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Youth and Counselling in India

A Study of the Awareness Levels and Attitude of Female Urban College Students towards Professional Counselling, and the Effect of Avoidance Factors on Help-Seeking Behaviour

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***Abstract*— This study was conducted to investigate awareness levels of and attitude towards professional counselling in urban undergraduate students in Mumbai, India. It also measured the influence of individual avoidance factors on help-seeking behaviour in order to see the application of the avoidance/ approach theory (Kushner & Sher, 1989) in our sample, which consisted of 80 female undergraduate students of Sophia College for Women. Results show high awareness levels of and a positive attitude towards seeking help from a professional counsellor in states of distress. The results indicated that prominent avoidance factors include fear of emotion, social norms, and self-esteem.**

Index Terms*—*Professional counselling in Mumbai, Awareness about counselling, Attitude towards counselling in Mumbai, Avoidance factors in counselling.

I. INTRODUCTION

A medium developed to establish a relationship between a professional and client to "empower diverse individuals, families, and groups to accomplish positive mental health, wellness, education, and career goals" [1], professional counselling aims at "facilitating self knowledge, emotional acceptance and growth, and the optimal development of personal resources" [2]. Professional counselling in India is relatively new and underdeveloped field as compared to the USA where it began in 1946. It is not yet an established profession in India, and there is no distinct code or professional identity for psychologists involved in counselling [3].

Due to the diverse nature of stressors and sources of distress in the lives of clients, various types of counselling are available in order to help as many people as possible. Grief counselling, divorce counselling, teen counselling, and Christian counselling are some of the many different types of counselling practices being adopted by professionals around the world [4]. Issues and stressors such as ADHD, abuse, abandonment, adjustment problems, anxiety, eating disorders, aggression, body image, self esteem, career guidance, depression, addiction, sexual identity, OCD, paranoia, phobias, self-harm, stress, PTSD, trust issues, and many more are combated in counselling sessions in order to help clients lead a normal life where these problems do not affect their day-to-day functioning [5].

Although such a wide range of counselling services are available to people experiencing emotional and psychological distress, those suffering often do not reach out for help. Kushner and Sher (1989) theorized that seeking help from a professional involves an approach/avoidance conflict [6]. Although avoidance factors are believed to become stronger as the time to make the decision nears, they are factors pre-existent in an individual's thinking and

can be studied through one's attitude and opinion towards counselling and its clients. This attitude and opinion depends greatly on the amount of knowledge one possesses regarding counselling, as the commonly-believed widespread myths related to counsellors and clients often deter those in distress from seeking help.

Due to the minimal pre-existing research studying the attitude towards counselling and seeking professional help in states of distress in India, this study aims at investigating the same for the urban student population of Mumbai, India. This has been achieved through the process of surveying 80 undergraduate female students of Sophia College for Women, Mumbai.

II. REVIEW OF LITERATURE

Although there have been numerous studies stressing the helpful nature of professional counselling services (Bergin & Garfield, 1994) [7], approximately only one-third of people facing emotional and psychological distress consult professionals (Andrews, Issakidis, & Carter, 2001) [8]. This lack of initiative in improving one's own emotional and psychological state can be explained through Kushner and Sher's (1989)'s theory of the role of avoidance/approach factors in help-seeking behaviour [9]. Kushner and Sher stated that approach factors, such as the levels of distress and extent of desire to reduce distress, along with avoidance factors, such as the fear of being seen as crazy or disapproval from society, work together to determine the likelihood of an individual to seek professional help when required. Building on Kushner and Sher's study (1989), many newer studies have been conducted in order to specify the avoidance factors discussed by Kushner and Sher (1989).

A. Social Stigma

Social stigma is the fear of being judged negatively by others if one seeks professional help for a problem (Deane & Chamberlain, 1994) [10]. The fear of being labelled as crazy by others in society is one of the main constituents of this barrier (Nelson & Barbaro, 1985) [11]. Having a history of emotional or psychological help from a professional also leads to a person being viewed as unstable, affecting their social image and life and sometimes leading to greater social rejection (Link, Cullen, Frank, & Wozniak, 1987) [12]. Studies have found a direct relationship between fear of social stigma and help-seeking behaviour, demonstrating that social stigma can predict attitudes towards approaching a counsellor (Vogel et al, 2005) [13].

B. Treatment Fears

Treatment fears are defined as "a subjective state of apprehension arising from aversive expectations surrounding the seeking of mental health services" (Kushner & Sher, 1989) [9]. This comprises of the fear of being judged by the professional (counsellor), fear of the means of treatment employed by the professional, and the fear of being forced to reveal oneself to the professional (Vogel, Wester, & Larson, 2007) [6]. Myths such as being prescribed medicines or being hospitalised by the professional also fall under treatment fears, as many with inadequate knowledge of counselling tend to believe such information. Treatment fear has been found to be greatest in those seeking help for career guidance, interpersonal problems, and substance abuse (Vogel et al, 2005) [13].

C. Fear of Emotion

The fear of emotion in counselling involves the fear of having to discuss events or thoughts that bring up painful emotions for the client. This fear is another one of the factors that discourages people from approaching professionals for help (Komiya et al, 2000) [14]. The willingness of an individual to express emotion openly directly affects their attitude towards counselling and helps determine their tendency to approach or avoid professional help. (Vogel & Wester, 2003) [15].

D. Anticipated Utility and Risk

The anticipated utility and risk of seeking professional help refer to the perceived levels of usefulness and potential dangers of confiding in another person, particularly a professional counsellor. Individuals who have not

been in counselling before are believed to have lower expectations from it than those who have already experienced it (Tinsley et al, 1984) [16].

E. Self-Disclosure

The willingness of an individual to disclose personal or distressing information to a professional can be a predictor of their tendency to seek help when required. Studies show that those who are comfortable with disclosing information to a counsellor also have more positive attitudes and intentions towards seeking help (Hinson & Swanson, 1993) [17].

F. Social Norms

Social norms refer to the general opinion and outlook of an individual's friends, family, and immediate members of society on professional counselling and help. If somebody close to an individual views counselling in a negative light, the person in distress is less likely to seek help (Rickwood & Braithewaite, 1994) [18].

G. Self-Esteem

Seeking help from a professional has certain implications on one's self-image. Admitting that one needs help and asking for a professional to provide it can be viewed as an admission of incompetence or inadequacy, in which case seeking help is avoided even in states of distress (Fisher et al, 1982) [19]. Seeking help is also considered to be a source of embarrassment, and fear of embarrassment and feelings of inadequacy are directly related to help-seeking decisions (Nadler, 1991) [20]. Therefore, in order to maintain a positive self image, many avoid seeking help altogether (Miller, 1985) [21].

H. Myths

Due to the general lack of awareness regarding counselling, there are many myths or misconceptions people have which discourage them from seeking help. Some of the myths that have been tested in this research study include (22) (23) (24):

- Counselling is only for serious mental or emotional problems.
- If I go to a counsellor, everyone will hear about it.
- My issues will not be kept confidential by a counsellor.
- The counsellor will tell me what my problems are and how to 'fix' them.
- Counselling will become a part of my academic records and hurt me in my job or college applications.
- Counselling is too time consuming.
- A counsellor will force me to make changes I do not want to make.
- A counsellor cannot understand me unless he/ she has had similar experiences.
- My counsellor will give me medication (like anti-depressants) or get me hospitalised.
- My counsellor can read my mind.

III. METHODOLOGY

A. Aim

The aim of this study was to investigate:

(i) The understanding of and the attitude towards counselling and professional help-seeking behaviour of urban undergraduate students.

(ii) The comparative strength of different avoidance factors (Kushner and Sher, 1989) [9] for the same target population.

B. Method of data collection:

i) Study design

Our study adopts a descriptive study design (repeated measures).

ii) Sample

80 undergraduate females constituted our sample. They ranged in age from 17-21 and included students of Psychology (33%), English (14%), Sociology (13%), Economics (11%), Philosophy (10%), History (6%), Political science (5%), Commerce (3%), Engineering (2%) and others (4%). The reason for selecting a single sex sample was to exclude gender as a variable interfering

with the results for attitudes and significance of avoidance factors. Studies in several countries like Malaysia (Salim, S., 2010) [25], Turkey (Cebi, E, 2009) [26] China (Chang, Hsiaowen, 2008) [27], Jordon, UAE, Israel (Krenawi et al, 2004) [28], and USA (Khan et al, 2006) [29] suggest that females show a more positive attitude towards help seeking behaviour than men. To ensure that the factors we wished to study were not affected by gender, we selected a female population through convenience sampling.

C. Tools for Data collection

A questionnaire was created with items to study perception of professional counselling, attitude towards counselling, belief in myths (reflection of awareness) about counselling, and the strength of the influence of avoidance factors (Kushner and Sher, 1989) [9]. The questions for perception of counselling and the issues it is relevant for were either Yes/ No questions, or multiple choice questions which were qualitatively analysed. Attitudes, belief in myths, and avoidance factors were quantified through statements with a Likert scale and analysed quantitatively. The Likert scale was a 4 point scale with the options of Strongly Agree= 1, Agree = 2, Disagree= 3, Strongly disagree= 4. Negatively framed sentences were reverse scored.

D. Procedure

The procedure included two parts. The first was a pilot conducted on 9 students falling within our target group to test the time taken for the survey, acquaint the researchers with the procedure, and to ensure that the items on the questionnaire were simple to comprehend. The second part was the main study in which the questionnaire was administered to 97 undergraduate female students. 17 questionnaires were rejected on the basis of being incomplete. The results from the 80 remaining questionnaires were tabulated into a data sheet and descriptive statistics were used to analyse the data.

E. Data analysis

The data in the data sheet was sorted and organized after which it was converted into percentages. Descriptive statistics like mean, standard deviation, and correlation were found.

F. Ethical considerations

Voluntary consent from all participants was taken.

-Debriefing about myths and facts of counselling was included in the questionnaire.

-Participants were given the choice to withdraw from answering the questionnaire at any point of time.

-Confidentiality was assured to all participants.

G. Limitations

-The small sample gathered through convenient sampling is not sufficiently representative of the population, making it difficult to generalise results.

IV. RESULTS

Table 1: Percentage of responses to selective statements from survey

Statement	SA	A	D	SD
Good mental health is as important as good physical health.	81%	18%	1%	0%
The counsellor will tell me what my problems are and how to “fix them”	5%	61%	25%	9%
I admire people who are willing to cope with their problems without professional help from a counsellor.	11%	61%	26%	1%

A person should deal with their own problems; getting psychological help should be the last resort.	3%	24%	55%	19%
I wish seeing a counsellor regularly was an accepted option.	10%	54%	34%	3%
Seeing a counsellor for regular help seems like an extreme option.	0%	34%	60%	6%
Seeing a counsellor is common amongst my friends.	1%	26%	60%	13%
I am likely to refer a friend who is distressed to a counsellor.	16%	51%	25%	8%
People close to me are likely to suggest counselling as a possible solution for long term problems.	10%	58%	25%	8%

SA- Strongly Agree; A- Agree; D- Disagree; SD- Strongly Disagree

Table 2: Ranking of responses to Q3 of survey- "A counsellor can help me with _____"

	Highest Ranks		*Lowest Ranks*
1	Career choices for the future	*13*	Suicidal or extreme tendencies
2	Everyday problems like stress of studies	*14*	Fears of any kind
3	Relationship problems	*15*	Body image issues
4	Depression	*16*	Difficulty with learning or remembering
5	Issues of self-esteem & confidence	*17*	Sleep problems

Table 3: Likert scale results with means of awareness, attitude and avoidance factors

Factors | Number of items	*Mean score*	*Range (Lowest -Low- Mid Point- High- Highest)*	*Standard Dev*	*Key for value of mean score*
Awareness | 6	19.625	6-12-15-18-24	2.218	Very high
Attitude | 18	49.9125	18-36-45-54-72	4.709	High
Societal issues (SS+ SN) | 10	28.6375	10-20-25-30-40	3.530	Average
				Low

Social Stigma | 5	15.05	5-10-12.5-15-20	2.545	Very low
Treatment Fear | 5	14.7625	5-10-12.5-15-20	2.393	
Utility vs Risk | 4	11.1875	4-8-10-12-16	1.706	
Self Esteem | 5	13.6125	5-10-12.5-15-20	1.695	
Social Norms | 5	13.5875	5-10-12.5-15-20	1.797	
Fear of Emotions | 5	13.55	5-10-12.5-15-20	2.327	

Table 4: Correlation coefficient (r) for combination of avoidance factors

Factors	*Correlation coefficient (r)*	*Abbreviations*
SS/ SN	0.303290409	SS= Social Stigma
SS/ TF	0.6856377148	TF= Treatment Fear
SS/ FE	0.4825623188	UR= Utility vs Risk
SS/ SE	0.2774025325	SE= Self Esteem
SN/ TF	0.2269881464	SN= Social Norms
SN/ FE	0.26971254	FE= Fear of Emotions
SN/ SE	0.02995608381	
TF/ FE	0.5669696675	
TF/ SE	0.176725741	
FE/ SE	0.3210670458	

V. INFERENCES AND DISCUSSION

According to the results, there are very high levels of awareness within the sample regarding counselling (Table 1). However, the lack of awareness specifically of the utility of counselling is also evident. As can be seen in Table 2, grave issues such as suicidal or extreme tendencies, body image issues, and learning difficulties have been ranked as lowest on the list of the problems a counsellor can help with. These above mentioned issues are very common in the age group of the sample (17-24). According to the Lancet Medical Journal of 2012 [30], 60% of female suicides in India are in the 15-29 age group. This is also the age group in which eating disorders such as anorexia nervosa and bulimia are most prevalent. It is important for the population belonging to this age group to know where to turn for help while suffering from thoughts related to such issues. As Table 2 shows, counselling is mainly viewed as a service related only to academic problems and guidance. Body image issues in particular are not viewed as serious according to the data collected. When presented with five situations explaining various emotional states and asked to select the ones they would go see a counsellor due to, the situation representing a severe case of anorexia nervosa was selected by only 25% of the sample and was ranked as least important (question 8, survey). This further emphasises the lack of awareness

regarding specific issues in the sample, although general awareness levels are very high.

78% of the sample claimed to know where to find a counsellor. Approximately half of the respondents stated they would turn to teachers/ their college in order to find or contact a counsellor, and one-third would use the internet to find a counsellor. [$c^2(1, N =4) =8.963$, $p = .0028$, Significant]

According to the data collected, 58% of the sample has approached a counsellor for help before, 75% of the subjects' friends have approached counsellors [$c^2(1, N =4) = 20.000$, $p = .0001$, Significant] and 61% of the subjects' families have also approached counsellors [$c^2(1, N =4) =4.050$, $p = .0445$, Significant] in the past. These statistics are exceptionally positive in terms of creating a positive social norm to encourage positive attitude towards counselling and increase the likelihood of seeking help. According to Rickwood & Braithewaite (1994) [18], the social influence of close friends and family greatly affects the tendency of an individual to approach a professional for help. If a close social influence, such as a spouse or sibling, views counselling negatively, the likelihood of the individual to seek help from a professional reduces greatly. Rickwood & Braithewaite (1994)'s theory [18] is reinforced through the data collected. 89% of the sample claimed that if they were to experience long-term psychological or emotional distress, they would approach a counsellor. It is possible that the positive attitude towards counselling in their immediate social influences has caused this outstanding figure. However, 44% of the sample has admitted to be currently experiencing a form of emotional or psychological distress and only 5% said they would seek help from a professional rather than their friends or family. When expected that participants will select approaching friends, family, and professional counsellors in equal proportions, the actual frequencies observed are extremely significant in favour of friends followed by family and lastly a counsellor, $c^2(2, N = 4) = 29.143$, $p = .0001$. This implies that we can generalise our finding that suggest only 5% of our sample would seek a counsellor to our entire target population. It can also be assumed that of the 58% that have approached a counsellor in the past, majority have approached career or college counsellors for guidance rather than for emotional or psychological help.

The data also suggests that the attitude of the sample towards counselling is positive. As can be seen in Table 1, 81% of the sample believes that mental health is as important as physical health. This forms the basis of the positive attitude of the sample which encourages a healthy environment to promote psychological and emotional well-being. 64% also wish that seeing a counsellor was a norm in society. This shows the desire to destigmatise counselling in order for it to become a more regular and normal practice. Majority of the sample has also claimed they would refer a friend to a counsellor if they were in distress, and that they believe their close ones would do the same for them. Through these answers, it can be seen how the utility of counselling is valued in the sample.

Although majority of the data indicates a positive attitude towards counselling in the sample, there are statements that suggest otherwise (See Table 1). 66% of the sample is unclear about the role of a counsellor, and feel that a counsellor will try to list their problems and "fix" them. This misconception cultures low anticipated utility, resulting in weak help-seeking behaviour. 72% of the sample stated that they admire an individual who is able to cope with their distress without the help of a professional. Seeing someone who avoids help and in turn suffers as brave causes others to wish to portray the same image and maintain high self-esteem in the social realm. This attitude is discouraging for help-seeking behaviour. One-third of the sample conveyed that seeking professional help seems like an extreme option. This statement also encourages endurance of distress on one's own rather than to reduce it through help, harbouring a negative environment.

The study also looked into the comparative strength of different avoidance factors (Refer to Table 3). As can be seen in the table, the mean score in relation to the range (i.e.: the position of the mean in comparison to the

possible range of the data and the mid-point of the range) on the Likert scale for social stigma is the highest followed by treatment fear, utility risk, self esteem, social norms and lastly fear of emotions. The mean value of every avoidance factor is inversely related to the negative influence it has on help seeking behaviour. Thus, for our sample, fear of emotions is the strongest avoidance factor followed by social norms, self esteem, and utility vs. risk, treatment fear, and social stigma.

In terms of correlation between different avoidance factors (Refer to Table 4), it can be noted that the strongest positive correlation can be seen between social stigma and treatment fear, implying that an individual's score on these two scales move in the same direction. Social stigma and fear of emotions, as well as treatment fear and fear of emotions, also show a moderate positive correlation as well. Correlation between other factors is relatively low.

A paired T test was used to see the significance of the mean differences between the scores of the different avoidance factors. According to the calculations, there was a significant difference in the score received for social stigma and social norms, $t(79) = 4.9672$, $p > .0001$. There was no significant difference in the score received for social stigma and treatment, $t(79) = 1.3100$, $p > 0.194$. There was a significant difference in the score received for social stigma and fear of emotions, $t(79) = 5.3981$, $p > .0001$. Also, a significant difference can be seen in the score received for social stigma and self esteem, $t(79) = 4.8743$, $p > .0001$. There was a significant difference in the score received for social norms and treatment fear, $t(79) = 3.9703$, $p > .0002$. A significant difference was not found between social norms and fear of emotions, $t(79) = 0.1327$, $p > 0.8948$, nor was it found between social norms and self esteem, $t(79)= 0.0919$, $p > 0.972$. Lastly, a significant difference was found between treatment fear and fear of emotions, $t(79)= 4.9358$, $p > 0.0001$ and between treatment fear and self esteem, $t(79)= 3.8421$, $p > 0.0002$ while no significant difference was found between fear of emotions and self esteem, $t(79)= 0.2330$, $p > 0.8164$.

There is an evident inconsistency in attitude and awareness levels regarding counselling in the data collected. It must be noted that according to the results, 33% of the sample consists of Psychology students, and many of the remaining 66% have had some form of exposure to psychology in the forms of classes or training, etc. in the past. This could be the reason for the sample's high overall awareness levels and positive attitude towards counselling. Yet, it evident that great emphasis needs to be given to education regarding the utility of and issues addressed by a counsellor. Also, the avoidance factors that seem prominent need to be tackled effectively.

VI. CONCLUSION

The study was undertaken to investigate the awareness levels of and attitude towards professional counselling, as well as the effect of different avoidance factors on the likelihood of an individual to approach a professional for help in states of distress.

A. Major Findings:

- Majority of the subjects showed very high awareness levels regarding counselling.
- Respondents showed a positive attitude towards approaching a counsellor for help, promoting help-seeking behaviour.
- There is an inconsistency in the awareness levels of the sample regarding the role of a counsellor and the issues that a counsellor can help with (e.g. suicidal or extreme tendencies, sleep problems, learning difficulties, and body image issues were all considered issues a counsellor cannot help with).
- Subjects mostly attribute counsellors to the academic field, believing that their role is to help with career-related guidance, at the most stretching to relationship problems and depression.
- The results indicated that subjects are most likely to approach their friends first in states of distress, followed by their family, and only 5% would even consider approaching a professional counsellor for help.

- Almost half of the sample (44%) is currently experiencing emotional or psychological distress that disrupts their daily life.
- Fear of emotion is the most prominent avoidance factor that discourages help-seeking behaviour in the sample. This is followed by social norms, and self-esteem.
- The results showed that majority of the sample did not believe the common myths about counselling. This shows a deeper level of knowledge about counselling.
- 70% of the sample expressed the desire to learn more about counselling.

B. Limitations:

- 33% of the sample comprised of Psychology students, and many of the remaining sample have studied Psychology as a subject in the past.
- Due to the use of convenience sampling, the sample is not a wholesome representation of the population.
- Results cannot be widely generalised as the sample only consists of urban Indian female undergraduate students.

C. Major Implications:

- Awareness initiatives educating the youth about the utility and functionality of counselling must be taken up.
- The prominent avoidance factors identified for the sample population must also be looked into and tackled through proper education about counselling procedures, usefulness, ethical guidelines, etc.
- Psychological or emotional distress issues currently being experienced within the population should be identified. These issues can be address through specialised counselling efforts.
- Teachers should be properly educated on matters related to counselling and colleges should be equipped with trained counsellors as a majority of participants said they would go to a teacher or expect to find a counsellor in college.
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