THE INTERACTION OF SELF ESTEEM, LOCUS OF CONTROL, AND GENDER IN ATTITUDES TOWARD SEEKING PSYCHOLOGICAL HELP

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A Thesis

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Lisa M. Bohon, Ph.D.
Department of Psychology

Date: 8/12/09
Abstract

of

THE INTERACTION OF SELF ESTEEM, LOCUS OF CONTROL, AND GENDER IN ATTITUDES TOWARD SEEKING PSYCHOLOGICAL HELP

By

Jessica Lee Jurkovich

This study was designed as 2x2x2 between subjects ANOVA to investigate the attitudinal impacts of gender, self esteem, and locus of control toward seeking therapy. Ninety-six undergraduates participated, one being excluded for not completing one of the questionnaires and demographics page, another four being excluded due to incomplete questionnaires. Participants read one of eight vignettes created to depict manipulation of the independent variables of gender (male, female), self esteem (low, high), and locus of control (internal, external). They completed a self esteem inventory, locus of control inventory, and an attitude inventory as the character in the vignette. The analysis revealed a significant main effect for locus of control on attitude toward seeking therapy. The results support previous research, offering further evidence suggesting that individuals with an internal locus of control are more likely to have a positive attitude toward seeking therapy, and therefore are more likely to actually seek therapy.

Committee Chair

Lawrence S. Meyers/Ph.D.

Date

iv
DEDICATION

To my parents, Dave and Jackie, who supported me through this process.
Without your love and support, I don’t know if I would have completed my thesis.

Your encouragement, reminders, and presence in my life have been a blessing. To my sisters, brothers-in-law, and extended family, thank you for your love and support also. You have all been there to support me, encourage me, and sympathize with me through this process. Thank you.

I also want to thank my friends and colleagues. You have been there to encourage me when I needed encouragement, sympathy when I became frustrated, and a sounding board when I needed to vent. You have encouraged and inspired me to continue on this long road.

Finally, I would like to thank my clients, past, present, and future. It is for you and my genuine love of working with you, that I have persevered when I wanted to quit.
ACKNOWLEDGEMENT

I would like to acknowledge and thank my committee chair, Dr. Meyers, for his support throughout this process. You have encouraged me, been patient with me when I lost momentum, and have shown me much understanding. It has been thanks to your help that I was able to complete my thesis.
### TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dedication</td>
<td>v</td>
</tr>
<tr>
<td>Acknowledgement</td>
<td>vi</td>
</tr>
<tr>
<td>List of Tables</td>
<td>ix</td>
</tr>
<tr>
<td>1. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Decision Theory</td>
<td>1</td>
</tr>
<tr>
<td>Theory of Reasoned Action</td>
<td>4</td>
</tr>
<tr>
<td>Help Seeking Behavior</td>
<td>6</td>
</tr>
<tr>
<td>Self Esteem</td>
<td>7</td>
</tr>
<tr>
<td>Gender</td>
<td>8</td>
</tr>
<tr>
<td>Locus of Control</td>
<td>8</td>
</tr>
<tr>
<td>Current Study</td>
<td>9</td>
</tr>
<tr>
<td>2. METHOD</td>
<td>12</td>
</tr>
<tr>
<td>Participants</td>
<td>12</td>
</tr>
<tr>
<td>Materials</td>
<td>12</td>
</tr>
<tr>
<td>Procedure</td>
<td>15</td>
</tr>
<tr>
<td>3. RESULTS</td>
<td>17</td>
</tr>
<tr>
<td>Descriptive Statistics</td>
<td>17</td>
</tr>
<tr>
<td>Analyses of Variance</td>
<td>18</td>
</tr>
<tr>
<td>4. DISCUSSION</td>
<td>20</td>
</tr>
<tr>
<td>Discussion of Hypotheses</td>
<td>20</td>
</tr>
<tr>
<td>Limitations of Current Study</td>
<td>21</td>
</tr>
</tbody>
</table>
Implications of Current Study .................................................. 22
Appendix A ........................................................................... 25
Appendix B ........................................................................... 27
Appendix C ........................................................................... 29
Appendix D ........................................................................... 31
Appendix E ........................................................................... 33
Appendix F ........................................................................... 35
Appendix G ........................................................................... 37
Appendix H ........................................................................... 39
Appendix I ........................................................................... 41
Appendix J ........................................................................... 42
References ........................................................................... 43
LIST OF TABLES

1. Table 1 Descriptive Statistics for Seeking Therapy .................................................17

2. Table 2 Mean Scores and Standard Deviations for Seeking Therapy by Gender, Locus of Control, and Self Esteem .................................................................19
Chapter 1
INTRODUCTION

Decision Theory

Decision Theory is a field of study, largely based in mathematics, which has been used not only in math, but in psychology, economics, and other fields of study. The study of decisions, and the desire to quantify how decisions were made, developed out of a field of study known as Game Theory. Game Theory was developed in the late 1920s by John von Neumann when he “proved the basic minimax theorem” (Morgenstern, in Davis, 1970, p. x). von Neumann worked closely with an economist named Oskar Morgenstern to apply the theorems to economic situations (Stahl, 1999, p. 1). von Neumann’s equations showed how social situations could be used to predict ways in which people could react, strategies they could use, when competing in a game. Game theory not only takes into account how one person could react, it factors in how the other players influence, impact, and change how the individual acts and what choices he/she makes (Davis, 1983, p. xiv). According to Davis (1983), “Game theory was designed as a decision-making tool to be used in more complex situations, situations in which chance and your choice are not the only factors operating” (p. 4). Game theory also takes into consideration the affect of repetition, or playing the same game over and over with the same person (Stahl, p. 2).

How does an individual make decisions when his/her actions are the only ones involved? There are equations, for example, to determine how best an individual could
get to work. Traffic flow, likelihood of an accident, freeway versus surface streets, and ability to find parking are all factors which could go into an equation regarding the individual driving to work. If one was to factor in the option of taking public transit, new variables would have to be considered, such as number of stops, ease of finding a seat, cost of taking public transit versus driving (e.g. gas used, parking fees). By taking all of these variables into consideration, Decision Theory can help an individual determine which option would get him/her to work on time with the least amount of effort and expenditure.

Decision theory was developed to determine outcomes when there is only one person involved. Decision theory relies heavily upon statistical decision theory and Bayesian concepts (White, 1976). Mathematicians were interested in determining with some certainty which option from the possible options would be the best. Equations were developed which weighed options, factors which could effect the outcomes of the various options, the likelihood of these factors coming into play, and the possible outcomes of the various factors and options.

One of the main contributors to Decision Theory was the Reverend Thomas Bayes (1702-1761). Bayes’ paper, “An essay towards solving a problem in the doctrine of chances” was published posthumously in 1763. What sets Bayesian statisticians apart from other statisticians is that Bayesians consider probability when there is evidence for a hypothesis and when there is not, whereas other statisticians will only consider probability where there is evidence (Lee, 1989, p. 9). According to Hadley (1967) other prominent developers of Decision theory included R. von Mises, Kolmogorov and Doob
in the 1920s, the physicist Jefferies in the 1930s, and L. J. Savage in the 1950s. von Mises stimulated the mathematical research on probability theory. Kolmogorov and Doob narrowed how probabilities were defined. Jefferies added the personal aspect to probability. Savage continued to build upon Jefferies’ work by proving that it was possible to factor the personal aspect into probability equations and maintain mathematical stability (Hadley, 1967, p. 63)

Dorwin Cartwright (1941) was one of the first researchers to attempt to use Decision Theory within the bounds of Psychology. As part of his doctoral thesis, he examined how decision theory could be used to factor in the time necessary to make decisions when determining decision making equations. One of the factors he was considering was motivation, along with the number of options given to an individual. He determined that the valence that each option exerts on the person making the decision helps determine the amount of time necessary to make the decision. The more complex the decision, the more time necessary to weigh all the options and determine the appropriate way to act. The complexity of the issue was also found to be a factor in the decision making process. The equations he developed could be used to determine the amount of time necessary to make a decision when presented with two options.

Another researcher, one from the field of economics, working within decision theory was Kenneth Arrow. Arrow (1951) considered risk taking when discussing decision theory. The potential outcomes were weighed along with the risks of the actions necessary to achieve the desired outcome. He acknowledged that, mathematically, there was no restriction to the options set forth (e.g., in a coin-tossing game, the coin could be
tossed forever). In reality, the risks existed within a set boundary, e.g. the amount of money an individual was willing to wager was not infinite (p. 409). By considering the risks present in the situation, the math could be more accurately applied to real-life situations.

Theory of Reasoned Action

Another theorem developed in decision theory is the Theory of Reasoned Action (TRA), which was developed by Icek Ajzen and Martin Fishbein in 1977. TRA focuses on social norms, and how individuals’ beliefs about action/non-action and the consequences of the decisions impact what decision is made. Ajzen and Fishbein focus on the interaction between action and behavior to predict outcomes of decisions. Specifically, TRA is used to “identify the determinants of behavioral intentions” (Ajzen, 1988, p. 116). The researchers postulated that “as a general rule, we intend to behave in favorable ways with respect to things and people we like and to display unfavorable behaviors toward things and people we dislike” (Ajzen, 1988, p. 33). According to TRA, intention is established by two basic determinants, the personal and the social. The personal aspect includes the individuals’ evaluation, both positive and negative, of the behavior or action. The social aspect includes the perceived social norms, biases, and perceptions of the behavior or action. The social aspect also takes into account how people important to the decision-maker think and feel about the action or decision (Ajzen and Fishbein, 1980). TRA, in essence, weighs an individuals’ belief about a thing or an action, then multiplies it by the subjective evaluation of the belief. The individuals’ attitude is expected to be proportional to the belief score produced by the multiplication
of the belief about the action and the subjective evaluation of the belief (Ajzen, 1988, p. 32).

TRA has been used to predict decisions about health issues (e.g., using sunscreen, practicing safe sex, obtaining necessary health screening). Ajzen and Fishbein (1980) used TRA to determine whether women did or did not intend to use birth control pills. They used questionnaires to measure behavioral beliefs, evaluations of outcomes, normative beliefs, and motivation to comply with the referents (p. 140). The researchers found that both the attitudes toward personal use of birth control and subjective norms toward the use of birth control were important determinants of intention to use the pill. The correlation among beliefs, attitude, subjective norm, and intention ranged from $r = .60$ to $r = .89$ (p. 141). Ajzen and Fishbein (1980) also used TRA to determine how best to approach patients to encourage them to enroll in an alcohol treatment program. They determined that a patients' intention to sign up for the program was a strong predictor for the patient actually attending the program (correlations ranged from $r = .67$ to $r = .79$, p. 233). They found that attitude toward enrolling was a greater predictor than subjective norms, so to increase enrollment, the researchers determined that patients' attitudes needed to be changed (p. 232).

TRA, however, has had little use in the mental health arena. Halgin, Weaver, Edell, and Spencer (1987) used TRA to help find that previous experience with counseling and experiencing depression were both positively associated with help seeking intentions. Romano and Netland (2008) found through a review of the literature that TRA could be used in training of counselors in the area of prevention counseling.
For the purposes of this study, the TRA is the branch of Decision Theory being utilized to
determine the variables used. Specifically, I will be focusing on what Ajzen and Fishbein
term behavioral intention to determine whether the subjects believe the character in the
vignette would or would not seek therapy. Ajzen and Fishbein define behavioral
intention as “a measure of likelihood that a person will engage in a given behavior”
(1980, p. 42)

Help Seeking Behavior

The behavioral intention I am investigating is intention to and attitudes toward
seeking therapy. Early studies of help seeking behaviors, such as that done by James
DeBurger (1967), found that, of the people requesting marital counseling, the majority
(82%) were women (p. 713). Redlich, Hollingshead, and Bellis (1955) found that social
class influenced willingness to seek mental health, with the middle and upper classes
being more willing to seek out and continue with psychotherapy. In other studies, stigma
and social judgments also played a role in help seeking decisions. Farina, Holland, and
Ring (1966) found that a stigma was attached to individuals believed to have a mental
illness, and that these individuals were evaluated in a more negative manner, even when
there was no corroborating evidence. Similarly, Phillips (1963) found that individuals
were rejected by the community for seeking help, though the rejection was less if help
was sought from a priest or a medical doctor. Interestingly, the opposite was true (e.g.
rejection was more if help was sought from a priest or medical doctor) if the individual
making the judgment had a relative who had sought mental-health help (p. 971). More
recently, Vogel, Gentile, and Kaplan (2008) used TRA and, along with other measures, a
short version of Attitudes Toward Seeking Professional Psychological Help Scale (Fischer and Farina, 1995) to determine what effect television viewing had on attitudes toward seeking therapy. They found that frequent exposure to comedy and drama programs significantly predicted attitudes toward therapy and intentions to seek therapy. These attitudes and intentions were significantly influenced by perceived stigma of seeking therapy and the risk of revealing information to a therapist (p. 287).

*Self Esteem*

Self esteem is how an individual feels about or judges him/herself. It has been studied by many researchers over the decades because it has a great influence on many aspects of psychological interest, such as identity development, depression, social interactions, etc. Conn and Peterson (1989), for example, found that individuals with higher self esteem had a more positive attitude toward seeking help than did those with lower self esteem. Vyrost (2000), however, found that, in a demanding life situation, individuals with lower self esteem were more likely to seek help than were individuals with high self esteem. Clegg, Bradley, and Smith (2006) found that situational self esteem (how one views oneself in a situation versus one’s overall view) was a better predictor of decision making than was global self esteem. Galambos, Bárker, and Krahn (2006) found that women with lower self esteem were more prone to depression than were males at age eighteen, though by age twenty-five, the women had improved faster than their male counterparts.
Gender

Gender is a variable that has been widely studied. Schonert-Reichel and Muller (1996) found that, among adolescents, females sought help more often than males. Bringle and Byers (1997) found that, when discussing marriage counseling, women were more likely to say they would seek counseling. They also found that women had a more positive attitude toward seeking therapy than did the men. Mackenzie, Gekoski, and Knox (2006) studied not only gender, but age differences as well. They found, similar to other studies, that women had a more positive attitude toward seeking mental help while men had a more negative attitude. They also found that the older participants were more likely to seek a medical help as opposed to seeking psychological help. Interestingly, Land and Addis (2005) found that, while men were unlikely to seek help from a professional, a friend, or a family member, they did have a positive attitude toward seeking help from the internet.

Locus of Control

Locus of control is how an individual thinks about his/her fate. An individual with an internal locus of control believes she/he is in control of his/her destiny. An individual with an external locus of control believes others or the universe to in control of her/his destiny. Eckenrode (1983) found that individuals with an internal locus of control may possess fewer social resources than those individuals with an external locus of control. He also found, however, that those with an internal locus of control were able to better mobilize those resources in times of stress than those with an external locus of control (p. 523). Schonert-Reichel and Muller (1996) found that, among adolescents,
females with an internal locus of control were more likely to seek help from their mothers, while females with an external locus of control were more likely to seek help from friends (p. 725). Geanakos (2002) found that individuals with an internal locus of control were more likely to seek help and held a more positive attitude toward seeking help than did individuals with an external locus of control. Page and Scalora (2003) conducted a literature review of locus of control literature. They found that an internal locus of control was related to an increase in treatment participation, help seeking, and positive treatment outcomes. Holding an external locus of control, however, was related to poorer treatment outcomes and participation. Interestingly, how locus of control impacts help seeking attitudes may not be generalizable across cultures. Lim and Ang (2003) conducted a study in Singapore, and found that the individuals with an external locus of control held more positive attitudes toward help seeking than did those with an internal locus of control.

**Current Study**

The purpose of this 2x2x2 between subjects study is to investigate the relationship between an individuals’ self esteem (high, low), gender (male, female), and locus of control (internal, external) on the attitude toward seeking therapy of a character depicted in vignettes created by the author. The independent variables of self esteem, gender, and locus of control were manipulated via different vignettes.

As discussed earlier, attitudes toward seeking therapy can be used to determine whether an individual would be more or less likely to actually seek therapy. According to TRA, one of the determinants of intention is an “individual’s attitude toward the
behavior .... the positive or negative evaluation of performing the particular behavior of interest” (p. 117). Attitudes can be influenced by personality traits, such as an individual’s self esteem. An individual’s self esteem can be used to determine whether that individual would have a positive or a negative evaluation of seeking therapy. It is unclear from the research whether high or low self esteem is related to positive attitudes toward seeking therapy. Some of the research (e.g. Conn & Peterson, 1989) found that high self esteem was related to positive attitudes toward therapy. One explanation for this could be that individuals with high self esteem believe that they are worthy of help, that they deserve to have a better life or better circumstances. Other research, however, (e.g. Vyrost, 2000) found that individuals with lower self esteem were more likely to seek help. This could be explained as individuals with lower self esteem recognizing that he/she needs help, or that something about her/him needs to change. Another explanation for lower self esteem being associated with positive attitudes is that these individuals may believe that they are not capable of helping themselves and need outside help to change. It is hypothesized that, in this current study, higher self esteem will be associated with more positive attitudes toward seeking therapy.

Per TRA, one of the determinants of intention in general is social influence, and this social influence is translated into a social norm. Ajzen (1988) stated that such a subjective norm is a “person’s perception of social pressure to perform or not perform the behavior under consideration” (p. 117). Women have been found to have a more positive attitude toward seeking therapy in several studies (e.g., Schonert-Reichel & Muller, 1996; and Bringle and Byers, 1997). Whether this is due to social norms and socialization (e.g.,
little girls are encouraged to talk about their feelings while little boys are encouraged to “suck it up”) or due to some internal factor (e.g. women are genetically wired to be more social while men are genetically inclined to be more systematic) is not clear. It is hypothesized that, for this study, female gender will be associated with more positive attitudes toward seeking therapy.

Therapy is the process of looking internally and finding new ways of coping with a given situation, and of developing a new way of thinking. It means being vulnerable and open, willing to share oneself with another individual. Therapy encourages the individual to make changes to his/her life. Locus of control is a stable personality trait. Holding an internal locus of control means that the individual believes he/she is in control of his/her own destiny. Previous research (e.g., Geanakos, 2002; and Page & Scalora, 2003) has found that individuals with an internal locus of control are more likely to have a positive attitude toward seeking therapy. An individual with an internal locus of control may believe that he/she has the ability to change aspects of her/himself. If given the opportunity, an individual with an internal locus of control could be more likely to intend to seek therapy if he/she was having a problem. TRA posits that intentions can predict behavior. It is hypothesized that, for this study, internal locus of control will be associated with more positive attitudes toward seeking therapy.
Chapter 2

METHOD

Participants

A total of 95 (29 male, 65 female, and 1 who did not answer the demographics questionnaire) undergraduate college students at California State University, Sacramento participated in the current study (one additional participant was excluded from the study due to not completing one of the questionnaires or the demographics page). The participants ranged in age from 18 to 32, with an average age of 20.7 years and a standard deviation of 3.10 (1 participant did not answer the demographics page). The participants averaged 4.1 semesters in college, with a range from 1 to 12 and a standard deviation of 2.65 (17 either did not answer the question or did not answer correctly (e.g. instead of giving a number to the semester, answered with “freshman.”)). No other demographic information was collected. Participants were solicited from the Introductory Psychology courses (01, 05), signed up through a research website, and were given course credit for participating.

Materials

Vignettes. Vignettes were created by the researcher to provide a context for the manipulation of the variables focused on in this study. The first independent variable was gender. Half of the vignettes discussed a character, Jane, while the other half discussed a different character, John. Both characters were 18 year old college students
in their first semester at a large state university. Both characters had been very successful in high school and had enjoyed and excelled in science.

The second independent variable was self esteem. In half of the vignettes, the character was portrayed as having high self esteem, as evidenced by the character believing that she/he could pass the tests and continued to believe in him/herself despite not passing the tests. The remaining vignettes portrayed the character as having low self esteem, as evidenced by the character losing faith in her/himself, questioning his/her goals and worthiness to be in school.

The third independent variable was locus of control. Half of the vignettes portrayed the character as having an internal locus of control, as evidenced by the character taking charge of his/her situation, creating study groups, flash cards, and studying longer and harder for the subsequent tests. The remaining vignettes portrayed the characters as having an external locus of control, as evidenced by the character blaming the teacher for her/his failing the tests. At the end of each vignette, the character met up with his/her professor, and the professor suggested the character seek help to discuss the failing grades. There were eight vignettes used for this study to demonstrate the different combinations of the manipulations of the variables. The vignettes can be found in Appendix A to Appendix H.

*Self-Esteem Inventory.* The Self-Esteem Inventories (SEI) was developed by Stanley Coopersmith in 1967 as a measure to be used in schools, either in the original long form (School Form) or the School Short Form. The version used for this study was the Adult Form, which was adapted from the School Short Form (Coopersmith, 1987, p.
6). The SEI is a self-report measure which asked the participants to respond to 25 statements as either being “Like Me” or “Unlike Me.” (Unfortunately, question 23 was inadvertently left off the questionnaire that was distributed to the participants). The SEI was used as a manipulation check to verify the participants understood the manipulation of the variables in the vignettes.

Reliability for the short form when administered to college students was computed by Bedeian, Geagud, and Zmud (1977). They found coefficients of .80 for male subjects and .82 for females subjects (p. 1042). Construct validity was discussed by Coopersmith (1987) for the long form, citing strong evidence found by Kokenes (1974, 1978) for the subscales for school children in the fourth through eight grades (p. 13).

Locus of Control. The Internal Control Index was developed by Patricia Duttweiler in 1984 (Duttweiler, 1984). It is a 28 question scale with a 5 point Likert-type rating scale. The responses range from 1 (Rarely – Less than 10% of the time) to 5 (Usually – More than 90% of the time). Convergent validity was established by Duttweiler by administering the Index with Rotter I-E Scale, which is a measure of external locus of control. A “moderate negative correlation ($r = -0.385$)” was found as significant (Duttweiler, 1984, p. 217). Reliability was calculated using alpha coefficients and found coefficients of .84 and .85, respectively, for a field test and data obtained form a sample from a college population (Duttweiler, p. 213).

Attitudes Toward Seeking Therapy. The Attitudes Toward Seeking Professional Psychological Help Scale was developed by Edward Fischer and John LeB. Turner in 1970 (Fisher and Turner, 1970). It is a 29 item scale with a 4 point Likert-type rating
scale. The responses ranged from 1 (*Disagree*) to 4 (*Agree*). Internal reliability was calculated by Fisher and Turner (1970) and ranged from .83 to .86, depending on the sample size (p. 80). Test-retest coefficients were calculated for 5 days ($r = .86$), 2 weeks ($r = .89$), 4 weeks ($r = .82$), 6 weeks ($r = .73$), and 2 months ($r = .84$) (Fisher and Turner, p. 80-81). Item statements were reworded slightly to update language to reflect current terms. For example, item two originally stated “If a good friend asked my advice about a mental problem, I might recommend that he see a psychiatrist” was changed to “If a good friend asked my advice about a mental problem, I might recommend that he see a therapist.” Another example is item fifteen, which originally stated “I would rather be advised by a close friend than by a psychologist, even for an emotional problem” was changed to “I would rather be advised by a close friend than by a therapist, even for an emotional problem.”

**Procedure**

Participants were recruited at California State University, Sacramento from undergraduate psychology courses. Each participant was administered the research materials in groups ranging from one participant to eight participants. The participants were given an Informed Consent form to review and sign, which indicated that by signing the participants understood what the study consisted of, and what were the risks and benefits of participation. Participants were assigned different vignette versions using a randomized block distribution. The same randomized block distribution was used to order the surveys after the vignettes. Participants were asked to carefully read the vignette, then answer the following surveys as if the participant was the character in the
vignette, then fill out the demographic questionnaire. Participants were then given a
debriefing form and thanked for their participation. Credit for participation was assigned
to the student online by the end of that day.
Chapter 3

RESULTS

Descriptive Statistics

The descriptive statistics include the mean, standard deviation, and reliability coefficients for the dependent variable of attitude toward seeking therapy are provided in Table 1. The reliability of the scale, per Cronbach’s Alpha, is .61.

Table 1

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Mean</th>
<th>SD</th>
<th>α</th>
<th>n</th>
</tr>
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<tbody>
<tr>
<td>Seeking Therapy</td>
<td>40.57</td>
<td>13.49</td>
<td>.61</td>
<td>91</td>
</tr>
</tbody>
</table>

In the original study, the mean for college females was 63.2, standard deviation was 11.4, number of participants 227; for college males mean was 56.1, standard deviation was 11.8, number of participants 231 (Fischer & Turner, 1970, p. 84). The test developers also looked at participants who had and who had not previously had contact with a professional, either a psychiatrist or other professional helper (e.g., doctor, clergy). Means for this group ranged from 56.7 to 69.4 with standard deviations ranging from 8.5 to 11.9 (Fischer & Turner, 1970, p. 85). Overall, the participants in the current study had a much more negative attitude toward seeking therapy than did the original participants to whom the test was administered. The reliability of the original test was computed using Tyron’s method was .86 for a smaller sample (N = 212) and .83 for a larger sample (N =
The reliability for the current study was much lower, indicating a relatively low consistency of response for the participants.

**Analyses of Variance**

A 2x2x2 univariate analysis of variance procedure was conducted to determine the effects of self esteem (high, low), gender (male, female), and locus of control (internal, external) on attitudes toward seeking therapy. Results indicated a significant main effect for one independent variable: locus of control, $F(1, 83) = 6.91, p < .01$, $\eta^2=.08$.

Internal locus of control had a significant effect on seeking therapy. An internal locus of control resulted in a significantly more positive attitude toward seeking therapy. The means and standard deviations for each level of gender, self esteem, and locus of control for attitude toward seeking therapy are provided in Table 2.
Table 2

Mean scores and standard deviations for attitude toward seeking therapy by gender, locus of control, and self esteem

<table>
<thead>
<tr>
<th>Source</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>40.24</td>
<td>2.02</td>
</tr>
<tr>
<td>Female</td>
<td>41.06</td>
<td>1.95</td>
</tr>
<tr>
<td>Locus of Control*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal</td>
<td>44.34</td>
<td>2.00</td>
</tr>
<tr>
<td>External</td>
<td>36.96</td>
<td>1.97</td>
</tr>
<tr>
<td>Self Esteem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>41.83</td>
<td>2.0</td>
</tr>
<tr>
<td>Low</td>
<td>39.47</td>
<td>1.97</td>
</tr>
</tbody>
</table>

*significant result
Chapter 4

DISCUSSION

Discussion of Hypotheses

The Self Esteem Variable. The first hypothesis concerned the relationship between the self esteem of the character and the characters’ attitude toward seeking therapy. No support for this hypothesis was found; statistical analysis indicated no significant relationship between self esteem and attitude toward seeking therapy. This result was somewhat unexpected as the majority of the research (e.g. Conn & Peterson, 1989) found that higher self esteem was related to positive attitudes toward seeking therapy. There was contradicting research (e.g., Vyrost, 2000) indicating that individuals with lower self esteem were more likely to seek help, and as per TRA, this result would have indicated a positive attitude toward seeking therapy. A significant result, one way or the other, would have been expected, but no significant result was found.

The Gender Variable. The second hypothesis concerned the relationship between the characters’ gender and the characters’ attitude toward seeking therapy. No support for this hypothesis was found; statistical analysis indicated no significant relationship between gender and attitude toward seeking therapy. The research (e.g. Bringle & Byers 1997; Mackenzie, Gekoski, & Knox, 2006) indicated that the female character should have had a more positive attitude toward seeking therapy. No significant results were found for either the male or the female character.

The Locus of Control Variable. The third hypothesis concerned the relationship between the character’s locus of control and the characters’ attitude toward seeking
therapy. Support for this hypothesis was found; statistical analysis indicated that attitudes toward seeking therapy were significantly related to locus of control. The participants in the internal locus of control manipulation had a significantly more positive attitude toward seeking therapy than did those in the external locus of control manipulation. This was the expected result and provides further evidence that an internal locus of control influences a positive attitude toward seeking therapy. The research (e.g., Eckenrode, 1983; Geanakos, 2002) indicated there should have been a positive relationship between internal locus of control and a positive attitude toward seeking therapy. Individuals with an internal locus of control believe that he/she is in charge of her/his life, and therefore could see the value in the therapeutic process. Holding an internal locus of control would also make it easier for the individual to look inward, evaluating his/her role in the outcome of a situation and how she/he impacts the world.

Limitations of Current Study

Design Limitations. Since only one significant difference was found for the different levels of the variables, the vignettes may not have accurately conveyed the manipulations of the variables. A statistical review of the data found that there was not a significant difference between the responses of the participants in the high self esteem versus the low self esteem group, indicating that either the participants were not answering the questions as John/Jane, or that the vignettes did not accurately portray the different levels of the variables. Also, there were gender pronoun issues in several of the vignette. For example, Vignette 5 (see Appendix E) was discussing John, but in several places refers to John as “she.” These issues were not discovered until the participants
were reading the vignettes, as several of the participants asked a question about the gender pronoun discrepancy. Also, one of the questions was left off of the self esteem scale. This omission was not discovered until after all of the questionnaires had been completed and the data was being analyzed. This omission could help explain why no significant result was found for the self esteem variable. The missing question could have changed the results enough that a significant result could have been found, thus lending support to the hypothesis. The participants were asked to fill out three surveys and two questions about the characters’ decision to seek therapy, and how comfortable the character would be about that decision. The participants may have not paid attention to the directions and may have filled out the surveys and questions as themselves instead of as the character in the vignette.

**Implication of Current Study**

The current study provides evidence in support of the locus of control hypotheses and the previous research. The current study found that holding an internal locus of control is associated with a positive attitude toward seeking therapy. This would support further research into the relationship between locus of control and attitudes toward seeking therapy. The current study found no significant results that self esteem or gender have any effect of attitude toward seeking therapy.

Private practice clinicians, community clinics, and state mental health representatives could use these results to tailor recruitment practices for new clients. The inherent positive attitude toward seeking therapy held by individuals with an internal locus of control, as well as the apparent negative attitude of those with an external locus
of control, could be used to create literature about the benefits of seeking therapy and other mental health services.
APPENDIX A

Conditions of Independent Variables Manipulated in this Vignette:
Self Esteem: High
Gender: Female
Locus of Control: Internal

Please read this vignette carefully.

Following this reading you will be asked to complete several questionnaires as if you are the character, Jane. Your responses will be based upon the feelings you believe Jane possesses, based upon the information in this vignette.

Jane is an 18-year-old college student in her first semester at a large state school. She was in the top 10 percent of her class in high school, with a 3.92 GPA and average scores on the SAT and ACT. Jane won several school awards for her academics in high school and entered college with the knowledge that the classes would be more difficult than high school, but with a confidence that she would be able to maintain the academic excellence she achieved in high school.

Jane’s favorite subject, and one in which she excelled (Jane was voted president of the science club) and hoped to make a career of, was science. Jane was excited when she enrolled in her introductory biology course. She attended classes regularly and took extensive notes. When the first test arrived, Jane studied during the weekend and went into the test confident in her preparedness and abilities, knowing that she would pass. When the results were posted, Jane was shocked to see that she had failed with a 55 percent. Jane resolved to study harder for the next test.

Jane began studying for the second test a full week in advance. She formed a study group with several friends in class and spent hours in the library reviewing her notes. When the test was handed out, Jane took her time, reminding herself to read the questions carefully, and repeating the statement “You know the material, you can pass this test!” Jane finished the test and reviewed her answers before turning it in. A week later, when the results were posted, Jane was shocked to see she again failed the test with a 40 percent.

Jane began to question her abilities and competence in the field of science. Jane’s feeling of self-worth was tested as she questioned her dreams and goals, which seemed to be slipping away. Jane was determined to not let this class defeat her. Jane began studying for the test weeks in advance, making flash cards to review between classes, spending hours in the library reviewing her notes, and she joined a second study group. The weekend before the test, Jane locked herself in her room and studied. She sat for the test confident that she had done all she could do to make sure she would pass the test. She left the test hoping she would pass. Again, Jane failed.
Jane’s professor was walking through the hall when she picked up the graded test and noticed Jane’s upset reaction. He had taken note of Jane’s attendance and excellent lab scores. He suggested to Jane that she talk to someone about her grades. Despite the failing grades, Jane knew she was a good student and was confident she would be able to successfully complete college, though she might have to switch majors. Jane knew she alone was in charge of her destiny. She could study harder, form or join more study groups, seek out the TA or the professor for tutoring, and create flash cards, she could pass this class. She might have to retake the class, but Jane knew that, if she worked hard enough, she could pass the class!
APPENDIX B

Conditions of Independent Variables Manipulated in this Vignette:
Self Esteem: High
Gender: Female
Locus of Control: External

Please read this vignette carefully.

Following this reading you will be asked to complete several questionnaires as if you are the character, Jane. Your responses will be based upon the feelings you believe Jane possesses, based upon the information in this vignette.

Jane is an 18-year-old college student in her first semester at a large state school. She was in the top 10 percent of her class in high school, with a 3.92 GPA and average scores on the SAT and ACT. Jane won several school awards for her academics in high school and entered college with the knowledge that the classes would be more difficult than high school, but with a confidence that she would be able to maintain the academic excellence she achieved in high school.

Jane’s favorite subject, and one in which she excelled (Jane was voted president of the science club) and hoped to make a career of, was science. Jane was excited when she enrolled in her introductory biology course. She attended classes regularly and took extensive notes. When the first test arrived, Jane studied during the weekend and went into the test confident in her preparedness and abilities, knowing that she would pass. When the results were posted, Jane was shocked to see that she had failed with a 55 percent. Jane blamed the professor for making the test too hard.

Jane began studying for the second test a full week in advance. She formed a study group with several friends in class and spent hours in the library reviewing her notes. When the test was handed out, Jane took her time, reminding herself to read the questions carefully, and repeating the statement “You know the material, you can pass this test!” Jane finished the test and reviewed her answers before turning it in. A week later, when the results were posted, Jane was shocked to see she again failed the test with a 40 percent. Jane blamed the professor for making the test too hard.

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Jane began to question her abilities and competence in the field of science. Jane’s feeling of self-worth was tested as she questioned her dreams and goals, which seemed to be slipping away. Jane was determined to not let this class defeat her. Jane was blaming the professor for asking questions she did not review, and she was blaming her classmates for distracting her. Jane began studying for the test weeks in advance, making flash cards to review between classes, spending hours in the library reviewing her notes, and she joined a second study group. The weekend before the test, Jane locked herself in her room and studied. She sat for the test confident that she had done all she could do to make sure she would pass the test, though she thought the professor was out to fail people. She left the test hoping she would pass. Again, Jane failed.
Jane’s professor was walking through the hall when she picked up the graded test and noticed Jane’s upset reaction. He had taken note of Jane’s attendance and excellent lab scores. He suggested to Jane that she talk to someone about her grades. Despite the failing grades, Jane knew she was a good student and was confident she would be able to successfully complete college, though she might have to switch majors. Jane blamed the professor for the failing grade. The professor did not teach the class well and asked questions he did not cover in lecture. If the professor had been a better teacher, she would have been able to pass the class!
APPENDIX C

Conditions of Independent Variables Manipulated in this Vignette:
Self Esteem: Low
Gender: Female
Locus of Control: Internal

Please read this vignette carefully.

Following this reading you will be asked to complete several questionnaires as if you are the character, Jane. Your responses will be based upon the feelings you believe Jane possesses, based upon the information in this vignette.

Jane is an 18-year-old college student in her first semester at a large state school. She was in the top 10 percent of her class in high school, with a 3.92 GPA and average scores on the SAT and ACT. Jane won several school awards for her academics in high school and entered college with the knowledge that the classes would be more difficult than high school, but with a confidence that she would be able to maintain the academic excellence she achieved in high school.

Jane’s favorite subject, and one in which she excelled (Jane was voted president of the science club) and hoped to make a career of, was science. Jane was excited when she enrolled in her introductory biology course. She attended classes regularly and took extensive notes. When the first test arrived, Jane studied during the weekend and went into the test confident in her preparedness and abilities, knowing that she would pass. When the results were posted, Jane was shocked to see that she had failed with a 55 percent. Jane resolved to study harder for the next test.

Jane began studying for the second test a full week in advance. She formed a study group with several friends in class and spent hours in the library reviewing her notes. When the test was handed out, Jane took her time, reminding herself to read the questions carefully, and repeating the statement “You know the material, you can pass this test!” Jane finished the test and reviewed her answers before turning it in. A week later, when the results were posted, Jane was shocked to see she again failed the test with a 40 percent.

Jane began to question her abilities and competence in the field of science. Jane’s feeling of self-worth plummeted as she questioned her dreams and goals, which seemed to be slipping away. Jane was hoping this class would not defeat her. Jane began studying for the test weeks in advance, making flash cards to review between classes, spending hours in the library reviewing her notes, and she joined a second study group. The weekend before the test, Jane locked herself in her room and studied. She thought, not that it mattered, because she was not good enough. She left the test hoping she would pass. Again, Jane failed.
Jane’s professor was walking through the hall when she picked up the graded test and noticed Jane’s upset reaction. He had taken note of Jane’s attendance and excellent lab scores. He suggested to Jane that she talk to someone about her grades. The failing grades shook Jane’s evaluation of herself to the core. She questioned if she was good enough to be in school with people who could pass an introductory class. Jane knew she alone was in charge of her destiny. She could study harder, form or join more study groups, seek out the TA or the professor for tutoring, and create flash cards, she could pass this class. She might have to retake the class, but Jane knew that, if she worked hard enough, she could pass the class!
APPENDIX D

Conditions of Independent Variables Manipulated in this Vignette:
Self Esteem: Low
Gender: Female
Locus of Control: External

Please read this vignette carefully.

Following this reading you will be asked to complete several questionnaires as if you are the character, Jane. Your responses will be based upon the feelings you believe Jane possesses, based upon the information in this vignette.

Jane is an 18-year-old college student in her first semester at a large state school. She was in the top 10 percent of her class in high school, with a 3.92 GPA and average scores on the SAT and ACT. Jane won several school awards for her academics in high school and entered college with the knowledge that the classes would be more difficult than high school, but with a confidence that she would be able to maintain the academic excellence she achieved in high school.

Jane’s favorite subject, and one in which she excelled (Jane was voted president of the science club) and hoped to make a career of, was science. Jane was excited when she enrolled in her introductory biology course. She attended classes regularly and took extensive notes. When the first test arrived, Jane studied during the weekend and went into the test confident in her preparedness and abilities, knowing that she would pass. When the results were posted, Jane was shocked to see that she had failed with a 55 percent. Jane blamed the professor for making the test too hard.

Jane began studying for the second test a full week in advance. She formed a study group with several friends in class and spent hours in the library reviewing his notes. When the test was handed out, Jane took her time, reminding herself to read the questions carefully, and repeating the statement “You know the material, you can pass this test!” Jane finished the test and reviewed her answers before turning it in. A week later, when the results were posted, Jane was shocked to see she again failed the test with a 40 percent.

Jane continued to question her abilities and competence in the field of science. Jane’s feeling of self-worth plummeted as she questioned her dreams and goals, which seemed to be slipping away. Jane was hoping this class would not defeat her. She was blaming the professor for asking questions she did not review, and she was blaming her classmates for distracting her. Jane began studying for the test weeks in advance, making flash cards to review between classes, spending hours in the library reviewing her notes, and he joined a second study group. The weekend before the test, Jane locked herself in her room and studied. She thought, not that it mattered, because she was not good enough and the professor was out to fail people. She left the test hoping she would pass. Again, Jane failed.
Jane’s professor was walking through the hall when she picked up the graded test and noticed Jane’s upset reaction. He had taken note of John’s attendance and excellent lab scores. He suggested to Jane that she talk to someone about her grades. The failing grades shook Jane’s evaluation of herself to the core. She questioned if she was good enough to be in school with people who could pass an introductory class. Jane blamed the professor for the failing grade. The professor did not teach the class well and asked questions he did not cover in lecture. If the professor had been a better teacher, she would have been able to pass the class!
APPENDIX E

Conditions of Independent Variables Manipulated in this Vignette:
Self Esteem: High
Gender: Male
Locus of Control: Internal

Please read this vignette carefully.

Following this reading you will be asked to complete several questionnaires as if you are the character, John. Your responses will be based upon the feelings you believe John possesses, based upon the information in this vignette.

John is an 18-year-old college student in his first semester at a large state school. He was in the top 10 percent of his class in high school, with a 3.92 GPA and average scores on the SAT and ACT. John won several school awards for his academics in high school and entered college with the knowledge that the classes would be more difficult than high school, but with a confidence that he would be able to maintain the academic excellence he achieved in high school.

John’s favorite subject, and one in which he excelled (John was voted president of the science club) and hoped to make a career of, was science. John was excited when he enrolled in his introductory biology course. He attended classes regularly and took extensive notes. When the first test arrived, John studied during the weekend and went into the test confident in his preparedness and abilities, knowing that he would pass. When the results were posted, John was shocked to see that he had failed with a 55 percent. John resolved to study harder for the next test.

John began studying for the second test a full week in advance. He formed a study group with several friends in class and spent hours in the library reviewing his notes. When the test was handed out, John took his time, reminding himself to read the questions carefully, and repeating the statement “You know the material, you can pass this test!” John finished the test and reviewed his answers before turning it in. A week later, when the results were posted, John was shocked to see he again failed the test with a 40 percent.

John began to question his abilities and competence in the field of science. John’s feeling of self-worth was tested as he questioned his dreams and goals, which seemed to be slipping away. John was determined to not let this class defeat him. John began studying for the test weeks in advance, making flash cards to review between classes, spending hours in the library reviewing his notes, and he joined a second study group. The weekend before the test, John locked himself in his room and studied. He sat for the test confident that he had done all he could do to make sure he would pass the test. He left the test hoping he would pass. Again, John failed.
John’s professor was walking through the hall when he picked up the graded test and noticed John’s upset reaction. He had taken note of John’s attendance and excellent lab scores. He suggested to John that he talk to someone about his grades. Despite the failing grades, John knew she was a good student and was confident she would be able to successfully complete college, though he might have to switch majors. John knew he alone was in charge of his destiny. He could study harder, form or join more study groups, seek out the TA or the professor for tutoring, and create flash cards, he could pass this class. He might have to retake the class, but John knew that, if he worker hard enough, he could pass the class!
APPENDIX F

Conditions of Independent Variables Manipulated in this Vignette:
Self Esteem: High
Gender: Male
Locus of Control: External

Please read this vignette carefully.

Following this reading you will be asked to complete several questionnaires as if you are the character, John. Your responses will be based upon the feelings you believe John possesses, based upon the information in this vignette.

John is an 18-year-old college student in his first semester at a large state school. He was in the top 10 percent of his class in high school, with a 3.92 GPA and average scores on the SAT and ACT. John won several school awards for his academics in high school and entered college with the knowledge that the classes would be more difficult than high school, but with a confidence that he would be able to maintain the academic excellence she achieved in high school.

John’s favorite subject, and one in which he excelled (John was voted president of the science club) and hoped to make a career of, was science. John was excited when he enrolled in his introductory biology course. He attended classes regularly and took extensive notes. When the first test arrived, John studied during the weekend and went into the test confident in his preparedness and abilities, knowing that he would pass. When the results were posted, John was shocked to see that he had failed with a 55 percent. John blamed the professor for making the test too hard.

John began studying for the second test a full week in advance. He formed a study group with several friends in class and spent hours in the library reviewing his notes. When the test was handed out, John took his time, reminding himself to read the questions carefully, and repeating the statement “You know the material, you can pass this test!” John finished the test and reviewed his answers before turning it in. A week later, when the results were posted, John was shocked to see he again failed the test with a 40 percent.

John began to question his abilities and competence in the field of science. John’s feeling of self-worth was tested as he questioned his dreams and goals, which seemed to be slipping away. John was determined to not let this class defeat him. John was blaming the professor for asking questions he did not review, and he was blaming his classmates for distracting him. John began studying for the test weeks in advance, making flash cards to review between classes, spending hours in the library reviewing his notes, and he joined a second study group. The weekend before the test, John locked himself in his room and studied. He sat for the test confident that he had done all he could do to make sure he would pass the test, though he thought the professor was out to fail people. He left the test hoping he would pass. Again, John failed.
John's professor was walking through the hall when he picked up the graded test and noticed John's upset reaction. He had taken note of John's attendance and excellent lab scores. He suggested to John that he talk to someone about his grades. Despite the failing grades, John knew he was a good student and was confident he would be able to successfully complete college, though he might have to switch majors. John blamed the professor for the failing grade. The professor did not teach the class well and asked questions he did not cover in lecture. If the professor had been a better teacher, he would have been able to pass the class!
APPENDIX G

Conditions of Independent Variables Manipulated in this Vignette:
Self Esteem: Low
Gender: Male
Locus of Control: Internal

Please read this vignette carefully.

Following this reading you will be asked to complete several questionnaires as if you are
the character, John. Your responses will be based upon the feelings you believe John
possesses, based upon the information in this vignette.

John is an 18-year-old college student in his first semester at a large state school. He
was in the top 10 percent of his class in high school, with a 3.92 GPA and average
scores on the SAT and ACT. John won several school awards for his academics in high
school and entered college with the knowledge that the classes would be more difficult
than high school, but with a confidence that he would be able to maintain the academic
excellence she achieved in high school.

John’s favorite subject, and one in which he excelled (John was voted president of
the science club) and hoped to make a career of, was science. John was excited when he
enrolled in his introductory biology course. He attended classes regularly and took
extensive notes. When the first test arrived, John studied during the weekend and went
into the test confident in his preparedness and abilities, knowing that he would pass.
When the results were posted, John was shocked to see that he had failed with a 55
percent. John resolved to study harder for the next test.

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study group with several friends in class and spent hours in the library reviewing her
notes. When the test was handed out, John took his time, reminding himself to read the
questions carefully, and repeating the statement “You know the material, you can pass
this test!” John finished the test and reviewed his answers before turning it in. A week
later, when the results were posted, John was shocked to see he again failed the test with
a 40 percent.

John began to question his abilities and competence in the field of science. John’s
feeling of self-worth plummeted as he questioned her dreams and goals, which seemed to
be slipping away. John was hoping this class would not defeat him. John began studying
for the test weeks in advance, making flash cards to review between classes, spending
hours in the library reviewing his notes, and he joined a second study group. The
weekend before the test, John locked herself in his room and studied. He thought, not
that it mattered, because he was not good enough. He left the test hoping he would pass.
Again, John failed.
John’s professor was walking through the hall when he picked up the graded test and noticed John’s upset reaction. He had taken note of John’s attendance and excellent lab scores. He suggested to John that he talk to someone about his grades. The failing grades shook John’s evaluation of himself to the core. He questioned if he was good enough to be in school with people who could pass an introductory class. John knew he alone was in charge of his destiny. He could study harder, form or join more study groups, seek out the TA or the professor for tutoring, and create flash cards, he could pass this class. He might have to retake the class, but John knew that, if he worker hard enough, he could pass the class!
APPENDIX H

Conditions of Independent Variables Manipulated in this Vignette:
Self Esteem: Low
Gender: Male
Locus of Control: External

Please read this vignette carefully.

Following this reading you will be asked to complete several questionnaires as if you are the character, John. Your responses will be based upon the feelings you believe John possesses, based upon the information in this vignette.

John is an 18-year-old college student in his first semester at a large state school. He was in the top 10 percent of his class in high school, with a 3.92 GPA and average scores on the SAT and ACT. John won several school awards for his academics in high school and entered college with the knowledge that the classes would be more difficult than high school, but with a confidence that he would be able to maintain the academic excellence he achieved in high school.

John’s favorite subject, and one in which he excelled (John was voted president of the science club) and hoped to make a career of, was science. John was excited when he enrolled in his introductory biology course. He attended classes regularly and took extensive notes. When the first test arrived, John studied during the weekend and went into the test confident in his preparedness and abilities, knowing that he would pass. When the results were posted, John was shocked to see that he had failed with a 55 percent. John blamed the professor for making the test too hard.

John began studying for the second test a full week in advance. He formed a study group with several friends in class and spent hours in the library reviewing his notes. When the test was handed out, John took his time, reminding himself to read the questions carefully, and repeating the statement “You know the material, you can pass this test!” John finished the test and reviewed his answers before turning it in. A week later, when the results were posted, John was shocked to see he again failed the test with a 40 percent.

John continued to question his abilities and competence in the field of science. John’s feeling of self-worth plummeted as he questioned his dreams and goals, which seemed to be slipping away. John was hoping this class would not defeat him. He was blaming the professor for asking questions he did not review, and he was blaming his classmates for distracting him. John began studying for the test weeks in advance, making flash cards to review between classes, spending hours in the library reviewing her notes, and he joined a second study group. The weekend before the test, John locked himself in his room and studied. He thought, not that it mattered, because he was not
good enough and the professor was out to fail people. He left the test hoping he would pass. Again, John failed.

John’s professor was walking through the hall when he picked up the graded test and noticed John’s upset reaction. He had taken note of John’s attendance and excellent lab scores. He suggested to John that he talk to someone about his grades. The failing grades shook John’s evaluation of himself to the core. He questioned if he was good enough to be in school with people who could pass an introductory class. John blamed the professor for the failing grade. The professor did not teach the class well and asked questions he did not cover in lecture. If the professor had been a better teacher, he would have been able to pass the class!
APPENDIX I

____ If you were Jane, on a scale of 1-10, where 1 is not at all likely and 10 is very likely, how likely are you to seek therapy?

____ If you were Jane, on a scale of 1-10, where 1 is not at all comfortable and 10 is very comfortable, how comfortable would you be with this decision?

Please answer the following demographic information about you:

____ Gender

____ Age

____ Semester in school
APPENDIX J

If you were John, on a scale of 1-10, where 1 is not at all likely and 10 is very likely, how likely are you to seek therapy?

If you were Jane, on a scale of 1-10, where 1 is not at all comfortable and 10 is very comfortable, how comfortable would you be with this decision?

Please answer the following demographic information about you:

Gender
Age
Semester in school
REFERENCES


