

INTERNATIONAL AND UNITED STATES CITIZEN
STUDENT ADAPTATION TO COLLEGE, OPINIONS
ABOUT MENTAL ILLNESS, AND ATTITUDES
TOWARD SEEKING PROFESSIONAL
COUNSELING HELP

By

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in partial fulfillment of the
requirements for the degree
of DOCTOR OF PHILOSOPHY
May, 2002

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Title of Study: INTERNATIONAL AND UNITED STATES CITIZEN
STUDENT ADAPTATION TO COLLEGE, OPINIONS ABOUT
MENTAL ILLNESS, AND ATTITUDES TOWARD SEEKING
PROFESSIONAL COUNSELING HELP

Pages in Study: 188

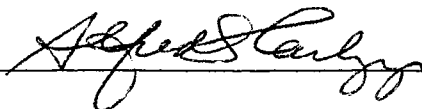
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Scope and Method of Study: This investigation was designed to explore and extend Wong's (1997) hypothesized component model in an effort to address the lack of a "Grand Theory" which has inhibited the understanding of international students' attitudes toward seeking professional psychological help. As such this study examined the influence that adjustment to college, opinions about mental illness, and attitudes toward seeking professional counseling help had on United States citizen and international college student use of professional counseling. International student participants (n = 111) and U.S. student participants (n = 114) representing 31 different countries completed a demographic questionnaire, the Student Adaptation to College Questionnaire (SACQ: Baker & Siryk, 1989), the Opinions about Mental Illness scale (OMI: Cohen & Struening, 1962) and a modified Attitude Toward seeking Professional Psychological Help Scale (ATSSPH: Fischer & Turner, 1970). A structural regression model was utilized to examine if student origin influenced opinions about mental illness, student adaptation to college, and attitudes towards seeking professional psychological help.

Findings and Conclusions: The findings of this study support a multi-component model to understanding international students' use of counseling, as proposed by Wong (1997). More specifically, Opinions about mental illness, attitudes toward seeking professional psychological help, and adaptation to college, were significant in predicting international students lower use of counseling as compared to U.S. citizen students. This study supports that students with more negative stereotypical opinions about mental illness also report more negative attitudes toward seeking professional counseling help. Furthermore, college students indicating more negative stereotypical opinions about mental illness reported having more difficulty in adjusting to college than did students indicating less negative stereotypical opinions about mental illness. College students with more positive attitudes toward seeking professional counseling help indicated a significantly better adjustment to college. Adaptation to college and attitudes toward seeking professional counseling help were not significant predictors in determining college students' use of counseling.

ADVISOR'S APPROVAL:

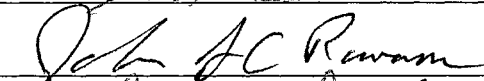


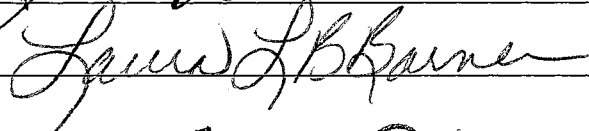
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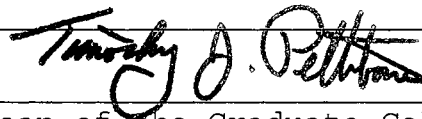
Thesis Approved:



Thesis Advisor







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ACKNOWLEDGEMENTS

To Dr. Al Carlozzi, my committee chairperson and program advisor, I give a special thank you. Also, I sincerely thank the other members of my committee. Thank you too, to Dr. Marie Miville, Dr. John Romans, and Dr. Laura Barnes.

A very special thanks to my fellow classmates - Kevin, B.J., Josie, Martina, Leslie, Rhonda, Stephanie - who, like me, began this journey aspiring to one day accomplish our dreams and obtain a Ph.D.

My appreciation and love to my wife Porntip, whose energy, love, friendship and gentle nudging made our experience at OSU and the completion of this project one of the best chapters in my life. Mark you are an incredible brother and our conversations helped motivate me throughout this chapter of my life. Additionally, I thank Jean & John for the energies they provided in proofreading this dissertation, and those given to me as a growing child, thanks Mom & John. Dad, Grandmother, & Nonie I miss each of you and I imagine that you would be proud of my perseverance through this path and I appreciate all you gave me to make this journey possible.

Finally, the coup de gras; I thank my amazing daughter Emily for her presence in my life. You were yet to come to this world when your mom and I began this journey, but I can never tell you how much you made us better people!

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CHAPTER I

Introduction

College can be the first time away from familiar resources and sources of support for many students, while at the same time students are faced with considerable change, transition, challenge and decisions never faced before. It is a time of identity exploration (Marcia, 1980), more personal responsibility and transition into adult roles (Levinson, 1978), as well as a time of transition into a career path (Super, 1957). These transitions impact each individual differently with some individuals being only minimally affected, if affected at all, while others have difficulty with academics and career indecision (Beard, Elmore, & Lange. 1982), and still others struggle with family concerns and interpersonal skills (Archer Lamnin, 1986). Baker and Siryk (1986) stated that U.S. students, in adjusting to college, are likely to experience academic pressures, financial problems, poor health, loneliness, interpersonal conflicts, difficulty in adjusting to change, and problems with developing personal autonomy.

In addition to these common adjustment problems to college life, the international college student must also adjust to being in a different culture (Bradley, Parr, Lan, Bingi, & Gould; 1995). The very nature of the sojourning international student requires the individual to temporarily sacrifice the familiarity of the home environment for the unfamiliarity of a foreign country. This transition and suddenness of change in social circumstances may simultaneously impose a variety of competing and sometimes contradictory roles that must be learned by the international student. In other words the international student must learn and adapt to a wide range of culturally specified roles that are usually unfamiliar. This adaptation process is forced to occur in a relatively short amount of time and the high stress of the adaptation is compounded by the additional stress of the deadline burdened college environment. Moreover, Wehrly (1986) indicated international students were more likely to develop emotional problems of adjustment, the more different their cultural background was from that of the United States.

Despite this greater need of psychological help, only Ebbin and Blankinship (1986) have provided evidence

supporting the fact that international students seek counseling at the same rate as U.S. Citizen College students. Additional research has suggested that international students will seek help on educational and vocational problems (Leong & Sedlacek, 1985), but are more likely to drop out after the first session (Anderson & Myer, 1985). However, the majority of research has indicated that international students seek professional counseling help less often and are more likely to drop out of counseling than U.S. citizen college students. This lower rate of utilization and higher rate of drop out after initial contact has been linked to the influence of the international student's cultural values (Alexander, 1976; Leong & Chou, 1996; Paige, 1990; Pederson, 1991; Porter, 1979; Prieto, 1995).

Adeyemi (1985) stated that the international student's perception of counseling might be influenced by his/her belief that disclosing personal problems to a counselor is not only a disclosure of personal business and secrets, but is also viewed as a sign of weakness and/or sickness. Rust & Davis (1971) elaborated this point by stating that international students tend to place a negative stigma on those that have obtained professional counseling help.

Dubin and Fink (1992) indicated that the negative stigma imposed by cultural ideologies and societal demands may contribute to international students not getting the best treatment, or even at times getting no treatment at all. Moreover, researchers examining opinions about mental illness have demonstrated that individuals from societies that are more traditional or authoritarian tend to demonstrate more authoritarianism, social restrictiveness, and benevolence (Silva de Crane & Spielberger, 1981; Shokoohi-Yekta & Retish, 1991). In other words, opinions about mental illness are influenced by ethnocultural background (Jalali, Jalali, & Turner; 1978).

While researchers have suggested that international college students have more difficulty in adapting to the college environment (Abe, Talbot & Geelhoed, 1998; Bradley et al., 1995; Kaczmarak et al., 1994), they are less likely to seek professional psychological help (Alexander, 1976; Leong & Chou, 1996; Paige, 1990; Pederson, 1991; Porter, 1979; Prieto, 1995). Perhaps, international students' help-seeking attitudes are influenced by their more negative opinions about mental illness (Hall & Tucker, 1985; Wong, 1997) and more negative attitudes toward seeking

professional psychological help (Adeyemi, 1985; Dubin & Fink, 1992; Rust & Davis, 1971).

Statement Of The Problem

A longitudinal study of psychological disturbance and student adaptation to college concluded that college was a universally stressful time and that all participants showed an increase in psychological stress (Fisher & Hood, 1987). Kenny (1990) indicated that if the student is unable to adapt to the newfound stress, college adaptation could become a time of crises. However, other research indicated that students having a difficult time adjusting to college are less likely to utilize the resources available to them resulting in increased substance abuse, suicidal ideology, self-esteem problems, interpersonal problems, family problems, academic problems, somatic symptoms, and career choice difficulties (Lopez, Campbell, & Watkins, 1988; McClanahan & Holmbeck, 1992; Pinkey, 1992).

In general there has been a wide discrepancy in the research on the factors that influence use of counseling. Fischer & Turner (1970) proposed that attitudes toward seeking professional psychological help influenced use of counseling. Additionally, Leong and Zachar (1999) indicated that opinions about mental illness play an important role

in help seeking attitudes of individuals and use of counseling. However, a review of the related literature on attitudes toward seeking counseling and opinions about mental illness reveals very little consistency in Socio-demographic variables on attitudes toward seeking professional counseling help and opinions about mental illness on use of counseling.

Pederson (1991) stated that research on international students' attitudes toward seeking professional psychological help has been inhibited by the fact that there is no grand theory to direct the research on international students' attitudes. Furthermore, this lack of synthesis is a major factor inhibiting understanding of the help-seeking attitudes of international students and may be a reason for the large number of contradictory research findings (Pederson, 1991).

A comprehensive literature search, using Psychinfo (2001), on student use of professional psychological help, indicated studies related to students preference of counselor (Bradley, Parr, Lan, Bingi, & Gould, 1995; Sanchez & Atkinson, 1983; Thompson & Ciniolic, 1978), their expectations of counseling (Kenney, 1994; Kim, 1992; Yuen & Tinsely, 1981), and their attitudes toward seeking

professional psychological help (Atkinson, Ponterotto, & Sanchez, 1984; Dadfar & Friedlander, 1982; Rahimi, 1989; Sharma, 1995). However, Wong's (1997) examination of the relationship between acculturation, opinions about mental illness, and attitudes toward seeking psychological help and the use of psychological services by international students, appears to be the first and only attempt to postulate a multi-modal or theory driven approach to understanding students' help seeking behaviors. The diagram in Figure 1 shows Wong's postulated model: (a) individual attitudes toward psychological help, (b) need for professional psychological help, and (c) barriers (perceived or actual) to utilizing psychological help are "the three principal components to whether or not an individual would ultimately seek out professional psychological help" (p. 365).

Wong (1997) indicated that her research supported the proposed attitudinal components of the model in that acculturation and opinions about mental illness influenced student attitudes toward seeking professional psychological help. The diagram in Figure 2 shows the examined components within her research. She limited her study to the examination of the attitudinal components of the proposed

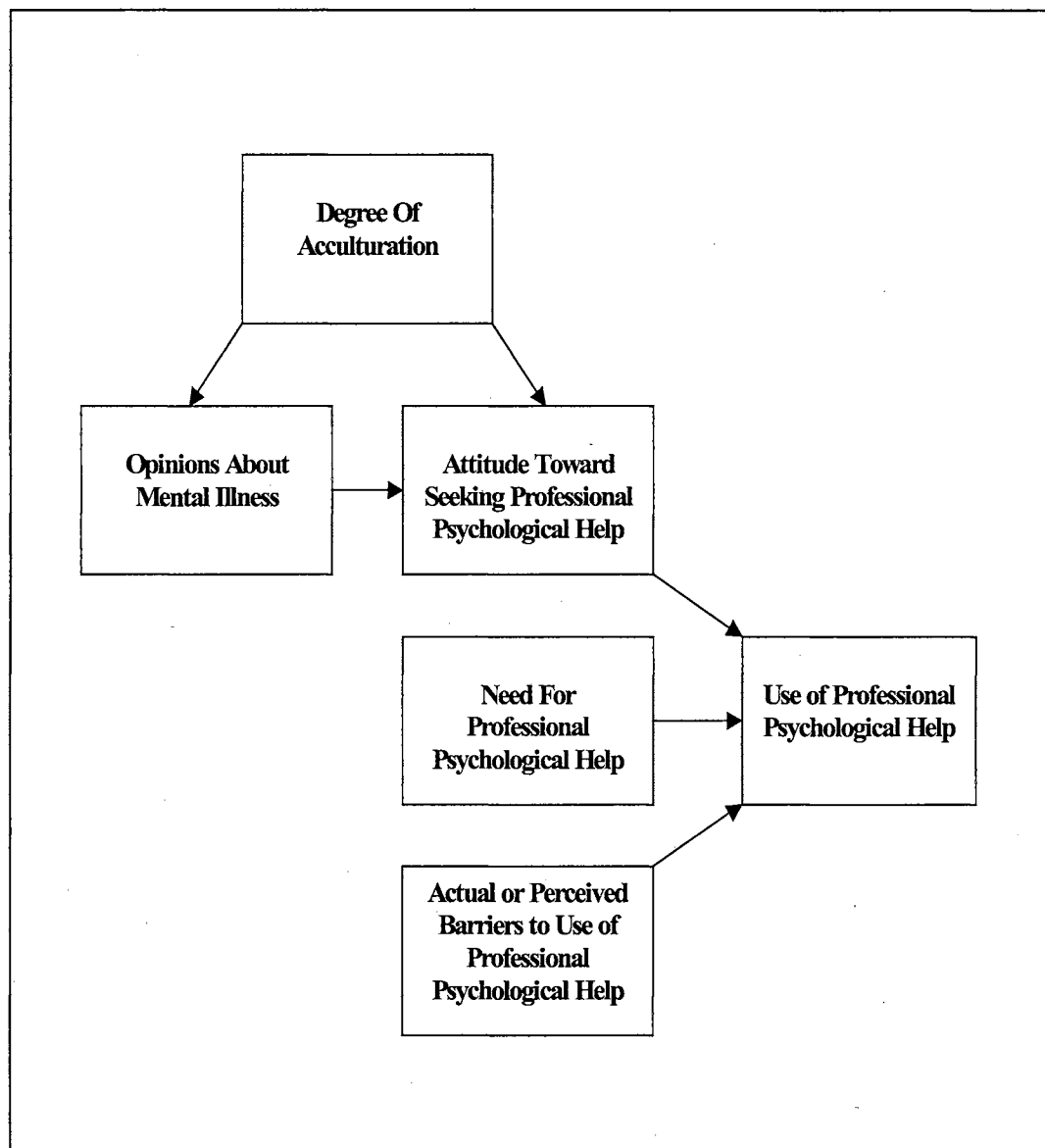


Figure 1. Wong's Postulated Component Model for Describing Relationships among Degree of Acculturation, Opinions about Mental Illness, And Attitudes towards Seeking Professional Psychological Help.

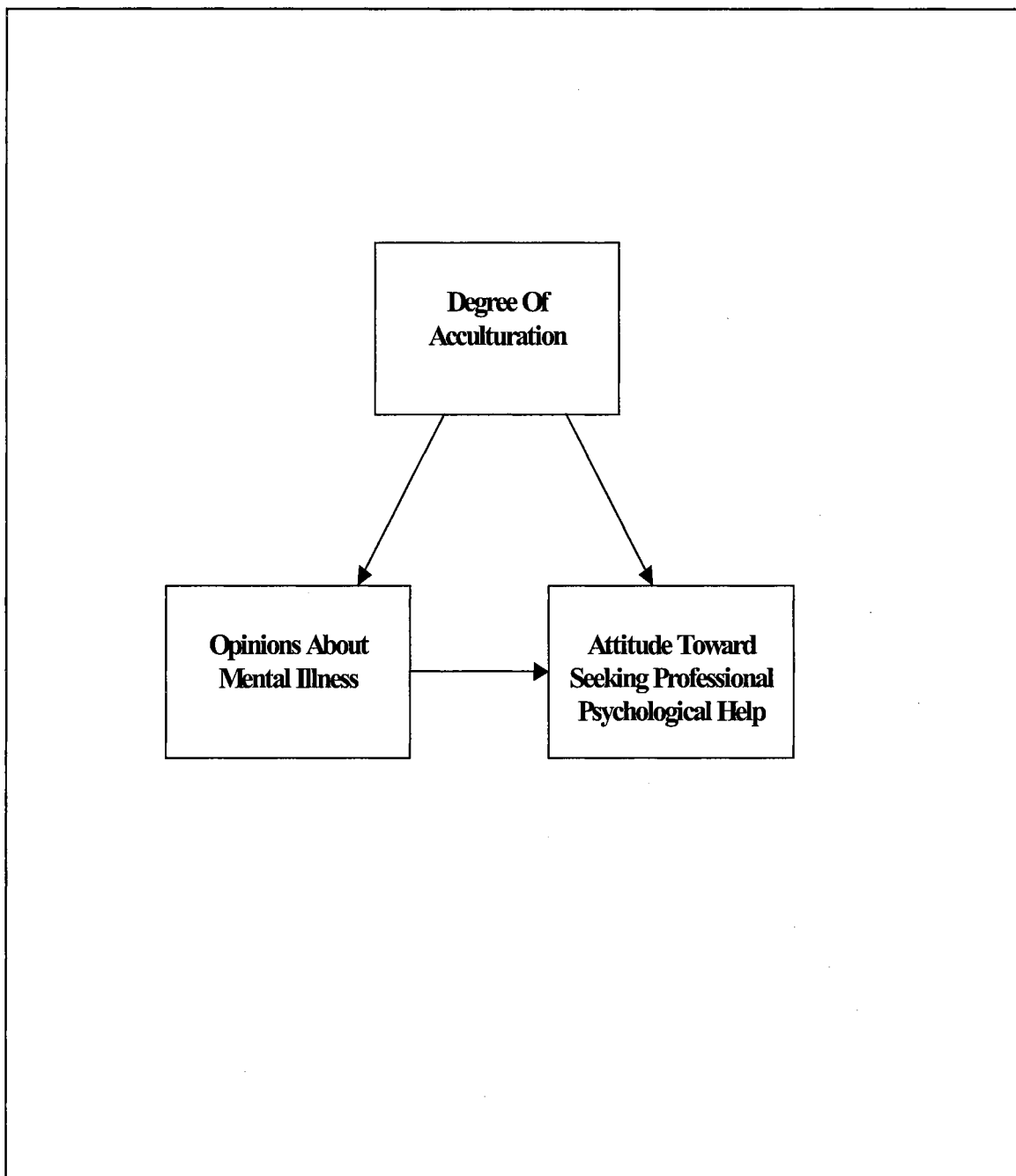


Figure 2. The Examined attitudinal Components of Wong's Postulated Component Model.

model indicating that the other two components were variables beyond the scope of her investigation, she proposed that a next step in examining the efficacy of the proposed component model would be additional research of the postulated model including the need for professional psychological help, barriers to psychological help, and use of professional psychological help. Furthermore, no research, to date, has extend Wong's (1997) proposed model to include an examination of the influence that need for, or barriers to, utilizing professional psychological help have on help seeking behaviors of international students. Using the Student Adaptation to College Questionnaire (SACQ: Baker & Siryk, 1989) as a measure for the need of psychological help component of Wong's postulated model, this study will explore the differences between international and U.S. citizen student adaptation to college, opinions about mental illness, and attitudes toward seeking professional counseling help, in addition to examing the impact that each of the aforementioned components have in predicting international students use of counseling (figure 3). Opinions about mental illness will be measured using the Opinions about Mental Illness Scale (OMI: Cohen & Streuning, 1962) and attitudes that students

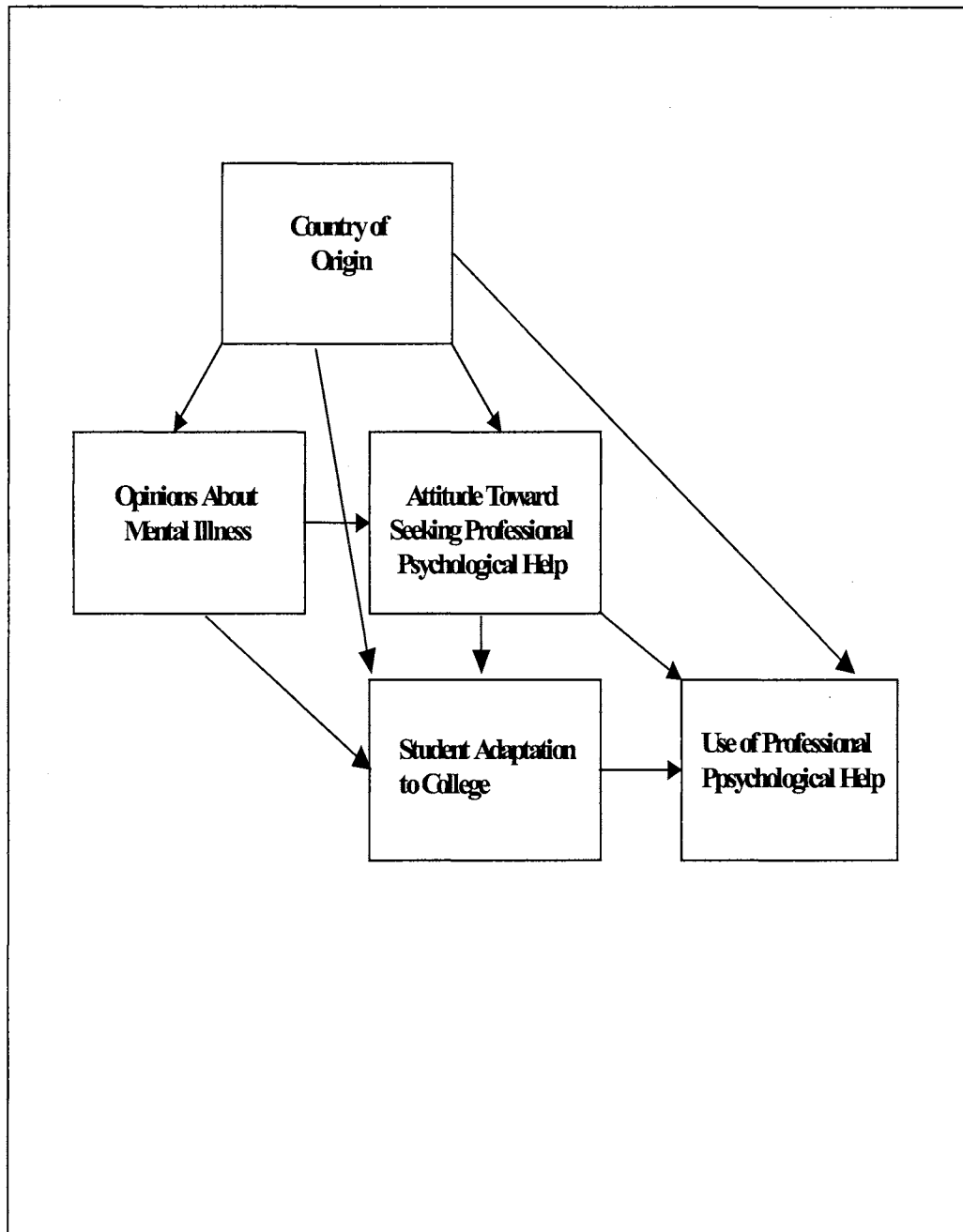


Figure 3. The Components of this Study.

have towards seeking professional counseling help will be measured using a slightly modified Attitudes Toward Seeking Professional Psychological Help Scale (Fischer Turner, 1970). Additionally, this study will examine the strength of the Wong's (1997) postulated model with a culturally mixed sample.

Statement of Purpose

The intent of this study is to build upon the foundational work of Wong (1997). This dissertation has two primary objectives. The first objective is to expand the model by adding an examination of the postulated component of need for psychological help to the attitudinal components of the model. This was done utilizing the "Student Adaptation to College Questionnaire" (SACQ: Baker & Siryk, 1989) as a measure of need for psychological help. The SACQ will be used as a measure of need for psychological help due to the fact that it is designed to "assess how well a student is adapting to the demands of the college experience" (Baker & Siryk, 1989; pg. 4). The second objective is to combine both the U.S. and International student participants in an analysis to determine the influence that being an international student has on the subsequent variables, of opinions about mental

illness, attitudes toward seeking professional counseling help, students adaptation to college, and use of counseling. The strength of the model in predicting use of counseling will be explored through a structural regression model. Opinions about mental illness will be measured using the "Opinions about Mental Illness Scale" (OMI: Cohen & Streuning, 1962); and attitudes that students have towards seeking professional counseling help will be measured using a slightly modified "Attitudes toward Seeking Professional Psychological Help Scale" (Fischer & Turner, 1970).

Significance of Study

Despite the fact that international students' sojourning status may contribute to a challenging adaptation to U.S. colleges, international students have a lower likelihood of utilizing counseling and higher likelihood of dropping out of counseling after just one session as compared to their U.S. counterparts (Bradley et al., 1995; Wehrly, 1986). In fact when an international student is struggling he/she may not take advantage of professional counseling resources available to them as students (Mncadi, 1993), instead they may work themselves to exhaustion, use sleeping pills, and cry as a means of coping. This study will further explore components that

contribute to international students' use of counseling while simultaneously comparing these components with U.S. citizen college students' in an effort to better understand what contributes to international students lower likelihood of utilizing counseling.

The increased research emphasis on international students' experiences in U.S. schools over the past decade evidences the growing awareness and sensitivity to the needs and stresses of the International students' experience. Although there has been much research examining international students needs and adjustment experiences, there has been only a minimal amount of research aimed at building upon or developing theory in understanding what factors contribute to international students use of professional counseling. This lack of a "grand theory" has inhibited an understanding of the help-seeking attitudes of international students and may be a reason for the large number of contradictory research findings (Pederson, 1991). This study will attempt to further advance a promising multi-modal component model (Wong, 1997) theory to understanding international students utilization of professional counseling.

This study will contribute, in general, to an understanding of the theoretical components that contribute to the use of counseling by U.S. citizen and international students. Perhaps, this examination will provide support to Wong's (1997) theoretical component model of international students help seeking behaviors. More specifically, it is hoped that this study will contribute to a pragmatic understanding of the influence that culture of origin has on student adjustment to college, opinions about mental illness, attitudes towards seeking professional counseling help, and the use of counseling.

Definition of Terms

For the purpose of this study the following definitions were used:

International Student

For purposes of this study, an international student was operationally defined as any college or university student admitted to the United States by the Immigration and Naturalization Service with an F-1 or J-1 visa classification. According to Davis (1997)

An F Visa classifications is,

A student visa granted to bona fide students who

satisfy requirements for pursuing a full program of study and who enter the United States for a temporary stay and solely to study (p. 196).

A J Visa classification is,

A temporary exchange-visitor visa granted for a variety of educational purposes to students, trainees, teachers, professors, research scholars, international visitors or professional trainees (p. 196).

U.S. Citizen Student

For purposes of this study, a U.S. Citizen student was operationally defined as any college or university student who is a United States citizen.

Attitude Toward Seeking Professional Psychological Help

Attitude toward seeking professional psychological help was operationally defined as the total score on the "Attitude Toward Seeking Professional Psychological Help" scale (Fischer & Turner, 1970).

Opinion about Mental Illness

Opinions about mental illness were operationally defined as the total score on each of the factors of the "Opinions about Mental Illness" Scale (Cohen & Streuning, 1962).

Students' Adaptation to College

Student adaptation to college was operationally defined as the total score on the "Student Adaptation to College Questionnaire" (Baker & Siryk, 1989).

Research Hypothesis

The following hypotheses were tested at the .05 alpha level of significance:

1. International college students' more negative opinions about mental illness, more negative attitudes toward seeking professional counseling help, and more difficulty in adjusting to college are predictive of their lower use of counseling, as compared to U.S. citizen students.

2. Opinions about mental illness, attitudes toward seeking professional counseling help, and adjustment to college, combine to predict college students' use of counseling.

3. Opinions about mental illness are predictive of attitudes toward seeking professional counseling help.

4. Opinions about mental illness are predictive of adjustment to college.

5. Attitudes toward seeking professional counseling are predictive of adjustment to college.

6. Attitudes toward seeking professional counseling help are predictive of professional counseling use.

7. Students' adjustment to college is predictive of professional counseling use.

Limitations

The following limitations should be considered when interpreting the results of this study.

1. All participants for this study were volunteers; no attempt was made to control the sample for self-selection.

2. No attempt was made to control for the effects of the emotional state of participants during the administration of psychological scales.

3. International student participants were lumped together in a global category with no attempt to measure for within-group differences.

4. Male and female participants, for both U.S. Citizen and International students', were lumped together in a global category with no attempt to measure for gender-group differences.

5. Graduate and undergraduate participants, for both U.S. Citizen and International students', were lumped together in a global category with no attempt to measure for educational differences.

Assumptions

1. The researcher assumed that all the participants in the study complied with protocol to the best of their abilities.

2. The researcher assumed that the reading ability of participants was adequate for comprehending and responding to all written instructions provided in this study.

CHAPTER II

REVIEW OF LITERATURE

Introduction

In an effort to explore factors influencing college student attitudes toward seeking professional counseling help, this dissertation reviews current variables believed to be associated with individual choice to seek or not to seek professional psychological help. Here professional psychological help is defined as seeking services of a professional counselor for academic, career, and/or personal issues, struggles, and/or challenges. The country of origin, opinions about mental illness, student adjustment to college, and student attitude toward seeking professional psychological help are discussed as variables.

Attitudes Toward Seeking Professional Psychological Help

The help seeking process and the theoretical framework of attitudes toward seeking professional psychological help are reviewed in this section. Despite experiencing problems that exceed personal resources, the individual may choose not to seek help even when help is available (Estes, 1973; Figueroa, Calhoun, & Ford, 1984). DePaulo (1982) suggested that applying one general theory of help seeking

behavior/attitudes is difficult because of idiosyncratic help seeking processes and attitudes that influence the choice to seek professional psychological help. Factors influencing individual decisions to seek help include personal recognition of a problem, the severity of the problem, and the resources available in helping to solve the problem (Ryan & Pintrich, 1998).

Individual Characteristics and Help Seeking Process Models

Process models of help seeking and the personal characteristics linked with the decision to seek help are reviewed in this section of the dissertation. According to Ness (1987) the process by which an individual chooses to seek or not to seek professional counseling help can be examined on at least two different levels: the first level considers the individual's stage in the help-seeking process. The second level compares characteristics of individuals that may differ at the same stage in the help seeking process. Research and theory suggest that both the particular position of the individual in the help-seeking process and individual characteristics can influence attitudes toward help seeking.

Help Seeking Process Models.

One of the earliest researchers to postulate a formal stage process to help-seeking behaviors, Kadushin (1969) examined over 1400 psychiatric applicants and identified four stages of help seeking attitudes: (1) realization of a problem, (2) consultation with laymen, (3) choice of the type of healer and, (4) choice of an individual practitioner. Despite not addressing the role that attitudes or beliefs had with regard to the help-seeking process, Kudushin (1967) did conclude that there appeared to be more to help seeking behaviors than just the perception of a problem.

Albers and Scrivner (1977) and later Depaulo (1982) further developed the process stages of help-seeking behaviors with a five stage model: (1) recognition of a need for help, (2) a decision about whether or not to seek help, (3) selection of an appropriate source for help, (4) initiation and execution of the help request and, (5) reaction in some way to the helper's response. Albers, Scrivner and Depaulo added an emphasis on individual values, opinions, and attitudes as variables in individual help seeking behavior to Kudushin's (1967) original model. In particular, Albers and Scrivner (1977) saw attitudes and

opinions about mental illness and treatment as factors influencing the help seeking process.

Fischer, Winer, and Abramowitz (1983), and Gross and McMullen (1982) expanded Depaulo (1982) and Albers and Scrivener's (1977) models with a seven stage model: (1) recognition of a problem, (2) identification of the problem as psychological, (3) recognition of the need for outside help, (4) decision to seek or accept help, (5) choice of an appropriate source, (6) choice of a practitioner, and (7) initiation and execution of the help request. This model added the means to account for possible somatisizing of psychological issues to the growing research on help-seeking behaviors. The seven-stage model was thought to distinguish between those who do not seek help as the result of a lack of knowledge about counseling resources, and those who do not seek help because of belief that the problem is inappropriate for the counseling center (Ness, 1987).

Individual Characteristics.

"People who ask for help enjoy a greatly improved chance of obtaining what they want or need, compared to people who do not seek help" (DePaulo, 1983; p. 273). Ryan and Pintrich (1998) stated that self-esteem, perceptions of

competence, and personal achievement are individual characteristics linked with the decision to seek help. DePaulo (1982) supported this and added that the individual high in achievement motivation is less likely to seek help and more likely to remain self-reliant. Moreover, "people might refuse to ask for help to avoid admitting incompetence to themselves, or to avoid appearing incompetent to others" (DePaulo 1982; p. 269). Butler and Neuman (1995) indicated that when individuals with high levels of self-esteem encounter a failure or difficulty, they are less likely to worry about the perception of others about personal competence and more likely to obtain the needed help.

Theoretical Framework

Prior to 1970 little research had been conducted to determine the influence that client attitudes had on mental health-seeking behaviors. Among the earliest research efforts to assess the influence that patient attitudes could have on treatment and treatment decisions, Reznikoff, Brady, and Ziller (1959), Nunally (1961) and Reznikoff et al. (1959) focused on the conscious and unconscious attitudes patients had toward psychiatric hospitals, psychiatrist, and psychiatric treatment. Nunally (1961)

examined the differential ratings psychiatric patients used in the semantics of mental health concepts. Although these studies were limited by the focus on psychiatric treatment and psychiatric hospital patients, these early researchers were important in pioneering the study of attitudes toward mental health care.

To determine the effect participant attitudes had on mental health seeking behaviors, Fischer and Turner (1970) examined several personality variables for insight into individual help-seeking attitudes. The variables included social desirability/need for approval, interpersonal trust, locus of control, authoritarianism, and masculinity. In examining the findings, Fischer and Turner (1970) report that authoritarianism and an external locus of control correlated significantly with negative help seeking attitudes, whereas social desirability and trust correlated positively with help seeking attitudes for males only. Although masculinity appeared unrelated to the attitude scores for both male and female participants, there appeared to be a strong gender difference; the female participants had significantly more positive attitudes toward help seeking (Fischer & Turner, 1970).

Fischer and Turner (1970) undertook, what has since become the foundation for research to examine the influences of attitudes toward seeking professional psychological/counseling help. Through a comprehensive review of previous research on psychological mindedness, Fischer and Turner (1970) described attitudes toward seeking professional help in four-components: (1) recognition of a need for psychotherapeutic help, (2) confidence in the mental health practitioner, (3) stigma tolerance, and (4) interpersonal openness.

Research conducted on the psychological mindedness of both upper and lower class individuals (Imber, Nash, & Stone, 1955; Kandel, 1966; Redlich, Hollingshead, & Bellis, 1955) reported evidence of the first two attitudinal components toward seeking professional help. These two components were (1) recognition for a need for professional help and (2) confidence in the mental health practitioner. According to this research, lower class individuals were less likely to seek professional help (Redlich, Hollingshead, & Bellis, 1955) and more likely to drop out of counseling prematurely (Imber, Nash, & Stone, 1955). However, there was less potential for the lower class individual to prematurely terminate counseling if they

received help from a counselor with similar lower class origins (Kandel, 1966).

Farina, Allen, and Saul, (1968); Farina, Holland, and Ring, (1966); Farina and Ring, (1965), and Phillips, (1963) reported evidence for the third attitudinal component of a (3) stigma tolerance when participants who received psychiatric treatment felt rejected by the social community. When treated for identical problems, those who received treatment from psychiatric hospitals felt more stigmatized than those who received treatment from a physician or clergyman. Additionally, a fear of being stigmatized influenced patient attitudes toward psychiatric care (Farina, Allen, & Saul, 1968; Farina, Holland, Ring, 1966; Farina, Ring, 1965).

Evidence for the fourth attitudinal component of (4) interpersonal openness was supported in the research suggesting that self-disclosure is a crucial component to the success of counseling (Jourard, 1964). Jourard (1964) stated that the individual must be willing to self-disclose intimate aspects of his or her life to be helped by the counselor. The willingness and ability to self-disclose to others varies greatly across the population and may

strongly influence one's attitude toward seeking help (Jourard, 1964).

Based on the four attitude components described above, Fischer and Turner (1970) developed a Likert type scale, identified as the Attitudes Towards Seeking Professional Psychological Help Scale (ATSPPH), to consider participant attitudes toward seeking professional counseling help. The ATSPPH was created with the belief that negative attitudes toward utilizing professional counseling help could be modified through education (Fischer & Cohen, 1972). The ATSPPH has been used by a number of researchers to investigate the relationship between demographic and interpersonal variables and attitudes toward seeking professional counseling help.

Socio-Demographic Variables

Fischer and Turner (1972) examined the relationship between help-seeking attitudes and education, social class, religion, and academic major. The investigators indicated that higher educational levels correlated positively with help-seeking attitudes, whereas socioeconomic status did not. Additionally, the researchers stated that persons majoring in the social sciences or applied fields (e.g.

nursing) were more likely to have favorable help-seeking attitudes.

Tijhuis, Peters, and Foets (1990) and Surgenor (1985) provided further support to the relationship between educational level and attitude toward seeking professional psychological help; but Dadfar and Friedlander (1982) failed to find support for a relationship between educational level and help-seeking attitude. McLatchie and Draguns (1984) provided evidence to support a relationship between religiosity and attitude toward seeking professional psychological help; but Brody (1994) failed to find support for a relationship between religiosity and help-seeking attitude. In contrast to the research of Fischer and Turner (1972), Brody (1994) and Tijhuis, Peters, and Foets (1990) indicated that a higher socioeconomic status was significantly related to more favorable help-seeking attitudes. Conversely Ying and Miller (1992) indicated that a more favorable help-seeking attitude is related to lower socioeconomic status.

Age, gender, marital status, use of mental health services, and opinions about mental illness are additional variables with a relationship to attitudes toward seeking professional psychological help (Surgenor, 1985). Ying and

Miller (1992) and Tijhuis, Peters, and Foets (1990) found age to be negatively correlated with attitude toward seeking professional psychological help. Ying and Miller (1992) indicated that more favorable help-seeking attitudes were related to being married. Actual use of mental health services, as well as having a friend, or a relative in treatment was positively correlated with help-seeking attitudes (Brody, 1994; Dadfar & Friedlander, 1982; Green, McCormick, Walkey, & Taylor, 1987). More favorable opinions about mental illness have been found to be correlated positively with help-seeking attitudes (Hall & Tucker, 1985; Leong & Zachar, 1999; Wong, 1997).

A survey of the literature reveals that very little consistency exists in relationship between socio-demographic variables and attitudes toward seeking professional help. However, there are two areas that consistently indicate a relationship between socio-demographic variables and attitudes toward seeking professional help. Researchers consistently report that women have more positive attitudes, than do men, toward seeking professional counseling help (Deane & Todd, 1996; Fischer & Turner, 1970; Kligfeld & Hoffman, 1979; Lee, 1981; Leong & Zachar, 1999; Sue, 1994; Suregenor, 1985;

Wong, 1997) and that individuals with strong ethnic/cultural affiliations tend to have more negative attitudes toward seeking counseling help than do those who identify more with the broader American culture (Atkinson, Ponterotto, & Sanchez, 1984; Atkinson & Gim, 1989; Tata & Leong, 1994).

Ethnicity and ATSPPH

In the last three decades, research has focused on the relationship between ethnic differences and attitudes toward seeking professional psychological help. The socio-demographic variable of ethnicity will be reviewed as two separate socio-demographic variables because of the salience to this study. Several studies that address the relationship between ethnically diverse attitudes and seeking help in the United States; and multi-national attitudes toward seeking available professional psychological help are reviewed in this section.

Ethnicity in the U.S. and ATSPPH

In soliciting the opinions of 1,000 registered voters, U.S. News and World Reports (Goode & Wagner, 1993) indicated, "81% of respondents agreed that going to a therapist for personal problems would be helpful" (p. 87). Furthermore, Seligman (1995) indicated that, for the most

part, U.S. citizens believed that patients benefited substantially from psychotherapy. Despite the lack of scientific rigor, these studies taken together tend to support positive attitudes toward seeking professional help in the United States. However, Padgett, Patrick, Burns, and Schlesinger (1994), and Scheffler and Miller (1989) reported that by analyzing insurance claims data and controlling for socioeconomic status, African American and Hispanics were less likely to utilize mental health services. Furthermore, Atkinson and Gim (1989) indicated that Asian Americans that held strongly to traditional Asian beliefs had less favorable help seeking attitudes than Asian Americans who identified more strongly with American culture. Variables influencing Puerto Rican, Mexican American, African American, Vietnamese American, Japanese American, Korean American, and Chinese Americans attitudes toward seeking professional psychological/counseling help are reviewed in this section.

Caban-Ramos (1983) utilized the ATTSPH scale (Fischer & Turner, 1970) to compare island and mainland Puerto Rican college student recognition of a personal need for psychological help, stigma associated with receiving psychological help, interpersonal openness, and confidence

in the mental health professional with age, gender, educational level, and previous contact with a professional. Furthermore, he indicated that island females had more positive help seeking attitudes than island males; island graduate students had more positive help-seeking attitudes than did mainland graduate students; and island participants with previous psychological contact had more positive help-seeking attitudes. Stigma tolerance associated with receiving psychological help was seen in participants that were older than 30, had previously received therapy, and were female. The assessment of the interpersonal openness variable indicated that 20-30 year old graduate students were more revealing about their problems than were undergraduates of the same age; mainland males were more open than mainland females; and mainland undergraduates were more revealing about their problems compared with island undergraduate students. Mainland undergraduates expressed more confidence in the mental health practitioner than did their island peers (Caban-Ramos, 1983).

Overman (1987) examined the attitudes of Mexican Americans toward seeking professional help. Overman (1987), influenced by the work of Valdes (1984), reports that

Mexican Americans have a more negative attitude toward seeking professional counseling help; and hypothesized that Mexican Americans will associate more of a social stigma to receiving psychological/counseling help than Caucasians. Furthermore, Overman (1987) indicated that Mexican Americans would have lower interpersonal openness than Caucasians. His research indicated that, Mexican Americans do have more stigma associated with seeking help than do Caucasians; and Mexican Americans are less willing to self-disclose than are Caucasians. Furthermore he indicated that although his findings did not indicate a significant difference between Mexican American and Caucasian attitudes toward seeking professional counseling help, Mexican Americans did score lower.

Ponterotto, Anderson, and Grieger (1986), and Delphin and Rollock (1995) examined African American college student ethnic/racial identity and attitudes toward seeking professional counseling help. Delphin and Rollock (1995) found evidence to support that racial identity did play a role in African American student attitude toward counseling, indicating that stronger immersion/emersion attitudes associated with less positive attitudes toward seeking professional counseling. Ponterotto, Anderson, and

Grieger (1986) differed in that African American student attitudes toward counseling were "not solely a function of gender or racial identity development, but a function of their interaction" (p. 55). In other words African American attitudes toward counseling are influenced by a combination of gender and racial identity (Ponterotto, Anderson, & Grieger, 1986).

In contrast to Ponterotto, Anderson, and Grieger (1986) and Delphin and Rollock (1995), Hall and Tucker (1985) reported that for Caucasian and African Americans race is not significant in attitudes toward seeking psychological/counseling help. Hall and Tucker (1985) found that both blacks and whites had similar positive attitudes toward seeking psychological/counseling help. Perhaps, Nickerson, Helms, and Terrell's (1994) recent research provides more evidence to reconcile confusion about African American attitudes toward professional counseling. Looking at African American student attitudes toward Caucasian counselors, Nickerson, Helms, and Terrell (1994) stated that cultural mistrust "was found to be the most consistent and powerful predictor of the help-seeking attitudes of the black student" (p. 382).

Atkinson, Ponterotto, and Sanchez (1984) examined the attitudes that Vietnamese and Caucasian college students had toward counseling. Their results indicated that Vietnamese college students had less positive attitudes toward seeking professional counseling than did their Caucasian peers. Furthermore, the Vietnamese students expressed less recognition of need for counseling help, less interpersonal openness regarding their problems, and less confidence in the ability of the counselor (Atkinson, Ponterotto, & Sanchez, 1984).

Tata and Leong (1994) suggest that the level of acculturation was related to attitudes toward seeking professional counseling help in Chinese American students, was consistent with Atkinson and Gim's (1989) research with Japanese American, Korean American, and Chinese American students mentioned above. Ying and Miller (1992) examined the influence of different variables on Chinese American attitudes toward seeking professional counseling help and reported that acculturation level is the only variable significantly related to both help seeking behavior and attitude. Furthermore, Lo (1987) compared attitudes toward seeking professional counseling help among foreign born and American born Chinese, and reported that more favorable

help seeking attitudes are significantly related to being born in the United States.

An examination of related literature findings of attitudes toward seeking professional counseling help in the ethnically diverse population of the United States and attitudes toward seeking professional counseling help has been presented. The reviewed researchers suggest an inconsistency in the research on help-seeking attitudes and various demographic variables of ethnically diverse participants in the United States. Pending further research Scheffler and Miller (1991) may provide significant insight, "explanation for such differences may be ethnic differences in perceived participation in American society" (p. 372).

International Ethnicity and ATSPPH

Research has indicated that persons from other countries seldom seek help from professional psychologists (Sanchez & Atkinson, 1983; Atkinson, Ponterotto, & Sanchez, 1984; Leong, 1986; Sue & Sue, 1987; Pederson, 1991; Prieto, 1995). Perhaps, these findings suggested an overall negative attitude toward seeking professional psychological help in the U.S. This section of the review examines some of the variables influencing British, French, New Zealand,

Asian-Indians, Chinese, Puerto Rican, Iranian, and international student attitudes toward seeking professional psychological help.

Todd & Shapira (1974) compared U.S. and British student attitudes toward counseling, and indicated that U.S. participants had more positive attitudes toward counseling than did their British peers. Additionally, self-disclosure was related to positive attitudes toward counseling help for U.S. participants but not for English participants (Todd & Shapira, 1974). Furnham and Malik (1994) investigated Asian and Caucasian British participant attitudes toward seeking counseling help and found no significant differences in attitude toward seeking psychological help and ethnic origin. However they did find that those having lived in Britain fewer years and having had previous contact with a psychologist had more positive attitudes toward seeking professional psychological help; whereas those labeled as highly somatic had more negative attitudes toward seeking professional psychological help (Furnham & Malik, 1994).

A comparison between French and U.S. female attitudes toward seeking professional psychological help by De Barbot (1977) indicated that U.S. women held more positive

attitudes toward seeking professional psychological help than did their French peers. Additionally, De Barbot reported more U.S. women knew someone who had received psychological help than did French women, and those who knew someone had more positive attitudes toward seeking professional psychological help. From this research, De Barbot (1977) isolated five factors that indicated U.S. female participants were more open in interpersonal relationships, whereas French participants were more concerned about independence and moral strength, less tolerant of the stigma associated with mental illness, and less confident in mental health professionals. Between the two groups there was no significant difference regarding authoritarianism (De Barbot, 1977).

Surgenor (1985) compared New Zealander attitudes toward seeking professional psychological help and indicated that having lower levels of education, no prior psychological contact, and expecting psychological services to be free related to more negative attitudes toward seeking professional psychological help. Also, being male and young related to more negative attitudes toward seeking professional psychological help Surgenor (1985), and Deane and Todd (1996), examined New Zealand student attitudes

toward seeking professional psychological help for personal problems or suicidal thinking, and indicated that participants would be more likely to seek help if they felt suicidal than if they had other personal problems. Additionally, concerns of social stigma were predictive and viewed as a barrier to seeking professional psychological help (Deane & Todd, 1996).

Rahimi (1989) examined the effects of the variables of age, sex, religion, educational level, acculturation level, and prior contact with help seeking professionals on Iranian international student attitudes toward seeking professional psychological help and indicated that Iranian students had more negative attitudes toward seeking professional psychological help, when compared with mean scores of participants from the U.S. Moreover, Rhami (1989) indicated that Iranian women had more positive attitudes toward help seeking than did the Iranian men. Iranian international student acculturation, age, religion, educational level, and prior experience with mental health professionals were not found to be significant predictors of attitudes towards seeking professional psychological help (Rahimi, 1989).

Sharma (1995) systematically explored the nature of Asian Indian attitudes towards seeking professional psychological help. She examined the influence attitudes of acculturation, socioeconomic status, gender, recognition of problems appropriate for professional help, preference for an ethnically-similar counselor, psychological distress, and perceived social support may play on Asian Indian help seeking behavior. Sharma (1995) indicated that for the Asian Indian socioeconomic status, gender, preference for an ethnically-similar counselor, psychological distress, and perceived social support were not found to be significant predictors of attitudes towards seeking professional psychological help. Recognition of problems appropriate for professional help and acculturation were important predictors of help seeking attitudes. Sharma (1992) concluded that as Asian Indians acculturate to the U.S. "their knowledge about the types of problems for which one might seek help increases, leading to the development of more positive psychological help seeking attitudes" (p. 123).

Mau and Jepsen (1988) compared Chinese and American graduate student attitudes toward and perceptions about counseling, and indicated that Chinese graduate students

were less willing than American students to seek professional psychological help. Wong (1997) examined Chinese college student attitudes toward seeking professional psychological help. These participants were Chinese college students raised in China, Hong Kong, Taiwan, or the U.S. and enrolled in a large university in the United States. She concluded that acculturation, gender, and opinions about mental illness influenced Chinese college student attitudes toward seeking professional psychological help (Wong, 1997).

In a comparison of western and non-western attitudes toward seeking professional psychological help, Dadfar and Friedlander (1982) sampled an international student population that represented 75 countries. The sample population was divided into four major continent classifications of Africa, Asia, Europe, and Latin America; Dadfar and Friedlander (1982) reported that students from Europe and Latin America had more positive attitudes toward seeking professional psychological help than did Asian and African students. International students who had no experience with psychological help perceived help as an inappropriate means for solving personal problems, whereas international students who had received help in their

country of origin were less concerned with the social stigma associated with treatment (Dadfar & Friedlander, 1982). Gender, educational level, and acculturation level had no significance in predicting international student attitudes toward seeking professional psychological help (Dadfar & Friedlander, 1982).

Al-Qasem (1987) examined the relationship of duration of stay in the U.S., previous contact with counselors, gender, and academic level in Western Michigan international student attitudes toward seeking professional psychological help. Al-Qasem (1987) reported that Asian international students had more negative attitudes toward seeking professional psychological help than did students from Latin America, Europe, Africa, and North America. With only 12% of the international students involved in seeking professional psychological help, Al-Qasem (1987) stated that the majority of international students seek help through friends or other informal means. Furthermore, students from Europe and North America sought the most help from professional counselors. The duration of stay in the U.S., previous contact with counselors, gender, and academic level had no effect on Western Michigan

international student attitudes toward seeking professional psychological help Al-Qasem (1987).

To determine how differences in attitudes influence the utilization of psychological help Oredein (1988), examined geographical origin, gender, educational level, and length of time in the United States. Oredein (1988) utilized a sample of 200 international students and a control sample of 50 U.S. students and reported that geographic origin (Africa, Asia, Europe, Latin America, and U.S.), gender, academic level, and length of time were not significantly related to international student attitudes toward seeking professional psychological help.

Adeyemi (1985) studied Nigerian international student help seeking choices for problems, and found that 40% of the international students surveyed said they did not want to talk to a professional psychologist. Some chose a friend first and a close relative second. Perhaps, Adeyemi (1985) provides important insight when he hypothesized that international students view seeking professional psychological help as a sign of weakness.

Several researchers have stated that attitudes toward help seeking are important variables in understanding a client's acceptance for counseling, continuation for

counseling, and outcome to counseling (DePaulo, 1982; Gross & McMullen, 1983; Ness, 1987). Studies comparing Caucasian and non-Caucasian attitudes toward seeking professional help have consistently demonstrated that Caucasians report more favorable help seeking attitudes than do their non-Caucasian peers. Additionally, Wong (1997) stated that attitudes toward seeking professional psychological help are influenced by the individual's level of acculturation and personal opinions about mental illness.

Opinions About Mental Illness

Researchers have indicated that opinions about mental illness correlated with attitudes toward seeking professional counseling help (Fisher & Farina, 1979; Hall & Tucker, 1985; Lehtinen & Vaisanen, 1978; Wong, 1997). Moreover, Leong & Zachar (1999) indicated that opinions about mental illness play an important role in an individual's help-seeking attitudes when, "people believe that counseling or psychotherapy is something people do when they have a mental illness" (p. 125). Dubin & Fink (1992) indicated that the stigma imposed by societal attitudes may keep those in need of psychological help from "getting the best treatment, or at times from getting treatment at all" (p. 1). For a reliable understanding of

why some individuals have a more negative attitude toward seeking professional psychological help, it is useful to study the variables associated with opinions about mental illness.

Theoretical Framework of OMI in the U.S.

This section begins with a theoretical framework of opinions about mental illness in the United States, and continues with a review of various socio-demographic factors that can influence individual opinion about mental illness. Ethnicity and opinions about mental illness conclude this section of the review.

In a review of the literature Rabkin (1972) examined opinions about mental illness and divided his review into pre-1960 and post 1960 research. Rabkin (1972) concluded that prior to 1960 the U.S. public had overwhelmingly negative opinions about the mentally ill. He stated that public fear, rejection, and stigmatization of the mentally ill were due to a lack of knowledge about the causes and nature of mental illness (Rabkin, 1972).

Cohen and Struening (1962) stated that prior to their examination of opinions about mental illness most research that examined attitudes toward the mentally ill were conceptualized as a single measure of these opinions.

Furthermore, Gilbert and Levinson (1956) concluded that mental illness could be understood as either having a custodial or humanistic opinion about the mentally ill. In defining opinions about mental illness they used only an authoritarian domain in the creation of the "Custodial Mental Illness Ideology" Scale. Cumming and Cumming (1957) hypothesized that people would see the mentally ill as either being different from or the same as normal people and they concluded that opinions about mental illness could be understood as either pro or anti mental illness.

Cohen and Struening (1962) stated that single scale attempts to identify opinions about mental illness were over simplistic and negativistic in design concept. They hypothesized that opinions about mental illness were multi-dimensional, and in an examination of opinions about mental illness from 1,194 neuropsychiatric patients, Cohen and Struening (1962) identified five salient opinion dimensions: authoritarianism -level to which the mentally ill were viewed as inferior; benevolence -level to which one takes a nurturing view of the mentally ill; mental hygiene ideology -level to which mental illness is seen as being just another illness; social restrictedness -level to which the mentally ill are seen as a threat to society; and

interpersonal etiology -level of belief to which mental illness arises from interpersonal experience.

As a result of a greater awareness about mental illness in the U.S. since the 60's, there is an increase in tolerance for persons with mental illness (Rabkin, 1972). Borinstein (1992) stated that more favorable attitudes toward the mentally ill might be due to a couple of factors. First he hypothesized that the ideologies of the younger more educated population have slowly replaced those ideologies of the older less educated population. Borinstein's second hypothesis was that the recent social climate toward political correctness has influenced people into more socially desirable actions. In every decade since the sixties legislative directives passed providing increased assistance to the mentally ill. Both Rabkin (1972) and Boreinstein (1992) seem to agree that despite being better informed and expressing more favorable attitudes toward the mentally ill, there still appears to be inconsistency in attitudes and behavior toward the mentally ill.

Through an effort to assess United States citizen opinions about mental illness, Boreinstein (1992) conducted 30 minute phone surveys of 1,326 people living throughout

the United States Alcohol/drug abuse, chemical imbalance in the brain, and stress of life were indicated as the antecedents of mental illness, and over 65 percent of the participants indicated that a stigma is attached to mental illness. The majority of the participants indicated that information regarding mental illness is acquired from the mass media. Generally participants seemed to have favorable opinions toward the mentally ill; however 48 percent of the participants indicated that they did not want residential psychiatric facilities in their neighborhood.

Rabkin (1972) and Boreinstein (1992) reviewed ever-evolving opinions about mental illness in the United States and indicated that for the most part, the United States public holds favorable opinions about mental illness. Some contradiction among United States public opinions and attitudes toward mental illness endures in evidence provided by Bissland and Munger (1985) research that suggests in the U.S. the mentally ill continue to be highly stigmatized. Weiss (1994) indicated that in the U.S. "attitudes toward the mentally ill have developed and become quite stable early in childhood and are clear by kindergarten" (p. 55).

OMI and Socio-Demographic Factors

An individual's opinion about mental illness is influenced by several socio-demographic variables including age, gender, level of education, socioeconomic status, and ethnicity. Sellick and Goodyear (1985) indicated that in some of the earlier work the research examining these relationships has been inconclusive and often contradictory. Despite this researchers maintained that a consideration of these socio-demographic variables is important in understanding individual opinions about mental illness (Balan, 1996; Wong, 1997). Previous research on the relationship between the socio-demographic variables and opinions about mental illness is reviewed in this section.

Research has unequivocally evidenced that the higher one's educational level, the more favorable his/her opinions are toward mental illness (Brockington, Hall, Levings, & Murphy, 1993; Ojanen, 1992). Jaffe, Moaz, and Avram's (1979) work showed that students exposed to classroom instruction regarding mental illness had no change in opinions. Whereas, Drolen (1993) and Olade (1983) indicated that classroom exposure positively influenced student opinions about mental illness. Keane (1991) added a third cog to the research wheel on education and opinions

about mental illness, when he reported that students increased their stereotypical attitudes toward the mentally ill after receiving classroom instruction.

Several researchers indicated that younger individuals tend to have more positive opinions about mental illness than do older individuals (Brockington, Hall, Levings, & Murphy, 1993; Parra, 1985; Ojanen, 1992). In contrast, Sellick and Goodear (1985) and Parra (1985) both suggest that the older populations in their studies tended to have more positive opinions about mental illness. Nieradzik and Cochrane (1985) indicated that the discrepancy in the studies on age might be attributed to the fact that age was paired with education. In other words, the research that indicated that younger respondents had more positive opinions about mental illness is limited because younger participants could have been better educated about mental illness than the older participants (Nieradzik & Cochrane, 1985). Weiss (1994) provided evidence supporting the idea that older children received more accurate exposure to issues surrounding mental illness and that exposure influenced more positive attitudes in the older children. Her findings provided additional support to age as a more accurate predictor when paired with education level.

However, Nunnally (1961) and Laine and Lehtinen (1973) indicated that age alone does not correlate with opinions about mental illness.

The research on the relationship between social class, religious ideology, and opinions about mental illness is inconclusive. Brockington et al. (1993) indicated that those from a higher social class were found to have more favorable attitudes toward mental illness than those from a lower social class. In contrast, Nieradzick & Cochrane (1985) indicated that there was no relationship between social class and opinions about mental illness. McLatchie and Draguns (1984) indicated that theologically conservative participants reported a higher benevolence towards the mentally ill, with theological conservatives viewing depression as a spiritual problem caused by demon possession. On the other hand, Saper (1986) examined Catholic and Jewish student opinions about mental illness and indicated that there was no difference between religious affiliation and opinions about mental illness.

Saper (1986) and Norman and Malla (1983) indicated that within their respective adolescent samples female respondents had more positive opinions about mental illness than did the male participants. Brockman and D'arcy (1978)

and Furnham and Pendred (1983) indicated that there were no differences between the genders regarding opinions about mental illness. In contrast to these first studies, Lehtinen and Vaisanen (1977) and Parra (1985) indicated in their respective studies that female participants had less tolerance towards the mentally ill and more negative opinions than their male peers about mental illness. Jalali, Jalali, and Turner (1978) reported contradictory information in one study and reported that: (a) Caucasian Northern European females reported more positive opinions about mental illness than did their male counterparts; (b) Caucasian American females reported more favorable opinions than did their male counterparts; (c) Caucasian Eastern European females reported more favorable opinions than did their male counterparts; (d) African American males reported more favorable opinions than did their female counterparts; and (e) Caucasian Southern European males reported more favorable opinions than did their female counterparts (Jalali, Jalali, & Turner, 1978).

Although ethnicity, age, and level of education are consistently related to opinions about mental illness in the research literature a discrepancy exists between other socio-demographic variables and opinions about mental

illness. Balan (1996) suggested that some of the discrepancies in the research on opinions about mental illness might be due to the measure used to assess attitudes toward mental illness. She further indicated that researchers are inconsistent in their measurement instrumentation by using several different instruments. The "Opinions about Mental Illness" Scale (OMI; Cohen & Struening, 1962) has been described as the most valid and reliable scale used to assess opinions about mental illness. Silva de Crane & Spielberger (1981) indicated that the OMI (Cohen & Struening, 1962) measures the cognitive, conative, and affective components of opinions.

OMI and Ethnicity

In light of the research presented by Jalali, Jalali, and Turner (1978) one could quickly surmise that opinions about mental illness may be influenced by the individual's ethnicity. Faberega (1990) stated that societal attitudes toward mental illness consistently have had an impact on the way individuals viewed the mentally ill. Balan (1996) stated that research that examined within-group differences between opinions about mental illness and various social-demographic variables mirrored the research findings of the Caucasian population (Balan, 1996). The relationship

between ethnicity and opinions about mental illness will be presented in this section of the review.

The results of much of the research done in the early 70's found no difference in opinions about mental illness between Caucasian-Americans and various ethnic groups once socio-economic-status and level of education were controlled (Ring & Farina, 1970). However, more recent research indicates that the opinions of African Americans about mental illness were more negative, followed by Hispanic Americans and then Caucasians (Silva de Crane & Spielberger, 1981). Hispanics and African Americans were more likely than Caucasians to view psychiatric patients as inferior to other people (Silva de Crane & Spielberger, 1981).

Hall and Tucker (1985) examined the difference between African American and Caucasian teacher opinions about mental illness and indicated that Caucasian teachers had less stereotypic conceptions of mental illness than did African American teachers. Furthermore, according to Hall and Tucker (1985) cultural differences of African American may be linked to perceptions of the mentally ill; that the mentally ill act differently than normal people do; that women are more likely to suffer from mental illness; and

that mental illness could be controlled through the avoidance of morbid thoughts. Far more Caucasian participants used counselors in the past despite the fact that there was no relationship between receiving previous psychological help and opinions about mental illness.

In an examination of Mexican American opinions about mental illness Parra (1985) indicated that as level of education increased in the sample, opinions about mental illness were more positive. His original findings indicated that older less-educated women had the lowest opinions about mental illness, and the most tolerant tended to be the younger well-educated men. However, he contradicted his previous findings when he reported that older women were more tolerant of mental illness than were men or younger women. Parra (1987) stated that these differences could be a result of differences in the sample populations used in each study, or the discrepancies may be linked to language barriers. Edgerton and Karno (1971) indicated a significant difference in opinions about mental illness between Mexican Americans who were interviewed in Spanish and those interviewed in English.

Balan (1996) investigated the effect that acculturation and previous contact with the mentally ill

had on Cuban and Cuban American opinions about mental illness. He concluded that the longer one had been in the U.S., the less authoritarian and socially restricted were their opinions toward the mentally ill. Furthermore, those who had contact with the mentally ill tended to have more favorable attitudes toward the mentally ill. Balan (1996) indicated the surprising finding that level of the relationship with the mentally ill had little effect on opinions about mental illness. Consistent with other research Balan (1996) provided further support that the younger and more educated participants had more positive opinions about mental illness than did the older less educated participants.

Barry's (1994) review of the earlier research examining Irish opinions toward mental illness stated that overall opinions are positive about mental illness in Ireland. However, the research findings indicated that people that live in rural areas, have a lower SES, are older, and have less education had more negative opinions about mental illness (Barry, 1994). These findings provided a basis for further research and Barry (1994) examined opinions about mental illness in a rural west-Irish community; and she concluded that opinions about mental

illness were generally positive; however the participants in her study expressed ambivalence toward an integration of ex-patients into everyday life.

Shokoohi-Yekta and Retish (1991) examined the difference of Chinese international and U.S. male college student opinions about mental illness and reported less authoritarian, less socially restrictive, and more benevolent opinions about mental illness in U.S. male college students. The two groups did not differ in mental hygiene ideology. Furthermore, Chinese male college students appeared to believe, more than their U.S. peers, that mental illness was more a result of interpersonal variables. Sue, Wagner, Ja, Margullis, and Lew (1976) compared Caucasian and Asian college student opinions about mental illness, and indicated that Asian students expressed a stronger belief that mental illness can be controlled by preoccupying oneself with pleasant thoughts and can be avoided by not having morbid thoughts. The Asian students believed that organic processes cause mental illness (Sue et al., 1976).

Wong (1997) examined opinions about mental illness of Chinese college students raised in China, Hong Kong, Taiwan and the United States. All the participants of her study

were enrolled at a large university in Texas. Her research indicated that more positive opinions about mental illness were related to a higher acculturation level, higher educational level, a higher social class, and being less religiously conservative.

The relationship between ethnicity and opinions about mental illness was presented in this section of the review. Parra (1985) stated that one explanation of the discrepancies in studies examining opinions about mental illness might be attributable to the cultural or ethnically exclusive beliefs of the particular populations sampled. Jalali, Jalali, and Turner (1978) emphasized that opinions "toward mental illness are highly influenced by the respondent's ethnocultural background" (p. 693). These researchers bring attention to the importance ethnicity plays in opinion about mental illness.

The historical foundation of opinions about mental illness in the United States, the relationship of various socio-demographic factors and opinions about mental illness, in addition to ethnicity and opinions about mental illness were reviewed in this section. Measures of opinions about mental illness have evolved from a two-factor model to a five-factor model, reflecting the trend of the U.S.

toward more favorable opinions about mental illness. However, a discrepancy remains in opinions about mental illness across various ethnic groups. Wong (1997) stated that opinions about mental illness were influenced by country of birth, level of acculturation, and attitudes toward seeking psychological counseling. Additionally, she indicated ones opinions about mental illness and attitudes toward seeking psychological help did influence the use of psychological services. In her component model a need for psychological help, caused by a difficulty in adjusting, was seen as an important variable influencing one's decision to use professional counseling help.

Student Adaptation to College

The adjustment of a student to the college experience is multifaceted in that academic pressures, financial problems, poor health, loneliness, interpersonal conflicts, and problems developing personal autonomy are likely to be experienced (Baker & Siryk, 1984; Baker & Siryk, 1986; Hoffman, 1985). A longitudinal study of psychological disturbance and student adaptation to college by Fisher and Hood (1987) concluded that college was a universally stressful time and that all participants showed an increase in psychological disturbances. Kenny (1990) indicated that

if the student is unable to adapt to the newfound stress, college adaptation could become a time of crises. However, other research indicated that students having a difficult time adjusting to college are less likely to utilize the resources available to them resulting in increased substance abuse, suicidal ideology, self-esteem problems, interpersonal problems, family problems, academic problems, somatic symptoms, and career choice difficulties (Lopez, Campbell, & Watkins, 1988; McClanahan Holmbeck, 1992; Pinkey, 1992). The research on student adaptation to college is reviewed in this section.

Baker and Siryk's (1989) efforts to design a diagnostic instrument that could measure the college student difficulties resulted in The Student Adaptation To College Questionnaire (SACQ; Baker and Siryk, 1989). The SACQ (Baker and Siryk, 1989) is a multidimensional measure of student academic, social, institutional attachment, and personal/emotional adaptation to college. Baker and Siryk (1984) indicated that this instrument determined if the student was having difficulty adapting to college and could provide information on what specific area the student was having difficulty adapting to.

Several studies have utilized the SACQ (Baker and Siryk, 1989) to examine the influence of several mediating variables and student adaptation to college. Njus and Brockway (1999) examined locus of control as a predictor of depression and adjustment to college those researchers concluded that student perceptions of how good things happen to them is more strongly related to their adaptation to college than are their feelings of control over the bad things that happen to them. Mathis and Lecci (1999) suggested that hardiness can be used as a predictor of college student adjustment and concluded that increased hardiness is associated with better adjustment to college. Similarly, Mathis and Lecci (1999) indicated that poorer college adjustment is associated with more visits to the campus health center.

Rodriguez (1994) examined the relationship between psychological separation and college adjustment in a Latino sample and postulated that ethnic identity and worldview were moderators of the relationship. In Rodriguez (1994) research ethnicity alone was not a significant predictor of the psychological separation and college adjustment relationship. Furthermore, female participants were less emotionally and functionally separated from both parents;

concluding that ethnic identity and worldview emerged as significant moderators of the relationship between psychological separation and college adjustment in Latinos.

Kerr (1995) examined the relationship between stress, self-cohesion, and racial identity development in 359 Caucasian college students to report that high level of stress and low levels of self-cohesion negatively influence adjustment. In this research attitudes associated with later stages of racial identity are predictive of adjustment, while lower stages of racial identity are associated with maladjustment. Worldview tended to be predictive of institutional and goal commitment (Kerr, 1995).

Kaczmarek, Matlock, Merta, Ames, and Ross (1994) compared United states and international students in an effort to assess international college student adjustment. International students scored significantly lower on the social and institutional attachment and goal commitment subscales. This was suggestive of greater difficulty for international students in adapting to United States colleges than adapting is for United States citizen students. (Kaczmarek et al., 1994). However, international students who indicated that they received help from a

faculty member had a significant decline in personal and emotional subscale scores. Kaczmarek et al. (1994) concluded that between U.S. students and international students who appear to have realistic self-perception about their ability to adjust, international students had a harder time adjusting and seeking help than did U.S. students.

Abe, Talbot, and Geelhoed (1998) investigated the effects of a peer program on incoming international student adjustment and concluded that participants who participated in a mentor-matching program with a host country native scored significantly higher on the social adjustment scale than those that did not. Additionally, international students who had previously lived in the U.S. scored significantly higher on the Social Adjustment and Institutional Attachment Subscale. A secondary finding of Abe, Talbot, and Geelhoed (1998), was that students from "Asian countries particularly struggle with adjustment to the U.S. college life" (p. 545). They reported that the mentor-matching program had a significant impact on international student adjustment (Abe, Talbot, and Geelhoed, 1998).

Research on student adaptation to college was reviewed in this section. The SACQ (Baker & Siryk, 1989) has been used to assess psychological needs of college students. Baker & Siryk (1989) indicated that the effectiveness of the coping strategies used by the college student when dealing with the demands placed upon him/her is the key to her/his successful adjustment to college. Kaczmarek et al. (1994) concluded that international students appear to have a more difficult time adjusting and seeking help than did U.S. students. Moreover, Abe, Talbot, and Geelhoed (1998) indicated that it is important to look at within-group differences of international students when assessing difficulties in adaptation.

International Students

Paige (1990) used the term international student to describe any individual that was "temporarily residing in a country other than the country of citizenship or permanent residence in order to participate in international exchange as students, teachers, and researchers" (p 162). Davis (1997) used the term foreign student to describe "anyone who is enrolled in courses at institutions of higher education in the United States who is not a U. S. citizen, an immigrant (permanent resident) or a refugee" (p. 196).

Both definitions provide good labels and corresponding explanations, however several researchers have stated that the term "foreign student" may have a negative connotation (Paige, 1990; Pederson, 1991; Prieto, 1995; Wehrly, 1986). Several researchers furthermore maintain that cultural diversity exists both between international students and the U.S. citizen college student in the U.S. and within the international student population itself (Arthur, 1997; Leong & Chou, 1996; Pederson, 1991; Prieto, 1995; Wehrly, 1986). This section will review the socio-demographic diversity of the international student population in the United States, and the identified needs that international students may have.

Socio-demographics of the International Student Population

Davis (1997) reported that there were 457,984 international graduate and undergraduate students enrolled in universities and colleges throughout the United States for the 1996-1997 academic school year and that International students represented only 3.2% of the total 1996-1997 student population enrolled in universities and colleges in the United States. In the past 45 years the number of international students enrolled in United States colleges and universities has increased 1200% (Davis,

1997). The most rapid increase in numbers of international students coming into the United States was from 1964-65 to 1979-80. The international student population jumped from a total of 82,045 international students in 1964/65 to a population of 286,343 international students by 1981. The 349% population increase led some analysts to project that there would be over 1 million international students in the United States by 1990 (Committee on Foreign Students' and Institutional Policy, 1982). However, between 1979/80 and 1996/97 the number of international students studying in the United States increased by only 171,641 students. Regions and countries of origin of international students, academic fields of study, and additional socio-demographic characteristics are reviewed.

Regions and Countries of Origin.

The international student population studying in the United States is very heterogeneous according to Paige, (1990) and Pederson (1991). Davis (1997) reported that in 1996/97 there were students from 229 countries and other "unspecified" places of origin. The 229 countries were divided into seven regions and the distribution showed 56.9% of the international students were from Asia, 14.9% from Europe, 10.8% from Latin America, 6.5% from the middle

east, 5.2% from North America, 4.8% from Africa, and .8% from Oceania (Davis, 1997).

In the same study Davis (1997) reported that well over half of all international students in the United States are from Asia, and after two consecutive years of declining enrollment there was a slight increase of 0.3% of Asian international students in 1996/97. Africa, Europe, and Latin America also showed slight increases in the number of students coming to the United States to study. The Middle East and Oceania showed slight declines in the number of students coming to the United States, and the number of international students from North America stayed relatively the same (Davis, 1997).

According to Davis (1997) the 12 leading countries of origin for international students in U.S. colleges and universities in 1996/97 were Japan (46,292), China (42,503), Korea (37,130), India (30,641), Taiwan (32,702), Canada (22,984), Malaysia (14,527), Thailand (13,481), Indonesia (12,461), Hong Kong (10,941), Germany (8,990), and Mexico (8,975). Thailand (10.8%) and China (7.3%) showed the sharpest one-year increases. The most dramatic declines in international students were seen from Hong Kong (-9%) and Taiwan (-6.8%). A country's current political and

economic situations are important considerations in understanding dramatic increase or decline in international student enrollment from one country or another. The recent absorption of Hong Kong by China may be a factor influencing enrollment changes in Chinese international students. Taiwan and Thailand on the other hand are currently in states of economic recovery after the recent collapse of several Southeast Asian countries (Davis, 1997).

Academic Fields of Study

Davis (1997) reported that since 1954/55, the engineering fields tended to attract the largest number of international students until recent trends begun in the 1990's resulted in the engineering fields becoming secondary to business and management courses. In 1996/97, 20.9% of international students were enrolled in business and management; followed by 15.5% in engineering, 8.4% in social sciences; 8.2% in the physical and life sciences; 7.9% in the math and computer sciences; 5.9% in fine and applied arts; 4.9 % in intensive English language study; 3.6% in the humanities; 2.9% in education; and 1.8% in agriculture. An additional 9.3% of international students indicated that they were studying "other" subjects, which

included general studies, communication, and law (Davis, 1997).

Additional Socio-Demographic Characteristics

A thorough examination of Davis's (1997) report allows for the extrapolation of several additional demographic characteristics. First, undergraduate students outnumbered graduate students, with 49.7% compared to 41.7% in 1996/97. Second, male international students significantly outnumber female international students; men accounted for 59%, and women accounted for 41% of the 1996/97 total. Only Japan, Jamaica, Trinidad, and Tobago send a greater number of females than males (Davis, 1997). Several countries had fairly equal number of female international students, but most countries had a larger number of male international students with the countries in the Middle East region having the smallest proportion of women international students. Third, single students vastly outnumbered married students, 84.4% to 16.6%, a statistic that has remained relatively stable with the number of single international students increasing only slightly over the years. Fourth, most international students pay for their education, with 81.3% of undergraduates and 47.7% of graduates using personal or family funds in contrast to only 17.7% of

undergraduates and 52.2% of graduates receiving funds from various sources other than personal or family. Finally, an ever-salient topic for the international student is visa classifications. In 1996/97, 85.6% of international students had "F" visa classifications, followed by 6.8% with "J" visa classifications, and 7.6% indicated that they had other types of visa classifications.

International student regions and country of origin, academic field of study, and other socio-demographic characteristics were reviewed. Students from the Asian-region represent over half of the international students studying in the U.S. Of that region Japan is the country with the largest representation of international students studying in the U.S. International students major of choice has changed in the past several years from the engineering sciences to business management. Finally, international student differences in educational financing, gender, and visa status were discussed.

International Student Needs

Several researchers focused on assessing the needs of the international student. Pederson (1991), in a review of the literature, presented some of the common critical incidents experienced by international students including

difficulties in making friends, adjusting to dorm life, language problems, sex roles, feelings of isolation, grades, and financial need (Pederson, 1991). Several researchers examined the problems and needs of international students and the research is presented in this section of the review.

Klienberg and Hull (1979) identified major sources of problems for international students studying in various countries. Overwhelmingly financial concern was indicated as the greatest concern for international students from nine out of eleven countries, and participants from the two other countries ranked financial concerns second and third respectively. Other issues of concern for international students were relationships with the opposite sex, personal depression, adjustment to climate, lack of contact with local people, and problems of equivalence in university placement (Klienberg & Hull, 1979).

Akpan-Iquot (1980) examined the kinds of problems faced by international students attending selected mid-western universities. Listed in order of significance the five most important problems faced by international students at a Midwestern university included the quality of academic advising, financial problems, orientation to the

university, social-personal problems, and English language skills (Akpan-Iquot, 1980). In this study 61% of the participants indicated that they would like to be treated as a person rather than as a foreigner.

Mncadi (1993) examined the international graduate student problems and coping strategies used in dealing with problems and reported that loneliness, homesickness, quality of academic advising, language proficiency, understanding cultural norms, and discrimination were areas of difficulty. The strategies students used for coping included interacting with fellow nationals and international students, telephone calls and letters to family members, dependence on academic advisors, working to exhaustion, using sleeping pills, and crying. Mncadi (1993) concluded, "international students feel isolated because they feel foreign" (p. 114).

This section reviewed the socio-demographic variables of the international student population in the United States and the self-identified needs of the international student. Because of the vast within group differences Pedersen (1991) emphasized the importance of conceptualizing the international student as a unique individual rather than describing all international

students in the same way. Schram and Lauver (1988) indicated "the international student can feel more severe alienation from university life than the non-international student" (p. 204). Throughout this section, the findings of researchers suggest a variety of types of psychological difficulties that the international student may face in their international college experience (Abe, Talbot, Geelhoed, 1998; Akpan-Iquot, 1980; Asmundson 1992; Brinson Kottler, 1995; Chiu, 1990; Pedersen, 1991; Prieto, 1995).

CHAPTER III

METHOD

Introduction

This chapter presents a discussion and description of the procedures and methods involved in this study. The research design was an ex post facto design. The participants, measurement instruments, and procedures are presented in this section.

Participants

Initially a large representative sample of both U.S. citizen and international students attending U.S. universities was desired. However due to a potential of research costs beyond the means of this researcher a smaller research population, representative of one college in the us, seemed more plausible. Initial Email solicitation of the entire international student population at this Midwestern University, through the international students and scholars' student listserve, yielded only 5 participants out of a 3,000 plus international student population. Additional international student participants were obtained through campus mail, by soliciting participants in classes, and through personal contacts. Of

the five hundred questionnaires distributed, 239 questionnaires were returned resulting in a total of 225 usable questionnaires for a response rate of 45%. Fourteen incomplete questionnaires were rejected as unusable. Participants for this study were 225 college students attending a Midwestern university. The participants represented 31 different countries with 114 participants being United States citizen and 111 participants being international students. As indicated in Table 5, of the 111 international participants 11.6% (n = 26) were from Thailand; 9.3% (n = 21) were from Malaysia; 6.2% (n = 14) were from China; 3.1% (n = 7) were from India; Kenya and Korea each represented 2.2% (n = 5); Brazil and Indonesia each represented 1.8% (n = 4); with the remaining 23 countries represented by 3 or fewer participants. The range in age of the participants, as presented in Table 6, was 18 to 58 with the mean age of the participants being 27.2 years. Table 7 describes the gender of the participants, which was forty eight percent (n = 107) female and 52% (n = 118) male. Twenty four percent of the participants were married and 76% of the participants were single, divorced, separated, or widowed (Table 8). Approximately 28% (n = 62) of the participants indicated that they were doctoral

students; 24% (n = 54) were master's students; 15% (n = 34) were juniors; 13% (n = 29) were seniors; 12% (n = 26) were sophomores; with the remaining 9% (n = 20) freshmen (Table 9). The participants represented 68 different majors categorized into 23 different programs of study 20.4% (n = 46) studying education; 16.0% (n = 36) studying business; 14.7% (n = 33) studying engineering; 11.6% (n = 26) studying psychology/counseling; 8.9% (n = 20) studying computer sciences; students that were undeclared represented 4.4% (n = 10); 2.2% (n = 5) studying mathematics/statistics; and the remaining programs of study having 4 or fewer participants studying that area (Table 10). The participants use of counseling ranged from 44% (n = 99) not using counseling, 26.7% (n = 60) using academic counseling, 12% (n = 27) using personal counseling, 7.6% (n = 17) using career/vocational counseling, 2.2% (n = 5) using a combination of academic and personal counseling, 4.0% (n = 9) using a combination of academic and career/vocational counseling, 0.9% (n = 2) having used a combination of personal and career/vocational counseling, to 2.6% (n = 6) having used all three types of counseling. Detailed demographics, by student citizenship, of the type of counseling used by the participants of this study can be

found in Table 11. Please see appendix G for more detailed demographics of respondents presented in Tables 5 through 11.

Dependent Variable

Student attitudes toward seeking professional counseling help, opinions about mental illness, adaptation to college, and use of counseling services were studied as the dependent variables.

Independent Variables

The independent variable selected for this study was the student's citizenship. Student citizenship was defined as being self-identified as either a United States citizen or a international student.

Instrumentation

Four instruments were used to collect data for this study: a demographics questionnaire (see Appendix C), a slightly modified Attitudes Toward Seeking Professional Psychological Help Scale (see Appendix D), Opinions about Mental Illness Scale (see Appendix E), and Student Adaptation to College Questionnaire (see Appendix F).

Demographics Questionnaire

The Demographic Questionnaire (see Appendix C) was constructed by the researcher and used to understand the

demographic distribution of the student participant sample. The demographic variables include age, gender, academic major, country of birth, country of citizenship, years in the U.S., religion, academic level, marital status, and use of professional counseling services. Use of professional counseling services was used as the dependent variable. Other variables of the demographic questionnaire were used as comparison variables for the individual participants' attitudes toward seeking professional counseling help, opinions about mental illness, and student adaptation to college.

Attitudes Toward Seeking Professional Psychological Help

Attitudes toward seeking professional psychological help were measured using the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPH: Fischer & Turner, 1970). The ATSPPH scale is a 29-item questionnaire (see Appendix D) designed to assess the likelihood that one will seek professional help for psychological difficulties. Responses are evaluated using a 4-point Likert type scale ranging from "strongly disagree" (1) to "strongly agree" (4). Scores range from 0-116 with high scores indicating more positive attitude toward seeking professional psychological help. Overall scale scores are obtained by

summing the item scores; eighteen items are reversed scored.

Fischer and Turner (1970) in their initial work examining attitudes toward seeking professional psychological help examined their postulated model's saliency, through item intercorrelations and factor analysis, and four dimensions of help-seeking attitudes clearly emerge. These four dimensions were recognition of need for psychological help; tolerance of stigma associated with seeking psychological help; interpersonal openness; and confidence in mental health professionals. Although they initially looked at reliability estimates of each subscale that ranged from $+0.62$ to 0.74 reflecting a moderate internal consistency and their subscale intercorrelations ranged from $+0.25$ to $+0.58$, they asserted that these four factors are interpreted with reference to the overall scale, as opposed to utilization as separate measures (Fischer and Turner, 1970).

Fischer and Turner (1970) standardized the ATSPPH scale on 492 female and 468 male college students of various ages, backgrounds, and institutional affiliations. The supporting research demonstrated that the ATSPPH scale is a psychometrically sound instrument with an internal

consistency reliability of .86 for males and .83 for females. A test-retest reliability for five different college student groups ranged from .73 to .89 over a two-month period. Further construct validity is provided with the evidence that scores on the ATSPPH scale have discriminated between those who had never sought counseling from those who had sought counseling (Fischer & Turner, 1970).

Ness (1987) suggested that the inconsistent use of varying terms in the individual items on the ATSPPH scale ("psychiatrist", "psychologist", "psychological treatment", and "psychiatric treatment) could result in the participant answering inconsistently resulting in unclear results. This potential limitation of the ATSPPH is addressed in this study by substituting the words "counselor" and "counseling center" respectively throughout the instrument. Several researchers have made such modifications (Oredein, 1988; Ponterrotto, Anderson, & Griegor, 1984; Sanchez Atkinson, 1983) suggesting that the changes did not adversely affect the validity of the instrument, and that substituting the words counselor and counseling center for psychiatrist/psychologist and mental health center made the

ATSPPH scale more appropriate to the college populations and settings they were researching.

Opinions About Mental Illness Scale

Opinions about mental illness were measured using the Opinions about Mental Illness Scale (OMI: Cohen & Streuning, 1962). The OMI is a 51-item questionnaire (see Appendix E) designed to assess opinions about those individuals already labeled as mentally ill. Responses are evaluated using a 6-point Likert type scale ranging from "strongly agree" (1) to "strongly disagree" (6).

Cohen and Streuning, through a factor analysis of their questionnaire items, had five separate factors to Opinions about Mental Illness emerge. The five factors are 1) Authoritarianism, which measures individual prejudicial attitudes toward the mentally ill; 2) Mental Hygiene Ideology, which measures the beliefs about treatability of the mentally ill; 3) Social Restrictiveness, which measures the perceptions of the mentally ill being a threat to society; 4) Benevolence, which measures a nurturing view of the mentally ill; and 5) Interpersonal Etiology, which measures the belief that mental illness arises from interpersonal experiences. The reliability estimates of each subscale ranged from .21 to .80 and were considered to

have satisfactorily demonstrated internal consistency by the authors. Validity coefficients were also deemed as satisfactory by the authors and ranged from .43 to .89.

High scores on each factor represent an endorsement of the ideas represented by that factor (e.g. a high score on the authoritarianism factor would be representative of an individual with a highly prejudicial attitude towards the mentally ill). The Benevolence and Mental Hygiene Ideology factors were considered to be the more positive of the factors, while the Authoritarianism and Social Restrictiveness factors were considered to be the more negative factors. Interpersonal etiology was viewed as a neutral factor.

Among researchers, a consensus exists that the OMI, a widely used instrument, assess individual attitudes toward mental illness. Saper (1986) indicated that the OMI has been the most widely used instrument in researching individuals' attitudes toward mental illness. Furthermore, Rabkin (1972) indicated that the OMI is the most comprehensive, reliable, and valid instrument of attitudes towards mental illness. Rahav, Struening, and Andrews (1984) indicated that the OMI was capable of delineating national and cultural opinions about mental illness.

Student Adaptation to College Questionnaire

Student's adaptation to college was measured using the Student Adaptation to College Questionnaire (SACQ: Baker & Siryk, 1989). The SACQ is a 67-item questionnaire (see Appendix F) organized into four subscales that assess the academic, social, emotional, and attachment adjustment of college students. Responses are evaluated using a 9-point Likert type scale ranging from "applies very closely to me" (1) to "doesn't apply to me at all" (9). The sum scores on all 67 items provide a measure of overall student adjustment, while individual scale scores provide a measure for various aspects of student adjustment.

The 'Academic Adjustment' subscale consists of 24-items and describes the educational demands characteristic of the college experience. The 'Social Adjustment' consists of 20 items and describes the aspects of the interpersonal-societal demands of college life. The 'Personal/Emotional Adjustment' subscale consists of 15-items and describes level of psychological distress and somatic complaints the college student may be experiencing. The 'Attachment' subscale consists of 15-items and describes student feelings about being in college in general and being at his/her particular institute specifically. Baker and Siryk

(1986) indicated that there was no overlap of items on the academic, social, and personal/emotional subscales. Eight items overlapped the attachment and social adjustment subscales, and one item overlapped the attachment and academic adjustment subscales (Baker & Siryk, 1986).

Baker and Siryk (1986) examined the reliability and validity of the Student Adaptation to College Scale, utilizing full scale Chronbach Alpha's of the SACQ across six different studies, they indicated alpha's greater than .92 (Baker & Siryk, 1989). Individual scales ranged between .84 to .88 for the academic adjustment subscale; between .90 to .91 for the social adjustment subscale; between .81 to .85 for the personal/ emotional subscale; and between .90 and .91 for the attachment subscale. Correlations among the subscales ranged from .36 to .87 with the higher correlations occurring between the social adjustment and attachment subscales. According to Baker & Siryk (1989) the higher correlations between the social adjustment and attachment subscales would be expected due to the overlap of several items. These researchers concluded that criterion validity of the SACQ was demonstrated based on negative correlations with attrition from college and

positive correlations with student grade point average and participation in social events.

Procedure for Data Collection

The office of international students and scholars was contacted in order to solicit international student participants through their listserv. After receiving permission a call for participants was sent out to all international students, at this Midwestern University, requesting participants for this study. Additionally, faculty and graduate teaching assistants teaching at Oklahoma State University were contacted for permission to administer the questionnaires to their classes. A group setting was preferred because of large number of potential participants. However, because of the small number of international students in any particular class, this researcher with the aid of friends who were international students solicited participants at intramural sporting events, through mail survey, at the campus laundromat, and through door-to-door solicitation of the married student housing. Participants were asked if they would be willing to participate in a research project that may be beneficial to future international students that may struggle in their adjustment to college. Potential participants received a

consent form (Appendix A) to read and sign and the explanation that the purpose of this study was to assess cross-cultural aspects of the college student's opinions and experiences about seeking professional counseling help. Confidentiality was guaranteed. Participants that consented were provided with directions (Appendix B) to the questionnaires and were asked to complete and return the questionnaires. If unable to complete the questionnaire at the time they were given out participants could return the questionnaires either through intercampus or U.S. mail. Participants were informed that after the questionnaire was completed and returned, involvement with the study was complete and that the results of the study would be made available to any participant who requested them. The questionnaires required 20 - 50 minutes to complete. Of the 239 questionnaires completed, fourteen were incompletely or inappropriately completed, resulting in 225 usable questionnaires for the statistical analysis.

Statistical Hypotheses

Following a review of the relevant literature related to international students, opinions about mental illness, adjustment to college, attitudes toward seeking professional counseling help, and use of counseling and in

reference to the primary objectives of this study the following statistical (null) hypotheses were generated and will be tested at the .05 alpha level of significance:

1. College students' citizenship is not predictive of opinions about mental illness, attitudes toward seeking professional counseling help, adjustment to college, and use of counseling.

2. Opinions about mental illness, attitudes toward seeking professional counseling help, and adjustment to college, do not combine to predict college students' use of counseling.

3. Opinions about mental illness do not predict attitudes toward seeking professional counseling help.

4. Opinions about mental illness do not predict adjustment to college.

5. Attitudes toward seeking professional counseling help do not predict adjustment to college.

6. Attitudes toward seeking professional counseling help do not predict use of counseling.

7. Adjustment to college does not predict use of counseling.

Statistical Analysis

To test the research hypotheses a Structural Equation Model design was used because the researcher desired to examine relationships directly from one variable to another while simultaneously examining the relationship of mediating variables. The type of structural equation model most appropriate for this type of examination is the structural regression model. This model allows one to postulate a specific explanatory relationship among constructs, while simultaneously examining patterns of interrelationship among differing constructs (Raykov & Marcoulides, 2000). The structural regression model is different from a path analysis because in addition to examining directional relationships, the model allows for an examination of patterns of interrelationships among the constructs. The fact that a structural regression model allows for an examination of directional relationships makes it different from a confirmatory factor analysis model in that confirmatory factor analysis models assume no specific directional relationship between the constructs (Raykov & Marcoulides, 2000).

Specifically, the influence that being an international or U.S. citizen student had on, the intervening or mediating variables of, opinions about mental illness, adaptation to college, and attitudes toward seeking professional psychological help, were examined, while simultaneously examining how these mediating variables influenced use of counseling (Figure 4). Computations were performed using the Amos 4.01 statistical package to compute the structural regression model (Arbuckle, 1999). The antecedent variable will be the type of student (U.S. citizen or international) with use of counseling being the outcome variable. Additionally, attitude toward seeking professional psychological help, opinions about mental illness and student adaptation to college will be entered as intervening and/or mediating dependent variables.

Summary

Chapter III presented a discussion and description of the methodology to be used in this study. Participants, independent and dependent variables, and instrumentation were discussed. Procedures for data collection and the statistical analysis strategy were described.

The participants in this study were 225 U.S. citizen and international college students attending a Midwestern university. College student's country of origin was selected as the independent variable for this study. Opinions about mental illness, student adaptation to the college environment, attitudes towards seeking professional counseling help, and use of counseling were the dependent variables of this study.

CHAPTER IV

RESULTS

Introduction

The purpose of this study is to build upon the foundational work of Wong (1997) by extending her proposed multi-component model including an examination of the already explored attitudinal components to include an examination of the need for psychological help. Additionally, the influence that adjustment to college, opinions about mental illness, and attitudes toward seeking professional counseling help has on United States citizen and international student use of professional counseling services were explored.

Reliability for Scales

Data obtained from international students were compared with data from U.S. citizen students, and with normative data utilizing a criterion of .70 (Nunnally, 1978) to evaluate the internal consistency of each scale. Table 1 shows a comparison of the alpha coefficients of the instruments between the previously published normative statistics and the two research groups in the present study. Alpha coefficients throughout both groups are

generally very similar to those published in normative data studies. Acceptable reliability was demonstrated for nine of the eleven scales for U.S. citizen students and seven of the eleven scales for international students.

'Authoritarianism', 'Benevolence', and 'Social Restrictiveness' on the subscale of "Opinions about Mental Illness", had alpha coefficient of .68 on all three scales for the international student participants. For United States citizen students 'Authoritarianism', 'Benevolence', and 'Social Restrictiveness' had alpha coefficient of .78, .68, and .81, respectively. However, given their theoretical importance and close proximity to the internal consistency criterion of .70 established by Nunnally (1978) for international student participants, the 'Authoritarianism', 'Benevolence', and 'Social Restrictiveness' subscales and the 'Benevolence' subscale for United States citizen college students were included in subsequent analysis. The 'Mental Hygiene Ideology' subscales of "Opinions about Mental Illness", which had an alpha coefficient of .55 for U.S. citizen students and .33 for international students will not be included in the main analysis because this variable failed to meet the .70 criterion established by Nunnally (1978) for both the

Table 1.

Internal Consistency of U.S. Citizen, and International Students, and the test instruments in normative studies.

	<u>Alpha Coefficients</u>		
	Normative studies	U.S. Students	International Students
<u>ATSPPH</u>	.83-.86	.94	.80
<u>OMI</u>			
Authoritarianism	.76-.80	.78	.68
Benevolence	.69-.72	.68	.68
Mental Hygiene Ideology	.21-.39	.55	.33
Social Restrictiveness	.70-.71	.81	.68
Interpersonal Etiology	.65	.78	.70
<u>SACQ</u>			
SACQ Sum	.92-.95	.95	.94
Academic Adjustment	.81-.90	.88	.87
Social Adjustment	.83-.91	.88	.78
Personal Emotional Adjustment	.77-.86	.90	.82
Attachment	.85-.91	.86	.78

International and United States students. The Failure of the 'Mental Hygiene Ideology' subscales to meet the criterion for internal reliability is consistent with the norming research conducted by Struening and Cohen (1963) and later research using the "Opinions about Mental Illness" scale conducted by Drolen (1993).

The generally lower reliability for international students' on the scales, as compared to the U.S. citizen students and normative studies, may be due to differences in English reading and writing comprehension or the fact that the scales were normed on U.S. citizen populations and not international populations. International students generally lower reliability on the scales should have only a minimal impact on the results of this study, especially due to the fact that the reliability coefficients for the international students meet or are in close proximity to the internal consistency criterion of .70 established by Nunnally (1978).

Descriptive Statistics

While the psychometric properties of the instruments' scores were similar to normative statistics, the data show that the mean scores of the two research groups do differ significantly from each other. Table 2 shows a comparison

of the means and standard deviations along with t-tests showing significance of the differences. The U.S. citizen student participants scored significantly lower than the international students on the 'Authoritarianism', 'Social Restrictiveness', and 'Interpersonal Etiology' subscales of "Opinions about Mental Illness." The two groups were not significantly different on the benevolence and mental hygiene ideology subscales of "Opinions about Mental Illness", or on their 'Social Adjustment', 'Personal Emotional Adjustment', or overall adjustment to college.

Correlational Statistics

The Correlational matrix for U.S citizen college students and international college students are presented in Table 3 and Table 4, respectively. Examination of these correlation matrices indicated relatively low levels of correlation between the variables of the three major constructs for both United States citizen and international college students. The finding suggests that multicollinearity did not adversely affect the stability of the correlation matrix. Only two pair of major instrument variables exceeded a coefficient value of .30 for international students and six pair for United States

Table 2.

Comparison of Scale Means between U.S. Citizen group and International Student Group.

	U.S.		Inter- national		t
	M	SD	M	SD	
<u>ATSPCH</u>	81.74	12.77	75.62	8.23	4.42**
<u>OMI</u>					
Authoritarianism	19.03	7.36	28.14	7.05	-10.07**
Benevolence	44.30	6.91	42.82	7.33	1.60
Mental Hygiene Ideology	27.56	4.78	28.50	3.89	1.68
Social Restrictiveness	18.92	7.14	24.81	6.26	- 6.77**
Interpersonal Etiology	13.15	5.46	18.54	5.28	- 7.76**
<u>SACQ</u>	338.92	28.32	334.04	28.36	1.30
Academic Adjustment	120.93	12.18	116.90	13.52	2.37*
Social Adjustment	94.03	10.60	96.11	13.02	- 1.33
Personal Emotional Adjustment	72.15	9.70	74.03	8.61	- 1.54
Attachment	81.25	11.95	75.29	13.05	3.61**

*Means differ significantly at the $p \leq .05$

**Means differ significantly at the $p \leq .01$

Table 3.

Correlation Matrix for U.S. Citizen College Students.

Variable	1	2	3	4	5	6	7	8	9	10	11
1 ATSPCH	1.00										
2 OMI-A	-.57**	1.00									
3 OMI-B	.62**	-.54**	1.00								
4 OMI-C	.33**	-.35**	.44**	1.00							
5 OMI-D	-.62**	.70**	-.61**	-.39**	1.00						
6 OMI-E	-.42**	.73**	-.41**	-.23*	.63**	1.00					
7 SACQ Full	.09	.08	-.13	-.31**	.11	.22*	1.00				
8 SACQ-AA	-.09	.16	-.14	-.23*	.12	.27**	.67**	1.00			
9 SACQ-SA	.07	-.08	-.05	-.19*	.02	.09	.72**	.32**	1.00		
10 SACQ-PEA	.24**	.01	-.10	-.23*	-.04	.04	.58**	.19*	.23	1.00	
11 SACQ-ATT	.09	.01	-.04	-.13	.06	.11	.67**	.23*	.55**	.12	1.00

* Correlation is significant at the .05 level

** Correlation is significant at the .01 level

Table 4.

Correlation Matrix for International Students.

Variable	1	2	3	4	5	6	7	8	9	10	11
1 ATSPCH	1.00										
2 OMI-A	-.27**	1.00									
3 OMI-B	.32**	-.42**	1.00								
4 OMI-C	-.04	.11	.23**	1.00							
5 OMI-D	-.19*	.66**	-.45**	.01	1.00						
6 OMI-E	-.21*	.59**	-.38**	.26**	.52**	1.00					
7 SACQ Full	.20*	.01	.05	.18	.02	-.07	1.00				
8 SACQ-AA	.09	.06	-.11	.11	-.08	.04	.72**	1.00			
9 SACQ-SA	.21*	-.09	.16	.06	.01	-.11	.66**	.19*	1.00		
10 SACQ-PEA	-.12	.26**	.28**	.15	.28**	.15	.42**	.22*	.02	1.00	
11 SACQ-ATT	.31**	-.21*	.24**	.08	-.09	-.27**	.74	.34**	.42**	.74**	1.00

* Correlation is significant at the .05 level

** Correlation is significant at the .01 level

citizen college students. The correlation coefficients of the international student participants for the 'Benevolence' scale of "Opinions about Mental Illness" and the "Attachment" subscale of "Student Adaptation to College" with "Attitudes Toward Seeking Professional Counseling Help" were .32 and .31 respectively. The correlation coefficients of the United States citizen college students for the 'Authoritarianism', 'Benevolence', 'Mental Hygiene Ideology', 'Social Restrictiveness', and 'Interpersonal Etiology' scales of "Opinions About Mental Illness" with "Attitudes Toward Seeking Professional Counseling Help" were -.57, .62, .33, -.62, and -.42 respectively. Also, the correlation coefficients of the United States citizen college students for 'Mental Hygiene Ideology' scale of "Opinions about Mental Illness" with the student adaptation to college full scale were -.31.

Preliminary Analysis

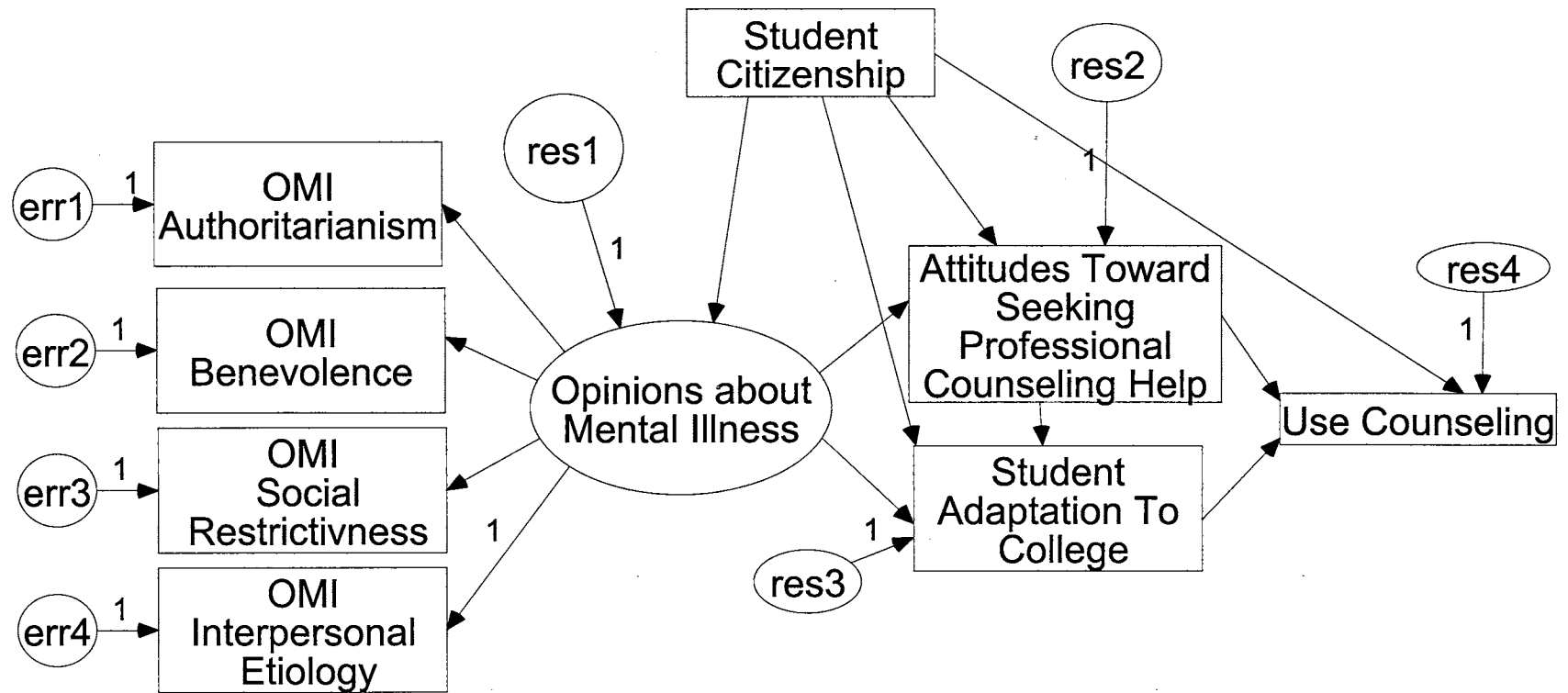
Structural Regression Model

The hypothesized structural regression model was tested using AMOS 4.0 (Arbuckle, 1999). Maximum likelihood estimation was used to obtain estimates of the path coefficients and goodness-of-fit (GFI) for the model. A non-significant χ^2 result indicates that the observed data

fit the model (Kline, 1998). However, because the chi-square goodness-of-fit statistic is sensitive to sample size and because as sample size increases above 200 participants, the chi-square has a tendency to indicate a significant probability level (Schumaker & Lomax, 1996). Alternative goodness of fit indices were examined. In particular, χ^2 df ratio (Q), the GFI, normed fit index (NFI), Bentler's (1990) Comparative Fit Index (CFI), the Root Mean Square Error of Approximation (RMSEA), and the Standardized Root Mean Square Residual (SRMR) was considered. Q values of less than 2.0 are interpreted as suggesting a plausible model (Carmines & Mciver, 1981). The GFI, NFI, and CFI descriptive indexes range from 0 - 1, and are considered to be indicative of well fitting models when at or above .95 (Raykov & Marcoulides, 2000). RMSEA is not sample dependent, unlike the chi-square value and yields an estimate of the average discrepancy per degree of freedom. A value of the RMSEA at or below the .05 is indicative of the model being a reasonable approximation to the data (Browne, & Cudeck, 1993). SRMR is a standardized summary of the average covariance residuals, which examine the difference between the observed and model-implied covariances. Kline (1998) indicated that a SRMR value of

Figure 4.

Hypothesized Structural Equation Model.

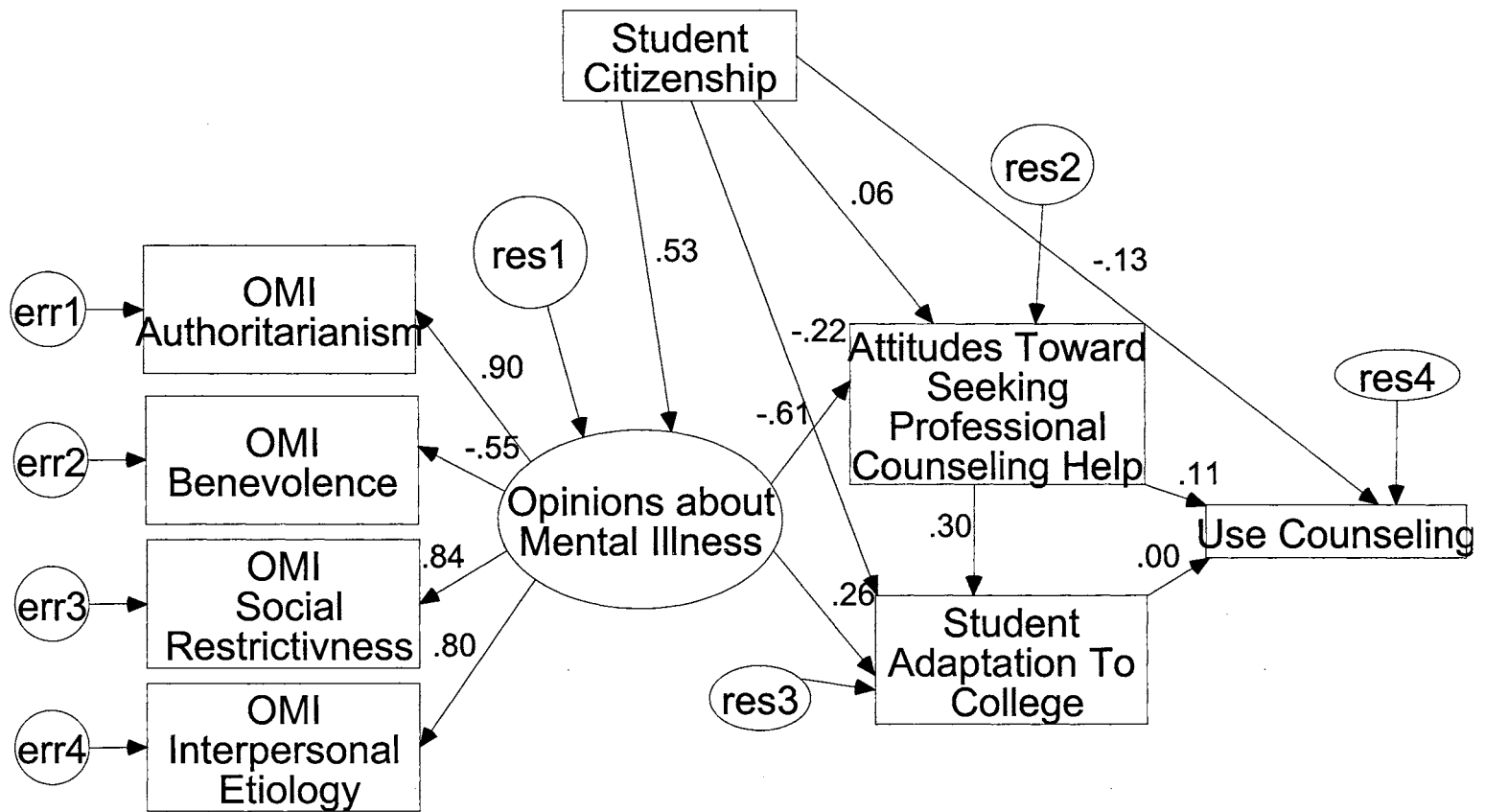


.10 or less is favorable. Hence models with higher GFI, NFI, and CFI values and lower RMSEA and SRMR values provide better fit to the observed data.

The results of the initial test of the hypothesized model (Figure 5) revealed a poor fit to the observed data, $X^2(15) = 58.909$, $p < .01$ ($Q = 3.93$, $GFI = 0.94$, $NFI = 0.91$, $CFI = 0.93$, $RMSEA = 0.11$, $SRMR = 0.053$). Despite this poor fit the initial model provided support to the extent to which the manifest variables of Authoritarianism, Social Restrictiveness, Interpersonal Etiology, and Benevolence subscales of Opinions about Mental Illness represented the construct or latent variable of opinions about mental illness. Initial model lambda's for Authoritarianism .90, Social Restrictiveness .84, Interpersonal Etiology .80, and Benevolence -.55 indicated a workable description of the manifest variables behind the latent factor of opinions about mental illness, which can be employed in a structural regression model. The negative lambda for the Benevolence factor is to be expected, as it is a measure of a positive nurturing view of the mentally ill, which is in contrast to Authoritarianism, Social Restrictiveness, and Interpersonal

Figure 5.

Results of the Hypothesized Structural Equation Model. Standardized path coefficients are given.



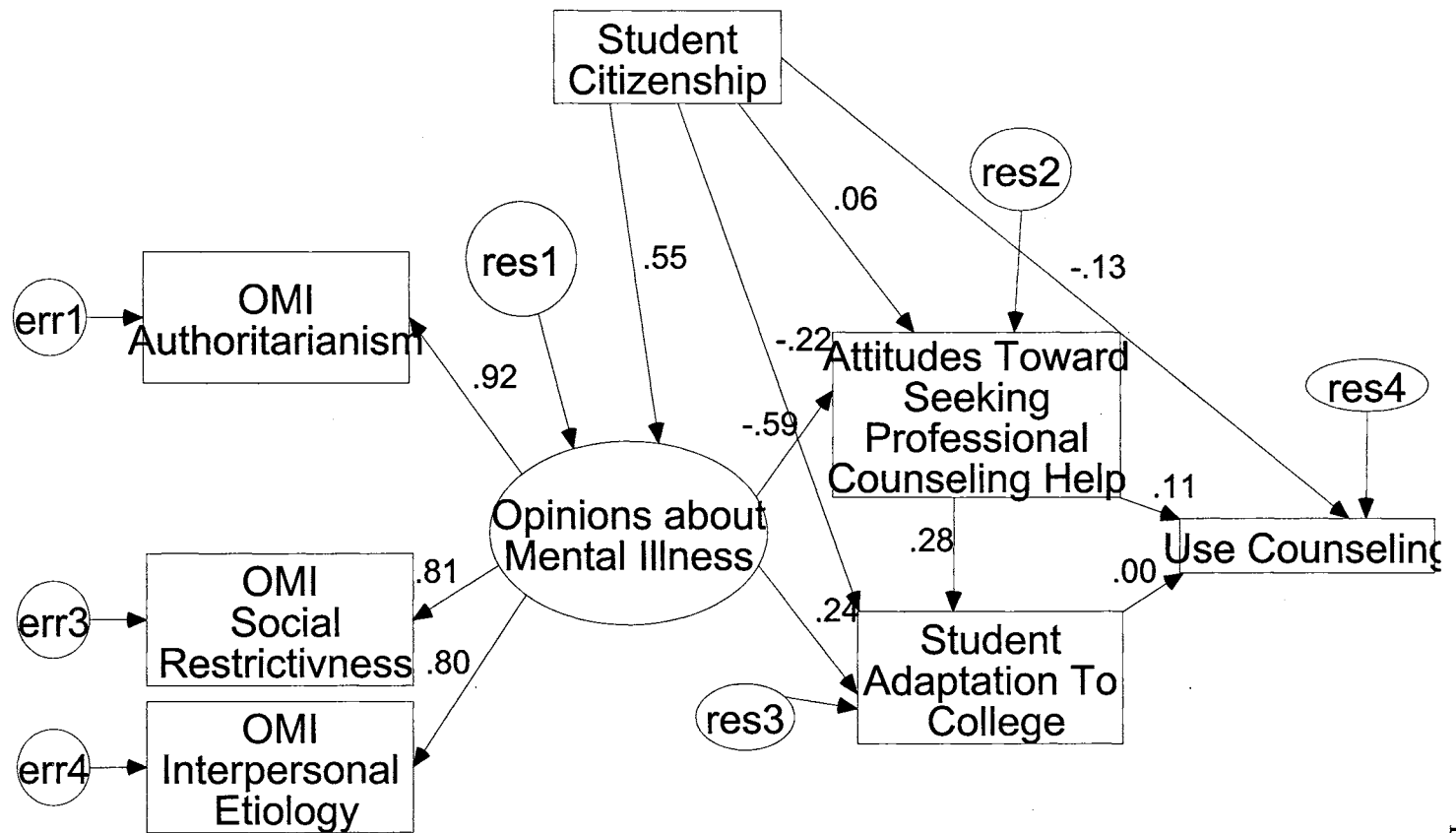
Etiology that are measures of negative opinions towards the mentally ill.

Due to the proximity of fit for the initial model, one objective was to determine if eliminating a path would strengthen the model. Re-examining the data in an attempt to extrapolate statistical evidence for eliminating a path, the benevolence subscale of the Opinions about Mental Illness scale was eliminated from the model. The benevolence subscale was chosen due to its relatively low negative lambda with the latent variable, in addition to the fact that it was the only variable within the model that failed to meet the .70 alpha coefficient criterion established by Nunnally (1978), for both the International and U.S. citizen student populations. Previous research by Nickerson, Helms, and Terrell (1994) indicated that discarding the benevolence subscale, due to its failure to meet Nunnally's (1978) criteria, made for a richer measure of opinions about mental illness.

Results of the revised model (Figure 6) indicated that there was a good fit, $X^2(9) = 12.886$, $p = .168$ ($Q = 1.43$, $GFI = 0.98$, $NFI = 0.98$, $CFI = 0.99$, $RMSEA = 0.04$, $SRMR = 0.022$). The chi-square difference test between the two models was nonsignificant, hierarchical $X^2(1) = 69.615$, $p > .01$.

Figure 6.

Results of the Revised Structural Equation Model. Standardized path coefficients are given.



Additionally, the factor loadings of Authoritarianism .92, Social Restrictiveness .81, and Interpersonal Etiology .80 on opinions about mental illness remained relatively stable. Thus, eliminating the Benevolence subscale of the opinions about mental illness from the model did not significantly change the overall fit of the model to the data. The trimmed model indicated that international students scores on the opinion about mental illness were related to more stereotypical opinions about mental illness ($b = .55, p < .01$), that international students indicated having more difficulty in adjusting to college ($b = -.22, p = .01$) than did U.S. Citizen students. Surprisingly, international students attitudes toward seeking professional counseling help was slightly more positive than U.S. citizen students, however the difference was not significant ($b = .06, p = .38$). Those students who had more stereotypical opinions about mental illness had more negative attitudes toward seeking professional counseling help ($b = -.59, p < .01$) and had a more difficult time adjusting to college ($b = .24, p = .02$).

Students with more positive attitudes toward seeking professional counseling indicated a better adjustment to college ($b = .28, p < .01$), and although not significant

students with more positive attitudes toward seeking professional counseling help tended to use counseling more ($b = .11, p = .11$). Surprisingly, students' adjustment to college was not predictive of their use of counseling ($b = .00, p = .98$).

Summary

Although the initial model did not fit the observed data, once the benevolence subscale of opinions about mental illness was eliminated from the model, the model yielded support for an integrative component model of utilizing counseling and revealed meaningful relationships between student origin and opinions about mental illness, attitudes toward seeking professional counseling help, student adjustment to college, and use of counseling. Although not all predicted paths were significant (all but one was in the expected direction), the modified model provided an excellent fit to the data.

CHAPTER V
DISCUSSION, CONCLUSIONS,
AND RECOMMENDATIONS

Introduction

This chapter presents a general review of the study and an interpretation of the statistical findings. Implications of the results are discussed and recommendations for future research are suggested.

Summary of Study

This study examined U.S. citizen and non-U.S. citizen college student opinions about mental illness and adjustment to college as related to attitudes toward seeking professional counseling help in an effort to build upon the attitudinal components of the hypothesized component model proposed by Wong (1997). Two hundred and twenty five usable questionnaires were obtained. Demographic information shows that of the usable data 31 different countries with participants from the U.S. being (n = 114) the largest represented group, followed by Thailand (n = 26), Malaysia (n = 21), and then China (n = 14) were represented. The mean age of the participants was 27.2 years of age. There were 107 male and 118 female

participants (48% and 52% respectively). Only 24% (n = 53) of the participants were married, with 52% (n = 116) of the participants being graduate students. Education majors represented 20% of the participants (n = 46), with business 16% (n = 36) and Engineering 15% (n = 33) rounding out the top three majors among the sample population.

Instruments used to collect the research data were a Demographic Questionnaire designed for this study, a modified Attitudes Toward Seeking Professional Psychological Help Scale, Opinions about Mental Illness Scale, and the Student Adaptation to College Questionnaire. The Attitudes Toward Seeking Professional Psychological Help Scale yields a single score, the Student Adaptation to College Questionnaire yields a single score for each of the four subscales (academic adjustment, social adjustment, personal/emotional adjustment, and attachment) that are summed for an overall score of adjustment. The Opinions about Mental Illness Scale yields a single score from each of five subscales (authoritarianism, mental hygiene ideology, social restrictiveness, benevolence, and interpersonal etiology).

The current study tested and extended a multi-component model of international and U.S. citizen students'

help seeking behaviors, derived from Wong's (1997) multi-component theory driven approach to understanding international students help seeking behaviors. The research hypothesis generated for this study was tested at the .05 alpha level of significance utilizing a structural regression model. It was hypothesized that college students use of counseling would be predicted by antecedent variables such as their opinions about mental illness, attitudes toward seeking professional counseling help, and adjustment to college.

Although the fit of the initial model to the data was weak, modification to the model (i.e. eliminating the benevolence subscale of the Opinions about mental illness scale) resulted in promising support for the model. This finding allowed for a rejection of the first statistical hypothesis that stated that college students' citizenship was not predictive of opinions about mental illness, attitudes toward seeking professional counseling help, adjustment to college, and use of counseling. Additionally the second statistical hypothesis, which stated that opinions about mental illness, attitudes toward seeking professional counseling help, and adjustment to college, do

not combine to predict students' use of counseling, was also rejected.

The third statistical hypothesis of the study stated that opinions about mental illness would not be predictive of one's attitudes toward seeking professional counseling help. However, the results of this analysis indicated that students having more stereotypical opinions about mental illness also had more negative attitudes toward seeking professional counseling help, allowing for the third statistical hypothesis to be rejected. The fourth statistical hypothesis, which stated that students having more stereotypical opinions about mental illness would not have more difficult experiences in adjusting to college, was rejected. Furthermore, the fifth statistical hypothesis, which stated that attitudes toward seeking professional counseling help would not predict adjustment to college was rejected because, according to the data analysis, those students that indicated having more positive attitudes toward seeking professional counseling help also indicated a better adjustment to college.

The sixth statistical hypothesis, which stated that attitudes toward seeking professional counseling help do not predict use of counseling, was not rejected.

Additionally, the seventh statistical hypothesis of the study, which stated that adjustment to college does not predict use of counseling, was also not rejected. The seventh statistical

Conclusions

Based on the statistical findings and within the parameters and limitations of this study, the following conclusions are presented.

1. College students' citizenship is predictive of one's opinions about mental illness, attitude towards seeking professional counseling help, adjustment to college, and use of counseling.

2. Opinions about mental illness, attitudes toward seeking professional psychological help, and adaptation to college, when taken together, are significant in predicting students lower use of counseling.

3. Opinions about mental illness are significant predictors of college students' attitudes toward seeking professional psychological help and adaptation to college.

4. Students with more positive attitudes toward seeking professional counseling help have a significantly better adjustment to college.

5. Adaptation to college and attitudes toward seeking professional counseling help were not significant predictors in determining college student's use of counseling.

Discussion

The findings of this study support the theory of a multi-component model to understanding international students use of counseling, as proposed by Wong (1997). More specifically, this study examined and found statistical support to both an attitudinal component (opinions about mental illness and attitudes toward seeking professional counseling help) and a need for psychological health component (student adjustment to college) to a proposed multi-component model to understanding international students use of counseling. In such, this research provides for a successful extension of Wong's (1997) postulated multi-component model to explaining international students use of counseling.

When compared with U.S. citizen college students, international students lower use of counseling was influenced by having a more difficult time adjusting to college, influenced by having slightly more positive attitude towards seeking professional counseling help.

Furthermore, international students attitude towards seeking professional counseling help was influenced by more prejudicial opinions toward the mentally ill, viewing the mentally ill as dangerous, and a belief that mental illness was a result of interpersonal experiences. Although the findings of this study are similar to previous studies that have indicated that international students utilize counseling less (Alexander, 1976; Leong & Chou, 1996; Paige, 1990; Pederson, 1991; Porter, 1979; Prieto, 1995), have more negative/stereotypical opinions about mental illness (Dubin & Fink, 1992; Fisher Farina, 1979; Hall Tucker, 1985; Lehtinen & Vaisanen, 1978; Wong, 1997), have more negative attitudes toward seeking professional counseling help (Shokoohi-Yekta & Retish, 1991; Wong, 1997), and have a more difficult experience in adjusting to college (Akpan-Iquot, 1980; Mncadi, 1993; Schram & Lauver, 1988), the findings of this study are different in the fact that this is the first study to examine all of these components together and in the context of comparing them with international students self-reported use of professional counseling.

This study supports that opinions about mental illness are predictive of one's attitudes toward seeking

professional counseling help, which is consistent with several researchers who's results suggest that a fear of being stigmatized influenced attitudes toward seeking professional psychological help (Deane & Todd, 1996; Farina, Allen, Saul, 1968; Farina, Holland, Ring, 1966; Farina, Ring, 1965). In other words if one is afraid of being perceived as mentally ill, they will not seek help. This may be particularly salient for an international student who's sojourning status puts them at a disadvantage as they compete for social resources in an unfamiliar place. Understanding that international students tend to have more negative attitudes toward mental illness may provide important insight into Adeyemi's (1985) conclusion that international students view seeking professional psychological help as a sign of weakness, because they may fear being stigmatized by their support group. Perhaps, describing a "catch 22" scenario for the international student that perceives themselves as needing professional help. If they seek professional help they risk being stigmatized by their already limited support network. However, if the international student chooses not to seek professional help and utilizes their support network, as Al-Qasem (1987) indicated, to obtain help through friends

or other informal sources, they risk being stigmatized by exposing their need for help. The results of this study, when considered with those of Al-Qasem (1987) and Adeyemi (1985) may suggest support for Dubin and Fink's (1992) postulation that the negative stigma imposed by cultural ideologies and societal demands stop international students "from getting the best treatment, or at times getting treatment at all" (p. 1).

Students indicating more stereotypical opinions about mental illness interestingly enough also reported having more difficulty in adjusting to college than students indicating less stereotypical negative opinions about mental illness. This finding is in contrast to that of Fracchia, Sheppard, and Merlis (1973) who examined opinions about mental illness and personal adjustment in female psychiatric aides indicating that personal adjustment and attitudes toward mental illness were relatively independent of one another. Furthermore, Matchinsky (2001) in examining opinions about mental illness and how much one likes a person with characteristics of mental illness indicated that opinions about mental illness and liking of the individual were independent of one another. Matchinsky's (2001) findings may be particularly salient to an

individual who is struggling through the stressors of adapting to a new environment especially if the fact that their opinions about mental illness does not influencing how much they like someone with mental illness. However, a search of *PsychInfo* (2001) indicated that there has been no research to date examining the influence that one's opinions about mental illness has on self-like. That is when one is displaying characteristics of undesirable behavior, how is the individual's self-like influenced by lower/higher stereotypical negative opinions about mental illness. The findings of Fracchia, Sheppard, and Merlis (1973) and Matchinsky's (2001) indicate that opinions about mental health and personal adjustment can function independently of each other and are in contrast to the findings of this study. Being that the research mentioned above has been the only research to date to look at the influence opinions about mental health have on adjustment, further research is warranted on the saliency of ones' opinions about mental health and self-perceptions of personal mental health during adjustment experiences.

Students that indicated more positive attitudes toward seeking professional counseling help also indicated a better adjustment to college. This finding is in contrast

to those of Gonzalez (2000) who in examining the influence of psychoeducation on opinions about mental illness, attitudes toward help seeking, and expectation about psychotherapy in college students, indicated that there was no relationship between adjustment and attitudes toward help seeking. However, in examining Korean-American acculturation and attitudes toward help seeking Yi (1998) indicated that the participants of her study with less positive help seeking behavior, also presented with more adjustment problems. Additionally, Yi (1998) indicated that when seeking help those participants with more positive help seeking behavior sought help with more personal and emotional problems. The relevant importance of attitudes toward seeking professional help on adjustment experiences may be found in an individual that is struggling in his/her adjustment and having negative attitudes toward seeking professional counseling help either seeking alternative means of coping (i.e. drugs, alcohol, sex, etc) and/or having a greater incident of attrition. Although there are a number of researchers who have examined attitudes toward seeking professional help on use of counseling, there appears to be a dirth of research examining how attitudes

toward seeking professional help influences adjustment and vice-versa.

The finding that attitudes toward seeking professional counseling help did not predict one's use of counseling contrasts several researcher's findings that support more favorable attitudes toward seeking professional help as being correlated positively with help-seeking attitudes (Brody, 1994; Dadfar & Friedlander, 1982; Green, McCormick, Walkey, & Taylor, 1987; Hall Tucker, 1985; Leong Zachar, 1999; Wong, 1997). Also, participants of this study indicated that their adjustment to college did not influence their use of counseling, which is consistent with the previous findings of Freeman (1987) who stated that students seeking psychological counseling had no differences in overall adjustment to college. However, this contradicts a large body of research that indicated that students having a difficult time adjusting to college were less likely to utilize the resources available to them (Kaczmarek et al., 1994; Lopez, Campbell, & Watkins, 1988; McClanahan & Holmbeck, 1992; Pinkey, 1992). The fact that neither attitudes towards seeking professional counseling help or adjustment to college, when taken alone, influenced the participant's use of counseling appears to be

consistent with Oredin's (1988) findings that attitudes toward seeking professional counseling help, when taken alone, do not explain the underutilization of psychological services. These, along with Oredin's findings are consistent with Wong's (1997) supporting a multi-component theory to international students use of counseling.

An interesting non-significant finding, was that international students in this study indicated having slightly more positive attitudes toward seeking professional counseling help than did their U.S. citizen counterparts. This finding contradicts the body of research that indicates when comparing individuals from international countries with U.S. citizens, international people have more negative attitudes toward seeking professional counseling help than do U.S. citizens (Adeyemi, 1985; Al-Qasam, 1987; Rahimi, 1988; Todd & Shapira, 1974). This finding may be suggestive of the fact that traditional western methods of counseling may be unfamiliar, unhelpful, and/or uncomfortable leading international students to be unfamiliar with the services that professional counseling agencies provide. Perhaps, as Al-Qasem (1987) indicated, resulting in the majority of international students seeking help through friends or

other informal means. Additional support for this theory can be found in the conclusions of Sharma (1992) who stated that international students develop more positive attitudes toward seeking professional help, as they understand more about the types of problems for which are appropriate for one to seek professional counseling help.

The results of this study are of particular importance due to the fact that this study not only provides a sophisticated empirical examination of international students use of counseling, which is needed (Pederson, 1991; Perkins et al., 1977), but it also provides empirical support for future research to continue to explore the efficacy of Wong's (1997) theory of a multi-component model to explaining international students use of professional counseling. Pederson (1991) indicated that there was a lack of a grand theory to direct research with international students. The findings of this research suggest support for a grand theory by which to guide researchers examining international students use of professional help.

Recommendations

1. Continued investigation into Wong's component model by examining the attitudinal and need for psychological help components on use of professional psychological help,

while extending the model to include an examination of the barriers to psychological help.

2. Future research should replicate this study with a more homogenous international student population (i.e. U.S. citizen students compared to Japanese international students, etc.).

3. The effectiveness of Wong's model should be explored through a comparison of two homogenous international student populations (i.e. Thai international students as compared to Kenyan international students etc.)

4. Wong's multi-component model should be utilized in a pre/post test study to evaluate the effect of education about the western therapeutic process (i.e. what kinds of issues are appropriate to seek professional counseling for) on the use of professional counseling help for international students.

5. Wong's multi-component model should be utilized to compare international students' use of non-western therapeutic approaches with western therapeutic approaches.

6. For mental health professionals the results of this study should enable a more full understanding of what factors influence, affect, or change international students use of counseling.

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APPENDIX A
INFORMED CONSENT

CONSENT TO PARTICIPATE

VOLUNTARILY IN A RESEARCH INVESTIGATION

PROJECT TITLE: Students' adaptation to college, opinions about mental illness, and attitudes toward seeking professional counseling help.

You are being asked to participate in a research investigation as described in this form below. All such investigational projects carried out within this department are governed by the regulations of both Federal Government and Oklahoma State University. These regulations require that the investigator obtain from you a signed agreement (consent) to participate in this project.

The investigator will explain to you the purpose and the procedure of the project. A basic explanation of the project is written below. If, after this discussion, you decide to agree to participate in the project, please sign this form on the line indicated below.

The purpose of this research project is to understand college students' attitudes towards seeking professional counseling help. The approximate number of participants involved in this project is 250. Your participation in this project will require completing a questionnaire. The procedure to be used includes reading the questions provided on the questionnaires and indicating your response in the spaces provided on the questionnaires.

The information obtained from you will be kept in confidence. The information may be used for statistical or scientific purposes without identifying you. Any significant new findings will be provided to you following the course of the study upon request. You are free to withdraw from this project at any time without penalty.

We do not expect any unusual risks as a direct result of this project. Should unforeseen physical injury occur, appropriate first aid will be provided, but no financial compensation will be given. If you have any questions you may contact Matthew Baysden at Telephone number 744-3987. You may also contact the IRB Executive Secretary, 203 Whitehurst, Oklahoma State University, Stillwater, OK 74078; Telephone number: (405) 744-5700.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE PROJECT. I WILLINGLY CONSENT TO PARTICIPATE.

Signature of Witness

Signature of Participant

Date

Time (a.m. / p.m.)

I CERTIFY THAT I HAVE EXPLAINED FULLY THE ABOVE SUBJECT THE NATURE AND PROCESS, THE POTENTIAL BENEFIT AND POSSIBLE RISK OF THE INDICATED PROCEDURES.

Signature of Investigator

APPENDIX B

BRIEFING INSTRUCTIONS FOR PARTICIPANTS

BRIEFING INSTRUCTIONS FOR PARTICIPANTS

The purpose of this study will be to assess cross-cultural aspects of college student's opinions and experiences about seeking professional counseling help. The questionnaires should take approximately 20 - 30 minutes to complete. Once you have agreed to participate, implied by signing the informed consent form, please read each question carefully and respond to all questions by indicating the answer that most applies to you now. It is extremely important to this study that you answer all questions and you try to be 100% honest with your responses. Please be sure to answer both the questions on the front and backside of the last page, which is the "Student Adaptation to College Questionnaire." The information obtained from you will be kept in confidence and your name should not appear on any of the questionnaires. By participating in this research project you may enter the \$150 raffle by filling out the attached raffle ticket and returning it separated from the questionnaire. Thank you for your assistance.

APPENDIX C
DEMOGRAPHIC QUESTIONNAIRE

DEMOGRAPHIC QUESTIONNAIRE

Please answer the following questions about yourself. This information will be used in combining your responses with those of other students. Your name will not appear with any of your answers. Thank you for your assistance.

1. Age: _____
2. Gender (Check One): ___ Female ___ Male
3. Academic Major: _____
4. Your Place of Birth? _____
(State) (Country)
5. What is your country of Citizenship? _____
6. If you were not born in the U.S., at what age did you come to this country? _____
7. How many years have you been in the United States? _____
8. What is your religion? _____
9. What is your ethnic background?
 _____ Asian
 _____ African-American
 _____ Caucasian
 _____ Hispanic
 _____ Native American
 _____ Multiracial (specify)

10. What is your academic level: _____ Freshman
 _____ Sophomore
 _____ Junior
 _____ Senior
 _____ Masters Student
 _____ Doctoral Student
11. Marital Status (Check One): _____ Single
 _____ Married
 _____ Divorced
 _____ Separated
 _____ Widowed

12. Have you ever been to see a professional Counselor?
 (Please check all that apply).

_____ Academic Counseling
 _____ Personal Counseling
 _____ Career/Vocational
 _____ Other
 _____ None

If so, in what country? _____

13. How likely would it be for you to seek a professional counselor about Personal Counseling?

Very Likely	Likely	Unlikely	Very Unlikely
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14. How likely would it be for you to seek a professional counselor about Career/Vocational Counseling?

Very Likely	Likely	Unlikely	Very Unlikely
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APPENDIX D

ATTITUDES TOWARD SEEKING PROFESSIONAL COUNSELING HELP
SCALE.

ATSPCH SCALE

Below are a number of statements pertaining to counseling. Read each statement carefully. Each statement is followed by four choices:

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

Please check () in the space provided that choice which comes closest to saying how you feel about each statement. Please express your frank opinion in rating the statements. There are no "wrong" answers, and the only right ones are whatever you honestly feel or believe. It is important that you answer every item. Please place the appropriate number in the blanks by using the following scale:

1. Although there are counseling centers for people with mental problems, I would not have much faith in them.

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

2. If a good friend asked my advice about a mental problem, I might recommend that he/she see a counselor.

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

3. I would feel uneasy going to a counselor because of what some people would think.

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

4. A person with a strong character can get over mental conflicts by himself/herself, and would have little need of a counseling center.

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

5. There are times when I have felt completely lost and would have welcomed counseling for a personal or emotional problem.

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

6. Considering the time and expense involved in counseling, it would have doubtful value for a person like me.

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

7. I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family.

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

8. I would rather live with certain mental conflicts than go through the ordeal of getting counseling.

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

9. Emotional difficulties, like many things, tend to work out by themselves.

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

10. There are certain problems, which should not be discussed outside of one's immediate family.

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

11. A person with a serious emotional disturbance would probably feel most secure in a good counseling center.

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

12. If I believed I was having a mental breakdown, my first inclination would be to get counseling.

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

13. Keeping one's mind on a job is a good solution for avoiding personal worries and concerns.

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

14. Having been a counseling patient is a blot on a person's life.

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

15. I would rather be advised by a close friend than by a counselor, even for an emotional problem.

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

16. A person with an emotional problem is not likely to solve it alone; he/she is likely to solve it with a counselors help.

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

17. I resent a person or a counselor trained or not who wants to know about my personal difficulties.

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

18. I would want to see a counselor if I was worried or upset for a long period of time.

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

19. The idea of talking about problems with a counselor strikes me as a poor way to get rid of emotional conflicts.

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

20. Having been counseled carries with it a burden of shame.

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

21. There are experiences in my life I would not discuss with anyone.

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

22. It is probably best not to know everything about oneself.

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

23. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in counseling.

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

24. There is something admirable in the attitude of a person who is willing to cope with his/her conflicts and fears without resorting to counseling.

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

25. At some future time I might want to receive counseling.

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

26. A person should work out his/her own problems; getting counseling would be a last resort.

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

27. Had I received treatment at a counseling center, I would not feel that it ought to be "covered up."

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

28. If I thought I needed counseling help; I would get it no matter who knew about it.

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

29. It is difficult to talk about personal affairs with highly educated people such as doctors, teachers, and clergymen.

Strongly Agree	Agree	Disagree	Strongly Disagree
()	()	()	()

APPENDIX E

OPINIONS ABOUT MENTAL ILLNESS

OMI

The statements that follow are opinions or ideas about mental illness and mental patients. By mental illness, we mean the kinds of illness, which bring patients to mental hospitals, and by mental patients we mean mental hospital patients. There are many differences of opinions about this subject. In other words, many people agree with each of the following statements while many people disagree with each of these statements. We would like to know what you think about these statements. Each of them is followed by six choices:

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

Please check () in the space provided that choice which comes closest to saying how you feel about each statement. You can be sure that many people, including doctors, will agree with your choice. There are no right or wrong answers: we are only interested in your opinion. It is very important that you answer every item.

1. Nervous breakdowns usually result when people work too hard.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

2. Mental illness is an illness like any other.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

3. Most patients in mental hospitals are not dangerous.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

4. Although patients discharged from mental hospitals may seem all right, they should not be allowed to marry.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

5. If parents loved their children more, there would be less mental illness.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

6. It is easy to recognize someone who once had a serious mental illness.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

7. People who are mentally ill let their emotions control them: Normal people think things out.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

8. People who were once patients in mental hospitals are no more dangerous than the average citizen.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

9. When a person has a problem or a worry, it is best not to think about it, but keep busy with more pleasant things.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

10. Although they usually aren't aware of it, many people become mentally ill to avoid the difficult problems of everyday life.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

11. There is something about mental patients that makes it easy to tell them from normal people.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

12. Even though patients in mental hospitals behave in funny ways, it is wrong to laugh about them.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

13. Most mental patients are willing to work.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

14. The small children of patients in mental hospitals should not be allowed to visit them.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

15. People who are successful in their work seldom become mentally ill.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

16. People would not become mentally ill if they avoided bad thoughts.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

17. Patients in mental hospitals are in many ways like children.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

18. More tax money should be spent in the care and treatment of people with severe mental illness.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

19. A heart patient has just one thing wrong with him, while a mentally ill person is completely different from other patients.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

20. Mental patients come from homes where parents took little interest in their children.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

21. People with mental illness should never be treated in the same hospital as people with physical illness.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

22. Anyone who tries hard to better himself deserves the respect of others.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

23. If our hospitals had enough well trained doctors, nurses, and aides, many of the patients would get well enough to live outside the hospital.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

24. A woman would be foolish to marry a man who has had a severe mental illness, even though he seems fully recovered.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

25. If the children of mentally ill parents were raised by normal parents, they would probably not become mentally ill.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

26. People who have been patients in a mental hospital will never be their old selves again.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

27. Many mental patients are capable of skilled labor, even though in some ways they are very disturbed mentally.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

28. Our mental hospitals seem more like prisons than like places where mentally ill people can be cared for.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

29. Anyone who is in a hospital for a mental illness should no be allowed to vote.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

30. The mental illness of many people is caused by the separation or divorce of their parents during childhood.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

31. The best way to handle patients in mental hospitals is to keep them behind locked doors.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

32. To become a patient in a mental hospital is to become a failure in life.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

33. The patients of mental hospitals should be allowed more privacy.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

34. If a patient in a mental hospital attacks someone, he should be punished so he doesn't do it again.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

35. If the children of normal parents were raised by mentally ill parents, they would probably become mentally ill.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

36. Every mental hospital should be surrounded by a high fence and guards.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

37. The law should allow a woman to divorce her husband as soon as he has been confined in a mental hospital with a severe mental illness.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

38. People (both veterans non-veterans) who are unable to work because of mental illness should receive money for living expenses.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

39. Mental illness is usually caused by some disease of the nervous system.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

40. Regardless of how you look at it, patients with severe mental illness are no longer really human.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

41. Most women who were once patients in a mental hospital could be trusted as baby sitters.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

42. Most patients in mental hospitals don't care how they look.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

43. College professors are more likely to become mentally ill than are business men.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

44. Many people who have never been patients in a mental hospital are more mentally ill than many hospitalized mental patients.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

45. Although some mental patients seem all right, it is dangerous to forget for a moment that they are mentally ill.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

46. Sometimes mental illness is punishment for bad deeds.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

47. Our mental hospitals should be organized in a way that makes the patient feel as much as possible like he is living at home.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

48. One of the main causes of mental illness is a lack of moral strength or will power.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

49. There is little that can be done for patients in a mental hospital except to see that they are comfortable and well feed.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

50. Many mental patients would remain in the hospital until they were well, even if the doors were unlocked.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

51. All patients in mental hospitals should be prevented from having children by a painless operation.

Strongly Agree	Agree	Not Sure Probably Agree	Not Sure Probably Disagree	Disagree	Strongly Disagree
()	()	()	()	()	()

APPENDIX F

STUDENT ADAPTATION TO COLLEGE QUESTIONNAIRE

STUDENT ADAPTATION TO COLLEGE QUESTIONNAIRE

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APPENDIX G
SUMMARY OF DEMOGRAPHICS

Table 5.

Participants Country of Origin (N = 225)

Country	Frequency	Percent
United States	110	48.9
Thailand	26	11.6
Malaysia	21	9.3
China	14	6.2
India	7	3.1
Kenya	5	2.2
Korea	5	2.2
Brazil	4	1.8
Taiwan	4	1.8
Indonesia	4	1.8
Japan	3	1.3
Bangladesh	2	0.9
Tanzania	2	0.9
18 Different Countries*	1	0.4

*Kyrgyz Republic, Uzbekistan, Ecuador, Swaziland, Mexico, Spain, Saudi Arabia, Argentina, Holland, Cameroon, Venezuela, Togo, Czech republic, Turkey, Germany, Philippines, Singapore, Nigeria were all represented by one participant.

Table 6.

Age Range of Participants (N = 222)

Age Range ^a	Frequency	Percent
18 - 21	72	32.4
22 - 25	52	23.4
26 - 30	39	17.6
31 - 35	23	10.4
36 - 40	14	6.3
41 - 45	10	4.5
46 - 50	8	3.6
51 - 55	1	0.5
56 - 58	3	1.3
Total	222	100.0

^a Mean age of respondents = 27.2 years.

Table 7.

Gender of Participants (N = 225)

Gender	Frequency	Percent
Female	107	47.6
Male	118	52.4
Total	225	100.0

Table 8.

Marital Status of Participants (N = 225)

Gender	Frequency	Percent
Single	157	69.8
Married	53	23.6
Divorced	13	5.8
Widowed	2	0.9
Total	225	100.0

* No participants responded to being separated

Table 9.

Participants Academic Level (N = 225)

Level	Frequency	Percent
Doctoral Student	62	27.6
Master's Student	54	24.0
Senior	29	12.9
Junior	34	15.1
Sophomore	26	11.6
Freshman	20	8.9
Total	225	100.0

Table 10.

Participants Academic Major (N = 222)

Major	Frequency	Percent
Education	46	20.4
Business	36	16.0
Engineering	33	14.7
Psychology	26	11.6
Computer Sciences	20	8.9
Agriculture Education	10	4.4
Undeclared	10	4.4
Mathematics Statistics	5	2.2
Telecommunications	4	1.8
Biology/Physiology	4	1.8
^a 6 majors	3	1.3
^b 5 majors	2	0.9
^c 3 majors	1	0.4

^a Animal Sciences, Advertising Design, English, Family Relations Community Development, Nutritional Sciences, Sociology.

^b Hotel Restaurant Management, Journalism, Physics, Speech Communications, Theatre.

^c Exercise Sciences, Geology, Political Sciences

Table 11.

Citizenship and type of Counseling Used by Participants (N = 225).

Type	Students			
	<u>U.S.</u>		<u>International</u>	
	Frequency	%	Frequency	%
None	41	36.0	58	52.3
Academic Counseling	28	24.6	32	28.8
Personal Counseling	21	18.4	6	5.4
Career/Vocational Counseling	6	5.3	11	9.9
Academic Personal Counseling	5	4.4	0	0.0
Academic Career/Vocational Counseling	7	6.1	2	1.8
Personal Career/Vocational Counseling	1	0.9	1	0.9
Academic, Personal, and Career/Vocational Counseling	5	4.4	1	0.9
TOTAL	114	100.0	111	100.0

APPENDIX G
INSTITUTIONAL REVIEW BOARD
APPROVAL

**OKLAHOMA STATE UNIVERSITY
INSTITUTIONAL REVIEW BOARD**

189

Date: February 15, 2000

IRB #: ED-00-203

Proposal Title: "INTERNATIONAL AND US CITIZEN STUDENT ADAPTATION TO COLLEGE, OPINIONS ABOUT MENTAL ILLNESS, AND ATTITUDES TOWARD SEEKING PROFESSIONAL COUNSELING HELP"

Principal Investigator(s): Alfred Carozzi
Matthew Baysden

Reviewed and Processed as: Expedited

Approval Status Recommended by Reviewer(s): Approved



Signature:

Carol Olson, Director of University Research Compliance

February 15, 2000

Date

Approvals are valid for one calendar year, after which time a request for continuation must be submitted. Any modification to the research project approved by the IRB must be submitted for approval with the advisor's signature. The IRB office MUST be notified in writing when a project is complete. Approved projects are subject to monitoring by the IRB. Expedited and exempt projects may be reviewed by the full Institutional Review Board.

2
VITA

Matthew F. Baysden

Candidate for the Degree of

Doctor of Philosophy

Thesis: INTERNATIONAL AND UNITED STATES CITIZEN STUDENT
ADAPTATION TO COLLEGE, OPINIONS ABOUT MENTAL ILLNESS,
AND ATTITUDES TOWARD SEEKING PROFESSIONAL
COUNSELING HELP

Major Field: Educational Psychology: Option; Counseling
Psychology

Biographical:

Personal Data: Born in Huntsville, Alabama, On May 23,
1968, the son of Jean and Cecil Leroy Baysden, Jr.

Education: Received a Associate of Arts Degree from
Seminole Community College, Sanford, Fl in
December 1989; Received a Bachelor of Arts in
Psychology from The University of Central Florida,
Orlando, Fl December 1991; Received a Masters of
Science in Counseling (Athletic Counseling) from
Springfield College, Springfield, MA in May of
1997. Completed the requirements for the Doctor of
Philosophy with a major in Educational Psychology:
Option; Counseling Psychology at Oklahoma State
University in May 2002.

Experience: Employed as Assistant Professor,
Department of Counseling, 2001 to present by The
University of North Dakota; Employed by the
University of Florida, Counseling Center, as a
doctoral intern, 2000-2001. Employed by Oklahoma
State University, Education Department as a
Graduate teaching assistant, Fall 1998 - Spring
2001.