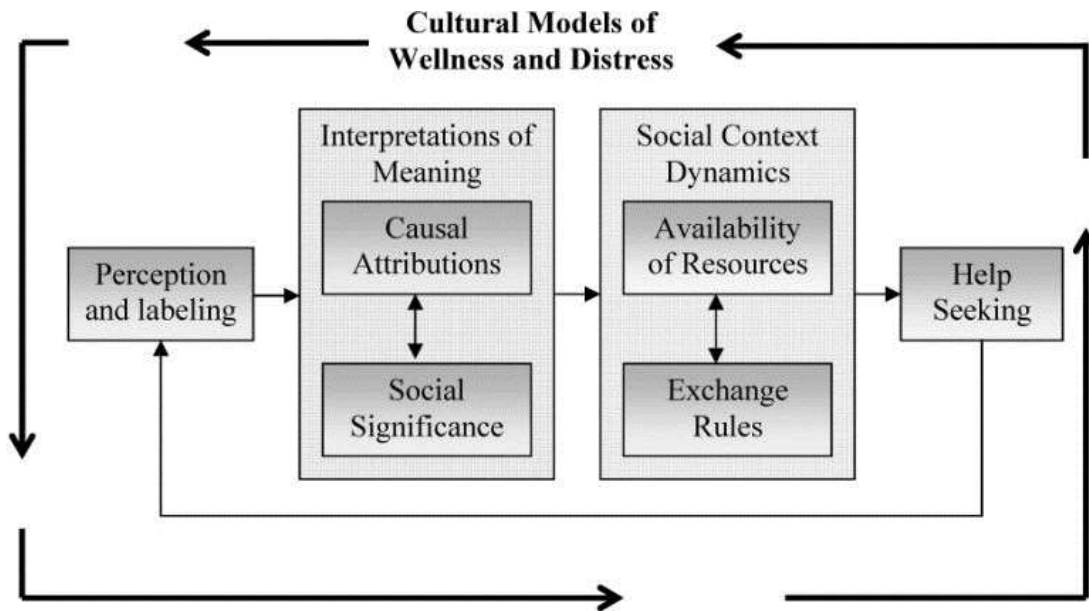


Figure 1. Arnault's (2009) Cultural Determinants of Help-seeking Model.

According to Arnault, the decision to seek help begins when individuals perceive that they are not functioning optimally, determine the severity of those feelings/emotions, and evaluate if they need help to deal with what they are experiencing. The author believes that the model supports the importance of integrating ethnographic, epidemiological, survey, and clinical methods to understand culturally different clients. According to her, paying attention to information from these sources leads to more appropriate assessments, referrals, and interventions. In addition, the model is useful in understanding the interactions that occur between culture and personality variables and can act as a catalyst for research on barriers to help-seeking among people of diverse ethnicities and gender. By implication, this model can also be used to understand the help-seeking behaviors of international students, particularly from the framework of the ISI.

As discussed previously most college students do not seek professional help for their mental health issues, and international students are the least likely group of students in the college population to seek help (Sue & McKinney, 1977). Despite their unwillingness to seek help, Greenidge (2007) has emphasized that international students face unique challenges and their adjustment process is a psychosocial process that involves emotional, attitudinal and social integration into their host culture. These emotions and attitudes may be reflected in their decisions regarding the pursuit of mental health care. In fact, research over the years has discovered an association between negative attitudes towards professional psychological help and an international student's willingness to seek help (Al-Quasem, 1987; Baysden, 2002). Mori (2000), and Misra and Castillo (2004) for instance, have suggested that international students may not seek counseling, or underutilize counseling services because of the stigma attached to mental health. Similarly, Kung (2004) in her examination of the barriers to help-seeking behaviors among Chinese Americans found that the more barriers respondents had to receiving help, the more likely they were to have negative perceptions of mental health services.

In Rahimi's (1989) comparative study on attitudes towards help-seeking behaviors of Iranian international students and American students, the results indicated that Iranian students had more negative attitudes to counseling than American students. Yoon and Jepsen (2008) also compared Asian international students and American students' expectations and attitudes toward counseling and found that although international students also had mental health care concerns, they were less likely to seek help for reasons such as unfamiliarity with counseling, the perception that they did not

need counseling, shame, and cultural differences. Likewise, Ghazi-Moghadam's (2009) study on the perceptions of Iranian clients towards counseling also indicated that the participants had negative perceptions towards mental health services and had the belief that individuals who utilized these services were crazy or had a serious mental illness. The author also found that low levels of acculturation and poor understanding of Iranian culture by counselors influenced participants' perceptions about counseling. International students may also not seek help because of a lack of awareness of the existence of mental health services (Hyun et al., 2009) and may seek help from elsewhere when confronted with the somatic manifestations of their problems (Mori, 2000).

Adeyemi's (1985) article on counseling Nigerian students also revealed that international students from Nigeria preferred their friends or other informal networks to counselors when in need of counseling. In the same fashion, Constantine et al. (2005) utilized qualitative methods to understand the adjustment experiences of African international students from Kenya, Nigeria, and Ghana. They discovered that while these students experienced acculturative stress, they preferred not to seek professional help because of their perception that personal problems should not be discussed with strangers. In a related study, Komiya and Eells (2001) examined the predictors of attitudes towards seeking mental health among international students in the US and discovered that being female, being more open about one's emotions, and previous exposure to therapeutic services increased the probability that international students would seek help for their mental health concerns. Dadfar and Friedlander (1982) also found poor contact between international students and Americans, as well as continent of origination, as important determinants of help-seeking behavior. In sum, the factors that

influence an individual's attitudes to seek help include emotional openness, stigma, fear, social support, outcome expectations, anticipated risk/utility of mental health services and acculturation (Greenidge, 2007). Of all these factors, stigma is perceived to be the major barrier to seeking mental health care (Golberstein et al., 2008; Krol, 2010).

Stigma

The field of mental health has developed various ways through which they have come to understand the symptoms and progression of mental illness and how it interacts with personal well-being (Corrigan, 2004a). However, Corrigan states that individuals with mental illness are often discriminated against by the general public and also by mental health professionals who have a poor understanding of stigma and how it affects the lives of individuals struggling with mental illness. Because of these problems, the Surgeon General's report appropriately states that stigma should be removed in order to improve access to mental health care (National Institute of Mental Health, 1999). Stigma may be defined as "a social process, experienced or anticipated, characterized by exclusion, rejection, blame or devaluation, that results from experience, perception, or reasonable anticipation of an adverse social judgment about a person or group" (Weiss & Ramakrishna, 2006, p.536).

It is important to realize that beliefs and attitudes about mental illness resulting from stigma can influence an individual's help-seeking behavior (Eisenberg et al., 2009). In exploring the effect of stigma on the lives of individuals with mental illness, Corrigan (2004b) noted that stigma leads to discriminatory behaviors against individuals with mental health issues in their workplaces, affects how often people visit their doctors and psychiatric hospitals, leads to the fear that individuals with mental illness are dangerous,

and when internalized can lower self-esteem. In addition to the above, Guimón (2010) has also noted that stigma is implicated in attitudes towards individuals with mental illness because characteristics of deviance, non-conformity, and unpredictability are often attached to them.

Self-Stigma

Eisenberg et al. (2009) have stated that while the word stigma is used broadly, there are actually various forms of stigma associated with seeking or receiving mental health care. These include, personal stigma (Corrigan, 2004b), public stigma (Corrigan, 2004b), self-stigma (Corrigan, 2004b; Vogel et al., 2006), social stigma (Cifuentes, 2011; Komiya et al., 2000), and perceived public stigma (Corrigan, 2004b). Vogel et al.'s (2006) definition of self-stigma is seen as being most suitable to the purposes of this study. Vogel et al. (2006) define self-stigma as “the reduction of an individual’s self-esteem or self-worth caused by the individual self-labeling herself or himself as someone who is socially unacceptable” (p. 325). There is therefore the implication that such individuals have a personalized belief that individuals who seek/need psychological help are inferior. Research indicates that negative perceptions of mental health concerns are internalized by certain individuals and may lead to decreases in self-esteem (Link & Phelan, 2001). Individuals needing mental health services may view help-seeking behaviors as stigmatizing because their internalized negative perceptions of stigma makes them perceive themselves to be inferior (Hobson, 2008).

Corrigan and Rao (2012) have described the development of self-stigma towards mental illness and its effects on individuals. According to the authors, it begins with an awareness of the stereotypes concerning individuals with mental illness, or mental illness

in general. Following awareness of these stereotypes, individuals may then choose to agree with the stereotypes, and consequently apply these stereotypes to themselves, which consequently harms their self-esteem (Corrigan & Rao, 2012). Similar to previous research on stigma, Corrigan, Larson, and Rüsç (2009) have noted that most individuals with self-stigma are often plagued with low-self-esteem which prevents them from accomplishing their life goals. The authors used what they refer to as the “why try” model, to explain how self-stigma can lead to a loss of self-esteem and self-efficacy. According to the authors, individuals form self-stigma after they become aware of stereotypes surrounding mental illness and subsequently, agree and apply these stereotypes to themselves. Consequently, their self-esteem and self-efficacy is affected whenever they need to pursue help for their mental health issues because they have bought into the stereotypes concerning individuals with mental health issues (Corrigan et al., 2009).

The authors continued in their explanation of the model by saying that lowered self-esteem and self-efficacy may prevent an individual from engaging in behaviors that may enhance their quality of life, or prevent them from pursuing any life goals for that matter. This reluctance is primarily as a result of the internalized belief that they are deficient and that they are somehow to blame for their problems (Corrigan et al., 2009). And as such, do not make any attempts to resolve their problems because they believe it is not worth the effort to try (Corrigan et al., 2009). Corrigan and Rao (2012) further point out that when individuals have self-stigma towards mental illness, they are more likely to be socially withdrawn and to hide their problems from everyone else because of the fear of what others may think about them should their problems be disclosed. As a

result, these individuals begin to question why they should even try to maintain a normal existence, since their mental health concerns make them defective (Corrigan & Rao, 2012). The stages in the development of self-stigma as well as the development of a “why try” attitude are important because they contribute to the understanding of why individuals in the general population, and more specifically, international students, may not be willing to pursue help for their mental health concerns.

Social Stigma

A concept that is closely related to self-stigma and which can be applied to mental health is social stigma. Social stigma is defined as the “internalized fear of severe social disapproval by behaving against accepted cultural meaning systems, norms about mental health issues and treatment” (Cifuentes, 2011, p. 12). Public stigma is used interchangeably with social stigma by Corrigan (2004b) and was be used in the same way in this study. Social stigma has been studied extensively by many researchers and is potentially harmful because of its discriminatory effect (Corrigan & Rao, 2012). Literature on the subject indicates that social stigma towards mental health issues is associated with discrimination and fewer visits to the doctor/psychiatrist (Farina & Felner, 1973; Farina, Hagellauer, & Holzberg, 1976), and a fear that individuals with mental health problems are dangerous (Link & Cullen, 1986). This is made evident in the study by Rojas-Vilches, Negy, and Reig-Ferrer (2011) on the attitudes of Puerto Rican and Cuban Americans towards therapy in which it was revealed that the more people attached stigma to mental illness, the less likely they were to seek therapy. However, this was more pronounced in the older adults than the younger adults in their sample.

Spitz (2010) has noted that social stigma towards mental illness affects individuals with mental illness on many levels. First, Spitz believes that insurance coverage for mental illness provided by most insurance companies is limited compared to other illnesses, and thus discriminatory. Spitz continues by saying that individuals identified as having mental illness are often unable to obtain appropriate housing or jobs, and their needs are often ignored by policy makers and others who can make a difference in their lives. In addition, the actions of individuals with mental illness are often criminalized by the general public, and media outlets enhance the pervasiveness of the perceptions that society holds about mental illness through their depictions of individuals with mental illness (Spitz, 2010). Because of social stigma towards mental illness, individuals suffering from mental health issues may choose to hide rather than disclose their conditions (Krol, 2010). Golberstein et al., (2008) for instance, found that among young students (US citizens), there was a negative relationship between the perception of stigma and the perceived need for mental health services. Consequently, for individuals with mental health issues, social stigma can exacerbate their experience of the illness/problem and may lead to poorer treatment outcomes (Krol, 2010).

Although most non-western societies have stigmatizing behaviors towards mental illness (Corrigan & Watson, 2002), Fabrega (1991) has suggested that stigma towards mental illness is not as pronounced in non-Western societies such as Africa and Asia. Fabrega's findings are surprising as Dadfar and Friedlander's earlier study in 1982 found that international students from non-Western societies had less favorable attitudes towards seeking therapy than those from Western societies (1982). Fabrega's (1991) statements, however, are based on studies of three tribes in Africa, and three countries in

Asia. As such, it is quite difficult to determine the generalizability of these statements or studies. It is quite possible that differences between Fabrega's (1991) and Dadfar and Friedlander's (1982) findings could be as a result of underreporting and/or denial of the existence of mental illness in these societies, due to how stigmatizing mental illness actually is in reality in these countries. Raunic and Xenos (2008) in their review paper found that international students, compared to American students, did not utilize mental health services even when experiencing mental health problems because of a lack of knowledge about these services and a perception of stigma associated to seeking help. Similarly, Yoon and Jepsen (2008) found that Asian international students who felt shame or discomfort with seeking mental health services were less likely to seek or utilize counseling services as compared with American students. Even more importantly, Alexander et al. (1976) have expressed that international students' unwillingness to seek professional psychological help in the US could be because mental health services may not be readily available in their countries of origin. Alexander's findings appear to be in opposition to the findings of Fabrega's (1991) study and suggests that there might be an association between country of origination and attitude towards seeking counseling.

Length of Stay/residence

Berry et al. (1989) have argued that the long term stay in a host culture hastens the process of acculturation. Research by Wilton and Constantine (2003) suggests a negative correlation between length of stay in the US and the symptoms of psychological distress. The assumption is that the longer an international student's stay/residence in the US, the less likely they will be to seek professional psychological help (Chebbet, 2013). This implies that as a student adjusts to life in the United States, they are less likely to

report psychological distress and vice-versa. Oberg (1960) has pointed out that the longer a sojourner stays in a host culture, the more likely they are to adjust positively. This was found to be true for the sample of students in Wilton and Constantine's (2003) study in which students who had been in the US for a longer period of time (9+ years) reported less acculturative stress. Similarly, Sodowsky and Plake (1992) reported in their 1992 study that international students who had lived 6+ years in the US had less acculturative stress as compared to international students who had lived in the United for either 3-5, or from 0 to 2 years.

Longer length of stay also appears to help in international students social networking efforts. Trice (2004) found that international students who had been in the US for longer periods of time tended to socialize more frequently with American students. Based on the ISI, socialization with individuals of the host culture is indicative of positive adjustment. Also, Brown and Holloway (2008) examined the adjustment experiences of international students studying in England and discovered that new students reported high levels of acculturative stress upon arrival. This is seen as an indication that international students new to a host culture may need more time to adjust to their new environments. Chebbet (2012) has advised that school officials should endeavor to help in international student's adjustment efforts especially in the first few months upon arrival. It is therefore presumed that acculturation will more likely than not lead to more positive attitudes towards counseling.

Gender

Gender is one of the variables implicated in international student's adjustment concerns (Kegel, 2009). Research by Komiya & Eells (2001) as well as Yoon and Jepsen

(2008) suggest that female international students are more likely to seek professional counseling as compared to male international students. Females, as compared to males are seen as having a more positive approach to help-seeking, are more likely to seek help, and often stay committed once they initiate counseling (Pietruska, 2007). Likewise, findings from Komiya et al's (2000) study suggest that females are more open to expressing their emotions and view help-seeking as less stigmatizing as compared to males. Komiya et al. (2000) believe that these differences can be attributed to differences in gender roles. In a study that examined the problems of international students, Fatima (2001) reported that female international graduate students experienced more stress and anxiety than male graduate students.

In a related study, Dao, Lee, and Chang (2007) found that Taiwanese female international students mean scores for depression were significantly higher than that of male Taiwanese students. Kwong's (2009) also found that male international students were more likely than female international students to participate in programs organized by the office of international services and also reported less homesickness. Onabule and Boes (2013) have however reported that male international students in their study were more willing to seek professional counseling services as compared to females. In the same way, results of the study by Seyfi et al. (2013) also indicated that females as compared to males had more positive attitudes towards seeking professional psychological help. On the other hand, studies by Vogel and Wester (2003) did not find any relationship between gender and help-seeking attitudes. Similarly, a study by Vogel et al. (2005) also found no significant relationship between gender and attitudes towards help-seeking behavior after controlling for other related variables. Some authors have

argued that males are less likely to seek help because they experience higher levels of stigmatization and are less willing than females to self-disclose (Addis & Mahalik, 2003). Pietruska (2007) has concluded that males are viewed less favorably when they report psychological difficulty.

Summary

International students represent a large group of individuals from many different countries who contribute in many ways to the economy of the US. Like most individuals, they go through a period of transition or adjustment when they arrive in the US. The ISI model which serves as the theoretical framework for this study suggests that international students may experience certain adjustment problems that hitherto their arrival in the US may not have been problematic. Despite their acculturation challenges, the ISI explained that many international students fall back on coping mechanisms from their countries of origin, which may not necessarily be effective in the US. The application of Arnault's (2009) model to their help-seeking and coping strategies shed more light on the cultural and personality variables that may be implicated in international students' help-seeking behaviors.

In addition, the research found that most international students do not seek professional help for their problems because of their attitudes towards professional counseling, the stigma they may have about counseling, and other barriers to the utilization of counseling services such as language, a lack of awareness, and a mistrust of the process. While research has established a link between stigma and attitudes towards counseling, there appears to be a gap in the literature concerning how self-stigma and

social stigma may influence the attitudes of international students at Mississippi State University towards seeking help for the mental health issues.

This study attempted to understand the relationship between two aspects of stigma; self-stigma and social stigma, and how they influence the attitudes of international students studying at Mississippi State University towards counseling. In addition, the study attempted to understand the influence of gender, and international student's length of stay on their attitude towards counseling. Understanding the relationship between the aforementioned variables and help-seeking behavior is important because it reflects the cognitions that prevent individuals who might need help from seeking help. Understanding this relationship is also important because it forms the foundation for the development of positive or negative attitudes towards help-seeking behaviors. A study of this nature will be helpful to both departments and offices at the said university who handle international students' issues, as well as to other professors and individuals who may need to work with these students. In addition, the findings of this study will also be beneficial to other institutions of higher education as they work to integrate and adjust their international students to life on their various campuses.

CHAPTER III

METHODOLOGY

The purpose of the study was to examine self-stigma, social stigma, and international students' attitudes towards seeking psychological help. This was achieved by measuring international student's self-stigma, their perceived social stigma towards seeking mental health care, and their attitudes or perceptions towards seeking counseling or psychological help. In addition, the study sought to determine the association if any, between gender and stay/residence, and international students' attitudes towards seeking psychological help. Kerlinger (1973) has explained that the purpose of methodology in research is to provide answers and to control variance. The chapter explains the methods and procedures that were used in this study and describes the population, sampling procedures, procedures for data collection, the instruments used, and proposed statistical analysis.

Research design

The present study used a non-experimental, correlational research design to examine the relationship between the predictor variables and the criterion variable. In this type of research design, the purpose is to understand the strength of the association between the independent and the dependent variables without manipulating the independent variable (Crano & Brewer, 2002). Surveys are a widely used means of data

collection in non-experimental designs (Thompson and Panacek, 2007) and were used as the mode of data collection in this survey. Four predictor variables were examined: gender, stay/residence, self-stigma (SSRPH scale), and social stigma (SSOSH scale). The dependent variable was participants' scores on the attitudes towards seeking professional psychological counseling (ATSPPH) scale.

Population

The sample for this study was drawn from the population of international students studying at MSU. The 2012 IIE report on the number of international students in the United States by state, and by institution, showed that there are 2,621 international students in the state of Mississippi, with MSU having the largest number of international students. According to the 2013 MSU pocket fact book published by The Office of Institutional Research and Effectiveness (OIRE) at MSU, there were 743 international students enrolled for the 2013/2014 academic year. These students represented the continents of Africa, Asia, Europe, the Caribbean, North America Oceania, and South America. Tables 1 and 2 give a more detailed description of the demographic makeup of the international student population at MSU.

Sample Size

Sample sizes used in multiple regression analysis should be sufficient to ensure stable regression coefficients, be sufficient to make a valid prediction, and ensure external validity (Brooks & Barcikowski, 2012). Different authors have given different formulations for determining sample size in multiple regression analysis. Stevens (2002) has suggested a minimum of 15 subjects per predictor, whereas Tabachnick & Fidell

(2007) have suggested the formula $N > 50 + 8m$, where m is the number of independent variables. Pedhazur and Schmelkin (1991) have a recommendation of $N \geq 30k$, where k represents the number of predictors. Hair et al. (2010) recommend a minimum of 5 observations to one predictor (5:1), but suggest 15-20 observations per predictor as ideal.

Table 1

Mississippi State International Students' Geographical Location Fall 2013

Continent	N	Percent (%)
Africa	63	8.48%
Asia	526	70.79%
Europe	57	7.67%
Caribbean	2	0.27%
North America	72	9.69%
Total	743	100%

Table 2

International Students' Academic Status and Gender

Academic Status	N	Percent (%)
Undergraduates		
Males	146	19.65%
Females	97	13.06%
Graduate		
Males	315	42.40%
Females	185	24.90%
Total	743	100%

For the purposes of this study, Hair et al.'s (2010) guideline for sample size estimates was adopted. Per their guideline, this study required a minimum sample size of

60 participants (15 per predictor). A total of 96 participants volunteered to participate in the study; after taking out 4 incomplete surveys, and three outliers, the total number of participants used in the survey was 89. In addition, power analysis indicated that with an effect size of .35, and power of .80, the minimum sample size required for this study was 39. This implied that the sample of 89 was large enough for the study. The incomplete surveys were taken out because those participants failed complete all three scales. The outliers were discovered after the Mahalanobis distances were calculated and they were found to have exceeded the Mahalanobis value. Surveys which were included in the final analysis were those in which participants had completed all three scales.

Data Collection Procedures

The survey was set up through the online survey website known as Survey Monkey. This data collection method was chosen to aid in data collection efforts, to increase anonymity, and to protect data obtained from participants. After gaining approval from the Institutional Review Board (IRB) to conduct the study, The Office of International Education (OIE) at MSU was contacted as the first step in gaining access to the sample needed for the pilot study. The OIE was informed about the study and asked for permission to gain access to the international student mailing list for survey purposes. The OIE agreed to send out an email to the international student population on behalf of the researcher after verifying that the study had been approved by the IRB. The OIE requested a copy of the recruitment email/flyer, and subsequently forwarded the recruitment email/flyer to the international student population at MSU.

In the email, potential participants were provided with information about the purpose of the survey, how to access the survey, the approximate time it would take to

complete the survey, and the researcher's contact information. International students who responded to the email from the OIE and followed the link to the survey website were presented with the informed consent which detailed the purpose of the study, confidentiality of respondent's information, and respondent's rights. After agreeing to participate in the study, participants were presented with a total of 25 questions from the three instruments, and seven demographic questions. Respondents were also given the chance to qualitatively give their opinions on what counselors can do to reach out to individuals who are reluctant to seek counseling services.

Response rates for the online survey after the initial recruitment email was sent out from the OIE were quite low. Therefore the researcher devised a new means of reaching the target population while continuing to ensure anonymity and confidentiality. MSU's website was searched for contact information on all the different student organizations at MSU. When this information was obtained, recruitment emails were then sent to all the organizations, asking them for permission to contact members of the organization to complete the survey. Following responses from the different organizations snowball sampling was then used by the researcher to reach out to other international student's on the MSU campus. For those participants who were not able to respond online, the researcher scheduled face-to-face appointments with them in order to obtain the necessary information.

Instruments

Demographic Questionnaire

A demographic questionnaire was developed and used to obtain demographic data about each participant. The variables included in the demographic questionnaire were

chosen based on previous studies on similar populations which had examined attitudes toward seeking professional psychological help. The variables included in this instrument were age, gender, country and geographic location/continent, stay/residence in the US, and academic status. Participants were also asked to comment on how counselors could reach out to students who were reluctant to seek professional counseling services. Their responses are included at the end of the results chapter.

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

The ATSPPH scale was developed by Fischer and Turner (1970) as a means of exploring the relationship between individuals' attitudes towards seeking professional psychological help and other variables. The original version was 29 item measure; Fischer and Farina subsequently (1995) revised the scale into the current 10 item version. The authors found the shorter scale equivalent to the original 29 item scale in terms of internal consistency (Cronbach's alpha = .84) and test-retest reliability ($r = .80$). This study will use the newer version. The items on the scale are rated on a four point Likert scale that ranges from 0 = Disagree, 1 = Partly disagree, 2 = Partly agree, 3 = Agree. Total scores on the ATSPPH-S range from 0-30 with higher scores indicating more positive attitudes towards help-seeking (Fisher & Turner, 1970).

The Self Stigma of Seeking Help (SSOSH) Scale

The SSOSH scale (Vogel et al., 2006) was used to measure international student's self-stigma for seeking help. This scale was developed by Vogel et al. (2006) and contains 10 statements rated on a 5 point Likert scale with 1 = Strongly disagree, 2 = Disagree, 3 = Agree & disagree equally, 4 = Agree, and 5 = Strongly agree. Total scores

on the SSOSH range from 10-50 with higher scores reflecting greater self-stigma, and lower scores reflecting less self-stigma. The items on the SSOSH evaluate concerns about self-worth should an individual decide to seek help from a psychologist or other mental health professional. According to Vogel et al. (2006) several cross-validations put the estimated internal consistency of the scale between .86 and .90.

Social Stigma for Receiving Psychological Help (SSRPH) Scale

The SSRPH scale was created by Komiya et al. (2000), and was used to evaluate international students' perceptions of how stigmatizing it is to receive professional psychological help. The SSRPH contains five questions each rated on a four point Likert scale with 1 = Strongly disagree, 2 = Disagree, 3 = Agree, and 4 = Strongly agree. Total scores on this scale range from 5 to 20. Higher scores on the scale indicate greater social stigma and lower scores indicate less social stigma (Komiya et al., 2000). The authors reported a Cronbach's alpha for this scale as .73. Validation studies indicated that the scores on this scale negatively correlated with the ATSPPH scale (Komiya et al, 2000) and positively correlated with the SSOSH scale (Vogel et al., 2006) which is seen as indicative of the construct validity of the instrument.

Statistical Analysis

Data were analyzed using version 22 of the IBM Statistical Package for the Social Sciences (IBM SPSS). Multiple linear regression, hierarchical multiple regression, a 2x2 factorial analysis of variance (ANOVA) were used to examine and evaluate the variables used in this study.

Hierarchical Multiple Regression and Factorial ANOVA

The purpose of this study was to assess how well self-stigma, social stigma, gender, and stay/residence could predict international student's attitudes toward seeking psychological help. As the study was primarily concerned with predicting the occurrence of certain behaviors, the most appropriate statistical analysis for analyzing was multiple linear regression (MLR). MLR is used to determine how effectively a particular set of variables can predict a particular outcome (Pallant, 2007), and is also used to summarize data (Norusis, 1990). According to Pallant (2007), MLR is based on correlation and so allows researchers to investigate the interrelationships among various variables, making MLR more suitable for real-life phenomena. Hierarchical multiple regression (HMR) is a type of MLR analysis in which the predictor variables are entered in a specific order with each predictor being evaluated in terms of what it contributes to predicting the criterion variable after controlling for the effects of the other predictor variables (Pallant, 2007). For this study, HMR analysis was used to examine how much variance gender and stay/residence was accounted for after controlling for the effects of self-stigma and social stigma.

Kirk (1995) outlined three conditions under which a factorial design may be used; that there are two or more independent variables each with several levels, that all possible combinations of the levels of each independent variable are being investigated, and that the participants/subjects are randomly assigned to different experimental conditions. Factorial designs allow for large numbers of observations/tests to be conducted at the same time without having to run multiple statistical tests on the different variables which save time and resources (Cochran & Cox, 1957; Edwards, 1972). In addition, the design

allows for the simultaneous investigation of all combinations of the different treatment levels of the independent variables (Kirk, 1995) which is helpful in the event of any interaction effects that may exist among the different levels of the independent variables. Thus, after performing the HMR analyses, a 2x2 ANOVA with gender and stay/residence as independent variables, and total scores on the ATSPPH scale as the dependent variable was also performed to determine if there were any statistically significant differences between male and female on their attitudes towards seeking counseling and their length of stay/residence.

Summary

The purpose of this study was to predict the attitudes of international students towards seeking professional psychological help on the basis of their self-stigma, social stigma, stay/residence, and gender. Understanding how self-stigma and social stigma contribute to attitude towards counseling can be useful in developing more effective ways of meeting the counseling needs of international students. The research question explored was: How well do self-stigma, social stigma, stay/residence, and gender, predict attitudes of international students studying at MSU towards seeking professional psychological help? On the basis of the research question, the following hypotheses were tested:

H_{o1}: International student's total scores on the *Self Stigma of Seeking Help Scale* (SSOSH) and the *Social Stigma for Receiving Psychological Help* (SSRPH) will not significantly predict *Attitudes toward Seeking Professional Psychological Help* (ATSPPH).

H_{o2}: International student's gender and stay/residence in the US will not be statistically significant predictors of attitudes towards professional

counseling services after controlling for the effects of self-stigma and social stigma.

H_{o3}: There will be no statistically significant difference between male and female international students in their attitudes towards seeking professional psychological help and their stay/residence in the US.

CHAPTER IV

RESULTS

Descriptive Data

Demographics and Frequencies

A total of 96 international students chose to participate in the research study. Four surveys were excluded from the analysis because participants failed to fully complete the instruments/scales used in the study, and three were eliminated because they were outliers. The outliers were taken out because they were not within the range of the Mahalanobis distance. Surveys which were included in the final analysis were those in which participants had completed all three scales. The final sample consisted of 89 international students.

Of the 89 participants, 55 (61.8%) were males, and 32 (36.0%) were female. Two participants did not disclose their gender. Participants' ages ranged from 18 to 44 years. Twelve participants reported being in the age range of 18 to 24 years (13.5%), 64 participants reported being between 25-33 (71.9%) years of age, and 13 participants reported being between 34 to 44 (14.6%) years. A total of 17 countries were represented in the population; there were 62 (69.7) % participants from Asia, 22 from Africa (24.7%). Participants from North America (1), the Middle East (1), South America (2), and the Caribbean (1) represented 5.6% of the population. In terms of length of residence in the US, 56 (62.9%) participants had been in the U.S. for a period of 0 to 3 years, and 31

(34.8%) had been in the US. for a period of 3 to 6 years. Two participants did not disclose how long they had stayed in the US. Regarding academic status, 11 (12.4%) participants reported that they were undergraduate students, and 73 (87.6%) reported that they were graduate students. Table 3 provides the descriptive statistics for all participants.

Table 3

Frequencies and Percentages of Responses to Demographic Variables

	<i>N</i>	Percent (%)
Age		
34-44	12	13.5%
18-24	64	71.9%
25-33	13	14.6%
Total	89	100%
Gender		
Males	55	61.8%
Females	32	36.0%
Total	87	97.8%
Continent/Geographical		
Asia	62	69.7%
Africa	22	24.7%
Other	5	5.6%
Total	89	100%
Stay/residence		
0-3yrs	56	62.9%
3-6yrs	31	34.8%
Total	87	97.7%
Academic Status		
Undergraduate	11	12.4%
Graduate	78	87.6%
Total	89	100%

Variables

Self-Stigma was measured by the SSOSH scale. Total scores on the SSOSH are from 10 to 50 with higher scores reflecting higher self-stigma. For this study, scores on this scale ranged between 17 and 39 ($M = 28.40$, $SD = 4.52$) indicating mid-range self-stigma. Social stigma was also measured with the SSRPH scale. Total Scores on this scale range from 5 to 20 with higher scores reflecting higher social-stigma. Participant's scores on this scale ranged from 6 to 20 ($M = 11.64$, $SD = 3.31$) indicating mid-range social stigma. The previously discussed demographic variables of stay/residence and gender were also included as predictor variables. The only criterion variable for the study was attitudes towards seeking professional psychological help. Participants' attitude towards seeking professional psychological help was measured with the ATSPPH scale. Total scores on the ATSPPH scale range from 0 to 30 with higher scores reflecting more negative attitudes towards help-seeking behaviors. For this study, scores on this scale ranged from 3 to 28 ($M = 15.11$, $SD = 5.43$) indicating mid-range attitudes towards seeking professional psychological help.

Reliability Analyses

Reliability of all scales used in this study was estimated using Cronbach's alpha coefficients to examine their internal consistency. The Cronbach's alpha for the ATSPPH-S for this study was .71. Although this depicts satisfactory internal consistency, the value was lower than the .84 reported by Fisher et al. (1995) in their original study. The SSOSH scale on the other hand, yielded a Cronbach's alpha of .38 which was much lower than the .72 to .91 values reported by Vogel et al.'s (2006) across the five studies they conducted to validate the scale. However, Vogel et al.'s (2006) validation studies

utilized large sample sizes (ranging from 217 to 655 participants) in their five validation studies. This study used a sample size of 89, and the difference in sample sizes may account for the low Cronbach's alpha coefficient. Reliability calculations for the SSRPH scale yielded a Cronbach's alpha value .78 which was consistent with the .72 reported by Komiya et al (2000) in their original study.

Testing of Null Hypotheses

The study was conducted to determine which of the independent variables (SSOSH, SSRPH, gender, length of stay) contributed most to international student's attitude towards seeking professional psychological help. The alpha level, according to Noymer (2008) is used to assess the statistical significance of test results. The 0.05 alpha level is seen as standard practice (Noymer, 2008) thus the alpha level for all analyses in this study was set at .05. Preliminary analyses were conducted to determine if any of the assumptions of MLR had been violated and the data were screened for outliers. In order to check for outliers, the Mahalanobis distances were calculated in IBM SPSS. After calculation, it was discovered that three cases had Mahalanobis distances that exceeded the critical $X^2(4, N = 89) = 18.47$ at $p < .001$. The three outliers were removed.

The covariance matrix showed that none of the independent variables had inter-correlations higher than .70. The tolerance and variance inflation (VIF) values indicated that none of the variables had a tolerance below 1.0 or VIF above 10 suggesting that the assumption of multicollinearity was not violated. Homoscedasticity, normality, and the independence of residuals were assessed using the normal probability plot and the scatter plot of the residuals and predictors. The normal probability plot showed that the data points were in a reasonably straight diagonal line and the scatter plot was also fairly

systemically distributed indicating that the assumption of normality was not violated.

Table 4 shows the inter-correlations among variables, their means and standard deviations

Table 4

Inter-correlations among Variables, their Means and Standard Deviations

Variables	ATSPPHS	SSRPHS	SSOSH	Gender	Residence
ATSPPHS	1				
SSRPHS	-0.26	1			
SSOSH	-0.43	0.38	1		
Gender	-0.15	0.25	-0.18	1	
Residence	-0.02	0.21	0.08	-0.10	1
<i>M</i>	15.11	11.64	28.40	1.38	1.34
<i>SD</i>	5.43	3.23	4.52	0.49	0.48

Total $N = 89$. ATSPPHS: Attitudes toward seeking professional psychological help scale; SSRPHS: Social stigma for receiving psychological help scale; SSOSH: Self-stigma of seeking help scale.

Hypothesis One

International student's total scores on the *Self Stigma of Seeking Help Scale* (SSOSH) and the *Social Stigma for Receiving Psychological Help Scale* (SSRPH) will not significantly predict *Attitudes toward Seeking Professional Psychological Help*. To test this hypothesis, a MLR analysis using forced entry was performed to determine if the SSOSH and SSRPH scales were significant predictors of ATTSPPH. The results of the MLR were found to be statistically significant, $F(2, 86) = 9.67, p = .001$. International

students' score on the SSOSH scale ($M = 28.40, SD = 4.52$) was given the most emphasis in the prediction ($\hat{\beta} = -.38$). The SSRPH scale ($M = 11.64, SD = 3.31$) did not contribute significantly to the model ($\hat{\beta} = -0.09$). The overall $R^2 = .184$, accounted for 18% of the variance in attitude scores. Based on this, the null hypothesis was rejected and the researcher concluded that scores on the self-stigma scale do relate to the attitude toward counseling scores.

Table 5

Multiple Regression Analysis Predicting Attitudes toward Professional Psychological Help

Variables	Results		
	<i>B</i>	<i>SE B</i>	β
SSOSH	-.50	.13	-.38
SSRPH	-.15	.18	-.09
<i>R</i>		0.43	
R^2		0.18	
<i>F</i>		9.67	

$N = 89$. ATSPPHS: Attitudes toward seeking professional psychological help scale; SSRPHS: Social stigma for receiving psychological help scale; SSOSH: Self-stigma of seeking help scale. Dependent variable is ATSPPHS *Significant at $p < .05$

Hypothesis Two

Gender and stay/residence in the US will not be significant predictors of attitude towards professional psychological help after controlling for the effects of self-stigma and social stigma. To test this hypothesis, a hierarchical MLR analysis was performed to assess the ability of gender and stay/residence to predict attitudes towards professional psychological help after controlling for self-stigma and social stigma, and to determine if

gender and stay/residence could add substantially to the explanatory power of the model. The overall model was found to be statistically significant. The self-stigma and social stigma scales were entered at step 1, explaining 20% of the variance in attitudes towards counseling. After entry of gender and stay/residence at step 2, the total variance explained by the model as a whole was 26%, $F(4, 80) = 7.14, p < .05$. The two control measures explained an additional 6% of the variance in attitudes towards counseling after controlling for self-stigma and social stigma, $R^2 \text{ change} = 0.06, F \text{ change}(2, 80) = 3.60, p < .05$. In the final model, only the self-stigma scale ($M = 28.16, SD = 4.41$) and gender had regression coefficients that were statistically different from zero with the self-stigma scale having a greater emphasis in the prediction ($\hat{B} = -.42, p < .05$) than gender ($\hat{B} = -.27, p < .05$). Results of this analysis also indicated that the null hypothesis two had also been rejected. Table 6 provides a summary of the hierarchical regression analysis for variables predicting attitudes towards professional psychological help.

Hypothesis Three

There will be no statistically significant difference between male and female international students in their attitudes towards seeking professional psychological help and their length of stay/residence in the U.S. To test this hypothesis, a 2x2 ANOVA was conducted to explore the impact of gender and stay/residence on attitudes towards seeking professional psychological help. Prior to performing the 2X2 factorial, preliminary tests were performed to ensure that the assumptions of ANOVA were not violated. Levene's test for homogeneity of variances as well as the Shapiro-Wilk's test of normality were both greater than .05 indicating that neither assumption was violated.

Table 6

*Summary of Hierarchical Regression Analysis for Variables Predicting Attitudes towards**Seeking Professional Psychological Help*

Variables	Model 1			Model 2		
	B	SE B	β	B	SE B	β
SSOSH	-.49	.13	-.39	-.52	.13	-.42
SSRPH	-.19	.18	-.11	-.29	.18	-.17
Gender				-3.01	1.13	-.27
Length of Stay/Residence				.21	1.14	.018
<i>R</i>		.44			.51	
<i>R</i> ²		.20			.26	
<i>F</i>		10.05			3.59	

Total $N=89$, N for Gender = 87; N for Residence = 87, ATSPPHS: Attitudes toward seeking professional psychological help scale; SSRPHS: Social stigma for receiving psychological help scale; SSOSH: Self-stigma of seeking help scale. Dependent variable is ATSPPHS

Levene's test for homogeneity of variances as well as the Shapiro-Wilk's test of normality were both greater than .05 indicating that neither assumption was violated. It was presumed that responses were independent of each other; therefore the assumption of independence of observations was met. To adjust for the unequal sample sizes in the group, type III sum of squares was chosen in SPSS. Gender had two levels, male and female; and stay/residence also had two levels, 0-3 years and 3-6 years.

The descriptive statistics of the variables in the sample indicated that the mean score on the ATSPPH scale for males was $M = 15.83$, $SD = 5.60$, and that for female was $M = 14.13$, $SD = 5.36$. With regards to the length of stay/residence variable, the mean score for participants in the 0-3 years on the ATSPPH scale was $M = 15.29$, $SD = 5.69$ and that of the 3-6 years category was $M = 15.00$, $SD = 5.34$. Results of the 2x2 factorial indicated that the main effect for gender was not significant, $F(1, 81) = .68$, $p = .41$. The

main effect for stay/residence was also not statistically significant, $F(1, 81) = .01, p = .95$. And interaction between stay/residence also failed to reach statistical significance, $F(1, 81) = 1.70, p = .20$. This suggested that there was no statistically significant difference between gender, stay/residence, and attitudes towards seeking professional psychological help. Hypothesis three was therefore supported.

Participants in the study were also asked to give their opinion on how counselors could reach out to individuals who are reluctant to seek counseling services. Most of the participants did not respond to this question. A discussion of these responses and their implications for clinical practice is provided in chapter 5. The responses that were obtained from the participants who chose to respond to the question is provided in appendix D.

CHAPTER V

DISCUSSION, IMPLICATIONS, AND RECOMMENDATIONS

International students are known to face many different challenges (Mori, 2000; Pedersen, 1991). Research indicates that international students are also not likely to seek professional counseling in managing or resolving their issues (Mori, 2000; Pedersen, 1991; Yi et al., 2003, Yoon & Jepsen, 2008) and in the event that they seek help, are known to prefer medical instead of psychological help (Alexander et al., 1976).

International students are also known to drop out after the intake or initial session (Nilsson et al, 2004). Stigma has been identified as one of the main barriers to the utilization of counseling services among the general population (Corrigan, 2004b; Golberstein, 2008), and among ethnic minorities and international students (Raunic & Xenos, 2008; Yoon & Jepsen, 2008). Stigma is also known to be implicated in the attitudes towards seeking professional counseling (Corrigan, 2004a).

Many studies have focused on stigma and its influence on attitudes in the general population, (Corrigan, 2004b; Golberstein, 2008), and also among ethnic minorities (Kearney, 2005). A few studies have explored stigma and how it influences attitudes towards counseling among international students (Baysden, 2002; Greenidge, 2007). However, no study to date has examined these variables in the population under examination. This study set out to investigate the relationship between self-stigma, social stigma, and attitudes towards seeking professional psychological help of international

students studying at Mississippi State University. Of additional interest was the relationship between students' gender and length of stay, and their attitudes towards seeking professional psychological help. Beyond these main interests, the study also sought to discover from participants their opinions on what counselors can do to reach out to students who may need counseling services. This chapter addresses the study's findings with respect to the purpose of the study and how the results of the study fit within the existing literature on the topic. In addition, the study's implications for practice as well as limitations and recommendations for future research are presented.

Summary of the Study

Participants were international students at MSU. Participants were asked to complete the ATSPPH scale (Fischer & Turner, 1995), the SSOSH Scale (Vogel et al., 2006), and the SSRPH scale (Komiya et al., 2006). The ATSPPH scale measured participants' attitudes towards seeking professional psychological help, the SSOSH scale measured social stigma of seeking help, and the SSRPH scale measured self-stigma for receiving psychological help. A multiple regression analysis using the enter method, was conducted for hypotheses one, while a HMR analysis was conducted for hypothesis two. A 2x2 factorial ANOVA was also used in analyzing hypothesis 3. The results of the analysis are presented below.

Description of sample

The sample consisted of 89 international students attending MSU. Of the 89 participants, 55 (61.8%) were males, and 32 (36%) were females. Twelve participants reported being in the age range of 18 to 24 years (13.5%), 64 participants reported being in the range of 25 to 33 (71.9%) years of age, and 13 participants reported being in the

age range of 34 to 44 (14.6%) years. There were 62 (69.7) % participants from Asia, and 22 (24.7%) from Africa. Participants from North America (1), the Middle East (1), South America (2), and the Caribbean (1) represented 5.6% of the population. In terms of length of residence in the United States, 56 (62.9%) participants had been in the US for a period of 0 to 3 years, and 31 (34.8%) had been in the US for a period of 3 to 6 years. Two participants did not disclose how long they had lived in the US. Regarding academic status, 11 (12.4%) participants reported that they were undergraduate students, and 73 (87.6%) reported that they were graduate students.

Analyses of Research Hypotheses

The study examined three hypotheses. Hypothesis one proposed that international students' total scores on the SSOSH and the SSRPH will not significantly predict attitudes towards seeking professional psychological help. To investigate this hypothesis, a multiple linear regression using the enter method was performed using total scores on the ATSPPH as the criterion variable, and total scores on the SSOSH and the SSRPH as the predictor variables. Hypothesis two proposed that gender and stay/residence in the US will not be significant predictors of attitudes towards professional psychological help after controlling for the effects of self-stigma and social stigma. To test this hypothesis, a hierarchical multiple linear regression was conducted. In this analysis, total scores on the SSOSH, total scores on the SSRPH, gender, and stay/residence were the predictor variables and attitudes towards counseling was the criterion variable. Total scores on the SSOSH and total scores on the SSRPH were entered in the first block, and, gender and stay/residence were entered in the second block. Hypothesis three proposed that there will be no statistically significant difference between male and female international

students on their attitudes towards seeking professional psychological help and their stay/residence in the US. A 2x2 factorial design was used to analyze this hypothesis. Gender and stay/residence, were the independent variables, and total scores on ATSPPH scale was the dependent variable.

Discussion of Results

Results of the multiple linear regression performed for hypothesis one was found to be statistically significant, indicating that the null hypothesis had been rejected. Self-stigma and social stigma significantly predicted participants' attitudes towards seeking professional psychological help. As expected, self-stigma and social stigma were found to have an inverse relationship with attitudes towards seeking professional psychological help, however only the contribution from the self-stigma scale was statistically significant. The results suggested that participants' with greater levels of self-stigma were also more likely to have negative attitudes towards seeking professional psychological help. It further implies that for this sample, self-stigma was the greatest influence on their attitudes towards seeking professional psychological help. Results for this hypothesis appear to support research that has examined the impact of stigma on attitudes towards seeking help for mental health concerns. Results of the hierarchical multiple linear regressions performed for hypothesis two were also found to be statistically significant, indicating that the null hypothesis had been rejected. As expected, the overall model significantly predicted attitudes toward seeking professional psychological services. The results of the overall model indicated that gender and length of stay/residence influenced attitudes towards counseling after controlling for the effects of

self-stigma and social stigma. However, only the contribution from gender and self-stigma were statistically significant.

Studies by Komiya et al. (2000) have confirmed a negative relationship between stigma in general, and attitudes towards seeking help for mental health concerns. Corrigan (2004a) observed that self-stigma influences how often people seek healthcare for mental health concerns, and also affects how society views individuals with mental illness, and can result in lowered self-esteem in individuals with mental illness. Eisenberg et al. (2009) also identified that stigma influences attitudes and beliefs about mental illness, which consequently influences help-seeking behavior. Although the model as a whole was significant, only participants' scores on the self-stigma scale made statistically significant contributions in this study. It appears this study's results on self-stigma might not be the exception as Topkaya (2014) also did not find social stigma to be a significant predictor of attitudes towards counseling.

In research that examined the relationship between gender and attitudes toward help-seeking, Yoon and Jepsen (2008) found that female international students were more likely to seek counseling as compared to male international students. Female international students were also more likely to stay committed to the counseling process (Pietruska, 2007) and more likely to view the act of seeking help for mental health concerns as less stigmatizing (Komiya et al., 2000). Female international students, as compared to male international students were also found to experience higher levels of stress, anxiety, and depression (Dao, Lee, & Chang, 2007; Fatima, 2001; Kwong, 2009) and so these experiences might make them more willing to seek help. The findings

therefore support research that suggests a relationship between gender and attitudes towards help-seeking.

Research on acculturation has also linked length of stay to acculturation and it has been argued by Berry et al. (1989) that the longer an individual stays in a host culture, the faster they acculturate. Brown and Holloway (2008) in their research also found that the exhibition of maladaptive responses to changes in one's environment is more prominent in the first few months after arrival. Merta, Ponteretto and Brown in their 1992 study of Asian international students also found that length of residence had an effect on the likelihood to seek professional psychological help. Greenidge (2007) on the other hand did not find length of stay/residence to be a statistically significant predictor of attitudes towards seeking professional counseling services among Caribbean students. Results of this study thus suggested participants' length of stay did not appear to be related to attitudes towards seeking professional psychological help.

To further explain the results obtained above, and to determine if there were any significant differences between males and females in their attitudes towards professional psychological help and their stay/residence, a 2x2 factorial ANOVA was performed. Results of the 2x2 factorial however did not indicate any significant main or interaction effects for both gender and stay/residence, thus supporting the null hypothesis. Research on gender and attitudes towards counseling has consistently found that females have more positive attitudes towards help seeking and are more likely to seek help. Many studies have reported on stay/residence as a factor implicated in successful acculturation (Berry et al., 1989; Brown & Holloway, 2008, Trice, 2004; Wilton & Constantine, 2003). Research in this area also suggested that the longer an international student resides in the

US, they are less likely to report psychological distress Chebbet (2013), and more likely to have positive attitudes towards counseling (Merta et al., 1992). As such it was expected that differences would be found for both gender and stay/residence. The results of this study did not support already established research in this area.

Facilitating use of Counseling Services

As international students are known not to seek counseling services and also terminate counseling prematurely (Nilsson et al., 2004; Pedersen, 1991), it was imperative to find out from students, what their opinions were regarding how counselors could make counseling more appealing and accessible to individuals who may need those services but who may be reluctant to seek them. Participants' answers communicated two main points; that counselors should focus on familiar people or relationships the clients already have, and second, that counselors should publicize their services. In focusing on familiar people, participants felt that counselors could make use of participant's friends, family, or acquaintances, as a means of reaching those in need and helping them work through their problems. Participants mentioned that using friends would make them less hesitant, and would make it easier for the counselors to get to the core of the problems they may be experiencing faster. By inference, getting a friend to mediate the relationship takes the anxiety out of the process of seeking help.

Kilinc and Granello (2003), in their study on Turkish international students, discovered that these students would rather confide in a friend /family member than a counselor. Results from Chen, Mallinckrodt, and Mobley's (2003) study on attachment security and social support among East Asian international students also found that participants with the highest perceived social support from friends and family in their

countries of origin also had the highest levels of attachment security in the US. Similarly, 88% of the students in Sawir, Marginson, Deurmert, Nyland, and Ramia's (2008) study on loneliness among international students in Australia, reported that they turned to family, friends, and relatives when they struggled with transitioning to the host culture. Likewise, it has been suggested that counselors try to include close friends and family members when they have international student clients (Constantine, 2004, 2005; Essandoh, 1995; Warren & Constantine, 2007). Peers are therefore preferred to professionals with regards to social support (Hyun et al., 2007).

Participants also felt that counselors should make every effort to promote their services through university-wide emails, publications, television shows, websites, seminars, group meetings, advertising, and setting up office hours in different on-campus locations. By inference, participants felt that by having more knowledge on what exactly goes into the process of counseling, it might make it easier for them to seek services. Several assumptions can be made with regards to having multiple on-campus locations. It is possible that participants may want to have a way to access counseling services in locations that might be more beneficial to them in terms of distance, or that they would not want others to see them going to the on-campus counseling center, and so might prefer a location that is not connected to the counseling center. Dipeolu, Kang, and Cooper (2007) in their creation of a counseling group for international students found that the location was motivating factor in international students' decision to join the group. Mori (2000) in his review of the mental health concerns of international students suggested that increasing the visibility of counseling facilities makes it easier to reach international students. As such it might also be advisable for universities to have a

counselor located in their international education office whose task will be to attend to the needs of international students.

On another note, the fact that participants wanted counseling services to be advertised or publicized also suggests a lack of awareness of existing services. This assumption is also not surprising as Kung's (2004) work with Chinese Americans found that they were not utilizing mental health care services because they were not aware of existing services or facilities. A participant also indicated the need for counselors to normalize the counseling process and to provide examples of other international students who had successfully negotiated the process of counseling. Hyun et al. (2007) in their study noted that international students are usually unaware of counseling services and advised that counselors should focus outreach attempts on international graduate students. Doing so will of course, inform students of the existence of these services and will also provide them with the benefits they would derive should they decide to pursue counseling.

Finally, one participant suggested that the university have counselors from other countries (non-western) on their staff. It appears the participant believed that having counselors with similar backgrounds would attract more international student clients to the counseling center. Research on counselor-client similarity and its impact on counseling is rather inconsistent. Towberman (1992) found that similarity between counselor and client was related to the client's opinion of how involved and supportive their counselor was. Herman's (1998) also found that counselor-client similarity was more likely to result in reduced symptoms. On the other hand, Murphy, Faulkner, and

Behrens (2004) did not find any statistical differences between clients' perceptions of counselor support and similarity of racial background between counselor and client.

Implications for Clinical Practice

The results of the study revealed a negative relationship between self-stigma, gender, and international students' attitudes towards counseling. This implied that international students with higher levels of self-stigma were more likely to have negative attitudes towards seeking psychological help. Participants mean scores on the self-stigma and attitudes towards seeking psychological help scales indicated mid-level self-stigma implying that some found the idea of seeking help personally stigmatizing while some did not. Similarly, participants mean scores on the attitudes scale reflected mid-range attitudes towards counseling which implied that some participants were positively inclined towards counseling while others were not. When stigma scores were omitted from the analysis, no statistically significant differences were found between males and females on their attitudes towards seeking psychological help. The implication then is that more efforts should be made to create awareness about the process of counseling in order for the international student population to recognize the benefits.

The somewhat ambivalent nature of this population in terms of their attitudes towards counseling may be because they may not be familiar with counseling. Being unfamiliar might indicate that there may be a lack of awareness of existing facilities that may meet their mental health needs. Therefore outreach/advocacy programs must also include efforts to educate and publicize the services that campus counseling centers can provide. Participants in the study stated wanting more education/publicity on counseling. Educational attempts in this area should focus on the benefits of professional counseling,

and an accurate description of what counseling is. In addition, confidentiality and informed consent procedures should be explained adequately as it has been reported by Raunic and Xenos (2008) that some international students do not pursue counseling because they fear they may be exposed to their professors and/or other campus officials.

A participant also indicated the need for counselors to normalize the counseling process and to provide examples of other international students who had successfully negotiated the process of counseling. Thus, it is equally important for advocacy and outreach attempts to normalize international students' mental health issues and to provide examples of similar students who have gone through counseling successfully. Campus counseling centers also have to create or modify existing outreach/advocacy attempts in order to ensure that this population's counseling needs are met. Also, counselors can initiate discussions regarding counseling services and student referral processes, with academic department all over campus. In this way, faculty or staff in these academic units can encourage international students to utilize professional counseling services whenever they experience psychological distress.

Another participant indicated that having counselors with similar backgrounds might make it easier to seek professional counseling. Karim (1996) suggested that counseling centers find a means of determining the needs of their student populations, and providing services that target the specific population. In addition, some research has raised the argument for campus counseling centers to liaise with international students offices in a bid to meet the needs of a growing international student population (Brown & Holloway, 2008; Chapdelaine & Alexitch, 2004, Pantalidou & Craig, 2006). As such,

campus counseling centers could request international students' offices to refer "at-risk" international students to the counseling center if the need arises.

For some students, their fears/attitudes towards seeking professional counseling services are because of their backgrounds or their cultural environments. As participants pointed out that they would rather share their problems with their friends or their families rather than a professional, campus counseling centers in their advocacy or outreach attempts could encourage students to turn to friends who can offer social support when they have mental health needs. In turn, international students could be encouraged to direct other international students with mental health concerns to seek counseling services when necessary to ensure that students with such issues keep functioning at an optimum level. Again, international students often have student organizations to which they belong. Counseling centers, if they are willing to meet the needs of this population, can target the executives/presidents of these organizations and through them, organize meetings or events with the different international student groups in order to enhance awareness of counseling services.

Greenidge (2007) has however bemoaned the fact that while most campus counseling centers claim to embrace diversity, most are not able to effectively meet the needs of their international students. It is imperative that campus counselors, as well as other individuals who come into contact with international students, enhance their multicultural knowledge and skills in order to be more effective in their work with this population. Onabule and Boes (2013) determined from their study that what deterred international students from seeking counseling services was the unfriendliness with which they had been treated by staff of the international services office on their campus.

These experiences therefore made them made them less likely to patronize services offered by other university centers. The international students in Onabule and Boes' (2013) also felt that “consistent warmth, friendliness, genuine interest, and a welcoming smile” were more important to them than the counselor’s qualifications (p. 57). Thus, apart from multicultural competencies, counselors have to ensure they approach their international student clients with unconditional positive regard. In this way, they would not have to know the cultural origins of the clients, but can still function effectively in their role as a mental health professional.

Limitations

Like any study, this study was not without limitations. The limitations of this study involved recruitment and mode of data collection, sampling, instrumentation, and other demographic variables used in this study. Initially, the study intended to use a random sample of international students for this study. However, owing to low response rates to the online survey, recruitment methods were changed in order to have a larger sample size. Snowball and convenience sampling was therefore used to find participants who were willing to participate in the survey. Although convenience sampling is popular in survey research, it decreases external validity thus limiting the generalizability of study results. In addition, international students that volunteered to participate in the survey may have been characteristically different from the overall population of international students. Therefore results of the study should be interpreted with caution.

Also in this study, international students were treated as a homogenous group. However, they represented 17 different countries that may have varying within and between group differences. These differences were neither taken into account nor

controlled for, and might have influenced the results of the study. Further, the vast majority of the participants were from Asia (69.7%), followed by participants from Africa (24.7%). The geographical origins of the clients was not surprising, given that the IIE's top 5 countries of origin of international students in the state of Mississippi located in Asia and Africa. The category of other, on the other hand, represented individuals from the Caribbean, North America, and the Middle East which altogether constituted only 5.6% of the sample. Taking all this into account, it is possible that the results of the survey may have been skewed towards respondents of Asian origin. Further, Hayes et al. (1999) have noted that participants usually give socially desirable answers to questions they perceive might affect their reputations. Given that there is stigma attached to mental illnesses, the possibility that participants may have given socially desirable responses was also high.

The instruments used in this study were the ATSPPH scale which measured attitudes towards seeking professional psychological services, the SSOSH scale which social stigma, and the SSRPH scale which measured self-stigma. The shorter version of the ATSPPH scale was used in order to shorten the time needed to take the survey. However, the original 29 item scale developed by Fischer and Farina (1970) might have been more appropriate as it measured other variables such as the recognition of the need for psychological services, stigma tolerance, interpersonal openness, and the individuals confidence in mental health professionals. Also, all the instruments used in this study were self-report measures which increase the potential for bias.

Self-stigma and gender proved to be predictors of attitudes towards professional psychological help in this study. Cronbach's alpha of the social-stigma scale for this

study was much lower than was reported in the original study by Vogel et al. (2006). Vogel et al. in their five validation studies used sample sizes upwards of 250 participants. The low sample size of this study might therefore be implicated in the low coefficient alpha. The self-stigma scale has been normed on several populations from different countries around the world. As the participants in this study represented 17 different nations, it was prudent to use the original scale that was normed on American students. This might have led to the low coefficient alphas of the scale. Demographic questions regarding participants majors, and if they had ever been in counseling are quite important taking the purpose of the study into account. These questions were however not included as participants were generally unwilling to take the survey due to the fear of exposure.

Recommendations

This study was exploratory in nature, as such; a larger, more rigorous study needs to be conducted. Fischer et al. (1983) indicated in their healthcare model, factors such as age, socio-economic status, culture, values, and religion all influence attitudes towards help seeking. In the future, it is recommended that these factors be investigated along with other variables that may impact attitudes towards counseling such as emotional openness, anticipated risks to counseling, disclosure expectations, and perceived social support, to better account for as well as predict international student's attitudes. In addition, control measures could be included to assess for socially desirable responding on the part of participants. Although acculturation in itself was not a variable, stay/residence was included as an indirect means of assessing acculturation in the sample. Stay/residence was not a significant predictor of attitudes, yet research (Berry et al., 1989; Chebbett, 2013; Wilton & Constantine, 2013) has consistently shown that length of

stay increases the chances of adjusting successfully, and decreases the likelihood that international students will seek help for mental health issues. Thus, it was expected that there would be a significant positive association between stay/residence and attitudes towards seeking counseling. This was not the case in the study. Future research should therefore consider an appropriate means of assessing acculturation that would be able to cut across different nationalities and geographic origins.

Research indicates gender differences in attitudes towards help seeking with females having more positive attitudes compared to males (Dao et al., 2001; Fatima, 2001; Komiya & Eells, 2000; Yoon & Jepsen, 2008). In spite of the fact that gender was found to be a significant predictor of attitudes towards counseling, between group differences were found to be non-significant. It is recommended that future studies explore this relationship fully. In their opinion on how counselors should reach out to international students who were reluctant to seek services, participants had mentioned the use of friends and all manner of outreach efforts. Thus, apart from increasing the diversity of the sample, additional research could focus on the role that social support systems (friends, relatives, family) and outreach efforts play in ameliorating international students' issues as compared to actual in-session help rendered by professional counselors. It might also be useful for counseling centers to implement programs intended to create an awareness of, and to de-stigmatize the process of counseling services on the university campus. And thereafter conduct an evaluation on how effective the interventions were for the international student population.

Conclusion

Research on attitudes towards counseling among international students populations abound. However, none had focused on predicting the attitudes of international student populations studying at MSU toward seeking professional psychological services. The study explored the relationship between self-stigma, social stigma, gender, and stay/residence as predictors of attitudes towards seeking professional psychological help. Study results revealed that self-stigma and gender were statistically significant predictors of international students' attitudes. Self-stigma was found to be inversely related to the attitudes towards counseling scale such that individuals with greater self-stigma were more likely to have negative attitudes towards seeking professional psychological help and vice versa.

In addition, participants' mean scores on the attitudes scale reflected neither negative nor positive attitudes towards counseling which implied that some participants were positively inclined towards counseling while others were not. No statistically significant differences were found between males and females and their attitudes towards seeking professional counseling. The results indicate that self-stigma might have a greater influence on help seeking as compared to social stigma. It also confirms the research that suggests that gender might play a role in influencing attitudes toward counseling; however, it did not support research that purports that females are more positively inclined towards seeking help for mental health issues.

Limitations of the study, especially with regard to recruitment and mode of data collection, sampling procedures, instrumentation, and other demographic variables were discussed and alternatives explored. As a result of the study, several implications were

offered for clinical practice. Student counseling centers were encouraged to pursue an awareness, advocacy, and outreach campaign concerning the services they provide, and the benefits international students stand to gain by using counseling services. In addition, it was recommended that student counseling centers liaise with international students' offices in order to find appropriate and appealing ways of meeting the needs of this population. It was also recommended that staff of international service offices and counseling centers adopt a positive, welcoming, and encouraging stance that will make it easier for international students to seek counseling and to stay in treatment. Above all, counselors are encouraged to practice their multicultural competencies by adhering to the principles of unconditional positive regard.

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APPENDIX A
SURVEY INSTRUMENTS

Self-Stigma, Social Stigma, and Attitudes towards Seeking Professional Counseling:
International Students at Mississippi State University

SCALE 1

Directions: Read each statement carefully and indicate your agreement or disagreement, using the scale below. Please express your frank opinion in responding to each statement, answering as you honestly feel or believe. **Remember that any information you provide will be kept strictly confidential and will not be linked to you in any way, shape, or form.**

Attitudes Toward Seeking Professional Psychological Help Scale

Please circle/select the number that corresponds to how you might react to each statement

0 = Disagree **1= Partly disagree** **2= Partly agree** **3= Agree**

1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention. 0 1 2 3
2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts. 0 1 2 3
3. If I were experiencing a serious emotional crisis at any point in my life, I would be confident that I could find relief in psychotherapy. 0 1 2 3
4. There is something admirable in the attitude of a person willing to cope with his conflicts and fears without resorting to professional help. 0 1 2 3
5. I would want to get psychological help if I were worried or upset for a long period of time. 0 1 2 3
6. I might want to have psychological counseling in the future. 0 1 2 3
7. A person with an emotional problem is not likely to solve it alone;

- he or she *is* likely to solve it with professional help. 0 1 2 3
8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me. 0 1 2 3
9. A person should work out his own problems; getting psychological counseling would be a last resort. 0 1 2 3
10. Personal and emotional troubles, like many things, tend to work out by themselves. 0 1 2 3

SCALE 2

Directions: Read each statement carefully and indicate your agreement or disagreement, using the scale below. Please express your frank opinion in responding to each statement, answering as you honestly feel or believe. **Remember that any information you provide will be kept strictly confidential and will not be linked to you in any way, shape, or form.**

Self-Stigma of Seeking Psychological Help Scale

Please circle/select the number that corresponds to how you might react to each statement

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

1. I would feel inadequate if I went to a therapist for psychological help. 1 2 3 4 5
2. My self-confidence would NOT be threatened if I sought professional help. 1 2 3 4 5
3. Seeking psychological help would make me feel less intelligent. 1 2 3 4 5

4. My self-esteem would increase if I talked to a therapist. 1 2 3 4 5
5. My view of myself would not change just because I made the choice to see a therapist. 1 2 3 4 5
6. It would make me feel inferior to ask a therapist for help. 1 2 3 4 5
7. I would feel okay about myself if I made the choice to seek professional help. 1 2 3 4 5
8. If I went to a therapist, I would be less satisfied with myself. 1 2 3 4 5
9. My self-confidence would remain the same if I sought professional help for a problem I could not solve. 1 2 3 4 5
10. I would feel worse about myself if I could not solve my own problems. 1 2 3 4 5

SCALE 3

Directions: Read each statement carefully and indicate your agreement or disagreement, using the scale below. Please express your frank opinion in responding to each statement, answering as you honestly feel or believe. **Remember that any information you provide will be kept strictly confidential and will not be linked to you in any way, shape, or form.**

Social Stigma for Receiving Psychological Help Scale

Please circle/select the number that corresponds to how you might react to each statement

1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree

1. Seeing a psychologist for emotional or interpersonal problems carries social stigma. 1 2 3 4
2. It is a sign of personal weakness or inadequacy to see a psychologist

- for emotional or interpersonal problems. 1 2 3 4
3. People will see a person in a less favorable way if they come to know
that he/she has seen a psychologist. 1 2 3 4
4. It is advisable for a person to hide from people that he/she has
seen a psychologist. 1 2 3 4
5. People tend to like less those who are receiving professional
psychological help. 1 2 3 4

Demographic Information

Remember that any information you provide will be kept strictly confidential and will not be linked to you in any way, shape, or form.

Please respond to the following by circling or writing out your answer.

Age:

- 18-24
- 25-33
- 34-44
- 45-54
- 55-64
- 65+

Gender:

- Male
- Female

I am:

- An undergraduate student
- A graduate student

Country _____

Continent _____

How long have you lived in the United States?

- Less than 1 year
- 1 year to 3 years
- 3 years to 6 years
- 6 years to 9 years
- more than 9 years

How can counselors reach out to individuals who are reluctant to seek counseling services?

APPENDIX B
IRB APPROVAL AND INFORMED CONSENT

**Mississippi State University
Informed Consent Form for Participation in Research**

Title of Research Study: Self Stigma, Social Stigma, and Attitudes towards Seeking Professional Counseling: International Students at Mississippi State University

Study Site: Mississippi State University

Researchers: Susan Boafo-Arthur, Mississippi State University, Dr. Daniel Wong, Mississippi State University.

We would like to ask you to participate in a research study.

- This study is designed to gather information about international students' attitudes towards seeking professional psychological help.
- Your participation in this project is voluntary. By participating in this study, it is understood that you will not be compensated and may withdraw/discontinue at any time without penalty.
- During the survey, you will be asked to answer 25 questions regarding your attitudes towards seeking professional psychological help. This will take approximately 15 minutes to complete.
- By participating in this study, it is understood that the researcher will not identify you by name in any reports using information obtained from this survey, and that your confidentiality as a participant in this study will remain secure. Subsequent uses of records and data will be subject to standard data use policies which protect the anonymity of individuals and institutions.
- By participating in this study it is understood that this research study has been reviewed and approved by the Institutional Review Board (IRB) for Studies Involving Human Subjects: Behavioral Sciences Committee at Mississippi State University.


Please take all the time you need to read through this document and decide whether you would like to participate in this research study.

If you decide to participate, your completion of the research procedures indicates your consent. You may print off a copy of this form for your records.

I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study

Questions

If you have any questions about this research project, please feel free to contact Susan Boafo-Arthur at 662-617-5108 or at sboafoarthur@gmail.com. You may also contact my advisor, Dr. Daniel Wong, at dwong@colled.msstate.edu

	Approved:	Expires:
	3/4/14	3/4/19
IRB # 14-049		

APPENDIX C
RECRUITMENT EMAILS

Recruitment Email: Office of International Education

Dear International Student,

My name is Susan Boafo-Arthur, and I am a graduate student from the Department of Counseling and Educational Psychology at Mississippi State University. I am writing to invite you to participate in my research study on international students' attitudes towards seeking professional psychological help. You're eligible to be in this study because you are an international student studying at this institution.

If you decide to participate in this study, you will be asked use the link below to get to the survey monkey website where you will be asked 32 brief questions concerning your attitudes towards seeking professional psychological help.

Remember, this is completely voluntary. You can choose to be in the study or not. If you'd like to participate or have any questions about the study, please email or contact me at sb995@msstate.edu

Thank you very much.

Here is the link

<https://www.surveymonkey.com/s/CDJC27L>

Recruitment Email: International Student Associations

Dear (Name of International Student Association),

I need your help. My name is Susan Boafo-Arthur. I am conducting a survey as part of my dissertation requirements. The survey is on international students' attitudes towards seeking professional counseling. I am collecting the responses via survey monkey and need as many international students as possible to fill it out for me. If possible, could you please forward the link below to members of your association to complete on my behalf?

Thanks in advance for your help.

Here is the link:

<https://www.surveymonkey.com/s/CDJC27L>

APPENDIX D
QUALITATIVE INFORMATION OR COMMENTS

How can counselors reach out to individuals who are reluctant to seek counseling services?

- Educating the general public may remove the possible stigma attached to receiving counseling services and gradually encourage reluctant individuals who need help.
- Devise some strategies in cases considered serious to society. For example, sending a friend to give some advice about the need for professional help.
- Bring about awareness through publication. Most students don't even know there's a counseling office at MSU. Just present counseling in an appealing manner.
- Encourage them to have good friends they can ably talk to about their problems.
- Individuals are closer to their friends than counselors. So, if you look in that way, counselors can be a friend first and later you can sort out the problems.
- Send emails advertising hours and procedures to assist in therapy. Have sessions in different buildings around campus, similar to the flu vaccine campaign.
- A friend should tell the person getting help that the counselor is his/her friend. That way the patient won't feel hesitant and it will help the counselor to analyze the behavior of the patient. In my opinion, that is a good way.
- Give examples on how they have helped people in similar situations in the past. Engage individuals in activities that relate to what they are going through. I don't like group sessions but it helps some people.
- By getting their family involved.
- I think everyone should have more and more exchange with others.

- Through the print media, TV shows etc.
- Maybe via websites.
- Publicity and to have at least a few counselors from other countries (non-western) other than the US.
- Seminars and group meetings.