

Attitudes Toward Seeking Professional Psychological Help: A Shortened Form and Considerations for Research

Edward H. Fischer Amerigo Farina

The authors developed a 10-item unidimensional version of Fischer and Turner's 29-item scale for measuring attitudes toward seeking psychological help. Some of the items were slightly modified. The psychometric features of the new scale appeared to match those of the original version. Scores from the new scale correlated .87 with full-scale scores derived from the original form. Because of its brevity the present scale should be easier and less obtrusive for use in research on attitudes toward help-seeking. The need for studies that go beyond the examination of simple correlates of the attitude with other measures or demographic variables was emphasized.

Twenty-five years ago Fischer and Turner (1970) developed a scale for measuring attitudes toward seeking professional help for psychological problems. The scale was standardized mainly on samples of college students, and was shown to possess good psychometric properties. In subsequent surveys evidence of the measure's validity, and also certain demographic correlates, were established in diverse populations other than college undergraduates, both in the United States and in other countries (deBarot, 1977; Jensen, McNamara, & Gustafson, 1991; Kligfeld & Hoffman, 1979; Morgan, 1992; Raviv, Raviv, & Yunovitz, 1989). Particularly consistent and strong was the finding that women express more willingness to seek psychological help than men do (Fischer, Grisso, Beck, & Winer, 1972; Fischer & Turner, 1970; Kligfeld & Hoffman, 1979; Price & McNeill, 1992; Puig, 1979; Sanchez & Atkinson, 1983), an observation that coincides with findings from studies of people who use psychiatric and clinical psychology

services (Murstein & Fontaine, 1993; Russo & Sobel, 1981; Veroff, 1981).

In Fischer and Turner's study the structure of the scale seemed to be multidimensional. However, the subscales used to measure those dimensions lacked internal consistency. (Because of this, Fischer and Turner advised using total scale, rather than subscale, scores for a unidimensional measure of help-seeking orientation [1970, p. 89]). Moreover, in subsequent studies, different factorial dimensions were found (deBarot, 1977; Fischer, Grisso, Beck, & Winer, 1972; Morgan, 1992; Surgenor, 1985), suggesting that the underlying structure of the scale could be unstable.

The present authors believe that the attitude construct of interest to most investigators would be best defined by a single, unitary measure of attitude toward seeking professional help. Our plan was to develop such a scale with fewer than the 29 items used in the original form. Standardization of the new, abbreviated scale was done with samples of university students similar to those studied by Fischer and Turner. The final sections of this paper discuss potentially important applications for the attitude measure, in light of previous research on seeking professional help, most of which was done with the older scale.

STUDY 1

The purpose of this first survey was to develop a brief version of Fischer and Turner's scale for measuring attitudes toward seeking professional psychological help. The aim was to devise a measure with adequate test characteristics, one which would produce a single score representing the respondent's core attitude.

Edward H. Fischer is Manager of Clinical Studies at the Institute of Living, Hartford, Connecticut. Amerigo Farina is Professor Emeritus of Psychology at the University of Connecticut. Christopher J. MacNevin of Trinity College assisted with the coding and data entry for the study.

TABLE 1
Items in the Abbreviated Scale

Item	Correspondence to Original Version	Scoring
1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.	Same as Item 12	S
2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.	Same as Item 19	R
3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.	Same as Item 23	S
4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears <i>without</i> resorting to professional help.	Item 24 (change of personal pronoun)	R
5. I would want to get psychological help if I were worried or upset for a long period of time.	Item 18 (slightly modified)	S
6. I might want to have psychological counseling in the future.	Item 25 (modified)	S
7. A person with an emotional problem is not likely to solve it alone; he or she <i>is</i> likely to solve it with professional help.	Item 16 (change of personal pronoun)	S
8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.	Same as Item 6	R
9. A person should work out his or her own problems; getting psychological counseling would be a last resort.	Item 26 (change of personal pronoun)	R
10. Personal and emotional troubles, like many things, tend to work out by themselves.	Item 9 (modified)	R

Note. Straight items (S) are scored 3-2-1-0, and reversal items (R) 0-1-2-3, respectively, for the response alternatives *agree*, *partly agree*, *partly disagree*, and *disagree*.

Method

Items were chosen from Fischer and Turner's scale as illustrated in their article (1970, Table 1, pp. 82-83). The fourteen items with highest item-total scale correlations ($r_s > .45$) were selected, and minor revisions were made on those that appeared dated. These items were randomly ordered and embedded in a larger set of attitude

items pertaining to several social issues, so that the study's chief focus would not be apparent. Respondents were required to rate each of the statements in a Likert-type response format consisting of the alternatives *agree*, *partly agree*, *partly disagree*, and *disagree*. The attitude items were followed by a one-page questionnaire, similar to that used by Fischer and Turner, to

elicit each individual's previous experiences with personal crises and how they had coped with such problems. This questionnaire enabled us to later divide the subjects into groups that had or had not seen a psychotherapist. A final page of the packet requested demographic information.

The form was administered to students enrolled in the introductory psychology course at the University of Connecticut. Their responses were anonymous, and participation was part of a "mass testing" requirement students had to fulfill during the first week of the semester. The subjects were primarily freshmen (74%), the modal age was 18 years, and 55% were female. Altogether, 389 usable forms were analyzed.

RESULTS

Factor Analysis and Scoring of Attitude Items

Responses to the 14 key items were factor analyzed with two-, three-, and four-factor solutions using the SPSS-PC program with Varimax rotation. The eigenvalue dropped below 1 after two factors were extracted, and this was clearly the best factorial solution. Factor 1 contained 10 items with loadings above .50; these items reflected the essential construct under study. The internal consistency of the 10 items was .84 (Cronbach's alpha), comparable to what Fischer and Turner had obtained for their full scale (that is, .83 and .86, in two samples). The remaining four items formed a disclosure/interpersonal openness dimension. However, the internal consistency (alpha $r = .64$) was weak and these four items were subsequently dropped.

Two scoring methods were used: (a) equal weights for all items and (b) weights corresponding to the factor loadings. The two scoring methods correlated .96, therefore the equal-weighting method was employed because of its simplicity and because factorial weights are known to be somewhat unstable from one sample to another. Thus, each item was scored 3-2-1-0 or 0-1-2-3, corresponding to the four response alternatives, and depending on the item's pro- or anti-help-seeking content (the higher score always indicating the pro-help-seeking direction). Summing over the 10 retained items yielded a potential total score range of 0 to 30.

For the full sample ($N = 389$) these scores were approximately normally distributed (slightly positively skewed) with $M = 17.45$, $SD = 5.97$. Item-total correlations, with the key test item removed in calculating that total, averaged .54.

The 10 scale items and the scoring system are illustrated in Table 1.

Known-Groups Validity

Of the total respondents, 154 indicated they had previously experienced a serious emotional or personal problem and briefly described it. Of these, 32 (37%) of the females and 10 (15%) of the males had sought professional help for the problem. The point biserial correlation between having sought help or not and the person's scale score was .39 ($p < .0001$) overall, .24 ($p < .03$) for women and .49 ($p < .0001$) for men.

Gender and Other Demographic Correlates

As in the previous studies employing the longer version of the scale, gender was also the strongest demographic correlate found in the present survey. The point biserial correlation between gender and attitude score was .30 ($p < .0001$). For women, $M = 19.08$ ($SD = 5.45$; $n = 214$); for men, $M = 15.46$ ($SD = 6.00$; $n = 175$).

There was a weak effect for the student's intended academic major that was statistically reliable only for women: psychology and social science majors scored higher (more pro-help-seeking) than other concentrations ($p < .03$). This same trend was seen for men ($p < .09$). Among the major subgroups those with business concentrations scored the lowest. Women were more favorable to help-seeking in every discipline, so gender was the stronger effect.

The occupation of the subject's mother and father (as rated on Hollingshead's index of societal position, 1957) appeared unrelated to help-seeking orientation, as was the subject's age.

STUDY 2

The purpose of Study 2 was to determine the stability, over time, of scores derived from the new abbreviated scale. The relationship between scores derived from the new and old versions of the scale was also examined.

Method

Introductory psychology students who had not been in Study 1 were asked to sign up for two testing sessions spaced apart by one month. For attending both testing sessions they received course credit for participation in psychological research. Of the 62 volunteers, 40 were female and 22 were male.

In the first session they completed the same battery of attitude items administered in Study 1, namely, the items constituting the shortened scale embedded in a larger set of items covering contemporary social issues. The same Likert-type response format was used. A numeric coding system allowed for matching of the earlier and later questionnaires without errors while preserving anonymity. Both sets of questionnaires were completed in a classroom setting in groups averaging about 20 people. As in Study 1, the participants were instructed to respond according to their own true feelings about the topics covered in the inventory.

In the second session, two forms of another questionnaire were randomly distributed to the subjects, all of whom had completed the initial inventory between 28 and 31 days earlier. In one form the 10 items of the new scale were presented first, followed by the older version (Fischer and Turner's full scale with original wordings). In the other form, the order of scales was reversed, with the old followed by the new. The new-old format order was completed by 32 respondents and the old-new order by 30 respondents.

RESULTS

Scoring of the new scale was done as in Study 1 (see Table 1). Scoring of the older version of the scale was done as described by Fischer and Turner (this also involved equal weighting of its 29 items, and a potential total-score range of 0 to 87).

The means and standard deviations for the abbreviated scale scores were almost identical to those seen for the larger sample of Study 1. Scores derived from the older scale (women: $M = 57.13$, $SD = 11.56$, $n = 40$; men: $M = 45.36$, $SD = 12.74$, $n = 22$) indicated that the subjects

were considerably less favorable toward psychological help than were the comparable subjects in Fischer and Turner's 1970 study (see their Table 2, p. 84).

For the new scale the test-retest correlation with a 1-month interval between tests was .80 ($n = 32$). (The 4-week test-retest reliability reported by Fischer and Turner was .82.) The correlation between scores from the new and the old versions of the scale was .87 ($N = 62$).

DISCUSSION

Conclusions

The attitude-belief construct identified by the 10 items used in the present investigation defines willingness to seek help from mental health professionals when one's personal-emotional state warrants it. In terms of its test characteristics the present measure emulates Fischer and Turner's full-scale version well. The findings indicate that the shorter form can be substituted for the total-scale original version (which contains about three times as many items). The overlap between the two measures is not perfect, as shown by the correlation between the two scales ($r = .87$, accounting for 76% of the shared variance), but perfect correspondence would not be expected because the longer scale contains peripheral elements which were omitted in the revision.

Previous Research on Attitudes toward Help-Seeking

To date, most of the pertinent research has examined simple associations between Fischer and Turner's measure and demographic variables or scores on other scales. Few of the studies have involved more than a single assessment point; therefore, neither attitude change or development over time nor the relation of attitude to subsequent behaviors has been examined (also see Fischer, Winer, & Abramowitz, 1983). Some of these earlier studies were carefully done with large samples and yielded theoretically useful findings (suggesting ideas for further study), but a better understanding of help-seeking phenomena will undoubtedly require more imaginative and elaborate research designs.

Attitude Formation

There is now a sufficient backlog of research suggesting that gender and, to a lesser extent, subcultural ties affect one's attitudes about seeking professional psychological aid. As has been repeatedly demonstrated, women generally are more inclined to favor seeking professional help than men are (see previous citations), and within certain ethnic groups, those who hold strong cultural affiliations are less inclined to favor seeking professional help than are those who identify with the broader American culture (Atkinson & Gim, 1989; Price & McNeill, 1992; Sanchez & Atkinson, 1983). First we need to know whether these influences are peculiar to seeking help for *psychological* problems and to *professional* sources of aid. For example, perhaps women are more inclined than men to seek help for many types of problems and, considering just emotional problems, from nonprofessional sources (such as friends, radio talk-show hosts, astrologers) as well as from professional practitioners. Second, we should try to identify and isolate developmental antecedents of the help-seeking orientation to see if variations in the hypothesized antecedents will explain away the gender or subcultural distinctions. For instance, if certain factors in socialization cause women to be more willing to seek help, will these same factors account for attitudinal differences within each gender?

The Contact Hypothesis

There are a variety of studies suggesting that contact with the discipline of psychology, its practitioners, or with mental health facilities promotes favorable attitudes toward seeking psychological aid (Fischer & Cohen, 1972; Gelso & McKenzie, 1973; Kligfeld & Hoffman, 1979; Morgan, 1992; Murstein & Fontaine, 1993; Tjihuis, Peters, & Foets, 1990). Collectively these studies imply that contact leads to positive attitudinal change, and under certain conditions, such as in a psychological crisis or conflict,

favorable attitudes lead to overt help-seeking. However, neither the specific nature of the factors responsible for attitude change nor the relation of attitudes to subsequent attitude-appropriate behaviors has been determined.

Role of Attitude in the Help-Seeking Process

At this time it cannot be assumed that attitude scores, as measured either by the present shortened scale or by Fischer and Turner's original version of it, will necessarily translate into actual help-seeking behavior. The nature of the relationship between these measures and postattitudinal behavior is unclear and has yet to be specified. Theoretically, attitude is only one component in a help-seeking scenario (Fischer, Winer, & Abramowitz, 1983). Just how attitude functions to influence behavior under different circumstances must be systematically investigated.

Further Uses of the Brief Scale

The scale devised in this study should prove useful for relevant future studies. It appears to have all the psychometric properties of the original scale (except the original version's complex structure), but it contains only one third as many items. Because of its brevity, it should be easier to use and less obtrusive, an important consideration for research in a sensitive area.

The scale is intended only for use in research; it is not a clinical device and should not be used for clinical purposes (such as to screen applicants to determine those best suited for psychotherapy), unless that is an explicit aspect of a research design. Researchers may use the scale in any way helpful to their projects, and they need not contact the authors for permission.

Correspondence concerning this article should be addressed to Edward H. Fischer, Department of Clinical Research, The Institute of Living, 400 Washington Street, Hartford, CT 06106.

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