

**A Hong Kong Study of Relationship between University Students' Attribution Styles
and their Attitudes Towards Seeking Counselling Help**

by

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Statement of Originality

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Abstract

Hong Kong universities offer counselling services for students, but students often do not actively seek such services when they need them. This study used quantitative and qualitative methods to investigate the relationship between attribution styles, attitude and other factors that may affect university students' use of counselling services. The study involved 292 student participants from Hong Kong. Overall, 279 students participated in the quantitative study, and 13 in the qualitative study. For the quantitative study, 56 participants (22 males; 34 females) were from University A and 223 (67 males; 156 females) were from University B. For the qualitative study, one participant (one female) was from University A and 12 participants (three males; nine females) was from University B. The Attributional Style Questionnaire (ASQ) and the Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS) were used in the quantitative part of the current study. The ASQ was used to measure the attribution style of participants in three causal dimensions, including 'Internality', 'Stability' and 'Globality', and the IASMHS was used to measure the participants' attitudes towards counselling help in three ways: 'psychological openness', 'help-seeking propensity' and 'indifference to stigma'. Results from the quantitative study showed that girls had higher 'indifference to stigma' in their attitudes towards counselling help than boys. Participants who had previously sought counselling help showed higher 'psychological openness' in their attitudes towards counselling help than those who did not. Moreover, the students' study majors and religious beliefs were significant predictors for 'psychological openness' in multiple regressions. Participants' responses in the qualitative study were systematically analysed under three main themes, including 'Problems faced by university students', 'Self and others' past experiences in seeking counselling help' and 'Students' attitudes and perception toward counselling services'. Results from the qualitative study showed that university students mainly encountered four kinds of issues: peer relationship problems,

intimate relationship problems, family issues and career problems. Irrespective of whether they had sought counselling help, most participants thought that counselling was useful and helpful, but they still held a negative impression of counselling and felt reluctant to seek counselling help unless they were desperate. This study examined local students from two universities in Hong Kong. The Attributional Style Questionnaire (ASQ) only included positive and negative events. Future studies should assess the attribution styles of students from different universities, and foreigners studying in Hong Kong, across various life events. Based on participants' responses, this study makes suggestions for education and counselling services provided by universities and the wider community.

Keywords: Attitude, Attribution, Counselling, Help seeking, University students.

This thesis is dedicated to the memory of my beloved father

IP, Kam Fai (1951-2017)

Though you passed away during my EdD study, you are deeply appreciated for your unfailing support to my study and career pursuit.

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List of Abbreviations

ABS	Alliance Bible Seminary
ACA	American Counseling Association
APA	American Psychiatric Association
ASQ	Attributional Style Questionnaire
BBS	Bethel Bible Seminary
BACP	British Association for Counselling & Psychotherapy
CEDARS	Centre of Development and Resources for Students
CityU	City University of Hong Kong
DASS	Depression Anxiety Stress Scales
GE	General Education / Gateway Education
HKBU	Hong Kong Baptist University
HKPCA	Hong Kong Professional Counselling Association
HKSYU	Hong Kong Shue Yan University
HKSWD	Hong Kong Social Welfare Department
HKYWCA	Hong Kong Young Women's Christian Association
IASMHS	Inventory of Attitudes Toward Seeking Mental Health Services
LN	Lingnan University
LTS	Lutheran Theological Seminary
MBSR	Mindfulness-based stress reduction
NGOs	Non-governmental organisations
PVS	Psychological Vulnerability Scale
PACFA	Psychotherapy and Counselling Federation of Australia
SAO	Student Affairs Office

SDS	Student Development Services
SDTLA	Student Development Task and Lifestyle Assessment
CUHK	The Chinese University of Hong Kong
EdUHK	The Education University of Hong Kong
MHAHK	The Mental Health Association of Hong Kong
SBHK	The Samaritan Befrienders Hong Kong
HKU	The University of Hong Kong
UKCP	United Kingdom Council for Psychotherapy
UMMC	University of Massachusetts Medical Center
UGC	University Grants Committee
WKU	Western Kentucky University
WPDI	Whole Person Development Inventory

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Chapter 1: Introduction

Counselling helps people to obtain insights from difficulties they face during their lives. Different outcomes and life changes result from the counselling process (UKCP, 2012). When academics introduce counselling to university students, two key sentences are often used: ‘actualising our potential’ and ‘helping people to understand who they are’ (Kottler & Brown, 1996).

‘Counselling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals’ (Kaplan, Tarvydas, & Gladding, 2014). Different organisations provide different definitions of counselling. For instance, it can involve cooperation between counsellor and client to identify life goals, enhance clients’ coping skills and communication, and more importantly promote optimal mental health (ACA, 2016). Counselling can help clients to build better self-understanding and bring about changes in their lives (PACFA, 2013). Counselling also promotes personal growth and interpersonal and internal harmony (HKSJU, 2016a).

Scholars and organisations in the West and East have developed different interpretations of counselling over the years, but all share a positive view of the practice: it is regarded as an effective way to help people in need. Several common forms of counselling are available to suit clients’ different needs at the individual, couple, family and group levels (ACA, 2016).

Counselling should thus be seen as a positive and user-friendly service to potential clients, but surprisingly only a very limited number of university students in Hong Kong actively seek counselling help when they encounter difficulties in their lives (Chen & Mak, 2008). The Chief Executive Officer of The Samaritan Befrienders Hong Kong, Tsang Chin Kwok, noted this point after a Hong Kong university student committed suicide in July 2016. Tsang observed that youths in Hong Kong typically rely on informal help via phone or internet chatting with friends rather than professional counselling when they encounter

difficulties or even have suicidal ideas. Tsang noted that informal help could not be equated with professional counselling (Ng, 2016).

Self-esteem, relationships with others, and time management issues are common developmental matters among university students (HKBU, 2013). Moreover, Hong Kong university students have indicated that they do not have good stress-management skills (LN, 2012). The results of a freshmen survey at Lingnan University revealed that students' self-assessed stress-coping abilities fell from 3.41 (on a 5-point scale) in 2015 to 3.33 in 2016 (LN, 2016a). A similar survey at Hong Kong Shue Yan University revealed that students self-assessed stress management abilities fell from 3.46 (on a 5-point scale) in 2015 to 3.4 in 2016 (HKSJU, 2015; HKSJU, 2016).

If we examine these figures, it is obvious that university students are in need of counselling help and support for their daily lives. Formal counselling services are available at most universities in Hong Kong and are normally offered by the institutions' Student Affairs Offices. The Student Affairs Offices usually offer other services to their students, such as sports team management, financial assistance (CityU, 2016), and student housing services (HKSJU, 2016). According to a survey of new undergraduate students, many local students indicated that they were more likely to seek financial assistance, exchange activities and English enhancement activities rather than counselling services from their universities (HKSJU, 2015; HKSJU, 2016).

As noted earlier, local university students tend to assess their stress-management skills as weak. It is a surprise to learn that they see counselling as the least important service to assist in adapting to university life (HKSJU, 2015; HKSJU, 2016). What factors contribute to this phenomenon? The Student Affairs Offices' opening hours are an issue. If students are unable to seek immediate help when they are in need, this may discourage them from seeking counselling help in general and lead them to turn to informal help instead. To provide backup

services, some universities cooperate with non-governmental organisations and encourage their students to call their hotlines for out-of-hours crisis situations. For instance, The Chinese University of Hong Kong, The Education University of Hong Kong and Lingnan University are cooperating with the Christian Family Service Centre in this regard (CUHK, 2016; EdUHK, 2016; LN, 2016). Several other universities in Hong Kong encourage students to seek help from police or security offices for out-of-hours issues (HKBU, 2016; HKU, 2016).

Even during office hours, when counselling is available, the procedures involved in applying for the service can be an issue. For example, students are required to attend a screening session prior to formal appointments. After the screening session, they are booked in for a formal intake session within two weeks (HKU, 2016). These complicated procedures can discourage students from seeking formal help, particularly if their need is urgent.

Personal factors such as their students' perception of counselling and their attribution styles can also influence help-seeking behaviour. University students are well educated and are assumed to have relatively open minds towards seeking help from others. Nevertheless, they rarely utilise counselling services on campus. What factors contribute to this phenomenon? This study investigates this issue in Hong Kong, and examines the importance of students' attribution styles and perceptions of counselling. This study provides suggestions for how universities in Hong Kong may enhance their counselling services to better match students' needs.

Chapter 2: Literature Review

There has been considerable research on the use of counselling and other mental help services (Busiol, 2016; Sammons & Speight, 2008; Deasy, Coughlan, Pironom, Jourdan, & Mannix-McNamara, 2016; Picco et al., 2016). This study is unique and provides a new understanding of the issue by examining undergraduate students in Hong Kong.

Of the studies to date that have examined a similar area (Busiol, 2016; Sammons & Speight, 2008; Deasy, Coughlan, Pironom, Jourdan, & Mannix-McNamara, 2016; Picco et al., 2016), none have applied mixed methods to study Chinese or even Asian undergraduate university students' attitudes towards counselling help. In 2016 a qualitative study examined help-seeking behaviour and attitudes towards counselling in Hong Kong (Busiol, 2016). However, the mean age of participants in Busiol's study was 29.3 and 75% of the participants were postgraduate students. Sammons and Speight (2008) conducted a similar qualitative study on graduate students in the United States, with a considerably high mean participant age (31). The present study uses a mixed method involving quantitative and qualitative research and focuses on undergraduate students, who make up the majority of university students, with a relatively lower mean age (19.46 for the quantitative study and 19.94 for qualitative study). There is a particular focus on freshmen because they face greater issues in adjusting to life at university, and their need for counselling help is considerably higher than that of senior-year and postgraduate students. An investigation of their attitudes towards seeking counselling help should assist counselling services to better serve potential counselling service users.

A mixed method study was conducted in Ireland in 2016 on students majoring in nursing or education (Deasy, Coughlan, Pironom, Jourdan, & Mannix-McNamara, 2016), but the study investigated the relationship between distress and help-seeking behaviour rather than attitudes towards seeking help. In examining these overlooked and highly topical areas, the

present study thus makes a unique and important contribution to university counselling services, particularly in China or other Asian countries.

A study conducted in 2016 in Singapore, an Asian country near Hong Kong, randomly recruited participants from the general public via the national registry and focused on how socio-demographic factors influence the attitudes of citizens towards seeking counselling help (Picco et al., 2016). In addition to demographic factors, the present study examines how attribution styles influence the attitudes of participants towards counselling help. The present study also has a focused target group: the undergraduate university student community. It should serve as a useful reference for university management to tailor their counselling services to their students.

Many studies in the last decade (Almesalm, Stephane, & Boy, 2017; Berman, Weems, & Stickle, 2006; Tan & Yates, 2011; Šimić & Manenica, 2012) have found that university students deal with different kinds of difficulties in their study and their lives. Almesalm, Stephane and Boy (2017) summarised those difficulties into three categories: personal, social and academic issues. These may include identity crises (Berman, Weems, & Stickle, 2006), relationship breakdowns (BACP, 2010) or breakups and new relationships in the first year of university study (Almesalm, Stephane, & Boy, 2017), employment issues (BACP, 2010), stress due to parents', teachers' and/or personal expectations (Tan & Yates, 2011; Almesalm, Stephane, & Boy, 2017), or due to examinations (Šimić & Manenica, 2012) and assignments (Almesalm, Stephane, & Boy, 2017). These kinds of issues are increasing and counselling could be part of the solution. In a survey conducted by the British Association for Counselling and Psychotherapy (BACP) in 2010, 88% of participants thought that they might feel better if they sought help from a counsellor during difficult periods (BACP, 2010). In a qualitative study by MacLeod, McMullen, Teague-Palmieri and Veatch (2016), one participant noted that professional counsellors could help when people were in need, but the participant

had not personally sought counselling help. The study also found that stigma and embarrassment could prevent people from seeing counsellors (MacLeod, McMullen, Teague-Palmieri, & Veach, 2016).

In Hong Kong, all universities funded by the University Grants Committee (UGC) offer counselling services to their students. For example, at The Education University of Hong Kong, City University of Hong Kong, and Hong Kong Baptist University, counselling and career guidance are offered by the Student Affair Office (SAO), Student Development Services (SDS) and the Office of Student Affairs, respectively. Private tertiary institutions such as Hong Kong Shue Yan University also offer similar services to their students. Individual counselling can cover issues such as adjustment to university life, career development, emotional disturbance and interpersonal relationships. Psychological assessments such as the Depression Anxiety Stress Scale (DASS), the Whole Person Development Inventory (WPDI) and Student Development Task and Lifestyle Assessment (SDTLA) are used to help students to obtain a better understanding of their own development and to set personal goals (HKBU, 2013; EDUHK, 2014; CityU, 2014). Although counselling services are always available for university students on campus, university students typically feel that they do not need to seek help until they are desperate (Karabenick & Newman, 2006).

An Internet-based qualitative study conducted in the United States found that counselling major students had better self-awareness and attributes changes after taking different counselling courses, such as multicultural counselling (Sammons & Speight, 2008), but many other studies found that students, including counselling-related major students, would never consider counselling as their first choice for help when they come across difficulties in their lives, if at all. A study conducted in Hong Kong with 250 first-year social work students found that even students in that field rarely considered counsellors and social

workers as their first-choice option for help (only 5.3%) when facing study or relationship problems (Rudowicz & Au, 2001). Why would university students receiving social work training and with a basic knowledge of counselling hesitate to seek counselling help from on-campus services when they are in need?

The willingness of the general public to seek mental health care support is also very low. One study found that only one fifth to one third of participants were willing to do so (Kessler, Demler, Frank, Olfson, Pincus, & Walters, 2005). Many studies have found that race and culture may affect an individual's willingness to seek counselling help. A similar study in Singapore found that only 37% of participants from the general public were willing to seek counselling help when they suffered emotional disturbances (Ng, Fones & Kua, 2003). Studies have shown that Chinese people have a consistently low (or no) desire to seek counselling help (Carr et al., 2003; Killinc & Granello, 2003; Mori, 2000; Zhang & Dixon, 2003). Research findings from social psychology provide some hints as to why. Chinese people place considerable importance on 'face' (Huang, Davison, & Gu, 2008), the dignity of a person that arises from his or her behaviour and achievements (Leung & Chan, 2003). If seeking help somehow means people do not have the ability to solve their own problems and are dependent on others (Karabenick & Newman, 2006), people who care about face will try their best to show that they are competent and do not need others' help to maintain their face. Ko (1990) found that Chinese people like to manifest and describe their psychological problems as physical symptoms to make it acceptable to others, so their face can be protected. Therefore, face is very important and affects decisions about one's behaviour if the behaviour can be seen or known by others (Liang & Xue, 2016). Hong Kong is a Chinese society, and university students in Hong Kong are mainly Chinese, so these factors are important. University students may hold some misconceptions about counselling, for instance that counsellors will direct their clients and not listen (Busiol, 2016), so university students tend

to avoid seeking counselling help when they are in need.

People also tend to seek counselling help from other professions they have engaged with previously, such as general practitioners. The British Association for Counselling and Psychotherapy (BACP) (2010) found that 51% of 1440 respondents preferred to seek help from general practitioners rather than counsellors when encountering problems in their life. Moreover, adolescents always present their psychological disturbances with physical symptoms (O'Brien, Harvey, Howse, Reardon & Creswell, 2016). Wang, Demler, Olfson, Pincus, Wells and Kessler (2006) also found that people are likely to portray their psychological issues as physical problems and are more willing to discuss their issues with general practitioners. Busiol (2016) found that Hong Kong university students preferred to seek help from friends when they found themselves in real need rather than seek help from counsellors. This phenomenon corresponds with the situation on university campuses, where students are willing to visit university clinics and have consultations with general practitioners but seldom schedule appointments with school counsellors.

Theoretical Framework

This study explores how students perceive the counselling services offered by their universities and their behaviour in seeking counselling help. I predict that university students' attribution styles and demographic variables (e.g., gender, major of study, religion) are related to their attitudes towards counselling help (Figure 1). University students' attribution styles will be measured using the three dimensions ('Internality', 'Stability' and 'Globality'), suggested by Abramson, Seligman and Teasdale (1978). The study also explores the factors of 'psychological openness', 'indifference stigma' and 'help-seeking propensity' identified by Mackenzie, Knox, Gekoski and Macaulay (2004) for examination. The overall theoretical framework of this study is outlined in Figure 2, and in the following discussion, the factors will be further defined and explained.

Attitudes Towards Counselling Help

According to Mackenzie, Knox, Gekoski and Macaulay (2004), the three factors of ‘psychological openness’, ‘indifference stigma’ and ‘help-seeking propensity’ affect people’s attitudes towards counselling help. ‘Psychological openness’ refers to the acceptance level of an individual who becomes aware and agrees that he or she suffers from a psychological disturbance. It also refers to whether the individual would consider seeking help from mental health professions. ‘Indifference to stigma’ refers to the views, opinions and reactions of other people. Significant others always play an important role and have a significant effect on the psychological help-seeking process. ‘Help-seeking propensity’ is a person’s motivation and ability to seek mental health care services. To measure how these factors affect the attitudes of people towards seeking help from appropriate mental health services, Mackenzie, Knox, Gekoski and Macaulay (2004) created an Inventory of Attitudes Towards Seeking Mental Health Services (IASMHS). In this study, IASMHS is used to measure university students’ attitudes towards seeking counselling help.

Perceptions of Counselling

Lindsay and Norman (1977) stated that perception is a process of interpreting and organising meanings from one’s experiences. It thus contributes to the formation of attitudes towards counselling services and help-seeking behaviour. University students’ perceptions of counselling and their help seeking affect their attitudes toward counselling. Wollersheim and Walsh (1993) found that adults in the community perceived counselling help as effective in treating less severe psychological disorders. It is worth examining whether university students hold the same perception towards counselling help and the reasons for these perceptions. Studies have also compared different forms of counselling help such as Internet, telephone and individual counselling (e.g., Leibert, Archer, Munson, & York, 2006; Reese, Conoley, & Brossart, 2006). Although only limited research findings are available, we can

still obtain some ideas from these studies to form the foundations of the current study. Forms of counselling also shape individuals' counselling-help-seeking behaviours. For example, Leibert, Archer, Munson and York (2006) found that people perceive the psychological safety of Internet and face-to face counselling differently: clients reported that they felt higher psychological safety in the anonymity of Internet counselling. Reese, Conoley and Brossart (2006) found that clients perceive telephone counselling as the most convenient option. It is worth conducting an investigation into the general perception of counselling in Hong Kong, especially among university students.

To understand university students' perceptions of counselling, we also need to examine their misconceptions. Stigma is a common factor that prevents university students from seeking counselling help. Blacklock, Benson, Johnson and Bloomberg (2003) found that many university students perceived seeking counselling help as an indicator of personal weakness or incompetence in handling their life issues. Upstate University (2013) observed that some university students even have a misconception that seeking counselling help is connected with serious emotional problems, and a practicing psychologist (Simonson 2010) also stated that there is a common misconception that counselling is only for people who are crazy. This study examines whether current university students in Hong Kong hold any misconceptions of counselling. We can predict that university students who hold many misconceptions about counselling develop more negative attitudes towards counselling and are less likely to use counselling services on campus.

Attribution Styles

Attribution styles may also be related to university students' help-seeking behaviour. Abramson, Seligman and Teasdale (1978) identified three attribution factors for learned helplessness: internal vs. external attributions, stable vs. unstable attributions and global vs. specific attributions. These attribution factors are perceived as the causes of aversive events

that affect the behaviour of the person. When a person encounters an aversive situation, if the cause is seen as within a person (internal attributions), for instance making a careless mistake that leads to failure, the person may actively do something to fix the problematic situation by seeking others' help. If it is deemed to be due to external factors (external attributions), the person does not think that he or she can fix the problem by his or her own effort. If we apply attribution styles, such as the internal-external dimension, to understand university students' help-seeking behaviour, we can assume that individuals with internal attribution may develop positive attitudes towards seeking counselling help and in turn be more likely to seek counselling help. However, if we consider two dimensions of attribution (e.g., internal-external and stable-unstable) simultaneously, the pattern of help-seeking behaviour becomes more complex. People with internal and stable attribution see the cause of their failures as fixed, so they are not motivated to seek help or try alternatives. However, people with internal and unstable attribution are eager to do something to change the adverse situation, as they believe they have the ability to change the situation if they put in more effort or try alternatives. In the face of adversity, Chinese people are more likely to blame their fate and bad luck rather than to seek counselling help (Othman & Awang, 1993). Weiner, Frieze, Kukla, Reed, Rest and Rosenbaum (1971) considered 'luck' as a kind of unstable thing with external attribution. Similar research in 1994 found that Hong Kong students have more external attribution than New Zealand students (Humid, 1994). People with external attribution tend to believe they cannot change their adverse conditions, so they are less motivated to actively seek help from others or professionals. People with internal attribution believe they can actively do something to make their conditions better, and thus are more likely to use counselling when in need.

Different attribution factors lead to different styles in dealing with problematic situations.

Alloy, Pererson, Abramson and Seligman (1984) stated that people with global attribution

perform poorly in both similar and dissimilar situations, while people with specific attribution perform poorly in similar situations. As no single event is totally identical to another, all events are dissimilar. In this sense, people with specific attribution appear to handle adverse events better than people with global attribution. In this study, I am interested in how internal vs. external attributions (Internality), stable vs. unstable attributions (Stability) and global vs. specific attributions (Globality) may contribute to university students' attitudes toward counselling. In particular, I predict that university students who have internal and specific attribution have more positive attitudes towards seeking counselling help than their external and global attribution counterparts.

Demographic Variables

Research has suggested that demographic variables such as gender (Beyer, 1998), major of study (Peacock, 2010) and religious beliefs (Hovemyr, 1998) are related to attribution, which can in turn affect attitudes.

Gender is related to counselling-seeking behaviour. According to Lucas and Berkel (2005), female university students can have higher needs and are more likely to seek counselling help on campus. Females, in general, are more willing to listen to others (Nwachuku & Ivey, 1992). Many studies have found that females are more open and willing to seek help from counselling, and that they tend to hold more positive attitudes towards counselling than males (Mackenzie, Knox, Gekoski & Macaulay, 2004; Kelly & Achter, 1995). Therefore, I hypothesise that female university students have more positive attitudes towards counselling help than male university students in Hong Kong.

The different training backgrounds of university students affect their perceptions of counselling. Peacock (2010) found that science students attribute their success or failure to luck. Science students tend to make external attributions and tend not to believe that counselling can help them when they encounter adverse situations. Therefore, they are less

likely to have positive attitudes towards counselling help. In addition, university students who major in counselling-related disciplines (e.g., counselling, social work, psychology) are equipped with more understanding and knowledge about counselling, this could mean that they have different perceptions than those who major in non-counselling related disciplines (e.g., accounting, engineering, language studies). I predict that university students who major in counselling-related disciplines have more positive attitudes towards counselling help than university students who major in other disciplines.

In terms of religious beliefs, Hovemyr (1998) found that non-religious people have more internal attribution than those with religious beliefs. Therefore, non-religious people may hold more positive attitudes toward counselling help than religious people.

Significance of Study

Attribution involves assigning causes to a behaviour or an event (Coon, 2006). An attribution style is the way a person explains different events based on his or her behaviour (Leposavić & Leposavić, 2009). Causal explanations always arise when attribution theory is applied (Harvey & Martinko, 2009), and they are important for explaining reactions and responses to failure (Wortman & Dintzer, 1978; Weiner, 1979; Moore, Strube, & Lacks, 1984). Attribution styles and attribution theory have been widely applied in social science and psychological studies, such as on the relationship between attribution and depression (Sweeney, Anderson, & Bailey, 1986; Leposavić & Leposavić, 2009), the relationships between attribution, depression and chronic fatigue (Michielsen, Houdenhove, Leirs, Vandebroek, & Onghena, 2006) and attribution as a factor in psychosis (Mizrahi, Addington, Remington, & Kapur, 2008). All of the above studies focused on the role of attribution styles in different psychological disorders, but no study has considered attribution style as a factor that leads people to seek counselling help before they suffer from psychological disorders. Prevention is always better than the cure. Taking a step back to

explore how attribution relates to help-seeking behaviour before someone suffers from psychological disturbances and develops a psychological disorder should provide meaningful insights into how we may improve mental health in our community. In particular, it would be interesting to examine how people with different attribution styles interpret their help-seeking behaviour in relation to counselling. Unlike previous studies conducted in the Hong Kong context, this study also uses mixed methods to provide more comprehensive insights into the local situation.

This study explores a new perspective on the relationships between attribution styles, attitudes towards counselling help and help-seeking behaviour. An understanding of the main attribution styles that university students possess may provide guidance to universities on how they can modify their counselling services to better fit their students. It may be also very helpful for university teaching staff members who mentor their students. In addition, in the qualitative part, this study explores students' attitudes towards and perceptions of the counselling and counselling services offered by their universities, particularly the views of freshmen. It would be useful if the Student Affairs Offices had better background knowledge when promoting their counselling services to freshmen on orientation day. Thematic analysis can reveal the shortcomings of university counselling services and provide guidance to counsellors and administrators and thus help make services more user-friendly and closer to the needs and expectations of university students. Cultural factors should also be considered when designing and offering counselling services to potential clients, and are examined in this study.

Aims of Study

This study uses attribution theory to examine university students' perceptions of counselling in general, and the relationship between their attribution style, their attitudes

towards counselling help, and their help-seeking behaviour. Three dimensions of attribution style are examined: internality (i.e., internal vs. external attributions), stability (i.e., stable vs. unstable attributions) and globality (i.e., global vs. specific attributions). The first hypothesis is that attribution styles (i.e., internality, stability, and globality) are significant predictors of participants' attitudes towards counselling help. This study is also interested in how these variables interact to influence university students' attitudes. The second hypothesis is that demographic variables such as gender, major of study, and religious beliefs predict participants' help-seeking behaviour. In particular, females are expected to be more willing to seek counselling help, as are students who major in counselling related programmes, and participants with religious beliefs. Qualitative data are collected in this study via student interviews. This study also explores why university students are generally unwilling to seek counselling help in campus. The focus is on students at two local universities. Quantitative and qualitative methods are used to collect relevant data.

Research questions

1. What are university students' perceptions of counselling and help-seeking behaviour?
2. How do their perceptions of counselling affect their attitudes towards counselling help-seeking behaviour?
3. What factors affect counselling help-seeking behaviour?
4. What are the relationships between university students' attribution styles (i.e., internality, stability, globality) and their attitudes towards counselling help?

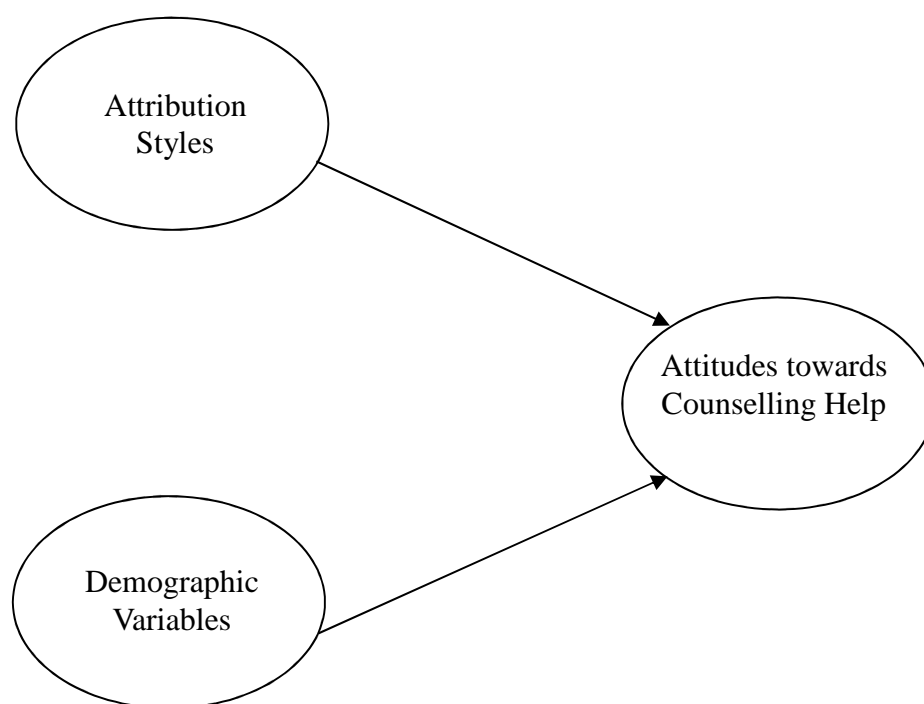


Figure 1. Theoretical framework

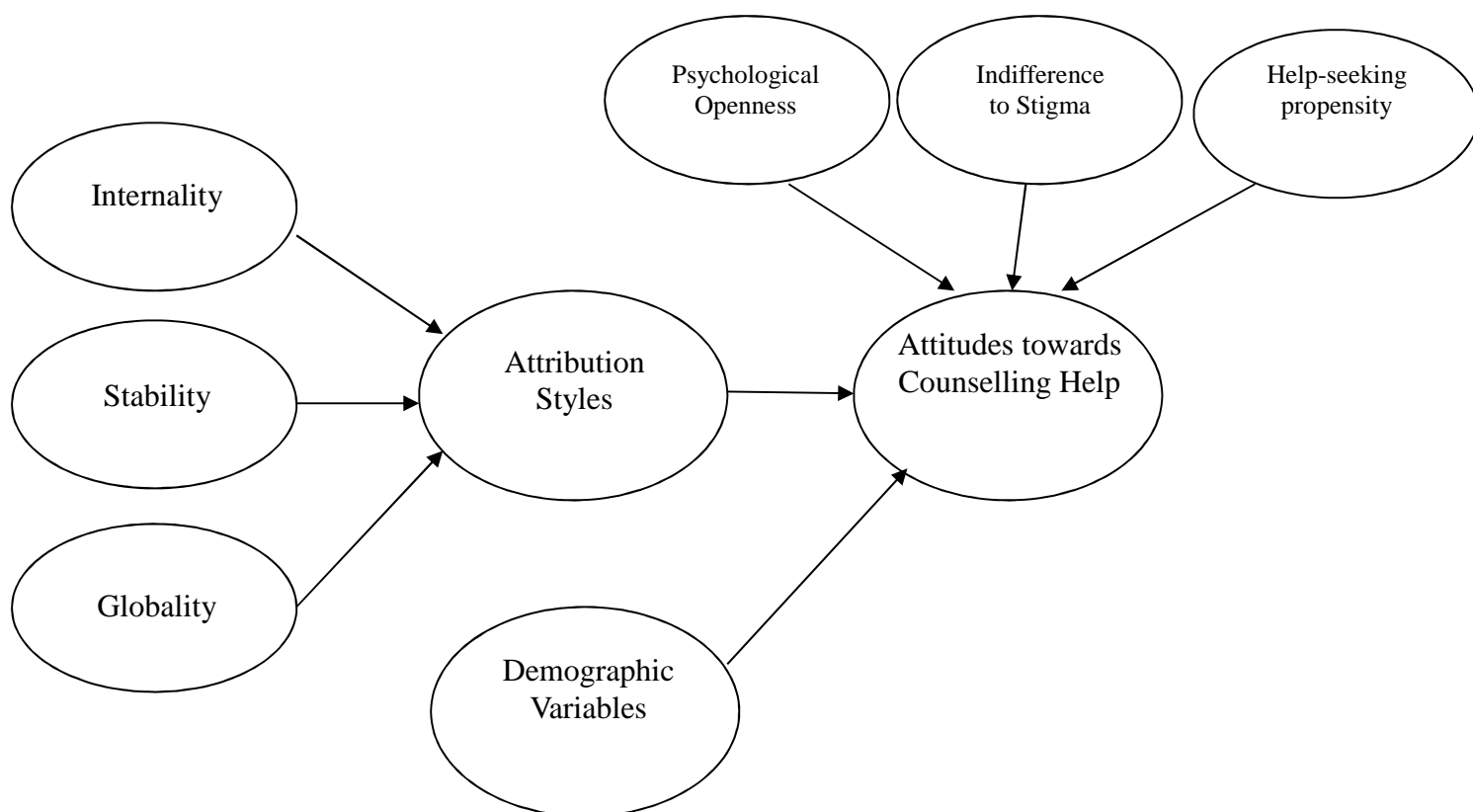


Figure 2. Theoretical framework with individual components

Chapter 3: Methodology

A mixed research method (i.e., qualitative and quantitative) had been adopted for this study to provide a comprehensive approach. A reliance on quantitative methods and data collection via self-reported questionnaires can lead to biases towards socially desirable responses (Deasy, Coughlan, Pironom, Jourdan, & Mannix-McNamara, 2016). This research involved data collection via questionnaires and interviews, data analysis, and integrating both qualitative and quantitative research in a single study (Hanson, Creswell, Plano Clark, Petska, & Creswell, 2005).

Quantitative Study

Participants

A total of 279 local university students (89 males [31.9%], 190 females [68.1%]) participated in this study. Of the participants, 56 (22 males, 34 females) were at University A and 223 (67 males; 156 females) were at University B. The mean age of the participants was 19.94, $SD=1.87$. The mean age of male participants was 20.24, $SD=2.38$ and the mean age of female participants was 19.79, $SD=1.56$. There were 93 first-year students, 79 second-year students, 55 third-year students and 52 fourth-year students. The first-year students were the majority (33.33% of 279 participants). The second-, third- and fourth -year participants comprised 28.32%, 19.71% and 18.64% of the total participants, respectively. All participants were taking General Education courses run by the universities in Hong Kong. Leong and Chou (1996) noted that when offering counselling services to students, counsellors should pay attention to students' backgrounds and training biases. Different training backgrounds can shape students' attitudes towards counselling, so this study also considered the students' study majors. The participants were divided into two groups based on their academic disciplines: (1) students who majored or minored in counselling related disciplines such as Psychology and Social Work, and (2) students who majored in non-counselling related

disciplines such as Computer Science and Business. Of the participants, 50 were in the first group, the ‘counselling related group’. The remainder of the participants were in the ‘non-counselling related group’. As the students came from different disciplines and different cohorts were at different stages of their study, they expressed a diverse range of views about counselling.

Measurements

Participants were invited to fill out a set of questionnaires that measured their attitudes toward counselling and attribution styles. Participants’ attitudes toward counselling were measured using the Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS), while their attribution styles were measured using the Attributional Style Questionnaire (ASQ). Personal demographic information was also collected.

Attitudes towards counselling. The Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS) (Mackenzie, Knox, Gekoski, & Macaulay, 2004) (Appendix A) was used in this study. IASMHS is an assessment scale to measure the attitudes of participants toward counselling. IASMHS is a relatively up-to-date scale and is based on Fischer and Turner’s Attitudes towards Seeking Professional Psychological Help scale (Hylans, Boduszek, Dhingra, Shevlin, Maguire & Morley, 2015). The IASMHS is widely used by psychological health professionals such as psychologists, psychiatrists, social workers and counsellors to examine the attitudes of people towards different types of mental health services. The IASMHS authors state that studies do not need to obtain prior permission to use the scale. As the original IASMHS was developed in English, a Chinese version for Hong Kong participants was developed by a bilingual postgraduate for this study. To ensure that the Chinese version matched the original IASMHS, another bilingual postgraduate performed a back translation.

The IASMHS comprises 24 items with a 5-point Likert scale (0 = disagree; 1 =

somewhat agree; 2 = undecided; 3 = somewhat agree; and lastly 4 = agree). The IASMHS was used to measure respondents' attitudes toward counselling in three major areas: 'psychological openness', 'help-seeking propensity', and 'indifference to stigma'. Each area was measured using 8 of the 24 items in the scale and no filter questions were used in this assessment scale. 'Psychological openness' was measured with items 1, 4, 7, 9, 12, 14, 18 and 21, and a reverse coding system was adopted for all 8 items in this area. A sample item was 'there are certain problems that should not be discussed outside of one's immediate family'; 'help-seeking propensity' was measured with items 2, 5, 8, 10, 13, 15, 19 and 22. A sample item was 'if I were experiencing a serious psychological problem at this point in my life, I would be confident that I could find relief in psychotherapy'. 'Indifference to stigma' was measured with items 3, 6, 11, 16, 17, 20, 23 and 24, and a reverse coding system was used for all eight items in this area. A sample item was 'having been mentally ill carries a burden of shame'. Cronbach's alpha was used to measure the internal consistency of the IASMHS adopted in this study. The internal consistency for the whole IASMHS with all 24 items in the current study was .685, whereas the author of the instrument found .87 (Mackenzie et al., 2004). For the eight items in the area of 'psychological openness', the Cronbach's alpha was .568 in the current study, compared to .82 in Mackenzie et al. (2004). For the 8 items in the area of 'help-seeking propensity', the Cronbach's alpha was .677 in the current study, compared to .76 in Mackenzie et al. (2004). For the 8 items in the area 'indifference to sigma', the Cronbach's alpha was .636 in the current study, compared to .79 in Mackenzie et al. (2004).

As an assessment scale to measure respondents' intention to seek professional counselling help, IASMHS has shown validity in effectively discriminating between respondents that have or have not had experience in receiving counselling help, and it can also discriminate between respondents' intention to seek professional and non-professional

counselling help (Mackenzie, Knox, Gekoski, & Macaulay, 2004).

Attribution styles. The Attributional Style Questionnaire (ASQ) (Appendix B) was used in this study to measure the participants' attribution style. ASQ is a self-reporting scale that generates scores for explanatory style across three different causal dimensions: (1) internal versus external, (2) stable versus unstable, and (3) global versus specific. As ASQ is a copyrighted assessment scale, permission to use this questionnaire was obtained from the University of Pennsylvania and Dr. Martin E. P. Seligman, the copyright owner and the author respectively. A Chinese version of ASQ (UoP, 2014) was received from the ASQ author, but some wordings and terms corresponded to a mainland Chinese writing style, so some modifications to the wording have been made for the Hong Kong context.

The ASQ consists of 12 different hypothetical events, six of which are positive, such as 'You get a raise' while the other six events are negative events, such as 'You have been looking for a job unsuccessfully for some time'. They include interpersonal-related events such as 'You meet a friend who compliments you on your appearance' and achievement-related events such as 'You can't get all of the work done that others expect of you'. Of the 12 events, six are interpersonal-related and six are achievement-related.

For each of the hypothetical events, participants were asked to think about the situation, identify the cause of the events and write their answers in the space provided in the scale. This question prepared the participants to evaluate the cause of the three casual dimensions: Internality, Stability, and Globality. Internality refers to whether the event had an internal or external cause. Participants were required to indicate the extent to which they believed that they were responsible for the event on a 7-point Likert-scale from 1 ('totally due to other people or circumstances') to 7 ('totally due to me'). 'Stability' refers to whether the event had a stable or unstable cause. Participants were required to rate the extent to which they think the cause of the event would reappear over time on a 7-point Likert scale, from 1 ('will never

again be present') to 7 ('will always be present'). 'Globality' is whether the event has a global or specific cause. Participants were required to rate the extent to which they think the event would happen in different situations on a 7-point Likert scale, from 1 ('just this particular situation') to 7 ('all situations in my life'). There were no filter questions and a reverse coding system was applied. Cronbach's alpha was used to measure the internal consistency of the ASQ adopted in this study. The internal consistency for the whole ASQ with all three causal dimensions (Internality, Stability and Globality) was .704. The internal consistency for Internality, Stability and Globality was .488, .592 and .666 respectively, while those in Peterson et al. (1982) ranged from .44 to .69.

The respondents' ASQ result was compared with results for the Psychological Vulnerability Scale (PVS), a similar assessment scale that measures respondents' beliefs about psychological problems. The results showed high validity coefficients (Kaplan & Saccuzzo, 2001).

Personal demographic information. All of the participants were asked to provide information about their demographic characteristics such as gender; age; university; major and minor of study; year of study; racial and religious backgrounds; whether they had a part-time job; dating experiences; information about family members', friends' and participants' own experiences in receiving counselling help; and family income.

Procedures

Ethical approval was obtained from the Human Research Ethics Committee of The Education University of Hong Kong on 30 October 2015, before data collection began.

Participants were then recruited from the General Education courses of University A and University B. As the participants were recruited during their class time, all of the students attending that particular lecture were potential participants. All of the potential participants were clearly informed that this study was not related to the course they were studying and

were free to join the study. The potential participants were also informed that their decision would not affect their course grades. They were assured that all of the collected data would be destroyed at the conclusion of the study.

The students then each received an information sheet and a set of questionnaires with an attached consent form and listened to a five-minute introduction to the study. Participants were asked to sign on the consent form before they started reading the questionnaire. The questionnaire took 20 minutes to complete. As this study had both qualitative and quantitative parts, the participants were asked to indicate their willingness to join the qualitative part at the end of the questionnaire. By the end of the lecture, completed and blank questionnaires and consent forms were collected by the class teacher. Participants' responses to the questionnaires were entered into SPSS for data analysis.

Qualitative Study

Participants

Students who were willing to participate in the qualitative part of the questionnaire were asked to provide their phone number and/or email address to schedule an interview. Potential participants were told that they would receive no material or monetary reward for participating in the interview part of the study.

Many studies have found that first-year students can encounter different types of difficulties and need to adapt to the new university environment (Haggis, 2006; Hultberg, Plos, Hendry, & Kjellgren, 2008). I thus assume that first-year students have a greater need for counselling help than senior students, so first-year students were the major target group for the qualitative study.

The interviews were conducted from February to April 2016. Thirteen participants (three males; 10 females) joined the qualitative part of this study. Of the 13 participants, one female student came from University A and 12 students (three males; 9 females) came from University

B. The mean age of the participants was 19.46, with a standard deviation of 1.13. Although first-year students were the major targets of the study, to assess the differences between year groups, a number of second-, third- and fourth-year students were also recruited in the study. Thus, of the 13 students, six (46.15%) were first-year students, four (30.77%) were second-year students, one (7.69%) was a third-year student, and two (15.38%) were fourth-year students. The participants' background information is presented in Table 1. The interviews lasted between 17 and 48 minutes.

Table 1 *Background information of 13 participants*

ID Codes	Date of interview	Duration	Age	Gender	Major/Minor	Year of study	Religious	Had received counselling services
A1	3 Feb 2016	48 mins	21	Female	Cultural Management/Anthropology	4	Christian	Yes
B2	6 Apr 2016	25 mins	18	Female	Business Administration	1	Nil	No
B3	6 Apr 2016	18 mins	19	Female	Law	1	Nil	Yes
B4	11 Apr 2016	17 mins	18	Female	Engineering	1	Nil	No
B5	11 Apr 2016	22 mins	19	Male	Business Administration	1	Nil	No
B6	12 Apr 2016	34 mins	20	Male	Building Services Engineering	3	Nil	No
B7	12 Apr 2016	36 mins	19	Female	Business Operation Management/English for Professional Communication	2	Nil	Yes
B8	12 Apr 2016	27 mins	19	Male	Biology and Chemistry	1	Nil	No
B9	18 Apr 2016	36 mins	19	Female	Law	2	Nil	No
B10	18 Apr 2016	25 mins	19	Female	Law	2	Christian	No
B11	20 Apr 2016	20 mins	20	Female	Business Administration	1	Nil	No
B12	21 Apr 2016	22 mins	22	Female	Social Work	4	Nil	Yes
B13	25 Apr 2016	28 mins	20	Female	Law	2	Christian	No



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Measurements

Structured interviews were conducted with the participants to assess their subjective perceptions of counselling and personal difficulties (and the factors that affected those perceptions), which cannot be measured in a quantitative study. The questions in the interview were based on the IASMHS. As the IASMHS only includes hypothetical situations with a list of choices, the main themes of different domains were converted into open-ended questions to obtain deeper insights into participants' views and the factors involved.

Of the 24 items in IASMHS, 12 were selected and converted to open-ended questions. Questions with similar themes were merged. The 12 selected items were 1, 2, 3, 4, 5, 8, 9, 12, 14, 16, 22 and 24. Of the 12 selected items, five (1, 4, 9, 12, 14) were selected from the domain of 'psychological openness', four (2, 5, 8, 22) were selected from the domain of 'help-seeking propensity' and three (3, 16, 24) were selected from the domain of 'indifference to stigma'.

Under the domain of 'psychological openness', item 21 ('people with a strong character can get over psychological problems by themselves and have little need for professional help') was combined with item 9 ('people should work out their own problems; getting professional help should be a last resort'), to create the following interview question: 'when you encounter a disturbance, will you try to handle it by yourself first or you will seek professional help directly? What reasons lead you to make this choice?'

Item 7 ('it is probably best not to know everything about oneself') and item 18 ('there is something admirable in the attitudes of people who are willing to cope with their conflicts and fears without resorting to professional help') were merged with item 12 ('psychological problems, like many things, tend to work out by themselves' for the interview to create the question: 'What will be the outcome if you just passively ignore the disturbance that you need to encounter?'

For ‘psychological openness’, an original sample item in IASMHS was ‘there are certain problems which should not be discussed outside of one’s immediate family’ (item 1). This item was converted into an open-ended question in the interview: ‘Do you have any topics that you think cannot be discussed by the family? If you encountered an issue that you thought could not be discussed by the family, who is the person you would talk about that issue, and what reasons lead you to have this choice?’ The original item 9, ‘people should work out their own problems; getting professional help should be a last resort’, was converted to the following question: ‘When you encounter a disturbance, do you try to handle it by yourself first, or do you seek professional help directly? What reasons lead you to make this choice?’

Under the ‘help-seeking propensity’ domain, item 2, ‘I would have a very good idea of what to do and who to talk to if I decided to seek professional help for psychological problems’, was converted into the following question: ‘when you encounter a disturbance, what kinds of professions can help? How can you reach them? How much money and time are you willing to spend on this? Do you have any experience of this?’ This question incorporated item 10, ‘if I were to experience psychological problems, I could get professional help if I wanted to’, and item 13, ‘it would be relatively easy for me to find the time to see a professional for a psychological problem’. Item 8, ‘if I were experiencing a serious psychological problem at this point in my life, I would be confident that I could find relief in psychotherapy’ was converted into the following questions: ‘what is counselling in your mind? Will counselling play any role when you encounter disturbances, and what will be the effect?’ This question also incorporated item 15, ‘I would want to get professional help if I were worried or upset for a long period of time’, and item 19, ‘if I believed I were having a mental breakdown, my first inclination would be to get professional attention’.

Through this interview question, supplementary in-depth information about the

participants' attitudes towards counselling services was collected, such as their willingness to spend time/money, which could not be captured by the original IASMHS.

Item 22 under 'help-seeking propensity' ('I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family') was converted into the following question: 'What reasons might lead you to seek counselling help when you encounter a disturbance? Will you share all of your feelings and matters with the counsellor?'

Under 'indifference to stigma', item 3 ('I would not want my significant other (spouse, partner, etc.) to know if I were suffering from psychological problems') was converted into the following question: 'Apart from family, will you share your disturbance with your boyfriend/girlfriend? Why/why not?' This question also incorporated item 11, 'important people in my life would think less of me if they were to find out that I was experiencing psychological problems'.

Lastly, item 16, 'I would be uncomfortable seeking professional help for psychological problems because people in my social or business circles might find out about it', was converted into the following question: 'What's your overall impression and understanding of counselling, and how will others' view your counselling-help-seeking behaviour when you are in need?' This question also incorporated item 6, 'having been mentally ill carries with it a burden of shame'; item 17, 'having been diagnosed with a mental disorder is a blot on a person's life'; item 20, 'I would feel uneasy going to a professional because of what some people would think'; and item 23, 'had I received treatment for psychological problems, I would not feel that it ought to be 'covered up'.

Under 'indifference to stigma', item 16, 'I would be uncomfortable seeking professional help for psychological problems because people in my social or business circles might find out about it', was converted into the following question: 'What's your overall

impression and understanding of counselling? How would others view you if you sought a counsellor's help when you are in need?' Item 24, 'I would be embarrassed if my neighbour saw me going into the office of a professional who deals with psychological problems', was converted into the following question: 'Do any people around you have experience in seeking counsellors' help? What is your view of his or her way of handling the issue?'

Procedures

Participants who joined the qualitative part of the study were contacted by phone or email. Email contact was the preferred method to avoid disturbing the participants during class time.

All of the interviews were conducted privately in a silent classroom to protect the participants' privacy. Each participant received information sheets and a consent form. The participants were informed that the current study was unrelated to, and would not affect, their general education course. They were free to refuse to answer any questions during the interview or stop it at any time with no negative consequences. They were also informed that the interview would be digitally recorded.

The interviews began a warm-up question asking the participants whether they had experience of counselling help. If the participants responded 'yes', they were asked to briefly describe their experience. If the participant responded 'no', they were asked about how they handled daily life difficulties and why they did not consider seeking counselling help. After this opening question, the interviewer asked the prepared questions in a random order depending on the course of the discussion. The interviewer also made field notes for follow-up questions and/or as bookmarks for later data analysis. After all 12 questions had been covered, the interview ended.

For each recorded interview, all of the conversations between participant and interviewer were transcribed at an appropriate level of detail, and the transcripts were checked against the

digital audio records for accuracy. To become familiar with the transcribed data and develop a coding frame to examine and understand the data, the author of this study read and re-read the transcripts of interviews and noted initial ideas. Some initial codes related to the research questions and some inductive codes grounded in the contents of the data were then generated. Thematic analysis was carried out for the 13 interview transcripts.

Thematic analysis is one of the most flexible and foundational methods to handle qualitative data, and can help researchers to identify patterns from the qualitative data without pre-existing frameworks (Braun & Clarke, 2006). In this study, thematic analysis was especially useful because quantitative data (i.e., participants' responses to the pre-set questions in the questionnaire) cannot comprehensively reflect participants' exact interpretations of and feelings about counselling help. In thematic analysis, important information related to study research questions was captured and examined under different themes (Atieno, 2009; Braun & Clarke, 2006).

Phases of thematic analysis (Braun & Clarke, 2006) were applied to analyse the transcripts. According to Braun and Clarke (2006), thematic analysis involves six phases: familiarise oneself with the data, generate initial codes, search for themes, review the themes, define and name the themes and then produce the report. After the initial codes were applied to the entire dataset, relevant data were collated for each code to produce the thematic map. This study identified three main themes: (1) problems faced by university students, (2) personal and others' past experiences of seeking counselling help and (3) students' attitudes towards counselling help. Several sub-themes were also developed for further coding and data analysis. Under 'Problems faced by university students', two sub-themes were 'Approaches that university students use to deal with different problems' and 'Attribution as a factor affecting university students' approaches to dealing with problems'. Under the main theme of 'Personal and others' past experiences of seeking counselling help', the sub-theme

was ‘Effects of past experiences on university students’ decisions to seek counselling help’. Finally, under the main theme ‘Students’ attitudes towards counselling help’, the two sub-themes were ‘Myths and misunderstandings about counselling held by university students’ and ‘Factors affecting university students’ willingness to spend time and money seeking counselling help’. Table 2 outlines these main themes and sub-themes.

Table 2 *Themes and sub-themes in the study*

Themes	Sub-theme 1	Sub-theme 2
Problems university students face	Approaches that university students use to deal with different problems	Attribution styles and university students’ approaches to dealing with problems
Personal and others’ past experiences of seeking counselling help	Effects of past experiences on university students’ decisions to seek counselling help	
Students’ attitudes towards and perception of counselling services	Myths and misunderstandings about counselling held by university students	Factors affecting university students’ willingness to spend their time and money seeking counselling help

Inter-coder reliability is important because qualitative data needs to be accurately coded into different themes (McHugh, 2012). The interview transcripts were thus coded by both the study author and another postgraduate. The measure of agreement was 81% between the two coders. The acceptable level of agreement is 75% or above (Bajpai, Chaturvedi & Bajpai, 2015). All relevant extracts were collated.

To help report the findings, selected dialogues were translated from Chinese to English. The original meaning was not distorted, although some of the oral Cantonese had grammatical errors. For example, the original dialogue (in Cantonese) from a participant about his or her view of counselling is presented as follows.

‘我覺得佢地即係起碼會首先安撫咗你既情緒先囉, 同埋我覺得有個好處, 就係佢可以 follow 到你個 case, 去無時無刻即係可以間唔中觀察到

你既情緒, 即係會阻止你去做一啲自殺或者自虐既行為果啲咁, 同埋我諗佢地因為即係局外人既話, 可以更加俾到一啲理性啲既 **advice** 你囉, 所以即係…你同埋我覺得同人講完之後, 同一個唔識既人講完之後, 你會講得更加多呢, 唔駛理形象果啲呢, 跟住你會舒暢好多囉, 所以覺得…同埋同時佢又可以俾到 **advice** 你, 所以其實我覺得呢個係好事嚟既’

It was translated into English as follows.

I think counsellors can at least help clients to calm down. One advantage is that they can follow up with the case and observe clients' emotions from time to time, so suicidal or self-harm behaviour can be prevented. As counsellors are not related to clients, they can give neutral advice to clients, and clients can be reassured that their face will not be affected after the counselling. Clients can feel comfortable and obtain advice, so counselling is a good thing.

Chapter 4: Data Analysis and Results

Quantitative Study

Descriptive Statistics

Table 3 shows the means and standard deviations for all of the variables of attribution style and attitudes towards counselling help.

Table 3 *Means and Standard Deviations for the Variables*

	Overall		Female		Male	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Psychological Openness	15.93	4.27	16.22	4.03	15.33	4.71
Help-seeking Propensity	18.67	4.14	18.85	4.07	18.27	4.29
Indifference Stigma	18.53	4.31	18.97	4.16	17.57	4.49
Internality (positive events)	4.70	0.75	4.70	0.69	4.71	0.86
Internality (negative events)	4.62	0.72	4.61	0.66	4.66	0.84
Stability (positive events)	4.73	0.74	4.75	0.65	4.69	0.90
Stability (negative events)	4.20	0.71	4.22	0.69	4.17	0.75
Globality (positive events)	4.79	0.78	4.78	0.72	4.82	0.89
Globality (negative events)	4.38	0.83	4.36	0.77	4.43	0.94
Hopefulness	4.76	0.64	4.76	0.58	4.76	0.75
Hopelessness	4.29	0.64	4.29	0.61	4.30	0.69

Gender differences. T-tests were conducted to examine gender differences. The results showed that girls ($M=18.97$) had higher ‘indifference stigma’ in their attitudes towards seeking counselling help, $t(277)=2.55, p<.05$, than boys ($M=17.57$).

Major of study. To explore potential differences between those studying counselling related major subjects (such as psychology and social work) and non-counselling related major subjects, t-tests were conducted. As shown in Table 4, participants who majored in counselling-related disciplines had higher ‘psychological openness’ and ‘help-seeking propensity’ in their attitudes towards counselling help than those who major in

non-counselling related disciplines. In regard to attribution style, only ‘globality’ for positive events and ‘hopefulness’ were significant. Participants who majored in non-counselling related subjects had higher ratings for ‘globality’ for positive events and ‘hopefulness’ than those who majored in counselling-related subjects.

Table 4

Differences in Attitudes towards Counselling and Attribution Styles between Counselling-Related Major Students and Non-Counselling Related Major Students

	Group	Mean	Mean Difference	t	df
Psychological Openness	Counselling related	18.30	2.76	3.75***	272
	Non-counselling related	15.54			
Help-seeking Propensity	Counselling related	20.14	1.70	2.35*	272
	Non-counselling related	18.43			
‘Globality’ for positive events	Counselling related	4.56	-.27	-1.96*	272
	Non-counselling related	4.83			
Hopefulness	Counselling related	4.57	-.22	-1.95	272
	Non-counselling related	4.79			

* $p < .05$, ** $p < .01$, *** $p < .001$

Religious beliefs. Because the literature has shown that religious beliefs can affect a person’s attitudes towards counselling help and their attribution styles, t-tests were conducted to examine the potential differences between participants with religious beliefs and those without. As shown in Table 5, participants with religious beliefs had higher ‘psychological openness’ in their attitudes towards counselling help but had their attribution style had lower ratings for ‘Stability’ for positive events than participants without religious beliefs.

Table 5

Attribution Styles and Attitudes Towards Counselling: Differences between Participants With and Without Religious Beliefs

Factor	Group	Mean	Mean Difference	t	df
Psychological Openness	Have religious beliefs	17.21	1.63	2.66**	276
	No religious beliefs	15.58			
'Stability' for Positive events	Have religious beliefs	4.57	-.20	-1.92	276
	No religious beliefs	4.77			

* $p < .05$, ** $p < .01$, *** $p < .001$

Personal and significant others' experiences of counselling. Attribution styles and attitudes towards counselling help can be affected by our personal experiences and those of our significant others such as family members and friends. Therefore, it is meaningful to explore any potential differences between individuals with experience of counselling help versus those without. According to the data, participants who had experience with seeking counselling help had higher 'psychological openness' ($M=17.69$), $t(276)=3.04$, $p < .01$ in their attitudes towards seeking counselling help than those who did not ($M=15.60$). In terms of the effect of significant others, participants whose friends had experience with counselling help showed higher 'help-seeking propensity' ($M=19.39$), $t(274)=2.05$, $p < .05$ in their attitudes towards counselling help than those whose friends had not ($M=18.32$). Moreover, the data showed that participants with family members who had no experience with seeking counselling help had higher ratings on 'Stability' for negative events ($M=4.74$), $t(273)=1.94$, $p=.053$ in their attribution styles than those with family members who had sought counselling help ($M=4.71$).

Correlation

Correlations between the variables are reported in Table 6.

Table 6 *Correlations between Predictors and Criterion Variables*

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Psychological Openness	1														
2. Help-seeking Propensity	.07	1													
3. Indifference Stigma	.44 **	-.05	1												
4. Internality (positive events)	-.03	.09	.07	1											
5. Internality (negative events)	-.11	.02	-.06	.06	1										
6. Stability (positive events)	-.02	.09	.08	.51 **	-.16 **	1									
7. Stability (negative events)	-.02	-.03	-.14 *	-.15 *	.14 *	.02	1								
8. Globality (positive events)	-.04	-.06	.03	.32 **	-.01	.43 **	-.06	1							
9. Globality (negative events)	.04	-.13 *	-.11	-.10	.24 **	-.02	.37 **	.29 **	1						
10. Hopefulness	-.03	.02	.06	.49 **	-.10	.84 **	-.03	.85 **	.17 **	1					
11. Hopelessness	.02	-.10	-.15 *	-.15 *	.23 **	.00	.80 **	.16 **	.86 **	.10	1				
12. Major of Study	.22 **	.14 *	.01	-.06	.02	-.08	.03	-.12	.02	-.12	.03	1			
13. Religion	-.02	-.07	.08	.10	.01	.05	.05	.08	.04	.08	.06	-.03	1		
14. Personal Counsel	.18 **	.06	.05	-.06	-.02	-.01	.06	.01	.04	-.01	.06	.20 **	.07	1	
15. Family's Counsel	.05	.04	.01	-.01	.10	-.01	.12	-.03	.04	-.02	.09	-.04	.15 *	.18 **	1
16. Friends' Counselling Experience	.08	.12 *	.00	.03	-.01	.00	.05	.00	-.01	.00	.02	.03	.08	.21 **	.10 1

* $p < .05$, ** $p < .01$, *** $p < .001$ 

This study identified a relationship between participants' attitudes towards counselling help and their attribution styles. In particular, 'help-seeking propensity' was negatively correlated with 'Globality' for negative events ($r = -.13$). 'Indifference stigma' was negatively correlated with 'Stability' for negative events ($r = -.14$) and 'hopelessness' ($r = -.15$). Major of study was positively correlated with 'psychological openness' ($r = .22$) and 'help-seeking propensity' ($r = .14$). I predicted that personal and significant others' experience of counselling help could be related to participants' attitudes towards counselling help, and the study supports this. Personal experience of counselling help was positively correlated with 'psychological openness' ($r = .18$), and friends' experience of counselling help was positively correlated with 'help-seeking propensity' ($r = .12$).

'Psychological openness' was positively correlated with 'indifference stigma' ($r = .44$). Turning to attribution style, correlations between the three dimensions (i.e., 'Internality', 'Stability' and 'Globality') were also found. First, 'Internality' for positive events was positively correlated with 'Stability' for positive events ($r = .51$), 'Globality' for positive events ($r = .32$), and 'hopefulness' ($r = .49$), while it was negatively correlated with 'Stability' for negative events ($r = -.15$) and 'hopelessness' ($r = -.15$). Second, 'Internality' for negative events was positively correlated with 'Stability' for negative events ($r = .14$), 'Globality' for negative events ($r = .24$), and 'hopelessness' ($r = .23$), while it was negatively associated with 'Stability' for positive events ($r = -.16$). Third, 'Stability' for positive events was positively correlated with 'Globality' for positive events ($r = .43$) and 'hopefulness' ($r = .84$), and 'Stability' for negative events was positively correlated with 'Globality' for negative events ($r = .37$) and 'hopelessness' ($r = .80$). Lastly, 'Globality' for positive events was positively correlated with 'hopefulness' ($r = .85$) and 'hopelessness' ($r = .16$), and similarly, 'Globality' for negative events was positively correlated with 'hopefulness' ($r = .17$) and 'hopelessness' ($r = .86$).

Regression

To investigate whether attribution style predicts attitudes towards counselling help, a multiple regression analysis was used.

Attribution styles and psychological openness. A multiple regression using the Enter method was conducted to see if the three dimensions of attribution style ('Internality', 'Stability' and 'Globality' for both positive and negative events) predicted 'psychological openness'. As shown in Table 7, 'Internality' for negative events ($\beta = -.14, p < .05$) significantly predicted 'psychological openness'. To explore whether 'psychological openness' for females and males is predicted by different variables, multiple regression was conducted separately for the two genders. The results showed that 'Globality' for positive events ($\beta = -.18, p < .05$) was a significant predictor for 'psychological openness' among female participants but it was not a significant predictor for the male participants.

Table 7 *Multiple Regression Analysis for Psychological Openness (N=279)*

Variable	B	SE(B)	β
'Internality' for negative events	-.80	.38	-.14*
'Stability' for negative events	-.29	.40	-.05
'Globality' for negative events	.60	.37	.12
'Internality' for positive events	.05	.42	.01
'Stability' for positive events	-.05	.44	-.01
'Globality' for positive events	-.40	.40	-.07
$R^2=.024$			
	<u>Boys β</u>	<u>Girls β</u>	
'Internality' for negative events	-.16	-.12	
'Stability' for negative events	-.05	-.08	
'Globality' for negative events	.08	.15	
'Internality' for positive events	.03	-.02	
'Stability' for positive events	-.18	.12	
'Globality' for positive events	.08	-.18*	
	$R^2=.041$	$R^2=.043$	

* $p<.05$, ** $p<.01$, *** $p<.001$

Attribution styles and help-seeking propensity . In regard to 'help-seeking propensity', a multiple regression was also carried out to see if attribution style variables were significant predictors for female and male participants. The results showed that none of the attribution style variables were significant predictors for the female participants, whereas 'Internality' for positive events ($\beta = .29, p < .05$) significantly predicted 'help-seeking propensity' among the male participants (see Table 8).

Table 8 *Multiple Regression Analysis for Help-seeking Propensity (N=279)*

Variable	B	SE(B)	β
'Internality' for negative events	.32	.37	.06
'Stability' for negative events	.03	.39	.01
'Globality' for negative events	-.54	.36	-.11
'Internality' for positive events	.30	.40	.06
'Stability' for positive events	.58	.43	.10
'Globality' for positive events	-.45	.39	-.08
$R^2=.033$			
	<u>Boys β</u>	<u>Girls β</u>	
'Internality' for negative events	.19	-.01	
'Stability' for negative events	-.13	.07	
'Globality' for negative events	-.15	-.09	
'Internality' for positive events	.29*	-.08	
'Stability' for positive events	.06	.14	
'Globality' for positive events	-.05	-.09	
	$R^2=.18$	$R^2=.03$	

* $p<.05$, ** $p<.01$, *** $p<.001$

Attribution styles and indifference stigma. A multiple regression was performed to see if attribution style variables predicted 'indifference stigma' among females and males. As shown in Table 9, 'Stability' for positive events ($\beta = .23$, $p < .05$) and 'Stability' for negative events ($\beta = -.17$, $p < .05$) were significant predictors of 'indifference stigma' among female participants, but none of the attribution style variables were significant predictors for the male participants.

Table 9 Multiple Regression Analysis for Indifference Stigma (N=279)

Variable	B	SE(B)	β
'Internality' for negative events	-.13	.38	-.02
'Stability' for negative events	-.67	.41	-.11
'Globality' for negative events	-.33	.37	-.06
'Internality' for positive events	.05	.42	.01
'Stability' for positive events	.43	.45	.07
'Globality' for positive events	.03	.40	.01
$R^2=.030$			
	<u>Boys β</u>	<u>Girls β</u>	
'Internality' for negative events	-.17	.07	
'Stability' for negative events	-.06	-.17*	
'Globality' for negative events	-.45	-.01	
'Internality' for positive events	.01	-.02	
'Stability' for positive events	-.17	.23*	
'Globality' for positive events	.10	-.06	
	$R^2=.074$	$R^2=.063$	

* $p < .05$, ** $p < .01$, *** $p < .001$

Demographic variables and attitudes towards counselling. It would be interesting to see if any demographic variable(s) predicted 'psychological openness,' 'help-seeking propensity' and 'indifference stigma'. Results of multiple regressions showed that study major ($\beta = .30, p < .01$) and religious beliefs ($\beta = .21, p < .01$) were significant predictors of 'psychological openness' (as shown in Table 10). For the male participants, study major ($\beta = .44, p < .01$) and family income ($\beta = -.28, p < .05$) were significant predictors for 'psychological openness'. For the female participants, study major ($\beta = .22, p < .05$) and religious beliefs ($\beta = .24, p < .01$) were significant predictors of 'psychological openness'.

Table 10 *Multiple Regression Analysis for Psychological Openness (N=279)*

Variable	B	SE(B)	β
Age	.10	.19	.05
Gender	-.46	.60	-.05
Year of Study	.10	.35	.03
Major of Study	3.73	.86	.30***
Religious Beliefs	1.98	.65	.21**
Birth Order	.05	.39	.01
Family Income	-.29	.19	-.11
Dating/Relationship	.18	.61	.02
$R^2=.159$			
	<u>Boys β</u>	<u>Girls β</u>	
Age	.02	.05	
Year of Study	-.03	.07	
Major of Study	.44***	.22*	
Religious Beliefs	.20	.24**	
Birth Order	-.01	.03	
Family Income	-.28*	.04	
Dating/Relationship	-.07	.07	
	$R^2=.311$	$R^2=.134$	

* $p<.05$, ** $p<.01$, *** $p<.001$

As shown in Tables 11 and 12, none of the demographic variables significantly predicted ‘help-seeking propensity’ or ‘indifference stigma.’ These patterns applied to both male and female participants.

Table 11 *Multiple Regression Analysis for Help-seeking Propensity (N=279)*

Variable	B	SE(B)	β
Age	.14	.20	.07
Gender	-.02	.61	.00
Year of Study	-.07	.36	-.02
Major of Study	1.03	.88	.09
Religion	-.62	.66	-.07
Birth Order	-.66	.40	-.12
Family Income	.09	.19	.04
Dating/Relationship	.25	.62	.03
$R^2=.033$			
	<u>Boys β</u>	<u>Girls β</u>	
Age	.08	.06	
Year of Study	-.15	.06	
Major of Study	.07	.08	
Religion	-.08	-.08	
Birth Order	-.18	-.10	
Family Income	.01	.05	
Dating/Relationship	.17	-.05	
	$R^2=.073$	$R^2=.038$	

* $p<.05$, ** $p<.01$, *** $p<.001$ Table 12 *Multiple Regression Analysis for Indifference Stigma (N=279)*

Variable	B	SE(B)	β
Age	.22	.21	.11
Gender	-1.24	.65	-.14
Year of Study	-.37	.38	-.09
Major of Study	.13	.94	.01
Religion	.94	.70	.10
Birth Order	-.55	.42	-.10
Family Income	.14	.20	.05
Dating/Relationship	-.26	.66	-.03
$R^2=.046$			
	<u>Boys β</u>	<u>Girls β</u>	
Age	.16	.03	
Year of Study	-.08	-.07	
Major of Study	.05	-.01	
Religion	.14	.09	
Birth Order	-.04	-.11	
Family Income	-.03	.10	
Dating/Relationship	-.09	.01	
	$R^2=.055$	$R^2=.029$	

* $p<.05$, ** $p<.01$, *** $p<.001$

MANOVA

An initial MANOVA examined three factors that shape attitudes towards counselling help ('psychological openness', 'indifference stigma' and 'help-seeking propensity') as dependent variables (DVs) and three dimensions of attribution style ('Internality', 'Stability', and 'Globality') for positive events, gender, major of study and religious beliefs of participants as independent variables (IVs). The results of the MANOVA (shown in Table 13) revealed a significant multivariate effect for the three attitude variables in relation to the participants' major subject (counselling related versus non-counselling related: $p < .01$). Moreover, the interaction between participant gender and major subject was significant, $p < .05$, and the interaction between participant gender, subject major and religious beliefs was also significant, $p < .05$.

Table 13

MANOVA Results of Differences in Attitudes Towards Counselling and Attribution Style for Positive Events

Variable	Value	F	df	Partial Eta Squared
Internality	.990	0.82	3	.010
Stability	.982	1.44	3	.018
Globality	.987	1.07	3	.013
Gender	.977	1.88	3	.023
Major of Study	.927	6.13**	3	.073
Religion	.987	1.02	3	.013
Internality x Stability	.983	1.37	3	.017
Internality x Globality	.983	1.39	3	.017
Internality x Gender	.996	0.28	3	.004
Internality x Major of Study	.987	1.07	3	.013
Internality x Religion	.996	0.35	3	.004
Stability x Globality	.981	1.54	3	.019
Stability x Gender	.987	1.07	3	.013
Stability x Major or Study	.997	0.21	3	.003
Stability x Religion	.998	0.12	3	.002
Globality x Gender	.984	1.29	3	.016
Globality x Major of Study	.984	1.28	3	.016
Globality x Religion	.993	0.52	3	.007
Gender x Major of Study	.957	3.51*	3	.043
Gender x Religion	.984	1.30	3	.016
Major x Religion	.991	0.75	3	.009
Internality x Stability x Globality	1.000	0	0	-
Gender x Major of Study x Religio	.967	2.69*	3	.033

* $p < .05$, ** $p < .01$, *** $p < .001$

Univariate analyses of participant gender showed significant gender differences in responses in relation to ‘psychological openness’: females responded more positively than males. In addition, univariate analyses of major of study showed that ‘psychological openness’ had a significant effect on ‘help-seeking propensity’: participants majoring in counselling-related subjects responded more positively than those in other disciplines.

A separate MANOVA was carried out to examine the three dimensions of attribution style for negative events (gender, major of study, and religious beliefs of participants, as IVs), and the three factors behind attitudes towards counselling help (as DVs). The results (shown in Table 14) show a significant multivariate effect for the three attitude variables in relation to the participants’ major of study (counselling related versus non-counselling related: $p < .01$) and religious beliefs (religious beliefs versus no religious beliefs: $p < .05$).

Table 14

MANOVA Results of Differences in Attitudes Towards Counselling and Attribution Style for Negative Events

Variable	Value	F	df	Partial Eta Squared
Internality for negative events	.992	0.65	3	.01
Stability for negative events	.972	2.23	3	.03
Globality for negative events	.998	0.19	3	.00
Gender	.991	0.68	3	.01
Major of Study	.930	5.72**	3	.07
Religion	.956	3.51*	3	.04
Internality x Stability	.988	0.18	3	.00
Internality x Globality	.987	1.01	3	.01
Internality x Gender	.969	2.45	3	.03
Internality x Major of Study	.997	0.26	3	.00
Internality x Religion	.976	1.86	3	.02
Stability x Globality	.996	0.32	3	.00
Stability x Gender	.998	0.14	3	.00
Stability x Major or Study	.973	2.12	3	.03
Stability x Religion	.984	1.26	3	.02
Globality x Gender	.996	0.32	3	.00
Globality x Major of Study	.979	1.60	3	.02
Globality x Religion	.970	2.33	3	.03
Gender x Major of Study	.978	1.72	3	.02
Gender x Religion	.996	0.30	3	.00
Major x Religion	.988	0.92	3	.01
Internality x Stability x Globality	.986	1.11	3	.01
Gender x Major of Study x Religion	1	-	0	

* $p < .05$, ** $p < .01$, *** $p < .001$

Univariate analyses for the ‘Stability’ dimension of attribution style for negative events showed that it had a significant effect on participants’ responses to ‘indifference stigma’: participants with high ‘Stability’ for negative events in their attribution style responded more negatively than those with low ‘Stability’ for negative events in their attribution style. Moreover, univariate analyses showed that study major had an effect on ‘psychological openness’ and ‘help-seeking propensity’: participants who majored in counselling-related subjects responded more positively than those who majored in other disciplines. Furthermore, univariate analyses showed that religious beliefs had an effect on ‘psychological openness’

and ‘help-seeking propensity’: participants with religious beliefs responded more positively than those without religious beliefs in ‘psychological openness’, but less positively in ‘help-seeking propensity’.

Qualitative Study

As noted earlier, thematic analysis was applied in the qualitative part of the current study to identify patterns in the qualitative data collected from the interview. Thirteen semi-structured in-depth interviews were conducted and the transcription was carried out by an independent outsider who was not involved in other parts of the study. The transcription was validated by the author of the current study. Six phases of thematic analysis (Braun & Clarke, 2006) were then applied to analyse the interview transcripts. The phases were: familiarise oneself with the data, generate initial codes, search for themes, review the themes, define and name the themes and then produce the report. The interview transcripts were reviewed by the author and an independent outsider in the first phase, and the author and another independent outsider then carried out open coding of all of the transcripts. Some initial labels were generated to later construct themes such as difficulties/disturbances/problems, negative emotions, coping methods, counselling experiences, counselling effects, impression toward counselling experiences, attitude/perception/attribute and views of counselling. Those initial labels always have duplicated meanings and redundancies (Vogt, Vogt & Gardner, 2014). The author and independent outsider then together searched for themes for the study, focusing on attribution and attitudes toward counselling. To ensure the reliability of the work, the independent outsider had been involved in constructing themes for the study and engaged in discussion, and feedback was taken into account (Mohammed-Ibrahim, 2012). The inter-coder agreement was 81%, above the acceptable agreement level of 75% (Bajpai, Chaturvedi, & Bajpai, 2015).

To systematically analyse the participants’ responses during interview, three different

main themes with five sub-themes were used. The three main themes were ‘Problems faced by university students’, ‘Personal and others’ past experiences in seeking counselling help’ and ‘Students’ attitude and perception towards counselling services’. Under the theme ‘Problems faced by university students’, the sub-themes were ‘Ways and methods adopted by university students to deal with different problems’ and ‘Attribution as a factor affecting the ways and methods that university students use to deal with different problems’. These two sub-themes focused on how participants solve their problems and the attribution style that participants adopted in different problematic situations. Under the theme ‘Personal and others’ past experiences in seeking counselling help’, a sub-theme was ‘Effects of past experiences on university students’ decisions to seek counselling help’ and this focused on how past experiences affected participants’ future decision making in seeking counselling help. For the last main theme, ‘Students’ attitudes towards and perceptions of counselling services’, there were two sub-themes, ‘Myths and misunderstandings about counselling held by university students’ and ‘Factors that affect university students’ willingness to spend their time and money to seek counselling help’, and these aimed to explore the extent to which participants misunderstood counselling and why, and the role of time and money in the counselling process.

Problems University Students Face

The interviews with the 12 participants revealed four major problems that students face: peer relationships, intimate relationships, family issues and problems related to study and career path.

Peer relationships. Different kinds of peer relationships occurred in the university students’ lives, for instance between classmates and church members. Conflict with peers was a common problem for university students.

‘I have sought counselling help from the University’s Wellness and Counselling Centre before. I went because of a conflict between my brothers

and sisters in Christ in my church. (A1)'

'Conflict or arguments can occur between peers from time to time. I will first try to handle these conflicts myself rather than seek help from others or discuss with family members. (B2)'

'Some classmates made me feel very uncomfortable as they kept sending strange messages. I tell my friends when I encounter this kind of situation. (B13)'

A1 elaborated her views about relationship problems between peers.

'The conflict between my brothers and sisters in Christ in my church occurred in relation to large projects such as the annual report and annual plan for the church. Different people hold different values, and the conflict continued even after the project finished. (A1)'

University students commonly need to cooperate with their peers, for instance for group projects. As A1 mentioned, she needed to do projects with her church members.

Holding different values, university students easily get into conflicts with their peers during group projects. When conflicts do occur, they can have other consequences.

'I suffered from great anxiety and many negative emotions, even though nothing particular happened. I felt extremely sensitive it was due to the conflict between the brothers and sisters in Christ in my church... Eventually the anxiety increased to a point where I had a physical reaction. My hands kept shaking and I could not hold my mobile phone to type messages. My hands were sweating. (A1)'

In A1's experience, conflict between peers could create strong negative emotions. The negative emotions triggered physical reactions or psychosomatic symptoms such as hand shaking and sweating.

Intimate relationships. The university students commonly faced intimate relationship issues.

'When I broke up with my boyfriend, I just simply put the issue aside and recovered after a period of time. (B4)'

'I would normally talk with my friends when I encounter problems related to my study or intimate relationships, as my friends are of a similar age and can share

similar experiences. (B6)'

'There are things that I would never discuss with my family, for instance my relationship with my boyfriend or if I feel unhappy with the actions of a family member (B12)'

As these statements illustrate, both male and female university students had intimate relationship issues. However, it was interesting to find that university students were quite passive in dealing with relationship problems. For example, B12 did not discuss it with her family members, B4 just ignored the problem and put it aside and B6 shared the problem with his friends.

Family issues. University students commonly faced these issues, but the problems they encountered in this area were more diverse than the relationship issues. Relationship, financial and life and death issues often emerged. For instance, B12 noted her conflict with her sister.

'I had a great conflict with my sister, and we argue frequently. (B12)'

B7 noted her concerns about an exchange programme.

'I discuss family problems with my family members. When I need some money to join an exchange programme, I will discuss with my family see if this is an appropriate choice (B7)'

B6 also noted that he would inevitably have to face issues of life and death in his family.

'The death of a close relative would lead me to seek counselling help as it would seriously affect me. (B6)'

Study and career issues. Study and career paths were common concerns for the participants.

'I feel some stress from my study, but I never discuss it with my family because I don't want them to feel anxious. I discuss it with my friends instead. (B3)'

'As a man, when I am unsure about my study path, I only talk with others if I am really stuck (B8)'

'Assignment deadlines stress me out. (B9)'

'If I was unsure about my career path during my final year, and didn't think I could resolve it myself, then I would prefer to seek help from my tutors. (B2)'

Approaches University Students Use to Deal with Problems

The participants' approaches to problem solving were often quite similar. Although they often eschewed counselling help, participants had their own ways to solve their problems. Problem-solving approaches can be divided into two groups: active approaches, which involve doing something directly related to the problems, and passive approaches, which involve doing something irrelevant or procrastinating to avoid the problems.

Active approaches to problem solving and coping. The most popular method was seeking help from friends.

'I prefer to seek help from friends when I need to deal with a problem. Friends who share my problems will listen to me objectively. They won't get emotional and tend to be subtle and calm. Friends will share their experiences with me and help me to solve problems. (A1)'

'I will sit alone or chat with my friends when I have family or relationship problems. Instead of just advising me, they interact with me by listening and expressing feelings. (B12)'

In these cases, instead of a concrete solution, the students preferred meeting someone to listen to or even understand their situation. To them, advice was not necessarily the most important part of the helping process.

Participants also showed a pattern in their preferred sources of assistance. Friends were most preferred.

'Friends are the first target for help and then preachers, and if they cannot help, then I would seek help from a counsellor. (A1)'

'Normally I will try to solve the problems by myself first. If that fails, I will seek help from friends. (B6)'

'I will try to solve the problems by myself first, but if I cannot solve the problems, then I will seek help from family members or friends who know me

well. (B9)'

A1 identified the church as another source of help, and explained why.

'I will also seek help from preachers or pastors in church when I need to solve serious problems. Many preachers and pastors have counselling, social work or psychology training backgrounds and they can help me to reflect and identify the reasons for my problems. (A1)'

A1 realised that some preachers and pastors in her church had a relevant background to help her. This is a reasonable perception, as many seminaries offer counselling programmes for clergy: the Alliance Bible Seminary, Bethel Bible Seminary and Lutheran Theological Seminary are examples in Hong Kong. These seminaries offer counselling training to clergy from the certificate to postgraduate levels. The Bethel Bible Seminary offers a Postgraduate Certificate in Christian Counselling and Bachelor of Christian Counselling and Christian Education (BBS, 2017), the Alliance Bible Seminary offers a Master in Marital and Family Counselling (ABS, 2017) and the Lutheran Theological Seminary offers a Masters in Counselling and Spiritual Direction (LTS, 2017).

Participants also categorised different kind of problems according to whom they would approach for help.

'If I experience financial difficulties, I think I would seek help from family members. If I have intimate relationship problems, I would seek help from friends. If I have family problems, then I would seek help from my cousins. (B4)'

Self-help is another important source for participants to solve their problems. B10 noted that self-help could also be an active, positive approach to problem solving.

'I will let myself release my emotions in the problematic situation, as emotions are a barrier to problem solving. I will review and identify the problems systematically. I keep a notepad to jot down things in a problematic situation. (B10)'

Passive approaches to coping with problematic situations. Some participants used

passive approaches to their problems, mainly focused on avoiding or distracting themselves from their problems. Perhaps surprisingly, sleep was one such approach.

'I go to sleep when I have a problem, it is a kind of evasion as if I fall asleep I can delay it until I wake. (B6)'

'I just go sleep when I face difficulties. (B9)'

Sport provided similar relief.

'I can be quite nervous when I face problems and difficulties, so I first calm myself down by doing something else to distract myself, such as sport. After I calm myself down, I will gradually and rationally review the problem again to find a way out. (B3)'

'Although it is not helpful for solving a problem, I play sport to help release emotions. (B11)'

B10 had maintained that releasing emotions paved the way to solving the problem, so in a sense sport might help the participants to become ready to deal with their problems.

Another participant found solace in reading books or drawing pictures.

'When I face problems, I cannot concentrate. Therefore, I will keep myself busy such as reading books or drawing pictures to fill up the time to distract me from the problems. (A1)'

A1 chose to read books or draw pictures to temporarily forget her problems. Like B3 and B11, it was a way for her to prepare to tackle them later.

Doing nothing is an extremely passive way to cope with the problematic situation.

'If the problem was my own fault, I know something's wrong and I can still solve it, so no one can help and it is pointless to seek help. (A1)'

For A1, it was pointless to seek help if the problem was her fault, a rather more passive and pessimistic approach than reading books or drawing pictures.

B4 thought that seclusion enabled self-healing and relaxation.

'I will hide away from other people. It is a kind of self-healing, sometimes it is effective and it can make me relax. (B4)'

B7 showed a similar pattern to A1 and B4, stating that in a problematic situation,

searching for a solution was not their major concern. B7 chose to release emotions rather than search for solutions.

‘Normally people will try the best to find a solution when they face problems, but it is not the case for me. I will just cry, and although it does not solve the problem, at least I can release my strong emotions. (B7)’

It is surprising that few participants paid attention to their emotions when they encountered problems. Although some participants noted that they would try to release their emotions, such as sport activities, those strategies were indirect. B7 was the only participant who mentioned crying as a channel to release negative feelings. For participants, emotions were generally not a cause or focus, but rather a by-product of problems that they faced.

Attribution Styles and University Students’ Approaches to Dealing with Problems

Some participants noted that their moods were important in leading them to solve their problems. These participants thought that if they could change negative moods, then they could effectively solve their problems. Therefore, they attempted to calm themselves as the first step in tackling the problem. It is a kind of internal attribution (‘Internality’), as they believe that the key to solving problems lies in themselves.

‘When you need to deal with a problem, if you can keep calm and relaxed, then you have a clear rational mind to solve the problem. (B2)’

‘I will do try to do something to calm myself down such as doing exercise when I encounter problems, as problems make me feel tense. Once I have calmed myself down, I can rationally think about my situation again, and could the solution. (B3)’

‘A solution to a problem might appear after you calm yourself by sitting alone or finding ways to release the negative emotions... Having an irritable or agitated mood in a problematic situation blocks you from finding a solution. Calming down can create a clear mind to think about possible solutions. (B12)’

B3 took a dynamic approach using exercise, and B12 took a relatively static approach, sitting alone to calm down.

Many participants in the current study believed that they were able to solve their own

problems rather than rely on others.

‘I think that I can try to solve problems by myself. (A1)’

‘Although problems always happen in my life, most of these situations are not the worst and I should be able to deal with these problems myself. (B2)’

‘If you analyse most problems seriously, then the solution will appear in a very short period of time. Affirmation from others should be the only reason to seek help from others. (B3)’

‘Whether issues are resolved depends on one’s ability. (B4)’

‘Discussing a problem with family members or my girlfriend can lead me to think about the problematic situation systematically, but they can’t do anything more to help more than that. (B5)’

‘I would not consider help from a counsellor because I think that I should have ability to deal with my own problems, moreover, I think my problems are not serious enough for that kind of help. (B8)’

‘I think that I can deal with my own problems, or can at least try it out by myself first... If think about a problem and still can’t find a solution, I might go for a nap to refresh my mind, and a new solution might appear after I wake, and it is also an effective way to distract myself. It doesn’t help to just keep thinking about the problem. Although the problem might not be solved completely after wake, at least I can have a clear mind, and I might feel mentally better. (B9)’

‘I think that problem should be solved by oneself and this depends on one’s ability. (B10)’

‘As I am a social work student, I have some knowledge and concepts about counselling, so I will try to fix the problem by myself first. (B12)’

This is a kind of ‘internality’. B3 noted that the only function of seeking help from others is to receive affirmation from others. B5 shared a very similar view that aside from offering thoughts and views, nobody else could actually help in the problem. B3 and B5 displayed an internal attribution style. B9 thought that she could solve her own problems, and if not, she would try to have a nap to refresh her mind to think about new ways to tackle the problem. She might feel better and show no intention to seek others’ help. B12 was a social work student, and one might expect her to have a better understanding of counselling than other students. Surprisingly, however, she still expressed little motivation to seek counselling

help and thought that she could use her own knowledge to help herself. In general, many university students showed a similar internal attribution style and thought that they alone were the key to the solution.

Some participants provided further detail about problems that involved other parties, and sometimes in these cases their internal attribution style was different.

'If you have some conflict with your friends, then you might just put the conflict aside. After you ignore the conflict for a while, the conflict will reduce... I think that it is difficult to find help for peer relationship problems from a third party... If a conflict occurs between another person and you, the key to reconciliation is your own interpretation, not a third party's. (B2)'

'For intimate relationship problems such as breakups, one will feel upset, but this feeling reduces over time. (B5)'

B2 and B5 noted two different problematic situations that involved other people. They believed that they could solve the problems by themselves, but when they specifically mentioned relationship problems involving friends or girlfriends, their attribution style became more external and they emphasised their powerlessness. Like many other participants, B2 and B5 showed low or even no intention to seek help for problems, regardless of whether the problems were related to third parties.

Unlike B2 and B5, B12 saw herself as key to the solution.

'Passively ignoring a problem might not be an effective way to solve a problem, especially for conflict between people, if we just let the conflict situation continue but not try to settle it, the conflict will only continue and it might extend to other people. (B12)'

This study also sought to investigate participants' views on the effectiveness of ignoring a problem and hoping that it will solve by itself or by others (in other words, attempting to exclude oneself as a factor in solving problems).

'I do not think that ignoring a problem or emotional disturbance is an effective way to deal with an issue. (A1)'

'Problems always happen in our lives. You might have a solution to a problem, but the solution might not always be effective. However, if you

ignore the problem, the problem will continue exist or even get worse... If you ignore a problem, even if the original problem disappears, it can lead to another problem. (B2)'

'If problems are ignored, all of the problems will accumulate and eventually explode simultaneously. Many people commit suicide after many problems accumulate into a big problem. (B3)'

'Failing to deal with an issue will only make the situation worse. For example, if you feel stress from tests and examinations, just ignoring the issue will only create serious negative consequences. (B6)'

'It is pointless to passively ignore a problem. Problems should take a day to solve. If we passively ignore the problem, it will only delay it, but at some point we have to deal with it. (B8)'

'If ignore a problem, the problem won't disappear. The problem might even get worse over time if you leave it unattended, and its negative effects can increase. (B9)'

These participants believed that if one just passively ignored problems, they would only get worse. However, some participants felt that certain problems were influenced or solved by external factors.

'I think it is effective for me to put a problem aside and ignore the problem... I do think that many things in the world change over time, and if issues appear, they can disappear over time. If you plan to handle issues later, and they disappear, then you don't have to deal with it anymore (B7)'

'Some problems will disappear if you put them aside. (B13)'

This study assessed the situations that prompt university students to seek counselling help.

'If I had to admit that I was lost... meaning that I definitely could not solve the problem by myself, and I had no control over my own physical and emotional response, and symptoms such as hand tremors or extreme anxiety emerged, then I would consider counselling help. (A1)'

'I will try to address it by myself first, analysing the problem to see if it was due to me or external factors, but if the problem still could not be solved, then I will seek help from others (B5)'

'If a problem is partly solved, I will assess the situation and see if the remainder can be solved by my willpower or ability. If I could handle it, then I will not seek counselling help, but otherwise I might schedule an appointment with a counsellor, but this would be rare (B9)'

'I will seek help when I can't think of any solutions ... Counselling is only one of the factors in problem solving, as environment and other factors keep on changing. (B13)'

The above participants clearly expressed that they would not consider seeking counselling help at an early stage of a problem. Instead they would attempt to solve the problems themselves, and if they found that they could not do so, then they would consider seeking counselling help. Participants expressed strong internal attribution and felt that they had an important role in their own problematic situation. They would only seek help when they felt powerless or at a loss.

Personal and Others' Past Experiences of Seeking Counselling Help

The causes and effects of seeking counselling help. Although most participants rarely sought counselling help, one quarter of the participants had experience in the area, either on a voluntary or involuntary basis. To enhance counselling services, it is important to understand the subjective reasons why people seek counselling help and people's perceptions of the effects of counselling help.

'I have visited the Wellness and Counselling Centre at the University. A because conflict arose between I and my brothers and sisters in Christ in my church. I wanted to find someone to discuss it with, but I found it was not so suitable to share with my parents, as they would never understand my situation, or the people in my church. A preacher at church was a social worker and another had a psychology training background, so when they heard about my situation, they suggested that I seek help from the University's Wellness and Counselling Centre, as they could discuss issue with me objectively. I met the counsellor at the Centre five times. The meetings were good and effectively helped to solve the problem. (A1)'

A1 noted that she would normally seek help from preachers in her church when she was in need. However, if her problems were related to people in her church, it was not a suitable place to discuss those problems. Therefore, after obtaining advice from preachers, she chose to seek counselling help from outside her church.

'I have sought counselling help from the Student Development Services in the University. It was recommended by my practicum supervisor when I mentioned

my own family problems during a supervision session. (B12)'

Like A1, B12 was encouraged by others to seek counselling help when she encountered problems, and those individuals had usually received counselling-related training and have some knowledge of counselling services. A1 and B12 actively and voluntarily sought counselling help from the University.

One participant noted that she received counselling services even though she had not requested such services.

'I experienced counselling after I committed wrong-doing in the past. A social worker approached me about counselling, I did not initiate it. I was required to have meetings with the social workers and the counselling was good for me. Although the process was good, I felt that it was also quite strange as I was required to have meetings with the social worker frequently, every two or three weeks, so did not tell others about my experience (B7)'

B7 expressed a somewhat uneasy feeling towards the counselling service, although she recognised that it had been good for her.

Generally, participants with voluntary or involuntary counselling experience saw it as useful.

'The counselling process helped me to think and identify my blind spots. It made me aware that purely following others' advice might not be good as one could get confused if the advice did not match one's own view. (A1)'

'I found the experience helpful. The social worker always took a positive approach, so gave me positive energy. If I had thought about it alone, I might have started to feel worse... The overall effect of the counselling process was positive. (B7)'

'The counsellor I met was good and the process was not scary. The counselling process was effective and useful for me as it inspired me to identify different ways to think about the problematic situation. (B12)'

All of the participants shared a similar view of the effects of their counselling experiences: they felt that the counselling process could help them to explore ways to view their problematic situation that they would not be able to find by themselves.

If the counselling help was received on an involuntary basis, as in the case of B7, some

contradictory feelings and interpretations could arise during in the counselling process.

‘Although I knew that the counselling process was supposed to be beneficial, I still found it difficult. The centre was located in a remote area, and I was required to join different kind of activities and volunteer services. The social worker would visit my home occasionally. I felt uncomfortable about these things. Moreover, the social worker would ask me some formulated questions such as ‘how are you recently?’ The social worker met me frequently and asked me similar questions in every session, it was really annoying... I knew that social workers met many people with different problems, so it was nothing special to them. If I share my problems with my friends, I might be the only one having the problems, so they might provide better assistance. (B7)’

B7 clearly acknowledged the positive effects of the counselling help, even though it was not voluntary. At the same time, B7 complained that some questions were simply asked as a matter of routine. B7 was also dissatisfied with the location of the centre and the other activities that she was required to join.

A1 outlined her expectations of counselling.

‘Other than solving the problem I encountered at that moment, I also expected to explore the reasons that caused the problematic situation, such as things in my developmental process and behavioural patterns. This expectation was not met until the end of the counselling process... The counsellor who served me resigned and I had to wait. I found that many students in the University were waiting for counselling service offered by the Centre at that time and I did not have an urgent need to meet another counsellor again as my problem was resolved, so I did not re-apply to the counselling service. (A1)’

A1 made an important point about the continuity of counselling services. A1 was aware that she might have caused her problem. Although the problem was solved after the counselling help, she still wanted to identify the roots of the problem so that she could deal with them in the long term. The motivation to attend counselling was obviously reduced when the problem was solved, but the deeper benefits of counselling also ceased.

Reasons for not seeking counselling help. Participants in this category thought that they should be able to solve their own problems rather than seek professional counselling help.

'I have not experienced counselling help. I always thought that seeking counselling help meant one had committed wrong-doing, as that kind of professional help is offered by professional parties such as social workers. (B4)'

'I have no experience of counselling help as I have never faced an unsolvable situation... I would never consider help from the counselling service in the University as so many people on campus know me. (B6)'

'I have never sought counselling help. I feel that I should be able to solve my own problems and do not need such help. The problems I encounter are not serious enough for counselling help. Moreover, it is not so easy to seek counselling help. I prefer to seek immediate help from my friends or family when necessary, and this is easier than looking for counselling help. (B8)'

'I have never sought counselling help. I think that I should first try to solve my own problems by myself. (B9)'

'I have no experience with counselling help. When I encounter different problems in my life, I can solve the problems by myself, or surrounding people and resources are enough to help me to solve my problems. Although social workers were available at school, I found that they were quite distant and had little contact with students, so I had little engagement with them. (B10)'

'I have had no experience of counselling help. I do not think a counsellor could clearly understand my situation and it might not be possible for me to discuss all of the issues in a short counselling session. (B13)'

Except for B4 and B13, these participants thought that they could or should solve their problems by themselves first. B4, B6 and B13 noted concerns that kept them from seeking counselling help. B4 thought that professional help caused trouble and B13 doubted the process and the benefits of counselling. Both B4 and B13 expressed a vague or even rigid impression, probably underpinned by a limited understanding of professional counselling.

B4 and B13 stated that their negative perception of counselling services prevented them from seeking counselling help. B6, in contrast, expressed concern about the potentially negative views of others towards his need for counselling help.

Others' experiences in seeking counselling help. Participants could also indirectly obtain ideas about counselling from other's experiences.

'I have a friend who has sought help from a counsellor. My friend told me

that the counselling process was not very effective. (B2)'

'I have a neighbour who has sought help from a counsellor in the past. My mother recommended the service to the neighbour. If other options did not work, then it is normal to seek counselling help. The counselling help was beneficial for my neighbour, as they were able to analyse the problem from different perspectives. (B10)'

These two participants judged the effects of counselling in opposite ways. They show that the quality of counselling directly affects participants' impression of counselling, and this affects their motivation to seek counselling help when they are in need.

Effects of Stigma on University Students' Decisions to Seek Counselling Help

Participants generally held an impression that the general public would associate counselling with major problems or even psychological disorders. However, this is not the case in reality, as the aim of counselling is to help people to grow and change. However, many participants were unwilling to inform others when they used counselling services.

'When I need to seek counselling help, other people might be surprised and ask what's wrong with me. Therefore, if I seek counselling help, I would not let other people know about it. (A1)'

'I think that Hong Kong people generally feel that seeking counselling help is unusual and associated with very serious problems such as psychological disorders like schizophrenia. (B3)'

'I think that it would not be good to let others know when I seek counselling help, as people generally have a very negative interpretation of it. People would link counselling help with psychological disorders... If counselling was more positively viewed in our society, then more people would seek counselling help. I think that our society does not readily embrace counselling help, and won't in the near future either. (B6)'

'Other people would find it quite strange if they knew I needed counselling help. I have experienced counselling help but I never mentioned it to others. People associate counselling with psychological problems... I would not easily suggest counselling to others, and I would to help first for minor problems. If emotion disturbance occurred, then I would not hesitate to recommend counselling help. (B7)'

'If I need to seek counselling help in the future, other people would not judge me. They might think that something serious has happened and would try to care for me. (B8)'

‘Personally, I think that counselling is a valid way to solve problems, but many people think seeking counselling help is related to serious problems. (B10)’

A1 and B6 would not let others know when they sought counselling help. B7 felt that seeking counselling help was very strange, and she generally avoided mentioning it, and avoided others during periods when she received counselling. A1, B6 and B7 indicate that they would not totally refuse to seek counselling help when they are in need, but would prefer to keep it secret. This touches on the issues of ‘Help-seeking propensity’ and ‘Indifference to stigma’. It is worth exploring the reasons behind the participants’ approaches.

A1, B8 and B10 associated seeking counselling help with something being wrong, something serious happening or great suffering. These descriptions were all negative. B3 and B6 believed that the general public associated counselling help with psychological disorders such as schizophrenia or other psychological symptoms. B7 stated that she would not recommend counselling help to others except in cases of emotional disturbance. It seems, then, that university students share the public’s generally stigmatised view of counselling help.

‘If someone is willing to face and tackle their problems, they should be seen as brave. They are brave if they don’t worry about others’ perceptions and try to seek counselling help. (B5)’

‘I thought that counselling was for people with emotional problems or those who had mentally broken down. I think that it is shaped by a social stigma. (B9)’

B5 had a rather positive interpretation, referring to the brave actions of those who seek counselling help, but note that the action was ‘brave’ because of the discrimination that would probably follow. For B9, for someone to seek counselling, the problem had to be so severe that others’ interpretations were no longer significant.

Some participants noted a concern about protecting face in relation to counselling help.

‘I would never immediately seek others’ help when get stuck in a problem. It

is quite abnormal and one should not seek others' instant help when a problem appears. (B8)'

'People generally think that counselling is only for the fragile. (B9)'

'I consider the protection of 'face'. I think that we should consider family and protect the reputation of family before seeking counselling help. (B11)'

Some participants believed that a person's relationships with others affected how they considered counselling help.

'Relationships are an important factor in determining whether one seeks counselling help. Close relatives might show their care and concern about the situation, but classmates or casual friends might use a discriminating lens to interpret the situation. (B5)'

'If someone close to me needed to seek counselling help, then it would not feel strange because I know them and their circumstances well. In these cases, I would encourage the person to seek counselling help, as the issue might lead to a significant problem. However, if people who do not have a close relationship with me need to seek counselling help, I would probably find it more strange, and more likely to be related to personality problems. (B7)'

Different generations can have different interpretations of counselling and those who use the services.

'The older generation would consider people who need to seek counselling help to be crazy. Our generation might be a little bit more open-minded, but we are still worried about discrimination from others. (B4)'

'I found that like me, my friends had an open mind about counselling help. Therefore, I concluded that counselling is effective and helpful. (B10)'

University students might be more relatively more open-minded than older generations about counselling, but some participants worried about others' negative views or even discrimination when they needed counselling help.

For B9, seeking counselling could worsen one's condition. This perceived downside could be a major barrier to accessing counselling services.

'If someone suffered from negative emotions I suggested that they seek counselling help, he/she might feel even more bad as it confirmed that they had a problem. Negative emotions would get worse under such a situation.'

(B9)'

Students' Attitudes Towards and Perceptions of Counselling Services

Perceived availability and accessibility of counselling help offered by universities.

Participants generally had limited knowledge of the counselling services offered in their universities. Although some participants knew counselling services were available, they did not know the procedures involved or even the location of the relevant office. It seems that the universities' communication about counselling services is lacking.

'I know that the University offers counselling services to students, but I do not know where their office is located. (B2)'

'I know that a department within Student Development Services offers counselling help to students, but I have no idea about how to seek help from them. (B3)'

'I really do not know what counselling services are available in the University. (B6)'

'I have zero understanding of the counselling services offered by the University. I really do not know where their office is located. I am rarely made aware of these services, although they occasionally have promotional material in the student canteen. (B7)'

'I do not have any knowledge about counselling services in the University. (B11)'

'Actually I do not know where the office is located, it seems that it is the same office as for the Student Travel Scheme. (B12)'

'I do not have any knowledge about the counselling services offered by the University. (B13)'

Participants made interesting comparisons between counselling services provided by universities and secondary schools. Participants had a much clearer understanding of the counselling services offered by the latter.

'I do not know where the office of the Student Development Services is located. If I need counselling help, I would prefer to seek help from my previous secondary school as the social worker there was good for me. (B4)'

'As I am a first-year student, I do not have any knowledge about the counselling services in the University, but I know that my previous secondary school offered such services. (B8)'

Note that B4 would even prefer to seek help from her previous secondary school rather than her university.

Knowledge about external counselling help. Although the majority of participants had a limited understanding of the counselling services available, many participants mentioned different ways that they could seek help.

'The services of the Wellness and Counselling Centre of Office of Student Affairs are very convenient, I can leave my contact information through the online system, then the staff of the Centre call me back by phone, and I make an appointment. (A1)'

'I know that counselling services are also available at the Bethel Bible Seminary. (A1)'

'I know that students can receive walk-in help from the Student Development Services. (B5)'

'I know that there are many different kinds of counselling services offered by the University. For instance, there are encouraging words printed on notes in the office of Student Development Services. Some staff approach and encourage students in the library during the examination period. The university organises some training workshops for students to learn counselling knowledge and skills to help others, and we can also seek counselling help from the University directly. (B9)'

Participants' evaluation of counselling as a profession. Some participants showed a basic understanding of the ethical codes and concerns (for example, confidentiality) that professional counsellors need to follow. This understanding increased their willingness and motivation to seek counselling help.

'The major difference between a counsellor and an ordinary person is that the counsellor would not disclose the contents of the session to others. If I discuss it with other people such as friends or family, they might disclose to others, and I will meet them again after discussing my own matters, whereas I don't have to see the counsellor again. (B2)'

‘The counsellor has a professional image that I trust. Counsellors cannot disclose my issues to others. I don’t have to worry about my personal image in front of the counsellor as I have no relationship with the counsellor after the counselling process. (B3)’

The counselling profession views confidentiality and privacy as critically important. The code of ethics set by the American Counselling Association (ACA, 2014) and the Hong Kong Professional Counselling Association (HKPCA, 2011), have entire sections dedicated to confidentiality and privacy. These Associations state that confidentiality and privacy are essential elements to earn and build trust relationships with clients (ACA, 2014; HKPCA, 2011).

A1 noted another emphasis within the counselling profession, self-determination.

‘Counselling can lead me to reflect... I know that counsellors have some rules to follow, that they cannot provide solution directly, they can only guide you to find your own solution. (A1)’

‘Although counsellors will have subjective views, they can still maintain an objective approach and avoid giving advice or their own views during the counselling process. Other people are less likely to do this... Counsellors do not know you personally, so you don’t worry so much about expressing yourself. (A1)’

According to the Hong Kong Professional Counselling Association (HKPCA, 2011)’s code of ethics, counsellors should respect clients’ self-determination. A1 also expressed an understanding of counsellors’ efforts not to impose their own values in their practice, another element of the code of ethics set by American Counselling Association (ACA, 2014) and Hong Kong Professional Counselling Association (HKPCA, 2011).

In Hong Kong, most counselling services are offered by social workers in different non-government organisations, and some participants expressed confusion about the difference between social workers and counsellors.

‘I know that there are some differences between social workers and counsellors, but they are not clear to me. I think that social workers might deal with bigger issues such as family problems. (A1)’

'I am actually a bit confused about the difference between social workers and counsellors, but social workers might apply similar basic counselling knowledge to offer help to the needy. (B12)'

One of the participants, B3, had an unclear understanding of counselling and counselling help, but she still recognised the value of counselling as a profession:

'Counselling must be something professional and helpful, otherwise counsellors would not exist. (B3)'

This type of neutral or even slightly positive view towards counselling should be taken into account when promoting counselling to university students.

Perceived Factors Affecting the Willingness of University Students to Consider

Counselling Help

Severity of the issue. University students commonly associated counselling help with difficult, negative issues or even mental disorders.

'In some certain occasions, I feel that seeking help from counsellor is a good choice. For example, if you know that someone is suffering from mental disorder such as great stress or extremely unstable emotions due to examinations, then you should encourage them to seek help. (B2)'

'I think that I would not refuse to seek counselling help when I have severe needs, for example, when I suffer from emotional disturbances, the disturbances affected my normal daily life, and my friends or family could not help. I would try to wait and observe the situation, to see if I could handle the problem by myself before I seek counselling help. I would only seek help when I have observed for long time and confirmed that I could not handle the problem by myself. (B7)'

'I would consider counselling help if I seriously suffered from or I could not solve my problems. (B9)'

Other participants associated counselling with wrong-doing.

'Counselling is something distant for students, it only takes place when a student does something wrong, such as cheating in an examination. Counselling is very professional, and covers different issues than those mostly encountered by students. Students can seek help from peers who understand the situation rather than seeking help from a counsellor. In addition, counsellors are adults, they may not understand the situations that students encounter. I think that counsellors are more suitable for adults rather than

students. (B3)'

Accessibility and popularity of counselling services. Participants expressed concerns about the procedures involved in seeking counselling help. Complicated or difficult processes can discourage students from seeking help.

'I would only consider counselling help if the services are very easy for me to access. (B6)'

'I would only consider seeking counselling help if the counsellor focused on me, led me to think positively and the procedure to receive counselling help was not difficult. (B7)'

Societal views of counselling services also affected participants' motivation to seek help. People worried about the negative views of others, and associations with mental disorder or illness.

'As the number of people suffering from mental illnesses is low, it seems strange if someone needs to seek counselling help. If counselling services become more popular in future, then it would seem so strange to seek counselling help. (B6)'

The effect of age and generation gaps. B3 expressed a concern about the age difference between counsellors and university students. She believed that counsellors would be older than university students and would not understand university students because of the generational gap.

'I think I will only seek help from a counsellor when I finish my study and have my own career. After I finish my study, my friends won't have the time to discuss with me, and counsellors can better relate to me at that age. If a counsellor is aged around 30, they might not understand the views of students from the younger generation. (B3)'

B6 expressed a similar view. When friends or family members could not assist, he would consider counselling help as a way out.

'I would only consider seeking help from a counsellor when I encounter problems that my friends or family members could not help with. For instance, if a close family member passed away suddenly, then I might have some motivation to seek help from counsellors. (B6)'

Although B6 was not familiar with the counselling profession, he would be motivated to search for counselling help when he really needed it.

Participants' Views of the Effectiveness of Counselling Help

Participants had diverse views about the effectiveness of counselling help. Their views were reinforced by their own assumptions.

Counselling is effective and helpful. More than a third of participants thought that counselling is effective and helpful, especially when counsellors can help in specific areas.

'I think that counselling is effective. When I cannot help my friends, then I would encourage them to seek help from counsellors. (A1)'

'Counsellors can at least calm your emotions and counsellor can follow up the case to observe your feelings occasionally, thus preventing self-harm and suicidal behaviour. Counsellors are outsiders that can give independent, rational advice. Personal image is important, and counsellors are useful in this respect. (B3)'

'It is quite serious if a person needs to seek counselling help. The counselling process can be helpful and can foster hope, but the process involves much negative emotion. (B9)'

'A counsellor can help as he/she is an outsider who does not know me. They can teach me how to express myself and stabilise my own emotions effectively to improve my life. Counselling can also help me build up my self-confidence in dealing with problems. (B11)'

'Counselling can help people to re-constructing their lives and use different perspectives to thinking about the situation. (B12)'

Participants generally trusted counselling as a profession that could deal with emotion, especially negative emotions and emotional disturbances. B3 also noted that by dealing with negative emotions, self-harm behaviour could be avoided.

B11 and B12 noted that counsellors could assist with personal and life issues to improve

personal strength or rebuild someone's life.

Counselling is not helpful or could only bring short term positive effects. It is unsurprising that some participants thought that counselling was useless. Misunderstandings and myths underpinned many of the unfavourable judgements of counselling help.

'Counselling are professionals and counsellors are of a different age to university students. I do not think that counsellors could understand my situation and they could only give me some formulated responses, such as 'take more rest' and 'try to relax'. These kinds of responses can be provided by other people such as my friends, and my friends can also share their experiences or give me some advice that fits my age and situation... A counsellor is someone who listens to you and lets you release your emotion when you cannot discuss your problem with your friends. After the counsellor listens to you, they might give you some formulated responses, and I do not think it is helpful... I do think age can be an issue. When counsellors give advice that does fit you and you cannot not follow, then it is useless. (B6)'

'I feel that counselling might not be useful.... It is very hard for a total stranger to clearly understand me, and I might not understand myself clearly too, so I might not be able to let the counsellor know about myself even if we spent a lot of time in discussion. (B13)'

According to the code of ethics set by the Hong Kong Professional Counselling Association (HKPCA, 2011), counsellors should respect individual differences. There are also different counselling therapies and approaches to helping different clients and issues, so it is a myth that counsellors only use formulated responses to comfort their clients without considering their specific needs.

Some participants did not completely deny the effectiveness of counselling help, but claimed that it only had short-term beneficial effects.

'I think that counselling might not be effective and can only provide a relatively short-term benefit. Counselling only lasts for a short period of time, so counsellors cannot understand everything fully and clearly. However, emotion can be released for a short period of time during the counselling session. (B2)'

'Counselling happens in a room, the counsellor looks very nice and has a soft and tender voice. The counsellor might ask you some questions at the beginning and listen to you carefully, emotions come forth, and then the

counsellor would give you some advice, both short term and long term. The counselling treatment might not be so effective, and although the counsellor might follow up the case, they can only give you the same kind of comfortable feeling that you experience during the session. (B9)'

However, as noted earlier, there are different counselling therapies and approaches (such as cognitive counselling and behavioural counselling). Thus, in these cases, participants' limited understanding of counselling underpinned their hesitation to use the services.

Factors Shaping the Effectiveness of Counselling Help

One participant expressed a neutral view of the effectiveness of counselling help. She noted how the quality of the counsellor can determine its effectiveness.

'The effect of counselling relies on the quality of counsellor...I think that counselling can help and the effectiveness can be around 80%, but it is very expensive. If the quality of the counsellor is bad, then the effect is negative. (B12)'

Participants' negative impressions of counselling services. A lack of information and knowledge was a negative factor, and a barrier that prevented university students from seeking counselling help.

'I had bad feelings and I had no motivation to search for information about the counselling services in the University when I encountered some problems that needed others' instant help. (B6)'

'I think that it is quite difficult to seek counselling help, as I need to release things to the counsellor and I often need to rehash all my problems. The first issue is seeking information about the counselling service, the second issue is rehashing my problems and the final issue is that I do not think counsellors can remember my situation because they serve many different people... I do think the counselling services in the University need to increase their promotional activities. The counselling services might only be a very small part of the whole Student Development Services, so they do not have sufficient resources to do this, or to serve all of the students in the University. (B7)'

Other than inadequate information, participants also had negative impressions of the flexibility, format and cost of counselling help.

'I do not think that my needs for counselling would suit the appointment process. Emotions are not fixed. If I make an appointment for Friday, it does not mean that I will be ready to discuss my issues on Friday. If I need to

discuss my things at an inappropriate time, it is terrible for me. (B6)'

'I think that counselling is an old-school thing. Counsellors ask you to join different activities. The counsellors seem to talk in positive and formulated way with a clear understanding to your situation. Counselling is something good because the counsellor can focus on you, but it kind of a waste of time to join the suggested activities. (B7)'

'Counselling can be very expensive. (B11)'

B7's view would not reflect the reality for most counselling services, but services should ensure that the emphasis on self-determination is maintained. In terms of cost, although counselling charges can vary between different organisations, individual counselling services offered by universities in Hong Kong are generally free.

Myths and Misunderstandings About Counselling Held by University Students

Confusion about helping professions. Participating university students held some misunderstandings or even myths about counselling help, and these reduced their willingness to engage in these services.

'Hong Kong people associate counselling with problems in the mind. Counselling is only for people with psychological symptoms such as suffering Schizophrenia, so I think people may find it strange to learn that others are seeking counselling help. (B3)'

'Prescription and medication can be involved in the counselling process. Seeking counselling help is only for serious cases, it can be related to depression and anti-depressants can be used in the treatment. Although anti-depressants be used, the underlying problems will still be unresolved. (B4)'

The participants associated counselling with psychological disorders, serious problems and medical treatments. Many confused counsellors and psychiatrists. Psychiatrists are medical doctors (APA, 2017), they primarily focus on psychological disorders such as schizophrenia and pharmacotherapy is the first priority treatment (Angermeyer, Auwera, Carta & Schomerus, 2017). Counsellors, however, are not. B3 and B4's interpretations

negatively affected university students' motivation to seek counselling help. Participants tended to focus on the negative motives for counselling help, but neglected positive and constructive objectives of the counselling profession. Counsellors look to improve clients' personal growth and wellbeing (WKU, 2017). They do not only focus on solving problems, they also help clients to build their personal strengths and reach their potential (WKU, 2017; CEDARS-HKU, 2017). Counsellors do not only focus on the negative sides of life: they try to balance clients' positive internal assets and the problems in their lives. In this way, clients can strengthen their ability to deal with problems independently.

Social workers also offer counselling services for people in need. In this study, participants tended to believe that people would not seek counselling help unless they faced very serious issues.

'If I am encountering problems and need to seek help from a social worker or counsellor, I will first choose a counsellor.... Seeking help from social workers is only for major issues and problems. I always think that people who seek help from social workers are extremely poor or suddenly cannot survive, have a fierce quarrel in the family, or might be threatening to harm themselves or others. Therefore, I never think that I need help from social worker unless it is catastrophic issue. (A1)'

'Social workers should have relevant knowledge of helping the people suffering from emotional problems. The problems will be quite serious, so people who are seeking help should cooperate with social workers to see how and to what extent the social work can help. (B8)'

In these interpretations, social workers offer counselling help to those suffering from extremely bad or traumatic situations such as fierce family quarrels or severe, unresolvable issues. However, social workers' counselling services in Hong Kong are not limited to traumatic cases: they also offer counselling help via hotlines and medical social workers will counselling help to patients to provide psychosocial support (HKSWD, 2017). The above views are thus misinterpretations.

B5 looked to psychiatrists, social workers, and psychologists to deal with issues that counsellors could also deal with, suggesting a lack of awareness of the role of the counsellor.

'For the issues related to interpersonal relationship, I will seek help from social workers, as they can offer help for interpersonal relationships. For issues related to study, career or stress, I will seek help from a psychologist. If the stress is great and is leading to psychosomatic effects, then help from a psychiatrist might be needed. (B5)'

In reality, counsellors can provide help across a range of issues. For instance, they might have training in relationship counselling, in career and employment counselling, or in school counselling (HKSJU, 2012). Although B5's interpretation of B5 was not wrong in itself, it neglected the assistance that counsellors can provide.

Myths about counselling. Many participants felt that counselling was only for the very needy, and extreme cases.

'I do think that seeking counselling help is for extreme cases, it is a platform for you to talk and share. (B6)'

'I would only recommend a friend to have counselling when he/ she has an emotional problem, and the condition is turbulent, involving crying or feeling extremely unhappy without any reasons in ways that prevents normal life, or lead to loss of interest in life. As these situations cannot be handled by friends, counselling is appropriate. (B7)'

'I think I would only seek help from a counsellor when the problem affects the emotion, makes one extremely unhappy, cannot be controlled, and prevents normal life. (B8)'

'I think I would only seek counselling help when I am unable handle a problem, or the stress is so great that I need someone third person who is calm and have some knowledge to help me to review the problem. If I do not know how to deal with the problem, then I would prefer to find someone who is professional and calm to help me. (B10)'

How do we explain this consistently negative interpretation of counselling? It is worth examining the views of B9.

'I seldom hear about someone seeking counselling help in relation to something positive. It could be due to the mass media. For instance, The Samaritan Befrienders Hong Kong have some TV advertisements, the advertisement normally shows some negative situation, where a person does not have a way out, then counselling help will be needed. The word 'counselling' itself suggests something negative, because you need help from others and you are taught by others to find a way to deal with your own situation, meaning that you are not capable and are in a weak position. Overall, counselling is something negative. (B9)'

This is an important point that techniques used by the mass media and service providers can increase awareness about counselling services that are available, but also create a negative impression of the services at the same time.

Participants often associate counselling with negative events and emotions, but these are not the only reasons to pursue counselling help. Premarital counselling is a good example: it aims to strengthen two people's understanding of each other to ensure a better married life (HKYWCA, 2017).

Participants generally thought that counselling is an advice-giving process and that the advice might not be accepted, making it ineffective.

'Counselling is a channel for people to chat with someone and is just like a tree hole.... The ultimate goal is to solve the problem but counselling might not be helpful.... People can get some advice from counselling but the advice might not be adopted.... Counsellors might not give you a solution but will at least provide comments, they give you some suggestions, but if a person is stubborn, they cannot change that person in a short counselling appointment. (B2)'

'Counsellors mainly listen to you, it is just a way for you to release your emotions if you do not have someone to talk to. Counselling can be an outlet for talking and sharing.... a kind of leisure chatting. (B6)'

'Although counselling can provide advice, the advice will not necessarily be adopted. (B13)'

However, this should not be the case. Autonomy is a central ethical principle in counselling, clients should make their own decisions, and counsellors are prohibited from imposing attitudes, behaviours, beliefs and values on their clients (Corey, Corey & Callanan, 2003; ACA, 2014). In addition, different counselling therapies are available for different issues. For instance, as B12 noted, if the client is 'stubborn' or has some rigid thoughts, different cognitive therapies can be effective. Essentially, counsellors will work on clients' behaviour, emotion and thought with different approaches based on clients' needs (Corey, 2017).

B9 expressed another common understanding of counselling:

‘Counselling happens inside a room. The character and the voice of counsellor is very nice and gentle. The counsellor might ask you about your problem, and you give some responses. The whole process is emotional and the counsellor will listen to you with patience. They might give short-term advice or follow up your case over for the long-term. The effect of counselling might not be substantial as you only feel better when you spend time with the professional helper. This is my perception of counselling help. I might need to further explore the effects of counselling. (B9)’

However, different forms of counselling are available according to the client’s needs.

For instance, family counselling and group counselling (ACA, 2017) are available, and adventure-based counselling is an innovative way to combine outdoor and indoor activities (Fletcher & Hinkle, 2002).

Factors Affecting University Students’ Willingness to Spend Time and Money Seeking Counselling Help

The duration of the counselling process and the monetary cost involved were major concerns for university students. Participants were willing to pay only a limited amount for the counselling services and the had expectations for those services:

‘Monetary cost is an important factor that affects my decision to seek counselling help. After I graduated from the university, I would only seek counselling help as a last resort and I would only be willing to pay HKD500 for one counselling session that might last for 50 to 60 minutes. If I need to pay around HKD500 for a counselling session, I expect the whole counselling process to last for five to six sessions t. (A1)’

‘If I have monthly salary at HKD20,000 after graduating from university, then I can accept a total cost of one year of counselling treatment at around HKD70,000 to 80,000. As a university student, I have no income during my study, so if my parents are the major source of my financial support, then I would only be willing to pay HKD5,000 in total for one year of counselling treatment. (B5)’

‘As there were many free counselling services in the community, the price for the self-financed counselling services should not be too high. I expect that the cost for a self-financed counselling treatment process should be less than HKD1,000. (B7)’

‘There are many free counselling services, so I might not consider counselling services that charge fees unless they have well-known counsellors

or doctors who have a certain specialised area that matches my needs. If I need to pay for counselling services, I think I would pay between a few hundred dollars and HKD1,000 for one counselling session and no more than four to five sessions. (B8)'

'Monetary cost would not be a major concern if I need the counselling services and it would really help... If I really need to pay for the counselling services, I could pay up to HKD1,000 for one counselling session. I would only pay more than HKD1,000 for a leading person in the counselling profession. (B10)'

'I am willing to pay for counselling services but it would not be a great amount. It would be HKD300 to HKD400 for one counselling session and for at most two to three months. (B11)'

'I would pay at most HKD100 for one counselling session. (B12)'

'I would pay around HKD200 for one counselling session. If I need to pay for the counselling services, I expect that it should be very effective in a short period of time, otherwise I would not pay for it... I understand that counselling is often a long-term treatment, so if it charges a fee, I think that I might not seek counselling help. If I did pay for counselling services, I would take it more seriously and follow all of the suggestions made by the counsellor. (B13)'

All the above participants, except B5, stated that they were willing to pay between HKD100 and HKD1,000 for one counselling session. B5 would spend at most around one-third of his income to pay for counselling services if needed.

Participants also considered counsellors' reputations. B8 and B10 were willing to pay a higher fee for services if the counsellors were well-known or were leading figures in particular areas of the profession.

Some participants stated that they would not normally consider paying for counselling services.

'Normally I would not consider counselling help if I need to pay for it. If the counselling or social work services are free of charge, then I am willing to attend counselling sessions until my problem is solved. (B4)'

'I might not consider seeking counselling help if the services charged a fee, even if the counselling help might be effective. I would only consider counselling services that cost money if I faced encounter extreme conditions, for instance if no one else could help me, and in those cases I would be willing to pay around HKD200 to HKD300 for one counselling session only, that is

similar to the consultation fee of a medical specialist. (B6)'

'Normally I would not consider self-financed counselling services unless I had a serious condition such as serious depression or a life threatening situation. I would do some self-assessment before I seek help from self-financed counselling services. I would pay HKD100 to HKD200 for a one-hour session if I really needed self-financed counselling services, but I do not have any knowledge about the market price of the services... If I need to pay for self-financed counselling services, I am willing to pay for at most four counselling sessions for two months. The effect of counselling treatment would be assessed after two months. If the problem could not be solved after a further two months, then I think I would search for some other methods to deal with the problem. (B9)'

Willingness to pay for services depended on the effectiveness of the counselling help, the reputation of the counsellors and the severity of the disturbances. Some participants indicated that their motivation to seek counselling help would be higher if the service was free.

'If the counselling services are free of charge, then I might seek counselling help at an earlier time. I would seek help for my own non-serious developmental or behavioural issues if the services are free. (A1)'

'If the counselling services were offered at a place near to my home and were free of charge, then I would be more likely to seek counselling help. (B6)'

As noted earlier, duration was a concern for participants, but they were more flexible about it.

'I think that time is not a great concern if I need to seek counselling help. The counselling process should focus on problem solving rather than time. I think that one year should be long enough for the counsellor to help me to solve a problem. (B5)'

'If counselling had a positive effect on me, then I would not mind spending time on it. Although I would not mind spending time on counselling, I would prefer counselling with flexible rather than fixed-time appointments. If the counselling sessions were run in an ad-hoc or walk-in form, I am willing to spend even two to three hours waiting for the counselling services. If I found that the first counselling session had a positive effect on me, then I could spend time waiting for the counselling services, otherwise, if the counselling session was useless for me, then I would not go for another session. (B6)'

'The effectiveness of the counselling would determine the total amount of time that I would be willing to spend on it. (B7)'

For B5, B6 and B7, the amount of time spent on counselling help would depend on the effectiveness of the process. Other participants did set time limits for counselling help, from one month to no more than one year.

'I think I could spend six months to one year to deal with my own developmental issues with a counsellor. It might take me three to six months after the problem arose for me to seek counselling help (A1)'

'I expect that the whole counselling treatment would take around one month to solve the problem. (B4)'

'If I needed counselling help, I think that the whole counselling process would last for at most two to three months. I could not imagine any problems that would bother someone for longer than six months or even a year. After three months the effectiveness of the counselling treatment should be assessed. (B8)'

'If I suffered from a great trauma, I would be willing to spend more than one month having counselling treatment. If the counselling treatment was effective, then I could spend a further six months. If the problem could not be solved in six months, then I might search for more effective ways to deal with the problem. (B10)'

'The amount of time to have counselling treatment should be around six months and no more than one year, it would be very difficult and would seem endless if it lasted for a long period of time... I would only consider seeking counselling help if the problem bothers me for more than six months. (B12)'

'I think I would be willing to have two sessions per month for up to one year. (B13)'

For B8 and B10 the duration depended on their ongoing assessment of the effectiveness of the counselling treatment. For A1 and B12 the time they needed to decide whether to seek counselling help could range from three to six months, and if they sought counselling, they wanted it to last for less than one year. They had a high threshold for suffering before they would seek counselling, and if they sought help, they wanted it to be completed quickly.

Integrated Analysis of Quantitative and Qualitative Results

Counselling-related major and psychological openness / help-seeking propensity.

T-tests were conducted in the quantitative study. Participants studying counselling-related majors had a higher ‘psychological openness’ and ‘help-seeking propensity’ in their attitudes towards counselling help. In the qualitative group, B12 was one of four participants who had experience in seeking counselling help, and she was the only participant studying a counselling-related major, social work. She mentioned that she had sought counselling help from the Student Development Services in the university, and this had been suggested by her practicum supervisor after she discussed her family problems during a supervision session. ‘Psychological openness’ refers to the acceptance level of an individual who becomes aware and agrees that they suffer from a psychological disturbance, and ‘help-seeking propensity’ refers to the motivation and ability to seek mental health care services. B12 had a high level of psychological openness and help-seeking propensity, particularly as she readily accepted the advice of her supervisor. Based on her experience with a good counsellor, B12 stated that the counselling process was not scary, and was thus effective and useful. B12’s attribution style was thus quite specific. In another words, it was low in ‘Globality’ for positive events. According to the regression result in the quantitative part of current study, ‘Globality’ for positive events negatively predicted ‘Psychological Openness’ among female participants. B12 illustrated this pattern, as she was low in ‘Globality’ for positive events and high in ‘Psychological Openness’.

Religious beliefs and psychological openness. T-tests conducted in the quantitative study found that participants who had religious beliefs had a higher ‘psychological openness’ towards counselling help. In the qualitative group, A1 was one of four participants who had experience in seeking counselling help, and she was a Christian. She mentioned that she intended to seek help from preachers or pastors in church who had counselling, social work or psychology training, and she also approached the university’s wellness and counselling centre for help when she faced problems related to conflict between members of her church.

A1 was readily aware that the problem was affecting her and was ready to seek help from different counselling related professions. B6 and B9 did not have religious beliefs, and they never mentioned or considered ‘counselling’ or ‘counsellors’, reflecting the pattern in the quantitative results.

Stability for negative events and indifferent stigma. Univariate MANOVA analysis found that participants who had higher ‘Stability’ for negative events in their attribution style responded more negatively to ‘indifference stigma’ than those with lower ‘Stability’ for negative events. A1, B6 and B9 reflected this pattern.

A1 mentioned that when people held different values and worked for big project together, conflict would always happen and could continue after the project ended. This is a stable view of conflicts in cooperative relationships. A1 also expressed a high level of negative indifference stigma. She mentioned that she would not let other people know when she went for counselling services.

B6 showed a similar pattern in regard to the stability of negative events. He noted that the death of close relatives would cause a serious disturbance to him, that he would never consider counselling help, and that people associated counselling help with psychological disorders. B6 showed a high level of negative indifference stigma. He would never consider counselling help and expressed a negative view of the profession. B6’s case matched the quantitative findings.

B9 mentioned a negative stable pattern in his study life. An assignment deadline could cause stress that would bother him for a period of time. He also showed a high level of negative indifference stigma, believing others’ thoughts that counselling was only for the fragile.

Chapter 5: Discussion and Conclusions

What is the relationship between university students' attribution styles and their attitudes towards counselling help?

Attribution effectively helps to fill the gap between attitude and behaviour (Juvan & Dolnicar, 2014). Attitude is defined as a form of evaluation that someone holds for a relatively long period of time towards people and things that directs human behaviour (Vogel & Wänke, 2016). Regardless of whether they had or had not received counselling, more than one-third of participants in the qualitative group recognised the existence or even the effectiveness of counselling help. In addition, in the quantitative study, participants with religious beliefs had sought counselling help and showed a higher 'psychological openness' in seeking such help. Surprisingly, most of the participants would not seek counselling help until the last moment in the worst possible situations.

The participants' attitude did not match their behaviours, and attribution styles could help to explain this phenomenon. Most of the participants in the qualitative group believed that they should be able to solve their problems, showing that they tended to have a high internality towards the problems they faced. Moreover, most of the participants thought that they would find solutions when they calmed themselves down, and many participants noted sleep as a way to calm down. This is a stable and global pattern to solve different kinds of problems. When the problematic situation involved other people, such as conflict with others, participants' attribution turned to high externality and thought that they had no control. In that case they would not seek help and left the problems unattended. This is also a kind of external, stable and specific attribution. The qualitative data showed that in different situations participants still would not choose counselling as a way to solving their problems, regardless of whether their attribution styles were internal-stable-global or

external-stable-specific. One of the potential reasons for this was that participants seldom considered counselling help as a choice because they did not think they had contributed to, or were the cause of, the problems. As a result, they felt that active behavioural changes might not be needed to obtain a solution (Juvan & Dolnicar, 2014).

In the qualitative group, participants believed that they could solve problems when they arose, but were not aware that they might be a cause of the problem themselves. Therefore, other than introducing or promoting counselling services to students in the university context, increasing the self-awareness of university students could be very important, as it could enable the students to obtain a clearer understanding of themselves and their situations. Moreover, students could gain awareness of the limitations of their abilities to solve problems, and this would result in more timely and effective help-seeking behaviour before problems become worse

General education (GE) would be a good platform for universities to increase students self-awareness and use a relatively soft way to introduce counselling knowledge. Universities could apply counselling concepts or therapies in GE courses for students. Students will be the focus of the learning process, and the learning outcomes could involve applying counselling knowledge gained in the GE courses to find out more about oneself in the teaching and learning process. The advantage of the GE course approach is that the credits could be an incentive. Students would be encouraged to undertake more in-depth and high-quality self-reflection in the GE courses to obtain a better grade. Students could learn more about themselves from the GE courses, and also earn credits or a good grade if the courses are credit-bearing. This would be an effective way to increase students' knowledge about counselling. It could enhance their psychological health and reduce aversion to counselling services. When university students know more about counselling and their own abilities and

limitations, previously high internality could be softened, and they might be more likely to consider counselling help.

The qualitative study also found that if problems involved other people, then participants felt they had no control and just passively left the problems unattended. Universities' counselling services could pay more attention to this point and tailor some counselling services. The participants identified four common problem areas, peer relationships, intimate relationships, family issues, and career issues. Three of these are related to other people. University counselling services could design specialised services with specific themes for students, such as relationship counselling for partners who can join the counselling sessions together, and peer relationship counselling for students who encounter conflicts in group projects. Such specific themes could broaden students' understandings of counselling, and challenge the myth that counselling is only for people with psychological disorders and mental illnesses. It is for anyone encountering situations during their lives.

Many students use passive approaches to solve problems, for instance calming down via sleeping, and university counselling services could try to use counselling approaches that match these students' styles, for instance through Mindfulness-Based Stress Reduction (MBSR). These techniques show students that they can turn their passive approaches to problems into active ones. Students can calm themselves down by focusing their own lives and experiences in a non-judgmental sense (UMMC, 2017). Explaining the different possible approaches to counselling also broadens students' understandings and reduces their aversion to counselling services.

What are university students' perceptions of counselling and personal difficulties?

Participants in the interview sessions expressed two negative perceptions of counselling help. First, some participants thought that counselling is for people with

psychological disorders or those who had committed wrong-doing. The participants confused those in helping professions, such as social workers and psychologists. If this is the case for well-educated students, it is not surprising that the general public shares their confusion. When people in society generate a social perception and affect social behaviours (Dijksterhuis & Bargh, 2001) toward counselling services, this naturally also affects university students. In Hong Kong, the practicing policies and separations between the helping professions, including counselling, are not clear, and this contributes to the confusion. In Hong Kong, the social work profession is the leading provider of counselling services to the public in Hong Kong, and it has a relatively clear registration system and regulatory framework. There are no official registration frameworks for psychologists and counsellors in Hong Kong. In addition, as social workers are the main providers of counselling services to the public, people associate other services provided by social workers, such as financial aid for the very needy, with counselling. This might lead people to associate social workers' counselling help with extreme problems or traumatic situations. Clear policies, registration systems, and specialised practicing settings for different mental health professions are key ways to encourage people to embrace counselling services in Hong Kong.

Many participants also expressed a belief that counselling is for people who commit wrong-doing and is a form of compulsory treatment. For some participants, counselling took place on a compulsory basis after wrong-doing at school. One of the participants had experienced this situation. It is thus understandable that people associate counselling with wrong-doing and crime. The format of help could be changed: it could be made voluntary, and incentives such as a reduction in punishment could be offered to wrong-doers who agree to counselling sessions. In this way, counselling can be re-cast as a form of help rather than control.

Chinese people always have been hesitant to seek counselling help because help-seeking behaviours are associated with losing face (Leung, 2017). Chinese people also experience shame when they suffer from emotional disturbances (Han & Chen, 2015). The participants in this study expressed similar views. Their low motivation to seek counselling help matched many other studies (Carr et al., 2003; Killinc & Granello, 2003; Mori, 2000; Zhang & Dixon, 2003). Participants thought that people who encountered difficulties and needed counselling help were fragile. They also need to protect their family's face. Counselling was also seen as a confirmation of 'great trouble'.

To improve students' views of counselling, the functions, aims, and targets of counselling should be clearly introduced to students in the university setting. If students or the general public think that counselling is only for people who suffer from psychological disorder or great problems, it becomes a vicious spiral, because counselling services are then only really used by those with psychological disorders or great problems.

Universities also offer mental health first aid courses (CityU, 2017a) and mental health care projects (EdUHK, 2014) for students. Applying learned knowledge to help others should enable students to enrich their views about counselling and problems that people face in a practical way. If training led students to better understand counselling at a theoretical level, students could build their acceptance of counselling in a practical way. Universities could consider arranging voluntary services for students after they finish the training programme in the university or community setting. By encouraging university students to build a comprehensive understanding of counselling, students' use of counselling services should increase.

How do university students' perceptions of counselling affect their help-seeking behaviour?

Participants in the qualitative group generally perceived counselling as ‘something bad’. One even felt that the word ‘counselling’ itself is negative. Therefore, most of the participants would not consider counselling unless the problems they faced were very serious or out of their control.

Mass media portrayals could be important in this regard. One of the participants mentioned a 1990s television advertisement for the telephone counselling hotline service by The Samaritan Befrienders Hong Kong. Its message was ‘while one may be at one’s wits end, it need not be the end of life’ (SBHK, 2000). This had a strong impression on the participant. Even decades later, its message is still common in Hong Kong.

To remedy this situation, counselling service providers could publicise their services by focusing on the services offered rather than the reason for help. Counselling can also assist in positive events. Premarital counselling, for instance, can enhance a couple’s relationship before they get married. By promoting a more comprehensive view, and positive instances, aversion to counselling will reduce.

Participants also maintained that counselling only provided formulated or official responses, and that this contributed to their low motivation to seek counselling help. This perception is driven by a lack of understanding. Education and information are remedies. At the City University of Hong Kong and The Education University of Hong Kong, no GE courses have the word ‘counselling’ in the course title, even though counselling knowledge about emotional, spiritual and physical health is introduced in the courses. For instance, The Education University of Hong Kong course offers a holistic approach with cognitive therapy (EdUHK, 2017b). The City University of Hong Kong course on interpersonal skills and positive personal development covers empathetic listening (CityU, 2017c). These courses and

elements are counselling-related, and if the word ‘counselling’ were used it would enable students to better relate to the counselling profession.

Participants also made comparisons between counselling services at university and social workers at secondary schools. Students saw the counselling services at universities as more distant than social workers in secondary schools. Many students preferred to seek help from secondary school social workers even after they had started university. A caring and supportive environment is important to ensure that students embrace their new life at university rather than look back to secondary school (Leung, 2017). University counselling services should actively reach out students on campus. Services should promote their services during orientation day or introduce and update their services in class at semester commencement. Closer engagement between university counselling services and educators is required, and a positive, supportive university campus is crucial to enable university students to feel comfortable.

What factors affect university students’ help-seeking behaviour?

Many factors affect attitudes towards counselling. Prior knowledge of counselling, can in turn affect help-seeking behaviour. In the quantitative part of this study, it was interesting to find that demographic variables (e.g., major of study, religious belief, and family income) were significant predictors for ‘psychological openness’. In particular, participants who majored in counselling-related disciplines showed higher ‘psychological openness’ than those studying non-counselling-related majors. This could be due to their familiarity with counselling. With repeated exposure to counselling-related training and learning, participants increase their knowledge of and openness towards counselling, and this affects their willingness to seek counselling help. Religious beliefs also significantly predicted ‘psychological openness’. Because some religious institutions (e.g., Alliance Bible Seminary;

Bethel Bible Seminary) offer counselling services and even counselling training, individuals with religious beliefs were more familiar with counselling, or at least less averse to it. Individuals who often go to church might even receive counselling from their churches and these experiences could increase their openness to counselling help. Demographic variables were quite important in predicting males' 'psychological openness'. In the quantitative study, 31.1% of 'psychological openness' could be explained by the demographic differences between the male participants.

For males, family income was another significant predictor for 'psychological openness'. The regression coefficient for family income was negative (-.28). Males with higher family incomes were less open to counselling services. This pattern could be related to family reputation. Males with high family incomes probably belonged to upper classes and they might associate help-seeking behaviours with shame and loss of face (Leung, 2017).

As 'psychological openness' is predicted by demographic variables, it would be worth examining the background characteristics of participants, such as their ethnicities, more closely. This study only recruited Chinese participants, and shared culture can shape attitudes. To explore the potential influence of culture on individuals' attitudes towards counselling, I suggest that future studies recruit participants with different cultural backgrounds (e.g., European, Korean, and South Asian) for comparison.

Participants in the qualitative group were commonly concerned about the monetary costs involved in counselling services. Many believed that it was rather expensive, but in fact university counselling services are free of charge. There are also many free or low-cost services provided by non-governmental organisations (NGOs) and different universities. Counselling practicum students at the City University of Hong Kong and The Education University of Hong Kong provide free counselling services to the general public (CityU,

2017b; EdUHK, 2017a). The Mental Health Association of Hong Kong also provides low-cost counselling services to the general public for between HKD 100 to 250 per session (MHAHK, 2017). It is clear, then, that promotion of these services is inadequate. These free or low-cost services should cooperate with different organisations in society such as schools and the housing department that could promote counselling services and make referrals.

Some participants stated that the appointment-making process is a potential block to using counselling services. They pointed to a lack of flexibility in appointment times, and the fact that university counselling services are only available during office hours. In the era of high-technology, university counselling services should consider online counselling via mobile phone apps or computer software, which could effectively tackle the time and access constraints. If the running cost of 24-hour services is a concern, counselling practicum students could provide such services as part of their training.

The quantitative study showed that participants who studied counselling-related majors had higher psychological openness and help-seeking propensity towards counselling, but there was a discrepancy in the qualitative group. One social work student mentioned that she would not actively consider seeking counselling help because she already had some counselling knowledge from her training, so she would try to help herself first. This case matches findings that social work students rarely consider counsellors as first-choice options for assistance (Rudowicz & Au, 2001). If students with counselling training do not accept counselling as an option for help, why would other students or the general public accept counselling? Counsellors with experience in receiving counselling themselves will have a deeper and broader knowledge, so this should be encouraged (HKSJU, 2012a).

Comparisons with recent similar research in the Hong Kong context

When comparing these findings with those of similar study carried out on Hong Kong Chinese university students in 2016 (Busiol, 2016), two major differences emerge. Busiol (2016) found that Hong Kong university students believed that counsellors had no experience and might be very young. Conversely, in the current study, one participant stated that counsellors would be older and would not understand students, and that she would only consider counselling help after she graduated.

Busiol (2016) also found that Hong Kong university students would not share their problems with their friends because their friends might not care about their problems or even be bored by them, and that moreover, their friends might just scold or make fun of them. My findings were very different. Eight of the 13 participants in the qualitative group preferred to seek help from friends rather than go to counsellors, because their friends were of a similar age and would listen to them, and had also faced similar experiences related to intimate relationships and study problems.

Further findings and suggestions for future study

The multiple regression showed that that major of study and family income predict males' psychological openness. As hypothesised, students who studied counselling-related majors had more exposure to counselling knowledge, so their understanding of the counselling profession was better and this meant that they had relatively positive attitudes towards counselling help. More surprisingly, the higher the family income, the lower the psychological openness to counselling help. In Chinese culture, money and income are symbols of success (Tang, 1993) and only success can boost the families' status and reputation (Bond, 1996), so a high-income family would have a higher incentive to protect their successful status. In addition, traditional Chinese culture values male offspring as

representatives and part of a clan community (Arnold & Liu, 1986), so when a male admits that he is suffering from a psychological disturbance, both his reputation and that of his family are affected. Due to the limited number of male participants, there was insufficient qualitative data to support the quantitative findings in this study. Future studies should investigate how family and gender roles affect individuals' attitudes towards counselling help.

Some participants in the qualitative group had been encouraged to seek counselling help by people with counselling-related training or knowledge. They generally accepted this advice and found their experiences useful. These students could be a focus for further study. Such a study could help us to explore effective ways to promote counselling services to the general population. The quantitative part of this study found that major of study influences on psychological openness to seeking counselling help, but only one participant had studied a counselling-related major, so a future study of counselling-related major students could be very useful.

This study considered religious beliefs in general rather than specific types, so future studies could examine the influence of various religious beliefs on attitudes towards counselling.

Limitations

This study has some limitations. The data were obtained from two universities in Hong Kong. Only one participant in the qualitative group was at University A and 12 participants were from University B. Future studies should explore more students across different universities to gain a more comprehensive picture.

Local Hong Kong students were the focus in this study. Future studies should consider non-local students because the number of non-local and exchange students in Hong

Kong is increasing. There were 14510, 15152, 15727 and 16473 non-local students in Hong Kong in 2013/14, 2014/15, 2015/16 and 2016/17 respectively (UGC, 2017). It is important to consider these students too in efforts to improve counselling services.

An Attributional Style Questionnaire (ASQ) was used in the quantitative part of the study, and it has some limitations. In ASQ, participants' attribution styles (internality, stability and globality) are measured as either positive or negative events. However, participants in the qualitative group mentioned events that could not be classified in either positive or negative ways, such as participants' career. Career is relatively neutral, as it can be something good if participants' career path matched their expectations or studies, but it might be bad if it does not. Researchers should construct a new instrument to measure attribution styles across various life areas such as career, friendship, family, intimate relationships, and life and death. This would enable more comprehensive investigation of respondents' attribution styles.

Conclusion

This study examined quantitative and qualitative data. This mixed method approach is rare in studies of attitudes towards counselling help. In the quantitative study, demographic variables were important predictors for 'psychological openness'. Thus, future studies should explore participants' demographic characteristics (such as ethnicity). In the qualitative study, participants were frequently concerned about the age gap between counsellors and participants and the flexibility of counselling services. To provide tailored counselling services, universities could consider allowing students to indicate their preferred gender, age range, and religion of counsellors, and their preferred time. In addition, the four common problems encountered by participants in this study indicate that service providers should offer specific training to their counsellors to ensure that their services match students' needs.

Many participants had negative perceptions of counselling services or repeated myths and misunderstandings about the profession, reflecting common perceptions in wider society. Universities, government and counselling service providers in Hong Kong should cooperate to enhance public understanding of counselling services. Training professional counsellors is not sufficient: education should be extended to the public via continuing education or even elder academies to broaden the appeal of counselling to different age groups. Education services should encourage help-seeking behaviour, as many participants in this study expressed relatively high internality in relation to problem-solving.

Government officials also need to pursue policy development, registration systems and practicing ordinances to enhance the reputation of the counselling profession. Counselling providers should make their services more user-friendly, accessible and affordable. Although Hong Kong still has a long way to go to ensure that counselling is an acceptable and popular service, if government, universities, and providers work together, it is an achievable goal.

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Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS)

The term *professional* refers to individuals who have been trained to deal with mental health problems (e.g., psychologists, psychiatrists, social workers, and family physicians). The term *psychological problems* refers to reasons one might visit a professional. Similar terms include *mental health concerns*, *emotional problems*, *mental troubles*, and *personal difficulties*.

		Disagree			Agree	
		0	1	2	3	4
1.	There are certain problems which should not be discussed outside of one's immediate family.	0	1	2	3	4
2.	I would have a very good idea of what to do and who to talk to if I decided to seek professional help for psychological problems.	0	1	2	3	4
3.	I would not want my significant other (spouse, partner, etc.) to know if I were suffering from psychological problems.	0	1	2	3	4
4.	Keeping one's mind on a job is a good solution for avoiding personal worries and concerns.	0	1	2	3	4
5.	If good friends asked my advice about a psychological problem, I might recommend that they see a professional.	0	1	2	3	4
6.	Having been mentally ill carries with it a burden of shame.	0	1	2	3	4
7.	It is probably best not to know everything about oneself.	0	1	2	3	4
8.	If I were experiencing a serious psychological problem at this point in my life, I would be confident that I could find relief in psychotherapy.	0	1	2	3	4
9.	People should work out their own problems; getting professional help should be a last resort.	0	1	2	3	4
10.	If I were to experience psychological problems, I could get professional help if I wanted to.	0	1	2	3	4
11.	Important people in my life would think less of me if they were to find out that I was experiencing psychological problems.	0	1	2	3	4
12.	Psychological problems, like many things, tend to work out by themselves.	0	1	2	3	4
13.	It would be relatively easy for me to find the time to see a professional for psychological problems.	0	1	2	3	4
14.	There are experiences in my life I would not discuss with anyone.	0	1	2	3	4
15.	I would want to get professional help if I were worried or upset for a long period of time.	0	1	2	3	4
16.	I would be uncomfortable seeking professional help for psychological problems because people in my social or business circles might find out about it.	0	1	2	3	4

17.	Having been diagnosed with a mental disorder is a blot on a person's life.	0	1	2	3	4
18.	There is something admirable in the attitudes of people who are willing to cope with their conflicts and fears without resorting to professional help.	0	1	2	3	4
19.	If I believed I were having a mental breakdown, my first inclination would be to get professional attention.	0	1	2	3	4
20.	I would feel uneasy going to a professional because of what some people would think.	0	1	2	3	4
21.	People with strong characters can get over psychological problems by themselves and would have little need for professional help.	0	1	2	3	4
22.	I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family.	0	1	2	3	4
23.	Had I received treatment for psychological problems, I would not feel that it ought to be "covered up".	0	1	2	3	4
24.	I would be embarrassed if my neighbor saw me going into the office of a professional who deals with psychological problems.	0	1	2	3	4

1, 4, 7, 9, 12, 14, 18 & 21 – Psychological Openness (R)

2, 5, 8, 10, 13, 15, 19 & 22 – Help Seeking Propensity

3, 6, 11, 16, 17, 20, 23 & 24 – Indifference to Stigma (R)

Note. No permission is required to use this inventory.

ATTRIBUTIONAL STYLE QUESTIONNAIRE

Directions:

- 1) Read each situation and vividly imagine it happening to you.
- 2) Decide what you believe to be the one major cause of the situation if it happened to you.
- 3) Write this cause in the blank provided.
- 4) Answer the six questions about the cause by circling one number per question. Do not circle the words.
- 5) Go on to the next situation.

SITUATIONS

YOU MEET A FRIEND WHO COMPLIMENTS YOU ON YOUR APPEARANCE.

1. Write down the one major cause: _____

2. Is the cause of your friend's compliment due to something about you or something about other people or circumstances?

Totally due to other people
or circumstances

1 2 3 4 5 6 7

Totally due to me

3. In the future, when you are with your friend, will this cause again be present?

Will never again be
present

1 2 3 4 5 6 7

Will always be
present

4. Is the cause something that just affects interacting with friends, or does it also influence other areas of your life?

Influences just this
particular situation

1 2 3 4 5 6 7

Influences all
situations in my life

YOU HAVE BEEN LOOKING FOR A JOB UNSUCCESSFULLY FOR SOME TIME.

5. Write down the one major cause: _____

6. Is the cause of your unsuccessful job search due to something about you or something about other people or circumstances?

Totally due to other people
or circumstances

1 2 3 4 5 6 7

Totally due to me

7. In the future, when looking for a job, will this cause again be present?

Will never again be
present

1 2 3 4 5 6 7

Will always be
present

8. Is the cause something that just influences looking for a job, or does it also influence other areas of your life?

Influences just this
particular situation

1 2 3 4 5 6 7

Influences all
situations in my life

YOU BECOME VERY RICH.

9. Write down the one major cause: _____

10. Is the cause of your becoming rich due to something about you or something about other people or circumstances?

Totally due to other people
or circumstances

1 2 3 4 5 6 7

Totally due to me

11. In the future, will this cause again be present?

Will never again be
present

1 2 3 4 5 6 7

Will always be
present

12. Is the cause something that just affects obtaining money, or does it also influence other areas of your life?

Influences just this
particular situation

1 2 3 4 5 6 7

Influences all
situations in my life

A FRIEND COMES TO YOU WITH A PROBLEM AND YOU DON'T TRY TO HELP HIM/HER.

13. Write down the one major cause: _____

14. Is the cause of your not helping your friend due to something about you or something about other people or circumstances?

Totally due to other people
or circumstances

1 2 3 4 5 6 7

Totally due to me

15. In the future, when a friend comes to you with a problem, will this cause again be present?

Will never again be
present

1 2 3 4 5 6 7

Will always be
present

16. Is the cause something that just affects what happens when a friend comes to you with a

problem, or does it also influence other areas of your life?

Influences just this
particular situation

1 2 3 4 5 6 7

Influences all
situations in my life

YOU GIVE AN IMPORTANT TALK IN FRONT OF A GROUP AND THE AUDIENCE
REACTS NEGATIVELY.

17. Write down the one major cause: _____

18. Is the cause of the audience's negative reaction due to something about you or something
about other people or circumstances?

Totally due to other people
or circumstances

1 2 3 4 5 6 7

Totally due to me

19. In the future, when you give talks, will this cause again be present?

Will never again be
present

1 2 3 4 5 6 7

Will always be
present

20. Is the cause something that just influences giving talks, or does it also influence other
areas of your life?

Influences just this
particular situation

1 2 3 4 5 6 7

Influences all
situations in my life

YOU DO A PROJECT WHICH IS HIGHLY PRAISED.

21. Write down the one major cause: _____

22. Is the cause of your being praised due to something about you or something about other
people or circumstances?

Totally due to other people
or circumstances

1 2 3 4 5 6 7

Totally due to me

23. In the future, when you do a project, will this cause again be present?

Will never again be
present

1 2 3 4 5 6 7

Will always be
present

24. Is the cause something that just affects doing projects, or does it also influence other areas
of your life?

Influences just this
particular situation

1 2 3 4 5 6 7

Influences all
situations in my life

YOU MEET A FRIEND WHO ACTS HOSTILELY TOWARDS YOU.

25. Write down the one major cause: _____

26. Is the cause of your friend acting hostile due to something about you or something about other people or circumstances?

Totally due to other people
or circumstances

1 2 3 4 5 6 7

Totally due to me

27. In the future, when interacting with friends, will this cause again be present?

Will never again be
present

1 2 3 4 5 6 7

Will always be
present

28. Is the cause something that just influences interacting with friends, or does it also influence other areas of your life?

Influences just this
particular situation

1 2 3 4 5 6 7

Influences all
situations in my life

YOU CAN'T GET ALL THE WORK DONE THAT OTHERS EXPECT OF YOU.

29. Write down the one major cause: _____

30. Is the cause of you not getting the work done due to something about you or something about other people or circumstances?

Totally due to other people
or circumstances

1 2 3 4 5 6 7

Totally due to me

31. In the future, when doing work that others expect, will this cause again be present?

Will never again be
present

1 2 3 4 5 6 7

Will always be
present

32. Is the cause something that just affects doing work that others expect of you, or does it also influence other areas of your life?

Influences just this
particular situation

1 2 3 4 5 6 7

Influences all
situations in my life

YOUR SPOUSE (BOYFRIEND/GIRLFRIEND) HAS BEEN TREATING YOU MORE LOVINGLY.

33. Write down the one major cause: _____

34. Is the cause of your spouse (boyfriend/girlfriend) treating you more lovingly due to

something about you or something about other people or circumstances?

Totally due to other people
or circumstances

1 2 3 4 5 6 7

Totally due to me

35. In the future interactions with your spouse (boyfriend/girlfriend), will this cause again be present?

Will never again be
present

1 2 3 4 5 6 7

Will always be
present

36. Is the cause something that just affects how your spouse (boyfriend/girlfriend) treats you, or does it also influence other areas of your life?

Influences just this
particular situation

1 2 3 4 5 6 7

Influences all
situations in my life

YOU APPLY FOR A POSITION THAT YOU WANT VERY BADLY (E.G., IMPORTANT JOB, GRADUATE SCHOOL ADMISSION, ETC.) AND YOU GET IT.

37. Write down the one major cause: _____

38. Is the cause of your getting the position due to something about you or something about other people or circumstances?

Totally due to other people
or circumstances

1 2 3 4 5 6 7

Totally due to me

39. In the future, when you apply for a position, will this cause again be present?

Will never again be
present

1 2 3 4 5 6 7

Will always be
present

40. Is the cause something that just influences applying for a position, or does it also influence other areas of your life?

Influences just this
particular situation

1 2 3 4 5 6 7

Influences all
situations in my life

YOU GO OUT ON A DATE AND IT GOES BADLY.

41. Write down the one major cause: _____

42. Is the cause of the date going badly due to something about you or something about other people or circumstances?

Totally due to other people
or circumstances

1 2 3 4 5 6 7

Totally due to me

43. In the future, when you are dating, will this cause again be present?

Will never again be

Will always be

present

1 2 3 4 5 6 7

present

44. Is the cause something that just influences dating, or does it also influence other areas of your life?

Influences just this particular situation

1 2 3 4 5 6 7

Influences all situations in my life

GET A RAISE.

45. Write down the one major cause: _____

46. Is the cause of your getting a raise due to something about you or something about other people or circumstances?

Totally due to other people or circumstances

1 2 3 4 5 6 7

Totally due to me

47. In the future on your job, will this cause again be present?

Will never again be present

1 2 3 4 5 6 7

Will always be present

48. Is the cause something that just affects getting a raise, or does it also influence other areas of your life?

Influences just this particular situation

1 2 3 4 5 6 7

Influences all situations in my life

The Attributional Style Questionnaire Scoring Key

The Attributional Style Questionnaire is composed of 12 different hypothetical situations, consisting of 6 good events and 6 bad events. Each of these situations is followed by a series of 4 questions. The first question following each situation asks for the one major cause of the situation. This question is not used in scoring and simply serves as an aid to better answer the remaining questions. The remaining three questions are arranged in the same order for each situation and measure three different dimensions. The second question following each situation measures whether the subject's response is internal or external. The third question following each situation measures whether the subject's response is stable or unstable. The fourth question following each situation measures whether the subject's response is global or specific.

For each response, subjects marked an answer in the range of 1 to 7. For good events, a score of 1 is the lowest or worst possible score, whereas a score of 7 is the highest or best possible score. Conversely, for bad events, a score of 1 is the highest or best possible score, and a score of 7 is the lowest or worst possible score. Because of the reverse order of scoring for good and bad situations, scores for good events must be separated from scores for bad events.

Composite Negative Attributional Style (CoNeg): _____
(sum the total of all bad event scores and divide by the total number of bad events, 6. The best score is 3, the worst score is 21)

Composite Positive Attributional Style (CoPos): _____
(sum the total of all good event scores and divide by the total number of good events, 6. The best score is 21, the worst score is 3)

Composite Positive minus Composite Negative (CPCN): _____
(The best score is +18, the worst score is -18)

CPCN, Composite Negative (CoNeg), and to a lesser extent, Composite Positive (CoPos) scores are the most valid and reliable in the prediction of depression and various other outcomes. The individual dimension scores (internal, stable, and global), because they are based on only a few questions, have a much lower reliability and validity. We therefore recommend that you concentrate all or most of your efforts on the composite scores (CPCN, CoNeg, and CoPos), unless you have a strong theoretical reason for investigating the individual dimension scores.

Following is a list of the individual dimension measures:

Internal Negative: _____
(sum the answers to the second question under each bad event and divide by the total number of bad events, 6)

Stable Negative: _____
(sum the answers to the third question under each bad event and divide by the total number of bad events, 6)

Global Negative: _____
(sum the answers to the fourth question under each bad event and divide by the total number of bad events, 6)

Internal Positive:_____

(sum the answers to the second question under each good event and divide by the total number of good events, 6)

Stable Positive:_____

(sum the answers to the third question under each good event and divide by the total number of good events, 6)

Global Positive:_____

(sum the answers to the fourth question under each good event and divide by the total number of good events, 6)

Hopelessness:_____

(Sum the Stable Negative and Global Negative scores and divide by 2)

Hopefulness:_____

(Sum of Stable Positive and Global Positive scores and divide by 2)

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有關資料

香港大學生歸因風格與尋求心理輔導協助的態度之間的關係研究

誠邀閣下參加由許明德博士負責監督，葉智淳先生負責執行的研究計劃。他們是香港教育學院特殊教育與輔導學系的教員及學生。

這項研究的目的是探索影響香港大學生於面對逆境時尋求心理輔導協助的因素，以及利用大學生的歸因風格和他們對大學提供的心理輔導服務看法作解釋。

因通識教育課程(General Education Courses)會有不同年級和不同主修科目的學生修讀，而他們都對心理輔導有不同的理解，所以正修讀大學通識教育課程的學生將會是這次研究的對象。

二百名正在香港修讀通識教育課程的學生會被邀參與這次研究。參加者需填寫一份問卷，這份問卷會調查參加者對心理輔導的態度，歸因風格及個人資料。這份問卷大約可在二十分鐘內完成，而這次研究並不會有潛在風險。

如果你是年滿十七歲但未滿十八歲的大學生，你可自行決定是否徵詢閣下家長的同意才參加這項研究計劃，附上的同意書亦有相應位置給予家長簽署。

閣下的參與純屬自願性質。閣下享有充分權利在任何時候決定退出這項研究，更不會因此引致任何不良後果。凡有關閣下的資料將會保密，一切資料的編碼只有研究人員得悉。

這項研究所得的結果將會在研究執行人的博士論文及／或日後在學術期刊等作展示，希望閣下同意。

除了問卷部份外，這項研究亦會有面談部份以獲取更多資料。如你願意參與面談，請於問卷末端填上你的聯絡電話及電郵地址，我和我的助理將會作出安排。

如閣下想獲得更多有關這項研究的資料，請與葉智淳先生聯絡，電話
或聯絡他的導師許明德博士，電話。

如閣下對這項研究有任何意見，可隨時與香港教育學院人類實驗對象操守委員會聯絡（電郵：；地址：香港教育學院研究與發展事務處）。

謝謝閣下有興趣參與這項研究。

葉智淳
首席研究員

香港教育學院
特殊教育與輔導學系

參與研究同意書

香港大學生歸因風格與尋求心理輔導協助的態度之間的關係研究

本人_____同意參加由許明德博士負責監督，葉智淳先生執行的研究項目。

本人理解此研究所獲得的資料可用於未來的研究和學術發表。然而本人有權保護自己的隱私，本人的個人資料將不能洩漏。

本人對所附資料的有關步驟已經得到充分的解釋。本人是自願參與這項研究。

本人理解我有權在研究過程中提出問題，並在任何時候決定退出研究，更不會因此引致任何不良後果。

參加者姓名:

參加者簽名:

日期:

(十七歲而未滿十八歲的參加者可自行決定須否家長同意)

家長姓名:

家長簽名:

日期:

第一部分

本部份問卷旨在量度當參與者遇上心理困擾時，對於向心理健康相關的專業人士求助的取態。

心理健康相關的專業人士是指曾受訓練處理心理困擾問題之專業人士（如：心理輔導員，心理學家，精神科醫生，社工等等）。心理困擾是指當遇上該等問題時可尋找上述專業協助的事情。

		不同意		同意		
		0	1	2	3	4
1.	有一些事情是必定不可在家庭以外的地方討論的。	0	1	2	3	4
2.	假若我遇到心理困擾時而決定尋求協助，我是清楚知道我可怎樣做和尋找那些專業人士的協助。	0	1	2	3	4
3.	當我受到心理困擾時，我是不想我身邊的摯親（配偶，親密伴侶等）知道。	0	1	2	3	4
4.	將精神保持專注於工作上時避免個人憂慮和困擾的好方法。	0	1	2	3	4
5.	假若我的好友因心理困擾而徵詢我解決方法的意見時，我會建議他們尋找專業人士協助。	0	1	2	3	4
6.	受到心理困擾會令我覺得羞愧。	0	1	2	3	4
7.	如果可以的話，最好不要完全的了解自己。	0	1	2	3	4
8.	如果現在我面對嚴重的心理困擾，我相信心理輔導是可以將我的困擾減輕。	0	1	2	3	4
9.	當人遇到困擾時，必須嘗試自己解決；尋找專業人士協助必定是最後的選擇。	0	1	2	3	4
10.	如果我遇到心理困擾而我又願意的話，我是可以尋找到專業人士協助的。	0	1	2	3	4
11.	如果我生命裡重要的人知道我曾遇過心理困擾，他們便不會再重視我。	0	1	2	3	4
12.	心理困擾就像很多其他事情一樣，不理會它們最終也會自然地解決了。	0	1	2	3	4
13.	當我遇到心理困擾時，抽出時間去找專業人士協助是件容易的事。	0	1	2	3	4
14.	有些生命中的經歷，我是不會與任何人討論的。	0	1	2	3	4

15.	當我長時間感到憂慮或不愉快時，我會希望得到專業人士的協助。	0	1	2	3	4
16.	我會為遇到心理困擾時需要尋找專業人士協助而感到不安，因為我的社交或工作圈子裡的人可能會發現這件事。	0	1	2	3	4
17.	被診斷為精神失調是人生中的一個污點。	0	1	2	3	4
18.	有些人遇到矛盾與恐懼時，他們的態度是願意自己面對而不尋找專業人士協助，是值得欽佩的。	0	1	2	3	4
19.	當我相信我已精神崩潰時，我首先會傾向尋找專業人士的協助。	0	1	2	3	4
20.	因為別人的想法，所以我會為需要尋找專業人士協助而感到不自在。	0	1	2	3	4
21.	堅強的人是能夠自己處理所面對的心理困擾，而他們很少會有需要尋找專業人士協助。	0	1	2	3	4
22.	如果我覺得某人是合適的而又可以幫助我或我的家人，我是願意將一些私人的事情透露給這人知道。	0	1	2	3	4
23.	當我因為心理困擾而接受輔導治療，我不覺得有甚麼是需要隱瞞的。	0	1	2	3	4
24.	我會因為我的鄰居見到我進入處理心理困擾的專業人士的辦公室而感到尷尬。	0	1	2	3	4

第二部分

說明：

1. 請閱讀下面各種情況，閱讀時，請形象地想像你在體驗它或感受它。
2. 假若你體驗過它，請寫出一個你認為影響到這種情況的主要原因。
3. 請把原因寫在提供的空格上。
4. 請回答與此原因有關的三個問題，且在七點式量表上給每個問題圈出一個數字，但不要圈文字。
5. 接着閱讀另一種情況。

情況一、你遇見到一位朋友，他／她讚賞你的外表。

1．請寫下導致此事的一個主要原因：

2．你朋友讚賞你的原因，是與你個人有關，還是與別人或周圍環境有關？

完全與別人或周圍環境有關 1 2 3 4 5 6 7 完全與我個人有關

3．將來你與朋友一起時，這種原因還會出現嗎？

決不會出現 1 2 3 4 5 6 7 總會經常出現

4．這種原因只會影響到你與朋友的交往，還是會影響到你生活中的其它方面？

只影響到這種特定情況 1 2 3 4 5 6 7 影響到我生活中的各種情況

情況二、你已嘗試尋找工作一段時間了，但並不成功。

1．請寫下導致此事的一個主要原因：

2．你未能成功尋找工作，其原因是與你個人有關，還是與別人或周圍環境有關？

完全與別人或周圍環境有關 1 2 3 4 5 6 7 完全與我個人有關

3．將來你尋找工作時，這種原因還會出現嗎？

決不會出現 1 2 3 4 5 6 7 總會經常出現

4．這種原因只會影響到你尋找工作，還是會影響到你生活中的其它方面？

只影響到這種特定情況 1 2 3 4 5 6 7 影響到我生活中的各種情況

情況三、你變得很有錢。

1．請寫下導致此事的一個主要原因：

2．你變得很有錢的原因，是與你個人有關，還是與別人或周圍環境有關？

完全與別人或周圍環境有關 1 2 3 4 5 6 7 完全與我個人有關

3．將來這種原因還會出現嗎？

決不會出現 1 2 3 4 5 6 7 總會經常出現

4．這種原因只會影響到你獲取金錢，還是會影響到你生活中的其它方面？

只影響到這種特定情況 1 2 3 4 5 6 7 影響到我生活中的各種情況

情況四、你的一位朋友因遇上問題來找你，而你並沒有嘗試給他／她幫助。

1．請寫下導致此事的一個主要原因：

2．你並沒有對你的朋友予以幫助，其原因是與你個人有關，還是與別人或周圍環境有關？

完全與別人或周圍環境有關 1 2 3 4 5 6 7 完全與我個人有關

3．將來當有朋友因遇上問題來找你，這種原因還會出現嗎？

決不會出現 1 2 3 4 5 6 7 總會經常出現

4．這種原因只會影響到當有朋友因遇上問題來找你，還是會影響到你生活中的 其它方面？

只影響到這種特定情況 1 2 3 4 5 6 7 影響到我生活中的各種情況

情況五、你在一群人面前作一次重要的演說，而聽眾對你的講話作出負面反應。

1．請寫下導致此事的一個主要原因：

2．聽眾對你作出負面反應，其原因是與你個人有關，還是與別人或周圍環境有關？

完全與別人或周圍環境有關 1 2 3 4 5 6 7 完全與我個人有關

3．將來你演說時，這種原因還會出現嗎？

決不會出現 1 2 3 4 5 6 7 總會經常出現

4．這種原因只會影響到你的演說，還是會影響到你生活中的其它方面？

只影響到這種特定情況 1 2 3 4 5 6 7 影響到我生活中的各種情況

情況六、你做了一個專案項目而獲得高度讚揚。

1．請寫下導致此事的一個主要原因：

2．人家讚揚你的原因，是與你個人有關，還是與別人或周圍環境有關？

完全與別人或周圍環境有關 1 2 3 4 5 6 7 完全與我個人有關

3．將來你做專案項目時，這種原因還會出現嗎？

決不會出現 1 2 3 4 5 6 7 總會經常出現

4．這種原因只會影響到你做專案項目，還是會影響到你生活中的其它方面？

只影響到這種特定情況 1 2 3 4 5 6 7 影響到我生活中的各種情況

情況七、你遇見到一位朋友，其行為舉止對你很不友善。

1．請寫下導致此事的一個主要原因：

2．你朋友的行為舉止不友善，其原因是與你個人有關，還是與別人或周圍環境有關？

完全與別人或周圍環境有關 1 2 3 4 5 6 7 完全與我個人有關

3．將來你與朋友交往時，這種原因還會出現嗎？

決不會出現 1 2 3 4 5 6 7 總會經常出現

4．這種原因只會影響到你與朋友的交往，還是會影響到你生活中的其它方面？

只影響到這種特定情況 1 2 3 4 5 6 7 影響到我生活中的各種情況

情況八、你不能完成所有別人期望你做的工作。

1．請寫下導致此事的一個主要原因：

2．你未能完成別人期望你做的工作，其原因是與你個人有關，還是與別人或周圍環境有關？

完全與別人或周圍環境有關 1 2 3 4 5 6 7 完全與我個人有關

3．將來當做別人期望你做的工作時，這種原因還會出現嗎？

決不會出現 1 2 3 4 5 6 7 總會經常出現

4．這種原因只會影響到你做別人期望你做的工作，還是會影響到你生活中的其它方面？

只影響到這種特定情況 1 2 3 4 5 6 7 影響到我生活中的各種情況

情況九、你配偶（或戀人，如男朋友／女朋友）近來對你份外親切。

1．請寫下導致此事的一個主要原因：

2．你配偶或戀人近來對你份外親切，其原因是與你個人有關，還是與別人或周圍環境有關？

完全與別人或周圍環境有關 1 2 3 4 5 6 7 完全與我個人有關

3．將來你與配偶或戀人交流時，這種原因還會出現嗎？

決不會出現 1 2 3 4 5 6 7 總會經常出現

4．這種原因只會影響到你配偶或戀人如何對待你，還是會影響到你生活中的其它方面？

只影響到這種特定情況 1 2 3 4 5 6 7 影響到我生活中的各種情況

情況十、你申請一項你極之渴望的職位（例如：重要的工作職位，投考研究院，等等），而你成功了。

1．請寫下導致此事的一個主要原因：

2．你成功獲得職位，其原因是與你個人有關，還是與別人或周圍環境有關？

完全與別人或周圍環境有關 1 2 3 4 5 6 7 完全與我個人有關

3．將來你申請職位時，這種原因還會出現嗎？

決不會出現 1 2 3 4 5 6 7 總會經常出現

4．這種原因只會影響到你申請職位，還是會影響到你生活中的其它方面？

只影響到這種特定情況 1 2 3 4 5 6 7 影響到我生活中的各種情況

情況十一、你與戀人約會，但過程並不愉快/順利。

1．請寫下導致此事的一個主要原因：

2．你們的約會過程並不愉快/順利，其原因是與你個人有關，還是與別人或周圍環境有關？

完全與別人或周圍環境有關 1 2 3 4 5 6 7 完全與我個人有關

3．將來你與戀人約會時，這種原因還會出現嗎？

決不會出現 1 2 3 4 5 6 7 總會經常出現

4．這種原因只會影響到你與戀人約會，還是會影響到你生活中的其它方面？

只影響到這種特定情況 1 2 3 4 5 6 7 影響到我生活中的各種情況

情況十二、你獲得加薪。

1．請寫下導致此事的一個主要原因：

2．你獲得加薪的原因，是與你個人有關，還是與別人或周圍環境有關？

完全與別人或周圍環境有關 1 2 3 4 5 6 7 完全與我個人有關

3．在你往後的工作中，這種原因還會出現嗎？

決不會出現 1 2 3 4 5 6 7 總會經常出現

4．這種原因只會影響到你獲得加薪，還是會影響到你生活中的其它方面？

只影響到這種特定情況 1 2 3 4 5 6 7 影響到我生活中的各種情況

第三部分

個人資料

年齡： _____

性別： ☐男 ☐女

所就讀之大學（以筆劃排序）：
☐香港大學 ☐香港中文大學
☐香港城市大學 ☐香港科技大學
☐香港浸會大學 ☐香港理工大學
☐香港教育學院 ☐嶺南大學
☐其他：（請註明）： _____

就讀年級： ☐1 ☐2 ☐3 ☐4 ☐其他：（請註明）： _____

主修科目： _____ 副修科目：（如有，請註明）： _____

課餘兼職： ☐沒有 ☐有

宗教信仰： ☐沒有 ☐有（請註明）： _____

家中兄弟姊妹人數：☐沒有 ☐1 ☐2 ☐3 ☐其他：（請註明）： _____
 （如有兄弟姊妹）你的排行是：☐1 ☐2 ☐3 ☐其他：（請註明）： _____

家庭每月總收入（港幣）：
☐\$10,000 或以下 ☐\$10,001-\$20,000
☐\$20,001-\$30,000 ☐\$30,001-\$40,000
☐\$40,001-\$50,000 ☐\$50,000 或以上

你曾否拍拖/談戀愛：☐沒有 ☐有

你曾否接受心理輔導協助：☐沒有 ☐有

（如有）你所接受心理輔導協助的機構：
☐私人機構 ☐學校
☐政府機構 ☐教會
☐非牟利志願機構
☐其他：（請註明）： _____

你的家人曾否接受心理輔導協助：☐沒有 ☐有

（如有）家人所接受心理輔導協助的機構：
☐私人機構 ☐學校
☐政府機構 ☐教會
☐非牟利志願機構
☐其他：（請註明）： _____

你的朋友曾否接受心理輔導協助：☐沒有 ☐有

（如有）你朋友所接受心理輔導協助的機構（如多於一位朋友，可選多項）：

☐私人機構 ☐學校 ☐政府機構 ☐教會
☐非牟利志願機構 ☐其他：（請註明）：_____

你是否願意接受訪談（大約為二十至三十分鐘）以提供更多你對心理輔導的見解和意見？

☐願意 （聯絡電話：_____／電郵：_____）

☐不願意

~~ 問卷完，謝謝你的參與 ~~

有關資料

香港大學生歸因風格與尋求心理輔導協助的態度之間的關係研究

誠邀閣下參加由許明德博士負責監督，葉智淳先生負責執行的研究計劃。他們是香港教育學院特殊教育與輔導學系的教員及學生。

這次面談是之前你所做過問卷調查的延伸部份，而這次面談的目的是進一步取得更多有關閣下對心理輔導的看法、經驗和見解。

因為低年級的大學生對尋求心理輔導協助的需要會比高年級的大學生多，所以這次面談主要對象為低年級的大學生。

這次面談將會邀請二十位在問卷部份表示願意參與這次面談的學生參與，而這次面談需時約二十至三十分鐘，面談內容將會被錄音作為分析之用。這次研究及面談並不會有潛在風險。

如果你是年滿十七歲但未滿十八歲的大學生，你可自行決定是否徵詢閣下家長的同意才參加這項研究計劃，附上的同意書亦有相應位置給予家長簽署。

閣下的參與純屬自願性質。閣下享有充分權利在任何時候決定退出這項研究，更不會因此引致任何不良後果。凡有關閣下的資料將會保密，一切資料的編碼只有研究人員得悉。

這項研究所得的結果將會在研究執行人的博士論文及／或日後在學術期刊等作展示，希望閣下同意。

如閣下想獲得更多有關這項研究的資料，請與葉智淳先生聯絡，電話或聯絡他的導師許明德博士，電話。

如閣下對這項研究有任何意見，可隨時與香港教育學院人類實驗對象操守委員會聯絡（電郵：；地址：香港教育學院研究與發展事務處）。

謝謝閣下有興趣參與這項研究。

葉智淳
首席研究員

香港教育學院
特殊教育與輔導學系
參與研究同意書

香港大學生歸因風格與尋求心理輔導協助的態度之間的關係研究

本人_____同意參加由許明德博士負責監督，葉智淳先生執行的研究項目。

本人同意將是次面談內容錄音作研究分析，亦理解此研究所獲得的資料可用於未來的研究和學術發表。然而本人有權保護自己的隱私，本人的個人資料將不能洩漏。

本人對所附資料的有關步驟已經得到充分的解釋。本人是自願參與這項研究。

本人理解我有權在研究過程中提出問題，並在任何時候決定退出研究，更不會因此引致任何不良後果。

參加者姓名:

參加者簽名:

日期:

(十七歲而未滿十八歲的參加者可自行決定須否家長同意)

家長姓名:

家長簽名:

日期:

首先多謝你參加這次研究調查，這次面談內容將會錄音以便進行分析，你的個人身份會保密並不會被洩漏，而整個過程大約二十至三十分鐘，你只需以你個人經驗和看法分享你的見解，答案沒有對與錯，而你有權在面談中途提出疑問甚至退出，而不會有任何不良後果。有沒有問題？如果沒有問題的話，我們便開始面談及錄音，可以嗎？

首先想知道你有沒有接受心理輔導的經驗？

如果有，當時的情況是怎樣的，可否簡單介紹一下？

如果沒有，相信每個人都曾經遇過逆境，但甚麼原因令你不選擇心理輔導的幫助呢？你通常又會怎樣面對逆境？

以下有一些問題是關於你對逆境和心理輔導的見解。

- (1) 有沒有一些事情你認為不可以在家庭討論的？如果你遇到一些你認為不可以在家庭討論的這些事情，你會與何人商討？甚麼原因令你有這個選擇？
- (2) 除了家人外，你會與男／女朋友等分享你的困擾嗎？為何你會／不會與他／她（們）分享呢？
- (3) 當你遇到困擾時，你覺得甚麼方面的專業人士可以幫到你呢？你會怎樣接觸他們？你又願意在這方面花多少時間和金錢呢？你有這方面的經驗嗎？
- (4) 當你遇到困擾時，你會否先嘗試自己解決還是直接尋找專業人士協助？甚麼原因令你有這個選擇？困擾維持多久才會尋求專業人士協助？
- (5) 除與人分享外，當你遇到困擾時，你還會做些甚麼事情呢？
- (6) 你覺得如果以消極不理會的方法面對困擾，效果會是怎樣？
- (7) 有沒有一些事情你是會選擇完全不與任何人討論呢？
- (8) 你覺得心理輔導是甚麼？在你遇上困擾時心理輔導起到甚麼作用？你認為心理輔導的成效有多少？
- (9) 基於甚麼原因你才會選擇尋找心理輔導專業人員討論你的困擾？你會否把所有情感和事情的全部告知心理輔導員？
- (10) 你對心理輔導的整體看法和見解是甚麼？如果你需要尋找心理輔導員協助，你覺得身邊的人的看法會怎樣？
- (11) 當你的朋友遇到困擾時，你又會否建議給他／她尋找心理輔導員協助，為甚麼？
- (12) 你身邊有甚麼人曾經尋找過心理輔導員協助解決問題？你對他（們）以這途徑解決問題有甚麼看法？

再次多謝你出席和參與這項研究。