

Attitudes Toward Seeking Professional Psychological Help¹

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In the past, attitudes toward seeking professional psychological help have been associated with a variety of demographic and experiential variables. This study firstly assessed the utility of a modified version of the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPH) as a research instrument in the New Zealand context. Secondly, the study investigated the relationship between attitude and a series of classificatory variables. A cross-section of the community was obtained ($n=411$) which varied across the variables of age, sex, cultural ties, education level, income level, prior contact with professionals, and how much money they were prepared to pay for the services. Included in the sample was a reference comparison group of psychological professionals. Factor analysis of the modified ATSPPH revealed a factor structure different from previous analyses, although similarities were evident. A series of ANOVAs found attitude to be highly predictable along the classificatory variables of age, sex, education level, prior psychological contact, and how much money people were prepared to pay. Implications of this study are discussed in terms of future use of the ATSPPH and the attitudinal gap between the general population and psychological professionals.

Interest in the attitudes people hold toward seeking professional psychological help has increased in the last 20 years as indicated by the large body of research concerned with mental illness attitudes. (See, for example, Rabkin, 1974). The stigma associated with "mental illness" across social groups and many demographic variables has been well documented (Cumming & Cumming, 1957). It comes as no surprise, therefore, that the act of seeking professional psychological help itself carries a similar stigma (Phillips, 1963). While it is beyond question that people are usually favourably disposed towards providing help for mentally ill people (Graves, Krupinski, Stoller, & Harcourt, 1971), the social consequences to someone who utilizes this help require further investigation.

The study of attitudes toward psychological help-seeking is important for a number of reasons. Firstly, recent decades have witnessed a growth in the number and variety of mental health care providers. As a result, it has become more common for people to

be recipients of psychological services. Secondly, with the movement away from inpatient care towards outpatient care the general community will have more and more contact with those receiving some form of psychological or psychiatric treatment. Thirdly, negative client attitudes to receiving help may be associated with less favourable therapy process and outcome expectancies. For example, those with relatively positive attitudes were more optimistic regarding the counsellors' helpfulness and expected more favourable counselling outcomes (Cash, Kehr & Salzbach, 1978).

In response to the meagre body of knowledge concerning attitudes toward seeking professional psychological help available at the time, and lack of psychometric instruments to measure this dimension, Fischer and Turner (1970) developed their own scale. In its original form, the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPH) consisted of 18 negatively stated and 11 positively stated items arranged in a 4-point Likert format; a high score (maximum=87) indicated a more positive attitude. Factor analysis after orthogonal rotation revealed four components of attitude: Recognition of need for psychotherapeutic help; Stigma tolerance; Interpersonal open-

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ness; and Confidence in mental health practitioners. Since its development 13 years ago, the ATSPPH has stimulated considerable interest and research, but most studies have continued to use student populations (e.g., Cash, et al., 1978; Sanchez & Atkinson, 1983; Zeldow & Greenberg, 1979). Dadfer & Friedlander (1982) have conjectured, however, that the underlying domains of the scale differ when using different populations. As a result of a principle-axis factor extraction and oblique rotation, they identified three clearly defined factors: Confidence/Appropriateness; Stigma/Privacy; and Coping alone. These three factors overlapped to a reasonable degree with Fischer and Turner's original analysis.

Response to the ATSPPH as a research instrument has been largely favourable. However, Zeldow & Greenberg (1979), cast doubt on its usefulness in research as a criterion measure for actual help-seeking. Indrisano (1978) also found the scale less reliable than the original standardisation by Fischer and Turner (1970).

In the past, a variety of demographic and experiential variables have been associated with psychological help-seeking attitudes. Males and females have been found to differ in attitude (Cash et al., 1978; Fischer & Turner, 1970; Greenley & Mechanic, 1976; Indrisano, 1978; Sanchez & Atkinson, 1983; Voit, 1982) although not always consistently so (see, for example, Lorion, 1974; Zeldow & Greenberg, 1979). Having actually sought or received psychological help is associated with more positive attitudes. While Fischer and Turner (1970) claimed that the ATSPPH is able to differentiate between those who have experienced prior contact and those who have not, the problem remains as to the cause and effect elements of the association. That is, do more positive attitudes precede or result from help-seeking? Other variables of significance include religion (Fischer & Cohen, 1972), identity with a particular cultural group (Sanchez & Atkinson, 1983) and locus of control (Calhoun, Peirce, Walters, & Dawes, 1974).

There are virtually no New Zealand studies on attitudes to help-seeking using the ATSPPH or any other scale. Although a few authors (notably Blizard, 1969, and Maxwell,

1972) have investigated attitudes toward mental illness, none have specifically focused upon seeking professional psychological help. Given this lack of research, there were a number of aims which this study sought to achieve. Firstly, the study assessed the utility of a modified version of the ATSPPH as a research instrument with a non-student sample in the New Zealand context. This was achieved in part by conducting a factor analysis. Secondly, the study investigated the relationship between attitude and various demographic and experiential variables — most of which had been associated with attitude in previous research (e.g., age, sex, education level, cultural identity, and prior contact with professionals). In addition, a series of exploratory classificatory variables (e.g., outcome of prior contact, and how much money an individual would be willing to pay for the service) were investigated in an attempt to further isolate the determinants of help-seeking attitudes.

Method

Development of the Attitude Scale

A number of changes were made to the original ATSPPH scale. The major modification involved changing terminology to fit the New Zealand context. "Psychological counselling" was used instead of "psychotherapy" while "psychologist/counsellor" replaced the variety of helper titles used by Fischer and Turner. Other minor modifications included the following:—

- (i) the format of "Probably Agree, Agree, Disagree, Probably Disagree" was dropped in favour of "Strongly Agree . . . etc." This more standard Likert terminology was adopted in order that participants could record strongly held attitudes.
- (ii) the scale was made genderless by the use of plural pronouns.

Five new statements were included. These statements represented psychological counselling as a vehicle for promoting personal growth, a form of relationship enhancement and education (e.g., "Psychological counselling can lead to positive growth for all, not just people with personal or emotional problems"). Although there are divergent views concerning the purpose and objectives of psychotherapy, this often overlooked educative dimension merited specific attention. These five items were dispersed randomly throughout the scale; three were positively stated and two negatively.

The amended format was then pilot-tested with 42 tertiary students to assess the clarity and

structure of items. Further amendments were subsequently made.

Because the ATSPPH has almost exclusively been used with tertiary student populations, the question of readability was unlikely to have arisen before. The original ATSPPH had a relatively high reading difficulty and might have presented difficulties for those with limited reading skill. The amendments outlined above, designed in part to simplify the terminology, did not appreciably lower the readability. As a conservative estimate, the amended scale had a reading age suitable for the average 13 year old using the Noun Frequency Method (Elley, 1975).

The attitude scale was incorporated as Part I of a two-part questionnaire; Part II requested information concerning the various demographic and experiential variables described earlier in the introduction to this report (age, sex, education level, cultural identity, prior contact, outcome of prior contact, and how much an individual would be willing to pay for the service). Participants were then asked to state any difficulties encountered in completing the scale. This entire process took about 15 minutes to complete.

Subjects and Procedure

Some degree of representativeness was attempted by approaching various available groups in the community which would ensure a reasonable cross-section. Groups of subjects were selected on the basis of their availability, willingness to participate, and the need to gain a cross-section of the urban community. A significant number of subjects were tested at their place of employment. These included policemen, firemen, clerical workers, apprentice mechanics, cleaners, technicians, and Lincoln College lecturers. The next largest source of subjects came from educational and vocational groups. For example, Polytechnic courses (young unemployed, nursing studies, community health studies for women), WEA courses (predominantly retired people), and a PTA meeting. A third type of subject included voluntary organisations such as Rotaract and Centrepoint, the former being younger people (20s), the latter consisting of women of mixed age and background. Finally, a cross-section of people were sampled from a medical centre waiting room. Subjects for a reference comparison group were also tested: an inservice course at Teachers College for Guidance Counsellors and related professionals, and a local Psychological Society annual general meeting ($n=43$). The latter subgroup included a substantial number of currently practising clinical psychologists and counsellors. The sample size on which subsequent analyses were based totalled 411.

Participants were informed that they were taking

part in an anonymous survey, the purpose of which was to assess attitudes that people have towards psychology and counselling. All subjects were informed of the voluntary nature of the questionnaire. Two groups contacted declined participation because the research would have interfered with work routines, while 2% of individuals chose not to participate. Seven per cent failed to complete the questionnaire correctly, either by failing to answer sections or, in some cases, ignoring whole pages. These respondents were omitted from the study.

Results

Factor Analysis

Preliminary analyses were conducted separately for each sex, but since the patterns were essentially similar, pooled samples were used thereafter. Principal factor extraction with orthogonal rotation (the normal varimax solution) resulted in five factors with eigenvalues greater than one, accounting for 78.6% of the common variance.

However, the orthogonal rotation produced a solution which was somewhat ambiguous. A further oblique rotation (following Dadfer and Friedlander, 1982) and four factor rotation were also conducted in an attempt to confirm the scale structure described by Fischer and Turner (1970). These did not in any way improve the interpretability of the factor analysis, as many items still loaded on multiple factors.

The clearest picture was provided by the original unrotated structure, even though there was some evidence of item clustering in line with previous analyses. All but four items (numbers 7, 13, 15 and 26) loaded significantly on Factor I (.30 or higher). Therefore, a single general factor solution was adopted. Factor I was defined as a general attitude toward seeking professional psychological counselling. Summing individual item scores on this large 31 item scale yielded a score for this attitude². Items 7, 13, 15 and 26 were dropped from the scale and all other subsequent analyses. Interestingly, item 13 had also been eliminated by Dadfer et al. (1982) for the same reason. Consideration should be given to removing this item in any future studies using the ATSPPH.

²A copy of the questionnaire and more detailed factor analysis and item analysis results may be requested from the author.

As an index of internal consistency of this 31-item scale, Coefficient Alpha was calculated. The coefficient of .91 obtained was higher than has previously been reported by Kligfeld (1979) and other measures of reliability by Fischer and Turner (1970) which ranged from .83 to .86. This can be accounted for by the heterogeneity of the sample obtained, and the fact that the scale was marginally longer in length. Item-Total correlations for the scale ranged from .39 to .76, with a mean of .53.

Predicting Attitudes

A series of exploratory analyses of variance, and in one case, analysis of covariance, were conducted using various permutations of the classificatory variables. The variables of "cultural ties" and "length of time in New Zealand" were dropped since the sample sizes of cultural minorities ($n=24$) and recent immigrants ($n=10$) were too small to warrant further investigation. Sample sizes in many other analyses fluctuated due to the type of analysis conducted or, in some instances, due to missing data. When significant main effect were found, a posteriori contrasts were

Table 1: Means and Standard Deviations for the Attitude Score

Variable	<i>M</i>	<i>S.D.</i>	<i>N</i>
Age			
<25 years	51.52	10.26	126
26-50 years	57.66	11.89	211
>50 years	57.19	10.17	70
Sex			
Male	53.22	11.60	187
Female	57.67	10.92	224
Education			
School Cert. or less	53.72	11.40	197
University Entrance	53.68	10.25	73
University enrolment	59.95	10.87	135
Prior Contact			
Yes	64.13	9.97	115
No	52.35	10.22	296
Outcome of Prior Contact			
Positive	66.45	8.89	78
Neutral	60.52	9.96	33
Negative	48.75	9.57	4
Fee			
Free	52.14	11.45	81
\$1-\$20	56.30	10.32	227
>\$20	58.97	13.70	70
Group			
Guidance Counsellors	69.24	9.75	21
Psychological Society	64.05	8.84	22
General Population	54.37	10.95	368

conducted. Scheffé comparisons ($\alpha=.05$) were used because of their conservative nature, simplicity, and applicability of groups of unequal size (Hays, 1973). Table 1 presents means and standard deviations of the attitude score.

Highly significant main effects were found for sex, $F(1,409)=16.04, p<.001$, and age, $F(2,359)=9.00, p<.001$. Females held more positive attitudes to seeking psychological counselling than males, while a posteriori comparisons showed younger people's (<25 years) attitudes to be significantly less positive than either the 25-50 years age group or those over 50 years of age. The Age \times Sex interaction was significant, $F(2,395)=3.97, p<.05$, but most of this interaction can be accounted for by males who hold relatively negative attitudes that become more positive with advancing age. Female attitudes, although changing in the same direction with increasing age, do not show such a dramatic improvement since they are relatively positive to begin with.

Level of education was also significantly associated with attitude score, $F(2,385)=12.45, p<.001$. Scheffé contrasts further revealed that those with some university experience held significantly more positive attitudes than either of the other two lower levels of education. No difference was obtained between these lower levels.

A significant main effect was found for the classificatory variable of prior contact with a professional counsellor/psychologist, $F(1,409)=111.61, p<.001$. Those who reported having sought or received such help perceived seeking psychological help in a more positive light. Furthermore, the outcome of that contact was also highly significant, $F(1,113)=14.69, p<.001$. As is the typical pattern in most outcome research, a considerable number recorded a positive outcome (68%), a smaller number a neutral outcome ("neither positive nor negative, 29%) while a few felt worse (3%). Those reporting a positive outcome held significantly more positive attitudes than the other two outcome categories combined. Because of the low numbers reporting negative outcome ($n=4$), these were collapsed with the neutral outcome category for statistical purposes.

Two other main effects were evident.

Firstly, the reference comparison groups (consisting primarily of guidance counsellors, psychologists and related helping professionals) were more receptive to the idea of seeking professional psychological help than the general population, $F(1,409)=49.06, p<.001$. A closer analysis within the reference groups revealed that the guidance counsellors held slightly, though not significantly, more positive attitudes than the Psychological Society group. Secondly, a main effect was found for how much money subjects were prepared to pay for each one hour counselling session, $F(2,375)=7.275, p<.001$. A covariance analysis (with income as the covariate) determined that this classificatory variable was virtually independent of gross annual income ($r=.10$). A posteriori comparisons found that those who expected the service free, held significantly less positive attitudes than those who would consider paying between \$1-\$20 or over \$20 per hour. Eight per cent of respondents recorded "I don't know" or "It depends . . ." and these responses were omitted from the statistical analyses.

The final question in Part II of the questionnaire gave respondents the opportunity to comment upon any difficulties encountered in completing the scale. Sixty-seven per cent made no comment and 2% said either that they enjoyed participating in the research or that the questionnaire itself was well designed. The problems mentioned by the 31% who did make objections included the lack of a neutral category in the Likert scale, lack of contact with the psychological profession, and problems with specific items. Items singled out for criticism most frequently were those which were subsequently dropped from the scale following the factor analysis.

Discussion

This study, while raising a number of interesting questions concerning psychological help-seeking attitudes, largely confirms the findings of similar North American studies discussed in the introduction.

The sex difference in attitude can be interpreted in several ways. The dependent position often assumed to be required of a client in a helping relationship could be seen as more acceptable to women than men. Furthermore, most forms of counselling

require the expression of feelings which is also more acceptable behavior for women.

The classificatory variable of prior contact raises some of the most interesting questions. The figure of 28% reporting prior contact is comparatively high in relation to other studies using the ATSPPH (ranging from 9 to 22%). The high proportion of the reference comparison groups reporting prior contact (74%) may have inflated the overall percentage. Alternatively, is it a feature of the 1980s (as suggested by Dadfer et al., 1982) that more people require psychological services or that the helping services are seen as a more acceptable and viable alternative solution to personal problems? This aside, the finding that positive outcome of contact with a psychologist/counsellor is associated with attitude lends support to the hypothesis that the perceived quality of the counselling experience has an effect on attitude. However, the suggestion of Cash et al. (1978) that the perceived quality of the experience may be predisposed by the client's already existing attitudinal set should not be discounted. Ideally future research should continue to address this issue of cause and effect.

The discovery that young people (<25 years) harbour relatively negative attitudes could be interpreted in terms of the "arrogance of youth". For one thing, young people are less likely to have experienced particular emotional crises or problems leading them to consider the option of seeking professional psychological help. Younger people are also less trusting of establishment representatives (such as professionals and social welfare agencies) and less conforming (Coleman, 1980). There is some comfort in the knowledge that age brings with it a more sympathetic disposition in terms of attitude score on the ATSPPH.

The highly significant differences in terms of attitude between paying nothing and paying something for psychological services is, on the surface, easily interpretable. How high *any* goods or services are valued (in part a function of attitude) will be associated with how much money will be exchanged in order to obtain them. While it could be concluded that the 20% reporting that they would expect counselling free do not value the psychological services very highly, it could also be suggesting

something about expectations. That is, the relatively high percentage of those expecting counselling free can in part be attributed to the social welfare services freely available in New Zealand. As Maxwell (1972) also found, the government is seen as primarily being responsible for spending money on and supporting mental health services. What emerged from these data was that, on average, people are prepared to pay considerably less money per session (\$10-\$14) than are current charges for individual psychotherapy in Christchurch (on average, approximately \$35 per session). Of course, there is a difference between how much people are "prepared" to pay and how much people "expect" to pay. The former response was requested, but no doubt some will have interpreted the question in terms of expectations.

The significant difference in attitude scores obtained between the general population sampled and the reference group is expected in light of past research concerned with therapists' attitudes toward mental illness (Rabkin, 1977). Professional psychological helpers are usually better informed about counselling process, counselling outcome, and the cause of emotional problems, when compared to the general population; all variables likely to be associated with attitude. The significant difference in attitude scores obtained between these two groups enhances the validity of the scale. However, differences within the reference group itself raises some interesting questions. The guidance counsellors sampled included many who had only recently entered the field, but they generally scored higher than the more professional group represented at the Psychological Society Annual General Meeting. Perhaps the latter group has become familiar enough with the services provided and the processes involved within these services to know that as Schneider et al. (1980) put it, "counselling can hurt as well as help".

In the modified form adopted in this study, the ATSPPH scale proved useful for the study of attitudes of the general population. However, the components of attitude (e.g., recognition of need, interpersonal openness, confidence etc.) originally identified by Fischer & Turner (1970) were not evident in this sample. Factor analysis using a more

homogeneous population than the present one may well result in the re-emergence of factors reported in past literature. What does seem to be evident from this study is that the factor structure of the scale is not stable across populations, even allowing for the modifications made to the instrument. Future researchers using the scale should, therefore, be sensitive to the nature of the sample being tested.

Conclusion

Clearly, this study points to a number of areas of concern. Firstly, it identifies that attitudes held by specific groups and isolates some of the contributing factors. Some sectors of the community, in particular young males, hold negative views. Not only did the public not hold the positive attitudes that the psychological professionals subscribed to, but what rapidly became evident was the general lack of awareness among the population sampled concerning the qualifications and roles of psychologists/counsellors. Professional psychological groups must continuously be aware of client *and* non-client concerns about, and attitudes toward, seeking psychological help as well as the profile of the professional groups and other consumer issues. One step that can be taken to this end is for counsellors/psychologists to give clients more prior information about themselves and their services (for an example of this practice, see Manthei, 1982). The information brochure distributed recently by the Canterbury Branch of the New Zealand Psychological Society (1983) addressing *some* of these questions is a practical step leading to greater awareness among the public — and ultimately more enlightened attitudes. However, it is disappointing that three out of the four case studies presented in the brochure involved females while the fourth described a marital dysfunction — once again reinforcing the stereotype of help-seeking being the domain of women.

There are a number of pressing issues in the New Zealand context concerning psychological help-seeking attitudes. In a country with such a large Polynesian population, in what way does cultural and ethnic identity affect attitudes? Do ethnic minorities view psychologists/counsellors in an entirely different light? Of particular interest would

also be the attitudes held by specific groups of clients and referral agents (e.g., Medical Practitioners).

While certainly focusing on the attitudes of the public and recognising the importance of this area, the location of attention in the immediate future should be with the psychological professionals themselves. It is acknowledged that the public could become more aware of the psychological services and their role. However, it is even more critical that psychological professionals become more aware of the public's stance. Psychological service providers should pay particular attention to their public image and client attitudes. By doing this they can learn to tailor services to client needs and wants, rather than tailor clients to existing services. It is in the interest of the psychologist/counsellor and, in particular, in the interest of the client, that such moves are made. Otherwise the psychological professionals are in danger of catering only for the well-educated, enlightened, and articulate among those who could benefit from psychological counselling — a trend which is perhaps already apparent in terms of attitude as this study has demonstrated.

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