

SOCIAL ANXIETY AND ATTITUDES TOWARD COUNSELLING
IN UNIVERSITY STUDENTS

by

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Abstract

Previous research suggests that the self-presentational concerns often voiced by socially anxious individuals may inhibit psychological help-seeking. The present study examined whether social anxiety is associated with unfavourable attitudes toward seeking counselling, as well as with specific helper-directed concerns and helper preferences. University students who scored low or high on a self-report measure of social anxiety were compared on several self-report measures of help-seeking developed specifically for this investigation. The results showed that socially anxious students had more negative attitudes toward seeking counselling than students who were not socially anxious. Socially anxious students were also less comfortable with the prospect of disclosing personal information to a counsellor, and were more apprehensive about the possibility of being viewed unfavourably by a counsellor, than their less anxious peers. Implications for counselling and directions for future research are discussed.

Table of Contents

Abstract.....	ii
Table of Contents.....	iii
List of Tables.....	vi
Acknowledgment.....	ix
I. INTRODUCTION.....	1
Social Anxiety and Shyness.....	2
Social Anxiety and Self-Presentation.....	4
Situational Versus Dispositional Social Anxiety.....	6
The Prospect of Interpersonal Evaluation.....	6
Social Anxiety and Help-Seeking.....	16
Hypotheses.....	19
II. METHOD.....	22
Participants.....	22
Measures.....	23
Social Anxiety.....	24
Help-Seeking Attitudes.....	26
Helper-Directed Concerns.....	29
Helper Preferences.....	32
Procedure.....	33
III. RESULTS.....	35
Descriptive Data.....	36

Help-Seeking Attitudes.....	37
Positive Help-Seeking Attitudes.....	39
Negative Help-Seeking Attitudes.....	40
Helper-Directed Concerns.....	40
Anxiety.....	43
Disclosure.....	43
Impression.....	43
Evaluation.....	43
Helper Preferences.....	45
Family Physician.....	46
Psychiatrist.....	46
Individual Counselling.....	46
Group Counselling.....	47
Crisis Line.....	49
Public Workshop.....	54
Traditional Guide.....	55
Self-Help Materials.....	56
Anonymous Help-Seeking Versus	
Public Help-Seeking.....	56
IV. DISCUSSION.....	60
Review of Major Findings.....	60
Limitations of This Research.....	66
Generalizability.....	66
Voluntary Participation.....	67

Use of Self-Report Measures.....	67
Psychometric Properties of the Dependent Measures.....	68
Directions for Future Research.....	68
Implications for Counselling.....	71
Conclusion.....	72
References.....	73
Appendix A.....	81
Appendix B.....	84
Appendix C.....	98
Appendix D.....	100
Appendix E.....	101
Appendix F.....	103
Appendix G.....	105
Appendix H.....	107

List of Tables

Table 1	Intercorrelations Between Help-Seeking Attitudes and Helper-Directed Concerns.....	38
Table 2	PHAS Scores as a Function of Social Anxiety and Gender.....	41
Table 3	Group Counselling Scores as a Function of Social Anxiety and Ethnicity.....	48
Table 4	Crisis Line Scores as a Function of Social Anxiety and Gender.....	50
Table 5	Crisis Line Scores as a Function of Social Anxiety and Ethnicity.....	52
Table 6	Crisis Line Scores as a Function of Gender and Ethnicity.....	53
Table 7	Traditional Guide Scores as a Function of Gender and Ethnicity.....	57
Table 8	Mean Scores for Self-Help Materials, Crisis Line, and Public Sources of Help as a Function of Social Anxiety.....	59
Table A-1	National Heritage, Place of Birth, and Number of Years in North America.....	81
Table A-2	Departmental Affiliation and Programme of Study.....	82

Table A-3	Scales Administered to Participating Classes in Questionnaire Package 1 and Questionnaire Package 2.....	83
Table B-1	Multivariate Analysis of Variance of PHAS and NHAS Scores.....	84
Table B-2	Multivariate Analysis of Variance of Anxiety, Disclosure, and Impression Scores.....	85
Table B-3	Univariate Analysis of Variance of Scores for Item 1 on the Evaluation Scale.....	86
Table B-4	Univariate Analysis of Variance of Scores for Item 2 on the Evaluation Scale.....	87
Table B-5	Univariate Analysis of Variance of Scores for Item 3 on the Evaluation Scale.....	88
Table B-6	Univariate Analysis of Variance of Scores for Item 4 on the Evaluation Scale.....	89
Table B-7	Univariate Analysis of Variance of Family Physician Scores.....	90
Table B-8	Univariate Analysis of Variance of Psychiatrist Scores.....	91

Table B-9	Univariate Analysis of Variance of Individual Counselling Scores.....	92
Table B-10	Univariate Analysis of Variance of Group Counselling Scores.....	93
Table B-11	Univariate Analysis of Variance of Crisis Line Scores.....	94
Table B-12	Univariate Analysis of Variance of Public Workshop Scores.....	95
Table B-13	Univariate Analysis of Variance of Traditional Guide Scores.....	96
Table B-14	Univariate Analysis of Variance of Self-Help Scores.....	97

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Chapter I

A substantial amount of research suggests that people often choose not to seek help for their problems (see DePaulo, Nadler, & Fisher, 1983). Some have argued that people are reluctant to seek help from others because doing so may threaten their self-esteem by highlighting perceived failures and feelings of inferiority (Fisher, DePaulo, & Nadler, 1981; Fisher, Nadler, & Witcher-Alagna, 1982). Furthermore, if seeking help involves presenting an image that is quite different from the image an individual wishes to present, then he or she may fear the negative evaluations of others, as well as the embarrassing consequences of a public (i.e., to the helper) admission of failure or inadequacy (Edelmann, 1987; Shapiro, 1983, 1984). It appears that people are less likely to seek help for problems that are very intimate (Greenley & Mechanic, 1976a), carry a stigma (Perlman, 1975), or imply personal inadequacy (Gross, Fisher, Nadler, Stiglitz, & Craig, 1979). Similarly, some participants in a longitudinal study of the adaptive consequences of seeking help from professionals and social networks (Lieberman & Mullan, 1978) reported that they did not seek help for their life transition

or crisis because it was "too personal" (p. 512).

Social psychologists have speculated that the self-presentational concerns often voiced by socially anxious individuals may inhibit help-seeking (Edelmann, 1987; Zimbardo, 1977), yet this idea has received scant scientific attention and little is known about the help-seeking attitudes of such individuals. Presently, there is no information in the literature regarding social anxiety and attitudes toward seeking counselling.

Social Anxiety and Shyness

Feelings of apprehension, self-consciousness, and distress in social situations are commonly known as shyness. Although there has been considerable debate about the precise definition of shyness as a psychological construct (Buss, 1985; Cheek & Watson, 1989; Harris, 1984; Leary, 1986a; Pilkonis, 1977; Zimbardo, 1977), most definitions of shyness include both an affective component and a behavioural component. For example, Briggs and Smith (1986) define shyness as "discomfort and inhibition in the presence of others" (p. 629).

Like shyness, the construct of social anxiety has been the subject of much debate, and there is currently

little agreement regarding how social anxiety should be defined (Buss, 1980; Clark & Arkowitz, 1975; Schlenker & Leary 1982). Some definitions of social anxiety are virtually indistinguishable from definitions of shyness. For example, Clark and Arkowitz (1975) define social anxiety as "discomfort in social situations, along with a heightened avoidance of social situations" (p. 211). Others characterize social anxiety solely as a negative cognitive and affective response which occurs when an individual anticipates an unfavourable social outcome (Schlenker & Leary, 1982).

Clearly, shyness and social anxiety are very similar constructs. Leary and Schlenker (1981) suggest that shyness is a "state of social anxiety" (p. 339), and they have used the terms shyness and social anxiety interchangeably in their self-presentation model (Leary & Schlenker, 1981; Schlenker & Leary, 1982), which will be discussed later in this chapter. Further, there is empirical evidence that some shyness and social anxiety scales (Cheek & Buss, 1981; Fenigstein, Scheier, & Buss, 1975; Zimbardo, 1977) measure the same construct (Anderson & Harvey, 1988).

Social Anxiety and Self-Presentation

Schlenker and Leary (1982) define social anxiety as a subjective experience of nervousness and dread "resulting from the prospect or presence of interpersonal evaluation in real or imagined social settings" (p. 642). In other words, social anxiety may occur independently of actual instances of evaluation by others, and may simply involve an individual's apprehension about taking part in activities in which he or she might be evaluated by others. Because social anxiety cannot occur in the absence of evaluative concern, this definition implies that the fear of unsatisfactory interpersonal evaluation plays a key role.

The self-presentation model of social anxiety outlined by Schlenker and Leary (1982) states that feelings of distress arise whenever two necessary and sufficient conditions are met. First, the individual must be motivated to make a particular impression on others. "People who do not have such a goal in the setting, and hence are unconcerned about prospective evaluations, will not feel socially anxious" (Schlenker & Leary, 1982, p. 646). Second, the individual will feel socially anxious only to the degree that he or she

doubts his or her ability to make a desired impression, thereby creating the expectation of unsatisfactory reactions from others. Thus, the more important the self-presentational goal, and the lower the self-presentational outcome expectancy, the greater the social anxiety.

According to this theory, specific antecedents of social anxiety include those situational and dispositional factors that either increase an individual's motivation to make a particular impression on others or lead him or her to lack confidence in his or her ability to do so. A review of the common antecedents of social anxiety supports this proposition (see Schlenker & Leary, 1982; Zimbardo, 1977). For example, people often report feeling socially anxious when interacting with high status, expert, or evaluative others (Leary 1983a, 1983b, Zimbardo, 1977). Personality characteristics associated with social anxiety include fear of negative evaluation, chronic public self-consciousness, need for approval, accurately or inaccurately perceived social difficulties, low self-esteem, and excessively high standards for self-evaluation (Leary 1983b).

The self-presentation model is useful because it

(a) subsumes the critical elements of the personality, classical conditioning, skills deficit, and earlier cognitive approaches to understanding social anxiety; (b) acknowledges the interaction of situational and dispositional factors; and (c) posits the necessary and sufficient conditions for all instances of social anxiety (Leary 1983a).

Situational Versus Dispositional Social Anxiety

As defined by Schlenker and Leary (1982), social anxiety refers to a state of anxiety that arises when an individual anticipates an unfavourable social outcome. The term social anxiety is also commonly used to refer to an individual difference or trait variable (i.e., the frequency, or intensity, with which an individual experiences such feelings over situations and time). Throughout this discussion, I will use the term socially anxious to describe individuals who are high in dispositional social anxiety.

The Prospect of Interpersonal Evaluation

Seeking help anonymously should reduce the relevance of self-presentational concerns. In a study of the effects of anonymity and locus of need attribution on help-seeking behaviour (Nadler & Porat, 1978), 32 Israeli high school students were required

to take a general knowledge test which included 10 difficult items (i.e., unanswerable by 95% of students in a pilot study) and were informed that they could ask the experimenter for help by filling out a form. Eight students were randomly assigned to each of four experimental conditions: (a) anonymous, external need attribution; (b) anonymous, internal need attribution; (c) identifiable, external need attribution; and (d) identifiable, internal need attribution. The difference between the external need attribution group (who believed that only 10% of past participants had answered all of the questions correctly without assistance) and the internal need attribution group (who believed that 90% of past participants had answered all of the questions correctly without assistance) was significant only in the anonymous condition. In other words, when identifiable, the students refrained from help-seeking regardless of locus of need attribution. Students who were not asked to reveal any personal information (i.e., name, age, and address) on the test form and the help request form were more likely to seek help than those who were asked to identify themselves.

Although the modest sample size and the artificial

nature of this study limit its generalizability, the authors' conclusion that "anonymity of the request for help may be viewed as an important determinant of help-seeking behavior" (Nadler & Porat, 1978, p. 626) is quite sound given the consistency of their findings with those of other researchers (Karabenick & Knapp, 1988; Modigliani, 1971; Shapiro, 1978). Schlenker and Leary (1982) suggest that "when people's behaviors are private and will not come to the attention of others, less social anxiety will be experienced than when the behaviors are public" (p. 647).

In a similar study (Nadler, 1980), 40 female students at Tel-Aviv University were asked to complete an experimental task which tested their knowledge of rare Hebrew words. Ten students were randomly assigned to each of four conditions: (a) attractive female partner, expectation of face-to-face meeting; (b) unattractive female partner, expectation of face-to-face meeting; (c) attractive female partner, no expectation of face-to-face meeting; and (d) unattractive female partner, no expectation of face-to-face meeting. All of the participants were given a photo of a fictitious female partner, who they believed would be working on the assigned task in a

separate room, and were provided with a consultation form which could be used to ask their alleged partner for help defining any of the words that they were not familiar with. Students who expected to meet their partner face-to-face declined to seek help on significantly more items that they were unable to define than those who did not expect such a meeting. As anticipated, the students sought less help from a physically attractive partner than from a physically unattractive partner only when they expected a face-to-face meeting. No differential effects of attractiveness were observed when a face-to-face meeting was not expected. Nadler (1980) proposes that "when the subject was to decide whether to seek help, the expectation of a meeting with the other made self-presentation concerns relevant, and the fact that the other was physically attractive increased the ensuing evaluation apprehension" (p. 382).

Again, the small, all female sample and the highly structured conditions under which the data were obtained limit the generalizability of this study; however, it is reasonable to conclude that self-presentational concerns and fear of the embarrassing consequences of an admission of failure

and dependency play an important role in inhibiting help-seeking. Leary (1983b) maintains that the motivation to manage impressions should be higher, and self-presentational efficacy should be lower, in the presence of attractive, socially desirable others than in front of those with less desirable characteristics. He suggests that most people regard high-status others as being more difficult to please and, consequently, they expect to make less favourable impressions upon them. "People appear to avoid, if possible, affiliating with specific others when they are concerned about impressing them and doubt they will receive satisfactory impression-relevant reactions" (Schlenker & Leary, 1982, p. 657).

DePaulo, Epstein, and LeMay (1990) demonstrated that the prospect of interpersonal evaluation can have significant impact on the behaviour of socially anxious women. Of the 96 female undergraduates who took part in this study, 46 were classified as low in social anxiety and 50 were classified as high in social anxiety. The students were randomly assigned to one of four experimental conditions: (a) high expectation for success, anticipated evaluation; (b) low expectation for success, anticipated evaluation; (c) high

expectation for success, no anticipated evaluation; and (d) low expectation for success, no anticipated evaluation. All of the participants were required to meet individually with a female interviewer (a confederate posing as an aspiring clinical psychologist), and were instructed to recount two true stories about themselves and to fabricate two stories about themselves. The students were told that the interviewer would not be aware that some of their stories would be false, and they were urged to try to appear as sincere as possible while relating all four stories. As predicted, socially anxious students who expected to receive feedback about their performance (i.e., the interviewer's overall impressions of them, focusing on her impressions of their truthfulness) told shorter stories that were less revealing and less vivid than those told by other students. When no explicit interpersonal evaluation was anticipated, socially anxious students told stories that were just as lengthy, as revealing, and as vivid as those told by students who were low in social anxiety. Contrary to the authors' second prediction, socially anxious students who expected to be evaluated did not behave in a less inhibited manner when the interviewer was

described as very trusting (high expectation for success) than when she was described as very wary (low expectation for success). Although it appears that they were motivated to create an impression of sincerity, the socially anxious students may have been less confident in their ability to do so--regardless of whether they expected the interviewer to be gullible or skeptical--and thus "adopted a defensive and conservative strategy in which they tried to avoid making a particularly bad impression" (DePaulo et al., 1990, p. 636).

Although the results of this study are striking, the fact that the participants were exclusively female makes it difficult to know whether socially anxious males would employ a similar interpersonal strategy under these circumstances, or whether this pattern would extend to mixed gender encounters. Gender differences in the behaviour of socially anxious individuals have been identified in a number of studies (e.g., Pilkonis, 1977; Snell, 1989; Synder, Smith, Augelli, & Ingram, 1985; DePaulo et al., 1989). Moreover, the authors did not directly assess the motivation the socially anxious students (e.g., through the use of self-report questionnaires).

Despite the lack of information regarding males, the link between social anxiety and protective self-presentational strategies in women is well documented. In a study of the effects of self-consciousness and social anxiety on self-disclosure among 102 unacquainted college women (Reno & Kenny, 1992), socially anxious students were perceived by others as having been less open and less willing to disclose personal information than other students. Meleshko and Alden (1993) observed a similar pattern when they paired 84 female undergraduates with female confederates who self-disclosed at either a high or low level of intimacy. As anticipated, socially anxious students self-disclosed at a moderate level of intimacy regardless of their partner's level of intimacy, whereas students who were low in social anxiety tended to match their partner's level of intimacy (i.e., these students self-disclosed at an appropriately high or low level of intimacy). Furthermore, socially anxious students were more likely to report that they were motivated by the desire to avoid negative social outcomes, such as disapproval, and to describe themselves as having adopted a conservative

self-presentational style during the conversation.

Among socially anxious individuals, the desire to seek approval is superseded by the desire to avoid disapproval (Arkin, Lake, & Baumgardner, 1986). Arkin (1981) proposes that socially anxious individuals adopt protective self-presentational strategies to avoid drawing attention to themselves, unless they are certain that a negative social outcome is unlikely, whereas individuals who are low in social anxiety are primarily motivated by the desire to gain positive social outcomes and employ acquisitive self-presentational strategies to gain attention and recognition. Similarly, Schlenker and Leary (1985) suggest that the conditions that give rise to social anxiety (i.e., high motivation to create a favourable impression on others and low expectations of being able to do so) usually preclude acquisitive self-presentations and lead people to settle for an innocuous, yet agreeable, social image which prevents others from evaluating them in an extremely negative way.

Leary, Kowalski, and Campbell (1988) found that the interpersonal concerns of socially anxious individuals may reflect a general belief that people

tend to evaluate others unfavourably, rather than doubts about their personal self-presentational efficacy. Ninety male and 90 female undergraduates were randomly assigned to one of three conditions in which they read three versions of one of the following scenarios: (a) a very brief social encounter with a professor, a fellow passenger on an airplane, and a friend's acquaintance in which no real interaction took place; (b) a 5 minute social encounter with each of these individuals; or (c) a series of social encounters with each of these individuals. Half of the students were asked to indicate how they thought each of the perceivers would evaluate them in this situation, and the remaining students were asked to indicate how each of the perceivers would evaluate other people in this situation. Relative to students who were low in social anxiety, socially anxious students assumed that they would be evaluated more negatively regardless of the length of the interaction. Socially anxious students also assumed that other people would be evaluated just as negatively as themselves, whereas students who were low in social anxiety assumed that they personally would be evaluated more positively than most other people.

Leary et al. (1988) propose that "holding the biased belief that one makes better impressions than most other people may be quite adaptive, reducing unnecessary anxiety and facilitating one's social responses" (p. 319). However, as the results of this study are based on written responses to hypothetical social encounters rather than the student's actual responses in face-to-face social encounters, further empirical evidence is needed to determine whether people who hold this self-other bias are truly less anxious than those who do not share this bias.

Social Anxiety and Help-Seeking

Because requesting help from others may call attention to the help recipient's personal problems, needs, or shortcomings, help-seeking should be particularly difficult for socially anxious individuals, who wish to present themselves in a favourable way, but who expect to be evaluated unfavourably by others. DePaulo, Dull, Greenberg, and Swaim (1989) investigated the help-seeking behaviours of 36 "shy" and 40 "not-shy" students at the University of Virginia. All of the participants were required to complete an impossible task (to stand five numbered sticks of different lengths on end--the third stick

was slightly rounded at the bottom so that it would not stand up--photograph each stick, and then draw a line the same length as the stick) in the presence of a male or female confederate, who was described as a fellow participant who had just completed the task and was filling out a follow-up questionnaire. The students were told that they could ask this person for help if they had any questions, or if they required assistance with the task. Overall, shy students requested help as often as those who were not shy; however, shy students requested help from opposite-sex confederates less often than from same-sex confederates (shy females were especially reluctant to request help from a male confederate), whereas students who were not shy requested help from opposite-sex confederates more often than from same-sex confederates. DePaulo et al. (1989) propose that shy individuals may feel particularly insecure about their ability to make a positive impression on members of the opposite sex. As Leary (1983b) maintains, "the emphasis that much of Western culture places on female-male relations leads people to be highly motivated to make a particular impression upon those of the opposite sex" (p. 85); therefore, the self-presentational concerns of shy,

heterosexual participants may have been more salient in the opposite-sex condition than in the same-sex condition. When faced with the prospect of approaching a member of the opposite sex for help, shy students adopted a protective self-presentational strategy (i.e., they chose not to seek help), whereas students who were not shy actively sought help in order to complete the task successfully (and, perhaps, to initiate a conversation with this person).

Although it appears that shyness, per se, did not inhibit help-seeking in this study, other researchers have argued that shy individuals are reluctant to request help from others. Zimbardo (1977) maintains that "the inability to ask for help is one of the most serious by-products of shyness" (p. 70). In a comprehensive shyness survey conducted by Zimbardo, Pilkonis, and Norwood (cited in Zimbardo, 1977), shy individuals with a serious personal problem, such as alcoholism, typically reported that they would not seek help from others. Unfortunately, Zimbardo et al. chose not to provide a specific definition of shyness, thus these results are tainted by conceptual confusion and by the respondents' willingness to adopt the label "shy". Edelman (1987) also proposes that individual

differences related to embarrassibility, such as social anxiety, will be related to a general reluctance to seek help, and he notes that "there are few studies investigating personality variables and help-seeking which are of relevance" (p. 150).

It is possible that DePaulo et al. (1989) failed to demonstrate a negative relationship between shyness and help-seeking due to the artificial nature of their experimental design (i.e., participants met with a confederate in a contrived, laboratory setting and they were not required to disclose any personal information). Furthermore, the level of self-disclosure and interpersonal risk required in a counselling setting should be much greater than when asking a stranger for assistance with an impersonal, experimental task.

Hypotheses

Although previous research suggests that socially anxious individuals may be reluctant to seek counselling due to self-presentational concerns, this idea has not been investigated directly. In the present study, the help-seeking attitudes, the helper-directed concerns, and the helper preferences of university students who were high in social anxiety

were compared with those of students who were low in social anxiety. It was anticipated that:

1. Socially anxious students would express both less positive attitudes and more negative attitudes toward seeking counselling than students who were not socially anxious.

2. Socially anxious students would be less comfortable with the prospect of disclosing personal information to a counsellor than students who were not socially anxious.

3. Socially anxious students would place greater importance on making a favourable impression in a counsellor setting than students who were not socially anxious. In other words, students who were high in social anxiety would be more motivated to make a good impression on a counsellor than students who were low in social anxiety.

4. Socially anxious students would be more apprehensive about the possibility of being viewed unfavourably by a counsellor than students who were not socially anxious.

5. Socially anxious students would be more likely to believe that they would be viewed unfavourably by a counsellor than students who were

not socially anxious.

6. Socially anxious students would express a preference for relatively anonymous help-seeking (e.g., calling a crisis line or using self-help materials) over public help-seeking (e.g., a face-to-face meeting with a helping professional).

Chapter II

Method

Participants

Participants were recruited from undergraduate classes in Biochemistry, Chemistry, Psychology, Fine Arts, History, Spanish, and Education at the University of British Columbia in conjunction with a larger study conducted by Ishiyama (1995a, unpublished raw data). Two hundred and forty-six students (77 males and 169 females) were selected from this pool of respondents ($N = 573$; 206 males, 362 females, and 5 unspecified) on the basis of low or high scores on a self-report measure of social anxiety (the Interaction Anxiousness Scale, or IAS; Leary 1983c). Students with IAS scores of 33 or lower (the lower quartile, 25.1%) were classified as low in social anxiety, and students with IAS scores of 50 or higher (the upper quartile, 25%) were classified as high in social anxiety. To eliminate extraneous variability, only Caucasian students and Asian students (the two largest ethnic groups represented in the pool of 573 respondents: 228 Caucasians and 225 Asians) were included in the final sample (respondents who did not indicate their gender or their ethnicity were also

discarded). A breakdown of Asian students' national heritage, place of birth, and number of years in North America can be found in Appendix A (Table A-1).

The 111 students (46 males and 65 females) in the low social anxiety group were between 18 and 37 years of age ($\bar{M} = 22.02$, $SD = 3.89$) and had a mean IAS score of 27.62 ($SD = 4.55$). The 135 students (31 males and 104 females) in the high social anxiety group were between 18 and 56 years of age ($\bar{M} = 20.93$, $SD = 4.03$) and had a mean IAS score of 56.12 ($SD = 5.41$). The low social anxiety was comprised of 72 Caucasians and 39 Asians, and the high social anxiety group was comprised of 50 Caucasians and 85 Asians. Further demographic information (departmental affiliation and programme of study) can be found in Appendix A (Table A-2).

Measures

Participants were asked to complete the Interaction Anxiousness Scale (IAS; Leary, 1983c), the Positive Help-Seeking Attitudes Scale (PHAS; Ishiyama, 1995b, unpublished manuscript), the Negative Help-Seeking Attitudes Scale (NHAS; Ishiyama, 1995b, unpublished manuscript), the Helper-Directed Concerns Scales (HDCS; Ishiyama & Bushnell, 1995, unpublished

raw data), and the Formal Psychological Help-Seeking Scale (FPHS; Ishiyama, 1995c, unpublished raw data). Due to the absence of appropriate help-seeking inventories published in the literature, the dependent measures were developed specifically for this study.

Social anxiety. The Interaction Anxiousness Scale (IAS) was designed by Leary (1983c) to measure the tendency to experience subjective social anxiety (in contingent social interactions) apart from behaviours which may accompany such feelings. In other words, the IAS does not confound measures of affect with measures of behaviour. Most other widely used measures of social anxiety and related constructs assess both affect and behavioural avoidance and inhibition (e.g, Cheek & Buss, 1981; Fenigstein, Scheier, & Buss, 1975; Watson & Friend, 1969). Leary (1983c, 1983d) argues that using behavioural items to measure social anxiety leads to conceptual confusion and creates difficulty for those who wish to study the relationship between subjective anxiety and overt behaviour. Interindividual differences in the expression of shyness complicate the inference of shyness from behaviour (Crozier, 1990; Pilkonis, 1977). Further, an individual who behaves in an awkward or reticent

manner will not necessarily experience social anxiety (i.e., such behaviour may reflect a lack of social skills or the wish to remain silent).

The IAS is comprised of 15 self-report items which include statements such as "I usually feel uncomfortable when I'm in a group of people I don't know" and "I get nervous when I speak to someone in a position of authority". Students were asked to rate each statement on a 5-point scale from not at all characteristic of me to (1) extremely characteristic of me (5). Responses to the 15 items were summed to yield scores ranging from 15 to 75, with higher scores indicating greater social anxiety.

The IAS possesses strong psychometric properties as a measure of dispositional social anxiety (Leary, 1983c, 1991), and its utility as a research instrument has been demonstrated in a variety of settings (Leary, 1991; Leary & Kowalski, 1987, 1993). Means and standard deviations on the IAS are stable across heterogeneous samples of university students from different regions of the United States (Leary & Kowalski, 1987). Leary and Kowalski (1987) report reliability coefficients of .89 ($n = 786$) and .90 ($n = 598$) for internal consistency, and Leary

(1983c) reports a coefficient of .80 for 8-week test-retest reliability. IAS scores also correlate highly ($r > .60$) with other measures of social anxiety and related constructs (Jones, Briggs, & Smith, 1986; Leary, 1983c; Leary & Kowalski, 1987, 1993). Further, high scores on the IAS are positively correlated with self-reported anxiety in face-to-face social interactions (Leary, 1983c, 1986b), with social avoidance and inhibition (Leary, Atherton, Hill, & Hurr, 1986), and with increases in heart rate during social interactions (Leary, 1986b).

The correlation between the IAS and the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1964) is .22, $p > .05$, which may reflect the role of self-presentational concerns in social anxiety (Leary, 1983c). Because there is a stigma associated with being shy or socially insecure, social desirability is a potential source of response bias in all measures of social anxiety and related constructs (Jones, Briggs, & Smith, 1986; Leary & Kowalski, 1987).

Help-seeking attitudes. Students' attitudes toward seeking psychological help were assessed by two scales: (a) the 9-item Positive Help-Seeking Attitudes Scale (PHAS; Ishiyama, 1995b, unpublished manuscript)

and (b) the 17-item Negative Help-Seeking Attitudes Scale (NHAS; Ishiyama, 1995b, unpublished manuscript). All 26 items (adjectives or adjective phrases that describe positive or negative help-seeking attitudes) were presented together, in mixed order, and students were asked to rate each item on a 7-point scale ranging from not at all (1) to extremely (7). Responses for each group of items (positively cued and negative cued) were summed to yield the score for each scale. Scores on the PHAS range from 9 to 63, with higher scores indicating more positive attitudes toward seeking counselling. Scores on the NHAS range from 17 to 119, with higher scores indicating more negative attitudes toward seeking counselling.

Although the PHAS and the NHAS were originally developed as a single instrument, the relatively low correlation between the sum of the positively cued items and the sum of the negatively cued items ($r = -.26$, $n = 356$) did not support the author's assumption that the two types of help-seeking attitudes would reflect an identical construct and thus should be entirely reversible in scoring (Ishiyama, 1995b, unpublished manuscript). Factor analysis confirmed the presence of two factors corresponding to the two

separate scales (see Ishiyama, 1995b, unpublished manuscript).

The author initially generated 40 items, which were later refined and reduced with the assistance of three master's-level counselling psychology students. Thirty items (9 positively cued and 21 negatively cued) were retained. Four items (4, angry; 22, rebellious; 23, ambivalent; and 30, indifferent) were subsequently eliminated due to extremely low means or low item-total correlations (Ishiyama, 1995b, unpublished manuscript). Although the 30-item version appeared on the questionnaire, students' responses to these four items were not included in the final data analysis.

Ishiyama (1995b, unpublished manuscript) reports internal consistency reliability coefficients of .91 ($n = 355$) for the PHAS and .93 ($n = 355$) for the NHAS. Six-week test-retest reliability is .87 ($n = 90$) for the PHAS and .77 ($n = 90$) for the NHAS (Ishiyama, 1995b, unpublished manuscript). Item-total correlations range from .64 to .71 ($n = 355$) for the PHAS and from .49 to .77 ($n = 355$) for the NHAS (Ishiyama, 1995b, unpublished manuscript). PHAS scores are positively correlated ($r = .24$, $n = 328$) with previous help-seeking frequency (Ishiyama, 1995b,

unpublished manuscript). Further, PHAS scores are positively correlated ($\underline{r} = .48$, $\underline{n} = 149$) with a favourable evaluation of previous help-receiving experiences, and NHAS scores are negatively correlated ($\underline{r} = -.37$, $\underline{n} = 149$) with a favourable evaluation of previous help-receiving experiences (Ishiyama, 1995b, unpublished manuscript). Ishiyama (1995b, unpublished manuscript) also reports that PHAS scores are positively correlated with a preference for seeking help from a professional for problems or concerns related to study ($\underline{r} = .16$, $\underline{n} = 238$), relationships ($\underline{r} = .26$, $\underline{n} = 238$), career ($\underline{r} = .26$, $\underline{n} = 237$), and personality or life issues ($\underline{r} = .32$, $\underline{n} = 239$). There are no significant gender differences ($\underline{n} = 352$, 105 males and 247 females) on either scale (Ishiyama, 1995b, unpublished manuscript).

Helper-directed concerns. The Helper-Directed Concerns Scales (HDCS; Ishiyama & Bushnell, 1995, unpublished raw data) are comprised of four scales: (a) the 6-item Anxiety Scale, (b) the 4-item Disclosure Scale, (c) the 4-item Impression Scale, and (d) the 4-item Evaluation Scale. Students were asked to rate all 18 items on a 7-point scale ranging from not at all (1) to extremely (7). Responses to each group of items

were summed to yield the score for each scale.

The Anxiety Scale was designed to measure how concerned students would be about the possibility of being viewed unfavourably by a counsellor. Items include statements such as, "I would be concerned about the helper forming negative opinions of me" and "I would be concerned about the helper not liking me as a person". Scores range from 6 to 42, with higher scores indicating greater apprehension about being evaluated unfavourably. The Anxiety Scale has reliability coefficients of .87 ($n = 101$) for internal consistency and .79 ($n = 50$) for six-week test-retest (Ishiyama & Bushnell, 1995, unpublished raw data). Item-total correlations range from .57 to .78, based on a sample of 101 respondents (Ishiyama & Bushnell, 1995, unpublished raw data). There are no significant gender differences ($n = 101$, 43 males and 58 females) on this scale (Ishiyama & Bushnell, 1995, unpublished raw data).

The Disclosure Scale was designed to measure how comfortable students would be with the prospect of disclosing personal information to a counsellor. Scores range from 4 to 28, with higher scores indicating greater discomfort. The Disclosure Scale

has a reliability coefficient of .81 (\underline{n} = 138) for internal consistency (Ishiyama & Bushnell, 1995, unpublished raw data). Item-total correlations range from .54 to .71, based on a sample of 138 respondents (Ishiyama & Bushnell, 1995, unpublished raw data). There are no significant gender differences (\underline{n} = 138, 63 males and 75 females) on this scale (Ishiyama & Bushnell, 1995, unpublished raw data).

The Impression Scale was designed to measure how motivated students would be to make a good impression on a counsellor (i.e., how important this would be to students). Scores range from 4 to 28, with higher scores indicating greater motivation to make a favourable impression in a counselling setting. The Impression Scale has a reliability coefficient of .71 (\underline{n} = 137) for internal consistency (Ishiyama & Bushnell, 1995, unpublished raw data). Item-total correlations range from .43 to .62, based on a sample of 137 respondents (Ishiyama & Bushnell, 1995, unpublished raw data). There are no significant gender differences (\underline{n} = 126, 53 males and 73 females) on this scale (Ishiyama & Bushnell, 1995, unpublished raw data).

The Evaluation Scale was designed to assess students' beliefs about how they would be viewed by a counsellor (i.e., favourably or unfavourably). The Evaluation Scale has a reliability coefficient of .43 ($n = 128$) for internal consistency (Ishiyama & Bushnell, 1995, unpublished raw data). Item-total correlations range from .12 to .30, based on a sample of 128 respondents (Ishiyama & Bushnell, 1995, unpublished raw data). Due to the unsatisfactory reliability of this scale, all four items were analysed separately, for exploratory purposes.

Helper preferences. The Formal Psychological Help-Seeking Scale (FPHS; Ishiyama, 1995c, unpublished raw data) was designed to assess students' willingness to seek help from the following sources: (a) family physician, (b) psychiatrist, (c) individual counselling (nonmedical), (d) group counselling (nonmedical), (e) crisis line, (f) public workshop, (g) traditional guide, and (h) self-help materials. Students were asked to rate how willing they would be to seek help from these helpers, or helping services, on a 5-point scale ranging from not likely (0) to very likely (4). All eight items were analysed separately, for exploratory purposes.

Procedure

Dr. Ishu Ishiyama, accompanied by one or more research assistants, entered each class at a prearranged meeting time (professors were asked to specify either the beginning or the end of class) and invited students to take part in an "interpersonal experience survey". Dr. Ishiyama stressed the voluntary nature of the study and asked students not to place their name on the questionnaire. The instructions on the front page of the questionnaire stated that all information would remain "confidential" and would be "number-coded for computer-assisted analysis". Students were not paid, nor did they receive extra course credit, for their participation. Most respondents took approximately 15 minutes to complete the questionnaire.

To determine the test-retest reliability of the PHAS/NHAS, some classes received a second questionnaire package containing these measures an average of six weeks later (students in Biochemistry, Chemistry, and Psychology were not retested on these measures). This questionnaire was administered to students during class time, following the same procedure as the original questionnaire. Students

were instructed to enter a retest identification code (e.g., their mother's first name initial, her birth month, and her day of birth) on the top right-hand corner of each questionnaire to ensure that their data would remain anonymous. A list of the measures that were included in the two questionnaire packages can be found in Appendix A (Table A-3).

Chapter III

Results

In Chapter One, six hypotheses were outlined. It was anticipated that (a) socially anxious students would express both less positive attitudes and more negative attitudes toward seeking counselling than students who were not socially anxious; (b) socially anxious students would be less comfortable with the prospect of disclosing personal information to a counsellor than students who were not socially anxious; (c) socially anxious students would be more motivated to make a good impression on a counsellor than students who were not socially anxious; (d) socially anxious students would be more apprehensive about being viewed unfavourably by a counsellor than students who were not socially anxious; (e) socially anxious students would be more likely to believe that they would be viewed unfavourably by a counsellor than students who were not socially anxious; and (f) socially anxious students would express a preference for anonymous help-seeking over public help-seeking. These hypotheses were tested statistically (using SPSS for Windows, release 6.0) and the results of these analyses are presented in this chapter.

Descriptive Data

Five hundred and seventy-three students (206 males, 362 females, and 5 unspecified; 228 Caucasians and 225 Asians) completed the IAS. The mean age for this group of respondents was 21.86 years ($SD = 5.09$) and the mean IAS score was 42.26 ($SD = 11.71$). Females scored significantly higher on the IAS ($M = 43.21$, $SD = 12.08$) than males ($M = 40.54$, $SD = 10.95$), $t(566) = 2.61$, $p < .01$, and Asians scored significantly higher on the IAS ($M = 45.36$, $SD = 11.04$) than Caucasians ($M = 39.89$, $SD = 11.41$), $t(451) = 5.19$, $p < .001$.

Two hundred and forty-six students were selected from this pool of respondents on the basis of their IAS scores (low or high). The low social anxiety group ($n = 111$) was comprised of students with scores less than or equal to 33, and the high social anxiety group ($n = 135$) was comprised of students with scores greater than or equal to 50.

One hundred and seventeen students (low SA = 50, high SA = 67) completed the PHAS/NHAS; 117 students (low SA = 50, high SA = 67) completed the Anxiety Scale; 131 students (low SA = 55, high SA = 76) completed the Disclosure Scale; 128 students

(low SA = 54, high SA = 74) completed the Impression Scale; 127 students (low SA = 53, high SA = 74) completed the Evaluation Scale; and 129 students (low SA = 54, high SA = 75) completed the Formal Psychological Help-Seeking Scale. Although missing data presented a concern, students who completed all of the dependent measures did not differ significantly (on key variables such as age and IAS scores) from students who did not complete all of these measures.

Intercorrelations between the PHAS, the NHAS, the Anxiety Scale, the Disclosure Scale, and the Impression Scale are presented in Table 1. The Evaluation Scale is not included in Table 1 due to its unsatisfactory reliability.

Help-Seeking Attitudes

A 2 X 2 X 2 between-subjects multivariate analysis of variance was performed on two dependent variables: positive help-seeking attitudes and negative help-seeking attitudes. The independent variables were social anxiety (low and high), gender (male and female), and ethnicity (Caucasian and Asian). Gender and ethnicity were included to account for possible systematic interactions between social anxiety, gender, and ethnicity.

Table 1

Intercorrelations Between Help-Seeking Attitudes and
Helper-Directed Concerns

Scale	2	3	4	5
1. PHAS	-.33** (118)	-.17 (116)	-.41** (87)	.18 (87)
2. NHAS	--	.67** (116)	.61** (87)	.27* (87)
3. Anxiety		--	.65** (87)	.47** (87)
4. Disclosure			--	.34** (128)
5. Impression				--

Note. The number of respondents is indicated in parentheses.

* $p < .05$, two-tailed. ** $p < .001$, two-tailed.

There were no univariate or multivariate within-cell outliers at $\alpha = .001$. An evaluation of the assumptions of normality, homogeneity of variance-covariance matrices, linearity, and multicollinearity yielded satisfactory results.

Using Pillai's criterion, the combined dependent variables were significantly affected by social anxiety, $F(2, 109) = 6.97, p = .001$, and by the interaction of social anxiety and gender, $F(2, 109) = 3.98, p < .05$. The results reflected a moderate association between social anxiety scores (low versus high) and the combined dependent variables (the effect size was .11). The effect was less substantial for the interaction of social anxiety and gender (the effect size was .07). No other effects were significant. A MANOVA summary is presented in Appendix B (Table B-1).

Univariate analyses were used to investigate the impact of the main effect for social anxiety and the interaction of social anxiety and gender on the individual dependent variables. To adjust for inflated Type I error rate due to multiple testing, each dependent variable was assigned $\alpha = .025$.

Positive help-seeking attitudes. Although the hypothesized main effect for social anxiety was not

significant, there was a significant interaction between social anxiety and gender, $F(1, 110) = 6.88$, $p = .01$. Means and standard deviations of PHAS scores, broken down by social anxiety and gender, are presented in Table 2. A Bonferroni t test for unequal ns was used as a follow-up procedure (see Games, 1977, two-sided t table for control of Familywise Type I error rate). These post hoc comparisons revealed that females who were high in social anxiety had less positive attitudes toward seeking counselling than females who were low in social anxiety, $t(110) = 3.56$, $p < .01$. In addition, males who were low in social anxiety had less positive attitudes toward seeking counselling than females who were low in social anxiety, but this difference was only marginally significant, $t(110) = 2.38$, $p < .10$.

Negative help-seeking attitudes. A significant main effect for social anxiety, $F(1, 110) = 13.92$, $p < .001$, was found. As anticipated, students who were high in social anxiety had more negative attitudes toward seeking counselling ($M = 73.75$) than students who were low in social anxiety ($M = 55.54$).

Helper-Directed Concerns

A 2 X 2 X 2 between subjects multivariate analysis

Table 2

PHAS Scores as a Function of Social Anxiety and Gender

Gender		Social Anxiety	
		Low	High
Male	<u>M</u>	32.83	36.90
	<u>SD</u>	10.07	9.48
	<u>n</u>	18	10
Female	<u>M</u>	39.79 _a	32.04 _a
	<u>SD</u>	10.16	9.72
	<u>n</u>	33	57

Note. The higher the score, the more positive the help-seeking attitudes.

Means_a differ significantly at $p < .01$, two-tailed.

of variance was performed on three dependent variables: anxiety, disclosure, and impression. The independent variables were social anxiety (low and high), gender (male and female), and ethnicity (Caucasian and Asian). Gender and ethnicity were included to account for possible systematic interactions between social anxiety, gender, and ethnicity.

There were no univariate or multivariate within-cell outliers at $\alpha = .001$. An evaluation of the assumptions of normality, linearity, and multicollinearity yielded satisfactory results. Due to a violation of the homogeneity assumption, the significance level was lowered from $\alpha = .05$ to $\alpha = .025$ (as recommended by Keppel, 1991).

Using Pillai's criterion, the combined dependent variables were significantly affected by social anxiety, $F(3, 77) = 3.47, p < .025$. The results reflected a moderate association between social anxiety (low versus high) and the combined dependent variables (the effect size was .12). No other effects were significant. A MANOVA summary is presented in Appendix B (Table B-2).

Univariate analyses were used to investigate the impact of the main effect for social anxiety on the

individual dependent variables. To adjust for inflated Type I error rate due to multiple testing, each dependent variable was assigned $\alpha = .02$.

Anxiety. A significant main effect for social anxiety, $F(1, 79) = 9.73, p < .01$, was found. As predicted, students who were high in social anxiety were more apprehensive about the possibility of being viewed unfavourably by a counsellor ($M = 21.66$) than students who were low in social anxiety ($M = 14.26$).

Disclosure. A significant main effect for social anxiety, $F(1, 79) = 6.16, p < .02$, was found. As anticipated, students who were high in social anxiety were less comfortable with the prospect of disclosing personal information to a counsellor ($M = 18.00$) than students who were low in social anxiety ($M = 14.90$).

Impression. The hypothesized effect for social anxiety was not significant, $F(1, 79) = 1.22$.

Evaluation. Due to the unsatisfactory reliability of the Evaluation Scale, all four items were analysed separately, for exploratory purposes. A $2 \times 2 \times 2$ analysis of variance was performed for each item. The independent variables were social anxiety (low and high), gender (male and female), and ethnicity (Caucasian and Asian). Gender and ethnicity were

included to account for possible systematic interactions between social anxiety, gender, and ethnicity.

There were no significant effects for item 1: "It is more likely that [a counsellor] would think of me favourably". An ANOVA summary is presented in Appendix B (Table B-3).

A significant main effect for social anxiety, $F(1, 119) = 7.66, p < .01$, was found for item 2: "It is more likely that [a counsellor] would think of me critically". The effect size was .06. Students who were high in social anxiety thought that it was more likely that they would be viewed critically by a counsellor ($M = 3.67$) than students who were low in social anxiety ($M = 2.76$). No other effects were significant. An ANOVA summary is presented in Appendix B (Table B-4).

There were no significant effects for item 3: "It is more likely that [a counsellor] would think of me disapprovingly". An ANOVA summary is presented in Appendix B (Table B-5).

Finally, there was a significant main effect for social anxiety, $F(1, 119) = 7.13, p < .01$, for item 4: "It is more likely that [a counsellor] would think of

me admiringly". The effect size was .06. Students who were high in social anxiety thought that it was less likely that they would be viewed admiringly by a counsellor ($\bar{M} = 3.15$) than students who were low in social anxiety ($\bar{M} = 3.95$). No other effects were significant. An ANOVA summary is presented in Appendix B (Table B-6).

Helper Preferences

A 2 X 2 X 2 analysis of variance was performed for each of the following dependent variables: family physician, psychiatrist, individual counselling (nonmedical), group counselling (nonmedical), crisis line, public workshop, traditional guide, and self-help materials. The independent variables were social anxiety (low and high), gender (male and female), and ethnicity (Caucasian and Asian). Gender and ethnicity were included to account for possible systematic interactions between social anxiety, gender, and ethnicity.

Multivariate analysis of variance was discarded as an analytic strategy because there were fewer cases than dependent variables in two of the eight cells (there were six Asian males in the low social anxiety group and seven Asian males in the high social anxiety

group). This results not only in a loss of statistical power, but in cells that are singular, making the homogeneity assumption untestable (Tabachnick & Fidell, 1989).

Family physician. A significant main effect for social anxiety, $F(1, 121) = 15.33$, $p < .001$, was found. The effect size was .11. Students who were high in social anxiety were less willing to seek help from a family physician ($M = 1.43$) than students who were low in social anxiety ($M = 2.46$). No other effects were significant. An ANOVA summary is presented in Appendix B (Table B-7).

Psychiatrist. Due to a violation of the homogeneity assumption, the level of significance was lowered from $\alpha = .05$ to $\alpha = .025$. No effects were significant at this level. An ANOVA summary is presented in Appendix B (Table B-8).

Individual counselling. Due to a violation of the homogeneity assumption, the level of significance was lowered from $\alpha = .05$ to $\alpha = .025$.

A significant main effect for gender, $F(1, 121) = 6.04$, $p < .025$, was found. The effect size was .05. Males were less willing to seek individual counselling ($M = 1.82$) than females ($M = 2.42$). No other effects

were significant. An ANOVA summary is presented in Appendix B (Table B-9).

Group counselling. A significant main effect for social anxiety, $F(1, 121) = 4.63$, $p < .05$, was found. The effect size was .04. Students who were high in social anxiety were less willing to seek group counselling ($M = 1.00$) than students who were low in social anxiety ($M = 1.53$).

There was also a significant interaction between social anxiety and ethnicity, $F(1, 121) = 4.64$, $p < .05$. The effect size was .04. Means and standard deviations of group counselling scores, broken down by social anxiety and ethnicity, are presented in Table 3. A Bonferroni t test for unequal ns was used as a follow-up procedure. These post hoc comparisons revealed that Asian students who were high in social anxiety were less willing to seek group counselling than Asian students who were low in social anxiety, $t(121) = 2.96$, $p < .05$. In addition, Caucasian students who were low in social anxiety were less willing to seek group counselling than Asian students who were low in social anxiety, but this difference was only marginally significant, $t(121) = 2.47$, $p < .10$. No other effects were significant. An ANOVA summary is

Table 3

Group Counselling Scores as a Function of Social
Anxiety and Ethnicity

Ethnicity		Social Anxiety	
		Low	High
Caucasian	<u>M</u>	1.06	1.18
	<u>SD</u>	1.26	1.39
	<u>n</u>	35	28
Asian	<u>M</u>	1.89 _a	.94 _a
	<u>SD</u>	1.41	.84
	<u>n</u>	19	47

Note. The higher the score, the greater the willingness to seek group counselling.

Means_a differ significantly at $p < .05$, two-tailed.

presented in Appendix B (Table B-10).

Crisis line. A significant main effect for social anxiety, $F(1, 121) = 10.32, p < .01$, was found. The effect size was .08. Students who were high in social anxiety were less willing to seek help from a crisis line ($M = .82$) than students who were low in social anxiety ($M = 1.54$).

A significant main effect for ethnicity, $F(1, 121) = 7.35, p < .01$, was also found. The effect size was .06. Caucasian students were less willing to seek help from a crisis line ($M = .88$) than Asian students ($M = 1.48$).

There was also a significant interaction between social anxiety and gender, $F(1, 121) = 10.94, p = .001$. The effect size was .08. Means and standard deviations of crisis line scores, broken down by social anxiety and gender, are presented in Table 4. A Bonferroni t test for unequal ns was used as a follow-up procedure. These post hoc comparisons revealed that male students who were high in social anxiety were less willing to seek help from a crisis line than male students who were low in social anxiety, $t(121) = 2.77, p < .05$. In addition, males who were high in social anxiety were less willing to seek help

Table 4

Crisis Line Scores as a Function of Social Anxiety
and Gender

		Social Anxiety	
		Low	High
Male	<u>M</u>	1.36 _a	.40 _{ab}
	<u>SD</u>	1.47	.83
	<u>n</u>	25	15
Female	<u>M</u>	1.21	1.23 _b
	<u>SD</u>	1.01	1.05
	<u>n</u>	29	60

Note. The higher the score, the greater the willingness to seek help from a crisis line.

Means with the same subscript differ significantly at $p < .05$, two-tailed.

from a crisis line than females who were high in social anxiety, $t(121) = 2.70, p < .05$.

A significant interaction between social anxiety and ethnicity, $F(1, 121) = 4.19, p < .05$, was also found. The effect size was .03. Means and standard deviations of crisis line scores, broken down by social anxiety and ethnicity, are presented in Table 5. A Bonferroni t test for unequal n s was used as a follow-up procedure. These post hoc comparisons revealed that Caucasian students who were low in social anxiety were less willing to seek help from a crisis line than Asian students who were low in social anxiety, $t(121) = 2.61, p < .05$. In addition, Asian students who were high in social anxiety were less willing to seek help from a crisis line than Asian students who were low in social anxiety, but this difference was only marginally significant, $t(121) = 2.28, p < .10$.

Finally, there was a significant interaction between gender and ethnicity, $F(1, 121) = 5.56, p < .05$. The effect size was .04. Means and standard deviations of crisis line scores, broken down by gender and ethnicity, are presented in Table 6. A Bonferroni t test for unequal n s was used as a follow-up

Table 5

Crisis Line Scores as a Function of Social Anxiety
and Ethnicity

Ethnicity		Social Anxiety	
		Low	High
Caucasian	<u>M</u>	1.00 _a	.96
	<u>SD</u>	1.11	1.07
	<u>n</u>	35	28
Asian	<u>M</u>	1.79 _a	1.13
	<u>SD</u>	1.32	1.06
	<u>n</u>	19	47

Note. The higher the score, the greater the willingness to seek help from a crisis line.

Means_a differ significantly at $p < .05$, two-tailed.

Table 6

Crisis Line Scores as a Function of Gender
and Ethnicity

Ethnicity		Gender	
		Male	Female
Caucasian	<u>M</u>	.70 _a	1.19
	<u>SD</u>	1.03	1.09
	<u>n</u>	27	36
Asian	<u>M</u>	1.62 _a	1.25
	<u>SD</u>	1.71	1.00
	<u>n</u>	13	53

Note. The higher the score, the greater the willingness to seek help from a crisis line.

Means_a differ significantly at $p < .05$, two-tailed.

procedure. These post hoc comparisons revealed that Caucasian males were less willing to seek help from a crisis line than Asian males, $t(121) = 2.56, p < .05$. No other effects were significant. An ANOVA summary is presented in Appendix B (Table B-11).

Public workshop. A significant interaction between social anxiety, gender, and ethnicity, $F(1, 121) = 6.32, p < .05$, was found. The effect size was .05. To investigate this three-way interaction, a 2 (gender) X 2 (ethnicity) analysis of variance was performed for both the low social anxiety group and the high social anxiety group. In the low social anxiety group, there was a significant main effect for gender, $F(1, 50) = 4.13, p < .05$. Males who were low in social anxiety were less willing to seek help by attending a public workshop ($M = 1.12$) than females who were low in social anxiety ($M = 1.66$). In the high social anxiety group, there was a significant main effect for ethnicity, $F(1, 71) = 4.78, p < .05$. Caucasian students who were high in social anxiety were less willing to seek help by attending a public workshop ($M = 1.18$) than Asian students who were high in social anxiety ($M = 1.55$). No other effects were significant. An ANOVA summary is presented in

Appendix B (Table B-12).

Traditional guide. Due to a violation of the homogeneity assumption, the level of significance was lowered from $\alpha = .05$ to $\alpha = .025$. The following results should be interpreted with caution because one of the eight cells had zero variance (all Asian males who were high in social anxiety indicated that they would not be willing to seek help from a traditional guide).

A significant main effect for gender, $F(1, 120) = 5.28$, $p < .025$, was found. The effect size was .04. Females were more willing to seek help from a traditional guide ($M = .77$) than males ($M = .30$).

A significant interaction between social anxiety, gender, and ethnicity, $F(1, 120) = 8.17$, $p < .01$, was also found. The effect size was .06. To investigate this three-way interaction, a 2 (gender) X 2 (ethnicity) analysis of variance was performed for both the low social anxiety group and the high social anxiety group. In the low social anxiety group, there was a marginally significant ($\alpha = .025$) interaction between gender and ethnicity, $F(1, 50) = 5.09$, $p = .028$. Means and standard deviations for traditional guide scores in the low social anxiety

group, broken down by gender and ethnicity, are presented in Table 7. A Bonferroni t test for unequal ns was used as a follow-up procedure. These post hoc comparisons revealed that Caucasian males who were low in social anxiety were less willing to seek help from a traditional guide than Caucasian females who were low in social anxiety, $t(50) = 3.35, p < .01$. No other effects were significant. An ANOVA summary is presented in Appendix B (Table B-13).

Self-help materials. All effects were nonsignificant. An ANOVA summary is presented in Appendix B (Table B-14).

Anonymous help-seeking versus public help-seeking. As predicted, students who were high in social anxiety were more willing to use self-help materials than they were to seek help from more public sources, $t(74) = 5.29, p < .001$. However, students who were high in social anxiety were less willing to seek help from a crisis line than they were to seek help from more public sources, $t(74) = 2.02, p < .05$. Students who were low in social anxiety were also less willing to seek help from a crisis line than they were to seek help from more public sources, $t(53) = 2.09, p < .05$. Means and standard deviations for self-help materials,

Table 7

Traditional Guide Scores as a Function of Gender
and Ethnicity

Ethnicity		Gender	
		Male	Female
Caucasian	<u>M</u>	.16 _a	1.25 _a
	<u>SD</u>	.50	1.18
	<u>n</u>	19	16
Asian	<u>M</u>	.67	.46
	<u>SD</u>	1.63	.78
	<u>n</u>	6	13

Note. The higher the score, the greater the willingness to seek help from a traditional guide.

Means_a differ significantly at $p < .01$, two-tailed.

crisis line, and public sources of help are presented in Table 8.

Table 8

Mean Scores for Self-Help Materials, Crisis Line, and Public Sources of Help as a Function of Social Anxiety

Source		Social Anxiety	
		Low ^a	High ^b
Self-Help	<u>M</u>	1.70	2.01
	<u>SD</u>	1.37	1.40
Public	<u>M</u>	1.63	1.30
	<u>SD</u>	.70	.65
Crisis Line	<u>M</u>	1.28	1.07
	<u>SD</u>	1.24	1.06
Public	<u>M</u>	1.62	1.30
	<u>SD</u>	.70	.65

Note. The higher the score, the greater the willingness to seek help. Public sources of help include family physician, psychiatrist, individual counselling, group counselling, public workshop, and traditional guide.

^an = 53 for self-help; 54 for crisis line. ^bn = 75.

Chapter IV

Discussion

This study compared the help-seeking attitudes, the helper-directed concerns, and the helper preferences of university students who were high in social anxiety with those of students who were low in social anxiety. It was anticipated that socially anxious students would have both less positive attitudes and more negative attitudes toward seeking counselling than students who were not socially anxious. It was also predicted that socially anxious students would express specific helper-directed concerns that would not be shared by their less anxious peers. Finally, it was anticipated that socially anxious students would express a preference for anonymous help-seeking over public help-seeking. In other words, students who were high in social anxiety were expected to be more willing to seek help under anonymous conditions than they would be to arrange a face-to-face meeting with a helping professional.

Review of Major Findings

Although socially anxious students did not have less positive attitudes toward seeking counselling than

students who were not socially anxious, there was a significant interaction between social anxiety and gender. Females who were high in social anxiety had less positive attitudes toward seeking counselling than females who were low in social anxiety. Further, socially anxious students had more negative attitudes toward seeking counselling than students who were not socially anxious. Since a favourable attitude, or psychological readiness to seek help, has been found to facilitate actual help-seeking behaviour (Greenley & Mechanic, 1976b; Tessler, Mechanic, & Dimond, 1976; Robbins, 1981) these results suggest that socially anxious students may be more reluctant to seek counselling than students who are not socially anxious.

An exploration of students' helper-directed concerns provided some insight into the help-seeking attitudes of socially anxious students. Students who were high in social anxiety were less comfortable with the prospect of disclosing personal information to a counsellor than students who were low in social anxiety. Socially anxious students were also more apprehensive about the possibility of being viewed unfavourably by a counsellor than students who were not socially anxious. However, students who were high in

social anxiety did not place greater importance on making a good impression on a counsellor than students who were low in social anxiety did. Although there was partial support for the idea that socially anxious students would be more likely to believe that they would be viewed negatively by a counsellor, the results were not conclusive. Students who were high in social anxiety thought that it was more likely that they would be viewed critically by a counsellor than students who were low in social anxiety did. Socially anxious students were also less likely to believe that they would be viewed admiringly by a counsellor. However, socially anxious students were not less likely to believe that they would be viewed favourably or more likely to believe that they would be viewed disapprovingly.

The results for anonymous help-seeking versus public help-seeking were also somewhat ambiguous. Although socially anxious students were more willing to use self-help materials than they were to seek help publicly, these students were also less willing to seek help from a crisis line than they were to seek help from more public sources. Interestingly, students who were low in social anxiety were also less willing to

seek help from a crisis line than they were to seek public sources of help. It is possible that students believed that it would be less appropriate to seek help from a crisis line than to seek help from the more public alternatives because they may associate the former with emergency intervention (e.g., in the case of sexual assault, battering, or attempted suicide). Furthermore, the word crisis itself may bring to mind thoughts of someone who is in extreme emotional distress and, perhaps, even in physical danger.

An exploratory analysis of students' helper preferences revealed that socially anxious students were less willing to seek help from a family physician, from group counselling, and from a crisis line than students who were not socially anxious. It is possible that socially anxious students were reluctant to seek help from a family physician because he or she may be perceived as an expert, or an authority figure, who would be more likely to evaluate them unfavourably (Leary, 1983b, Zimbardo, 1977). Socially anxious students may also be particularly fearful of disclosing personal information about themselves in front of a group. Schlenker and Leary (1982) suggest that the motivation to make a favourable impression tends to

increase with the size of the audience, at least to a certain point. Research has shown that people often report feeling more tense and nervous as the size of their audience increases (Jackson & Latané, 1981; Latané & Harkins, 1976; Zimbardo, 1977). Finally, although a crisis line is one of the most anonymous sources of help, socially anxious students may feel apprehensive about initiating a telephone call to a stranger (Leary, 1983b).

Numerous studies have shown that males tend to be less willing to seek psychological help than females (Fischer & Turner, 1970; Selby, Calhoun, & Parrott, 1978; Kligfeld & Hoffman, 1979; Rule & Gandy, 1994). The present study found that (a) male students were less willing to seek individual counselling than female students, (b) male students were less willing to seek help from a traditional guide than female students, (c) male students who were high in social anxiety were less willing to seek help from a crisis line than female students who were high in social anxiety, and (d) male students who were low in social anxiety were less willing to seek help by attending a public workshop than female students who were low in social anxiety. A possible explanation for these findings can

be drawn from traditional gender roles. In a study of 401 male undergraduates, Good and Dell (1989) found that traditional attitudes about the masculine role were significantly related to negative attitudes toward seeking psychological help. Because the traditional masculine role highlights independence and self-reliance, whereas the traditional feminine role emphasizes cooperation and affiliation, females are given greater permission to admit their shortcomings and to seek help for an existing problem.

Cross-cultural differences may also influence attitudes toward psychological help-seeking (Fischer, Winer, & Abramowitz, 1983). Although the present study found relatively few differences between Caucasians and Asians, Caucasian students were less willing to seek help from a crisis line than Asian students, and Caucasian students who were high in social anxiety were less willing to seek help by attending a public workshop than Asian students who were high in social anxiety. These differences may reflect the emphasis that Western urban culture places on independence and self-reliance versus the collective-egalitarian values of the East.

It is important to note that the Caucasians and

Asians who took part in this study did not represent two distinct, homogeneous groups. Because the majority of Caucasian and Asian respondents had lived in North America for more than 10 years, one would expect considerable overlap between these groups. Not only had most Asian respondents had extensive exposure to Western culture at the time of this study, but many of these students may have had more in common with their Caucasian peers than with other Asian students (32% of Asian respondents were born in North America). Further, the group of Asian respondents was comprised of Chinese, Japanese, Korean, Vietnamese, Philippine, and Malaysian students.

Limitations of This Research

Generalizability. A longitudinal study of the relationship between the help-seeking attitudes and the help-seeking behaviour of socially anxious university students was beyond the scope of this investigation. It is not appropriate to assume that students' attitudes toward seeking psychological help will correspond directly with their help-seeking behaviour. Not only may imagined encounters with a counsellor be less powerful than real ones, but the help-seeking scenarios outlined in the questionnaire may involve

factors that are either more or less salient in an actual counselling setting. The reader should also be mindful that the results of this study are generalizable only to individuals who share the same characteristics as the respondents (e.g., age, gender, ethnicity, education, socioeconomic status, and geographical location).

Voluntary participation. The fact that the respondents were volunteers may have influenced the results of this study. For example, it is possible that the students who chose to complete the questionnaire had more favourable attitudes toward counselling than those who chose not to participate.

Use of self-report measures. Although care was taken to reduce respondents' evaluation apprehension and tendency to respond in a socially desirable way, the self-report measures used in this study remain subject to the response sets of these students. For example, students may have expressed more favourable attitudes toward counselling than they actually held in order to please the researchers (students were aware that this research was being conducted by and for counsellors). Because high IAS scores are significantly related to the need for approval (Crowne

& Marlowe, 1964), this may explain why socially anxious students, as a whole, did not score significantly lower on the PHAS than students who were not socially anxious.

Psychometric properties of the dependent measures.

Most of the dependent measures used in this study appear to be quite reliable; however, the Evaluation Scale did not meet acceptable standards of reliability. Due to its unsatisfactory reliability, the Evaluation Scale was used for exploratory purposes only, and the results associated with this measure should be interpreted with caution. In addition, further study is needed to establish the validity of the Anxiety Scale, the Disclosure Scale, and the Impression Scale.

Directions for Future Research

In this study, students who were high in social anxiety had more negative attitudes toward seeking counselling than students who were low in social anxiety. Further, socially anxious students were less comfortable with the prospect of disclosing personal information to a counsellor, and were more apprehensive about the possibility of being viewed unfavourably by a counsellor, than students who were not socially anxious. It would be useful to extend

these findings to actual help-seeking behaviour by assessing whether students who are high in social anxiety seek counselling less often than students who are low in social anxiety (controlling for students' presenting problems and their severity). Researchers could also examine whether social anxiety is associated with greater premature termination rates in counselling.

Another potential area for exploration is the relationship between social anxiety and the counselling process. Do socially anxious clients self-disclose less than clients who are not socially anxious? Do socially anxious clients worry about counsellor approval (or disapproval) more than clients who are not socially anxious? What impact would such client behaviours have on the counsellor? These questions could be addressed in a naturalistic setting involving clients who are screened for social anxiety (using the IAS) and assigned to counsellors who are blind to the experimental condition.

It remains unclear whether socially anxious students are more likely to believe that they would be viewed unfavourably by a counsellor than students who are not socially anxious. The development of a

reliable and valid measure to replace the Evaluation Scale is needed to adequately address this research question. It is also unclear whether social anxiety is associated with a preference for anonymous help-seeking over public help-seeking. A detailed exploration of the helper preferences of socially anxious students may answer this question and provide valuable clues concerning the types of helpers, or helping services, that can best meet the unique needs of these students.

Finally, this study focused exclusively on Caucasian and Asian university students. It would be worthwhile to attempt to replicate the present findings with samples of individuals from a variety of educational, socioeconomic, religious, racial, and cultural backgrounds. Previous research has shown that age, family income, and level of education are related to willingness to seek help in general (Tijhuis, Peters, & Foets, 1990), and that level of education is related to willingness to seek help from a mental health professional (Fischer & Cohen, 1972; Kligfeld & Hoffman, 1979; Tijhuis, Peters, & Foets, 1990). Religious, racial, cultural, and regional differences have also been found to influence attitudes toward

psychological help-seeking (Fischer, Winer, & Abramowitz, 1983).

Implications for Counselling

It is hoped that this study will help counsellors and other mental health professionals become more sensitive to the unique needs of socially anxious clients. Not only may such clients find it particularly difficult to disclose personal information to a counsellor, but they may also worry about being disliked or disapproved of by him or her. Because socially anxious clients are likely to feel most vulnerable in the first few sessions, it is essential that counsellors demonstrate patience and understanding at the outset of the client-counsellor relationship by working to build trust and establish rapport using person-centered techniques (e.g., accurate empathy, counsellor genuineness, and unconditional positive regard; Rogers, 1957; Holdstock & Rogers, 1977; Meador & Rogers, 1984), and by refraining from pushing their clients to reveal a great deal about themselves early on. For example, if a socially anxious client is pressured to disclose personal information of an embarrassing nature during the first session, he or she may feel too ashamed to return_for another session.

Counsellors should also normalize their clients' fears regarding counselling and affirm the courage that they have shown by choosing to seek help in spite of their misgivings.

Conclusion

This study found that socially anxious university students had more negative attitudes toward seeking counselling than students who were not socially anxious. Socially anxious students were also less comfortable with the prospect of disclosing personal information to a counsellor, and were more apprehensive about the possibility of being viewed unfavourably by a counsellor, than their less anxious peers. Although these findings suggest that social anxiety may inhibit psychological help-seeking, further research is needed to determine whether socially anxious students actually seek counselling less often than less anxious students. Further exploration and research are also warranted to provide an understanding of how the unique needs of socially anxious students can be best served by university counselling services and other student resources.

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Appendix A

Table A-1

National Heritage, Place of Birth, and Number of Years
in North America

Category	Description	Asian ^a <u>n</u> (%)	Caucasian ^b <u>n</u> (%)	Total <u>N</u> (%)
National Heritage	Chinese	65 (52)	N/A	N/A
	Japanese	6 (5)		
	Korean	6 (5)		
	Vietnamese	5 (4)		
	Philippine	4 (3)		
	Malaysian	1 (1)		
	Other	6 (5)		
	Not Specified	31 (25)		
Place of Birth	Canada	38 (31)	83 (68)	121 (49)
	North America	2 (2)	2 (2)	4 (2)
	Other	57 (46)	7 (6)	64 (26)
	Not Specified	27 (22)	30 (25)	57 (23)
Years in North America	< 5	11 (9)	3 (2.5)	14 (6)
	5-10	18 (15)	1 (1)	19 (8)
	11-15	10 (8)	2 (2)	12 (5)
	16-20	46 (37)	36 (30)	82 (33)
	> 20	12 (10)	50 (41)	62 (25)
	Not Specified	27 (22)	30 (25)	57 (23)

^an = 124. ^bn = 122.

Table A-2

Departmental Affiliation and Programme of Study

Category	Description	Low SA ^a <u>n</u> (%)	High SA ^b <u>n</u> (%)	Total <u>N</u> (%)
Department	Biochemistry	40 (36)	55 (41)	95 (39)
	Chemistry	22 (20)	27 (20)	49 (20)
	Psychology	20 (18)	24 (18)	44 (18)
	Fine Arts	11 (10)	10 (7)	21 (9)
	History	8 (7)	6 (4)	14 (6)
	Spanish	3 (3)	3 (2)	6 (2)
	Education	2 (2)	3 (2)	5 (2)
	Not Specified	5 (5)	7 (5)	12 (5)
Programme of Study	Diploma	4 (4)	4 (3)	8 (3)
	Bachelors	91 (82)	122 (90)	213 (87)
	Masters	3 (3)	2 (2)	5 (2)
	Doctoral	0 (0)	0 (0)	0 (0)
	Unclassified	12 (11)	6 (4)	18 (7)
	Not Specified	1 (1)	1 (1)	2 (1)

Note. SA = social anxiety.

^an = 111. ^bn = 135.

Table A-3

Scales Administered to Participating Classes in
Questionnaire Package 1 and Questionnaire Package 2

Class	Scale			
	IAS	NHAS/PHAS	HDCS	FPHS
Biochemistry	1	--	2 ^b	2
Chemistry A	1	1	1	1
Chemistry B ^a	2	1	1 ^c	--
Psychology	1	1	1	1
Fine Arts	1	1 & 2	1 ^c & 2	2
History	1	1 & 2	1 ^c & 2	2
Spanish	1 & 2	1 & 2	1 ^c & 2	2
Education A	1	1 & 2	2	2
Education B	1	1	1 ^c	--

^aAsian students only. ^bStudents did not receive the Anxiety Scale. ^cStudents did not receive the Disclosure Scale, the Impression Scale, or the Evaluation Scale.

Appendix B

Table B-1

Multivariate Analysis of Variance of PHAS and NHASScores

Source	Pillai	Hypoth df	Error df	F
SA	.11341	2.00	109.00	6.97163**
G	.00435	2.00	109.00	.23795
E	.00536	2.00	109.00	.29394
SA by G	.06811	2.00	109.00	3.98336*
SA by E	.02758	2.00	109.00	1.54570
G by E	.00707	2.00	109.00	.38789
SA by G by E	.00843	2.00	109.00	.46321

Note. SA = social anxiety; G = gender; E = ethnicity.

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

Table B-2

Multivariate Analysis of Variance of Anxiety,
Disclosure, and Impression Scores

Source	Pillai	Hypoth df	Error df	F
SA	.11916	3.00	77.00	3.47207*
G	.06602	3.00	77.00	1.81433
E	.04628	3.00	77.00	1.24562
SA by G	.01706	3.00	77.00	.44536
SA by E	.01901	3.00	77.00	.49739
G by E	.04901	3.00	77.00	1.32268
SA by G by E	.01020	3.00	77.00	.26462

Note. SA = social anxiety; G = gender; E = ethnicity.

*p < .025.

Table B-3

Univariate Analysis of Variance of Scores for Item 1 on
the Evaluation Scale

Source	SS	df	MS	F
W&R	309.58	119.00	2.60	--
SA	1.15	1.00	1.15	.44
G	3.65	1.00	3.65	1.40
E	.69	1.00	.69	.27
SA by G	3.08	1.00	3.08	1.18
SA by E	.31	1.00	.31	.12
G by E	7.00	1.00	7.00	2.69
SA by G by E	.21	1.00	.21	.08

Note. SA = social anxiety; G = gender; E = ethnicity.

Table B-4

Univariate Analysis of Variance of Scores for Item 2 on
the Evaluation Scale

Source	SS	df	MS	F
W&R	292.47	119.00	2.46	--
SA	18.82	1.00	18.82	7.66*
G	.02	1.00	.02	.01
E	.09	1.00	.09	.04
SA by G	2.28	1.00	2.28	.93
SA by E	10.22	1.00	10.22	4.16
G by E	.63	1.00	.63	.26
SA by G by E	.10	1.00	.10	.04

Note. SA = social anxiety; G = gender; E = ethnicity.

* $p < .01$.

Table B-5

Univariate Analysis of Variance of Scores for Item 3 on
the Evaluation Scale

Source	SS	df	MS	F
W&R	188.16	119.00	1.58	--
SA	.48	1.00	.48	.30
G	3.37	1.00	3.37	2.13
E	.18	1.00	.18	.11
SA by G	.72	1.00	.72	.46
SA by E	.51	1.00	.51	.33
G by E	.07	1.00	.07	.05
SA by G by E	4.61	1.00	4.61	2.91

Note. SA = social anxiety; G = gender; E = ethnicity.

Table B-6

Univariate Analysis of Variance of Scores for Item 4 on
the Evaluation Scale

Source	SS	df	MS	F
W&R	240.16	119.00	2.02	--
SA	14.38	1.00	14.38	7.13*
G	4.53	1.00	4.53	2.24
E	.19	1.00	.19	.09
SA by G	.20	1.00	.20	.10
SA by E	1.57	1.00	1.57	.78
G by E	.01	1.00	.01	.01
SA by G by E	.26	1.00	.26	.13

Note. SA = social anxiety; G = gender; E = ethnicity.

*p < .01.

Table B-7

Univariate Analysis of Variance of Family Physician
Scores

Source	SS	df	MS	F
W&R	191.14	121.00	1.58	--
SA	24.22	1.00	24.22	15.33*
G	5.47	1.00	5.47	3.46
E	2.05	1.00	2.05	1.30
SA by G	1.18	1.00	1.18	.74
SA by E	1.89	1.00	1.89	1.19
G by E	5.34	1.00	5.34	3.38
SA by G by E	.88	1.00	.88	.56

Note. SA = social anxiety; G = gender; E = ethnicity.

* $p < .001$.

Table B-8

Univariate Analysis of Variance of Psychiatrist Scores

Source	SS	df	MS	F
W&R	157.28	121.00	1.30	--
SA	4.47	1.00	4.47	3.44
G	.83	1.00	.83	.64
E	3.11	1.00	3.11	2.39
SA by G	.16	1.00	.16	.13
SA by E	.09	1.00	.09	.07
G by E	.72	1.00	.72	.56
SA by G by E	6.49	1.00	6.49	4.99

Note. SA = social anxiety; G = gender; E = ethnicity.

Table B-9

Univariate Analysis of Variance of Individual
Counselling Scores

Source	SS	df	MS	F
W&R	162.23	121.00	1.34	--
SA	3.65	1.00	3.65	2.72
G	8.10	1.00	8.10	6.04*
E	.00	1.00	.00	.00
SA by G	1.06	1.00	1.06	.79
SA by E	.04	1.00	.04	.03
G by E	.24	1.00	.24	.18
SA by G by E	.01	1.00	.01	.01

Note. SA = social anxiety; G = gender; E = ethnicity.

*p < .025.

Table B-10

Univariate Analysis of Variance of Group Counselling
Scores

Source	SS	df	MS	F
W&R	168.59	121.00	1.39	--
SA	6.46	1.00	6.46	4.63*
G	.96	1.00	.96	.69
E	2.77	1.00	2.77	1.99
SA by G	.07	1.00	.07	.05
SA by E	6.46	1.00	6.46	4.64*
G by E	2.92	1.00	2.92	2.09
SA by G by E	.84	1.00	.84	.60

Note. SA = social anxiety; G = gender; E = ethnicity.

*p < .05.

Table B-11

Univariate Analysis of Variance of Crisis Line Scores

Source	SS	df	MS	F
W&R	137.08	121.00	1.13	--
SA	11.69	1.00	11.69	10.32**
G	.18	1.00	.18	.16
E	8.33	1.00	8.33	7.35**
SA by G	12.40	1.00	12.40	10.94**
SA by E	4.75	1.00	4.75	4.19*
G by E	6.30	1.00	6.30	5.56*
SA by G by E	2.83	1.00	2.83	2.50

Note. SA = social anxiety; G = gender; E = ethnicity.

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

Table B-12

Univariate Analysis of Variance of Public Workshop
Scores

Source	SS	df	MS	F
W&R	182.74	121.00	1.51	--
SA	.72	1.00	.72	.47
G	1.75	1.00	1.75	1.16
E	2.07	1.00	2.07	1.37
SA by G	5.59	1.00	5.59	3.70
SA by E	4.96	1.00	4.96	3.29
G by E	.00	1.00	.00	.00
SA by G by E	9.54	1.00	9.54	6.32*

Note. SA = social anxiety; G = gender; E = ethnicity.

*p < .05.

Table B-13

Univariate Analysis of Variance of Traditional Guide
Scores

Source	SS	df	MS	F
W&R	111.49	120.00	.93	--
SA	.85	1.00	.85	.92
G	4.91	1.00	4.91	5.28*
E	.00	1.00	.00	.00
SA by G	.02	1.00	.02	.02
SA by E	.46	1.00	.46	.50
G by E	.08	1.00	.08	.09
SA by G by E	7.60	1.00	7.60	8.17**

Note. SA = social anxiety; G = gender; E = ethnicity.

* $p < .025$. ** $p < .01$.

Table B-14

Univariate Analysis of Variance of Self-Help Scores

Source	SS	df	MS	F
W&R	231.90	120.00	1.93	--
SA	1.98	1.00	1.98	1.02
G	.02	1.00	.02	.01
E	3.18	1.00	3.18	1.65
SA by G	.73	1.00	.73	.38
SA by E	4.29	1.00	4.29	2.22
G by E	.45	1.00	.45	.24
SA by G by E	.00	1.00	.00	.00

Note. SA = social anxiety; G = gender; E = ethnicity.

Appendix C

Title Page and Instructions to Participants

Course #: _____ Today's Date: _____

Retest ID Code: _____
a b c

To make secret ID code for retest matching, please enter: (a) mother's first name initial _____ ; (b) her birth month _____ ; and (c) her birth date _____.
(Example: M-11-28 for Mary born on November 28.)

Brief Research Title: Interpersonal Experience Survey

Thank you for volunteering to participate in this survey. This is an investigation of how people experience themselves in an interpersonal context. It will take you approximately 10-15 minutes to complete this survey package. Your data will contribute to our understanding of students' interpersonal concerns and will help us improve our methods of counselling and training counsellors.

You have entered a "retest ID" at the top of this page. This is necessary because some classes will receive a similar survey in 4-6 weeks, as a "retest", and we will need to match the first survey package with the second, while keeping your data anonymous.

Anonymity and confidentiality. All data will be number-coded for computer-assisted analysis, and you will remain entirely anonymous. The data will be kept strictly confidential, in a safe place, and only the researcher and his research assistants will have access to this data. Raw data will be destroyed 7 years from the completion of the study.

Voluntary participation. Your participation is voluntary and you are free to withdraw at any time. Your withdrawal or refusal to participate will NOT affect your student privileges or your academic status. Your consent will be assumed if you return a completed questionnaire.

The principal investigator is Dr. Ishiyama from the Department of Counselling Psychology. If you have any inquiries, you may contact him at: 822-5329.

Again, thank you very much for taking time to complete this survey. Your sincere response will be most appreciated!

T H A N K Y O U !

Appendix D

Demographic Questionnaire

1. Sex: ☐ 1 = male; ☐ 2 = female
2. Age: _____ years old
3. Departmental Affiliation: Dept. of _____
4. Programme of Study:
☐ 1 = Bachelors ☐ BA ☐ BSc ☐ BEd or _____
☐ 2 = Diploma
☐ 3 = Master
☐ 4 = Doctorate
☐ 0 = Unclassified
5. Sibling Order:
☐ 1 = oldest
☐ 2 = youngest
☐ 3 = only child
☐ 4 = middle child/one of the middle children
☐ 5 = other _____
6. Ethnic/Racial Background: (Which ethnic group constitutes more than 50% of your background? If it is 50-50, please check both categories.)
☐ 01 = Caucasian/Western European
☐ 02 = Eastern European
☐ 03 = Hispanic
☐ 04 = Asian
☐ 05 = East Indian
☐ 06 = First Nations
☐ 07 = Middle Eastern
☐ 08 = African American
☐ 09 = African
☐ 10 = other
☐ 00 = I prefer not to answer this question
7. I have lived in North America for a total of _____ years
8. I was born in ☐ Canada ☐ North America ☐ other

Appendix E

Interaction Anxiousness Scale

Read each item carefully and determine the degree to which the statement is characteristic or true of you. Then circle one of the five numbers according to the following scale.

- 1 = The statement is not at all characteristic of me.
 2 = The statement is slightly characteristic of me.
 3 = The statement is moderately characteristic of me.
 4 = The statement is very characteristic of me.
 5 = The statement is extremely characteristic of me.

---> true

- | | |
|-----------|------------------------------------------------------------------------------------------------|
| 1-2-3-4-5 | 1. I often feel nervous even in casual get-togethers. |
| 1-2-3-4-5 | 2. I usually feel uncomfortable when I am in a group of people I don't know. |
| 1-2-3-4-5 | 3. I am usually at ease when speaking to a member of the opposite sex. |
| 1-2-3-4-5 | 4. I get nervous when I must talk to a teacher or boss. |
| 1-2-3-4-5 | 5. Parties often make me feel anxious and uncomfortable. |
| 1-2-3-4-5 | 6. I am probably less shy in social interactions than most people. |
| 1-2-3-4-5 | 7. I sometimes feel tense when talking to people of my own sex if I don't know them very well. |
| 1-2-3-4-5 | 8. I would be nervous if I was being interviewed for a job. |
| 1-2-3-4-5 | 9. I wish I had more confidence in social situations. |
| 1-2-3-4-5 | 10. I seldom feel anxious in social situations. |

- 1-2-3-4-5 11. In general, I am a shy person.
- 1-2-3-4-5 12. I often feel nervous when talking to an attractive member of the opposite sex.
- 1-2-3-4-5 13. I often feel nervous when calling someone I don't know very well on the telephone.
- 1-2-3-4-5 14. I get nervous when I speak to someone in a position of authority.
- 1-2-3-4-5 15. I usually feel relaxed around other people, even people who are quite different from myself.

Source: Leary, M. R. (1983). Social anxiousness: The construct and it's measurement. Journal of Personality Assessment, 47, 66-75.

Appendix F

Help-Seeking Attitudes Scales (PHAS/NHAS)

We face various problems and personal issues in life. They may be related to relationships, career, emotional well-being, education, personality, family, identity, health, and life in general. Seeking help from others is one way of dealing with such problems and critical issues.

If you were to seek help from a trained counsellor or therapist to discuss rather personal issues, what kind of feelings and concerns might you have about it?

Please assume (a) that the helping services will be free of charge, confidential, and professional;

(b) that the counsellor will be a stranger to you, but speaks the same language.

Please circle one of the numbers for each item, using the scale below.

- 1 = not at all
- 2 = a little
- 3 = somewhat
- 4 = moderately
- 5 = quite
- 6 = very
- 7 = extremely

NAA<--MOD-->EXT

- | | |
|---------------|----------------------|
| 1-2-3-4-5-6-7 | 1. willing |
| 1-2-3-4-5-6-7 | 2. worried |
| 1-2-3-4-5-6-7 | 3. hopeful |
| 1-2-3-4-5-6-7 | 4. relieved |
| 1-2-3-4-5-6-7 | 5. self-conscious |
| 1-2-3-4-5-6-7 | 6. inhibited |
| 1-2-3-4-5-6-7 | 7. good about myself |
| 1-2-3-4-5-6-7 | 8. uncertain |

- | | |
|---------------|-----------------------|
| 1-2-3-4-5-6-7 | 9. stressed out |
| 1-2-3-4-5-6-7 | 10. skeptical |
| 1-2-3-4-5-6-7 | 11. comfortable |
| 1-2-3-4-5-6-7 | 12. shameful |
| 1-2-3-4-5-6-7 | 13. lonesome |
| 1-2-3-4-5-6-7 | 14. enthusiastic |
| 1-2-3-4-5-6-7 | 15. self-critical |
| 1-2-3-4-5-6-7 | 16. exposed |
| 1-2-3-4-5-6-7 | 17. cautious |
| 1-2-3-4-5-6-7 | 18. proud of myself |
| 1-2-3-4-5-6-7 | 19. disturbed |
| 1-2-3-4-5-6-7 | 20. resentful |
| 1-2-3-4-5-6-7 | 21. actively involved |
| 1-2-3-4-5-6-7 | 22. guilty |
| 1-2-3-4-5-6-7 | 23. hesitant |
| 1-2-3-4-5-6-7 | 24. embarrassed |
| 1-2-3-4-5-6-7 | 25. open |
| 1-2-3-4-5-6-7 | 26. defensive |

Source: Ishiyama, F. I. (1995). Development and validation of the Positive Help-Seeking Attitudes Scale and the Negative Help-Seeking Attitudes Scale.
Unpublished manuscript.

Appendix G

Helper-Directed Concerns Scales

Please circle one of the numbers for each item, using the scale below.

- 1 = not at all
- 2 = a little
- 3 = somewhat
- 4 = moderately
- 5 = quite
- 6 = very
- 7 = extremely

1. If you were to see a professional helper, how concerned would you be about the following issues?

"I would be concerned about _____."

NAA<--MOD-->EXT

- | | |
|---------------|------------------------------------------------------------------|
| 1-2-3-4-5-6-7 | 1. the helper forming negative opinions of me |
| 1-2-3-4-5-6-7 | 2. the helper seeing the negative side of me |
| 1-2-3-4-5-6-7 | 3. myself being the continuous focus of attention in counselling |
| 1-2-3-4-5-6-7 | 4. the helper thinking that I have a "big problem" |
| 1-2-3-4-5-6-7 | 5. the helper not appreciating my positive qualities |
| 1-2-3-4-5-6-7 | 6. the helper not liking me as a person |

If you were to see a professional helper, how would you feel? Please use the same 7-point scale.

2. I would feel _____ to disclose personal information to him/her.

NAA<--MOD-->EXT

- | | |
|---------------|----------------|
| 1-2-3-4-5-6-7 | 1. vulnerable |
| 1-2-3-4-5-6-7 | 2. comfortable |
| 1-2-3-4-5-6-7 | 3. embarrassed |
| 1-2-3-4-5-6-7 | 4. relaxed |

3. It would be _____ to me to make a good impression on him/her.

- | | |
|---------------|------------------------|
| 1-2-3-4-5-6-7 | 1. <u>un</u> important |
| 1-2-3-4-5-6-7 | 2. desirable |
| 1-2-3-4-5-6-7 | 3. meaningless |
| 1-2-3-4-5-6-7 | 4. of concern |

4. It is more likely that he/she would think of me _____.

- | | |
|---------------|-------------------|
| 1-2-3-4-5-6-7 | 1. favourably |
| 1-2-3-4-5-6-7 | 2. critically |
| 1-2-3-4-5-6-7 | 3. disapprovingly |
| 1-2-3-4-5-6-7 | 4. admiringly |

Source: Ishiyama, F. I., & Bushnell, J. E. (1995). [Helper-Directed Concerns Scales]. Unpublished raw data.

Appendix H

Formal Psychological Help-Seeking Scale

Suppose you had a personal problem that was causing you emotional distress and interfering with your normal functioning. How willing would you be to seek help from the following sources? Please assume that these services are free of charge, confidential, and professional.

- 0 = not at all
- 1 = slightly
- 2 = somewhat
- 3 = quite
- 4 = very

- 0-1-2-3-4 1. family physician
- 0-1-2-3-4 2. psychiatrist
- 0-1-2-3-4 3. one-to-one counselling (nonmedical)
- 0-1-2-3-4 4. group counselling (nonmedical)
- 0-1-2-3-4 5. crisis/distress line service
- 0-1-2-3-4 6. public workshop/seminar
- 0-1-2-3-4 7. traditional guide (e.g., psychic,
astrologer, medicine man/woman,
herbalist)
- 0-1-2-3-4 8. self-help materials (e.g., books,
audio/video tapes)

Source: Ishiyama, F. I. (1995). [Formal Psychological Help-Seeking Scale]. Unpublished raw data.