Stigma and Attitudes Toward Seeking Counseling Among Undergraduate Students

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Abstract

Mental health is important for university students' well-being and their ability to cope with challenges in university and in life generally. Students may experience psychological distress due to mental illness or common problems such as academic concerns. However, there is a service gap between students with psychological distress and those who actually seek counseling. This is a serious problem because persistent psychological distress can impair students' academic achievements and overall life potentials. Stigma of seeking counseling are one of the most cited barriers that impede university students from seeking counseling. Therefore, it is important to understand the role of stigma in relation to attitudes toward seeking counseling. There are two objectives of this study: to examine the relationship between three types of stigma (public stigma, close-others stigma, and self-stigma) and attitudes toward seeking counseling, and to determine the significant predictor of attitudes toward seeking counseling. A random sample of 327 undergraduate students was recruited from one public university in Malaysia. This correlational study found that there is a significant negative relationship between every type of stigma and attitudes toward seeking counseling. The self-stigma was found as the significant predictor of attitudes toward seeking counseling.

Keywords : counseling, stigma, attitudes, university students, help-seeking, mental health, psychological distress.

INTRODUCTION

Mental health problems and psychological distress among university students

Mental health refers to individuals' well-being and their ability to cope with challenges in life, and it should not be narrowly linked to mental illness only, but in fact is related to a wider range of mental health problems and psychological distress (World Health Organization (WHO), 2011; Malaysian Psychiatric Association (MPA), 2009). According to Ridner (2004), psychological distress can describe as uncomfortable emotions that are harmful to individuals. Literatures often incorporated both the terms of mental health problems and psychological distress in their discussions about mental health services and psychological help such as counseling (e.g. Stallman & Shochet, 2009; Wynaden, Wichmann, & Murray, 2013). Therefore in this article, both terms will be used interchangeably to cover a wide context of mental and emotional problems that impair individuals' well-being, coping ability, and potential to live a fruitful (WHO, 2011) and positive life (MPA, 2009). In addition, this paper specifically focus on counseling as a form of psychological help and mental health services.

Mental health problems affect all populations of people, nevertheless university students appear to be more at risk than the general

population (Martin, 2010; Wynaden et al., 2013). International research concerning mental health problems among university students are growing, such as in U.S. and Australia (e.g. Stallman & Shochet, 2009; Eisenberg, Downs, Golberstein, & Zivin, 2009; Martin, 2010; Demyan & Anderson, 2012; Wynaden et al., 2013) as well as in Malaysia (e.g. Salim, 2010; Azizan, Razali, & Pillai, 2013; Khan, Sulaiman, & Hassali, 2010). The occurrence and severity of mental health problems among university students are increasing in Malaysia (Azizan et al., 2013) and other countries (Martin, 2010). There are many reasons for such prevalence in this population. Martin (2010) and Wynaden et al. (2013) explained that university students' age range coincides with the common onset time of mental health problems such as anxiety and depression. In addition, university life is a new experience that requires students to adapt to significant changes such as unfamiliar environment, separation from family, meeting new people, and financial responsibilities (Cebi, 2009), and typically academic stress and career concerns are common among university students (Vogel & Armstrong, 2010). All these demands affect students emotionally (Martin, 2010). Khan et al. (2010) highlighted issues such as academic failure, examination stress, relationships and family problems as significant causes of depression among university students in Malaysia. Eisenberg et al. (2009) suggested that university environment provides the best opportunities to prevent, identify and treat mental health problems, because students and university counseling services are both centralized within the campus.

Counseling is a form of psychological help and mental health services. The Code of Ethics of American Counseling Association (ACA, 2014) described counseling as *"a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals."* Counseling applies the principles in mental health, psychological and human development (Hackney & Cormier, 2013)

through various psychotherapies to support an individual's growth toward their well-being and life improvement. However, different form of counselling or psychotherapy has different association with help-seeking attitudes. Vogel, Shechtman and Wade (2010) suggested that there are differences in help-seeking attitudes toward individual counseling and group counseling. In addition, Ludwikowski, Vogel and Armstrong (2009) distinguished between career counseling and personal counseling. This paper limits its focus just on individual counseling but includes both career and personal counseling because both are common issues among university students.

Counseling applies various approach and techniques to support clients in coping with mental health problems and psychological distress. Numerous studies reported on the benefits of counseling. According to Lambert and Bergin (as cited in Brown, 2011), psychotherapies have therapeutic effects in enhancing client's growth and empower them to cope with their problems. Lynass, Pykhtina, and Cooper (2012) stated that clients experienced positive changes through counseling, such as feeling happier and increased confident as well as improved relationships with family and friends. Furthermore, DeStefano, Mellott, and Petersen (2001) reported that counseling helped university students in dealing with their personal, social, and academic and career concerns. In addition, Rickinson (as cited in Cebi, 2009) added that students who seek counseling are likely to have lower drop-out and higher graduation rate. The benefits of counseling are not limited to being a remedy for those having problems, but also as a preventive measure for individuals to cope with potential problems in the future. Counseling also serve as a platform for development of individuals' potentials in life (Hackney & Cormier, 2013). Nevertheless, in order to enjoy the benefits of counseling, individuals must first decide to seek counseling.

Behaviors in seeking counseling among university students

Literatures generally described help-seeking as communication with formal or informal sources of help to handle a problem (Grinstein-Weiss, Fishman, & Eisikovits, 2005). To be more specific relating to mental health problems and psychological distress, help-seeking refers to the utilization of mental health services (Demyan & Anderson, 2012) and psychological help such as counseling.

Although the quality and effectiveness of mental health services have improved over the years (Corrigan, 2004a), there is a service gap (Tatar, 2001; Grinstein-Weiss et al., 2005; Raviv, Raviv, Vago-Gefen, & Fink, 2009) between the number of individuals with mental health problems and the number of those who actually seek help from mental health services (Raviv et al., 2009; Grinstein-Weiss et al., 2005; Brown, 2011). Many individuals who could benefit from counseling do not seek help (Corrigan, 2004a; Vogel, Wester, Wei, & Boysen, 2005; Brown, 2011; Topkaya, 2014), and even if they have sought help, they may not fully participate or adhere to the treatment (Corrigan, 2004a; Fung & Tsang, 2010; Tucker et al., 2013). This phenomenon happens in the population of university students as well. Stallman & Shochet (2009) and Wynaden et al. (2014) were concerned about the low level of help-seeking behaviors among university students with mental health problems, and Cebi (2009) also reported that university counseling services are underutilized. In the context of U.S., **Ægisdóttir**, O›Heron, Hartong, Haynes and Linville (2011) stated that, over a year, only 18% of college students between 18 to 24 years old with mental health problems actually sought treatment.

In the context of Malaysia, counseling services are provided for free in educational institutions such as universities. However, Salim (2010) reported that despite such free services and students' high needs in common problems such as personal, social, academic and career concerns, the university counseling services still greatly underutilized. Literature on university students' avoidance of seeking counseling reported that stigma of seeking counseling as the most significant barrier (Corrigan, 2004a; Vogel & Wade, 2009; Ludwikowski, et al., 2009; Chen et al., 2014).

Stigma of seeking counseling

Generally, stigma refers to a flaw or "mark" (Vogel, Wade, & Hackler, 2007a; Vogel & Wade, 2009; Link & Phelan, 2001) of shame and disgrace (Martin, 2010). Stigma leads to disapproval, rejection and exclusion upon individuals because of their certain characteristics that are perceived undesirable (Link & Phelan, 2001) or unacceptable (Vogel & Wade 2009). Stigma is often associated with negative labeling, stereotyping, prejudice, separation, status loss, discrimination, and disempowerment (Corrigan, 2004a; Link & Phelan, 2001; Eisenberg et al., 2009; Martin, 2010; Yang et al., 2007).

Studies reported that having a mental illness and seeking psychological help both carry stigma (Vogel et al., 2007a; Vogel & Wade, 2009; Vogel & Shechtman, 2010). For example, mental illness stigma implies that "people with mental illness are dangerous" (Corrigan, 2004a; Eisenberg et al., 2009), whereas help-seeking stigma suggests that "people who seek help are weak" (Corrigan, 2004a, Vogel & Wade, 2009; Vogel Shechtman, 2010; Wade, Post, Cornish, Vogel, & Tucker, 2011). Tucker et al. (2013) distinguished the two types of stigma in terms of perceived controllability of choice and its impact on individuals' self-concept. Mental illness is not perceived as a choice made by the individuals, but help-seeking is considered a controllable choice. Therefore, help-seeking is more likely to incur self-blame (Tucker et al., 2013) as being weak, especially when seeking help for common problems (Vogel & Wade, 2009) such as academic or career concerns. Moreover, among people with mental illness,

those who sought help are more stigmatized than those who did not seek help (Vogel et al., 2007a). Realistically, people may distinguish between seeking help from a counselor for a common problem such as academic concerns, versus seeking help from a psychiatric hospital for mental illness. Nonetheless, studies reported that counseling clients are still more stigmatized than non-clients (Vogel et al., 2007a).

Mental illness stigma and help-seeking stigma are somehow related (Vogel et al., 2007). However, help-seeking stigma is more relevant to attitudes toward seeking help (Tucker et al., 2013). This is due to individuals may avoid seeking help for fear of being labeled as having a mental illness if they seek help. Although, this paper focused on help-seeking stigma specifically about seeking counseling, the discussions herein may involve certain conceptions about mental illness stigma. For instance, the Modified Labeling Theory (MLT; Link, Cullen, Struening, Shrout, & Dohrenwend, 1989) which originally developed in relation to mental illness stigma now may also applied to stigma of seeking counseling. Three types of stigma will be discussed, (i) public stigma (by the society), (ii) close-others stigma (by people whom the individuals interact with), and (iii) self-stigma (by the individuals themselves).

STATEMENT OF THE PROBLEM

It is a serious problem when university students who are in need of counseling hide their concerns and avoid seeking counseling in order to escape from the negative label of stigma associated with seeking counseling. As attitudes predict intentions which in turn predict actual behaviors (TPB; Ajzen, 1991; TRA; Fishbein & Ajzen, 1975), attitudes toward seeking counseling have been extensively studied. Many studies found that individuals have negative attitudes toward counseling related to stigma of seeking counseling (Salim, 2010; Eisenberg et al., 2009; Vogel et al., 2007a; Vogel, Wester, Hammer, & Downing-Matibag, 2014). These negative attitudes diminish their intentions and behaviors

in seeking counseling (Wynaden et al., 2014). Salim's (2010) study involving Malaysia's university students found that most of the participants indicated negative attitudes toward seeking counseling. He concluded that stigma of seeking counseling need to be reduced so that they have more positive attitudes toward seeking counseling. Mental health problems and psychological distress if left untreated, will threaten students' well-being and impair their overall functioning, such as academic achievements (Wynaden et al., 2014), social interactions, and ability to participate fully in university life (Wynaden et al., 2014). Prolong problems can persist and get worse, which may lead to suicide (Brown, 2011; Cebi, 2009). In the context of Malaysia, media reported that university students confessed having suicidal thoughts in their daily life due to increasing pressure that demand them to succeed (Ramis, 2013). Thus, in order to support university students to successfully complete their studies (Wynaden et al., 2014), it is crucial to reach out to those who need counseling (Komiya, Good, & Sherrod, 2000; Vogel et al., 2005), reduce their stigma of seeking counseling and improve their attitudes toward seeking counseling, so that they may fully utilize and gain benefits from university counseling services.

Published studies about help-seeking stigma and attitudes toward seeking psychological help mostly took into account one or two types of stigma, public stigma and/or self-stigma (e.g. Komiya et al., 2000; Vogel et al., 2005; Vogel, Wade, & Haake 2006; Wynaden et al., 2014; Demyan & Anderson, 2012; Chen et al., 2014). The close-others stigma was introduced and increasingly addressed in research (e.g. Vogel, Wade, & Ascheman, 2009; Ludwikowski et al., 2009; Yakunina & Weigold, 2011; Choi & Miller, 2014). It is uncertain whether findings from these studies are applicable in the context of Malaysia since it was conducted in the different cultural context (U.S., Australia, China and Turkey). Salim (2010) studied a sample of Malaysian university students on their attitudes of seeking counseling and tolerance

to stigma. However, his study did not measure exclusively three different types of stigma in seeking counseling. Furthermore, most of the studies seldom examined the direct relationship between public stigma (or close-others stigma) and attitudes toward seeking counseling. In fact, the review of recent literature could not find the comparison of direct relationship between each of the three types of stigma (public, close-others, and self) and attitudes toward seeking counseling together. Considering all of the lacking, there is a need to examine a sample of university students in Malaysia on all the three types of stigma (public, close-others, and self) and their relationships with attitudes toward seeking counseling. This study aimed to achieve two main objectives which are (i) to examine the relationship between public stigma, close-others stigma, self-stigma and attitudes toward seeking counseling, and (ii) to determine a significant predictor of attitudes toward seeking counseling.

METHODOLOGY

This study employed the correlational research design. This study took place in one of public university in Malaysia. The target population in this study is the undergraduate students in Malaysia where there were 1,715 undergraduate students classified as the accessible population.

According to the sample size table developed by Bartlett, Kotrlik, and Higgins (2001) for continuous data, with margins of error = .03, alpha = .05 and t = 1.96 as used in most educational research (Ary, Jacobs, & Razavieh, as cited in Bartlett et al., 2001), the minimum sample size required was 112 students. Considering the response rates would be typically below 100% due to voluntary participation in filling the questionnaires, the researcher distributed questionnaires more than this minimum sample size in order to account for unreturned questionnaires, uncooperative subjects and incomplete responses (Bartlett et al., 2001). Eventually, 444 questionnaires were distributed and there were 375 filled-in questionnaires

returned at the end of data collection. After removing incomplete questionnaires and those with random responding or missing data in the inventories, 327 questionnaires were eligible for data analysis. This number fulfilled the required minimum sample size as determined earlier.

In this study, the questionnaire was developed from combination of four established scales. Each of the scale are described as below:

Stigma Scale for Receiving Psychological Help (SSRPH)

Public stigma is measured by the Stigma Scale for Receiving Psychological Help (SSRPH; Komiya et al., 2000). This 5-item SSRPH was developed to assess individuals' perceptions of the general public stigma on receiving psychological services. The items were originally worded in the context of psychologists, but later studies acknowledged the use of SSRPH in the context of counselors (Demyan & Anderson, 2012; Tucker et al., 2013; Choi & Miller, 2014; Topkaya, 2014) to measure the public stigma of seeking counseling. Ludwikowski et al. (2009) reported internal consistency of .80. In this study, Cronbach's alpha for the adapted SSRPH was .60.

Perceptions of Stigmatization by Others for Seeking Help Scale (PSOSH)

Close-others stigma is measured by the Perceptions of Stigmatization by Others for Seeking Help Scale (PSOSH; Vogel et al., 2009). This 5-item PSOSH was developed to assess individuals' perceptions of stigma by the people they interact with, if the individuals seek mental health services such as counseling (Vogel et al., 2009; Ludwikowski et al., 2009; Choi & Miller, 2014; Yakunina & Weigold, 2011).

Vogel et al. (2009) reported concurrent validity through moderate correlations with other measures such as public stigma toward counseling (r = .31), public stigma toward mental illness (r = .20) and self-stigma (r = .37).

They also reported alpha of .82 for test–retest reliability. In this study, Cronbach's alpha for the PSOSH was .85, which is a good internal consistency (Fraenkel et al., 2012).

Self-Stigma of Seeking Help Scale (SSOHS)

Self-stigma is measured by the Self-Stigma of Seeking Help Scale (SSOSH; Vogel et al., 2006). This 10-item SSOSH was developed to assess individuals' perceptions of internalized stigma about seeking psychological help such as counseling (Vogel et al., 2006; Choi & Miller, 2014; Ludwikowski et al., 2009; Pederson & Vogel, 2007). The items were originally worded in the context of therapists. After modification of the wordings, Ludwikowski et al. (2009) and Vogel et al. (2010) reported good internal consistency of .89 and .85.

Vogel et al. (2006) reported the divergent validity in correlations with other measures such as attitudes toward seeking professional help (r = -.53 to -.63), intentions to seek counseling (-.32 to -.38), public stigma (.46 to .48), anticipated risks (.30 to .47), and anticipated benefits (-.40 to -.45). They also reported the convergent validity where it was found in relating to other measures such as social stigma (.46 to .48), attitudes toward seeking professional psychological help (–.54 to –.63), tendency to self-disclose (-.25) and tendency to self-conceal (.15). In this study, Cronbach's alpha for this adapted SSOSH was .70, which is a good internal consistency (Fraenkel et al., 2012).

Beliefs About Psychological Services Scale (BAPS)

Attitudes toward seeking counseling are measured by the Beliefs About Psychological Services Scale (BAPS; Ægisdóttir & Gerstein, 2009). This 18-item BAPS was developed to assess individuals' attitudes toward seeking psychological services such as counseling (Ægisdóttir et al., 2011; Brown, 2011). The items were originally worded in the context of psychologists and they were adapted to suits the context of counseling (Ægisdóttir et al., 2011). The reliability test resulted that the integrity of the scales remained good which the Cronbach's alpha was comparable to the original BAPS. Thus, for the current study, in order to accurately reflect the profession of counselors and measure the attitudes toward seeking counseling, the researcher followed Ægisdóttir et al.'s (2011) preceding example and modified the wordings "psychologist" to "counselor".

Good internal consistency reliability was found with Cronbach's alpha ranging from .81 to .90 for Intent factor, .59 to .81 for Stigma Tolerance factor, and .72 to .78 for Expertness factor. The test-retest reliability was .88 for Intent, .79 for Stigma Tolerance, and .75 for Expertness (Ægisdóttir & Gerstein, 2009). In this study, Cronbach's alpha for this adapted BAPS was .79, which is a good internal consistency (Fraenkel et al., 2012).

FINDINGS

In order to achieved the delineated research objectives, the Pearson Product Moment Correlation Coefficient was done to test the relationship between the variables. As for the second objectives, Multiple Linear Regression was conducted to find the significant predictor of attitudes toward seeking counseling. This section proceeds with the report of the findings according to the main objectives.

Relationship between public stigma, close-others stigma, and self-stigma with attitudes toward seeking counseling.

The following Table 4.1 shows the mean, standard deviation, and bivariate correlations of the study variables in correlational research. The researcher referred to Cohen's (as cited in Pallant, 2010) guideline to determine the strength of a relationship, i.e. correlation is significant at the level 0.01 (2-tailed): r = .10 to .29 (small); r = .30 to .49 (medium); r = .50 to 1.0 (large).

Table 4.1: Means, Standard Deviations, and Correlations among Study Variables

Measure	*M*	*SD*	1	2	3	4
Public Stigma	11.97	2.64	—	.44**	.44**	-.30**
Close-Others Stigma	13.57	4.30		—	.35**	-.27**
Self-Stigma	27.54	3.74			—	-.44**
Attitudes Toward Seeking Counseling	3.78	0.49				☐

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

N=327

As seen in Table 4.1 also, there is a medium significant negative correlation (r = -.30) between public stigma and attitudes toward seeking counseling. There is a small significant negative correlation (r = -.27) between close-others stigma and attitudes toward seeking counseling. There is also a medium significant negative correlation (r = -.44) between self-stigma and attitudes toward seeking counseling

Significant predictor of attitudes toward seeking counseling

The analysis resulted that the R Square value is .220, which means that the model with the three independent variables explained 22.0% of the variance in attitudes toward seeking counseling. In addition, ANOVA in the following Table 4.3 shows that the model reached statistical significance (sig. = .000; p<.0005).

As shown in Table 4.4, the largest value of standardized coefficients Beta is .366 for self-stigma, meaning that self-stigma makes the strongest unique contribution in explaining attitudes toward seeking counseling when the variance explained by public stigma and close-others stigma is controlled for. In addition, the Sig. value for self-stigma is .000, indicating that self-stigma makes a statistically significant unique contribution to the prediction of attitudes toward seeking counseling. Meanwhile, both public stigma and close-others stigma have Sig. values (.104, .061) larger than .05, indicating that both of them are not making significant

unique contribution to the prediction of attitudes toward seeking counseling.

Table 4.4: Multiple Regression - Coefficients

Model		Beta	t	Sig.
1	(Constant)		29.899	.000
	Total Public Stigma	-.095	-1.631	.104
	Total Close-Others Stigma	-.105	-1.881	.061
	Total Self-Stigma	-.366	-6.556	.000

All in all, the result showed that self-stigma was the only significant predictor of attitudes toward seeking counseling. It was the only type of stigma that statistically significant contribute to the prediction of attitudes toward seeking counseling.

Table 4.2: Multiple Regression - Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.469[a]	**.220**	.213	.43631

a. Predictors: (Constant), Total Self-Stigma, Total Close-Others Stigma, Total Public Stigma

b. Dependent Variable: Total Attitudes Toward Seeking Counseling

Table 4.3: Multiple Regression - ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	17.327	3	5.776	30.339	**.000[b]**
	Residual	61.489	323	.190		
	Total	78.816	326			

a. Dependent Variable: Total Attitudes Toward Seeking Counseling

b. Predictors: (Constant), Total Self-Stigma, Total Close-Others Stigma, Total Public Stigma

DISCUSSION

Relationship between each of the three types of stigma and attitudes toward seeking counseling

Pearson correlation results responded to Research Objective 1 in studying the relationship between each of the three types of stigma (public, close-others, and self) of seeking counseling and attitudes toward seeking counseling.

Public stigma and attitudes

There is a medium significant negative relationship (r = -.30) between public stigma and attitudes toward seeking counseling. This finding is consistent with previous study by Chen et al. (2014) who also reported a negative relationship (r = -.16). Thus, the concerns of being socially unaccepted indeed reduce the attitudes of individuals toward seek counseling.

Close-others stigma and attitudes

There is a small significant negative relationship (r = -.27) between close-others stigma and attitudes toward seeking counseling. This finding is consistent with previous study by Yakunina and Weigold (2011) who also reported a small significant negative relationship (r = -.20). The concerns of being socially unaccepted may consequently affect individuals' concern on their significant other acceptance of them seeking counseling. Apparently, it is also important that the people with whom the individuals interact with, especially family and friends, to react positively to the individuals who seek. Only then the individuals would be encouraged to develop more positive attitudes toward seeking counseling. When compared with public stigma, this study found relatively stronger relationship between close-others stigma and attitudes toward seeking counseling. This finding somehow contradicted Eisenberg et al. (2009) who suggested that close-others stigma is more likely to hinder individuals from seeking help as compared to public stigma

because individuals may be less concerned about the public's reactions than that of their significant others. This is because individuals are likely to experience more invasive negative messages from the public than from their significant others (Ludwikowski et al., 2009). Therefore, it results that public stigma may form stronger relationship with attitudes toward seeking counseling rather than close-others stigma.

Self-stigma and attitudes

There is a medium significant negative relationship (r = -.44) between public stigma and attitudes toward seeking counseling. This finding is consistent with numerous studies that also found that greater self-stigma corresponded with more negative attitudes toward seeking counseling. Most of these previous studies reported large strength on the negative relationship e.g. -.65 to -.79 (Vogel et al., 2007a, 2010; Pederson & Vogel, 2007; Ludwikowski, 2009) compared to the current study, while fewer studies yielded medium strength e.g. -.35 to -.38 (Chen et al., 2014) similar as in the current study.

All in all, the result showed that there is a significant negative relationship between the three type of stigma (public, close-others, and self) and attitudes toward seeking counseling. Then, it was further found that public stigma is more strongly related to attitudes than is close-others stigma, supporting that the public's negative views about individuals seeking counseling may be more prejudiced than that of the individuals' close-others. These findings are in agreement with previous studies.

Stigma as predictor of attitudes toward seeking counseling

Standard multiple regression results responded to Research Objective 2 in answering the question on which type of stigma (public, close-others, or self) is a significant predictor of attitudes toward seeking counseling. It was found that

self-stigma is the only statistically significant predictor of attitudes toward seeking counseling. This finding is consistent with previous studies that self-stigma is indeed a significant and important predictor of attitudes toward seeking counseling (Vogel et al., 2006, 2007a; Tucker et al., 2013) whereas public stigma is not (Vogel et al., 2006; Chen et al., 2014). This result also supports Topkaya's (2014) findings that self-stigma explains better the variance in attitudes toward seeking counseling. In addition, the current findings seem to support the Modified Labeling Theory (MLT; Link et al., 1989) as well as previous studies' mediating model that, public stigma is internalized as self-stigma which in turn is the direct predictor of attitudes toward seeking counseling rather than public stigma (Vogel et al., 2006, 2007a, 2009, 2010; Ludwikowski et al., 2009).

The current study filled the research gap of previous studies by including close-others stigma in the regression model. This supports previous studies (Ludwikowski et al., 2009; Choi & Miller, 2014) which added close-others stigma into the Modified Labeling Theory (MLT; Link et al., 1989), as well as agrees with previous studies' mediating model, thus the researcher may recap as a whole that both public stigma and close-others stigma may be internalized as self-stigma which in turn directly predict attitudes toward seeking counseling beyond the impact of public stigma or close-others stigma. In associating the three levels of stigma, Ludwikowski et al. (2009) and Choi and Miller (2014) added that there is a significant positive relationship between public stigma and close-others stigma, and public stigma is more strongly related to self-stigma than is close-others stigma and self-stigma, perhaps because individuals are more likely to receive both positive and negative input from those close to them, whereas the public may give mostly negative input.

All in all, the standard multiple regression findings indicated that self-stigma is the only significant predictor of attitudes toward seeking

counseling. In fact, it is the unique level of stigma that makes statistically significant contribution to the prediction of attitudes toward seeking counseling, and able to explain better the variance in attitudes. This finding supports the concept of stigma internalization in the Modified Labeling Theory (MLT; Link et al., 1989) as well as stigma mediating model suggested by previous studies, whereby public stigma may be internalized by individuals to become self-stigma which then directly relates to attitudes toward seeking counseling. These findings are consistent with previous studies.

IMPLICATION AND FUTURE SUGGESTION

The Modified Labeling Theory (MLT; Link et al., 1989) originally conceptualized the internalization of public stigma by individuals to become self-stigma, and did not include close-others stigma which is a relatively new concept separate from public stigma. Therefore, herein filling the research gap of previous studies by including all the three types of stigma (public, close-others, self) about their respective direct relationship with attitudes toward seeking counseling and finding out that self-stigma is the unique predictor of attitudes toward seeking counseling, the current study demonstrated that the Modified Labeling Theory indeed can be extended to include close-others stigma as another external stigma besides public stigma, which individuals may internalize to become self-stigma.

This study shed some lights on the three types of stigma (public, close-others, and self) of seeking counseling. Public stigma of seeking counseling has long been recognized over the years as a barrier in seeking counseling (Vogel et al., 2007a), and indeed the current study has verified that public stigma of seeking counseling is related to attitudes toward counseling. Typical interventions such as campaigns and media aim to reach the general population in order to reduce public stigma. No doubt these efforts are important, however to change the society's

beliefs at such a large scale is difficult and moreover this change will take time (Vogel et al., 2007; Ludwikowski et al., 2009). Therefore, reducing public stigma may be an ultimate goal in the long run, but for the interim it is worthwhile to establish intermediate goals by identifying the approaches closer to individual levels. For example, tailored interventions to reduce close-others stigma and self-stigma by changing the beliefs of smaller groups or specific individuals, may be more direct, practical and effective.

Future studies with more extensive coverage in terms of sample size, different faculties and universities may be required to verify the current findings especially those that were in contrast with previous studies, such as overall less stigma of seeking counseling and positive attitudes toward seeking counseling among participants in the current sample. In addition, future research may also further study stigma and attitudes based on demographic characteristics. Future studies might be conducted using experimental design, such as applying interventions to reduce stigma, is ultimately recommended to confirm the causal effects (Fraenkel, 2012; Ludwikowski et al., 2009) between stigma of seeking counseling and attitudes toward seeking counseling. Lastly, on top of attitudes towards seeking counseling, future research may also study actual behaviors in seeking counseling.

CONCLUSION

Mental health is important for university students' well-being and ability to cope with challenges in the university and in life by and large, especially in view that this population has high prevalence of mental health problems due to their at-risk age, and also the demanding lifestyle in university. Students may experience psychological distress not only limited to mental illness, but also due to common problems such as academic and career concerns. These psychological issues are harmful to students, impair their overall functioning, academic achievements, social interactions, participation

in university life, and at worst leading to suicide. However, students did not perceived seeking counseling as their best option to cope with those issues. This is probably in line with the previous literatures that report stigma as the most significant barrier in seeking counseling. Stigma of counseling generally perceives that people who seek counseling are weak and unacceptable, and such perceptions may come from the public (public stigma), from those with who individuals interact with (close-others stigma), or from individuals themselves (self-stigma). The Modified Labeling Theory (MLT; Link et al., 1989) conceptualized that public stigma may be internalized by individuals to become self-stigma. Therefore, this study took all measures to explore which type of stigma that need serious attention for further intervention. The finding has shown that self-stigma as the significant predictors of attitudes toward counseling. This supports the relevant theories about stigma (Modified Labeling Theory) and attitudes (Theory of Planned Behavior). In conclusion, it is important to reduce the different levels of stigma, especially self-stigma, relatively improve students' attitudes toward seeking counseling, and consequently may improve the utilization of university counseling services to enhance students' well-being.

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