

Avoidance of Counseling: Psychological Factors That Inhibit Seeking Help

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How do counselors reach out to individuals who are reluctant to seek counseling services? To answer this question, the authors examined the research on the psychological help-seeking barriers from counseling, clinical and social psychology, as well as social work and psychiatry. Specific avoidance factors that have been identified in the mental health literature; important variations in the setting, problem type, demographics, and cultural characteristics that can influence the degree to which avoidance factors affect professional help-seeking decisions; and suggestions for overcoming these avoidance factors are discussed.

Counseling and psychotherapy have been described as “potentially difficult, embarrassing, and overall risky enterprise[s . . . that induce] fear and avoidance in some individuals” (Kushner & Sher, 1989, p. 256). Consistent with this statement, less than one third of individuals who experience psychological distress seek help from a mental health professional (Andrews, Issakidis, & Carter, 2001). In fact, people tend to see counseling as a last resort (Hinson & Swanson, 1993), something to be considered only after their attempts to handle things on their own or in concert with individuals close to them have failed (Wills, 1992). These perceptions of counseling persist, despite studies showing that seeking counseling services is often helpful (see Bergin & Garfield, 1994) and that the consequences for not seeking help are often severe (Dubow, Lovko, & Kausch, 1990). Thus, there is a need to clearly identify the factors that lead individuals to avoid seeking professional help. Our goal in this article was to examine the broad array of research on help seeking from counseling, clinical and social psychology, social work, and psychiatry perspectives to assist counselors in providing professional service to individuals who are reluctant to seek help despite the need for such help.

To Seek Help or Not to Seek Help

One way to conceptualize help seeking is to view the decision to seek help as a classic approach/avoidance conflict. Kushner and Sher (1989) first conceptualized the act of seeking professional help as being an approach/avoidance conflict wherein approach factors, such as one’s level of distress and the desire to reduce that distress, increase the likelihood that one will seek out counseling services; on the other hand, avoidance factors, such as the risks of being perceived as crazy, decrease the chances that an individual will seek out services. As with other approach/avoidance conflicts, avoidance factors are thought to become increasingly stronger as one moves toward the decision to seek professional help. Kushner and Sher found that individuals who needed counseling or psychotherapy but had not sought it had the highest level of treatment fears, suggesting that avoidance factors can inhibit help-seeking behavior even for individuals who could benefit from treatment. It seems, therefore, that many individuals perceive the act of seeking counseling or psychotherapy as

a dilemma; although they are experiencing negative emotional, interpersonal, or psychological consequences, the thought of seeking help carries with it a negative perception, which may, in fact, be perceived as worse than the problem.

Both approach and avoidance factors offer counselors ways in which to understand individuals’ reluctance to seek counseling services. However, studies examining only approach factors, have generally accounted for a small amount of the variance associated with professional help-seeking attitudes or intent. One potential reason for this large amount of unexplained variance is that the relative importance of avoidance factors remains unknown (Kushner & Sher, 1989). A discussion of the relative impact of the various avoidance factors should allow counselors to understand more about the help-seeking attitudes, intent, and behavior of individuals who are considering seeking help. A better understanding of the role of the factors in professional help-seeking decisions is critical for counselors and other mental health professionals to design interventions and education programs that reduce the barriers to seeking help. Therefore, in the following sections of the article, we examine the specific psychological avoidance factors that have recently been identified in the mental health literature. Then, factors that have been studied recently, but not necessarily identified as an avoidance factor, are discussed. For each factor, the conceptual support for the importance of the factor is presented first, and then the previous studies that have directly examined the relationship of that factor and professional help seeking are summarized. Important variations in the setting, problem type, as well as demographic and cultural characteristics that can influence the degree to which avoidance factors affect help-seeking decisions are then examined. Finally, we discuss the implications of these factors for counselors who are attempting to reach out to those least likely to seek help.

Avoidance Factors

Five factors have been described recently as avoidance factors in the help-seeking process: social stigma (Komiya, Good, & Sherrod, 2000), treatment fears (Deane & Todd, 1996; Kushner & Sher, 1989), fear of emotion (Komiya et al., 2000), anticipated utility and risks (Vogel & Wester, 2003; Vogel, Wester, Wei, & Boysen, 2005), and self-disclosure (Hinson & Swanson, 1993;

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Vogel & Wester, 2003). There are also at least two other factors that have been found to be potential barriers to seeking help, although they have not necessarily been discussed as such in the professional help-seeking literature; these are social norms and self-esteem. In this section of the article, these factors and the degree to which the extant literature supports the usefulness of them in understanding why individuals do not seek professional services are presented.

Social Stigma

Social stigma is defined as the fear that others will judge a person negatively if she or he sought help for a problem (Deane & Chamberlain, 1994). The social stigma attached to seeking professional help has been conceptualized as one of the most significant barriers to treatment (Sibicky & Dovidio, 1986; Steff & Proserpi, 1985). This may be because the public in general tends to provide negative descriptions of individuals who experience mental illness (Crisp, Gelder, Rix, Meltzer, & Rowlands, 2000). A history of having sought outpatient mental health services can lead others to have more negative perceptions of the individual (Dovidio, Fishbane, & Sibicky, 1985), including being labeled more awkward, cold, defensive, dependent, insecure, sad, and unsociable (Sibicky & Dovidio, 1986); to view that individual as less in control of her or his emotions (Oppenheimer & Miller, 1988); and to describe the individual as weak or disturbed (King, Newton, Osterlund, & Baber, 1973). Some researchers have also found that being labeled a “former mental hospital patient” led to greater social rejection than was true for someone with no such label (Link, Cullen, Frank, & Wozniak, 1987). Furthermore, although people who experience depression are seen as emotionally unstable, those who seek help for depression are viewed as particularly unstable (Ben-Porath, 2002), suggesting that it is not simply having a disorder but the seeking of help from a professional that is stigmatized.

Perhaps, then, it is not surprising that people have been found to seek help less for problems that are associated with greater negative judgments by others (Overbeck, 1977), and most of those who have been to therapy perceive that there is social stigma associated with their having sought help (Sirey et al., 2001). Studies directly measuring the relationship between perceived social stigma and professional help seeking have also demonstrated that social stigma predicted a person’s attitudes toward seeking help (Deane & Todd, 1996; Komiya et al., 2000; Vogel et al., 2005), as well as predicted the intention to seek help at a future date (Deane & Chamberlain, 1994). For example, Steff and Proserpi (1985) found that individuals who needed treatment but did not go to therapy were twice as likely as those who needed treatment and went to therapy to report stigma as an important treatment barrier. In addition, more than 90% of the sample in another study (Nelson & Barbaro, 1985) agreed that the fear that they would be thought of as crazy was a potential barrier to seeking help. Finally, Rochlen, Mohr, and Hargrove (1999) found that the stigma associated with seeking help for career issues was associated with more negative attitudes toward counseling and less intent to seek help for career issues. Thus

there is general support for the importance of social stigma in understanding why people might not seek help, even when they have a serious problem.

Treatment Fears

Researchers have also become interested in another possible avoidance factor labeled *treatment fears*. Treatment fears have been defined as a “subjective state of apprehension arising from aversive expectations surrounding the seeking . . . of mental health services” (Kushner & Sher, 1989, p. 251). These fears have been measured with concern for how a mental health professional will treat the individual, fear about what the mental health professional will think of the individual if she or he seeks help, and fear of being coerced by the counselor. One study found that these types of fears can lead to the delay or avoidance of seeking help (Amato & Bradshaw, 1985); two studies found that individuals who do not use mental health services have the highest level of treatment fears (Kushner & Sher, 1989; Pipes, Schwarz, & Crouch, 1985). However, the role of treatment fears is complicated, because not all studies have shown consistent results. Deane and Chamberlain (1994), for example, found that treatment fearfulness predicted intentions to seek professional help. Yet Deane and Todd (1996) found that treatment fears were not uniquely predictive of help seeking when other factors (e.g., social stigma) were included in the analysis. One reason for this discrepancy may be that treatment fears affect intent to seek help differently depending on the type of problem examined. Treatment fears seem to have a greater effect on individuals dealing with such issues as (a) academic problems (Cepeda-Benito & Short, 1998), (b) interpersonal problems (Vogel et al., 2005), and (c) drug/alcohol problems (Vogel et al., 2005), but have less of an effect for other issues, such as emotional problems or thoughts of suicide (Deane & Todd, 1996). Clearly, treatment fears are an important avoidance factor, but more information is needed about their role relative to other factors.

Fear of Emotion

Researchers have identified a fear of having to discuss painful emotions as another reason that some individuals avoid seeking counseling (Komiya et al., 2000). Seeking help from another person often involves strong emotions, and clients may fear having to experience painful emotions. Indeed, even after seeking help, many clients withhold emotions they have been afraid to express to a counselor (Kelly, 1998). In a study examining emotional expression specifically, Komiya et al. (2000) found that reluctance to seek counseling was greater for individuals who were not open about their emotions. Similarly, persons who were less skilled at dealing with emotions have also been found to be less likely to seek help, in general, as well as less likely to seek help from a mental health professional for concerns about suicide (Ciarrochi & Deane, 2001). Vogel and Wester (2003) found that expectations of having to express emotions to a therapist affected individuals’ help-seeking attitudes and intentions. In addition, although concerns about expressing specific emotions did not affect help-seeking attitudes, overall willingness to express emotions was related to individuals’ attitudes toward seeking professional

help. Finally, Vogel et al. (2005) found that expectations about emotional expression affected not only help-seeking attitudes and intentions but also actual help-seeking behavior. People who had experienced a distressing event, as compared with those who had not, were more likely to endorse concerns about the potential risks of expressing emotions to a counselor. Thus, although only a few studies have directly examined emotional expression, it seems to be a particularly important factor to consider in reaching out to individuals who are experiencing a psychological problem.

Anticipated Utility and Risk

The role of a person's initial expectations about counseling can influence her or his decision about whether to seek professional help (Tinsley, Brown, de St. Aubin, & Lucek, 1984). In particular, the anticipated utility of and risks associated with seeking therapy have been suggested as two of the most important influences on a person's decision to seek counseling (Vogel et al., 2005; Vogel & Wester, 2003). *Anticipated utility* refers to the perceived usefulness or lack thereof regarding seeking services from a counselor. Researchers (e.g., Tinsley et al., 1984) have suggested that individuals who do not seek counseling services may have lower expectations about the benefits of seeking help than do individuals who seek such services. *Anticipated risk*, on the other hand, refers to an individual's perception of the potential dangers of opening up to another person (Vogel & Wester, 2003). By seeking help from someone, the person risks feeling "misunderstood . . . judged, or even ignored" (Harris, Dersch, & Mital, 1999, p. 407) and, thus, may choose not to seek help. Other researchers have suggested that if the anticipated utility of seeking counseling is not outweighed by the anticipated risk, the individual may decide not to see a therapist (Bayer & Peay, 1997).

Some support for the importance of these expectations has been reported. Kelly and Achter (1995) as well as Takeuchi, Leaf, and Kuo (1988), for example, found that individuals in their samples expressed qualitative concerns about the utility of psychotherapy. Bayer and Peay (1997) also found that individuals who did not seek help for a problem were more likely to feel uncertain about whether they would benefit from seeking help. In examining the utility of career counseling, Rochlen et al. (1999) found that persons who perceived more value in seeking help for career issues were also more likely to report intent to go to counseling for career issues. Similarly, Vogel and Wester (2003) found that the utility of and risks expected from seeking help strongly predicted attitudes toward seeking help. Furthermore, Vogel et al. (2005) found that utility predicted help-seeking behavior, in general, whereas risk predicted help seeking for those who had experienced a distressing event in their life. Thus, it seems that expectations may play a role in people's help-seeking decisions.

Self-Disclosure

Another avoidance factor may be an individual's comfort in disclosing distressing or personal information. Jourard (1964) first described how the ability to self-disclose to another is central to a person's decision to seek help because in order to be helped, the person must choose to reveal to another person private feelings, thoughts, and attitudes. Since Jourard's study, several researchers

have suggested that self-disclosure is an important element in a person's decision to seek help (Hinson & Swanson, 1993; Vogel & Wester, 2003; Vogel et al., 2005). Kelly and Achter (1995), as well as Cepeda-Benito and Short (1998), found that one's desire to conceal personal information is related to past help-seeking behavior and current help-seeking intentions. Kelly and Achter found that high concealers reported less positive attitudes about seeking help, although these individuals did report greater intentions to seek mental health services. Cepeda-Benito and Short found that self-concealment interacted with social support to predict help-seeking intentions. They also found that self-concealers were 3 times more likely to have not sought therapy when they were experiencing a problem.

Four additional studies also reported that an individual's comfort in self-disclosing to a therapist was linked with her or his attitudes and intentions to seek help. Hinson and Swanson (1993) determined that the interaction of an individual's willingness to self-disclose to a counselor and the severity of her or his problem predicted the most variance associated with a willingness to seek help. Vogel and Wester (2003) and Vogel et al. (2005) found that one's comfort in disclosing distressing information was a unique predictor of attitudes and intent to seek help. They also found that self-disclosure was an even stronger predictor of help seeking than was self-concealment. Finally, Diala et al. (2000) reported that people who were not comfortable talking about personal issues with a professional were 5 times less likely to seek help. Clearly, a person's comfort with self-disclosure is a factor that is considered as the individual decides whether or not to seek help.

Social Norms

A potential avoidance factor is the extent to which seeking help (or not) is the social norm, that is, the implicit standard of those close to the individual. Although social norms have not been directly reported as an avoidance factor, attitudes transmitted by family members and by friends have been suggested to play an influential role in how an individual defines and acts upon distressing symptoms (Angermeyer, Matschinger, & Riedel-Heller, 2001). Rickwood and Braithwaite (1994), for example, pointed out that having a social network that accepts and encourages help seeking for a problem is necessary for the person to seek help. If, therefore, important people in a person's life see counseling as a negative event, then she or he may be less likely to seek help for fear of exposure and loss of social standing. The impact of the attitudes of family and friends cannot be underestimated because studies have shown that people generally talk to members of their social network before seeking professional help and that 92% of individuals who sought medical care, as opposed to 61% of those who did not, reported talking to at least one person about her or his problem before seeking help (Cameron, Leventhal, & Leventhal, 1993). Cameron et al. also found that many of the individuals who finally sought medical treatment (38%) consulted another person to "find out what to do," and 50% of those who sought treatment were told to see a counselor by a significant other.

Furthermore, a few studies have shown that people who knew others who had sought therapy had positive orientations

toward therapy and were more willing to seek counseling themselves (e.g., Tjihuis, Peters, & Foets, 1990). In addition, Dew et al. (1991) found that people were more likely to seek help for depression when someone recommended that they get help. Bayer and Peay (1997) and Vogel et al. (2005) found that people reported greater intent to seek professional help when they believed that important people in their lives would approve such an action. Leaf, Livingston, and Tischler (1986) also found that the anticipation of upsetting a family member was a significant predictor of not seeking psychotherapy. King et al. (1973) found that 67% of the study participants would be embarrassed if their family or friends found out that they had sought help from a mental health professional. Diala et al. (2000) found that individuals who would be embarrassed if friends knew they sought care were 3 times less likely to seek care. Takeuchi et al. (1988) also found that the violation of social norms was a perceived barrier to seeking help for an emotional problem. Clearly, social norms play some role in the help-seeking process. Thus, more research is needed to determine the degree to which these norms affect an individual's decision to seek help and the relationship of these norms to other approach and avoidance factors.

Self-Esteem

Researchers have generally not looked at the importance of self-esteem as a factor in an individual's decision to seek counseling services. However, self-esteem has been reported to be an important psychological barrier to seeking help from nonprofessional sources such as family and friends (Nadler, 1991). Fisher, Nadler, and Whitcher-Alagna (1982) suggested that seeking help from another entails an implicit analysis of the costs and benefits to one's self-esteem. Seeking help from another to some degree means admitting that one cannot deal with the problem on one's own and, as such, can be an admission of inadequacy (Fisher et al., 1982). Thus, a person may decide not to seek help in order to maintain a positive self-image (Miller, 1985).

A number of studies on nonprofessional help seeking have found evidence consistent with this. Help seeking has been found to occur less frequently when a participant is embarrassed to seek help (Shapiro, 1983), and self-esteem has been found to be directly associated with general help seeking for a problem described as serious (Bee-Gates, Howard-Pitney, Rowe, & LaFromboise, 1996). Fear of embarrassment and feelings of inferiority or incompetence have been linked with help-seeking decisions (Nadler, 1991). Yeh (2002) found that collective self-esteem negatively predicted attitudes toward counseling in an Asian population. However, more research is needed into the role of self-esteem and professional help-seeking decisions. For example, studies have shown that clients have lower self-esteem than nonclients; yet, what is not known is whether higher self-esteem protects the individual from needing help (i.e., they can handle problems better) or, as some researchers have suggested, that higher self-esteem increases individuals' feelings of threat (i.e., not being able to handle the problem is

inconsistent with how they see themselves) and, thus, leads them to avoid counseling. Researchers may want to examine the relationship between self-esteem and other avoidance factors and help-seeking decisions.

Summary

There is growing evidence regarding the importance of specific avoidance factors in a person's decision not to seek professional help. However, although the importance of specific avoidance factors is beginning to be recognized, "within-person and across situation variability . . . needs to be [better] understood if counselors are to adequately understand and facilitate adaptive help-seeking" (Addis & Mahalik, 2003, p. 8). Different avoidance factors are likely to vary in their intensity and importance depending on characteristics of the problem, the setting, the individual (e.g., sex, age), as well as social and cultural influences (Kushner & Sher, 1989). A few studies, for example, have found that different types of psychological problems elicit different avoidance reactions, and the influence of certain avoidance factors changes depending on the type of treatment that is being considered (Vogel et al., 2005). Furthermore, sex, in general, and gender roles, more specifically, seem to play a part in help-seeking decisions (Good & Wood, 1995), as do cultural factors such as acculturation (Atkinson, Whitely, & Gim, 1990) and cultural identity (Tata & Leong, 1994). In the following section, we discuss some of the ways that these avoidance factors may differ as a result of demographic and situational variations.

Demographic and Situational Influences on Client Avoidance

The previously discussed studies have tended not to focus on the importance of potential moderating factors, such as sex/gender, race/ethnicity, treatment setting/treatment issue, and age. Therefore, we present a summary of the influence of demographic and situational variables on client avoidance to help practitioners and researchers incorporate these ideas. The goal is to provide the counseling profession with a better understanding of how these variables might increase the probability that some individuals will not seek help even when they are experiencing a problem.

Sex and Gender

Biological sex or, more specifically, gender roles seem to play a part in help-seeking decisions. Studies have indicated that women tend to have more positive attitudes than men do regarding seeking professional help (Fischer & Farina, 1995) and, at least for less severe diagnoses (e.g., depression), women tend to seek help more often than men do (see Moller-Leimkuhler, 2002). In turn, however, men are more likely to be treated for severe psychiatric diagnoses (Leaf & Bruce, 1987); furthermore, men who seek help, as compared with women who seek help, are more likely to rate their level of distress as extreme or severe (Tomlinson & Cope, 1988).

Why do these differences in help-seeking decisions occur? Some researchers have suggested that traditional gender roles influence professional help seeking by affecting the level of concern a woman or a man has about seeking help. The male gender role, with its emphasis on being independent and in control for example, may increase the perceived risks associated with seeking help for emotional issues or increase concerns about the loss of self-esteem, because it may mean that the man must admit that he is unable to handle problems on his own (Addis & Mahalik, 2003). In fact, it has been suggested that some men may experience illness as a direct threat to their masculine identity (C. Williams, 2000). If a man feels a need to ask for help, there may be an increased feeling of failure, thus making the act of asking for help particularly difficult. Consistent with this are findings reported by Riska and Ettore (1999) that some men refuse treatments that foster dependence.

There may also be increased social stigma and decreased protherapy social norms associated with women and men seeking help for certain issues. The public generally believes that mental health services should be used only after other sources of support have failed (Angermeyer, Matschinger, & Riedel-Heller, 1999). Such attitudes may be held even more rigidly for men who have nonpsychotic or emotional problems such as depression. One study, for example, showed that participants were more willing to refer a hypothetical woman to get help than they were a hypothetical man (Raviv, Sills, Raviv, & Wilansky, 2000). Thus, some men may avoid seeking help for less severe issues because of the accurate perception of the increased social stigma (Timlin-Scalera, Ponterotto, Blumberg, & Jackson, 2003). Consistent with this finding, studies have shown that men were more likely than women to think they would be stigmatized for consulting a counselor (Martin, Wrisberg, Beitel, & Lounsbury, 1997). Given these findings, there is a need for researchers to clearly examine the relations among sex, gender roles, different avoidance factors, and help-seeking behavior.

Race and Ethnicity

Cultural values, beliefs, and norms can affect the perceived barriers to using professional services. Seeking professional help may be viewed as inconsistent with certain cultural values (Diala et al., 2000). Indeed, there is sometimes a conflict between the values of some minority cultures and the values that are inherent in counseling (Root, 1985). For example, cultural norms regarding the degree of privacy (Lin & Lin, 1978) and the importance of seeking help for personal or emotional problems (Tracey, Leong, & Glidden, 1986) can affect a client's comfort with talking about a problem to a counselor. Some cultures also hold a value that suggests that the best way to deal with problems is to avoid thinking about them or dwelling on them (Cheng, Leong, & Geist, 1993), which may conflict with the counselor's values of verbal self-disclosure and emotional catharsis (Uba, 1994). It has been reported that in African American culture, for example, "toughing it out" is encouraged during difficult situations (Broman, 1996); some Asian cultures have been reported to value self-control and

the restraining of feelings (Leong, 1986). Furthermore, talking about specific types of problems may be seen as taboo in some cultures. In the Zuni culture, for example, because suicide is forbidden, a person might feel intense pressure not to admit to another person that she or he has had thoughts about suicide (Bee-Gates et al., 1996).

The influence of cultural values on help-seeking behavior can be particularly important in cultures that have close networks. Counselors may be seen as "out-group members" who are not part of a social network or family (Atkinson et al., 1990; Yeh, 2002). Thus, many minority groups have been found to use family and friends rather than counselors when they need help. Mexican American youth and African American youth, for example, have been found to use a family member more often than White American youth would when they are experiencing a problem (Offer, Howard, Schonert, & Ostriv, 1991). Japanese Americans, as compared with European Americans, have also been found to be more likely to seek help from family and friends than from a therapist (Narikiyo & Kameoka, 1992). It is not surprising that factors such as acculturation (Atkinson et al., 1990), cultural identity (Tata & Leong, 1994), cultural mistrust (Nickerson, Helms, & Terrell, 1994), and cultural commitment (Price & McNeill, 1992) have been linked with factors such as attitudes toward seeking help, tolerance for the stigma associated with seeking help, and being open to talking about problems with a counselor. In turn, increasing an individual's confidence in counseling and the credibility of the counselor has been associated with seeking help (Dadfar & Friedlander, 1982) and with decreasing the salience of avoidance factors (Akutsu, Lin, & Zane, 1990).

Finally, individuals in some cultures may be reluctant to seek help outside the home because such behavior is regarded as a source of shame or "loss of face" (Cheong & Snowden, 1990). Similarly, concerns about how seeking services would affect one's family can inhibit a person's decision to seek help from a professional (Root, 1985). As a result, the effects of labeling and stigma on different racial groups need to be better understood (Diala et al., 2000). Seeking help for certain types of counseling may be worse than it is for other types. The stigma associated with career counseling may be less than that for personal counseling, particularly for individuals from some cultures (Leong, 1993). In sum, the potential role that race and ethnicity have in influencing help-seeking avoidance is significant. However, researchers have generally not focused on whether, in fact, certain avoidance factors are more pronounced for minority individuals. As a result, a better understanding is needed of the impact of culture and ethnicity on the salience of different psychological avoidance factors.

Setting and Problem Type

Although few studies have examined treatment setting or problem type, there is growing evidence regarding the importance of these factors in moderating the effect of different avoidance factors. For example, the social stigma associated with seeking help from a primary care setting has been found to be less severe than it is for seeking help in a mental health setting (Abe-Kim & Takeuchi,

1996). People may see talking to a medical doctor as less problematic because medical issues are not their “fault.” People are, therefore, more willing to seek help for a mental health problem from general medical doctors than they are from a mental health professional (Christensen, Birk, Brooks, & Sedlacek, 1976). Furthermore, the type of assistance or label applied to that assistance (i.e., counseling, psychotherapy) might affect the level of stigma perceived because certain types of treatment might be perceived as more pathological. Several studies have also shown that different problems elicit different avoidance reactions. Cepeda-Benito and Short (1998) found that treatment fears predicted whether or not a person intended to seek help for academic problems but did not predict this for interpersonal or drug problems. Takeuchi et al. (1988) found that different barriers were reported for emotional and alcohol problems. Specifically, the perceived psychosocial barriers (i.e., stigma) were more evident for an alcohol problem than they were for an emotional problem.

Individuals in another sample were also more likely to report physical, academic, or vocational concerns than emotional ones (Tracey et al., 1986), possibly because personal and emotional concerns are more stigmatized. Deane, Wilson, and Ciarrochi (2001) found that this perceived stigma was associated with people’s willingness to seek help for emotional issues. The perceived appropriateness (i.e., utility) of seeking help has also been found to be different depending on the type of problem (Berdie & Stein, 1966). People tended to see counseling centers as an appropriate place to talk about vocational concerns and friends and family as the best place to talk about personal problems. Furthermore, people tended to seek help from counseling centers for vocational concerns and to seek help from informal sources for personal concerns (Christensen et al., 1976). Clearly, there is a need to better understand the potentially interacting roles of the person, the issue, and the treatment setting in the help-seeking process.

Age

Most studies examining avoidance factors have used college samples and so less is known about the interplay of age and specific barriers to service use. However, certain demographic factors may have escalating or de-escalating effects on the importance of different avoidance factors. Most of the literature on help-seeking, for example, has consistently shown that individuals who are in their 20s and who have a college education have more positive attitudes toward seeking professional help and are more likely to seek help than older persons or those without a college education (Vessey & Howard, 1993). In one study, Veroff, Kulka, and Douvan (1981) found that 22% of individuals with a college education versus 10% of those without sought help. Thus, one avoidance factor that may change across age groups is the social norm for seeking help. College may be an environment in which seeking help is seen more favorably than it is in other environments.

Most of the authors examining the role of age in the help-seeking process have examined the help-seeking behavior of adolescents. In general, these studies have shown that adolescents underutilize services (Boldero & Fallon, 1995; Cauce et

al., 2002; Dubow et al., 1990). Although the role of avoidance factors in this underutilization of counseling services by adolescents has rarely been examined in the literature, the experiences of adolescents suggest that certain avoidance factors may be exacerbated during this time. Adolescence is a time of developing autonomy and for building a sense of identity (Santrock, 1998). Therefore, some adolescents may be particularly reluctant to seek help because of the threats to their developing self-esteem (Cauce et al., 2002). Adolescence is also a time when peers or norm groups may be particularly salient (Gavin & Furman, 1989). Therefore, perceptions of stigma and social norms may be particularly important factors. Consistent with this are the findings of Boldero and Fallon that the stigma attached to a mental health issue decreased as high school students became older (i.e., high school seniors reported fewer stigmas than high school juniors or middle school students).

Similar to adolescents, individuals who are over 65 years old have also been found to underutilize services (Andrews et al., 2001; Veroff, 1981), which may be the result of the increase in the salience of certain avoidance factors. Individuals in this age group, for example, are more likely to think that their distress is linked to physical problems. Consistent with the belief that problems have a more physical basis is the finding that individuals who are over 65 were more likely to seek help from a general medical doctor (Leaf, Bruce, Tischler, & Holzer, 1987) and were less likely to identify their symptoms as a mental health problem (Hasin & Link, 1988). In addition, people over 65, when compared with those under 65, were more likely to have negative perceptions about whether or not therapy would help and to try more often to deal with the problems on their own or with medication (Pearlin & Schooler, 1978). It is not surprising that individuals over 65, as compared with those under 65, have been found to have more negative attitudes about psychotherapy (Allen, Walker, Shergill, D’ath, & Katona, 1998). Overall, these findings are in line with Veroff’s (1981) suggestion that help seeking is a complex behavior with diverse meanings for people of different ages and educational attainments.

Summary

The previous research provides some indications that variations among sex, gender role, setting, culture, and type of problem can affect the salience of different avoidance factors. An individual’s help-seeking decisions are affected by multiple sources (Cauce et al., 2002), and counselors may need to continue to take these complicated factors into account if they are to further understand the reasons that people do and do not seek help.

Professional Implications

Understanding the effects of the different avoidance factors on help-seeking decisions is the first step in being aware of this behavior. However, professionals in the field must also begin to better understand how to remove the influence of these factors. The goal of this section is to describe how counselors and other mental health professionals can start to

address each of these potential avoidance areas and thereby increase service use.

Social Stigma

If people fear that others will judge them negatively for seeking professional help, then, obviously, they will be less likely to seek that help (Vogel et al., 2005). There are at least two ways that counselors can reduce this potential barrier. First, counselors may try to decrease the negative perceptions that society holds toward mental illness and those seeking professional help. In doing so, counselors may be able to reduce clients' fears that others will look down on them for seeking help. Second, counselors can directly help clients by identifying and learning ways to cope with the stigma associated with seeking help that is present in society. In addressing the first solution, Corrigan and Penn (1999) suggested three approaches: protest, education, and contact. Protest suggests the need for counselors to be vocal in sending messages to the media and other sources to stop portraying mental illness, counseling, and clients in inaccurate ways. Incidences where negative portrayals are noticed could be called to the attention of the media, and positive portrayals can be suggested. Consistent with this approach, the National Alliance for the Mentally Ill has developed "media watch kits," which can be used to monitor media outlets, and has worked with media outlets such as the Columbia Broadcasting System to produce several movies that accurately portray individuals who have experienced mental illness.

Education refers to the need for counselors to provide accurate information about mental illness and treatment to reduce the negative stereotypes so that people can make informed decisions. Education efforts can take many forms—books, videotapes, audiotapes, posters, advertisements, and even commercials. Even brief educational programs have been shown to have at least short-term effects on people's attitudes (Pinfold et al., 2003), particularly when there is chance for participants to interact in the experience by asking questions, sharing experiences, and participating in experiential exercises (Stuhmiller, 2003). It may also be that meeting someone who has sought counseling is an excellent way to change one's perception of social stigmas. Consistent with this, studies have shown that individuals who had more contact with people who experienced a mental illness tended to have positive attitudes regarding mental illness (Reed & Law, 1999). That contact can be incorporated into educational efforts by having individuals not only learn about mental illness and counseling but also interact with individuals who have sought treatment (Pinfold et al., 2003). Contact with people who have been to counseling can also be achieved through reading stories about individuals who have sought treatment and through public announcements. In general, contact seems to have the most effect when the person is (a) of at least equal status, (b) perceived as an in-group member, and (c) liked (Corrigan & Penn, 1999). Thus, having famous individuals such as sports stars or movie stars acknowledge that they have sought counseling is one way to normalize help seeking. Therefore, allowing for

the provision of positive role models in education campaigns may be particularly important.

It may also be important for counselors to reach out to those directly experiencing a problem and help them learn how to deal with or overcome the negative effects of stigma. Although the goal is for society to have more positive attitudes about help seeking, societal attitudes change slowly; in the meantime, people are still negatively affected by stigma. In one study, 75% of family members believed that stigma negatively affected the self-esteem of their child when treatment had been sought for a mental illness (Wahl & Harman, 1989). Some researchers (e.g., Sirey et al., 2001) have asserted that there is a need to address, via workshops, the effects of being or becoming part of a stigmatized group. Therefore, an important approach may be to provide direct information to individuals who may be experiencing a mental health problem. These workshops could help people identify a stigma and develop coping strategies. Enright (1997), for example, suggested a symptom-focused approach in which ways to manage stigma and discrimination are increased through cognitive-behavioral strategies (see also Holmes & River, 1998). Similarly, Griffiths, Christensen, Jorm, Evans, and Groves (2004) recently implemented a Web-based cognitive-behavioral intervention to reduce the stigma felt by individuals experiencing depression (see <http://www.bluepages.anu.edu.au>). Furthermore, it may be important to address the notion that there is more stigma associated with certain mental health problems and that the stigma may be different depending on certain demographic characteristics (i.e., women vs. men; Bland, Newman, & Orn, 1997). Men for example, may be particularly concerned that other people will view them as weak (Addis & Mahalik, 2003), or they may be upset with themselves for having to seek help for depression (Leaf et al., 1987); this may need to be directly addressed.

It may also be important to establish support groups so that individuals will know that they are not alone. Such groups can be used to provide individuals with the information and support they need to understand what they are experiencing (Byrne, 2000). Some evidence suggests that people may feel less internalized stigma (i.e., less shame and guilt) if their symptoms are normalized and if they are given an explanation for their symptoms (Schreiber & Hartrick, 2002), that is, that their problems (a) are not their fault, (b) are reversible (Rosen, 2003), and (c) will improve through treatment (Mann & Himelein, 2004).

Treatment Fears

Apprehension and concerns about counseling can lead people to avoid therapy (Kushner & Sher, 1989). The goal of counselors is to reduce these concerns of potential clients by correcting the negative perceptions that surround seeking counseling services. In particular, counselors need to directly challenge inaccurate myths about therapy and educate potential clients about the counseling process. Researchers have suggested that people often do not know a lot about counseling or psychotherapy (Jorm, 2000) and that their perceptions are often based on inaccurate information gathered from media or other sources (Crisp et al., 2000). Very often, the fears of

potential clients about counseling services represent a mixture of what they have heard about counselors, social workers, mental health workers, psychologists, or psychiatrists, because frequently the general public does not distinguish between the responsibilities of these professional groups. Therefore, fears about being medicated, hospitalized, or otherwise controlled may need to be discussed directly.

One of the implications of the preceding discussion is that counselors must make better use of the media to educate the public about the services they offer (Jacobs, 1995). Advertisements could be used to directly combat some of the inaccurate information presented in the media that may increase people's concerns about seeking professional help. Studies have shown that media campaigns positively affect attitudes toward mental health services (e.g., Paykel, Hart, & Priest, 1998), result in increases in service (Nelson & Barbaro, 1985), and can reduce fears surrounding seeking treatment (Wolff, Pathare, Craig, & Leff, 1996). Thus, using the media to accurately portray therapy should help to minimize misperceptions and, thereby, reduce the negative expectations associated with seeking professional help.

Interventions and outreach programs may also need to be implemented to openly discuss how counseling works, what is expected of clients in counseling, and what types of behaviors an individual should expect from a counselor. Programs have been developed, usually including audiotaped or videotaped information about counseling and psychotherapy, that have been shown to be effective in changing an individual's expectations about counseling (see Tinsley, Bowman, & Ray, 1988, for a review). These programs can include role induction, vicarious training, and cognitive-experiential exercises to understand the process and rationale for counseling (Deane, Spicer, & Leatham, 1992). Deane et al. (1992) further proposed using videotaped orientation programs that familiarize individuals with counseling in targeted settings (e.g., schools, work, prisons). As with the reduction of stigma, some evidence suggests that these programs do increase participants' knowledge about mental health services at least somewhat (Rosen, Walter, Casey, & Hocking, 2000).

Furthermore, because many individuals' first contact with a professional is through medical services rather than by direct contact with counseling services (Andrews et al., 2001), it may be important to train general medical doctors to provide accurate information about counseling and other mental health services to individuals with mental health problems (Dew et al., 2001). The discussion and referral to a counseling service may be enough to overcome some of the barriers to treatment. This may be particularly important for persons of color because these individuals have been reported to access mental health services through medical services more so than Caucasian individuals (Bhui & Bhugra, 2002). However, there is some evidence that medical professionals are less likely to discuss mental health issues with persons of color than they are with Caucasian individuals (Bhui & Bhugra, 2002). Multicultural sensitivity training, therefore, would also be a valuable addition to the training of physicians.

Fear of Negative Affect

Because counseling is often seen as involving an emotional interaction, clients may fear having to experience painful affect (Komiya et al., 2000). One way to combat this fear is to dispel some of the common myths about counseling. People may think that the counselor will force them to tell all of their deepest thoughts, feelings, and secrets to the therapist or that they will be "put on the hot seat." To address these concerns, it may be important to inform people that in counseling, the client controls what, how much, and when to share emotional information. In fact, a few studies have suggested that "keeping some secrets" is beneficial for clients (Kelly, 1998). In addition, the goals of many therapies are not to simply rehash painful emotions but instead to help the client learn how to more effectively handle difficult or painful experiences or feelings. Moreover, potential clients should be informed that most counselors try to create and maintain a safe environment and that any feedback that is provided is designed to be respectful and caring.

Hanna (2002) also discussed the need to prepare people for counseling and psychotherapy, particularly their "readiness" to experience anxiety and emotional material. Education and outreach efforts, for example, could address why discussing emotional material is beneficial in counseling. Hanna suggested the use of the work-out metaphor: "no pain no gain" (p. 212). The idea is that some problematic issues will not go away or be minimized until they have been discussed; although the discussion may elicit some pain, engaging in the discussion will ultimately make the client feel better. When suggesting such an approach, it is still important to emphasize that the client is in control of this process; issues that she or he does not wish to talk about or is not ready to talk will not be discussed.

Anticipated Utility and Risk

To increase professional help-seeking behaviors, counselors may also need to focus on expanding a potential client's ability to fully evaluate the decision to seek help. In particular, there is a need to address the "true" relative costs and benefits of seeking help (Fisher et al., 1982). This is particularly important because people seem to underestimate the effectiveness of counseling services and overestimate the risks. In other words, a small number of concerns about the risk of seeking help may outweigh a larger number of perceived benefits (Vogel & Wester, 2003; Vogel et al., 2005). In fact, for many individuals, the risks are perceived as large enough that help seeking is seen as a last resort (Hinson & Swanson, 1993). To counteract these perceptions, counselors may need to accurately inform potential clients of the risks and benefits of seeking help. This work might include preparatory information to increase accurate expectations about what counseling can accomplish (Deane et al., 1992).

One way to challenge the perception that the risks outweigh the utility of counseling would be to go to local groups (e.g., churches, community centers, schools) or develop outreaches

and seminars that focus on counseling and what it is and what it is not. During the discussions, the positive benefits of counseling could be stressed, including feeling accepted and understood and having a place to talk about confidential concerns. Perceived risks such as not being accepted can be challenged. There may also be a need at these meetings to directly address the people's beliefs that their problems are not changeable or that counseling services cannot help. Identifying and changing beliefs people have about seeking help and the need for change might also be a positive intervention in and unto itself (Hanna, 2002). Counseling could also be reframed as a way to learn about oneself. Knowing what is happening allows the client to use better coping strategies (Hanna, 2002). In summary, then, presenting counseling as a challenge or reframing counseling as something positive—a challenge or an activity involving personal courage—could be particularly useful (Hanna, 2002).

Another implication of this avoidance factor is that counselors may need to reach beyond traditional methods of providing services to access the individuals who are most reluctant to seek their services. If traditional methods are perceived as involving high risks, then finding alternative methods of treatment that are viewed as less threatening may be more useful to underserved populations. The literature suggests, for example, that men may resist counseling services to avoid feelings of inadequacy and dependence. Counselors seeking to reach a specific audience, therefore, may need to consider innovative methods to reach those individuals, perhaps by reaching out of their comfort zone and offering nontraditional services, in nontraditional ways. For example, Kiselica (1999) asserted that counselors who want to work with minority boys need to be prepared to earn their clients' trust by, perhaps, abandoning their offices and meeting the children in their own space. Furthermore, with the expansion of the Internet, many people are looking online for counseling services (Mallen & Vogel, 2005). Although there are many issues that need to be addressed regarding the practice of online therapy, some services could be provided to potential clients via the Internet (see Mallen & Vogel, 2005). These Web-based services might provide not only some needed relief to the individual but also a gateway into more traditional services, once a positive experience or connection has been established.

Self-Disclosure

Some individuals may not seek counseling services because of their general discomfort in disclosing distressing or personal information. It has been suggested that the "decision to consult a health professional may be less important than the initial decision and act of revealing the problem to anyone at all" (B. Williams & Healy, 2001, p. 109). One way to increase help seeking may be to increase individuals' comfort, ability, and feelings of appropriateness about discussing problems with others. Another approach is to educate the general public that individuals often find relief concerning a problem after discussing it with someone else. By disclosing to others, people can feel understood and accepted, thereby beginning the healing

process (Hanna, 2002). It could also be beneficial to discuss the idea that although many people are anxious regarding talking about themselves and personal issues to others, most people find that after meeting with a counselor, they want to talk about their issues and come to trust the counselor. Issues surrounding confidentiality could also be important to address in these situations.

For individuals who have difficulty identifying or disclosing their feelings and thoughts, outlets such as writing, painting, or playing music may allow them to get in touch with their emotions so that they will be then able to open up to others. It may also be possible to reframe self-disclosure as something positive. Hanna (2002), for example, said that counselors could portray disclosure to a therapist as something that takes courage: "Anyone can ignore their own thoughts and feelings, but it takes guts to be honest about them and not back off from what you are really about" (p. 214). Doing so may make it easier for some to disclose.

Social Norms

Sometimes, family members may not be supportive of an individual seeking help because they fear that the person's seeking help will negatively affect the family (Lee, Lee, Chiu, & Kleinman, 2005). Family members have reported lowered self-esteem as the result of negative societal reactions of others toward the client's family (Lefley, 1992; Wahl & Harman, 1989). Not surprisingly, many of those who are closest to the individual may have a stake in keeping the problems hidden. Thus, an implicit norm of avoidance may be in place. To address this issue, it might be important to work not only with potential clients but also with their family and friends. Leaf et al. (1986), for example, said that the profession needs to know more about how the beliefs of those around the individual affect her or his help-seeking decisions. Thus, most of the aforementioned outreach and media suggestions might be most helpful if they targeted not only the potential client but also their peers, family, and friends.

There is a need to encourage the discussion of mental health issues more openly in the public. Individuals may be open to discussing mental health issues because they have either experienced the issue themselves or they have seen friends or family members deal with issues. However, social taboos keep discussion of mental health issues from being heard and lead to unnecessary turmoil and failure to seek help. Discussion of such issues can decrease the taboos and increase service utilization. Similarly, the creation of social advocacy groups may be most effective when they include partners, friends, family, and individuals from the community (Byrne, 2000). It is also more likely that individuals will seek counseling services after having been linked with other sources of positive support (e.g., spiritual or religious groups). One study suggested, for example, that men's partners played a significant role in the men's help-seeking decisions. Strategies such as encouraging spouses to come to the initial appointment might facilitate service use (Cusack, Deane, Wilson, & Ciarrochi, 2004). It may be important to identify sources of support in the environment for

at-risk groups and reach out to them (e.g., working with the community around an at-risk group). It may also be important to frame counseling in a way that helps both the individual and those in her or his environment have a positive view of counseling.

Self-Esteem

Maintaining a positive self-image is important for the overall health of people; but it is important, in particular, for its role in the individual's ability to recover from difficulties and handle subsequent problems. In this light, it makes sense for a person to decide not to seek help if she or he believes it will protect her or his self-esteem. Therefore, one intervention that counselors may implement to increase the use of services may be to normalize the counseling process. Recently, Addis and Mahalik (2003) noted how "any strategy that increases the normativeness for particular problems should be effective in facilitating help seeking" (p. 12), and normalizing issues in these outlets may reduce the perceived negative impact on one's sense of self (i.e., everyone needs help managing something in their life at some point in their life).

It may also be important to work to change how counseling is perceived. Framing counseling as a type of empowerment ("it takes courage to face one's problems"), rather than something that is perceived as a weakness ("I could not handle this on my own"), may also help to change the degree of avoidance. If individuals begin to see therapy as something that can increase rather than diminish their self-esteem, then they may opt for therapy. Furthermore, people often experience positive feelings about how they have dealt with emotional difficulties in the past, and directly acknowledging these efforts may allow them to be expanded and new options to be developed (see Hanna, 2002). Finally, directly identifying and challenging negative cognitive statements that negatively affect one's self-esteem could help improve the use of counseling services (Hanna, 2002).

Research Implications

It is important to acknowledge that much of the research examining avoidance issues is recent, thus, more work is needed. There remains a need to further clarify the relations among the possible avoidance factors. Many of these factors have some conceptual overlap. For example, social norms and social stigma probably overlap to some degree. Anticipated risks, fear of emotional expression, and comfort in self-disclosing may also not be distinct predictors. Much remains to be learned, in part because most studies examining the impact of different avoidance factors have looked at only one or two factors at a time. As a result, there is a need to clarify the relationship among the different avoidance factors and seeking professional help. Examining these relationships may allow researchers to begin predicting greater amounts of the variance associated with help seeking and allow them to begin developing better models of the relations between approach factors, avoidance factors, and help-seeking decisions. Similarly, there remains a need to explicitly test Kushner and Sher's (1989) assertion that avoidance factors change depending

upon where the person is in her or his decision-making process. Consistent with approach/avoidance conflict, approach factors should have greater impact the further away someone is from thinking about needing help, and avoidance factors should become increasingly stronger the closer a person gets to needing help. Thus, it may be important to examine whether avoidance factors are relevant for groups who may experience a problem in the future and for those who are currently experiencing distress.

Similarly, researchers examining help seeking, in general, and those examining avoidance factors, in particular, have tended to examine the concurrent effects of avoidance factors on attitudes and intentions. Although this is a necessary first step, researchers must also examine the role of avoidance factors on help-seeking behaviors (Takeuchi et al., 1988; Vogel et al., 2005). A longitudinal approach, for example, would help to clarify the potential role of avoidance factors in preventing individuals from seeking help. Temporal changes in an individual's experience of different avoidance factors and her or his contemplation about seeking help would also provide a clearer understanding of the help-seeking process. Barriers to treatment are not static but may change in intensity depending on where the person is in her or his decision-making process (Kushner & Sher, 1989). Thus, researchers need to examine the salience or relevance of avoidance factors at different times in the person's decision-making process (Kushner & Sher, 1989).

Finally, studies have generally not adequately taken into account the myriad of interactions between culture, race/ethnicity, gender roles, and avoidance factors. Cauce et al. (2002), for example, in discussing ethnic and racial considerations in help-seeking behavior, indicated that it is only "conjecture that ethnic and cultural groups differ on questions as basic as what is perceived to be a mental health problem" (p. 47). Therefore, individuals who wish to examine potential avoidance factors need to start to directly examine how personal, social, and cultural environments affect the help-seeking process. Moreover, there has been little research on the effects of peers and family on help seeking. If counselors are to fully understand why people seek help, future research may need to develop and test better models that take into account diverse factors (e.g., the messages received from gender socialization, cultural values, and social and community networks).

Conclusion

Before they will seek counseling, individuals who have concerns about the counseling process may need additional information, support, or awareness of what the process is like. Information designed to increase public awareness about the benefits of seeking professional services may be more efficient if that information is focused on these anticipated concerns. Komiya et al. (2000) alluded to the value of such an approach when they remarked, "We believe that future efforts to reduce psychological barriers to help seeking may be more effective if they address people's apprehensions about [therapy]" (p. 141). Furthermore, reframing counseling services as education, consultation, or coaching, when appropriate, may go far in reducing people's perceptions of the anticipated risks associ-

ated with talking to that counselor (Komiya et al., 2000). Public service interventions and outreach programs may also need to overtly discuss how counseling works, what is expected of clients (i.e., level of self-disclosure), and what types of behaviors they should expect from a counselor in order to address anticipated utility. Counselors may want to consider these suggestions and begin examining and implementing them so that reluctant clients who may need professional services can be helped.

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