

To Seek Help or Not to Seek Help: The Risks of Self-Disclosure

David L. Vogel
Iowa State University

Stephen R. Wester
University of Wisconsin—Milwaukee

Investigations into the reasons why people seek counseling have, for the most part, focused on approach factors, those variables that are associated with a potential client's increased likelihood of seeking psychological services. The purpose of this research, however, is to explore the role of avoidance factors, those factors that are associated with a potential client's decreased likelihood of seeking services. Across 2 studies of primarily Caucasian college students ($n_s = 209$ and 268 , respectively), the results of simultaneous multiple regression analyses demonstrated that avoidance factors predict negative attitudes toward counseling as well as decreased intentions to seek counseling. Overall, results demonstrate that avoidance factors account for at least as much help-seeking variance as traditionally studied approach factors.

What leads people to seek counseling? Indeed, this is a serious question given that only about one third of the people who could likely benefit from psychological treatment are recipients of such services (Andrews, Hall, Teesson, & Henderson, 1999). In addition, people often see counseling as a last resort, one to consider only after other options of support have been exhausted (Hinson & Swanson, 1993; Lin, 2002; Maniar, Curry, Sommers-Flanagan, & Walsh, 2001). Perhaps a better understanding of the reasons underlying people's decisions to seek or not to seek counseling could allow the profession to reach out to those who need services (Komiya, Good, & Sherrod, 2000). Unfortunately, although attempts at such understanding have determined that many factors such as biological sex (e.g., Cohen, Guttmann, & Lazar, 1998), prior help seeking (e.g., Deane & Todd, 1996), perceived social support (e.g., Richwood & Braithwaite, 1994), and level of psychological distress (e.g., Deane & Chamberlain, 1994) contribute to an individual's decision to seek counseling services, such studies have generally only accounted for less than 25% of the variance associated with help-seeking attitudes. This leaves much of why an individual decides to seek counseling unexplained and places the profession in a position of being uninformed as to why an individual decides to seek professional help.

One potential reason for this large amount of unexplained variance is that the majority of research in this area focuses on factors suspected to increase the likelihood of an individual to seek counseling (i.e., level of distress) rather than on factors that may decrease the likelihood of such a decision (Deane & Todd, 1996). Kushner and Sher (1989) conceptualized these foci as differences between approach factors and avoidance factors. *Approach factors*, such as one's level of distress and his or her desire to reduce

that distress, are those that increase the likelihood one would seek out psychological services. For example, individuals are more likely to seek counseling when they perceive their problems as more severe than the problems of others (Goodman, Sewell, & Jampol, 1984). *Avoidance factors*, conversely, are those that decrease the chances an individual will seek out services and therefore lead them to avoid counseling. Although not always reporting their work as such, researchers have begun to examine variables that could be considered avoidance factors. These studies include research on the impact of a client's fear of treatment (Deane & Chamberlain, 1994; Deane & Todd, 1996), desire to conceal distressing or personal information (Cepeda-Benito & Short, 1998; Kelly & Achter, 1995), and the desire to avoid experiencing increased painful feelings during therapy (Komiya et al., 2000). Such work has supported the notion that factors that inhibit help-seeking behaviors play an important role in clients' eventual decision to seek counseling, even possibly outweighing the importance of approach factors (Deane & Todd, 1996). Komiya et al. (2000), for example, determined that individuals who felt greater situational discomfort with emotional disclosure had less positive attitudes toward counseling regardless of their level of distress.

Self-Disclosure

Despite the potential importance of avoidance factors, researchers have only recently begun to discuss what could be considered the most important avoidance factor—one's comfort with self-disclosing information to another person. Self-disclosure is a process whereby a person verbally reveals private feelings, thoughts, beliefs, or attitudes to another person (Derlega, Metts, Petronio, & Margulis, 1993; Leaper, Carson, Baker, Holiday, & Myers, 1995). Self-disclosure has received a great deal of attention in counseling research because of its hypothesized benefits for the client during the course of therapy, such as an increase in positive affect and a decrease in distressing symptoms (e.g., Kahn, Achter, & Shambaugh, 2001; Kahn & Hessling, 2001). The importance of self-disclosure as a factor in whether a person would even seek counseling, however, has only recently been examined, despite the fact

David L. Vogel, Department of Psychology, Iowa State University; Stephen R. Wester, Department of Educational Psychology, University of Wisconsin—Milwaukee.

Correspondence concerning this article should be addressed to David L. Vogel, Department of Psychology, Iowa State University, W149 Lagomarcino Hall, Ames, Iowa 50011-3180. E-mail: dvogel@iastate.edu

that receiving psychological services has been acknowledged as basically the act of deciding to self-disclose a problem to someone else (Keith-Lucas, 1994).

Two previous studies have examined one aspect of the relationship of self-disclosure and an individual's desire to seek counseling. Kelly and Achter (1995) as well as Cepeda-Benito and Short (1998) examined an individual's tendency to conceal personal information as it related to their past help-seeking behavior and current help-seeking intentions. Although it did not directly measure a person's tendency to self-disclose, both studies determined that a desire to conceal personal information predicted one's help-seeking intent. Kelly and Achter (1995) found that high concealers reported less positive attitudes about seeking help as well as lower intentions to seek counseling. In turn, Cepeda-Benito and Short (1998) found that self-concealment interacted with social support to predict help-seeking intentions. They also found that self-concealers were three times more likely to have not sought counseling when they were experiencing a problem. Their results led them to conclude that "self-concealment may be . . . harmful [in that it] . . . reduces the likelihood of recovery by deterring individuals from seeking treatment" (Cepeda-Benito & Short, 1998, p. 62). At the same time, however, the results of Kelly and Achter (1995) differed from those of Cepeda-Benito and Short (1998) in that the former found that avoidance factors directly affected help-seeking intentions, whereas the latter found that it only indirectly affected intentions (Cramer, 1999). Furthermore, Kelly and Achter (1995) found that high self-concealment was related to having sought help in the past, and Cepeda-Benito and Short (1998) found those high and low in the desire to self-conceal information did not differ in their actual use of counseling. This suggests that there are inconsistencies within this body of literature that a closer examination of self-disclosure could clarify.

Another study (Hinson & Swanson, 1993) has also directly measured self-disclosure and help seeking. The researchers defined *help seeking* in the general terms of seeking help from anyone including friends, family, minister, or professional counselor. They determined that the interaction of an individual's willingness to self-disclose to a counselor and the severity of their problem predicted the most variance associated with a willingness to seek help. The generalizability of their findings is uncertain, however, given that they only measured help-seeking willingness with a single item. They also noted that, because they reworded the self-disclosure measure they used to reflect anticipated self-disclosure rather than actual self-disclosure, in effect, creating a new measure, the validity and reliability of that measure could be questionable (Hinson & Swanson, 1993). Hinson and Swanson (1993) subsequently noted that future studies should use well-validated measures of help seeking and self-disclosure and focus on anticipated disclosure in specific situations to best examine one's willingness to disclose to a counselor.

Therefore, although there is growing evidence concerning the importance of self-disclosure in a client's decision to seek psychological help, there remains a need to further understand its specific role and, if possible, clarify its relationship with identified approach factors. In addition, there is a need to measure self-disclosure in more varied ways and with an increased attention to measurement validity. Counseling self-disclosures, for example, often include disclosures of emotional content, the active discussion and confrontation of which is an essential part of positive

therapeutic improvement in many types of therapy. Indeed, Komiya et al. (2000) recently determined that "individuals who are closed to their emotions" (p. 141), in effect, those who avoid talking about and discussing their emotions, "perceive greater stigma associated with receiving psychological treatment" (p. 141). An individual's comfort, not only with self-disclosure but also with emotional disclosures, seems likely to affect one's decision to seek help (Komiya et al., 2000). As such, measuring one's willingness to disclose to a counselor in general, and their specific willingness to self-disclose distressing information as opposed to neutral or positive information, could be an important step in understanding their decision to seek or not to seek counseling services.

Risk and Utility

Any discussion of self-disclosure as an avoidance factor in an individual's decision to seek counseling services must also involve the individual's anticipated consequences of self-disclosing a problem or distressing emotions to a counselor. Recently, Omarzu (2000) made a distinction between anticipated risk consequences of self-disclosing behavior and anticipated utility consequences of self-disclosure behavior. *Anticipated utility* refers to the perceived value of the outcome to the individual for disclosing to someone such as a counselor. Individuals appear to evaluate the situational context and vary the depth and amount they will open up to another person to strategically elicit rewards (Omarzu, 2000). This is similar to Strong and Claiborn's (1982) idea that clients must believe in the efficacy of counseling. For example, if clients' initial attitudes are negative about the utility or usefulness of counseling, it may prevent them from deciding to go to counseling (Bayer & Peay, 1997; Lin, 2002). In support of this, Kelly and Achter (1995) found that at least 20% of their sample expressed qualitative concerns of the helpfulness or benefits of counseling as a reason for their decision about whether to go to counseling. Thus, for a person to seek counseling, they must believe counseling will be effective.

Conversely, an example of *anticipated risk* is an individual's perception of the consequences associated with self-disclosing to someone. The potential dangers of opening up to another person may seem to some individuals worse than their actual problem (Fisher, Goff, Nadler, & Chinsky, 1988). Some traditionally socialized men, for example, tend to avoid counseling because of concerns about the potential violation of their gender role associated with asking for help (e.g., Brooks, 1998). Anticipated risk is also likely to be particularly salient in the minds of those thinking about counseling, as counseling often involves the expression of distressing or emotional information (Keith-Lucas, 1994), which can lead clients to feel vulnerable and consider the potential risk of being hurt further if they feel "misunderstood, . . . judged, or even ignored when they self-disclose" (Harris, Dersch, & Mital, 1999, p. 407). As such, it is not surprising that Lin (2002) suggested people often avoid counseling because of the "shame and embarrassment of sharing problems with relative strangers" (p. 207). In addition, Kelly and Achter (1995) found that 20% of their sample expressed qualitative fears about the counseling process. The fear of having to talk about emotionally distressing material has also directly been found to lead to negative attitudes toward counseling (Komiya et al., 2000). Komiya et al. (2000) concluded that peo-

ple's apprehensions about experiencing and disclosing negative emotions is the greatest barrier to seeking counseling.

The Present Study

The overall goal of this research was to (a) determine the degree to which avoidance factors and, in particular, self-disclosure predict an individual's likelihood of seeking psychological help and to (b) clarify the degree to which avoidance factors such as self-disclosure, self-concealment, and anticipated risk and utility of self-disclosing aid our understanding in relation to previously researched factors (psychological distress, social support, biological sex, and past therapy use). Specifically, refining previous work that demonstrated the importance of self-disclosure (e.g., Hinson & Swanson, 1993), Study 1 examined the role of avoidance factors in predicting one's attitudes toward seeking psychological services using a validated measure of self-disclosure (Distress Disclosure Index [DDI], Kahn & Hessling, 2001), and for the first time, measuring a person's anticipated feelings of risk and anticipated perceptions of utility associated with self-disclosing to a counselor. Study 1 also builds on previous work by exploring a person's willingness to self-disclose specific emotions (i.e., depression, happiness, jealousy, anxiety, anger, and fear) to a counselor and its role in predicting help-seeking attitudes.

Study 2, in turn, directly considered the importance of the newly identified avoidance factors found in Study 1 (i.e., distress disclosure, anticipated risk, and anticipated utility of self-disclosing) in relation to avoidance factors (i.e., self-concealment) and approach factors (i.e., psychological distress, social support, biological sex, and past therapy use) examined in previous research (e.g., Cepeda-Benito & Short, 1998; Kelly & Achter, 1995). The direct comparison in the amount of variance explained among these factors addresses questions in the help-seeking literature regarding the relative impact of approach and avoidance factors (e.g., Deane & Todd, 1996) and potentially addresses inconsistencies within this body of work (e.g., Cramer, 1999).

Hypotheses

The less an individual tends to express emotional information to others, in general, the less of a positive view they are likely to have about disclosing personal or emotional problems to a counselor (Cepeda-Benito & Short, 1998; Kahn & Hessling, 2001; Kelly & Achter, 1995). On this basis, we first hypothesized that the lower the tendency for one to self-disclose distressing information, the more negative their attitudes would be about counseling and the less likely they would be to seek counseling. In addition, based on work suggesting that people actively anticipate the consequences of their self-disclosures (Omarzu, 2000), we also hypothesized that increased feelings of risk associated with self-disclosing to a counselor and decreased feelings of utility of self-disclosing to a counselor would lead to less positive views of therapy and decreased chances of seeking counseling. Finally, we hypothesized that these avoidance factors will influence an individual's help-seeking attitudes and intent at least as much as the previously examined factors of level of distress and perceived social support.

Study 1

Method

Participants

Two hundred nine college students (143 women and 66 men), recruited from psychology classes at a large midwestern university, participated in Study 1. Participants received extra credit in their psychology class for their participation. Of the participants, 21% were freshman, 36% were sophomores, 23% were juniors, 19% were seniors, and 1% reported other. One hundred thirty two (65%) of the participants had never been in counseling, and 72 (35%) of the participants had been in counseling before. Participants were predominantly European American (89%; African American = 3%; Asian American = 3%; Hispanic = 2%; other = 3%).

Measures

Distress disclosure. The 12-item DDI was used to measure individuals' tendency to conceal versus disclose personally distressing information, (Kahn & Hessling, 2001). The DDI is a Likert-type scale with each response ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Sample items include "When I feel upset, I usually confide in my friends" and "I prefer not to talk about my problems" (reverse scored). Half the items are reverse scored so that higher scores reflect more of a tendency to disclose distressing information. Confirmatory factor analysis of the DDI suggested a single construct, with self-disclosure on one end and self-concealment on the other (Kahn & Hessling, 2001). The DDI also positively correlates .43 with the Self-Disclosure Index (Miller, Berg, & Archer, 1983) and negatively correlates .35 with the Self-Concealment Scale (SCS; Larson & Chastain, 1990), suggesting adequate convergent validity (Kahn & Hessling, 2001). Furthermore, Kahn, Lamb, Champion, Eberle, and Schoen (2002) demonstrated the predictive validity of the DDI with regard to an individual's actual numbers of later disclosures as well as observer and interview ratings of the levels of disclosure. DDI scores showed stable test-retest correlations of .80 and .81 across 2- and 3-month periods, respectively (Kahn & Hessling, 2001). Internal consistency is also very high across studies ranging from .92 to .95 (Kahn et al., 2001). The coefficient alpha for this sample was .94.

Emotional disclosures. Emotional disclosures were measured with the 40-item Emotional Self-Disclosure Scale (ESDS; Snell, Miller, & Belk, 1988). The ESDS consists of 8 subscales, each containing five separate items. The subscales each reflect a separate emotion (i.e., Depression, Happiness, Jealousy, Anxiety, Anger, Calmness, Apathy, and Fear). Subscale items are worded so that responses report the degree participants are willing to self-disclose information about an emotion to a specific person such as a counselor. Items are scored from 0 (*not at all*) to 4 (*totally willing*). The five items on each subscale are then summed so that higher scores correspond to greater emotional disclosure for that type of emotion. For the present study, participants completed six of the eight subscales; Calmness and Apathy were not used in this study because of their nonsignificant findings in previous studies (Snell et al., 1988).

Research reports the ESDS as being able to detect distinctions between how much a person discloses to different individuals (Snell, Miller, Belk, Garcia-Falconi, & Hernandez-Sanchez, 1989). For example, Snell et al. (1988, 1989) found that the disclosure recipient substantially affected emotional self-disclosure, with female recipients being entrusted with the most self-disclosure. The reliability of the ESDS also appears to be good; in the original research, using male friends, female friends, and a spouse or lover as potential recipients of the emotional self-disclosure, the coefficient alphas for the Depression (.83-.92), Happiness (.87-.93), Jealousy (.87-.89), Anxiety (.85-.91), Anger (.87-.94), Calmness (.85-.88), Apathy (.84-.89), and Fear (.90-.95) subscales were satisfactory (Snell et al., 1988). In another sample, examining participants' willingness to directly self-disclose these emotions to a counselor, the coefficients were excellent

ranging from .88 to .96 and averaging .93 (Snell et al., 1989). In the current sample, the coefficient alphas were also excellent (i.e., Depression: .91, Happiness: .92, Jealousy: .92, Anxiety: .92, Anger: .92, and Fear: .94). Finally, the ESDS has been reported to be "stable across time" (Snell et al., 1988, p. 64). Test-retest reliabilities over a 12-week period showed that participants' responses were somewhat stable when participants were disclosing to a spouse or lover (.58-.75) and to a female friend (.60-.76), though they were less stable when reporting for a male friend (.35-.61), possibly because fewer people express a willingness to self-disclose emotions to male friends (Snell et al., 1988).

Perceived risks and utility of disclosing emotions. Perceived risks involved with self-disclosing emotional material and the perceived utility of self-disclosing emotional material to a counselor were measured with two questions. The first question assessed perceived risk by asking participants to rate on a scale from 1 (*not at all*) to 5 (*very*) "How risky would it feel to disclose your hidden feelings to a counselor?" The second question assessed perceived utility by asking participants to rate on the same scale "How beneficial would it be for you to self-disclose personal information about a problem to a counselor?"

Attitudes toward counseling. Attitudes toward counseling were measured with the 29-item Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS; Fischer & Turner, 1970). The ATSPPHS assesses attitudes toward traditional counseling services and asks respondents to rate each item using a 4-point Likert-type scale ranging from 0 (*disagree*) to 3 (*agree*). Participants' responses are summed such that higher responses indicate more positive attitudes toward seeking help. This scale has been shown to have adequate test-retest reliability across 5 days (.86), 2 weeks (.89), 4 weeks (.82), 6 weeks (.73), and 2 months (.84). The ATSPPHS has also shown adequate internal consistency reliability (.83 and .86) in the original samples. For the current sample, the internal consistency reliability was .90. The scale has been found to discriminate between those who have sought and those who have not sought counseling (Fischer & Turner, 1970).

Procedure

Students were informed that participation was voluntary and anonymous. They were told that the procedure would involve reporting how willing they were to disclose information about themselves to different people and then asked to complete a few brief demographic questions. After completing an informed consent, participants received a packet containing the DDI, the ESDS, the ATSPPHS, two questions concerning risk and utility of disclosing emotions to a counselor, and some demographic questions, including whether they had ever been in counseling or therapy. After completing the questionnaires, participants were debriefed and then dismissed.

Results

To examine the role of avoidance factors in predicting help-seeking attitudes, we used a simultaneous multiple regression

analysis. Five possible predictors of help-seeking attitudes (ATSPPHS) were included (see Table 1 for Descriptive Statistics and Intercorrelations). The five predictors were (a) participants' tendency to self-disclose distressing information (DDI); (b) participants' perceived risk in self-disclosing emotional material to a counselor; (c) participants' perceived utility of self-disclosing emotional material to a counselor; (d) participants' biological sex (1 = male, 2 = female); and (e) whether they had previously used counseling (1 = yes, 2 = no). The overall regression was significant, $F(5, 190) = 25.0, p < .001, \eta^2 = .40$, explaining a large amount of variance ($r = .64, r^2 = .40, \text{adj. } r^2 = .39$). Furthermore, each of the predictors contributed a unique and significant explanatory effect to help seeking (see Table 2). These results provide strong evidence for the importance of avoidance factors in that one's comfort with self-disclosing distressing information ($\beta = .29$), one's anticipated utility of self-disclosing to a counselor ($\beta = .24$), and one's anticipated risk of self-disclosing to a counselor ($\beta = -.18$) were all significant predictors of participants' attitudes toward help seeking. In addition, these three factors showed similar effects as those found for participants' sex ($\beta = .27$) and previous treatment ($\beta = -.20$) and in previous studies (i.e., .23-.32; Kelly & Achter, 1995), suggesting a similar level of importance. These results also support the role of avoidance factors in inhibiting help seeking as participants' decreased tendencies to self-disclose distressing information to others, decreased feelings of utility about counseling, and increased feelings of risk associated with self-disclosing to a counselor were related to less positive attitudes (see correlations in Table 1).

As one's comfort with disclosing distressing emotions was a strong predictor of help-seeking attitudes, we wanted to further explore the importance of emotional disclosures. Having to disclose emotions to a counselor can be seen as particularly risky and lead to avoidance if the fear is strong enough (Komiya et al., 2000). To directly examine the relationship between emotional disclosures and help-seeking attitudes, we conducted a simultaneous multiple regression analysis, with the six types of emotional disclosures (fear, sadness, happiness, anger, anxiety, and jealousy) used as predictors of help-seeking attitudes (ATSPPHS). The overall regression was significant, $F(6, 192) = 4.7, p < .001, \eta^2 = .13, (r = .36, r^2 = .13, \text{adj. } r^2 = .10)$, but an examination of the individual predictors showed that none of the specific emotions was significant. Interestingly, this result suggests that it is an individual's overall concern about disclosing emotions in general, rather than specific emotions per se, that predicts their attitudes toward seeking help.

Table 1
Descriptive Statistics and Intercorrelations for Measures Used in Study 1

Measure	1	2	3	4	<i>M</i>	<i>SD</i>
1. Attitudes (ATSPPHS)	—	.44***	-.24***	.36***	84.1	13.0
2. Self-disclosure (DDI)		—	-.16*	.11	41.1	11.0
3. Anticipated Risk			—	-.13	2.9	1.2
4. Anticipated Utility				—	3.5	1.1

Note. ATSPPHS = Attitudes Toward Seeking Professional Psychological Help Scale; DDI = Distress Disclosure Index.

* $p < .05$. *** $p < .001$.

Table 2
Summary of Multiple Regression Analysis for the Prediction of Attitudes Toward Seeking Professional Psychological Help

Measure	<i>b</i>	<i>SE_b</i>	β	<i>t</i>
Self-disclosure (DDI)	4.1	0.84	.29	4.8***
Anticipated Risk	-1.9	0.63	-.18	-3.1**
Anticipated Utility	2.9	0.69	.24	4.1***
Participants' sex	7.5	1.70	.27	4.5***
Previous counseling	-5.4	1.60	-.20	-3.4**

Note. Overall regression results, $F(5, 190) = 25.0$, $r^2 = .40$. DDI = Distress Disclosure Index.

** $p < .01$. *** $p < .001$.

Discussion

The findings of Study 1 support the notion that disclosing negative or distressing emotions to a counselor is perceived as a type of risk-taking behavior (Harris et al., 1999). Consistent with this, avoidance factors were found to play an important role in a person's attitudes toward seeking psychological services. Participants' tendency to self-disclose distressing information as well as their comfort with and anticipated benefits of self-disclosure were all predictive of their attitudes toward seeking counseling. Those who reported being less likely to self-disclose distressing information, who reported being less comfortable with such disclosure, and who less readily accepted the potential benefits of such disclosure tended to have less positive attitudes toward seeking counseling services. In addition, these avoidance factors were found to be as predictive of help-seeking attitudes as participants' sex and previous use of counseling. Furthermore, our examination of the anticipated risk and anticipated utility of self-disclosing suggests that both have important and independent effects on help-seeking attitudes. Although this result needs to be interpreted with caution, as our examination of risk and utility each included only one item, it suggests that reaching out to those in need of services may involve not only providing information about the effectiveness of counseling, but also information that would help reduce a person's fear of counseling—in effect, addressing their sense of both anticipated risk and utility. In doing so, we may be able to develop more compelling ways to increase individuals' likelihood of seeking psychological help.

Study 2

Although Study 1 showed the importance of self-disclosure and anticipated outcomes of disclosure in predicting one's attitudes toward seeking help, it did not adequately assess the relative importance of such avoidance factors in relation to many of the previously identified help-seeking factors (i.e., level of psychological distress, perceived social support). This is an important comparison, as studies have shown that the more symptoms an individual experiences, the more likely they are to consider counseling and seek help (Robbins & Greenley, 1983). Similarly, studies have shown that the less support a person feels, the greater the likelihood they would decide to seek a counselor for help (Hinson & Swanson, 1993). Thus, one's decision to seek help or not seems to be influenced by their belief that they have a problem or problems that they cannot deal with on their own, or with the help of a

nonprofessional (Powell & Kotschessa, 1995). Clarification of the role of these factors on help seeking is needed because previous studies examining the contributions of these individual factors produced mixed results (Cramer, 1999). Study 2 directly compares each of these factors to assess their relative importance to help seeking. We hypothesize that avoidance factors will account for important and unique variance in predicting participants' seeking psychological help.

We also designed Study 2 to expand our understanding of avoidance factors by not only measuring one's tendency to self-disclose distressing information, but also by measuring the flip side of self-disclosure—self-concealment. Previous studies have also produced mixed results regarding the importance of self-concealment. Kelly and Achter (1995), for example, found clear support for the importance of self-concealment. Yet, Cepeda-Benito and Short (1998) found that self-concealment was only indirectly predictive of help seeking. One explanation for the discrepancy in the previous findings is that the desire to conceal information is just one aspect of a person's overall tendency to self-disclose information (Kahn & Hessling, 2001). Directly examining the relationship of both self-disclosure and self-concealment on an individual's psychological help seeking may further clarify the contributions of these factors to help seeking as well as their relative importance to distress and social support. Study 2 also expands our understanding of avoidance factors by more closely examining the roles of anticipated risk and anticipated utility, which, although significant in Study 1, were measured with a single-item measure. In Study 2, these constructs are explored with our inclusion of the 8-item Disclosure Expectations Scale (DES).

Finally, Study 2 examines the predictive ability of the above factors on both one's attitudes toward counseling and one's intention to seek counseling. Our rationale for doing so can be found in social psychological research separating attitudes from intentions (see Ajzen, 1996). Someone may hold a skeptical attitude toward counseling but still go, whereas someone else may have favorable attitudes toward counseling but not go (Bayer & Peay, 1997; Deane & Todd, 1996; Kelly & Achter, 1995). Indeed, although "attitudes... often come to mind automatically in the presence of attitude-relevant stimuli, such an attitude would not, in and of itself, prescribe any particular behavior" (Eagly & Chaiken, 1998, p. 302). Intentions, conversely, potentially represent a better approximation of behavioral likelihood, as they are theoretically made up of not only one's attitudes toward the act in question, but also their perceived normative expectations toward the act as well as their motivation to comply with those expectations (Ajzen & Fishbein, 1973). Therefore, it may be important to assess the role of avoidance and approach factors not only on one's attitudes, but also on one's actual intent to use counseling services.

Method

Participants

A new sample of 268 (167 women and 101 men) college students were recruited from psychology classes at a large midwestern university. Of the participants, 34% were freshman, 26% were sophomores, 24% were juniors, 15% were seniors, and 1% reported other. Two hundred eleven (79%) of the participants had never been in counseling, and 56 (21%) of the participants had been in counseling before. Participants were predomi-

nantly European American (88%; African American = 3%, Asian American = 6%, Hispanic = 2%, other = 1%).

Measures

Distress disclosure. To measure individuals' tendency to disclose personally distressing information, the 12-item DDI was used (Kahn & Hessling, 2001), which was described in Study 1. The internal consistency for this new sample was .90.

Self-concealment. To measure individuals' tendency to conceal personal information, the SCS (Larson & Chastain, 1990) was used. The SCS is a 10-item measure designed to assess a person's tendency to actively conceal distressing information from others. Self-concealment is related to but conceptually different from self-disclosure in that one may not actively attempt to conceal something without actively attempting to disclose it or vice versa (Larson & Chastain, 1990). The SCS asks respondents to respond to their level of agreement on a 5-point scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The responses are summed such that higher responses reflect greater self-concealment. The SCS correlates with self-reported measures of anxiety, depression, and physical symptoms (Larson & Chastain, 1990). The internal consistency for this measure has been reported to be adequate (.83), as well as the test-retest reliability (.81; Larson & Chastain, 1990). For the current sample, the internal consistency was .87.

Anticipated risks and utility of disclosing emotions. The anticipated risk and the anticipated utility of self-disclosing emotional material to a counselor were each measured with the DES, which is an 8-item questionnaire developed for this study (see Appendix). A principal-component factor analysis with a varimax rotation revealed two factors, each with an eigenvalue above 1 and accounting for a combined 61% of the variance (Anticipated Risk, eigenvalue = 2.1, 28% of the variance; Anticipated Utility, eigenvalue = 2.9, 33% of the variance). These two factors each consisted of 4 items either asking participants how risky it would be to self-disclose personal information about a problem to a counselor or how beneficial it would be to self-disclose personal information about a problem to a counselor, respectively. Each item had a factor loading of .4 or greater, and Cronbach's alpha was .74 for the Anticipated Risk subscale and .83 for the Anticipated Utility subscale.

Support for the subscales' construct validity was also found via correlations between the two DES subscales and measures of self-disclosure (DDI; Kahn & Hessling, 2001) and self-concealment (SCS; Larson & Chastain, 1990). As would be expected, Anticipated Risk negatively correlated with self-disclosure ($r = -.17, p < .02$) and positively correlated with self-concealment ($r = .26, p < .001$). In turn, Anticipated Utility positively correlated with self-disclosure ($r = .24, p < .001$) and negatively correlated with self-concealment ($r = -.12, p < .05$), thereby suggesting some overlap but also a clear distinction between the DES and either self-disclosure or self-concealment measures. Indeed, these correlations make sense, given that we wrote the DES primarily as a measure of anticipated outcomes rather than as a pure measure of either self-disclosure or self-concealment. In addition, concurrent validity was established via the Anticipated Risk subscale correlating ($r = .19, p < .01$) with a measure of psychological distress (Hopkins Symptom Checklist-21 [HSCL-21]; Green, Walkey, McCormick, & Taylor, 1988) and both the Anticipated Risk ($r = -.14, p < .05$) and Anticipated Utility ($r = .18, p < .01$) subscales correlating with the Social Provisions Scale (SPS; Cutrona & Russell, 1987).

Psychological distress. Psychological distress was measured using the HSCL-21 (Green et al., 1988). The HSCL-21 is an abbreviated form of the Hopkins Symptom Checklist (Derogatis, Lipman, Richels, Uhlenhuth, & Covi, 1974) and is a widely used measure of psychological distress for assessing the relationship of help seeking and distress (e.g., Deane, Skogstad, & Williams, 1999; Deane & Todd, 1996). The HSCL-21 is a 21-item self-report inventory that is rated on a Likert-type scale ranging from 1 (*not at all*) to 4 (*extremely*) and has been shown to have a replicable three factor

structure, though it is generally used as a single scale reflecting "total distress" (Deane & Todd, 1996). For the full scale, the HSCL-21 has a corrected split-half reliability of .91 and an internal consistency alpha of .90. For the current sample, the alpha was also high (.90). The HSCL-21 has also been reported to be able to detect changes across therapy and to be related to other counseling outcome measures (Deane, Leathem, & Spicer, 1992).

Social support. Social support was measured with the 24-item SPS (Cutrona & Russell, 1987), which was developed to assess respondents' perceptions of their social support network. Respondents rate each item on a Likert-type scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). The ranges of internal consistency estimates (.85-.92) and test-retest estimates (.84-.92) across studies have suggested adequate reliability. The SPS also correlates with other measures of social support (Cutrona & Russell, 1987). Although the SPS was originally designed with six subscales in mind, Russell and Cutrona (1991) have subsequently found it to have only one strong second-order factor accounting for 92% of the association among the first-order factors (Russell & Cutrona, 1991). Therefore, it is generally used as a one-factor scale (Kelly & Achter, 1995). Participants' responses on the overall scale are summed such that higher responses are reflective of perceptions that one has a stronger social support network. For the current sample, the internal consistency across the whole scale was high (.93).

Attitudes toward counseling. To measure attitudes toward counseling, the 10-item ATSPPHS was used (Fischer & Farina, 1995). This version of the ATSPPHS is a 10-item revision of the 29-item measure (Fischer & Turner, 1970) used in Study 1. Similar to the previous version, it asks respondents to rate each item ranging from 1 (*disagree*) to 4 (*agree*), with some items reversed scored so that higher scores reflect more positive attitudes. The revised scale strongly correlated with the longer version (.87), suggesting that they are tapping similar constructs (Fischer & Farina, 1995). The revised scale also correlated with previous use of professional help for a problem (.39). The 1-month test-retest was also adequate (.80). For the current sample, internal consistency was .83. The revised version was used because of its brevity and the fact that it is considered "easier and less obtrusive" (Fischer & Farina, 1995, p. 368) than the longer version.

Intentions to seek counseling. Intentions to seek counseling were measured with the 17-item Intentions to Seek Counseling Inventory (ISCI) originally created by Cash, Begley, McCown, and Weise (1975). The ISCI has recently been used in several studies as an intentions-to-seek-counseling measure (Cepeda-Benito & Short, 1998; Cramer, 1999; Kelly & Achter, 1995; Lopez, Melendez, Sauer, Berger, & Wyssmann, 1998; Solberg, Ritsma, Davis, Tata, & Jolly, 1994) and asks respondents to rate how likely they would seek counseling if they were experiencing the problem listed on a scale ranging from 1 (*very unlikely*) to 6 (*very likely*). Problems listed include such things as relationship difficulties, depression, personal worries, and drug problems. Responses on the ISCI are summed across the 17 items, with higher scores indicating a greater likelihood of seeking counseling (Solberg et al., 1994).

Regarding validity, Cash et al. (1975) found that the measure was sensitive to preferences in college students' intent to seek counseling with counselors who were presented as more or less attractive. The ISCI has also been shown to be related to the significance of the respondent's current problem (Lopez et al., 1998) as well as his or her attitudes toward seeking help (Kelly & Achter, 1995). Interestingly, although intentions are typically correlated with attitudes, Kelly and Achter (1995) recently found that they still were independent constructs in that certain respondents would report negative attitudes yet high intent to seek counseling. This could be due to the fact that for some, a dislike of counseling may not be enough to inhibit the behavior if they feel it is necessary to get help because the problem is severe enough. Finally, the ISCI has also shown adequate internal consistency ranging from .84 to .95 across studies (e.g., Kelly & Achter, 1995; Lopez et al., 1998; Solberg et al., 1994). For the current sample, the internal consistency for the scale was .89.

Procedure

Students were informed that participation was voluntary and anonymous. They were told that the procedure would involve reporting how willing they were to disclose information about themselves to different people and asked to complete a few brief demographic questions. After completing an informed consent, participants received a packet containing each of the above measures as well as two questions asking if they had used counseling services, and if so, how helpful those services were. Participants were also asked to fill out some demographic questions. After completing the questionnaires, participants were debriefed and then dismissed. They received extra credit in their psychology class for their participation.

Results

Attitudes Toward Seeking Help

To examine the role of avoidance factors in predicting help-seeking attitudes, we used a simultaneous multiple regression analysis. We included eight possible predictors of help-seeking attitudes (ATSPPHS; see Table 3 for Descriptive Statistics and Intercorrelations) and considered four of the predictors as avoidance factors: (a) participants' tendency to self-disclose distressing information (DDI), (b) participants' perceived risk in self-disclosing emotional material to a counselor (DES Anticipated Risk subscale), (c) participants' perceived utility of self-disclosing emotional material to a counselor (DES Anticipated Utility subscale), and (d) participants' tendency to self-conceal personal information (SCS). The other four were factors chosen as comparison factors because they were found in previous research to be strong predictors of one's attitudes toward seeking help. These four factors were (a) participants' level of psychological distress (HSCL-21), (b) perceived social support (SPS), (c) biological sex (1 = male, 2 = female), and (d) previous use of counseling (1 = yes, 2 = no). The overall regression was significant, $F(8, 199) = 12.6$, $p < .001$, $\eta^2 = .34$ ($r = .59$, $r^2 = .35$, adj. $r^2 = .32$). Furthermore, as can be seen in Table 4, distress disclosures ($\beta = .19$), anticipated utility ($\beta = .29$), anticipated risk ($\beta = -.18$), self-concealment ($\beta = -.17$), and previous use of therapy ($\beta = -.18$) each accounted for a unique amount of the variance. Interestingly, perceived social support, psychological distress, and biological sex did not uniquely contribute. These results provide strong support for the hypothesis that avoidance factors have important implications for our understanding of individuals' atti-

Table 4

Summary of Multiple Regression Analysis for the Prediction of Attitudes Toward Seeking Professional Psychological Help

Measure	<i>b</i>	<i>SE_b</i>	β	<i>t</i>
Self-disclosure (DDI)	0.10	0.04	.19	2.5*
Self-concealment (SCS)	-0.11	0.05	-.17	-2.3*
Anticipated Risk (DES)	-0.28	0.10	-.18	-2.8**
Anticipated Utility (DES)	0.43	0.09	.29	4.7***
Perceived social support (SPS)	-0.02	-0.04	-.04	-0.5
Psychological distress (HSCL-21)	0.04	0.04	.07	1.1
Previous counseling	-2.20	-0.76	-.18	-3.9**
Participants' sex	1.30	0.73	.12	1.8

Note. Overall regression results, $F(8, 199) = 12.6$, $r^2 = .35$. DDI = Distress Disclosure Index; SCS = Self-Concealment Scale; DES = Disclosure Expectations Scale; SPS = Social Provisions Scale; HSCL-21 = Hopkins Symptom Checklist-21.

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

tudes toward counseling. Indeed, the fact that all four of the avoidance factors showed effects (β s from .17 to .29) equal to or greater than the other factors measured (β s from .04 to .18) and similar to previous studies (i.e., .23-.32; Kelly & Achter, 1995) supports the assertion that avoidance factors, assessed in this study, play at least as important a role as other previously measured factors on individuals' perceptions of treatment (Deane & Todd, 1996).

Intentions to Seek Help

To examine the role of avoidance factors in predicting help-seeking intentions, we examined nine possible predictors of help-seeking intent (ISCI). The nine predictors included the four avoidance factors (i.e., tendency to self-disclose distressing information [DDI], tendency to self-conceal personal information [SPS], anticipated risk in self-disclosing emotional material to a counselor [DES Anticipated Risk subscale], and anticipated utility of self-disclosing emotional material to a counselor [DES Anticipated Utility subscale]) and the four previously researched factors (i.e., perceived social support [SPS], psychological distress [HSCL = 21], biological sex [1 = male, 2 = female], and previous use of counseling [1 = yes, 2 = no]) as well as participants' attitudes

Table 3
Descriptive Statistics and Intercorrelations for Measures Used in Study 2

Measure	1	2	3	4	5	6	7	8	<i>M</i>	<i>SD</i>
1. Attitudes (ATSPPHS)	—	.61***	.42***	-.33***	-.30***	.39***	.22***	-.09	26.9	5.3
2. Intent (ISCI)		—	.39***	-.26***	-.25***	.27***	.21***	-.07	35.8	8.9
3. Self-disclosure (DDI)			—	-.46***	-.19**	.24**	.40***	-.19**	42.2	10.1
4. Self-concealment (SCS)				—	.23***	-.15*	-.48***	.39***	27.1	8.1
5. Anticipated Risk (DES)					—	-.19**	-.14*	.14*	11.5	3.4
6. Anticipated Utility (DES)						—	.19**	-.14*	13.1	3.6
7. Perceived social support (SPS)							—	-.41***	81.8	10.9
8. Psychological distress (HSCL-21)								—	37.9	9.6

Note. ATSPPHS = Attitudes Toward Seeking Professional Psychological Help Scale; ISCI = Intentions to Seek Counseling Inventory; DDI = Distress Disclosure Index; SCS = Self-Concealment Scale; DES = Disclosure Expectations Scale; SPS = Social Provisions Scale; HSCL-21 = Hopkins Symptom Checklist-21.

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

toward seeking help (ATSPPHS). Participants' attitudes toward seeking help were included, as they have been found to be one of the best predictors of help-seeking intent (e.g., Kelly & Achter, 1995). The overall regression was significant, $F(9, 198) = 13.8$, $p < .001$, $\eta^2 = .39$ ($r = .63$, $r^2 = .40$, adj. $r^2 = .37$). As seen in Table 5, attitudes toward counseling ($\beta = .52$) and one's tendency to disclose distressing information ($\beta = .14$) were the two unique predictors. These findings support previous research demonstrating the degree to which intentions to seek counseling are strongly predicted by both respondents' attitudes toward counseling and by general avoidance factors. At the same time, however, we extended those findings via our exploration of specific avoidance factors such as self-disclosure. Indeed, in the present study, participants' tendency to disclose distressing information was a clearer predictor of intent to seek counseling than other avoidance measures. Conversely, in previous studies in which only a single avoidance factor was measured (i.e., self-concealment), the measured factor was linked with the respondent's intentions. Also of interest is the fact that this finding supports Kelly and Achter's (1995) results that avoidance factors were clearer predictors than psychological distress or social support (see Cepeda-Benito & Short, 1998, for contrasting results), thus providing some clarification to the inconsistent nature of previous research.

Previous Experience

Previous counseling experience was a consistent predictor of help-seeking attitudes in both Study 1 and Study 2. We therefore wanted to further explore the relationship between the quality of participants' previous counseling experience and their help-seeking attitudes, intentions, and expectations. If the previous experience was positive, then we would assume that the person would be more likely to use counseling services should the need arise; yet, having seen a counselor does not automatically mean that the person had a positive experience, and a negative experience might just as well lead one to avoid future counseling (Deane et al., 1999). Participants who had previously been in therapy ($n = 58$) were asked to report on the quality of that experience (1 = *very poor*, 5 = *very good*). This report was correlated with their current

attitudes toward counseling, their current intent to go to counseling, and their anticipated risk and utility of self-disclosing to a counselor. The alpha level for these four Pearson product correlations was Bonferroni corrected ($.05/4 = .012$). As would be expected, more positive counseling experiences were associated with more positive attitudes ($r = .57$, $p < .001$), greater intent to seek counseling ($r = .48$, $p < .001$), and an anticipation of better results ($r = .52$, $p < .001$). The quality of the counseling experience did not correlate, however, with anticipated risk ($r = -.14$, $p > .30$), possibly because of the fact that seeking new counseling services would involve self-disclosing to a new counselor.

Discussion

Study 2 directly identified the importance of avoidance factors in our understanding of help-seeking attitudes and intentions. Not only did participants' tendency to self-disclose distressing information predict their help-seeking attitudes and intentions, but also predicted the flip side of disclosure—one's tendency to conceal information—and the anticipated outcome(s) of deciding to disclose to a counselor showed strong associations with participants' attitudes toward help seeking. All four of the avoidance factors showed effects equal to the other factors measured and similar to previous studies, supporting the assertion that avoidance factors assessed in this study play an important role in individuals' perceptions of and intentions to seek counseling (Deane & Todd, 1996).

This study also helped clarify the contradictory findings of previous studies (e.g., Cepeda-Benito & Short, 1998; Kelly & Achter, 1995) regarding the relative importance of psychological distress, social support, and avoidance factors (i.e., self-concealment). Although some studies have provided direct support for the sole importance of avoidance factors (Kelly & Achter, 1995), other studies have demonstrated the direct importance of psychological distress and social support and only the indirect effect of avoidance factors (Cepeda-Benito & Short, 1998). The findings of Study 2 helped resolve this discrepancy by providing clear support for the findings of Kelly and Achter (1995). The avoidance factor of distress disclosure was a direct predictor of both attitudes and intent, and neither psychological distress nor social support were unique predictors. The present study also helped clarify the relative importance of self-disclosure and self-concealment on one's intent to seek counseling. Although most studies have measured self-concealment and not self-disclosure, one's tendency to disclose distressing information was a clearer predictor of intent to seek counseling in the present study.

The results of Study 2 also helped confirm that past counseling experience has a direct link with participants' attitudes toward seeking psychological help (e.g., Deane et al., 1999). In particular, our findings suggest that the degree to which talking to others has generally helped in the past may be one of the clearest indicators as to whether a person would decide to seek help from a counselor. Furthermore, our finding that attitudes were the strongest indicator of actual intent to seek counseling is consistent with previous relationships found between attitudes and behavioral intention (e.g., Cepeda-Benito & Short, 1998; Kelly & Achter, 1995). Therefore, if we as counselors want to reach out to those in need of services, it seems we would need to first address their attitudes toward counseling. This study suggests that to do so, we may need

Table 5
Summary of Multiple Regression Analysis for the Prediction of Intent to Seek Counseling

Measure	<i>b</i>	<i>SE_b</i>	β	<i>t</i>
Attitudes (ATSPPHS)	0.87	0.12	.52	7.4***
Self-disclosure (DDI)	0.12	0.06	.14	2.0*
Self-concealment (SCS)	0.01	0.08	.01	0.1
Anticipated Risk (DES)	-0.22	0.17	-.08	-1.3
Anticipated Utility (DES)	0.03	0.16	.01	0.2
Perceived social support (SPS)	0.03	0.06	.04	0.6
Psychological distress (HSCL-21)	0.04	0.06	.04	0.6
Previous counseling	-0.61	1.30	-.03	-0.5
Participants' sex	0.49	1.20	.03	0.4

Note. Overall regression results, $F(9, 198) = 13.8$, $r^2 = .40$. ATSPPHS = Attitudes Toward Seeking Professional Psychological Help Scale; DDI = Distress Disclosure Index; SCS = Self-Concealment Scale; DES = Disclosure Expectations Scale; SPS = Social Provisions Scale; HSCL-21 = Hopkins Symptom Checklist-21.

* $p < .05$. *** $p < .001$.

to better inform people both about the nature of counseling (i.e., a safe place to talk about personal or emotional issues) as well as about what happens in counseling and why it is potentially effective.

General Discussion

The results of this research, across Study 1 and Study 2, determined that several avoidance factors, not fully considered in prior work, such as comfort with self-disclosing distressing information and the perceived outcomes of such self-disclosure, predict a significant amount of variance associated with clients' help-seeking attitudes and intentions. These factors were found to have a strong association with help seeking, accounting for a fairly large amount (between 35% and 40%) of the variances across the studies, leading us to conclude that an individual's decision to seek or not to seek professional help is strongly associated with their comfort with self-disclosing information. Furthermore, the present studies helped clarify previously contradictory findings regarding the predictive ability of avoidance and approach factors. Although some studies have found evidence for avoidance factors and some for approach factors, in the present study, avoidance factors were clearly predictive of attitudes and intent to seek counseling, whereas several previously measured approach factors (i.e., distress, social support) were not predictive of attitudes or intent. Indeed, it is possible that the inconsistent pattern of findings reported in the literature stem from its failure to fully explore the role of avoidance factors such as self-disclosure or anticipated risk or utility.

An interesting finding of this research was the role of anticipated risk and anticipated utility in the prediction of help-seeking attitudes. Our examination of these two concepts determined that a potential client's perceptions of the anticipated risk of self-disclosing to a counselor as well as their anticipated utility of self-disclosing to a counselor provided independent predictions of attitudes toward seeking help. It seems as if individuals who are sensitive to the anticipated outcomes associated with the counseling process may need additional information, support, or awareness of what counseling is like before they will attempt such an endeavor. Accordingly, although we recognize that this finding needs further empirical exploration, information designed to increase public awareness about the benefits of seeking counseling services may be more efficient if the focus is on both of these anticipated concerns. Komiya et al. (2000) alluded to the value of such an approach when they remarked, "we believe that future efforts to reduce psychological barriers to help seeking may be more effective if they address people's apprehensions about [counseling]" (p. 141). Research demonstrates, furthermore, how reducing society's fears about and negative perceptions of counseling—in effect, addressing anticipated risk—improves the use of mental health services (e.g., Kushner & Sher, 1989). In addition, reframing counseling services as education, consultation, or coaching, when appropriate, may go far in reducing people's perceptions of the anticipated risks associated with talking to a counselor (e.g., Komiya et al., 2000). Public service interventions and outreach programs may also need to overtly discuss how counseling works, what is expected of clients (i.e., level of self-disclosure), and what types of behaviors they should expect from a counselor to address anticipated utility. We encourage researchers to consider these

suggestions and begin investigating them so that counselors can use the most effective means of reaching clients.

One strength of our findings relative to past research that examined self-disclosure and help seeking (i.e., Hinson & Swanson, 1993) is that we used validated measures of help seeking and self-disclosure. Doing so increases our confidence in our results in that the differences found were not likely the result of measurement error. The fact that we found similar effects across multiple measures and across two studies further supports this conclusion. The strength of the effects across the two studies and across measures (i.e., .14–.52) also suggests that our findings are of sufficient magnitude to warrant consideration. At the same time, however, some limitations of these studies should be addressed. First, the present studies were analogues in that we relied exclusively on college students' self-reports of their attitudes and intentions. In addition, although many of the participants (35% in Study 1 and 21% in Study 2) had previously been to counseling, many had not been to counseling. This limits our ability to generalize our findings to future behavior. However, self-reports of disclosure behavior have been empirically shown to predict actual self-disclosure behavior in both laboratories (Kahn et al., 2002) and in actual counseling (Halpern, 1977). In addition, our use of multiple measures of attitudes toward psychological help as well as our exploration of both attitudes and intentions, and the similar associations of self-disclosure and help seeking found across different aspects of self-disclosure, including tendencies to self-disclose and self-conceal, lends support to the generalizability of our findings. Thus, although future research should consider directly examining people's behavioral patterns over time to determine whether they use counseling services, the present results do provide strong evidence for the importance of avoidance factors in people's decision making.

Another limitation is the fact that although we did counterbalance the order of measurement administration across Study 1 and Study 2, we did not counterbalance them within each study. Although we had no a priori reason to suspect that the ordering of our dependent measures could affect results, future research may consider counterbalancing their measures. Also, inherent to any correlational study, causal relationships among the variables cannot be established (e.g., Rosenthal & Rosnow, 1991). Therefore, although these studies identified several factors that relate to whether someone will go to counseling, future research may want to manipulate these factors to see how counselors could increase people's use of counseling services. Finally, although this study used measures of distress and social support that have been used in many previous studies of help seeking, it could be that different measures would have produced significant results. Future studies should assess this issue by continuing to examine both avoidance and approach factors using varied measures to further understand their relative contributions toward seeking professional help.

Future research may also consider investigating the role of anticipated risk and utility of self-disclosing both outside and inside of therapy. Expectations about what our behavior would lead to, for example, may not only influence help-seeking attitudes but also the likelihood of premature termination. Some clients, even after deciding to try counseling, may still feel uncertain or fearful, and we as counselors may need to acknowledge those expectations if we are to be able to work with them. Fear of losing control (i.e., becoming overwhelmed with feelings of sadness or

being forced to feel negative feelings by the therapist) because of an uncertainty or even a misperception about what counseling is and what will happen (i.e., thinking the counselor is only going to ask us about our mother), or from an unfamiliarity with it, can be problematic. Thus, although this idea is still speculative, future research may want to explore the possibility that openly talking with clients about their comfort with self-disclosure may foster increased usage of counseling.

In all, these studies provided clear evidence for the importance of paying attention to avoidance factors and, in particular, individuals' comfort with and expectations for their self-disclosures on their attitudes and intentions to seek counseling. Those individuals who reported themselves as being less (a) likely to self-disclose interpersonal information, (b) comfortable with such disclosure, and (c) accepting of the potential benefits of such disclosure tended to have less positive attitudes toward counseling services. The results of this study also confirmed the notion that the act of obtaining psychological services is, in effect, the act of deciding to self-disclose one's problems to someone else (Keith-Lucas, 1994). As a result, someone's comfort with this process significantly predicts their likelihood of obtaining counseling services.

References

- Ajzen, I. (1996). The directive influence of attitudes on behavior. In P. M. Gollwitzer & J. A. Bargh (Eds.), *The psychology of action: Linking cognition and motivation to behavior* (pp. 385–403). New York: Guilford Press.
- Ajzen, I., & Fishbein, M. (1973). Attitudinal and normative variables as predictors of specific behavior. *Journal of Personality and Social Psychology, 27*, 41–57.
- Andrews, G., Hall, W., Teesson, M., & Henderson, S. (1999). *National survey of mental health and well-being report 2: The mental health of Australians*. Canberra: Commonwealth of Australia.
- Bayer, J. K., & Peay, M. Y. (1997). Predicting intentions to seek help from professional mental health services. *Australian and New Zealand Journal of Psychiatry, 31*, 504–513.
- Brooks, G. R. (1998). *A new psychotherapy for traditional men*. San Francisco: Jossey-Bass.
- Cash, T. F., Begley, P. J., McCown, D. A., & Weise, B. C. (1975). When counselors are heard but not seen: Initial impact of physical attractiveness. *Journal of Counseling Psychology, 22*, 273–279.
- Cepeda-Benito, A., & Short, P. (1998). Self-concealment, avoidance of psychological services, and perceived likelihood of seeking professional help. *Journal of Counseling Psychology, 45*, 58–64.
- Cohen, B., Guttman, D., & Lazar, A. (1998). The willingness to seek help: A cross-national comparison. *Cross-Cultural Research: The Journal of Comparative Science, 32*, 342–357.
- Cramer, K. M. (1999). Psychological antecedents to help-seeking behavior: A reanalysis using path modeling structures. *Journal of Counseling Psychology, 46*, 381–387.
- Cutrona, C. E., & Russell, D. W. (1987). The provisions of social relationships and adaptations to stress. *Advances in Personal Relationships, 1*, 37–67.
- Deane, F. P., & Chamberlain, K. (1994). Treatment fearfulness and distress as predictors of professional psychological help-seeking. *British Journal of Guidance and Counselling, 22*, 207–217.
- Deane, F. P., Leathem, J., & Spicer, J. (1992). Clinical norms, reliability and validity for the Hopkins Symptom Checklist-21. *Australian Journal of Psychology, 44*, 21–25.
- Deane, F. P., Skogstad, P., & Williams, M. W. (1999). Impact of attitudes, ethnicity and quality of prior therapy on New Zealand male prisoners' intentions to seek professional psychological help. *International Journal for the Advancement of Counselling, 21*, 55–67.
- Deane, F. P., & Todd, D. M. (1996). Attitudes and intentions to seek professional psychological help for personal problems or suicidal thinking. *Journal of College Student Psychotherapy, 10*, 45–59.
- Derlega, V. J., Metts, S., Petronio, S., & Margulis, S. T. (1993). *Self-disclosure*. Newbury Park, CA: Sage.
- Derogatis, L. R., Lipman, R. S., Richels, K., Uhlenhuth, E. H., & Covi, L. (1974). The Hopkins Symptom Checklist (HSCL): A self-report symptom inventory. *Behavioral Science, 18*, 1–15.
- Eagly, A. H., & Chaiken, S. (1998). Attitude structure and function. In D. T. Gilbert, S. T. Fiske, & G. Lindzey (Eds.), *The handbook of social psychology: Volume 1* (4th ed., pp. 269–322). New York: McGraw-Hill.
- Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of College Student Development, 36*, 368–373.
- Fischer, E. H., & Turner, J. L. (1970). Development and research utility of an attitude scale. *Journal of Consulting and Clinical Psychology, 35*, 79–90.
- Fisher, J. S., Goff, B. A., Nadler, A., & Chinsky, J. M. (1988). Social psychological influences on help seeking and support from peers. In B. H. Gottlieb (Ed.), *Marshaling social support: Formats, processes, and effects* (pp. 267–304). Newbury Park, CA: Sage.
- Goodman, S. H., Sewell, D. R., & Jampol, R. C. (1984). On going to the counselor: Contributions of life stress and social supports to the decision to seek psychological counseling. *Journal of Counseling Psychology, 31*, 306–313.
- Green, D. E., Walkey, F. H., McCormick, I. A., & Taylor, A. J. (1988). Development and evaluation of a 21-item version of the Hopkins Symptom Checklist with New Zealand and United States respondents. *Australian Journal of Psychology, 40*, 61–70.
- Halpern, T. P. (1977). Degree of client disclosure as a function of past disclosure, counselor disclosure, and counselor facilitativeness. *Journal of Counseling Psychology, 24*, 41–47.
- Harris, S. M., Dersch, C. A., & Mital, M. (1999). Look who's talking: Measuring self-disclosure in MFT. *Contemporary Family Therapy: An International Journal, 21*, 405–415.
- Hinson, J. A., & Swanson, J. L. (1993). Willingness to seek help as a function of self-disclosure and problem severity. *Journal of Counseling and Development, 71*, 465–470.
- Kahn, J. H., Achter, J. A., & Shambaugh, E. J. (2001). Client distress disclosure, characteristics at intake, and outcome in brief counseling. *Journal of Counseling Psychology, 48*, 203–211.
- Kahn, J. H., & Hessler, R. M. (2001). Measuring the tendency to conceal versus disclose psychological distress. *Journal of Social and Clinical Psychology, 20*, 41–65.
- Kahn, J. H., Lamb, D. H., Champion, D., Eberle, J. A., & Schoen, K. A. (2002). Disclosing versus concealing distressing information: Linking self-reported tendencies to situational behavior. *Journal of Research in Personality, 36*, 531–538.
- Keith-Lucas, A. (1994). *Giving and taking help* (2nd ed.). St. Davids, PA: North American Association of Christian Social Workers.
- Kelly, A. E., & Achter, J. A. (1995). Self-concealment and attitudes toward counseling in university students. *Journal of Counseling Psychology, 42*, 40–46.
- Komiya, N., Good, G. E., & Sherrod, N. B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of Counseling Psychology, 47*, 138–143.
- Kushner, M. G., & Sher, K. J. (1989). Fears of psychological treatment and its relation to mental health service avoidance. *Professional Psychology: Research and Practice, 20*, 251–257.
- Larson, D. G., & Chastain, R. L. (1990). Self-concealment: Conceptualization, measurement, and health implications. *Journal of Social and Clinical Psychology, 9*, 439–455.

- Leaper, C., Carson, M., Baker, C., Holiday, H., & Myers, S. (1995). Self-disclosure and listener verbal support in same-gender and cross-gender friends' conversations. *Sex Roles, 33*, 387-403.
- Lin, Y. (2002). Taiwanese university students' conceptions of counseling. *Journal of Contemporary Psychotherapy, 31*, 199-211.
- Lopez, F. G., Melendez, M. C., Sauer, E. M., Berger, E., & Wyssmann, J. (1998). Internal working models, self-reported problems, and help-seeking attitudes among college students. *Journal of Counseling Psychology, 45*, 79-83.
- Maniar, S. D., Curry, L. A., Sommers-Flanagan, J., & Walsh, J. A. (2001). Student athlete preferences in seeking help when confronted with sport performance problems. *Sport Psychologist, 15*, 205-223.
- Miller, L. C., Berg, J. H., & Archer, R. L. (1983). Openers: Individuals who elicit intimate self-disclosure. *Journal of Personality and Social Psychology, 44*, 1234-1244.
- Omarzu, J. (2000). A disclosure decision model: Determining how and when individuals will self-disclose. *Personality and Social Psychology Review, 4*, 174-185.
- Powell, G. N., & Kotschessa, B. (1995). Factors that influence professional employees' willingness to seek counseling. *Psychological Reports, 77*, 872-874.
- Richwood, D. J., & Braithwaite, V. A. (1994). Social-psychological factors affecting help-seeking for emotional problems. *Social Science and Medicine, 39*, 563-572.
- Robbins, J. M., & Greenley, J. R. (1983). Thinking about what's wrong: Attributions of severity, cause, and duration in the problem definition stage of psychiatric help-seeking. *Research in Community & Mental Health, 3*, 209-232.
- Rosenthal, R., & Rosnow, R. (1991). *Essentials of behavioral research: Methods and data analysis* (1st ed.). New York: McGraw-Hill.
- Russell, D. W., & Cutrona, C. E. (1991). Social support, stress, and depressive symptoms among the elderly. *Psychology and Aging, 6*, 190-201.
- Snell, W. E., Jr., Miller, R. S., & Belk, S. S. (1988). Development of the Emotional Self-Disclosure Scale. *Sex Roles, 18*, 59-74.
- Snell, W. E., Jr., Miller, R. S., Belk, S. S., Garcia-Falconi, R., & Hernandez-Sanchez, J. E. (1989). Men's and women's emotional disclosures: The impact of disclosure recipient, culture, and the masculine role. *Sex Roles, 21*, 467-486.
- Solberg, V. S., Ritsma, S., Davis, B. J., Tata, S. P., & Jolly, A. (1994). Asian-American students' severity of problems and willingness to seek help from university counseling centers: Role of previous counseling experience, gender, and ethnicity. *Journal of Counseling Psychology, 41*, 275-279.
- Strong, S. R., & Claiborn, C. D. (1982). *Change through interaction: Social psychological processes of counseling and psychotherapy*. New York: Wiley.

Appendix

Disclosure Expectations Scale

INSTRUCTIONS: For the following questions, you are asked to respond using the following scale: (1) Not at all, (2) Slightly, (3) Somewhat, (4) Moderately, or (5) Very.

1. How difficult would it be for you to disclose personal information to a counselor?
2. How vulnerable would you feel if you disclosed something very personal you had never told anyone before to a counselor?
3. If you were dealing with an emotional problem, how beneficial for yourself would it be to self-disclose personal information about the problem to a counselor?
4. How risky would it feel to disclose your hidden feelings to a counselor?
5. How worried about what the other person is thinking would you be if you disclosed negative emotions to a counselor?
6. How helpful would it be to self-disclose a personal problem to a counselor?
7. Would you feel better if you disclosed feelings of sadness or anxiety to a counselor?
8. How likely would you get a useful response if you disclosed an emotional problem you were struggling with to a counselor?

Received August 9, 2002

Revision received November 27, 2002

Accepted December 16, 2002 ■