

PREDICTORS OF PSYCHOLOGICAL HELP-SEEKING ATTITUDES, WILLINGNESS  
TOWARD PSYCHOLOGICAL SERVICE UTILIZATION, AND LEVELS OF PREVIOUS  
PSYCHOLOGICAL SERVICE UTILIZATION AMONG ORTHODOX JEWISH  
PARENTS

By

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A dissertation study submitted to the Graduate Faculty in Educational Psychology in partial  
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## ABSTRACT

PREDICTORS OF PSYCHOLOGICAL HELP-SEEKING ATTITUDES, WILLINGNESS  
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The current study explores factors that predict levels of attitude toward psychological help-seeking, intention of utilizing psychological services, and levels of previous psychological service utilization among Orthodox Jewish parents. Attitude levels were measured using the *Attitudes toward Seeking Professional Psychological Help Scale* (ATSPPH), developed by Fisher and Farina (1995). Level of intention was measured by the *Intention of Seeking Counseling Inventory* (ISCI) (Cash et al., 1975). Predictor factors included in the study were gender, level of education, group affiliation within Orthodox Judaism, level of social stigma measured by the *Stigma Scale for Receiving Psychological Help* (SSRPH) (Komiya, Good & Sherrod, 2000), and scores on the *Openness toward Western Values Scale* (OWVS), a scale developed in the current study. Participants included 157 Orthodox Jews from various Orthodox Jewish communities across New York State. Logistic regression, multiple regression, and correlations were used to analyze the data. The

current study found that scores on the *Attitudes toward Seeking Professional Help Scale* (ATSPPH), the *Intention of Seeking Counseling Inventory* (ISCI), and levels of previous treatment utilization were all positively correlated with each other. In addition, various demographic factors were important in predicting attitude levels, intention levels, and whether previous treatment was sought. Attitude, group affiliation, and level of openness toward Western values were all significantly predictive of previous treatment levels. Those with lower attitude levels, self-affiliated with more insular and less acculturated Orthodox Jewish subgroups, as well as those who scored lower on the openness toward Western values scale, tended to have significantly lower levels of previous mental health treatment utilization. Levels of stigma toward seeking psychological help were predictive of levels of intentions to seek counseling, but not of levels of attitude or levels of previous treatment utilization. Those with higher levels of stigma tended to have lower levels of intentions to seek counseling. In addition, gender was significantly correlated with level of attitudes toward help-seeking. Women tended to have more positive attitudes than men. Within the construct of attitudes, the level of attitude that parents had toward seeking psychological help for themselves was found to correlate positively with attitudes levels they had for seeking psychological help for their children. These findings are important in providing insight and understanding in psychological help-seeking behaviors and attitudes among Orthodox Jews, a population not previously researched. Schools and mental health clinics that serve this population need to understand potential causes of initial resistance to treatment, as well as low treatment utilization levels from a socio-cultural perspective. Appropriate interventions to increase utilization levels should be formulated and implemented addressing the underlying causes of resistance to treatment.

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## CHAPTER 1

### INTRODUCTION

This chapter provides a brief overview of the general topic of mental health service utilization, factors that play a significant role in service utilization levels, and its relevance to the school-age population. The literature pertaining to the topic will briefly be reviewed, the rationale for the present study will be presented, and the theoretical model that the study will follow will be described. The chapter will conclude with the list of research questions that the present study seeks to answer.

The results of various research studies indicate that there is a particularly high prevalence of mental health issues facing the school-age population. Power, Eiraldi, Clarke, Mazzuca, and Krain (2005) cite that an estimated, “20% of children and teens have mental health problems resulting in at least minor impairments, and approximately 10% have moderate to severe impairments necessitating intervention” (p. 187). Despite the fact that there has been much research supporting the efficacy of psychological counseling for a wide variety of mental health disorders (Seligman, 1995; Westen & Morrison, 2001), a large gap still exists between those that need psychological help and those that actually seek it out among the school-age population (Kessler, et al. 1994). Findings indicate that less than 50% of youth with mental health problems appear to be receiving any professional help (Power et al., 2005).

Power et al. (2005) comment that part of the problem is that, “school and community providers undoubtedly have limited understanding of factors contributing to family help-seeking behavior” (p. 195). They also bemoan the fact that, “much of the research related to factors influencing service utilization has focused on health problems, as opposed to mental

health problems, and so the implications of this research for mental health service delivery need to be better understood....research related to the help-seeking behavior of children and families is still in its embryonic stages” (p. 194).

The topic of service underutilization is one that is extremely relevant to the field of school psychology in particular. Power et al. (2005) state that schools have currently become the primary venue through which youth receive mental health care. As managed health care has systematically removed incentives for primary care providers to make referrals to mental health specialists for psychosocial care, school counselors and psychologists have been pushed to the front lines in providing mental health services for children and adolescents. Similarly, the findings of Barker and Adelman (1994) also demonstrate the important role that schools currently play in providing counseling, particularly among minority populations. They found that among lower socioeconomic status Latinos, the highest frequency of service utilization was in the context of school-based services. Therefore, Power et al. (2005) suggest a focus on, “strengthening the capacity of schools and primary care practices to address the needs of children and their families, given that these institutions have become principal players in the provision of mental health services in this country” (p. 200).

Sharp, Hargrove, Johnson, and Deal (2006) examined the effects of a brief psychoeducational intervention on attitudes toward seeking professional psychological help. Significant improvements in attitude levels were found with the treatment group receiving the psychoeducational intervention, as compared to the control group. The results suggest that interventions (such as psychoeducation) can have significant results in modifying help-seeking attitudes. The implications of such findings make research regarding factors related to attitude towards psychological help-seeking all the more salient since attitude toward

counseling is a dynamic rather than static variable. This supports the notion of Power et al. (2005) that, “increasing family knowledge about mental health conditions and informing families about strategies that can be used to address problems can be helpful in improving service utilization” (p. 198).

The causes of underutilization of psychological services in the schools are quite complex. They can be divided into two broad classes: a) sociopolitical factors, and, b) cultural/familial factors (Power et al., 2005). Sociopolitical factors include practical factors such as health insurance, availability of facilities, and convenience to access them. Cultural and familial factors, on the other hand, include factors such as race, ethnicity, and beliefs about mental health conditions, treatments, and professional therapists. Similarly, level of acculturation also plays a role regarding service utilization. Families with higher levels of acculturation to Western values may have more of a willingness to seek psychological help than less acculturated families.

Wood et al. (2005) investigated racial and ethnic variations with regard to the age of entry into school-based services and specialty mental health outpatient services. They found that non-Hispanic White youth were much more likely to receive school-based services, as well as beginning the services that they did receive at earlier ages, as compared to ethnic minority groups. They conclude that, “linguistic and cultural barriers that may interfere with timely progression of these service referral mechanisms must become the focus of future research to examine the reasons for racial/ethnic differences in the age of first school-based service use” (p. 194).

More recently, Haboush (2007) focused on the need for school psychologists to become knowledgeable about ways to assess degrees of acculturation. The rationale is that as

families' identification with the majority culture and their own culture fluctuates, their acceptance and choice of psychological interventions is going to fluctuate, as well. A family more closely identified with Western/European values is going to be more likely to demonstrate greater comfort with psychological interventions that enhance individual accomplishments and independence. Less acculturated families, on the other hand, are going to prefer interventions that are more closely aligned with traditional cultural values.

Providing students with culturally relevant services requires school psychologists to acquire a basic knowledge and understanding about diverse cultures which can then allow them to provide students with appropriate psychological services that fit their cultural needs (Ortiz & Flanagan, 2002).

Having mentioned the influence that cultural factors may have on service utilization levels, it is important to note that the APA Ethical Principles of Psychologists and Code of Conduct (2002), APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations (1993), and NASP (2000), all require that school psychologists undertake activities to protect the rights of diverse populations and respect ethnic and cultural differences.

Cultural factors have been presumed to have a strong impact on service utilization for several reasons. One of the reasons, as mentioned above, is due to the role culture plays in attitudes toward psychological help-seeking. Research regarding the construct of attitude toward psychological help-seeking has generally supported its role in regard to eventual service utilization. Cramer (1999) focused his research regarding factors that may have affected previous service utilization, and found that attitudes toward seeking psychological help, along with level of personal distress, level of social support, and self-concealment

levels all correlated with levels of psychological service utilization among undergraduate college students.

Gustafson, McNamara, and Jensen (1994) broaden the construct of attitude to not only include an individual's attitude toward professional psychological help-seeking but also parental attitude levels regarding their school-age children. Curry (1999) similarly found that parental attitudes toward their children seeking professional psychological help were a significant predictor of the level of likelihood that their children would utilize psychological services.

Researchers have found that there seem to be some common factors that affect levels of attitude toward psychological help-seeking across a majority of cultures. Some examples are gender, gender orientation, level of education, levels of social stigma, problem-type (personal versus academic), and levels of self-disclosure. Females, those with a more feminine gender orientation, higher levels of education, lower social stigma levels, issues relating to academics (rather than personal problems), and higher levels of willingness to self-disclose were found to have more positive attitude levels toward seeking professional psychological help than their counterparts (Bee-Gates, Howard-Pitney, LaFromboise, & Rowe, 1996; Fisher & Turner, 1970; Komiya, Good, & Sherrod, 2000; Johnson, 2001; Vogal, Wester, & Boyson, 2005).

Regarding the role that culture plays with respect to attitude levels towards seeking psychological help, Tata and Leong (1994), and Miville and Constantine (2006), respectively, found that both Chinese-Americans and Mexican-Americans who had higher levels of acculturation had higher attitude levels towards seeking psychological help. The

more open and integrated an individual seems to be toward Western values, the more positive attitude levels toward psychological help-seeking seem to be.

Although only mentioned briefly in the literature regarding culture, the factor of religion and its potential effect on attitude toward seeking psychological help is also relevant to the present discussion. Fisher and Cohen (1972) found important differences among various religious groups regarding attitude levels toward psychological help-seeking. Furthermore, within each of the major religions there is variability related to many salient factors that may also affect constituents' attitudes toward psychological help-seeking. Level of religiosity, level of openness toward Western values, and level of deference to religious authority may vary greatly within each religious group. Kane and Williams (2000) compared Anglo and Hispanic Catholics regarding whom they seek to receive help from in times of crisis. The researchers found that Anglo Catholics preferred to receive their assistance from people who had credentials in one of the helping professions, whereas Hispanic Catholics were just as likely to seek help from a priest with or without any background in the helping professions. Barker and Adelman (1994) emphasize the "importance of studying within group differences within ethnic groups to avoid perpetuating incorrect generalizations about mental health status" (p. 260).

There is limited literature on religious groups and the effects they may have on mental health help-seeking attitudes and service utilization. In addition, studies pertaining specifically to the religion of Judaism have been almost non-existent (Langman, 1995). As mentioned above, virtually all religious groups are also hypothesized to have large within group differences among constituents that make up their adherents. With regard to Judaism there are various primary branches, commonly referred to as Orthodox, Reform and

Conservative, each having a distinct set of religious beliefs, world view, and ways of life. Such variations in values may contribute to differences in acculturation levels, attitude toward psychological help-seeking levels, as well as levels of willingness to utilize mental health services for their respective constituents, as discussed by Kaminetzky and Stricker (2001).

Large within group discrepancies can also be seen within the main branches of Judaism. For instance, literature regarding within group differences in lifestyle found among Orthodox Jews may also mediate factors related to attitudes toward mental help-seeking levels. Relevant factors such as levels of openness to Western culture, social stigma levels, level of dedication to religious leaders as opposed to secularly trained professionals, are all factors that vary greatly within Orthodoxy and may affect attitudes toward mental health help-seeking, as well as levels of service utilization in very different ways (Margolese, 1998; Schnall, 2006).

Confounding variables that may present when examining the attitudes toward seeking mental health treatment in such a population are the number of children in a family, as well as levels of attitude regarding emigration from the U.S. Those with a higher number of children may present with lower levels of utilization and intentions, but it may not be as a result of attitudes, stigma, or levels of openness toward Western values. It may simply be the limited time and resources that parents have to seek treatment for the child due to the demands of their other children. Similarly, those with more positive attitudes toward emigration out of the U.S. may seek less treatment because of their imminent plans to leave, as well as having an overall negative view of Western values, rather than being the result of affiliation, stigma, or openness toward Western values. Previous research has not included

such factors in their studies leaving their effects on dependent variables such as attitudes, intentions, and previous levels of treatment utilization unknown.

Such a reality makes it imperative to examine factors that are hypothesized to be salient for each cultural or religious group independent of findings that may have been reported among other cultural groups. It will allow the researcher to identify unique factors that are specific to each culture in regard to attitude levels towards mental health help-seeking, previous psychological treatment utilization, as well as willingness to seek mental health services in the future. Such findings will then make interventions for increasing service utilization more targeted to the specific needs of each culture. They will also allow the results to be compared to the findings of other cultures, as well as that of the general population.

Choosing a theoretical model to examine factors that affect mental health service utilization has been challenging, and previous researchers have not always followed similar approaches. Earlier studies carried out across various cultures have generally chosen to analyze either, a) previous treatment levels, b) level of intention to seek counseling or, c) attitude toward mental health help-seeking levels, as their dependent variables in examining factors that predict how a culture approaches mental health services. Each factor in isolation, however, has its own limitations with regard to the real factor of interest, what to anticipate regarding actual future service utilization levels. The most comprehensive model seems to be one that includes all three factors in its analysis (see Halgin Weaver, Edell, & Spencer, 1987). The current study will therefore attempt to analyze a scarcely researched group, the Orthodox Jewish population, using an integrated model. All three factors; previous service utilization, attitude levels, and levels of intention, will be analyzed simultaneously, in relation

to salient predictor factors that seem to relate to this population. Factors such as group affiliation, level of education, number of children, attitude toward emigrating from the U.S., level of openness to Western values, and levels of social stigma will be included.

In summary, there is a pressing need to examine factors that affect mental health service utilization among the school-age population. More specifically, there is a particularly strong need to investigate causes for lower utilization levels among cultural/ethnic minorities, such as the Orthodox Jewish population. The present study has set out to follow an integrated research model with which to examine the salient factors of this minority population.

In the present study, the following research questions were explored:

1. How do, A) gender (M or F), B) group-affiliation to one of three subgroups among Orthodox Jews (Modern Orthodox, Orthodox/Ultra-Orthodox (non-Chassidic), or Ultra-Orthodox/Chassidic), C) number of children, D) level of education (grouped as either level I, level II, level III, or level IV), E) attitude toward emigration F) previous psychological treatment sought for any family members over the past six months (Y or N), G) scores on the *Social Stigma for Receiving Psychological Help* (SSRPH) scale, H) scores on *Openness towards Western Values Scale* (OWVS), I) scores on the *Attitude toward Seeking Professional Help* (ATSPPH) scale, and J) scores on the *Intention of Seeking Counseling Inventory* (ISCI) correlate with each other? A correlational matrix was used to display the results.
2. How do, A) gender, B) group-affiliation to one of three subgroups among Orthodox Jews C) level of education, D) number of children, E) attitude toward emigration, F) scores on the *Social Stigma for Receiving Psychological Help* (SSRPH) scale, G) scores on *Openness towards Western Values Scale* (OWVS), H)

scores on the *Attitude toward Seeking Professional Help* (ATSPPH) scale, and, I) scores on the *Intention of Seeking Counseling Inventory* (ISCI), predict whether, J) there was utilization of treatment in the past six months? Is there an overall significance in predicting treatment with all factors combined? When looked at individually, which factors significantly predict previous treatment? Logistic regression was used to answer this question.

3. How do A) gender, B) group-affiliation to one of three subgroups among Orthodox Jews, C) level of education, D) number of children, E) attitude toward emigration, F) previous psychological treatment sought for any family members over the past six months, G) scores on the *Social Stigma for Receiving Psychological Help* (SSRPH) scale, H) scores on *Openness towards Western Values Scale* (OWVS), and I) scores on the *Intention of Seeking Counseling Inventory* (ISCI), predict, J) scores on the *Attitude toward Seeking Professional Help* (ATSPPH) scale? Is there an overall significance in predicting attitude with all factors combined? When looked at individually, which factors significantly predict attitude levels? A multiple regression was used to answer this question.

4. How do A) gender, B) group-affiliation to one of three subgroups among Orthodox, C) level of education, D) number of children, E) attitude toward emigration, F) previous psychological treatment sought for any family members over the past six months, G) scores on the *Social Stigma for Receiving Psychological Help* (SSRPH) scale, H) scores on *Openness towards Western Values Scale* (OWVS), and, I) scores on the *Attitude toward Seeking Professional Help* (ATSPPH) scale, predict, J) scores on the *Intention of Seeking Counseling Inventory*

(ISCI)? Is there an overall significance in predicting attitude with all factors combined? When looked at individually, which factors significantly predict willingness? A multiple regression was used to answer this question.

5. Will there be any significant differences found with respect to problem-type (academic, intra-personal, and social) when the *Intention of Seeking Counseling Inventory* (ISCI) is administered? Do different factors emerge from the scale?

Factor analysis was used to answer this question.

6. Will there be differences between parental psychological help-seeking attitude levels for their own problems, as compared to parental attitudes toward psychological help-seeking for mental health issues related to their children when the *Attitude toward Seeking Professional Help* (ATSPPH) is administered? Factor analysis was used to answer this question.

## CHAPTER 2

### LITERATURE REVIEW

This chapter begins with an overview of the current state of mental health service utilization levels for the population, in general, and for the school-age population, in particular. This is followed by a review of the research evidence regarding the importance of level of attitude toward seeking professional psychological help with regard to service utilization. The effects that factors such as acculturation, religious affiliation, and openness toward Western values have on levels of attitude toward psychological help-seeking will then be discussed. The role of cultural factors pertaining specifically to an under-researched population, Orthodox Jews, will then be addressed. An integrated theoretical model that the current study will follow will be presented, and a rationale for the present study based on the literature review will be given. The chapter will close with a list of research questions that the study will seek to answer.

#### *Mental Health Service Utilization*

There has been much research supporting the effectiveness of psychotherapy across a wide range of disorders (Seligman, 1995; Westen & Morrison, 2001). Nonetheless, findings indicate that less than 50% of youth with mental health problems appear to be receiving any professional help (Power et al., 2005). This is in line with findings in the general population of those with a lifetime disorder of mental illness, in which more than half were found not to have received any professional help (Kessler et al., 1994). Furthermore, they found that less than 20% of those with a recent disorder had been in treatment for the past twelve months.

In addition to findings among the general population, the underutilization of mental health services found among minorities was even higher (Brinson & Kotler, 1995). Wood et

al. (2005) found that non-Hispanic white youth had significantly higher rates of service utilization, as well as having their services started at younger ages than those of their Hispanic counterparts. Diala et al. (2000) similarly found lower levels of treatment utilization among African-Americans asked about having utilized psychological help over the past twelve months when compared to whites. Similarly, Feinberg and Feinberg (1985), as cited by Schnall (2006), found that the Orthodox Jewish sect was no exception to the pattern found among minorities. They surveyed Orthodox mental health professionals and found that 90% of them reported that the mental health needs of their community were poorly met.

### *The Role of Attitudes towards Psychological Help-Seeking*

#### *Definition of Attitude*

The construct of attitude has been defined in the literature in a number of different ways. Using more of a theoretical approach, Halgin, Weaver, Edell, and Spencer (1987) define attitude as, “a function of specific beliefs regarding the consequences of performing the behavior and evaluations of those consequences” (p. 177). Fisher and Turner (1970) chose to define the construct of attitude in their study in a more applied manner as, “one’s tendency to seek or to resist professional aid during a personal crisis or following prolonged psychological discomfort” (p. 79). According to either definition, attitudes represent an internal perspective that affects an individual’s decision to act or not. The construct of attitude can be understood in the context of theory of reasoned action by Ajzen and Fishbein (1980) which states that the decision to do a behavior is primarily a function of one’s intention to be engaged in the behavior. The theory further claims that attitude, along with subjective norms, are the two primary contributors towards intention of engagement.

*The Relationship between Attitudes and Intentions*

Many studies (Cepeda-Benito & Short 1998; Dean & Todd, 1996; Kelly & Achter, 1995; as cited in Cramer, 1999) support the notion that attitudes toward counseling can significantly predict intentions toward actually seeking professional psychological help. Cramer (1999) states that, “volumes of research indicate that one’s preconceptions of counseling strongly influence whether one will seek professional help” (p. 381). Vogel, Wester, Wei, and Boysen (2005) also assessed both attitudes and actual intentions of seeking psychological help, and found a significant association between levels of attitude toward psychological help-seeking and actual intent to seek counseling. Vogel, Wester, and Boyson (2005) using structural equation modeling (SEM) also supported the notion that levels of attitudes toward seeking psychological helped predict intent to seek professional help. Greenley and Mechanic (1976) had similar findings to those of Vogel et al. (2005).

In an extensive research study, Cramer (1999) examined factors that may stand in the way of going from a recognized state of psychological distress to actually seeking treatment. In his study he sought to construct and evaluate a path analysis that consisted of four variables and the role they play in a person’s intention to seek psychological help. The variables were: a) level of distress, b) attitudes toward professional psychological counseling, c) available social support, and d) self concealment (predisposition to hide one’s negative aspects from others). The goal of the study was to find the most viable path model, using path analysis, in which the relationships between antecedents (the four factors) and criterion (help-seeking behavior) are best described. The results indicated that those with higher levels of distress, as well as those with higher attitudes toward seeking psychological help, were found to be more likely to seek counseling.

Bosmajian and Mattson (1980) found significant correlations between intentions to seek counseling and level of alternate sources of help, perception of counseling usefulness, and perceived severity of pathology. However, in contrast to preceding studies, attitudes toward psychological help (when level of self-adjustment was controlled) did not predict intentions to seek counseling. This seems to contradict the prior support for the importance of attitude as a predictor of help-seeking behaviors. The findings may, however, be the result of attitudes and level of adjustment being correlated with each other. Therefore, when controlling for self-adjustment, the differences in levels of attitudes might not significantly predict help-seeking behaviors.

#### *Additional Effects of Attitude Levels*

Attitudes toward counseling may play an important role in other important areas, in addition to decisions regarding actual treatment utilization. Constantine (2002) found that attitudes toward counseling also affected client satisfaction with the process of counseling, even after the decision to go for help was made. Those with higher attitude scores showed more satisfaction with the process of counseling than those who had less positive attitudes.

Cash, Kehr, and Salzbach (1978) found that attitudes had a significant positive influence on a counselor's perceived expertise, trustworthiness, regard, empathy, genuineness, and general helpfulness, from the perspective of the client. Those with more positive attitudes toward counseling viewed their therapists in a more positive way than those who had lower attitude levels. In addition, Cash et al. (1978) found that attitudes also predicted clients' expected willingness to return for a second interview, as well as their expectancies for improvement across a wide range of personal problems.

In summary, levels of attitude toward psychological help-seeking seem to play a significant role in several aspects of the counseling process. First, they seem to be significantly related to whether individuals will choose to utilize services to begin with, or not. Second, they seem to be correlated with the likelihood of individuals returning for a second interview even after they have chosen to utilize psychological services. In addition, attitudes toward psychological help-seeking appear to affect the way people perceive the level of competence of their counselor, as well as the level of confidence individuals have in the effectiveness of the process of counseling itself.

*The Effects of Parental Help-Seeking Attitudes on Help-Seeking for their Children*

In order to improve psychological service utilization among the school-age population, the role of parental attitudes toward psychological help-seeking needs to be closely examined. It is crucial to understand the factors that affect parents' decisions to seek help for their children since it is generally parents who refer their children for psychological help (Ho & Chung, 1996, as cited by Raviv, Raviv, Propper, & Fink, 2003). Even in cases where others make the initial referral, consent almost always needs to be obtained from the parents before any counseling begins, making them the ultimate gate-keepers of their child's utilization of mental health services. Gustafson, McNamara, and Jenson (1994) support the notion by stating that, "consent-to-treatment decisions for younger children are typically made by parents" (p. 16).

Regarding the factors that affect parental decision making, Gustafson et al. (1994) found that child problem severity and parental attitudes toward psychological treatment were both positively associated with the likelihood of seeking psychological treatment for their child. When the child's mental health problems were more severe, the parents tended to be

more likely to seek treatment. In addition, parents with more positive attitudes toward seeking professional psychological help, as measured by the *Attitudes toward Seeking Professional Psychological Help* (ATSPPH) scale, developed by Fisher and Turner (1970), were also more likely to seek treatment than those with lower scores. Similarly, Nock and Kazdin (2001) found that parents' anticipatory beliefs about therapy predicted subsequent barriers to treatment participation, attendance, and premature termination of services for their children.

Some of the specific concerns that parents had regarding their children getting psychological help were studied by Raviv, Raviv, Propper, and Fink (2003). They found, interestingly, that mothers were more reluctant to seek help from a school psychologist as compared to a private psychologist. In addition to those findings, they found that the main worry and concern that affected the attitudes of mothers in seeing a psychologist, in general, was possible harm to the child or damage in some way to his/her development and future. They also found that fears related to damage of self-image, as well as worries regarding financial costs were also somewhat high on the concern list.

Curry (1999) studied pathways that led Black parents of children with behavior problems to seek professional help. The results indicated that both severity of the child's problem and parental attitudes toward seeking psychological help were significant predictors of the utilization of professional mental health services. Although the findings of this study seem to be consistent with those of Gustafson et al. (1994) cited above, the methodology of the study slightly differed. Curry (1999) used the Fisher (1995) scale which measures parents' own attitudes toward seeking psychological help, but made minor adjustments to the scale by modifying several of the personal pronouns changing them to nouns. For instance,

item #1 was changed from, “If I believe I was having a mental breakdown, my first inclination would be to get professional attention” to, “If I believed my child was having a mental breakdown, my first inclination would be to get professional attention”. The outcome was that parental attitudes toward their children seeking professional psychological help was being assessed instead of parental attitudes towards seeking professional psychological help for their own problems, as Gustafson et al. (1994) had studied. Together, these studies support the notion that both parental attitudes toward seeking professional help for their own problems, as well as their attitudes towards psychological help-seeking for their children’s problems, each respectively predict the likelihood of service utilization for their children.

*General Factors that Affect Attitude towards Seeking Psychological Help*

Having reviewed the research that stresses the importance of one’s attitude toward mental health service utilization, it is imperative to understand what factors are shown to have an effect on levels of attitude toward psychological help seeking. In a classic study on attitudes toward seeking professional help for psychological disturbances, Fisher and Turner (1970) sought to analyze the major constructs that constitute overall attitude toward psychological help-seeking, as well as to develop a comprehensive scale to assess those attitudes. They constructed and standardized the first rating scale on attitudes of its kind, using a Likert scoring system. Four main factors emerged from a factor analysis of the 29 item-responses regarding the attitudes of 424 college and nursing students. The factors were: a) recognizing the need for therapeutic help, b) stigma tolerance, c) interpersonal openness, and d) confidence in the mental health practitioner. This scale has since been the assessment tool commonly used in much of the subsequent research analyzing factors that affect attitude toward psychological help-seeking. The scale was later condensed by Fisher and Farina

(1995) into a shortened form of only 10-items that were still reliably shown to assess attitudes toward seeking professional psychological help.

In addition to the four factors that constitute attitude level in the Fisher and Turner (1970) scale, research supports additional factors that have correlated significantly with level of attitude toward professional psychological help seeking. They include gender, education level, levels of perceived stigma, and level of social support. The main findings of many of those studies will be reviewed below.

Fisher and Turner (1970) also examined factors that they hypothesized may correlate with level of attitude scores. Their results indicated that there were significant differences between genders on level of attitudes toward seeking psychological help scores. Women tended to endorse almost all items in the direction of more favorable attitudes towards help-seeking. In addition, women tended to be more open about their problems and seem to pursue contexts in which they can communicate with others in order to help them reach a solution, as compared to men. It is important to note, however, that these findings are from studies done over thirty years ago. Differences between the genders regarding attitudes toward help-seeking may have changed over the past three decades, along with other changes of gender roles in society. Johnson (2001) did, however, find that sex role orientation also had a significant influence on attitudes toward seeking psychological help. Those who were classified as more feminine had more confidence in a professional's ability to help and were more willing to recognize the need for psychological help than those categorized as being more masculine.

Fisher and Turner (1970) found that both men and women who had received previous psychological help had more favorable attitudes toward help-seeking than those who did not.

Furthermore, they reported that on an internal-external locus of control scale those who scored more toward the internal pole predicted higher attitude toward help seeking scores, compared to those scoring closer to the external pole. Finally, scores on a scale that measured levels of authoritarian style (F scale) were inversely related to attitude scores. Those displaying higher authoritarian styles tended to have lower attitude levels.

In an early study, Fisher and Cohen (1972) found that years of education were also positively correlated with attitudes towards psychotherapy. Komiya, Good, and Sherrod (2000) found some additional factors that also predicted students' attitudes toward seeking psychological help. They noticed that high levels of perceived social stigma, lack of emotional openness, and lower perceived psychological symptom severity, were three factors with negative relationships to attitudes toward help-seeking. In addition, Cramer (1999) stressed the important role of level of self-concealment as predicting negative attitudes towards the counseling process. The higher the level of self-concealment, the less positive attitudes toward psychological help-seeking were found to be. The rationale was that those with high self-concealment levels would be afraid that counseling may require sharing negative information.

Although Cramer (1999) found results that supported the hypothesis that self-concealment and attitude toward psychological help-seeking have an inverse relationship, as cited above, other studies have found that those results may not apply to level of willingness or perceived likelihood to actually seek counseling. The difference between attitudes and willingness is that the construct of attitude assesses the theoretical opinion and sensitivity towards the process of psychological help-seeking, whereas the construct of willingness merely asks about willingness to seek help or not. Although the two would seem to be

strongly correlated, as discussed later in this paper, this is not always the case. In light of the above, Kelly and Acther (1995) found that although high levels of self-concealment resulted in lower levels of attitude toward help-seeking, they nonetheless resulted in greater perceived likelihood of seeking counseling. This was possible because this population may, on the one hand, fear disclosing intimacies to a therapist, but on the other hand, lack access to help through other means of social support. As a result, the individual may display low attitude levels toward help-seeking but high willingness levels toward actual treatment utilization. Cepeda-Benito and Short (1998), on the other hand, did not find similar results to those of Kelly and Acther (1995) with regard to the relationship between self-concealment and perceived likelihood to seek counseling. More studies are needed to fully understand the true relationship of these factors.

Leong and Zachar (1999) found that people who had a more positive and accepting view of mental illness, in general, were more likely to have positive attitudes toward counseling, using Cohen and Struening's (1962) Opinions about Mental Illness (OMI) Scale. The categories used in the scale regarding levels of acceptance of mental illness were labeled as either, a) benevolence- a friendly and nurturing view of the mentally ill, b) authoritarianism- prejudiced attitude against the mentally ill, c) level of social restriction- an attitude that the mentally ill are dangerous to society, or d) level of mental hygiene ideology perspectives- viewing mental illness as treatable.

Vogal, Wester, and Boyson (2005) used structural equation modeling (SEM) and found additional factors that significantly predicted attitudes towards seeking professional help. They found that perceived level of social support was negatively related to attitude toward psychological help-seeking levels. When social support scale scores were lower,

attitudes toward help-seeking were found to be higher. The rationale was that those with fewer social networks may have no option other than to get support from a mental health professional, whereas those with stronger support systems have other options such as family and friends. An additional factor was level of social norm, which assessed the perceived opinions about seeking psychological help of other individuals considered important to the one seeking the counseling. Those with higher social-norm levels were found to have higher levels of attitude toward help-seeking, as would be expected.

### *Problem-Type*

In addition to factors that have been found to correlate with overall attitudes toward help-seeking, there is an additional factor referred to as problem-type that seems to play an important role with respect to service utilization levels. Bee-Gates et al. (1996) found significant differences in levels of service utilization depending on what problem-type an individual was experiencing. For issues that can be categorized as personal problems, high school students were more likely to seek help from a friend, parent, or relative. For issues that were related more strongly to academic and career problems, students were more likely to use professional help sources.

Similarly, Gim et al. (1990) analyzed factors that affect the level of willingness to see a counselor among Asian-American college students. They reported that there were some significant differences in willingness levels depending on the different types of concerns that arose. The highest willingness levels were found among academic or career concerns, followed by financial concerns. Kim and Omizo (2003) also found differences in problem type among Asian-Americans. They found that willingness to seek counseling for personal and health problems was negatively correlated to levels of adherence to Asian values, where

as academic and career problems were not. It seems that Asian-Americans who have high levels of adherence to their traditional Asian value system are still willing to go for counseling if the problem they are dealing with relates to academic rather than personal issues. The results of these studies indicate that problem-type may play a significant role in levels of willingness toward utilizing psychological treatment and may be indicative of a difference in attitude with respect to seeking professional psychological help for different types of problems.

In summary, there seem to be many important factors that are correlated with overall attitude or willingness levels toward professional psychological help-seeking. Gender, sex role orientation, locus of control, authoritarian-scale scores, level of emotional openness, stigma levels, perceived severity levels, levels of self concealment, views of mental illness, levels of perceived social-support, levels of perceived social norm regarding counseling, and problem-type were all factors found to relate significantly to levels of attitude or willingness.

#### *The Effects of Social Context on Attitudes toward Help-Seeking*

Attitudes are not only limited to an individual's outlook and perception developed over a lifetime, but may be strongly impacted by the social context that the individual finds him/herself in. Dearing, Maddux, and Tangney (2005) found that positive attitudes of faculty toward students entering personal therapy during their training were significantly positively correlated to actual student help-seeking during graduate school. These findings support the importance of the role of social context, such as mentor and teacher attitude levels, and the effects they may have on their disciples decisions to seek counseling or not.

### *Cultural Factors that Affect Views on Mental Health Help-Seeking*

Findings from the research on mental health help-seeking attitudes and service utilization support the notion that culture plays an important role in the process. In directly comparing attitude levels of Americans and South Koreans, Yoo (2001) found that South Korean university students had more negative attitudes toward psychological help-seeking than American university students. The distinct cultures that differentiate the two groups of students seemed to be a significant factor regarding differences in level of attitude toward psychological help-seeking. Further research is needed to identify the salient cultural factors.

Brody (1993) examined the effects of traditional ideology, which he defined as, “a set of beliefs common among a group of individuals adhering to conventional, conservative, or historically older attitudes and beliefs” (p. 6), on attitudes toward psychotherapy. He found that higher levels of traditionalism, a seemingly important component when comparing different cultures with each other, were negatively correlated with the attitude toward and use of psychotherapy. These findings may explain differences Yoo (2001) found when comparing the psychological help-seeking attitudes of South Koreans and Americans. South Koreans may have higher levels of traditionalism causing less positive attitudes toward psychological help-seeking.

Diala et al. (2000) found among African-Americans that even those who had more positive levels of attitude than whites still had lower levels of treatment utilization when asked about seeking psychological help over the prior twelve months. Cultural factors may be playing a crucial role in mediating the affects of attitude on actual treatment utilization. Among certain cultures, attitude and treatment utilization levels may not always go hand in hand.

Culture seems to also play a mediating role with respect to perceived levels of surrounding social support. Yoo, Goh, and Yoon (2005) found different results in their study using Asian-American participants, than Vogel et al. (2005) found regarding the general population. Yoo et al. (2005) noticed that among Asian-Americans, social-network orientation, defined as an individual's beliefs and expectations about how useful his/her surrounding social network is in the event of a problem, was positively correlated with better attitudes toward help-seeking. This differed from the findings of Vogel et al. (2005), who found that levels of social support were negatively correlated with more positive attitudes towards help-seeking levels among the general population. This factor may be another example of the mediating role that culture has with regard to attitudes toward help-seeking. Among certain cultures social-network orientation correlates positively with attitude levels, while in others it correlates negatively.

Discrepancies across cultures were also found in research pertaining to the relationship between attitudes toward help-seeking and gender. Although Fisher and Turner (1970) reported that women are more likely to have more positive levels of attitude than men, the findings may not be consistent across all cultures. Atkinson and Gim (1989), in a study with Asian-Americans participants, reported no significant differences between males and females with regard to levels of attitude toward help-seeking, as were found in studies among the general population. Similarly, Bee-Gates, Howard-Pitney, LaFromboise, and Rowe (1996) found that there were no significant differences between genders with regard to attitudes toward help seeking among Native American-Indian high school students. Gender seems to be another example of a factor being mediated by culture. It is important to note again that the findings of Fisher and Turner (1970) are from a study done over thirty years

ago. Differences between the genders regarding attitudes toward help-seeking may have simply changed over the past three decades, along with other changes of gender roles in society.

The research has demonstrated that culture is important when attempting to understand attitude levels toward psychological help-seeking. As a result, generalizing findings from one culture to another is a challenge and each culture may strongly impact the effects various factors have on levels of attitude toward seeking counseling.

#### *Acculturation and Attitude toward Psychological Help-Seeking*

Culture does not only play a significant role on individuals when they are in their countries of origin, but continues to affect people long after they leave those shores and migrate elsewhere. Tata and Leong (1994) studied the effects of various cultural factors on attitudes toward psychological help-seeking among Chinese-Americans. Among their findings they found that levels of acculturation measured by the Suinn-Lew Self-Identity Acculturation Scale (SL-ASIA), were positively correlated with attitudes to seeking professional help. Those more highly acculturated had more positive levels of attitude towards psychological help-seeking. The explanation of the findings was that those who hold onto old cultural values face a conflict of interest between their old Asian value system of dealing with mental health issues alone and the American value system of seeking professional psychological help when facing a crisis. Those, on the other hand, who choose to leave their old culture and acculturate fully with Western values and lifestyle face less conflict and are more willing to seek psychological help for psychological problems consistent with the norms of Western society. In addition, the process of seeking counseling may itself affect levels of attitude toward psychological help-seeking in that the course of

therapy may result in the client being less rigid in conforming to old values and more open to new ideas.

In examining Mexican-American college students, Miville and Constantine (2006) found that both cultural congruity, the degree to which individuals feel that they culturally fit into their surroundings, and acculturation, the measure to which an individual immerses into the dominant culture, were both positively correlated with attitudes toward help-seeking. The results showed that acculturation correlated only modestly, while congruence correlated significantly.

According to Tropp et al. (1999), “psychological acculturation refers to changes in individuals’ psychocultural orientations that develop through involvement and interaction within a new cultural system” (p. 351-352). Their understanding, as well as the scale they developed, differed from previous definitions and scales measuring acculturation in that it chose not to focus on language use and other such behaviors as indicators of acculturation levels, but rather focused on the sense of emotional attachment and the level of understanding of an immigrant’s culture of origin compared to that of the host culture. They developed the 10-item *Psychological Acculturation Scale* (PAS) which assesses the psychological negotiation and emotional connection of individuals rather than behavioral involvement in their newly introduced culture. They focused their definition and scale in a way that can distinguish between immigrant groups that have fully acculturated and other groups that may have lived here for decades and can speak the language well but still have low acculturation levels since they have very low emotional attachment and involvement with American culture. These groups may choose to remain more isolated and insular and

keep their strongest attachments within their own group rather than with members of the outside.

An additional factor that the previous research has not directly addressed is the factor of one's attitude with regard to emigration from the U.S. If an individual is a fully acculturated U.S. citizen but has strong interests and perhaps imminent plans to emigrate, does that affect attitudes towards mental health help-seeking? Does it affect levels of service utilization for themselves or their children? Attitudes toward emigration may play a role in treatment utilization by the fact that it may identify individuals who don't feel like permanent residents in this country which may negatively affect levels of mental health utilization. It may also be indirectly assessing people's attitudes toward the values and lifestyle of the U.S. Both of these characteristics may contribute to lower levels of treatment utilization.

*Openness toward Western Values: The Development of a New Scale*

Psychological acculturation may not always be the correct factor to consider when examining negotiation styles toward Western values of certain cultural groups. It may fall short because certain groups may perceive and assess themselves as being emotionally attached, proud of their host culture, and think they share in their value system when responding to the survey items, when in reality their perceptions are the result of being misinformed or uneducated about the real values of the host culture. They may answer higher on some items, as was seen in a pilot study using this population, since their low levels of acculturation results in high levels of ignorance about their host culture causing them to think they are more in line with their host culture's value system than they truly are. This could raise serious issues regarding the validity of using such scales. In some circumstances more culturally specific scales asking how strongly they associate with specific ideals and values

known to be associated with high adherence to their own cultural value system should be administered to assess their levels of psychological acculturation. This may avoid the possibility of the cultural ignorance factor causing responses to scale items to have low validity. Substituting ambiguous items such as rating level of adherence toward Western values with items such as whether they would be happy if their child told them they wanted to attend a secular college may help increase validity.

The scale of Openness toward Western Values (OWVS) was therefore developed for the present study. It attempts to specifically assess the construct of psychological acculturation among the Jewish Orthodox population in the most valid manner. The problem with using traditional scales was that previous scale items focus too heavily on Western and American values and ask participants to assess their level of comfort and interaction with them. The issue with using such scales with the Orthodox Jewish population is that some constituents live very isolated lives and may therefore be unfamiliar with constructs such as American and Western values, raising serious validity concerns. The present scale, instead, constructed items that ask Orthodox Jews primarily about culturally familiar issues and asks them to rate how strongly they relate to them, as will be described more in detail below.

#### *Religious Factors that Affect Attitudes towards Psychological Help-Seeking*

There is a scarcity of research on the role that religion plays in regard to mental health service utilization. The research regarding cultural factors deals with issues primarily relating to ethnicity, nationality, and language (Burke et al., 1999, as cited by Levitt & Balkan, 2003). However, there is some limited research supporting the important role that religious factors play regarding levels of attitudes toward help-seeking. Kane and Williams (2000) compared Anglo and Hispanic Catholics regarding who they seek help from in times of crisis. They

found that Anglo Catholics preferred to receive their assistance from people who had credentials in one of the helping professions, whereas Hispanic Catholics were just as likely to seek help from a priest with or without any background in a helping profession. Although other factors may have contributed, it seems that cultural/religious affiliation may play an important role in where an individual chooses to turn in times of crisis.

Fisher and Cohen (1972), in a study comparing three religious groups; Jewish, Roman Catholic, and Protestant, found that Jewish participants presented the highest positive attitudes toward mental health treatment (at borderline significance) across all socioeconomic levels. Greenly and Mechanic (1979) sampled a large population of university students and found that those who sought psychiatric services were either significantly more likely to be Jewish (rather than Catholic), or non-practicing members of any religion, including Judaism.

Results in this area, however, have not always been consistent. Shechtman, Haradin, and Zina (2003) hypothesized that in comparing levels of self-disclosure between Jewish, Muslim, and Druze adolescents in Israel, Jewish adolescents would score the highest. Their reasoning was that the Muslim culture is more collective in nature as compared to the Jewish culture which emphasizes individualism and lends itself more to self-disclosure. They were surprised, however, with the results that found that Muslims scored significantly higher on levels of self-disclosure than the other groups.

The attitude of clergy toward psychological help-seeking is also significant and often plays an important role in whether their constituents will seek professional help for mental health issues. Veroff, Douvan, and Kulka (1981) as cited in Taylor et al. (1991), found that thirty-nine percent of Americans who have serious problems solicit help from clergy. Taylor et al. (1991) comment that clergy very often function as the gatekeeper to formal mental

health services for their followers. Among the clergy themselves, Taylor et al. (1991) cite studies that found that only a small number refer clients on to mental health professionals. They also cite that both clergy possessing higher education, as well as those with more liberal theologies, were more likely to make referrals to mental health professionals than their counterparts.

In summary, there are significant factors relating to religion that have a strong impact on attitudes toward psychological help-seeking and mental health service utilization levels. However, with regard to specific factors and the extent of their effects, it is necessary to examine each religion individually.

#### *The Effects of Judaism on Attitudes toward Psychological Help-Seeking*

Having discussed the need to examine each religion independently, Langman (1995) points to the noticeable scarcity of research, specifically with regard to Judaism, within multicultural literature. That being the case, it makes it all the more important for researchers to conduct studies to advance the understanding regarding factors that may affect service utilization within this group. From the minimal existing literature, however, some important and seemingly contradictory factors on attitudes toward help seeking seem to emerge. Schlossberger and Hecker (1998), in a review article about counseling Jewish families in a family therapy setting, discuss some factors that pertain uniquely to the Jewish population. First, members of the Jewish religion traditionally have relied on the learned men from their religion not only for religious matters but also for guidance on ethical and emotional issues. As a result of this tradition of taking counsel, many Jews are more willing to engage in therapy than other groups may be. Second, Jewish subjects, in general, have been found to be comfortable displaying emotions more openly compared to other cultural groups.

Furthermore, Jewish people generally like to view issues in a complex way as a result of their traditional emphasis on making subtle rational arguments in Talmudic study. Such a tradition gives them an appreciation for the process of counseling which many times entails figuring out inaccurate perceptions, as well as deeper motives. There is also a tendency among Jewish people to be overly responsible, perhaps as a result of the Holocaust experience. This may lead them to have more positive attitude levels and greater treatment utilization levels than others. In addition, common symptoms that may be higher than normal among the Jewish population can include guilt, anxiety, and feelings of inadequacy, which may also bring them to counseling. In addition, as a result of historical harassment, Jews tend to worry and sense themselves as being different from others, and not fitting in (Schlossberger & Hecker, 1998), which may also motivate individuals to seek psychological help faster.

Manaster (2004), in comparing Judaism and Individual Psychology (developed by Alfred Adler), found that the two share many values. He commented that they both demand dialogue and analysis in understanding principles, as well as applying those principles to life. Additionally, they both focus on strategies for an individual in order not to delude him/herself in mistaken approaches to interpersonal relationships. Finally, both systems emphasize freedom, responsibility, equality, and democracy.

Langman (1997) reviewed the literature pertaining to Jewish cultural values and found a number of additional factors that relate to their attitudes toward psychological treatment. He noted that studies have found that Jews are quicker to accept and verbally respond to discomfort than other cultures because they view emotional expression as useful. They saw no use in comments such as, "taking it like a man", as other cultures did. In addition, they place less value on self-reliance and are less suspicious of going to a

professional with a problem. Finally, in contrast to other groups who tended to push off seeking medical help, Jewish people tended to go for professional help immediately if they felt it would improve their situation.

From the research reviewed above, it seems to indicate that Judaism lends itself to having a positive outlook on psychological help-seeking. However, most of the studies cited above do not consider within group differences that may be present among Jews. Although many affiliations share the common general name of “Judaism”, the reality is that the lifestyles, attitudes, and values of the different subgroups differ significantly. “Jewish populations vary in cultural heritage, intensity of religious commitment, and the degree to which Jewish mannerisms, argot, beliefs, and attitudes influence and gain expression in everyday behavior” (Spero, 1986, p. 211, as cited in Kaminetzky & Stricker, 2000). Many factors that were mentioned above may vary in degree based upon an individual’s specific affiliation to subgroups within Judaism.

Although the study discussed below does not directly relate to psychological help-seeking, it may still serve as an important example of how different religiosity levels within the Jewish population may influence help-seeking behaviors. Bowen, Single, Eng, Crystal, and Burke (2003) examined the attitudes of a group of Ashkenazi Jewish women toward performing various breast screening practices (self-exam, mammography, and genetic testing). The women were classified into groups according to their levels of cultural identification and religious practices. The researchers found that women with higher religious identity had stronger intentions to follow recommendations for mammograms when such instruction was given, but showed less interest in self-initiating the more advanced genetic testing approach. Although these findings relate to medical rather than to psychological

treatment, they share similar ideas with the findings of Gim, Atkinson, and Whitely (2005) previously cited regarding attitudes towards seeking psychological help among Asians. Both studies demonstrate that either lower acculturation rates (Gim et al. 2005) or higher religiosity rates (Bowen et al., 2003) may cause more diligent and responsible behaviors such as seeking psychological treatment (Gim et al. 2005) or following recommendations for mammograms (Bowen et al. 2003), even though there are low levels of general attitude or self-initiation for the treatment itself.

A study by Kaminetzky and Stricker (2001) directly relates to within group differences that are found among subgroups within Judaism. They found that there were significant discrepancies between Orthodox, Reform, and Conservative Jews, as to how each group viewed a rabbi's capability to solve psychological problems. Although the Orthodox individuals were just as likely to seek psychological help as others, they were almost twice as likely as Reform and Conservative Jews to think that a rabbi is competent enough to also resolve psychological problems. In addition, Orthodox Jews were significantly more likely to have actually seen a rabbi for an emotional problem. Furthermore, Orthodox Jews, in general, also felt that it was important to keep a distance from the surrounding culture to preserve religious integrity, as compared to Reform and Conservative Jews.

Freidman, Friedlander, and Blustein (2005) also explored some differences that may be found among the different subgroups within Judaism. They reported that only the two Orthodox (compared to the Reform and Conservative) subjects in their qualitative study identified with Judaism more than they identified as being Americans, regardless of social context. They concluded that level of identity (to Judaism and American culture) is one of the key differences between the various factions within Judaism.

Kaminetzky and Stricker (2001) explored possible within group differences regarding attitudes toward psychological help-seeking across the various primary affiliations within Judaism; Orthodox, Conservative, and Reform. Their results indicated that all groups had equally positive attitudes towards counseling. They commented, however, that the main limitation of the study was that they were probably tapping into only the Modern Orthodox segment of Orthodox Jews. That contingency of Orthodoxy may not share some important factors that other Orthodox Jews affiliated with more insular subgroups may have regarding psychological help-seeking. Would results be similar if Orthodox subjects from more Ultra-Orthodox or Chasidic affiliations were also included?

*The Effects of Orthodox Judaism on Attitudes toward Psychological Help-Seeking*

Attitudes can be a highly variable factor across settings, cultures, and religions. Nonetheless, Langman (1995), as cited above, pointed out a noticeable scarcity of research regarding Judaism in multicultural literature. It is also worth noting that even among the existing literature, an even smaller percentage has focused on the Orthodox sect of Judaism. When considering the effect that Orthodox Judaism may have upon its constituents' overall attitudes, as well as levels of service utilization for mental health issues among this group (Feinberg & Feinberg, 1985; Margolese, 1998), there is a noticeable gap in the literature that needs to be filled.

As mentioned above, in addition to the great variability within Judaism in general, each of the sub-sections within Judaism (Orthodox, Conservative, and Reform) can also be further subdivided into additional sub-groups based on large within group variability regarding approaches towards important areas of life. Margolese (1998), in a review article on Jewish culture and psychotherapy, emphasizes the importance of not ignoring these within

group distinctions, specifically within the Orthodox themselves. He writes for instance that modern Orthodox Jews tend to be more involved than other Orthodox Jewish affiliations in the secular world. They lead less insular lives, hold a broad range of jobs, and don't have the distinct dress that others do. Chassidim, on the other hand, are a much more insulated community; they dress in a very distinct way, usually have a narrow spectrum of occupations, and tend to consult their Rebbe (religious leader) before making any major decisions. There are also non-Chassidic ultra-Orthodox Jews who tend to be more open than Chassidim to the secular world (but less so than the Modern Orthodox), and generally involve their leaders less in their personal lives. Margolese (1998) logically concludes that, "each of these groups has particular beliefs that may lead to differences in their approach to mental health care" (p. 39).

In review articles on counseling the Orthodox Jew, both Margolese (1998) and Schnall (2006) compiled a list of additional factors among Orthodox Jews that affect levels of attitudes toward psychological help-seeking. First, it is important to understand what seeking psychological help might mean for an Orthodox Jew. By the act of help-seeking the individual is admitting that their Judaism isn't providing them with all the answers to their problems. Additionally, Orthodox Jews may feel a pressure that they are expected to be high achievers. The necessity of seeking the assistance of mental health practitioners is tantamount to an admission of failure to live up to the perceived expectations of their culture and religion.

Orthodox Jews, additionally, may have low attitude levels toward help-seeking because of concerns that a therapist might not respect their value system. They may also be more likely to go to a Rabbi as their first choice for help rather than choosing a mental health

professional. Due to the insular nature of some communities among Orthodox Jews, the level of social stigma within the community may be high. The issue of stigma is confounded for some by the arranged marriage process called shidduchim, in which each prospective family is investigated thoroughly by the other before a potential match is even considered. If an individual is known to have seen a mental health professional for some sort of issue, a match between families could be put at risk or be a call for further investigation. The close knit nature of the community also makes confidentiality a bigger challenge.

Orthodox Jews are also challenged by a barrier that affects many other minority groups, namely, the heavy financial burden that counseling can present. In addition, there may be a fear of unnecessarily breaking the halacha (Jewish law) prohibiting slander in the process of counseling. Some Orthodox Jews may also be more open to psychopharmacology (a medical approach) rather than psychotherapy, as the former seems less threatening to their religious beliefs.

No formal and systematic research, however, has ever been done to explore the actual role that these factors play among an Orthodox Jewish population. Furthermore, studies have never compared how various sub-groups within Orthodox Judaism may differ from each other regarding the effects of such factors and the role they might play on levels of attitude toward psychological help-seeking. Rather, in most previous studies with Orthodox Jews, as well as with studies on Judaism in general, most distinctions between subgroups have been entirely ignored. This has been done despite clear distinctions that exist between subgroups in salient categories such as openness to Western values, levels of insularity from the outside world, as well as levels of social stigma.

Although distinctions made by Margolese (1998) between the subgroups within Orthodoxy seem related to the construct of psychological acculturation defined by Trop et al. (1999) as the, “individuals' psychocultural orientations that develop through involvement and interaction within new cultural systems” (p.351-352), nonetheless, psychological acculturation may not be the construct that needs to be analyzed within the Orthodox Jewish population. On the surface, these sub-groups within Orthodoxy (modern Orthodox, Orthodox/ultra-Orthodox/non-Chassidic, or ultra-Orthodox/Chassidic) also seem to be distinct in the level of emotional attachment and degree of psychological negotiation and understanding of the host culture, all of which are found in the construct of psychological acculturation. However, as previously mentioned, groups with the lowest levels of acculturation may result in having responses that score inaccurately high on an acculturation survey as a result of the ignorance that its members have to what the true values of the host culture really are. Being so low in levels of acculturation may itself cause them to think that they are more in-line with general cultural norms than they really are, making the scale low in validity. This concern is one that is more applicable when it comes to ethnic/cultural/religious groups that have individuals with very low levels of acculturation, which may apply to ultra-Orthodox/Chassidic Judaism (Margolese, 1998).

A more logical approach in assessing the acculturation levels of sub-groups within the Orthodox Jewish population would be to remove items measuring the extent to which they identify with the values of America versus that of their own culture, and replace them with items measuring values and ideals that are specifically applicable to their culture. Similar to the scale used by Brody (1993), items should assess how strongly they identify with a certain cultural value of their own, unrelated to general American values. In this way the validity of

the scale will be greatly improved since the items that are being asked will be concepts that they are familiar with. No current scale, however, has been found that assesses Orthodox Jews regarding their openness toward Western values using such a scale. For this reason, a new scale was constructed for the present study to examine the style and levels of interaction of Orthodox Jews with Western society. It is anticipated that the construct of openness towards Western values will be similar to that of acculturation levels assessed in other cultures, namely that it will also be positively correlated with levels of attitude toward help-seeking.

#### *The Effects of Number of Children and Attitudes toward Emigration*

Confounding variables may also present themselves when examining the attitudes toward seeking mental health treatment and levels of treatment utilization among a population such as Orthodox Jews. Numbers of children in a family, as well as attitude regarding emigration from the U.S. are factors that may vary greatly within Orthodox Judaism. Those with higher number of children may present with lower levels of utilization and intentions, but may not be as a result of attitudes, stigma, or openness toward Western values. It may simply be the limited time and resources that parents have to seek treatment for the child because of the demands of their other children. Similarly, those with more positive attitudes toward emigration may seek less treatment simply because of their imminent plans to leave, as well as having an overall negative view of Western values, rather than be the result of affiliation, stigma, or openness toward Western values. Such factors have not received attention in the previous research leaving their affects on dependent factors such as attitudes, intentions, and treatment utilization levels unknown and worthy of exploration.

### *Changing Levels of Attitude*

The findings regarding attitudes toward psychological help-seeking, the role it plays, and factors that affect attitude have been discussed above. In addition, it is crucial to understand the nature of the construct of attitude in the context of interventions. Current research has supported the notion that attitudes towards seeking psychological help is not a static and unchangeable variable but rather one that can be malleable as a result of the introduction of different forms of psychoeducational interventions. Buckley and Malouff (2005) examined the effects of a psychoeducational video that used cognitive learning theory, on levels of attitude toward psychological help-seeking. The experimental group was shown a first-hand account of the usefulness of therapy while the control group was not. The result of the intervention was that the treatment group increased their attitude levels toward psychological help-seeking, as compared to the control group, indicating that attitude levels in adults are a construct that can be changed with the introduction of appropriate interventions.

Similarly, Esters, Cooker, and Ittenbach (1998) examined the effects of a unit of instruction in mental health on the attitudes of rural adolescents regarding psychological help-seeking. Results indicated that there were more positive attitudes towards psychological help-seeking for the treatment group, and these attitudes stayed consistently higher when tested again twelve weeks later. Again, these results support the notion that attitude is not a static variable, but can be changed with the appropriate intervention.

Sharp, Hargrove, Johnson, and Deal (2006) also examined the effects of a brief psychoeducational intervention on attitudes toward seeking professional psychological help. The intervention consisted of a forty-minute video focusing on myths and stigmas associated

with mental illness, modifying expectations about psychotherapy effectiveness, and providing students with information regarding treatment options. Significant improvements in attitude were again found in the treatment group, as compared to the control group. The results once again suggest that interventions can have significant results in modifying help-seeking attitudes. The implications of such findings make research regarding the factors related to attitude towards psychological help-seeking all the more salient. This supports the notion of Power et al. (2005) that, “increasing family knowledge about mental health conditions and informing families about strategies that can be used to address problems can be helpful in improving service utilization” (p. 198).

*The Relationship between Attitude, Previous Treatment, and Intention: The Need for a Comprehensive Model*

*Assessing Previous Treatment Levels*

There are a number of different research methodologies that have been used to understand, analyze, and intervene with mental health utilization levels across different populations. One approach has been to measure a population’s level of previous mental health service utilization, and compare it to levels of other groups, or to the general population. Such a method seems to have high validity since choosing treatment when needed in the past should be a strong indicator for decision making regarding the future. Research done by Halgin, Weaver, Edell, and Spencer (1987) supports such a notion. In addition, assessing levels of previous treatment utilization through either record reviews or through a simple survey question leaves subjects with little room for misunderstandings often plaguing items that ask for opinions or attitudes.

Although previous utilization levels seem useful in anticipating what future utilization may look like, there are some limitations. The most obvious problem with assessing such a construct is that many individuals may have not had any problems in the past that required psychological help. This entire section of the population is not being included among the representative population being analyzed. Perhaps one group shows higher levels of treatment utilization than another only as a result of having had more issues or stress to confront in the past. It may be that had a different group with lower utilization levels experienced those type of problems, their utilization levels may have been the same or even higher. This construct may therefore not be strongly indicative of what future utilization levels may be.

Furthermore, with respect to using previous treatment levels, not every population exists in the form of a closed environment. Schools or mental health clinics may be the types of social systems that keep data such as culture, religion, and other demographic factors, along with their records of treatment utilization. Populations that exist primarily in community settings often utilize the services of mental health professionals either in clinics or private practice and there is not always easy access to such data for the purposes of research. Such a reality minimizes the ability of being able to use a simple record review to obtain such data and has forced researchers to resort to other methodologies to assess their populations of interest.

Analyzing previous service utilization levels has an additional limitation, as well. There is no information with utilizing the construct of previous treatment provided on why the treatment was sought or not. This leaves researchers with many unanswered questions. Low utilization levels could be the result of low accessibility to services, financial limitation,

or low confidence in the efficacy of treatment. Each reason would lead to very different intervention approaches in attempting to increase service utilization levels.

### *Assessing Attitude Levels*

For reasons cited above, much of the research pertaining to anticipated mental health service utilization has employed the construct of attitude towards seeking professional psychological help. Such an assessment approach includes a full representative sample of a population rather than just assessing individuals who have had a problem in the past. With regard to attitudes, even individuals who have not suffered from any psychological problems in the past can complete the survey since the questions are only hypothetical items (e.g. “If you were experiencing an emotional crisis, would your first inclination be to seek professional psychological help?”). Additionally, assessing attitudes would help researchers begin to answer questions regarding why individuals or groups underutilize mental health services, and whether or not it is somehow related to their attitude and perception regarding the process of counseling. With such information they can begin hypothesizing about possible ways to intervene and perhaps increase levels of future mental health service utilization.

Support for the use of the construct of attitude with respect to service utilization can also be found in the research. Studies done by Dearing, Maddux, and Tangey (2005), Cash, Kehr, and Salzbach (1978), Utz (1983), and Vogel and Wester (2005) found that there was a significant positive relationship between the construct of attitude and previous treatment utilization levels, as would be expected. Higher attitudes have been found to be correlated with higher levels of previous usage of treatment utilization. It would therefore seem reasonable to assume that those with more positive attitude levels towards seeking

professional psychological help would also tend to be more willing to utilize treatment in the future, than those with lower levels of attitude. Many studies (Cepeda-Benito & Short 1998, Dean & Todd, 1996, Kelly & Achter, 1995, all cited in Cramer, 1999) have supported the notion that attitudes toward counseling can significantly predict an individual's future intention toward actually seeking professional psychological help. Gustafson et al. (1994) found that the same was true for parental attitudes toward psychological treatment regarding treatment utilization for their children. Higher parental attitude levels were positively associated with a higher likelihood of seeking treatment in the future.

As a result of the advantages mentioned above, there have been many research studies previously discussed that have chosen to investigate a group's views towards psychological counseling by assessing their level of attitudes toward professional psychological help-seeking. Nonetheless, using the construct of attitudes also has its own limitations. Attitudes can only be measured by the creation of a questionnaire that is assumed to be measuring the concept of attitudes. Validity always becomes an issue once a study is relying on opinion questions rather than on concrete items such as whether one sought previous professional psychological help over the past six months. The risk that participants may interpret or understand survey items differently than intended is always present.

In addition, the construct of attitudes toward professional psychological help-seeking presents other shortcomings that researchers have pointed out. Most of the research cited above seems to support the important role that attitudes play as a result of strong correlations between attitudes and other factors such as previous service utilization levels. Such findings, however, have not always been consistent. Bosmajian, Jr. and Mattaon (1980) found in their study that attitude levels did not significantly correlate with previous treatment utilization

levels when the factor called level of adjustment (measured by a college maladjustment scale) was controlled. Similarly, Diala, Muntaner, Walrath, Nickerson, LaVeist, and Leaf (2000) found that among African Americans, their scores were higher on the level of attitude construct than those of whites, yet they had lower levels of treatment utilization when asked about previous psychological help over the past twelve months. Individuals could have high levels of attitude toward treatment yet may have other factors that play a role in service utilization, such as accessibility, finances, or cultural/religious expectations that lower actual utilization levels.

Furthermore, there are no studies that have actually given attitude scales to a population and subsequently assessed their service utilization levels over the subsequent six months or year. Fisher and Farina (1995), who developed one of the most commonly used attitudes toward psychological help-seeking scales (ATSPPH), state that the current research has examined, “neither attitude change or development over time nor the relation of attitude to subsequent behaviors” (p. 371). The research has rather assumed or anticipated that such a relationship would exist.

The research has shown at times that high attitudes toward psychological help-seeking does not always lead to higher service utilization in the future. There may be individuals or a specific population that have relatively high levels of attitude yet future service utilization levels will be lower than average because of outside factors like finances, accessibility, or options of religious leaders as sources of help. For example, Kelly and Acher (1995) found that high levels of self-concealment resulted in lower levels of attitude toward help-seeking but greater perceived likelihood of seeking counseling. This was possible because this group may be, on the one hand, fearful of disclosing intimacies to a

therapist but, on the other hand, lack access to help through other means of social support. The results show that these two constructs, attitude and service utilization levels, may not always be correlated. In addition, level of distress by an individual may also be an important factor that affects willingness to actually seek counseling even when attitudes are high (Cramer, 1999).

An additional limitation of using general attitudes toward help-seeking is that it disregards problem-type. Individuals may have different attitude levels with regard to different types of psychological problems yet when they fill out a general attitude toward psychological counseling survey they are doing so in response to a question that only asks them about issues in a general way. Subjects may respond to those situations differently than they would if they were asked about specific types of problems such as drugs, alcohol, or conflicts with parents. General attitude surveys do not allow for individuals to have different attitude levels for diverse types of issues. As a result, future service utilization for certain issues may not always be reflected by scores on a general attitudes survey.

#### *Assessing Levels of Intention*

Due to reasons cited above, a third factor, in addition to previous service utilization levels and levels of attitudes to psychological help-seeking, has been studied to anticipate individual and group likelihood levels of using psychological services for psychological problems. This factor is commonly referred to in the research as level of intention or willingness to seek counseling. Although it sounds similar to attitude toward seeking professional psychological help, there are some crucial differences between the two constructs. While the construct of attitudes seeks to assess an individual's view and perception of psychological help-seeking, intention and willingness simply asks subjects to

assess their level of likelihood of actually seeking counseling for various types of issues, usually ranging between fifteen or twenty problem-types that may occur. Only three of the twenty-nine items in Fisher and Turner's (1970) scale of attitudes toward seeking professional help, on the other hand, actually present individuals with a specific problem and ask them how likely they would be to seek professional psychological help for it. As mentioned above, most of the items on attitude scales are more theoretical and attitudinally based, which is what the scale sets out to measure.

There seem to be some advantages in the use of a factor such as intention. It is the closest of the three factors to describing what can be anticipated from a certain group with respect to future service utilization. While previous utilization levels focuses on the past, and attitude levels tap into the theoretical present, levels of intention directly ask subjects their likelihood to use mental health services should they have issues in the near future. Second, it allows the researcher to see discrepancies in willingness to seek counseling levels between different types of problems. Such differences are not able to be discerned by merely examining previous mental health service utilization levels, or by assessing general attitudes toward help-seeking. Such distinctions may be crucial in understanding how a specific group approaches mental health service utilization. Some problem types may show higher levels of mental health service utilization than others for a variety of reasons (Bee-Gates et al. 1996; Gim et al. 1990; and Kim et al. 2003).

There are many examples of studies that have used the construct of intentions and willingness to learn about the service utilization levels of various groups. Ponce and Atkinson (1989) used intentions as their dependent variable in examining the effects of acculturation, counseling style, and perceived credibility levels among Mexican-Americans.

Schneider, Laura, and Hughes (1980) used intentions in comparing ethnic group perceptions among black, Chicano, and Anglo-Americans. A number of researchers have all included intentions to seek counseling as one of several factors in attempting to understand a group's approach toward mental health help-seeking (Cepeda-Benito et al., 1998; Cramer, 1999; Garland & Zigler, 1994; Gim et al., 1990; Kim Kim et al., 2003; Shaffer, Vogel, & Wei, 2006; Short, 1998; Vogel, Wade, & Haake, 2006; and Vogel, Wester, Wei, & Boyson, 2005).

Nonetheless, the construct of intention has limitations of its own. In comparison to levels of previous utilization of mental health services, intention surveys run the risk of weak validity (as mentioned with respect to attitude scales), as is the nature of any questionnaire. An individual may answer that they are willing to seek counseling for a specific problem when asked on a survey yet when the actual scenario arises they may not actually seek counseling. Additionally, the construct of intention is limited in the amount of information that it gives the researcher with respect to why they are, or are not, willing to seek counseling for specific treatment. If the purpose of research is to be able to lead to an intervention and alter levels of utilization in the future, then a group merely having a high or low intention or willingness level to seek counseling doesn't provide much information on how to intervene.

#### *Rationale*

The present study attempts to build upon the previous findings that have resulted from research done in the field of attitudes toward psychological help-seeking and service utilization. It advances the existing literature by answering some important questions that have not been addressed. As mentioned, the Orthodox Jewish population has thus far received minimal attention in the literature with respect to factors that may influence attitude levels toward psychological help-seeking, as well as levels of service utilization.

Studies have found that service underutilization for mental health issues is a serious and prevalent problem across all sectors of society (Kessler et al., 1994). The role that attitude toward psychological help-seeking plays in regard to service utilization has been addressed. Many studies (Cepeda-Benito & Short 1998; Dean & Todd, 1996; and Kelly & Achter, 1995; all cited in Cramer, 1999) support the notion that attitude toward counseling is an important factor and can significantly predict actual intentions toward seeking professional psychological help. Furthermore, Constantine (2002) found that attitudes toward counseling also affect client satisfaction with counseling, even after deciding to go for help. Those with higher attitude scores show more satisfaction with counseling than those who had lower attitudinal scores.

With respect to the mental health service utilization levels of children, it was noted that it is generally the parents who refer them for psychological help (Ho & Chung, 1996, as cited by Raviv, Raviv, Propper, & Fink, 2003). Even when referrals may come from outside sources, Gustafson et al. (1994) point out that consent to treatment decisions for younger children are still typically made by parents. In addition, Gustafson et al. (1994) found that child problem severity and parent attitudes toward psychological treatment were both positively associated with the likelihood of seeking treatment. When children's problems were more severe, parents tended to be more likely to seek treatment. Such findings seem to indicate that to understand mental health service utilization levels among children, it is essential that the parental attitudes toward psychological help-seeking also be analyzed.

Regarding general factors that affected attitudes, the research indicates that there were significant differences between genders on attitudes toward seeking psychological help. In addition, they found that both men and women who had received previous psychological help

had more favorable attitudes towards help-seeking. The research also demonstrated that those who scored more toward the internal pole on an internal locus of control scale, correlated with more positive attitudes toward help seeking scores, compared to those scoring closer to the external pole. Scores on a scale that measured levels of authoritarian style (F scale) were also inversely related to attitude scores. Those displaying higher authoritarian styles tended to have lower attitude levels. Komiya, Good, and Sherrod (2000) found that high levels of perceived social stigma, lack of emotional openness, and lower perceived psychological symptom severity, were factors with negative relationships to attitudes toward help-seeking. The literature, however, leaves us with several unanswered questions. Would parental attitude toward psychological help-seeking differ regarding help-seeking for themselves, as compared to help-seeking for their children? Would parents of different affiliations within Orthodox Judaism have different levels of attitude toward help-seeking? Do factors like gender and level of education affect parental attitude levels toward psychological help-seeking among the Orthodox Jewish population?

Among the research studies that have been conducted for various cultures and ethnicities, little of the research has examined these factors using an Orthodox Jewish population. Would the findings be consistent or would the factor of culture mediate and cause different results? Margolese (1998), along with Schnall (2006), compiled a long list of factors affecting attitudes toward psychological help-seeking that pertain specifically to Orthodox Jews. Those cultural factors may mediate the usual effects found with other factors.

Bee-Gates et al., (1996) found significant differences in levels of service utilization in relation to the factor of problem-type. For issues that can be categorized as personal

problems, students were more likely to seek help from a friend, parent, or relative, whereas with regard to academic and career problems students were more likely to use professional help sources. The research does not go into cultural factors that may affect this factor. How would problem-types also be viewed differently by participants that are Orthodox Jewish? Would they respond differently to academic problems compared to personal issues?

Brody (1993) examined the effects of traditional ideology on attitudes toward psychotherapy. He found that higher levels of traditionalism were negatively correlated with the attitude to and use of psychotherapy. Levels of traditionalism are also one of several factors that can vary even within Orthodox Judaism, as discussed by Margolese (1998). The research has not explored whether levels of traditionalism, as well as cultural insularity would also play a major role in a population such as Orthodox Jews.

With respect to a theoretical model to guide the present research, most studies used either previous treatment levels, level of intention to seek counseling levels, or attitude toward mental health help-seeking levels, as their dependent variables. Each factor has its own limitation with regard to the real factor of interest, anticipated levels of future service utilization. The methodological approach that was followed in the present study integrates the factors of, a) level of previous treatment utilization, b) level of attitudes toward professional psychological help-seeking, and, c) intentions toward seeking counseling, into a comprehensive model, as an approach to assessing cultural/religious group of interest. Using such an integrated approach leads to a more thorough and accurate assessment of any group of interest and paves the way for more effective interventions to be formulated and implemented. Omission of any of these factors would result in a limited ability for the results to be linked most effectively to interventions.

### *Research Questions*

The specific research questions that the study seeks to answer can be organized into six main items and are summarized in Appendix A:

1. How do, A) gender (M or F), B) group-affiliation to one of three subgroups among Orthodox Jews (Modern Orthodox, Orthodox/Ultra-Orthodox (non-Chassidic), or Ultra-Orthodox/Chassidic), C) level of education, D) number of children, E) previous psychological treatment sought for any family members over the past six months, F) Attitudes on emigration, G) scores on the *Social Stigma for Receiving Psychological Help* (SSRPH) scale, H) scores on the *Openness towards Western Values Scale* (OWVS), I) scores on the *Attitude toward Seeking Professional Help* (ATSPPH) scale, and J) scores on the *Intention of Seeking Counseling Inventory* (ISCI), correlate with each other?
2. How do, A) gender, B) group-affiliation to one of three subgroups among Orthodox Jews (Modern Orthodox, Orthodox/Ultra-Orthodox (non-Chassidic), or Ultra-Orthodox/Chassidic), C) level of education, D) number of children, E) attitudes toward emigration, F) scores on the *Social Stigma for Receiving Psychological Help* (SSRPH) scale, G) scores on the *Openness towards Western Values Scale* (OWVS), H) scores on the *Attitude toward Seeking Professional Help* (ATSPPH) scale, and I) scores on the *Intention of Seeking Counseling Inventory* (ISCI), predict whether, J) there was utilization of treatment in the past six months?
3. How do A) gender, B) group-affiliation to one of three subgroups among Orthodox Jews (Modern Orthodox, Orthodox/Ultra-Orthodox (non-Chassidic), or Ultra-Orthodox/Chassidic), C) level of education, D) number of children, E) attitudes toward emigration, F) previous psychological treatment sought for any family members over the past

six months, G) scores on the *Social Stigma for Receiving Psychological Help* (SSRPH) scale, H) scores on the *Openness towards Western Values Scale* (OWVS), and I) scores on the *Intention of Seeking Counseling Inventory* (ISCI), predict J) scores on the *Attitude toward Seeking Professional Help* (ATSPPH) scale?

4. How do A) gender, B) group-affiliation to one of three subgroups among Orthodox Jews (Modern Orthodox, Orthodox/Ultra-Orthodox (non-Chassidic), or Ultra-Orthodox/Chassidic), C) level of education, D) number of children, E) attitudes toward emigration, F) previous psychological treatment sought for any family members over the past six months, G) scores on the *Social Stigma for Receiving Psychological Help* (SSRPH) scale, H) scores on the *Openness towards Western Values Scale* (OWVS), and I) scores on the *Attitude toward Seeking Professional Help* (ATSPPH) scale, predict J) scores on the *Intention of Seeking Counseling Inventory* (ISCI)?

5. Are there differences with respect to problem-type (academic, intra-personal, and social) when the *Intention of Seeking Counseling Inventory* (ISCI) is administered? Do different factors emerge from the scale?

6. Are there differences in attitude levels of parents regarding psychological help-seeking for their own problems (ATSPPH(P)) compared to their attitudes toward psychological help-seeking for their children (ATSPPH(C)) when the *Attitude toward Seeking Professional Help* (ATSPPH) is administered? Do different factors emerge from the scale?

### *Hypotheses*

The research cited above posits that various demographic and cultural factors are correlated with previous usage of psychological treatment, attitude levels toward

psychological help-seeking, and intentions to seek psychological counseling. Although most of the research sampled different populations than the present study, it is hypothesized that many of the findings will generalize to the present sample of Orthodox Jewish parents. A summary of the hypotheses can be found in Appendix A.

*H1:* There will be significant correlations among the factors of gender, self-affiliation to a sub-group (Modern Orthodox, Orthodox/ultra-Orthodox (non-Chassidic), or Orthodox/ultra-Orthodox (Chassidic)), number of children, attitude toward emigration, level of education (grouped as either level I, level II, level III, or level IV), whether previous psychological treatment was sought, *Social Stigma for Receiving Psychological Help* (SSRPH) scale, scores on the *Openness to Western Values Scale* (OWVS), scores on the *Attitude toward Seeking Professional Psychological Help* (ATSPPH) scale, and scores on the *Intention of Seeking Counseling Inventory* (ISCI).

*H1A:* Gender (0 = female and 1 = male) is hypothesized to correlate negatively with whether previous psychological treatment was utilized, *Social Stigma for Receiving Psychological Help* (SSRPH) scores, scores on the *Attitude toward Seeking Professional Psychological Help* (ATSPPH) scale, and scores on the *Intention of Seeking Counseling Inventory* (ISCI) such that females will have higher previous treatment utilization levels, lower stigma, more positive attitudes toward help-seeking, and stronger intentions of seeking counseling. Results are hypothesized to be in-line with findings cited above which indicated that females have an overall more positive attitude toward psychological help-seeking than males.

*H1B:* Level of education will correlate negatively with group affiliations and *Social Stigma for Receiving Psychological Help* (SSRPH) scores such that higher

levels of education will correlate with group affiliations that are less insular and apart, as well as experience lower levels of stigma in seeking psychological help. Level of education is expected to correlate positively with previous treatment, scores on *Openness toward Western Values Scale (OWVS)*, scores on the *Attitude toward Seeking Professional Psychological Help (ATSPPH)* scale, and scores on the *Intention of Seeking Counseling Inventory (ISCI)*. These are consistent with the findings regarding level of education of the general population.

*H1C:* For *group affiliation*, it is hypothesized that there will be a negative relationship with level of education, previous treatment, scores on the *Openness to Western Values Scale (OWVS)*, scores on the *Attitude toward Seeking Professional Psychological Help (ATSPPH)* scale, and scores on the *Intention of Seeking Counseling Inventory (ISCI)*. Factors will correlate with each other such that when participants self-affiliate with sub-groups that are more isolated and apart from the general society, there will be lower levels of education, lower levels of previous treatment, and lower scores on the *Openness toward Western Values Scale (OWVS)*. It is predicted, however, that there will be a positive relationship between group affiliation and *Social Stigma for Receiving Psychological Help (SSRPH)* scores such that those affiliating with more insular groups will tend to have higher levels of stigma associated with seeking psychological help. This is in-line with the literature describing within group differences among Orthodox Judaism.

*H1D:* *Previous treatment* use is predicted to correlate negatively with gender, group affiliation, *Social Stigma for Receiving Psychological Help (SSRPH)* scores, and positively with scores on the *Openness to Western Values Scale (OWVS)* such

that those who have sought previous treatment will more likely be female, affiliate with sub-groups within Orthodox Judaism that are more open and integrated with Western values, have lower levels of stigma in seeking psychological help, and be more open toward Western values. It is also hypothesized that there will be a positive correlation between previous treatment, levels of education, scores on the *Attitude toward Seeking Professional Psychological Help* (ATSPPH) scale, and scores on the *Intention of Seeking Counseling Inventory* (ISCI) such that those who sought previous treatment will be more likely to have higher levels of education, have higher levels of attitude toward seeking psychological help (ATSPPH scores), and stronger intentions to seek counseling in the future (ISCI scores).

*H1E: Social Stigma for Receiving Psychological Help* (SSRPH) scores will correlate negatively with education levels, previous treatment, scores on the *Openness to Western Values Scale* (OWVS), scores on the *Attitude toward Seeking Professional Psychological Help* (ATSPPH) scale, and scores on the *Intention of Seeking Counseling Inventory* (ISCI) such that lower stigma will correlate with higher levels of education, higher levels of previous treatment utilization, and higher levels of openness toward Western values. *Social Stigma for Receiving Psychological Help* (SSRPH) scores, on the other hand, are expected to correlate positively with gender and group affiliation. Those that self-affiliate with the more insulated groups on the Orthodox Jewish spectrum are hypothesized to have higher levels of social stigma, as well as higher levels of stigma associated with men seeking counseling for psychological problems as compared to women. The literature has found that social stigma usually lowers levels of attitude toward psychological help-seeking. Also,

regarding group affiliations that are more insular in nature, there is less anonymity among its constituents, as well as a high potential for social stigma for mental health issues due to low levels of education associated with this subgroup.

*H1F*: Scores on the *Openness to Western Values Scale* (OWVS) are hypothesized to correlate negatively with group affiliation, and *Social Stigma for Receiving Psychological Help* (SSRPH) scores, whereas levels of education, previous treatment, scores on the *Attitude toward Seeking Professional Psychological Help* (ATSPPH) scale, and scores on the *Intention of Seeking Counseling Inventory* (ISCI) will all correlate positively. The study hypothesizes that more openness toward Western values will correlate with less insular affiliations, lower stigma, higher levels of education, higher levels of previous service utilization, and higher attitudes and intentions to seek counseling. This is based on the literature regarding acculturation levels where findings indicate that the more open one is to Western values the more positive their attitudes are likely to be toward seeking psychological help.

*H1G*: Scores on the *Attitude toward Seeking Professional Psychological Help* (ATSPPH) scale are hypothesized to correlate negatively with gender (0 = female, 1 = male), group affiliation, and *Social Stigma for Receiving Psychological Help* (SSRPH) scores such that more positive attitudes will be associated more with women, less insular group affiliations, and lower stigma levels. There is an anticipated positive relationship between scores on the *Attitude toward Seeking Professional Psychological Help* (ATSPPH) scale and level of education, previous treatment, scores on the *Openness to Western Values Scale* (OWVS), and scores on the *Intention of Seeking Counseling Inventory* (ISCI) such that more positive attitudes

will be associated with higher levels of education, higher levels of previous treatment utilization, more openness toward Western values, and stronger intentions to seek counseling. Attitudes have been found in previous research to correlate negatively with stronger adherence to more traditional value systems.

*H1H: Scores on the Intention of Seeking Counseling Inventory (ISCI) are hypothesized to have a negative relationship with gender, group affiliation, and Social Stigma for Receiving Psychological Help (SSRPH) scores. Those with stronger intentions to seek counseling will more likely be female, associate with less insular subgroups within Orthodoxy, and have lower levels of social stigma associated with psychological help-seeking. On the other hand, there is an anticipated positive relationship between scores on the Intention of Seeking Counseling Inventory (ISCI), and levels of education, previous treatment, scores on the Openness to Western Values Scale (OWVS), and scores on the Attitude toward Seeking Professional Psychological Help (ATSPPH) scale. The literature has usually found that levels of intention is correlated to attitude levels toward seeking psychological help, as well as other related factors.*

*H1I: Number of children is hypothesized to only be correlated with affiliation. Those self-affiliated with more insular groups within Orthodoxy will have higher numbers of children than those who are affiliated with modern Orthodox.*

*H1J: Attitude regarding emigration is not hypothesized to be significantly correlated with other factors in the study. The level of interest in emigration from the U.S. is not hypothesized to relate to the understanding of mental health service*

utilization. It was included as a factor in the study to rule out the potential of attitude toward emigration acting as a confound variable

The literature has shown that there is overall utility in analyzing relevant factors such as gender, attitude, and social stigma levels, with respect to previous usage levels of mental health services. All of these factors have been shown to correlate significantly to levels of past service utilization. More positive attitude levels toward psychological treatment, females, and lower levels of social stigma have all been shown to correlate positively with previous psychological service utilization levels. Therefore, with regard to the second research question, it is hypothesized that the findings of the present study will be consistent with previous results.

*H2:* The nine factors in the logistic regression will be significant predictors as to whether previous treatment was sought or not. It is predicted that gender, group affiliation, and *Social Stigma for Receiving Psychological Help (SSRPH)* scores will be negative predictors of previous treatment such that males, self-affiliation with more insulated subgroups within Orthodoxy, and higher levels of social stigma will predict lower levels of previous treatment utilization. It is also hypothesized levels of education, scores on the *Openness to Western Values Scale (OWVS)*, scores on the *Attitude toward Seeking Professional Psychological Help (ATSPPH)* scale, and scores on the *Intention of Seeking Counseling Inventory (ISCI)* will be positive predictors of previous treatment. Higher education, higher levels of openness toward Western values, higher levels of attitude toward seeking psychological help, and stronger intentions to seek counseling will predict higher levels of previous treatment utilization.

Research has shown that attitude toward help-seeking can be predicted using various salient factors in a multiple regression. If factors that affect attitude levels are closely examined, they can often foretell what levels of attitude will be. Some of the factors found to be strongly related to attitudes are group affiliation, gender, level of education, level of openness toward Western values, and willingness to seek counseling. Therefore, with regard to the third research question it is hypothesized that the findings will be consistent with prior research.

*H3:* The nine factors used in a multiple regression will predict scores on the *Attitude toward Seeking Professional Psychological Help (ATSPPH)* scale. More specifically, it is predicted that gender, group affiliation, and *Social Stigma for Receiving Psychological Help (SSRPH)* scores will be negative predictors of scores on the *Attitude toward Seeking Professional Psychological Help (ATSPPH)* scale. Males, those with self-affiliations with subgroups that are more insular, and higher levels of social stigma will predict lower levels of attitude. It is also predicted that level of education, previous treatment utilization, scores on the *Openness to Western Values Scale (OWVS)*, and scores on the *Intention of Seeking Counseling Inventory (ISCI)* will be positive predictors of scores on the *Attitude toward Seeking Professional Psychological Help (ATSPPH)* scale. Higher education, higher levels of previous psychological treatment, higher levels of openness toward Western values, and stronger intentions toward seeking counseling will predict higher attitude levels.

The literature has shown that levels of intent toward seeking counseling, similar to the construct of attitude, is also a highly predictable factor when looking at the relevant factors relating to intent. Many of the factors found to predict levels of attitude toward psychological

help-seeking in the literature are also found to predict levels of intent. Therefore, with regard to the fourth research question it is hypothesized that findings of this study will be consistent with prior research.

*H4:* There will be an overall utility in using the nine factors in a multiple regression for predicting scores on the *Intention of Seeking Counseling Inventory* (ISCI). More specifically, it is hypothesized that gender, group affiliation, and *Social Stigma for Receiving Psychological Help* (SSRPH) scores are negative predictors of scores on the *Intention of Seeking Counseling Inventory* (ISCI) such that males, self-affiliation with more insular subgroups within Orthodoxy, and higher levels of social stigma will predict lower levels of intent to seek counseling. It is hypothesized that level of education, previous treatment, scores on the *Openness to Western Values Scale* (OWVS), and scores on the *Attitude toward Seeking Professional Psychological Help* (ATSPPH) scale are positive predictors of levels of intention to seek counseling. Higher levels of education, higher levels of previous treatment utilization, more openness toward Western values, and more positive attitudes toward seeking psychological help will predict higher levels of intent toward seeking counseling.

With regard to the fifth research question of the present study, the research has found that problem-type often plays an important role with respect to attitude levels and intentions to seek psychological help among various cultures. Problems such as academics and career uncertainty have been found to be easier for clients to accept and seek help for, in comparison to personal problems. It is, therefore, hypothesized that those findings will generalize to the population of Orthodox Jews sampled for the present study.

*H5:* There will be significant differences with respect to problem-type seen in the scores on the *Intention of Seeking Counseling Inventory* (ISCI). Previous research has found different problem-types to be a significant factor in willingness levels. In addition, these factors will correlate significantly with different group affiliations. Modern Orthodox will be more tolerant of seeking help for personal problems whereas the more insular groups within Orthodoxy will only have high tolerance levels for help-seeking regarding academic problems. This reflects the literature that describes the difference in stigma levels that is found among the different Orthodox Jewish subgroups.

*H6:* Parental attitudes for their own personal problems (ATSPPH(P)) will correlate positively with attitudes towards their children seeking psychological help (ATSPPH(C)). Although not directly discussed in the literature, the assumption is that there will be consistency in attitudes towards seeking counseling such that attitudes of parents seeking counseling for themselves will be the same as attitudes toward seeking counseling for their children.

## CHAPTER III

### METHODOLOGY

This chapter describes the methodology of the current study examining the relationship of various factors and mental health service utilization among the Orthodox Jewish population. The chapter begins with a description of participants, settings, and instruments used in the study. The chapter will then describe the procedures used in the research, and methods of analysis followed in order to examine the results.

#### *Participants and Setting*

The current study was careful to follow procedures regarding voluntary participation of subjects, confidentiality, and rights to privacy. The study consisted of 157 self-selected volunteers from a wide spectrum of Orthodox Jew adults who were willing to complete an anonymous survey. The sample consisted of 75 females, 81 males, and one unidentified survey. Stratified sampling was used so that the three subgroups that comprise Jewish Orthodoxy each had significant representation in the study. There was a total of 53 modern Orthodox, 51 Orthodox/ultra Orthodox non-Chassidic, 50 Orthodox/ultra-Orthodox Chassidic, and three unidentified subjects included in the sample. The mean scores for each of the three subgroups on the *Openness toward Western Values Scale* were 27.83, 15.98, and 9.80, respectively. For the *Stigma Scale for Receiving Psychological Help* the mean scores for each of the three subgroups were 5.81, 9.06, and 10.81, respectively. Participants from the different subgroups were also primarily found to be clustered homogeneously in different neighborhoods. Most of the modern Orthodox came from Long Island, where as Orthodox/ultra Orthodox non-Chassidic and Orthodox/ultra-Orthodox Chassidic came from neighborhoods such as Brooklyn, Williamsburg, and Monsey. The sample size selected for

the study followed the recommendations of Olejnik (1984) to obtain statistical power for a medium effect size. The questionnaires were administered to Orthodox Jews throughout the various Orthodox Jewish communities in the New York State area such as Nassau County, Brooklyn, N.Y., Monsey, N.Y., Williamsburg, N.Y., Crown Heights, N.Y., and Lakewood, N.J. These communities represented a wide spectrum of sub-groups within Orthodox Jewry.

### *Measures*

The present study consisted of a questionnaire made up of a total of 51-items (See Appendix B). The questionnaire is comprised of five sections:

#### *Demographic*

The demographic section includes six items, asking questions about gender, number of children under eighteen-years-old in the family, self-affiliation within Orthodox Judaism, level of education (I- completion of elementary school, II- Completion of high school, III- completion of college, and IV- completion of masters or certificate-level studies.), if there was any utilization of psychological treatment over the past six months for either themselves or their children, and attitude toward emigration from the U.S.

#### *Stigma Scale*

The *Stigma Scale for Receiving Psychological Help* (SSRPH) is a five-item scale developed by Komiya, Good, and Sherrod (2000). It was designed to measure individuals' perceptions of how stigmatizing it is to receive psychological treatment. The scores of the scale range from 0-15 (each scale item is scored from 0-3), with high scores indicating greater perception of stigma associated with receiving psychological treatment. Norming was done on a sample of 311 undergraduate students enrolled in an introductory psychology class at a large Midwestern university. Sixty percent of participants were women and the mean age

was 18.4 years. The racial composition was Caucasian (87%), African American (8%), Hispanic American (2%), Asian American (1%), and the remainder, international students. The scale had a coefficient alpha of .72 and attained construct validity by correlating negatively with the *Attitudes toward Seeking Professional Psychological Help: Short Form (ATSPPH-S)*.

*Openness towards Western Values Scale (OWVS)*

To assess levels of openness to Western values among Orthodox Jewish parents a scale was developed specifically for the present study. It is a 14-item scale, called the *Openness towards Western Values Scale (OWVS)*, which was developed based on the literature on how different Orthodox Jews have chosen to interact with Western culture. School administrators, mental health professionals, and religious leaders that are associated with this community were consulted to help with item construction. The scale seeks to assess the level of openness that Orthodox Jewish individuals have, with respect to themselves and their children, towards Western values and ideals. Participants were asked to respond using a Likert scale with choices ranging from Disagree, Partially Disagree, Partly agree, and Agree. The range of scores for the scale is 0-42 (each scale item is scored 0-3), with high scores indicating higher levels of openness toward Western values. Items of the scale include willingness to expose the household to Western media outlets, level of value placed on children receiving a secular college education, and level of insularity perceived as ideal for raising children. The scale was normed during the present study on 147 Orthodox Jewish parents from the Northeast region of the U.S. Factor analysis supported the use of the scale as a uni-dimensional scale with factors loading on factor 1 with an eigenvalue of 5.93, compared to eigenvalues of 1.32 and 1.15 for factors 2 and 3, respectively. Factor analysis

also supported the removal of items #2, #6, and #9 which loaded poorly with the rest of the scale items. After the removal of the items the range of scores for the scale was 0-33. Cronbach's alpha was calculated for the scale at .91, with a mean score of 18.23 and a standard deviation of 9.48.

*Attitude toward Seeking Professional Psychological Help Scale (ATSPPH)*

Level of attitude toward help-seeking was assessed by the 15-item uni-dimensional version of Fisher and Turner's (1970) 29-item scale for measuring attitudes for seeking psychological help (ATSPPH), developed by Fisher and Farina (1995). The internal consistency of the ten-items was .84 (Cronbach's alpha). The test-retest correlation with a 1-month interval between tests was .80 (N=32). The correlation between scores from the new and the old version of the scale was .87 (N=62). The current study used an adjusted version of the scale which replicates five of the original ten items but changes each time the scale uses the word "I" or "me", substituting it with the phrase "my child" in its place. Similar changes were also done by Curry (1999) in her research on parental attitudes among Black parents. The range of scores for the scale is 0-45 (each scale item is scored 0-3), with higher scores indicating that subjects have more positive attitudes toward seeking professional psychological help for themselves and their children.

*Intention of Seeking Counseling Inventory (ISCI)*

Intention and willingness to seek treatment was assessed with a 17-item scale based on the Intention of Seeking Counseling Inventory (ISCI; Cash et al., 1975). The scale presents participants with 17 items, each of which involves a problem-type that can be brought to counseling, and asks participants to rate how likely they would seek professional psychological help for that problem. Cash et al. (1975) reported an alpha of .84 for the scale.

Cepeda-Benito et al., (1998) factor analyzed the scale using principle-axis factor analysis with direct oblimin rotation on three factors. A three-factor solution was suggested, consisting of psychological and personal concerns, academic concerns, and drug use concerns. This scale has been used in many previous studies examining levels of intention and willingness to seek counseling across many different cultures. The scores on the scale range from 17-102. Higher scores on the scale indicate a stronger willingness to seek counseling for the different psychological problems presented. The current study made slight changes to the scale to make it more appropriate for the purposes of the present study. The language of items was changed from, "How likely would you be to seek professional psychological help if you were having... problems?" to, "How likely would you be to seek professional psychological help if your child were having... problems?" In addition the scale was reduced to 11 items, eliminating some of the psychological problems that are not commonly dealt with by Orthodox Jewish parents for their school-age children such as sexual dysfunction and dating difficulties. In addition, the likert scoring rubric was changed from a range of 1-7, to a range of 0-3 to make it uniform with the rest of the questionnaire. As a result of all the adjustments the current scale has scores that range from 0-33, and was re-normed during the present study.

### *Procedures*

The principal researcher distributed the questionnaire to a self-selected group of volunteer participants in various community centers, community colleges, synagogues, and public areas of highly concentrated Orthodox Jewish neighborhoods such as Brooklyn, N.Y., Crown Heights, N.Y., Lakewood, N.J., and Monsey, N.Y. Individuals were recruited for the study by the researcher hanging a sign, as well as indiscriminately distributing information

sheets to all those passing by at the above locations, that briefly described the present study. Individuals who were prepared to participate were given the information review sheet and survey to fill out and a choice of either returning forms immediately or sending the survey in by mail with a stamped and addressed envelope provided for them by the researcher. This method of recruitment was used to select subjects because it was the only way to get the widest spectrum of Orthodox Jewry to be included in the study. The rationale for this selection procedure was that some groups within Orthodox Jewry may have limited, if not any exposure to newspapers, radios, and other forms of media such as email, which could have otherwise been used to recruit, due to their religious and cultural beliefs regarding media and Western society. By using a method such as recruiting volunteers in the community centers of the various Orthodox Jewish neighborhoods, even the most religious and isolated of groups had an opportunity to respond and be included in the survey.

Although a signed consent form was not required in this type of research, participants were given the same information that they would receive in a consent form by means of a written statement regarding the research. The information was supplied together with each questionnaire in the form of a cover sheet explaining the basic idea of the study, confidentiality, and the right to withdraw at any time. It also contained a list of resources in case participants felt any psychological stress when completing the form, as well as contact information for pertinent questions regarding the study. A copy of this form can be found in Appendix B.

Along with the written statement provided, the researcher also distributed surveys for participants to complete. Completion took approximately ten minutes for participants to complete. No names and addresses were recorded or used at any point in the research.

Surveys contained a coding number on the top right corner and only the code number was used for all the data entry.

### *Experimental Design*

A correlational study design was implemented, using an intercorrelational matrix to examine the relationship between the various factors being assessed in the survey. In addition, regressions were used to see if predictive factors significantly predicted various dependent variables of interest in the current study.

### *Analysis*

Research questions and statistical procedures:

1. To answer research question #1 regarding how factors interact with each other, correlations (as well as all statistical work) were calculated using SPSS software. The results are displayed in an intercorrelational matrix.
2. To answer research question #2 regarding how age, gender, self-affiliation to a sub-group, number of children, level of education, attitude toward immigration, scores on the scores on the *Openness toward Western Values Scale* (OWVS), stigma levels (SSRPH) scores, levels of *Attitude toward Seeking Professional Psychological Help* (ATSPPH) scale, and *Intention of Seeking Counseling Inventory* (ISCI) scores, predict whether there was previous utilization of psychological help, a logistic regression was used to analyze the data.
3. To answer research question #3 regarding how age, gender, self-affiliation to a sub-group, number of children, attitudes toward emigration, level of education, whether previous psychological help was sought, scores on the scores on the *Openness toward Western Values Scale* (OWVS), stigma (SSRPH) and scores on the *Attitude toward Seeking Professional Psychological Help* scale (ATSPPH), predict intention to seek counseling levels (ISCI), a

multiple regression was used to analyze the data and find which relationships were significant.

4. To answer research question #4 regarding how age, gender, self-affiliation to a sub-group, number of children, attitude toward emigration, level of education, whether previous psychological help was sought, scores on the scores on the *Openness toward Western Values Scale* (OWVS), stigma (SSRPH) and scores on the *Intention of Seeking Counseling Inventory* (ISCI) predict scores on the *Attitude toward Seeking Professional Psychological Help* scale (ATSPPH), a multiple regression was used to analyze the data and find which relationships were significant.

5. To answer research question #5 regarding whether there are differences found between different categories of problem-types with items of the *Intention of Seeking Counseling Inventory* (ISCI), a factor analysis was done including all items of the scale.

6. To answer question #6 whether parents view themselves and their children differently with regard to seeking professional psychological help, a factor analysis was done including all items of the ATSPPH scale.

## CHAPTER 4

### RESULTS

This chapter presents the results obtained from the statistical analysis of the research data. The first section describes the analysis of the instruments used in the study, including descriptive statistics, factor analysis, and reliability. The second section describes the primary analysis, including correlations and regressions. The results section concludes with an examination of the study's hypotheses, analyzing the level of statistical support received from the data. Table 1 lists the abbreviations and titles of all the measures utilized in this study. Abbreviations will be used to refer to respective scales throughout the results and discussion sections. All data analysis was conducted using SPSS for Windows, a statistical data analysis software package. A summary of the results can be found in Appendix A.

#### *Instrument Analysis*

Table 2 illustrates the basic descriptive statistics of all primary variables included in the study. The table includes the sample size, mean score, standard deviation, and variance for each of the factors. The statistical analysis of each of the study's scales will follow below.

#### *OWVS*

A factor analysis, using Unweighted Least Squares (ULS) was performed on the OWVS (Openness toward Western Values Scale). The model used for the analysis follows the recommendation of Preacher and MacCallum (2003) who warn that when using principal component analysis (PCA), inclusionary and exclusionary criteria may have serious potential flaws. Factor analysis, along with using multiple methods to determine the proper number of factors to retain, in addition to using oblique rather than orthogonal rotation, are recommended as more justifiable methods of examining factors than just PCA.

Table 1

*Measure Titles and Abbreviations*

| <i>Abbreviation</i> | <i>Measure</i>  |
|---------------------|---|
| OWVS                | The Openness toward Western Values Scale                  |
| SSRPH               | Stigma Scale for Receiving Psychological Help             |
| ISCI                | Intention of Seeking Counseling Inventory                 |
| ATSPPH              | Attitudes towards Professional Psychological Help-Seeking |

The findings supported the use of the OWVS primarily as a uni-dimensional scale. The results of the analysis are provided in Table 3. A three-factor model was used to analyze the scale. The items of the scale seem to primarily load on factor 1. There was an eigenvalue of 5.93 for factor 1, compared to eigenvalues of 1.32 and 1.15 for factors 2 and 3 respectively. The pattern of matrix loadings displayed for each of the three factors supports the use of a uni-factor solution since factors 2 and 3 do not have sufficient numbers of items loading on them. Correlations between factors 1 and 2 were .55, between factors 1 and 3, .30, and between factors 2 and 3, .40

In analyzing the factor analysis, item #2 seemed to load poorly on all three scale factors (.41 being the highest loading). This led to the reconsideration of item #2 and possible removal from the scale. Item #2 of the OWVS asks participants to rate on a Likert scale, from 0-3, their level of agreement to the statement that, "Education is primarily about teaching our children how to fully engage and be a part of the world around us, yet still be able to maintain a strong religious identity." The rationale for item #2 loading poorly on

Table 2

*Descriptive Statistics for Variables*

|             | <i>N</i> | <i>Mean</i> | <i>Std. Deviation</i> | <i>Variance</i> | <i>Range</i> |
|-------------|----------|-------------|-----------------------|-----------------|--------------|
| Gender      | 156      | 52% (M)     |                       |                 | 1            |
| Children    | 156      | 2.71        | 2.10                  | 4.40            | 9            |
| Affiliation | 154      | 1.98        | .82                   | .67             | 2            |
| Education   | 157      | 3.17        | .87                   | .76             | 3            |
| Treatment   | 156      | .21         | .41                   | .16             | 1            |
| Emigration  | 156      | 1.61        | .79                   | .63             | 3            |
| OWVS        | 149      | 18.23       | 9.48                  | 89.90           | 33           |
| SSRPH       | 153      | 8.48        | 4.32                  | 18.66           | 15           |
| ATSPPH      | 154      | 29.53       | 8.94                  | 79.96           | 43           |
| ISCI        | 154      | 30.37       | 6.35                  | 40.37           | 28           |

*Note:* OWVS = The Openness toward Western Values Scale, SSRPH = Stigma Sale for Receiving Psychological Help, ISCI = Intention of Seeking Counseling Inventory, ATSPPH = Attitudes towards Professional Psychological Help-Seeking and (M)= Male.

scale factors may be that the language of the question is too global in nature, lacking the specificity of the other scale items. In the three-factor model, item #6 and #9, which asked participants how likely they would be to seek psychological help from someone who doesn't share their way of life, were the only two factors that seemed to load moderately strong on the third factor of the model (.62 and .44, respectively). Since two items seem insufficient in number to constitute a new factor within a scale, they were also reexamined for possible removal from the scale.

Table 3

*Factor Analysis of the OWVS Using Three Factors and All Items*

|            | <i>Factors</i> |       |       |
|------------|----------------|-------|-------|
|            | 1              | 2     | 3     |
| Openness1  | .611           | .181  | .171  |
| Openness2  | .405           | -.075 | -.089 |
| Openness3  | .210           | .422  | .097  |
| Openness4  | .834           | .003  | .094  |
| Openness5  | .169           | .460  | .075  |
| Openness6  | -.108          | .077  | .618  |
| Openness7  | .214           | .312  | .427  |
| Openness8  | .486           | .181  | .021  |
| Openness9  | .062           | -.088 | .444  |
| Openness10 | .676           | .199  | .030  |
| Openness11 | .011           | .688  | .056  |
| Openness12 | -.016          | .888  | -.134 |
| Openness13 | .672           | .085  | .095  |
| Openness14 | .658           | .119  | .135  |

*Note:* Extraction Method: Unweighted Least Squares. Rotation Method: Oblimin with Kaiser Normalization. a. Rotation converged in 8 iterations.

The factor analysis on the OWVS was repeated, using a two-factor model, and is displayed in Table 4. The analysis supported the removal of item #2 since it loaded poorly on both factors of the two-factor model (-.40 being the highest loading). The rationale for loading poorly may be because of the ambiguity and vagueness of the item, as mentioned above. The two-factor model also supported the idea that items #6 and #9 were outliers of the scales loading poorly on both of the two factors (.39 and .19 being their highest respective loadings).

The factor analysis was repeated for the third time, omitting items #2, #6, and #9, and is depicted in Table 5. Regarding the use of the two-factor model for the OWVS, the factor correlations between the two factors calculated at .70. In deciding whether to keep the two-factor solution or use the scale as a uni-dimensional tool, eigenvalues and factor correlations were analyzed. Since the correlation value between the two factors was relatively strong (.70), along with the eigenvalue of factor #1 being 5.68 (51.65% of the variance) it was determined that the scale would be used as a one-factor model. Although loadings on the one-factor were not all as high as with the two-factor model, a weak uni-dimensional model was preferred for the reasons cited above.

The total sample size that was analyzed in norming the OWVS was 147. The range of scores for the scale after the items were removed was 0-33. Cronbach's alpha was calculated to be .91. The mean score of the scale was 18.23, with a standard deviation of 9.48.

Table 4

*Factor Analysis of the OWVS Using Two Factors and All Items*

|            | <i>Factors</i> |       |
|------------|----------------|-------|
|            | 1              | 2     |
| Openness1  | .320           | -.574 |
| Openness2  | -.116          | -.402 |
| Openness3  | .531           | -.142 |
| Openness4  | .096           | -.812 |
| Openness5  | .532           | -.120 |
| Openness6  | .386           | .063  |
| Openness7  | .610           | -.155 |
| Openness8  | .198           | -.477 |
| Openness9  | .190           | -.054 |
| Openness10 | .252           | -.640 |
| Openness11 | .737           | .044  |
| Openness12 | .700           | -.012 |
| Openness13 | .166           | -.655 |
| Openness14 | .244           | -.619 |

*Note:* Extraction Method: Unweighted Least Squares. Rotation Method: Oblimin with Kaiser Normalization. a. Rotation converged in 11 iterations.

Table 5

*Factor Analysis of the OWVS Using 2 Factors without Items 2, 6, and 9*

|            | <i>Factors</i> |       |
|------------|----------------|-------|
|            | 1              | 2     |
| Openness1  | .725           | .117  |
| Openness3  | .130           | .541  |
| Openness4  | .933           | -.107 |
| Openness5  | .012           | .619  |
| Openness7  | .272           | .451  |
| Openness8  | .490           | .136  |
| Openness10 | .762           | .073  |
| Openness11 | -.011          | .709  |
| Openness12 | -.074          | .811  |
| Openness13 | .824           | -.066 |
| Openness14 | .761           | .038  |

*Note:* Extraction Method: Unweighted Least Squares. Rotation Method: Oblimin with Kaiser Normalization. a. Rotation converged in 6 iterations.

*SSRPH*

A factor analysis was done on the SSRPH (Stigma Scale for Receiving Psychological Help) using Unweighted Least Squares (ULS). It revealed a one-factor solution which had an eigenvalue of 3.001 and accounted for 60% of the variance. The one-factor model seems to include all five of the scale items. Cronbach's alpha for the SSRPH was calculated to be .83. The sample size used for the norming procedures was 153. The range of scores was 0-15 with 15 being the highest possible score. The mean score was 8.48 with a standard deviation of 4.32.

*ISCI*

A factor analysis was done on the ISCI (Intention of Seeking Counseling Inventory) using Unweighted Least Squares (ULS). It revealed two primary factors accounting for 62% of the variance. The factor analysis is presented below in Table 6. In examining the communalities of the ISCI, depicted in Table 7 however, item #6, which asked about parents' willingness to seek psychological help for their child dealing with drug problems had an extraction value of .999 indicating that this item loads highly independently from the rest of the scale items. The reason for the high value may be because item #6, which asks about willingness of help for drug problems, may be an item that resonates too strongly among participants resulting in an overly positive response. The result of the extraction value indicates that the item does not seem in line with the level of responses given by participants for the other scale items. This supported the decision to remove item #6 from the ISCI scale in all further analyses.

Table 6

*Factor Analysis of the ISCI with All Items*

|               | <i>Factors</i> |       |
|---------------|----------------|-------|
|               | 1              | 2     |
| Willingness1  | .197           | .639  |
| Willingness2  | .661           | .077  |
| Willingness3  | .797           | .015  |
| Willingness4  | .337           | .298  |
| Willingness5  | .765           | -.041 |
| Willingness6  | -.159          | 1.051 |
| Willingness7  | .781           | -.048 |
| Willingness8  | .806           | -.118 |
| Willingness9  | .573           | .110  |
| Willingness10 | .730           | -.011 |
| Willingness11 | .788           | .011  |

*Note:* Extraction Method: Unweighted Least Squares. Rotation Method: Oblimin with Kaiser Normalization. Rotation converged in 4 iterations.

Table 7

*Communalities of ISCI Scale Items*

|               | <i>Initial</i> | <i>Extraction</i> |
|---------------|----------------|-------------------|
| Willingness1  | .556           | .543              |
| Willingness2  | .554           | .481              |
| Willingness3  | .635           | .644              |
| Willingness4  | .354           | .278              |
| Willingness5  | .561           | .563              |
| Willingness7  | .630           | .584              |
| Willingness8  | .613           | .592              |
| Willingness9  | .401           | .388              |
| Willingness10 | .652           | .526              |
| Willingness11 | .714           | .627              |
| Willingness6  | .539           | .999              |

*Note:* Extraction Method: Unweighted Least Squares. One or more communality estimates greater than 1 were encountered during iterations. The resulting solution should be interpreted with caution.

The factor analysis also supported a uni-dimensional model to be used with the scale. Under the two-factor solution only one scale item loaded strongly on the second factor (at .64). It was therefore decided to follow a one-factor model for the scale. Cronbach's alpha for the ISCI scale was calculated to be .90. The sample size used for norming procedures was 154. The range of possible scores for the scale was 0-40. The mean score was 30.37 and the standard deviation was 6.35.

### *ATSPPH*

A factor analysis was done on the ATSPPH (Attitudes toward Seeking Professional Psychological Help) scale using Unweighted Least Squares (ULS). Although items seemed to initially load on four distinct factors, the scale also seemed to be more suited for a uni-dimensional model. The support for a one-factor scale was obtained by examining pattern matrix item loadings, eigenvalues, and percentage of variance for each factors illustrated in Table 8. In addition, factor 1 showed correlation levels of .52 and .53 with factors 2 and 3, respectively. Factor 4 also only had relatively strong loadings from two scale items (item #4 and #9), which did not suffice for constituting an additional factor on the scale. In addition, factor 1 had an eigenvalue of 6.06, compared to 1.49, 1.21, and 1.01, for factors 2, 3, and 4, respectively.

Cronbach's alpha for the ATSPPH scale (with item #6 excluded) was calculated at .89. The possible range of scores on the ATSPPH was 0-45, the mean score was 30.37 and the standard deviation was 6.35.

### *Primary Analysis*

#### *Intercorrelation Matrix*

Table 9 displays the intercorrelation matrix for the scale's ten variables; gender, number of children, affiliation, education, treatment, emigration, scores on the *Openness towards Western Values Scale*, scores on the *Stigma Scale for Receiving Psychological Help*, scores on the *Attitudes toward Seeking Professional Psychological Help* scale, and scores on the *Intention of Seeking Counseling Inventory*. Results showed that there were significant correlations between several of the important demographic factors and scale scores.

Table 8

*Factor Analysis of the ATSPPH with a Four-Factor Solution*

|            | <i>Factors</i> |       |       |       |
|------------|----------------|-------|-------|-------|
|            | 1              | 2     | 3     | 4     |
| Attitude14 | .950           | .075  | -.050 | .085  |
| Attitude13 | .665           | .152  | .101  | .052  |
| Attitude6  | .594           | -.011 | .075  | -.147 |
| Attitude5  | .456           | -.008 | .060  | -.220 |
| Attitude12 | .419           | .187  | .372  | .105  |
| Attitude8  | .004           | .782  | .046  | .157  |
| Attitude15 | .158           | .757  | -.196 | -.106 |
| Attitude10 | -.076          | .501  | .138  | -.169 |
| Attitude2  | .135           | .476  | .068  | -.203 |
| Attitude1  | -.119          | .007  | .765  | -.121 |
| Attitude11 | .096           | -.013 | .682  | -.018 |
| Attitude3  | .160           | .101  | .564  | .176  |
| Attitude7  | .218           | -.035 | .359  | -.036 |
| Attitude4  | .131           | .093  | .003  | -.706 |
| Attitude9  | .009           | .242  | .312  | -.424 |

*Note:* Extraction Method: Unweighted Least Squares. Rotation Method: Oblimin with Kaiser Normalization. Rotation converged in 14 iterations.

Gender correlated significantly with ATSPPH scores ( $p < .05$ ). Females tended to score higher than males regarding attitude toward seeking help levels. Affiliation to subgroups within Orthodox Judaism was found to be negatively correlated with OWVS scores ( $p < .01$ ) such that those who self-affiliated with more insular subgroups had lower scores on the *Openness toward Western Values Scale*. Affiliation was positively correlated with SSRPH scores ( $p < .01$ ) such that affiliations with more insular groups within Orthodoxy scored higher on the *Stigma Scale for Receiving Psychological Help*.

Number of children was found to be positively correlated with affiliation levels ( $p < .01$ ) and negatively correlated with OWVS scores ( $p < .01$ ) such that parents with higher numbers of children self-affiliated with more insular groups, as well as scored lower on the *Openness toward Western Values Scale*. Education levels were shown to be negatively correlated with affiliation ( $p < .01$ ) and positively correlated with OWVS scores ( $p < .01$ ) such that higher levels of education were related to affiliations with less insular groups within Orthodoxy and higher scores on the *Openness toward Western Values Scale*.

Previous treatment levels correlated significantly with attitude toward emigration levels, ISCI scores, and ATSPPH scores ( $p < .01$ ) such that those who sought previous psychological treatment reported more positive attitudes toward emigration from the U.S., had higher scores on the *Intentions of Seeking Counseling Inventory*, and more positive attitudes reported on the ATSPPH scale. Attitude toward emigration was found to correlate negatively with SSRPH scores ( $p < .05$ ) such that those with more positive attitudes toward emigrating from the U.S. reported lower levels of stigma on the *Stigma Scale for Receiving Psychological Help*.

There were several significant findings between various scale scores, as well. The *Openness towards Western Values Scale* and the *Stigma Scale Receiving Psychological Help* correlated negatively ( $p < .01$ ) such that those who reported being more open toward Western values reported lower stigma levels for receiving psychological help. Scores on the *Intentions for Seeking Counseling Inventory* and the *Stigma Scale for Receiving Psychological Help* were also found to be negatively correlated ( $p < .01$ ) such that higher intentions to seek help were related to lower levels of stigma. *Intentions for Seeking Counseling Inventory* and the ATSPPH scale were shown to be positively correlated ( $p < .01$ ) such that higher intentions toward help-seeking and more positive toward help-seeking were related.

In addition, items from the ATSPPH scale that related to parental attitudes regarding their children getting psychological help (referred to as ATSPPH(C)) were correlated with other scale items from the ATSPPH scale that related to parental attitudes regarding psychological help-seeking for themselves (referred to as ATSPPH(P)). These results are depicted in Table 10. The two factors were shown to be significantly positively correlated ( $p < .01$ ) such that higher parental attitudes toward help-seeking for their own problems correlated with higher attitudes for psychological help-seeking for psychological problems their children may be dealing with.

Table 9

*Intercorrelational Matrix 1*

|                | 1     | 2      | 3      | 4     | 5     | 6     | 7      | 8      | 9     | 10   |
|----------------|-------|--------|--------|-------|-------|-------|--------|--------|-------|------|
| 1. Gender      | 1.00  |        |        |       |       |       |        |        |       |      |
| 2. Children    | -.07  | 1.00   |        |       |       |       |        |        |       |      |
| 3. Affiliation | .05   | .33**  | 1.00   |       |       |       |        |        |       |      |
| 4. Education   | -.01  | -.10   | -.38** | 1.00  |       |       |        |        |       |      |
| 5. Treatment   | -.06  | .05    | -.11   | -.01  | 1.00  |       |        |        |       |      |
| 6. Emigration  | .19*  | -.08   | -.14   | .20*  | .21** | 1.00  |        |        |       |      |
| 7. OWVS        | -.02  | -.30** | -.78** | .39** | -.04  | -.05  | 1.00   |        |       |      |
| 8. SSRPH       | .02   | .09    | .47**  | -.14  | -.06  | -.18* | -.36** | 1.00   |       |      |
| 9. ATSPPH      | -.17* | .13    | .03    | -.07  | .29** | .07   | -.01   | -.12   | 1.00  |      |
| 10. ISCI       | -.03  | .08    | -.04   | -.03  | .22** | .10   | .08    | -.24** | .62** | 1.00 |

*Note:* OWVS = The Openness toward Western Values Scale, SSRPH = Stigma Scale for Receiving Psychological Help, ISCI = Intention of Seeking Counseling Inventory, and ATSPPH = Attitudes towards Professional Psychological Help-Seeking.

\*Correlation is significant at .05. \*\*Correlation is significant at .01.

Table 10

*Intercorrelational Matrix 2*

|               | 1    | 2      | 3      | 4     | 5     | 6     |
|---------------|------|--------|--------|-------|-------|-------|
| 1.Gender      | 1.00 | .05    | -.01   | -.06  | -.16  | -.15  |
| 2.Affiliation | .05  | 1.00   | -.38** | -.11  | .03   | -.02  |
| 3.Education   | -.01 | -.38** | 1.00   | -.01  | -.14  | .01   |
| 4.Treatment   | -.06 | -.11   | -.01   | 1.00  | .28** | .22** |
| 5.Attitude(P) | -.16 | .03    | -.14   | .28** | 1.00  | .73** |
| 6.Attitude(C) | -.15 | -.02   | .01    | .22** | .73** | 1.00  |

*Note:* ATSPPH(C) refers to items on the ATSPPH scale that ask about attitudes relating to children. ATSPPH(A) refers to items on the ATSPPH scale that ask about attitudes relating to parents themselves.

\*\* Correlation is significant at the 0.01 level (2-tailed).

### *Logistic Regression Analysis*

To test which factors significantly predict previous treatment, a binary logistic regression was completed since the dependent factor is categorical. Results of the regression are displayed in Table 11. The nine predictor variables included were gender, number of children, level of education, group affiliation, emigration, scores on the OWVS, ATSPPH, SSRPH, and ISCI. Results indicate that the overall model did significantly predict previous treatment status,  $\chi^2 (10) = 28.45, p < .01$ .

In examining whether individual factors of the model predicted previous treatment, three factors were shown to be significant, affiliation ( $df = 1, p < .05$ ), OWVS ( $B = -.131, p < .05$ ), and ATSPPH ( $B = .103, p < .05$ ). Regarding affiliation as a predictor, the variable was entered into the regression as categorical data since the three choice values of Modern Orthodox, Orthodox/ Ultra-Orthodox (non-Chassidic), and Ultra Orthodox (Chassidic) are not assumed to be numerically equidistant levels of affiliation from one another. Results showed that within affiliation, only modern Orthodox was able to significantly predict whether previous treatment was sought ( $p < .05$ ). However, there were no real differences found between Orthodox/ Ultra-Orthodox (non-Chassidic), and Ultra Orthodox (Chassidic) that were able to significantly predict previous treatment. The more accurate way to label affiliation as a predictor of previous treatment is whether one is self-affiliated with modern Orthodoxy or not.

Table 11

*Logistic Regression Analysis for Predicting Previous Treatment*

|                | <i>B</i> | <i>S.E.</i> | <i>Df</i> | <i>Sig.</i> | <i>Exp(B)</i> |
|----------------|----------|-------------|-----------|-------------|---------------|
| Gender         | -.124    | .507        | 1         | .807        | .883          |
| Children       | .113     | .119        | 1         | .342        | 1.120         |
| Affiliation    |          |             | 2         | .019        |               |
| Affiliation(1) | 3.335    | 1.292       | 1         | .010        | 28.087        |
| Affiliation(2) | .625     | .757        | 1         | .409        | 1.869         |
| Education      | .140     | .353        | 1         | .691        | 1.150         |
| Emigration     | .329     | .302        | 1         | .276        | 1.390         |
| OWVS           | -.131    | .057        | 1         | .022        | .878          |
| SSRPH          | .054     | .067        | 1         | .416        | 1.056         |
| ATSPPH         | .103     | .042        | 1         | .015        | 1.108         |
| ISCI           | .034     | .052        | 1         | .520        | 1.034         |
| Constant       | -6.594   | 2.223       | 1         | .003        | .001          |

Note: OWVS = The Openness toward Western Values Scale, SSRPH = Stigma Sale for Receiving Psychological Help, ISCI = Intention of Seeking Counseling Inventory, and ATSPPH = Attitudes towards Professional Psychological Help-Seeking

### *Multiple Regression Analysis 1*

A multiple regression analysis was conducted to test the hypotheses regarding predictors of ATSPPH. The predictor variables were gender, number of children, level of education, group affiliation, emigration, previous treatment, scores on the OWVS, SSRPH, and ISCI. The regression analysis yielded a multiple correlation coefficient (multiple  $R$ ) of .47 and an adjusted multiple correlation coefficient (adjusted multiple  $R$ ) of .43. These results were statistically significant ( $F = 11.46$ ,  $df = 10/129$ ,  $p < .01$ ). The data were further analyzed by examining the beta weights of each factor. Treatment ( $B = 3.56$ ,  $p < .05$ ), Gender ( $B = -2.46$ ,  $p < .05$ ) and ISCI ( $B = .85$ ,  $p < .01$ ) were the three values that significantly predicted ATSPPH levels. Results are shown in Table 12.

### *Multiple Regression Analysis 2*

A second multiple regression analysis was conducted to test the hypotheses regarding significant predictors of ISCI levels. The predictor variables were gender, children, level of education, emigration, group affiliation, previous treatment, scores on the OWVS, scores on the SSRPH, and scores on the ATSPPH. The regression analysis yielded a multiple correlation coefficient (multiple  $R$ ) of .46 and an adjusted multiple correlation coefficient (adjusted multiple  $R$ ) of .42. These results were statistically significant ( $F = 11.01$ ,  $df = 10/129$ ,  $p < .01$ ). The data were further analyzed by examining the predictive value of each factor. SSRPH ( $B = -.27$ ,  $p < .05$ ) and ATSPPH ( $B = .43$ ,  $p < .01$ ) were the two values that predicted ISCI levels. Results are shown in Table 13.

Table 12

*Multiple Regression Analysis for the ATSPPH*

| <i>Model</i> | <i>Unstandardized Coefficients</i> |                   | <i>Standardized</i> | <i>T</i> | <i>Sig.</i> |
|--------------|------------------------------------|-------------------|---------------------|----------|-------------|
|              | <i>B</i>                           | <i>Std. Error</i> | <i>Beta</i>         |          |             |
| 1 (Constant) | 4.857                              | 5.016             |                     | .968     | .335        |
| Gender       | -2.455                             | 1.210             | -.134               | -2.029   | .045        |
| Children     | .310                               | .310              | .069                | 1.002    | .318        |
| Affiliation1 | 1.730                              | 2.043             | .090                | .847     | .399        |
| Affiliation2 | .262                               | 2.583             | .013                | .102     | .919        |
| Education    | -.791                              | .857              | -.071               | -.923    | .358        |
| Treatment    | 3.562                              | 1.606             | .154                | 2.217    | .028        |
| Emigration   | .120                               | .813              | .010                | .147     | .883        |
| OWVS         | -.013                              | .111              | .014                | .119     | .905        |
| SSRPH        | .006                               | .160              | -.003               | -.038    | .970        |
| ISCI         | .851                               | .099              | .597                | 8.579    | .000        |

*Note:* OWVS = The Openness toward Western Values Scale, SSRPH = Stigma Sale for Receiving Psychological Help, ISCI = Intention of Seeking Counseling Inventory, and ATSPPH = Attitudes towards Professional Psychological Help-Seeking.  
Dependent Variable: ATSPPH

Table 13

*Multiple Regression Analysis for the ISCI*

|   | <i>Model</i> | <i>Unstandardized Coefficients</i> |                   | <i>Standardized</i> | <i>T</i> | <i>Sig.</i> |
|---|--------------|------------------------------------|-------------------|---------------------|----------|-------------|
|   |              | <i>B</i>                           | <i>Std. Error</i> | <i>Beta</i>         |          |             |
| 1 | (Constant)   | 15.161                             | 3.305             |                     | 4.587    | .000        |
|   | Gender       | .835                               | .867              | .065                | .963     | .337        |
|   | Children     | -.100                              | .220              | -.032               | -.453    | .651        |
|   | Affiliation1 | 2.136                              | 1.438             | .158                | 1.486    | .140        |
|   | Affiliation2 | 3.450                              | 1.803             | .247                | 1.913    | .058        |
|   | Education    | -.135                              | .609              | -.017               | -.222    | .824        |
|   | Treatment    | .889                               | 1.156             | .055                | .769     | .444        |
|   | Emigration   | .269                               | .575              | .034                | .467     | .641        |
|   | OWVS         | .143                               | .077              | .212                | 1.850    | .067        |
|   | SSRPH        | -.265                              | .111              | -.180               | -2.400   | .018        |
|   | ATSPPH       | .427                               | .050              | .608                | 8.579    | .000        |

*Notes:* OWVS = The Openness toward Western Values Scale, SSRPH = Stigma Scale for Receiving Psychological Help, ISCI = Intention of Seeking Counseling Inventory, and ATSPPH = Attitudes towards Professional Psychological Help-Seeking.  
Dependent Variable: ISCI

### *Hypothesis Testing*

In the following section the results of hypotheses testing are reported.

*H1:* It was hypothesized that there would be significant correlations among the factors of gender, self-affiliation to a subgroups within Orthodox Judaism, number of children, level of education, whether previous psychological treatment was sought, attitudes toward emigration, SSRPH scores, scores on the OWVS, scores on the ATSPPH scale, and scores on the ISCI scale.

*H1A: Gender:* Part A of H1 was partially supported by the analysis of the data. Gender was found to negatively correlate at  $p < .05$  with ATSPPH scores such that males tended to have lower attitude levels toward help-seeking when compared to females. Gender was not found, however, to correlate significantly with levels of education, previous treatment, SSRPH scores, OWVS scores, or ISCI scores, as was hypothesized.

*H1B: Level of Education:* Part B of H1 was partially supported by the current findings. Education was found to be significantly negatively correlated to group affiliation at  $p < .01$  such that individuals with higher levels of education were found to self-affiliate with less insular subgroups within Orthodoxy, as well as positively correlated with OWVS scores at  $p < .01$  such that individuals with higher levels of education also responded with higher scores on openness toward Western values. Level of education was not correlated with scores on the SSRPH, previous treatment utilization levels, ATSPPH scores, and ISCI scores.

*H1C: Group Affiliation:* Part C of H1 was partially supported by the current findings. Affiliation was found to be negatively correlated with levels of education at  $p < .01$  such that individuals who affiliated with less insular Orthodox Jewish subgroups were more likely to have higher levels of education. It was also found to negatively correlate with OWVS scores

at  $p < .01$  such that those affiliated with more insular groups within Orthodoxy tended to score lower on the *Openness toward Western Values Scale*. Affiliation was also found to positively correlate with SSRPH scores at  $p < .01$  such that those affiliating with more insular groups within Orthodox Judaism responded with higher levels of social stigma for seeking counseling. Group affiliation was not found to be significantly correlated with previous treatment, ATSPPH scores, and ISCI scores.

*H1D: Previous Treatment:* Part D of H1 was partially supported by the findings of the current research. Previous treatment was found to correlate with ATSPPH and ISCI scores, both at  $p < .01$ , such that higher levels of previous treatment utilization correlated with more positive attitudes toward help-seeking, as well as higher levels of intention to seek counseling. Previous treatment was not found, however, to correlate significantly with gender, group affiliation, SSRPH scores, OWVS scores, and level of education.

*H1E: Social Stigma:* Part E of H1 was partially supported. The *Stigma Scale for Receiving Psychological Help* (SSRPH) scores positively correlated with self-affiliation to a subgroup at  $p < .01$  such that affiliation with more insular subgroups within Orthodoxy correlated with higher levels of social stigma for seeking psychological help. SSRPH also correlated negatively with OWVS scores, as well as scores on the ISCI at  $p < .01$  such that those with higher levels of stigma scored lower on the OWVS and ISCI, which measure openness toward Western values and intentions toward help-seeking, respectively. There were no significant correlations found with gender, levels of education, previous treatment, and ATSPPH scores.

*H1F: Openness toward Western Values:* Part F of H1 was partially supported. The OWVS correlated negatively with number of children and affiliation, and positively with level of education such that higher levels of openness correlated with less children, affiliations with less insular subgroups within Orthodoxy, and higher levels of education. There were no significant correlations found, however, between gender, SSRPH scores, previous treatment levels, ATSPPH scores, and ISCI scores.

*H1G: Level of Attitude toward Help-Seeking:* Part G of H1 was partially supported. ATSPPH scores correlated with gender. Women tended to have higher attitudes toward seeking psychological treatment than men did. ATSPPH scores also correlated positively with previous treatment levels and ISCI scores such that more positive attitude levels correlated with higher levels of previous service utilization and higher levels of intention toward seeking counseling. There were no significant correlations found between ATSPPH scores and affiliation, SSRPH scores, and OWVS scores.

*H1H: Level of Intention to Seek Counseling:* Part H of H1 was partially supported. ISCI scores correlated positively with previous treatment levels, and ATSPPH scores, and correlated negatively with SSRPH scores such that those with higher levels of intention to seek counseling correlated with higher levels of previous treatment utilization, more positive attitudes toward seeking help, and lower levels of reported stigma. There were no significant correlations found between ISCI scores and gender, affiliation, education, and OWVS scores.

*H1I: Number of Children:* Part I of H1 was supported by the current research findings. Those with affiliations with more insular subgroups within Orthodoxy tended to have more children than those who did not.

*H1J: Attitude toward Emigration:* Part J of H1 was partially supported. Emigration correlated with gender, education, treatment, and affiliation. Women, those more highly educated, those with higher levels of previous treatment, and those with less insular affiliation within Orthodoxy tended to have more positive attitudes towards emigration from the U.S. Attitudes toward emigration did not, however, correlate with any additional factors of the study.

*H 2:* H2 was partially supported by the logistic regression calculated in the current study.

The overall model was shown to be significant in predicting previous treatment such that when analyzing gender, number of children, affiliation, level of education, attitude toward emigration, scores on the OWVS, scores on the SSRPH, scores on the ATSPPH, and scores on the ISCI one can better predict whether there was previous treatment utilization.

Regarding individual predictors, ATSPPH was shown to significantly predict previous treatment utilization, as well. More positive attitudes were predictive of higher levels of previous treatment utilization. OWVS scores were also shown to significantly predict previous treatment such that more openness toward Western values predicted higher levels of previous treatment utilization. Affiliation was shown to also predict treatment. This variable was entered as categorical since the three choice values of Modern Orthodox, Orthodox/ Ultra-Orthodox (non-Chassidic), and Ultra Orthodox (Chassidic) are not assumed to be numerically equidistant levels of affiliation from each other. The analysis showed that of the three categories, specifically being modern Orthodox positively predicted previous treatment. Gender, SSRPH scores, and education levels were not shown to individually predict previous treatment.

*H 3:* H3 was partially supported by the current research. The overall regression model was shown to be a significant predictor of levels of attitudes toward help-seeking such that when analyzing gender, number of children, affiliation, level of education, attitude toward emigration, previous treatment utilization, scores on the OWVS, scores on the SSRPH, and scores on the ISCI, one can better predict levels of attitude toward psychological help-seeking. Regarding individual factors predicting, gender was the only factor that was a significant negative predictor. Being female predicted more positive attitudes towards help-seeking. Treatment and ISCI scores, on the other hand, were the only two factors that were positive predictors of level attitude toward help-seeking. Those with previous treatment utilization and higher intentions to seek counseling predicted more positive attitudes toward psychological help-seeking.

*H 4:* H4 was partially supported by the current study. The overall regression model was shown to be a significant predictor regarding levels of intention toward seeking counseling such that when analyzing gender, number of children, affiliation, level of education, attitude toward emigration, previous utilization levels, scores on the OWVS, scores on the SSRPH, and scores on the ATSPPH one can better predict level of intention toward psychological help-seeking. In terms of individual predictors, SSRPH was the sole negative predictor, and ATSPPH was the sole positive predictor of ISCI scores such that higher stigma levels and less positive attitudes toward help-seeking each predicted lower levels of intention toward seeking counseling.

*H 5:* H5 was not statistically supported by the current research. The factor analysis done on the ISCI scale did not point to a multi-factor model divided by problem-type, rather the data

supported the use of a uni-factoral model for the scale with all problem-types loading on one factor.

*H 6:* H6 was supported by the findings of the current study. Parental attitudes for personal problems did correlate significantly with attitudes toward psychological help-seeking for their children. Those with higher attitudes toward psychological help-seeking for their personal problems correlated with more positive attitudes toward help-seeking for their children, as well.

## CHAPTER V

### DISCUSSION

This chapter provides interpretation of the results obtained in this study. It includes a discussion of the results, as well as the limitations and strengths of the current study. Suggestions for future research on the topic will also be addressed.

The current study explores factors that predict levels of attitude toward psychological help-seeking, intention toward utilizing psychological services, and levels of previous psychological service utilization among Orthodox Jewish parents. Attitude levels were measured using the *Attitudes toward Seeking Professional Psychological Help Scale* (ATSPPH), developed by Fisher and Farina (1995). Level of intention was measured by the *Intention of Seeking Counseling Inventory* (ISCI) (Cash et al., 1975). Predictor factors included in the study were gender, level of education, group affiliation within Orthodox Judaism, level of social stigma measured by the *Stigma Scale for Receiving Psychological Help* (SSRPH) (Komiya, Good & Sherrod, 2000), and scores on the *Openness toward Western Values Scale* (OWVS), a scale developed in the current study.

The current study found significant relationships between various demographic and socio-cultural factors and attitudes relating to mental health help-seeking among the Orthodox Jewish population. In addition, there were overall models, as well as individual factors found to be significant predictors of dependent variables such as previous service utilization, attitude levels toward help-seeking, and levels of intention to seek counseling.

#### *Gender*

The results of the study supported the previous research on the relationship between gender and attitudes toward psychological help-seeking. Women were found to have more

positive attitudes toward help-seeking than men. This was in line with Fisher and Turner (1970), who also reported women as more likely to have more positive help-seeking attitudes than men.

These findings differed, however, from those of Atkinson and Gim (1989), who studied an Asian-American sample and found that there were no significant differences between males and females with regard to levels of attitude toward help-seeking. Similarly, Bee-Gates, Howard-Pitney, LaFromboise, and Rowe (1996) found that there were no significant differences between genders with regard to attitudes toward help seeking among Native American-Indian high school students. This inconsistency in findings might be explained by the role that gender plays across various cultures. In cultures where women and men play a more similar role in society and child rearing the differences found between genders may be minimal. In cultures where gender roles are more traditional and child rearing more restricted to the mother, there may still be significant gender differences regarding attitudes toward help-seeking. Females may have more positive attitudes than men as a result of their involvement, exposure, and knowledge in the practice of raising children. Among Orthodox Jews, gender seems to still play an important role in determining attitude levels.

### *Education*

The results of the study indicate that levels of education were not directly correlated or predictive of levels of attitudes toward help-seeking. This differed from the previous findings of Fisher and Cohen (1972), who found that years of education were positively correlated with attitudes towards psychotherapy. The difference in findings could be related to the study being performed over thirty years ago, as well as to the population being studied

and the reason for low levels of education. The participants with low levels of education analyzed by Fisher and Turner (1972) may have been of lower socioeconomic status, living in more inner-city neighborhoods, and having fewer social support groups and places to refer to when help was needed.

The participants in the current study with low levels of education were affiliated with subgroups within Orthodox Judaism that generally lead more insular and isolated lifestyles and have low acculturation levels to general Western society. This is consistent with how Margolese (1998) describes modern Orthodox Jews as tending to be less insular and more involved than other Orthodox Jewish subgroups in the secular world. They lead less insular lives, hold a broad range of jobs, and don't have the distinct dress that others do. Chassidim, on the other hand, are a much more insulated community; they dress in a very distinct way, usually have a narrow spectrum of occupations, and tend to consult their Rebbe (religious leader) before making any major decisions. The lower levels of education among this population may not mean the same thing that it does when other populations are being examined, such as being highly correlated with low levels of socioeconomic status. Support for this notion was found in the fact that level of education was also correlated significantly with the OWVS. The connection between affiliation and level of education may be that those with affiliations to more insular subgroups within Orthodoxy may view the secular world of culture and advanced education in a less positive light than those of less insular affiliations and may therefore not see pursuing a secular education as an ideal.

#### *Number of Children*

Number of children was included in the current study to examine if it was acting as a confound variable affecting previous utilization levels, intention to seek counseling levels,

and levels of attitude toward help-seeking. The rationale was that perhaps parents don't seek treatment for their children because they are simply overburdened by the number of children that they need to care for and they are strained with time and resources. The relevant factor in the study that was found to directly correlate with number of children was affiliation. This seems to be in-line with the description of the various affiliations within Orthodox Judaism reported by Margolese (1998). In this study, however, it was not related to the more relevant variables at the core of the study, such as ATSPPH, ISCI, or previous treatment values.

#### *Attitude toward Emigration*

Attitudes toward emigration was included in the study for similar reasons to that of number of children, to see if it was possibly acting as a confound variable. As mentioned before, individuals with more positive attitudes toward emigrating from the U.S., in general, may have less positive overall views of Western values. This may result in lower service utilization levels, lower intention, and lower attitudes apart from relevant cultural factors addressed in the current study. Attitudes toward emigration were found to be correlated with education, treatment, and SSRPH. Those with higher attitudes toward emigration were surprisingly more highly educated, had lower levels of stigma, and were also more likely to have sought treatment. The findings show that emigration does not act as a confound variable in decreasing mental health service utilization, and even correlates with higher levels of previous treatment, a finding that was not at all expected. The rationale may be that those with more positive attitudes toward emigration also seem to be correlated for some reason with other demographic factors that correlate with levels of treatment, such as level of education. Emigration on its own, however, does not seem to play a crucial role in the process of mental health help-seeking among Orthodox Jews. The current findings should,

however, be understood in the context of the literature pertaining to the characteristics of individuals who emigrate or have plans to emigrate.

*The Openness toward Western Values Scale*

The Openness toward Western Values Scale was found to be correlated with, although not predictive of various factors in the study. As previously mentioned, levels of education were positively related to OWVS scores, as would be expected. Those more educated are going to presumably also be more open to Western values than those with lower levels of education. Consistent with the findings regarding education, affiliation was also found to correlate significantly with OWVS scores. Those who affiliated with less insular groups within Orthodox Judaism scored significantly higher on the OWVS than those who associated with more extreme affiliations. This correlation provides support for the OWVS scale showing it capable of differentiating between different affiliations among Orthodox Jews. This is consistent with how Margolese (1998) described the different subgroups within Orthodox Judaism as being distinct from each other with regards to degree of openness toward Western values. Additional correlations with number of children, level of education, and SSRPH (stigma) scores were found. These may be explained as a result of correlations with affiliation. Affiliation may be part of a cluster of factors such as stigma, number of children, and level of education that always correlate. Other insular cultures such as the Amish or Caribbean Americans may find the construct of openness toward Western values useful as well, in helping them understand levels of mental health service utilization among their constituents.

### *Stigma*

The data analysis found that stigma scores (measured by the SSRPH) correlated and were predictive (in a regression analysis) of scores on levels of intention to seek professional psychological treatment (ISCI). What was interesting with the findings was that stigma only correlated and predicted intention levels but did not significantly correlate with or predict attitude toward seeking professional psychological help (ATSPPH) scores. This suggests that the research needs to be cautious with regard to treating attitudes and willingness as one factor. As previously cited, Kelly and Acther (1995) found that although high levels of self-concealment resulted in lower levels of attitude toward help-seeking, it nonetheless resulted in a greater perceived likelihood of seeking counseling. This was possible because this population may, on the one hand, fear disclosing intimacies to a therapist, but on the other hand, lack access to help through other means of social support. The results of that are low attitude levels toward help-seeking but high willingness levels toward actual treatment utilization. Similarly, high levels of stigma may not affect attitude toward help-seeking scores, which assess one's theoretical view regarding the use of counseling, yet may still have a strong impact on intention scores, which assesses one's actual willingness to get the treatment.

### *Previous Treatment*

This study examined predictors of previous psychological treatment utilization. Attitudes towards help-seeking were found to be significantly predictive of prior treatment. The findings were consistent with Fisher and Turner (1970), who also found that both men and women who had received previous psychological help had more favorable attitudes toward help-seeking than those who did not. Those with more positive attitudes tend to seek

treatment more than those with less positive attitude levels. The findings are also consistent with the theory of reasoned action by Ajzen and Fishbein (1980) which states that the decision to do a behavior is primarily a function of one's intention to be engaged in the behavior. The theory further claims that attitude, along with subjective norms, are the two primary contributors towards intention of engagement.

An additional explanation regarding the relationship between previous treatment and attitudes toward help-seeking may be that attitudes themselves are affected by individuals who have sought previous treatment. Having positive experiences may affect clients to have more positive attitudes towards seeking psychological treatment even if they may have been lower prior to treatment. Since the study is only correlational, directionality in the relationship can not be established.

Levels of intention to seek counseling were also correlated with previous treatment levels, but were not found to be predictive in the logistic regression equation. This suggests that while overall attitudes are affected by previous treatment due to positive experiences in treatment, levels of intention to seek counseling for specific problems is not. This scale may be more immune to previous treatment levels, since the issue that may have been dealt with in treatment may differ from those in the ISCI scale. Although having received previous treatment for an issue may increase overall global attitudes toward seeking psychological help, it may not affect willingness levels for help-seeking for different and unrelated issues.

Regarding significant predictors, both openness toward Western values and affiliation scores significantly predicted previous treatment. Specifically those who affiliated modern Orthodox predicted whether previous psychological treatment was sought. Both Orthodox/ultra Orthodox (non Chassidic) and Chasidic affiliations did not differentiate in

regard to this factor. This was in line with the hypothesis of the study, as well as the work of Margolese (1998) and Schnall (2006) who describe key differences among Orthodox Jews that may cause varying levels of treatment for psychological concerns. This suggests that differences in affiliations within Orthodox Judaism relate to significant differences regarding the utilization of psychological services. This may be the result of cultural differences with regard to how one views being helped with emotional issues by someone with secular training, which is consistent with the findings of Margolese (1998). The religious interpretation with regard to seeking psychological help may be very different for a modern Orthodox Jew than for a Chassidic Jew. The Chassidic Jew may see counseling as an attempt to solve his or her problems outside of the framework of religion whereas a modern Orthodox Jew may not view help-seeking in that way. This may also be the result of levels of stigma for help-seeking being significantly higher for the more insular affiliations within Orthodox Judaism, as previously discussed.

#### *Attitudes toward Psychological Help-Seeking*

The data found that levels of attitude toward psychological help-seeking (measured by the ATSPPH) were predicted in a multiple regression by gender, previous treatment, and level of intention to seek counseling (ISCI). The explanation for gender and previous treatment has already been discussed above. Regarding the significant relationship between ISCI and ATSPPH scores, the findings are consistent with previous research (Cepeda-Benito & Short 1998; Dean & Todd, 1996; Kelly & Achter, 1995; as cited in Cramer, 1999) that support the notion that attitudes toward counseling can significantly predict intentions toward actually seeking professional psychological help. Vogel, Wester, Wei, and Boysen (2005) also assessed both attitudes and actual intentions of seeking psychological help, and found a

significant association between levels of attitude toward psychological help-seeking and actual intent to seek counseling. Vogal, Wester, and Boyson (2005) used structural equation modeling (SEM) and found that levels of attitudes toward seeking psychological help predicted intent to seek professional help. The explanation of the findings is similar to why higher ATSPPH scores also correlated with higher levels of previous treatment. Those with more positive attitudes toward seeking psychological help will have greater intentions of seeking such help in time of need.

In addition to the above findings, levels of attitude regarding psychological help-seeking for children (ATSPPH(C)) also correlated significantly with levels of parental attitudes toward psychological help-seeking (ATSPPH(P)) regarding themselves. Parents attitude levels about seeking help for their children were found to be higher when attitudes towards seeking psychological help for themselves was higher, as well. The explanation may be that the views and attitudes that parents have toward getting psychological help for themselves carry over to seeking psychological help for their children.

#### *Intention of Seeking Counseling*

The data analysis demonstrated that previous treatment, stigma scores, and attitudes toward seeking psychological help scores all correlated with intentions to seek psychological treatment levels, similar to previous findings (Weaver, Edell, & Spencer, 1987). The nature of these relationships and how they fit into the context of previous research have all been discussed at length in previous sections. Briefly, higher stigma and less positive attitudes toward psychological help-seeking both lower willingness to seek psychological help if a problem situation arises, as would be expected. These follow the findings of previous research. What is interesting to note, as previously mentioned, is regarding stigma predicting

only ISCI scores, but not ATSPPH scores. It is possible that stigma only affects actual intentions and plans to seek help rather than affecting scores on a scale that assesses one's global attitude toward help seeking. Stigma may only reduce behavior but not theoretical attitudes toward seeking help.

### *Summary*

In summary, the main results of the current study found that scores on the *Attitudes toward Seeking Professional Psychological Help*, scores on the *Intention of Seeking Counseling Inventory*, and previous treatment utilization were all positively correlated with each other. Gender was significantly related to levels of attitude toward psychological help-seeking. Women tended to have higher attitudes toward seeking help than men. In addition, various demographic factors were important in predicting levels of attitude toward help-seeking, levels of intention toward seeking counseling, and previous treatment. More specifically, level of openness toward Western values and self-affiliation predicted previous treatment utilization such that those more open toward Western values and those affiliating with less insular subgroups within Orthodox Judaism predicted higher levels of previous mental health treatment utilization. Gender, previous treatment, and levels of intention to seek counseling predicted levels of attitude toward help-seeking such that females, those who sought previous treatment in the past, and those with higher levels of intention toward seeking counseling predicted higher levels of attitude towards seeking professional psychological help. Levels of stigma and levels of attitude toward help-seeking predicted levels of intention toward seeking counseling such that those with lower stigma toward receiving psychological help and more positive attitudes toward seeking psychological help were found to have stronger intentions toward seeking psychological help.

### *Limitations and Future Research*

There are several limitations to the current study, which tried to examine several factors that may affect levels of mental health service utilization among the Orthodox Jewish population. First, this was the first study of its kind done with this population. Further studies are recommended to see if the findings are consistent when the study is replicated using a new sample.

When sampling a population with the intention of generalizing the findings, one must also be sure that all subgroups within a population are adequately represented. When dealing with Orthodox Jews, the study gave only three choices for self-affiliation within Orthodox Judaism for the sake of simplicity. Certain groups such as Lubavitcher Chassidim, “ba’alai teshuva”, those who converted to Judaism, or “conservodox” etc. may have felt that their subgroup was not given an adequate choice that accurately described them. Further studies may choose to give more options for self-affiliation than the three choices given in the current study.

The survey that was distributed was only given in an English language version. By definition, it meant that a certain segment of the Chassidic community could not be included in the sample since they are more comfortable with the Yiddish language rather than English, and do not have the reading comprehension skills to answer a survey in English. This limitation disqualified a segment of the Chassidic population that is presumably even less acculturated and more isolated than the sample included in the scale. Future studies may look into translating the questionnaires into Yiddish so that a wider segment of the population can be included in the study.

In addition, other variables such as socioeconomic status, views of mental health problems, levels of social support, levels of self-concealment, and location of treatment (school, clinic, or private practice) may all be relevant factors to explore. Future studies on Orthodox Jews should include additional scales that assess some of the variables mentioned above that were not included in the current study. Findings may show that additional factors also prove to be significant to the current discussion.

Future studies may also consider including a path analysis on the results of the current study. A path analysis would help structure the results, look at which variables are more or less important, and help determine the most viable path model in which the relationships between anticipated antecedents and criterion (such as help-seeking behavior) are best described. This will enable interventions to be more targeted in helping to increase service utilization in a more systematic way.

### *Conclusion*

In sum, this is the first study to analyze factors that affect psychological treatment utilization levels among Orthodox Jews. Results increasing our understanding of this group are reported. Factors such as levels of stigma, levels of attitude toward psychological help-seeking, and self-affiliation within Orthodox Judaism all seem to play a role in service utilization. These findings are important in providing insight and understanding in psychological help-seeking behaviors and attitudes among Orthodox Jews. Schools and mental health clinics that serve this population need to understand potential causes of initial resistance to treatment, as well as low treatment utilization levels from a socio-cultural perspective. Appropriate interventions to increase utilization levels can be formulated and implemented to address underlying causes of resistance to treatment.

## APPENDIX A

*Summary Table of the Current Research*

|   | <i>Research Questions</i>  | <i>Primary Hypotheses</i>   | <i>Results</i>   |
|---|--|---|--|
| 1 | -What is the relationship among factors that affect mental health utilization? | <p><i>Positive Correlations:</i></p> <ul style="list-style-type: none"> <li>-ATSPPH, ISCI, and Utilization</li> <li>-Affiliation and SSRPH</li> <li>-Education and OWVS</li> <li>-OWVS and Utilization</li> <li>-Affiliation and # of children</li> </ul> <p><i>Negative Correlations:</i></p> <ul style="list-style-type: none"> <li>-Gender and ATSPPH</li> <li>-Education and Affiliation</li> <li>-Affiliation and OWVS</li> <li>-Affiliation and ATSPPH</li> <li>-Affiliation and ISCI</li> <li>-Affiliation and Previous Utilization</li> </ul> | <p><i>Positive Correlations:</i></p> <ul style="list-style-type: none"> <li>-ATSPPH, ISCI, and utilization</li> <li>-Affiliation and SSRPH</li> <li>-Education and OWVS</li> <li>-Affiliation and # of children</li> </ul> <p><i>Negative Correlations:</i></p> <ul style="list-style-type: none"> <li>-Gender and ATSPPH</li> <li>-Education and Affiliation</li> <li>-Affiliation and OWVS</li> <li>-Affiliation and Previous Utilization</li> </ul> |
| 2 | -What factors predict utilization of treatment over the past 6 months?         | <ul style="list-style-type: none"> <li>-Overall model will predict Previous Utilization</li> <li>- ISCI, ATSPPH, SSRPH, and Affiliation will individually predict utilization</li> </ul>  | <ul style="list-style-type: none"> <li>-Overall model did significantly predict utilization</li> <li>-ATSPPH and Affiliation individually predicted Utilization</li> </ul>   |
| 3 | -What factors predict scores on the ATSPPH?                                    | <ul style="list-style-type: none"> <li>-Overall model will predict ATSPPH</li> <li>-ISCI, Previous treatment, SSRPH, Affiliation, and Gender will individually predict ATSPPH</li> </ul>  | <ul style="list-style-type: none"> <li>-Overall model predicted ATSPPH</li> <li>-ISCI, Previous Treatment, and Gender individually predicted ATSPPH</li> </ul>   |
| 4 | -What factors predict scores on the ISCI?                                      | <ul style="list-style-type: none"> <li>-Overall model will predict ISCI</li> <li>-ATSPPH, Previous treatment, SSRPH, and Affiliation will individually predict ISCI</li> </ul>  | <ul style="list-style-type: none"> <li>-Overall model predicted ISCI</li> <li>-ATSPPH and SSRPH individually predicted ISCI</li> </ul>   |
| 5 | -Does problem-type affect ISCI?  | <ul style="list-style-type: none"> <li>-Problem type would significantly affect level of intention of seeking counseling</li> </ul>   | <ul style="list-style-type: none"> <li>-Significant differences were not found between problem types</li> </ul>  |

|   | <i>Research Questions</i>  | <i>Primary Hypotheses</i>                                   | <i>Results</i>                                |
|---|--|---|---|
| 6 | -What is the relationship parental psychological help-seeking for their own problems as compared to their children's problems? | -A significant positive correlation between the two factors | -A significant positive correlation was found |

*Note:* OWVS = The Openness toward Western Values Scale, SSRPH = Stigma Scale for Receiving Psychological Help, ISCI = Intention of Seeking Counseling Inventory, and ATSPPH = Attitudes towards Professional Psychological Help-Seeking.

## APPENDIX B

**Information Sheet for Orthodox Jewish Parental Attitudes Research**

[Graduate Center](#), 365 Fifth Avenue, New York, NY 10016 ~ 212-817-8285 ~ [edpsych@gc.cuny.edu](mailto:edpsych@gc.cuny.edu)

My name is Binyamin Tepfer and I am a student in the Educational Psychology Ph.D. Program at the Graduate Center of the City University of New York (CUNY), and the Principal Investigator of this project entitled “Psychological Acculturation Levels and Self-Affiliation to Orthodox Jewish Sub-Groups as Predictors of Psychological Help-Seeking Attitudes Among Orthodox Jewish Parents”. The current study wants to examine what factors play a role in the attitudes that we have towards getting psychological help for ourselves and our children. A total of 150 participants are needed for the study.

If you choose to participate, you will be asked to answer some questions on a form that is attached to the back of this paper. The questionnaires have a total of 50 short-answer items and should take about ten minutes to finish.

Your answers to all of the questions will remain fully confidential. You will not be asked to put your name or any other identification information on any response sheets. All collected data will be locked in a file cabinet to which only I and my advisor will have access. Taking part in the study is voluntary. If you choose not to partake, there will be no penalty of any sort.

There is no known risk involved in the study. Your participation will help add to the understanding about the attitudes of Orthodox Jewish parents toward psychological help-seeking. Even if you choose to begin the study, you can also choose to withdraw from the study at any time. In the event that you feel any level of stress answering items you should withdraw from the research. In addition, a list of community resources is being included on the following page in the event that you feel that it may be useful to you to deal with your stress.

I may publish the results of the study, but names of people, or any identifying characteristics will not be used in any publications. If you would like a copy of the study, please provide me with your address on a separate piece of paper and I will send you a copy in the future.

If you have any questions about the study you can contact me, Binyamin Tepfer, at (516) 426-5415 and [btepfer@gc.cuny.edu](mailto:btepfer@gc.cuny.edu), or you can contact my advisor Professor Marian C. Fish in the Department of Educational Psychology at the Graduate Center, CUNY, at (212) 817-8290 and [mfish@gc.cuny.edu](mailto:mfish@gc.cuny.edu). If you have any questions about your rights as a participant in the study, you can contact Kay Powell, IRB Administrator at the Graduate Center, CUNY, at (212) 817-7525 and [kpowell@gc.cuny.edu](mailto:kpowell@gc.cuny.edu).

Thank you for your participation in the study. You may keep this copy of the form.

#### List of Community Resources

Jewish Board of Family and Children's Services, Inc.  
120 West 57th Street, New York, NY 10019  
Call 1-888-JBFCS-NY or e-mail [admin@jbfcs.org](mailto:admin@jbfcs.org)

New York Jewish Healing Center  
120 West 57th Street · New York, NY 10019  
Phone: (212) 399-2320 ext. 224 · Fax: (212) 399-2475 · [info@jcprograms.org](mailto:info@jcprograms.org)

Ohel Children's Home & Family Services  
4510 16th Avenue | Brooklyn, NY 11204  
P: 888-311-OHEL | [askohel@ohelfamily.org](mailto:askohel@ohelfamily.org)

Pride of Judea Mental Health Center  
243-02 Northern Blvd Douglaston NY 11362  
718-423-6200

**Instructions: 1) Please do not fill out your name anywhere on this form.**

**2) Please fill out every item of the survey.**

**Orthodox Jewish Parent Survey:**

**Section I**

**Demographic Information**

- 1) **Gender (M or F)\_\_\_\_\_**
- 2) **I currently have (how many?) \_\_\_\_\_ children under the age of 18 years old.**
- 3) **Please choose from one of the choices listed below by circling the group name that best describes your Orthodox Jewish affiliation:**
  - a) Modern Orthodox
  - b) Orthodox/Ultra-Orthodox (**non**-Chassidish)
  - c) Orthodox/Ultra-Orthodox (Chassidish)
- 4) **Please choose from one of the choices listed below by circling the item that best describes the highest level of secular education that you have completed:**
  - a) Completion of elementary school
  - b) Completion of high school
  - c) Completion of college
  - d) Completion of masters or certificate-level studies
- 5) **Have either you or any of your children received any form of psychological treatment over the past six months (Y or N)\_\_\_\_\_.**
- 6) **Please choose from one of the choices listed below by circling the item that best describes how you feel about emigrating from the U.S.:**
  - a) I have no plans or ideas at all about moving out of the U.S. with my family
  - b) I have thought about the possibility of moving out of U.S. with my family
  - c) I have strongly considered the possibility of moving out of the U.S. with my family
  - d) I definitely see myself moving out of the U.S. with my family in the near future

## Section II

### Openness towards Western Values Scale (OWVS)

**DIRECTIONS:** This instrument is composed of 14 statements about your openness toward western culture regarding you and your children. Please indicate the degree to which each statement applies to you by circling whether you **disagree (0-D)**, **partly disagree (1-PD)**, **partly agree (2-PA)**, or **agree (3-A)**.

| Questions  | Response |                    |              |       |
|--|----------|--------------------|--------------|-------|
|  | Disagree | Partially Disagree | Partly Agree | Agree |
| 1. I try to do everything I can so that my children are not exposed to television shows or popular movies.   | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 2. Education is primarily about teaching our children how to fully engage and be a part of the world around us, yet still be able to maintain a strong religious identity.                       | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 3. In approaching a monumental decision in my life, I would not consider it essential to discuss it with my [husband's] Rebbe/Rabbi/Rebbie.  | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 4. I am very willing to allow secular newspapers and magazines into my house as a source of getting news.  | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 5. I think it is better for my children to be raised in a neighborhood among different types of Jews, as well as non-Jews, rather than just being exposed to their own type.                     | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 6. It is crucial to me that any professional psychological help that I would get would be from someone who shares my values and way of life  | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 7. I feel that it is a very important to consult with my [husband's] Rebbe/Rabbi/Rebbie when I am at a crossroads in my life.  | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 8. I think there is inherent value in a person getting a secular education not only for the purpose of it preparing them for a job.  | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 9. I would still be very likely to seek professional psychological help for my child if the only psychologist that was available was someone who did <b>not</b> share my values and way of life. | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 10. I only feel comfortable allowing my children to read about current events if it is from a Jewish newspaper.  | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 11. The world is filled with many spiritual dangers for a Jew. It is therefore best to teach our children to do everything they can to stay apart from it.                                       | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 12. I agree that it would be an ideal situation to be able to raise my children in a separate and insular community where they would have minimal contact with the outside world.                | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 13. I would be upset if my child told me that he/she did not want to attend college.   | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 14. I agree that there is some benefit to having a T.V. at home so long as there is supervision in what the children are allowed to watch.   | 0-D      | 1-PD               | 2-PA         | 3-A   |

### Section III

#### Stigma Scale for Receiving Psychological Help (SSRPH)

**DIRECTIONS:** This instrument is composed of 5 statements about your perceptions of how stigmatizing it is to receive psychological treatment. Please indicate the degree to which each statement applies to you by marking whether you **disagree (0-D)**, **partly disagree (1-PD)**, **partly agree (2-PA)**, or **agree (3-A)**.

| Questions  | Response |                    |              |       |
|--|----------|--------------------|--------------|-------|
|  | Disagree | Partially Disagree | Partly Agree | Agree |
| 1. In my social group, seeing a psychologist for emotional or interpersonal problems <b>would not</b> carry any shame along with it.           | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 2. In my community, it <b>would be</b> a sign of weakness or inadequacy to see a psychologist for emotional or interpersonal problems.         | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 3. People in my circles may see someone in a <b>less favorable</b> way if they come to know that he/she has seen a psychologist.               | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 4. It <b>would be</b> very important to me to hide from people the fact that I, or my child, was seeing a psychologist.                        | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 5. In my circles, if someone had seen a psychologist in the past, it would have <b>no real impact</b> on the shidduch process for that person. | 0-D      | 1-PD               | 2-PA         | 3-A   |

## Section IV

### Intention of Seeking Counseling Inventory (ISCI)

**DIRECTIONS:** This instrument is composed of 11 issues that children commonly bring to counseling. For each item, parents are asked to rate from **1** (very unlikely) to **4** (very likely), how likely you would be to seek psychological counseling for your child.

| <b>Questions</b>   | <b>Responses</b>               |                                  |                                |                              |
|--|--------------------------------|----------------------------------|--------------------------------|------------------------------|
|  | <b>1<br/>Very<br/>unlikely</b> | <b>2<br/>Pretty<br/>unlikely</b> | <b>3<br/>Pretty<br/>likely</b> | <b>4<br/>Very<br/>likely</b> |
| 1. How likely would you be to seek professional psychological help for your child if he/she was having a problem with excessive alcohol use?     | 1-VU                           | 2-PU                             | 3-PL                           | 4-VL                         |
| 2. How likely would you be to seek professional psychological help for your child if he/she had serious problems with doing his/her school work? | 1-VU                           | 2-PU                             | 3-PL                           | 4-VL                         |
| 3. How likely would you be to seek professional psychological help for your child if he/she was having difficulties getting along with friends?  | 1-VU                           | 2-PU                             | 3-PL                           | 4-VL                         |
| 4. How likely would you be to seek professional psychological help for your child if he/she was having problems with depression?                 | 1-VU                           | 2-PU                             | 3-PL                           | 4-VL                         |
| 5. How likely would you be to seek professional psychological help for your child if he/she was having problems with test anxiety?               | 1-VU                           | 2-PU                             | 3-PL                           | 4-VL                         |
| 6. How likely would you be to seek professional psychological help for your child if he/she was having drug problems?                            | 1-VU                           | 2-PU                             | 3-PL                           | 4-VL                         |
| 7. How likely would you be to seek professional psychological help for your child if he/she was having problems with feelings of inferiority?    | 1-VU                           | 2-PU                             | 3-PL                           | 4-VL                         |
| 8. How likely would you be to seek professional psychological help for your child if he/she was feeling very lonely?                             | 1-VU                           | 2-PU                             | 3-PL                           | 4-VL                         |
| 9. How likely would you be to seek professional psychological help for your child if he/she was having difficulty sleeping?                      | 1-VU                           | 2-PU                             | 3-PL                           | 4-VL                         |
| 10. How likely would you be to seek professional psychological help for your child if he/she was constantly in conflict with you or your spouse? | 1-VU                           | 2-PU                             | 3-PL                           | 4-VL                         |
| 11. How likely would you be to seek professional psychological help for your child if he/she was having difficulties with relationships?         | 1-VU                           | 2-PU                             | 3-PL                           | 4-VL                         |

### Section V

#### Attitudes toward Professional Psychological Help-Seeking (ATSPPH)

**DIRECTIONS:** This instrument is composed of 15 statements about attitudes toward psychological help-seeking concerning you as well as your child. Please indicate the degree to which each statement applies to you by marking whether you **disagree (0-D)**, **partly disagree (1-PD)**, **partly agree (2-PA)**, or **agree (3-A)**.

| Questions   | Response |                    |              |       |
|---|----------|--------------------|--------------|-------|
|   | Disagree | Partially Disagree | Partly Agree | Agree |
| 1. If I believed my child was having an emotional problem, my <b>first</b> inclination would be to get professional psychological attention.  | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 2. The idea of talking about a problem with a psychologist strikes me as a <b>poor way</b> to get rid of emotional conflicts.   | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 3. If there was a serious emotional crisis at any point in my child's life, I would be confident that my child <b>could</b> find relief in seeing a psychologist.                   | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears <b>without</b> resorting to professional psychological help. | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 5. I <b>would</b> want to get psychological help for my child if he/she was worried or upset for a long period of time.   | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 6. In the event of certain difficulties arising, I <b>would</b> want my child to have psychological counseling in the future.   | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 7. A person with an emotional problem is <b>not</b> likely to solve it alone; he or she <b>is</b> likely to solve it with professional psychological help.                          | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 8. Considering the time and expense involved in seeing a psychologist, it would have <b>doubtful value</b> for someone like my child.   | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 9. A person <b>should</b> work out his or her own problems; getting psychological counseling would be a <b>last</b> resort.   | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 10. Personal and emotional troubles, like many things, tend to work out by <b>themselves</b> .  | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 11. If I believed I was having an emotional problem, my <b>first</b> inclination would be to get professional attention.  | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 12. If there was a serious emotional crisis at this point in my life, I <b>would be</b> confident that I could find relief in seeing a psychologist.                                | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 13. I <b>would</b> want to get psychological help for myself if I was worried or upset for a long period of time.   | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 14. In the event of certain difficulties arising, I <b>would</b> want to have psychological counseling for myself in the future.  | 0-D      | 1-PD               | 2-PA         | 3-A   |
| 15. Considering the time and expense involved in seeing a psychologist, it would have <b>doubtful</b> value for someone like me.  | 0-D      | 1-PD               | 2-PA         | 3-A   |

**Thank You for Your Participation in the Study!**

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