

## MOTIVATIONAL BASES OF NEGATIVE ATTITUDES TOWARD PSYCHIATRIC HELP-SEEKING

Hye Kyung Kim  
Nanyang Technological University, Singapore  
email: hkkim@ntu.edu.sg

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### Abstract

The reluctance of young adults to seek professional mental help is a major challenge to effective early depression interventions. It is thus important to develop positive attitudes and beliefs that lead to psychiatric help-seeking before they become symptomatic. Attitudes towards healthy behaviors can serve a variety of purposes for attitude holders and persuasive messages that address underlying reasons for holding an attitude are more effective than messages that fail to target such functions. In light of the Functional Theory of Attitude (Herek, 1986), this study examines motivational bases of negative attitudes toward psychiatric help-seeking for depression treatment among young adults. College students at a large university in New York ( $N = 104$ ) were invited to participate in a survey administered on the Web. The study results revealed that the most salient attitude function was the utilitarian function, followed by the ego-defensive and value-expressive functions. Participants did not explicitly acknowledge the ego-defensive function of their attitudes despite a strong (implicit) association between the function and their attitudes toward help-seeking. Health value was positively associated with the help-seeking attitude, but not with the self-direction values. These findings offer useful guidance for the design of interventions to promote help-seeking behaviors among young adults.

**Keywords:** Attitude Function, Depression Treatment, Ego-defense, Help-seeking, Young adults

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### 1. Introduction

Young adults (aged 18-29 years) have the highest prevalence of lifetime depression history (major and minor depression combined) of any age group, with a 25% cumulative prevalence at age 24 (Kessler & Walters, 1998). Depression during this critical period of emerging adulthood has both short- and long-term consequences by increasing the risks of substance abuse, work and relationship problems and by impairing future development (Arnett, 2000; Van Voorhees et al., 2006). Young adults with depression are more reluctant than older adults to seek professional help, delaying treatment until symptoms and functional impairment are intolerable (Thompson, Hunt & Issakidis, 2004; Van Voorhees et al., 2006). Young adults have the lowest rates of seeking care and of receiving high quality treatment of any age group (35 and 25 percent respectively; Kessler & Walters, 1998; Young et al., 2001). The reluctance of young adults to seek professional mental help is clearly a challenge to effective early interventions (Rickwood, Deane & Wilson, 2007).

While many factors influence willingness to seek psychiatric help, including personal characteristics, illness factors and past experiences (Fabrigar, Smith & Brannon, 1999; Van Voorhees et al., 2006), belief and attitudinal variables are also important (Komiti, Judd & Jackson, 2006). Van Voorhees et al. (2006), for instance, found that negative outcome expectancy beliefs, attitudes and social norms associated with treatment accounted for the majority of variance in a model predicting low perceived need for depression treatment among young adults. Many argue that the prevalence of negative attitudes and beliefs about seeking mental health treatment is a major barrier for early interventions (e.g., Schomerus, Matschinger & Angermeyer, 2009).

Studies in social psychology and psychiatry have identified specific beliefs and attitudes related to professional help seeking for mental disorders. The belief that psychiatric treatment is an effective way to alleviate suffering from depression is positively associated with psychiatric help-seeking (e.g., Wrigley et al., 2005; Komiti et al., 2006; Schomerus et al., 2009). Self-stigma, defined as negative beliefs about oneself as a result of internalizing stigmatizing ideas held by society, is a major barrier to help seeking behaviors (Barney et al., 2006; Schomerus et al., 2009). Stoicism, the belief that seeking outside help is a sign of personal weakness, is associated with negative attitudes toward help-seeking and therefore, result in relying on self-help to deal with depression (e.g., internet searches; Komiti et al., 2006; Rickwood et al., 2007). As young adults enter adulthood with a growing need for autonomy and independence, stoic beliefs are salient to many when they experience mental disorders. In fact, growing evidence suggests that a third of adolescents with serious suicidal thoughts, depression or substance use problems believe that people should handle their own problems without outside help (Gould et al., 2004; Rickwood et al., 2007).

## 2. Study objective

Given the important role of attitudinal factors in shaping ones willingness to seek help when young adults become depressed, one objective should be the design of effective messages to reduce negative beliefs associated with seeking psychiatric help. Attitudes toward a health behavior can serve a variety of purposes for attitude holders and persuasive messages that address underlying reasons for holding an attitude are more effective than messages that fail to target such functions (Herek, 1986). In order to provide useful insights on the development of health messages endorsing psychiatric help-seeking (hereafter PHS), the current study identifies motivational bases of negative attitudes toward PHS guided by the Functional Theory of Attitude (FTA; Katz, 1960; Herek, 1986).

## 3. Literature Review

### Attitude functions of PHS

The reasoned action approach (Fishbein & Ajzen, 1975) has received criticism for not directly accounting for the motivations associated with holding attitudes toward a target behavior (e.g., van der Pligt & de Vries, 1998). Attitude researchers have increasingly devoted attention to identifying attitude structures and motivational factors that may enhance or inhibit persuasion (e.g., DeBono, 1987; Wang, 2012).

The FTA (Katz, 1960; Herek, 1986) suggests that attitudes toward a given objective (including behaviors like PHS) can serve a variety of purposes in the attainment of psychological goals: (1) an ego-defensive function to protect the self-concept from real or imagined threats, (2) an experiential (or knowledge) function to make sense of one's personal experience, (3) a utilitarian function to maximize rewards while avoiding punishment and (4) a value-expressive function to express and live up to one's values (Katz, 1960; Snyder & DeBono, 1989; Julka & Marsh, 2005). Persuasive messages that match psychological motivation(s) underlying the targeted attitude are more effective than those fail to address such functions (*the functional matching effect*; Katz, 1960; Herek, 1986; DeBono, 1987). It is, therefore, important to first identify the functions a particular attitude may serve.

Attitudes toward PHS could serve multiple psychological functions for young adults. For example, if an individual holds negative attitudes toward PHS due to self-stigmatizing beliefs, the attitude could serve to protect the self-concept in response to attacks on his/her public identity (i.e., the ego-defensive function). If an individual holds a positive attitude toward PHS because s/he thinks maintaining her/his own health is important, the attitude serves a function to express the value of being healthy (i.e., the value-expressive function). Intrinsic features of PHS, like the practical benefits (e.g., being able to perform well at

school) or financial costs of seeking help, could also serve an important reason for PHS attitudes (i.e., the utilitarian function).

Salient attitude functions are likely to influence how individuals respond to health messages that advocate psychiatric treatment. The possibilities of suffering from depression and stigmatization may reflect 'the feared self' that serve important reasons for holding negative attitudes and taking an ego-defensive stance to mental health treatment. Then, health messages that make 'the feared self' salient in the audiences' minds could increase defensiveness and resistance to persuasion as it threatens their self-conception. If PHS attitude serves a function to express one's value like 'being healthy', audiences are likely to be attentive to the attitude object's value-related qualities in a value-expressive message, resulting in a better persuasive outcome. Studies have yet to investigate the prevalence or strength of attitude functions related to PHS, however. Thus, the first research question explores functions that are associated with attitudes toward PHS.

**RQ1:** What are the important functions of attitudes toward PHS?

#### **4. Value structure related to PHS**

Previous work has shown success in using value-expressive messages to change attitudes that have a value-expressive component (Hullett, 2002, 2004). In this framework, values and attitudes are related in that specific attitudes are used to enact desirable behaviors or to achieve one's goals (Hullett & Boster, 2001; Hullett, 2002, 2004). For attitudes to be value-expressive, one reason for holding an attitude should be the achievement or maintenance of one or more values (Hullett, 2004). Assuming for now that value-expressive function is one of important attitude functions for PHS (tested explicitly in RQ1), this study attempts to identify values associated with PHS to offer guidance on the development of value-expressive messages endorsing PHS.

Schwartz (1996) emphasized that attitudes and behaviors are guided not by a single value, but by tradeoffs among competing values and their motivating goals that are simultaneously associated with a behavior or attitude (Rokeach, 1973). Several different values should be involved in the formation of topic relevant attitudes. Based on the Theory of Integrated Value System (Schwartz, 1996), these values and associated goals could include being healthy ("health") and/or being independent or choosing one's own goals ("self-direction"). To better understand the value structure related to PHS, a second RQ is posed:

**RQ2:** Which values are associated with attitudes toward PHS?

### **5. Methods**

#### **Procedure and participants**

Student participants ( $N = 104$ ) voluntarily took part in an online survey in exchange for an extra credit. Because this study examines attitude functions and value structure associated with PHS among young adults, college students were considered an appropriate target population. Respondents consisted of 79% women and their ages varied from 18 to 22 ( $M = 20$ ). Two-thirds identified as White (67%) followed by Asian (27%). Of the respondents, 22% were freshmen, 39% were sophomores, 25% were juniors and 14% were seniors.

After signing the consent form, participants completed a survey questionnaire that included items about personal values, attitudes toward PHS, attitude functions and basic demographics. The survey required approximately 20 minutes to complete.

#### **5.1 Measures**

##### *Attitude toward PHS*

Seven 7-point semantic differential scale items were used to measure attitude. Participants were asked to report on whether seeing a psychiatrist for depression treatment would be (1) foolish – wise, (2) harmful – beneficial, (3) good – bad, (4) helpful – useless, (5) valuable – worthless, (6) pleasant – unpleasant, and (7) enjoyable – unenjoyable, if they were experiencing depressive symptoms. Items were averaged into an attitude scale ( $\alpha = .81$ ,  $M = 5.15$ ,  $SD = .94$ ).

### *Attitude functions*

Five attitude functions were assessed in relation to PHS (Appendix A): experiential-schematic, ego-defensive, value-expressive, utilitarian, and social-expressive. Each function was measured with multiple items adopted and selected from the attitude function literature (e.g., Herek, 1987) and studies in psychiatry that identified specific beliefs associated with help-seeking for mental disorders (e.g., Wrigley et al., 2005; Barney et al., 2006; Komiti et al., 2006; Rickwood et al., 2007; Schomerus et al., 2009).

On a 7-point Likert scale (1 = not at all true of me, 7 = very true of me), four items assessed value-expressive function ( $\alpha = .76$ ,  $M = 4.60$ ,  $SD = 1.23$ ; e.g., “my opinions about PHS are mainly based on my beliefs about how things should be”). Five items assessed ego-defensive function ( $\alpha = .89$ ,  $M = 3.31$ ,  $SD = 1.56$ ; e.g., “my opinions about PHS mainly are based on the fact that I would rather not think about seeking psychiatric treatment”). The utilitarian function was measured with 3 items ( $\alpha = .68$ ,  $M = 5.20$ ,  $SD = 1.15$ ; e.g., “my opinions about psychiatric help seeking mainly are based on my expectations about what I can expect to get from the treatment”). The experiential-schematic function was also measured with 3 items ( $\alpha = .60$ ,  $M = 3.72$ ,  $SD = 1.52$ ; e.g., “my opinions about PHS mainly are based on my personal experiences with receiving psychiatric treatment or other counseling services”). The social-expressive function was measured with 4 items ( $\alpha = .82$ ,  $M = 3.51$ ,  $SD = 1.37$ ; e.g., “my opinions about psychiatric help seeking mainly are based on my perceptions of how the people I care about consider psychiatric treatment as a group”).

### *Values*

Using measures from the Schwartz (1992) value survey, participants were asked to rate “the importance of each value as a guiding principle in my life” for the following ten value domains (0 = of no importance at all; 10 = of supreme importance): power, achievement, hedonism, stimulation, self-direction, universalism, benevolence, tradition, conformity, and security (which includes health). These domains are the higher order constructs encompassing several specific values that share motivational characteristics. For example, specific values within self-direction include self-respect, choosing own goals and independence.

## **5.2 Data Analysis**

### **Attitude functions of PHS (RQ1)**

The association between each function and PHS attitudes was assessed using bivariate correlations (Table 1). The most salient attitude function was the utilitarian function ( $r = .44$ ,  $p < .001$ ), followed by the ego-defensive function ( $r = -.37$ ,  $p < .001$ ). Consistent with the bivariate correlation results, participants self-reported the highest mean score for the utilitarian function ( $M = 5.20$ ). Despite its strong association with PHS attitude, the ego-defensive function received the lowest mean score ( $M = 3.31$ ) among all functions, suggesting that the ego-defensive function is not accessible to attitude holders.

The value-expressive function was positively associated with PHS attitudes ( $r = .25$ ,  $p = .01$ ), and its mean score, the second highest among all functions, was significantly higher than the mid-point of the scale ( $M = 4.60$ ,  $t = 9.15$ ,  $p < .001$ ). The experiential-schematic and social-expressive functions were positively related to the attitude, although the latter was marginally significant ( $r = .23$ ,  $p = .02$  and  $r = .17$ ,  $p = .09$ , respectively).

Table 1. Attitude Functions of PHS Attitude

|                               | Attitude Functions |             |               |              |             |
|-------------------------------|--------------------|-------------|---------------|--------------|-------------|
|                               | Utilitarian        | Ego-defense | Value-express | Experiential | Social      |
| Mean (SD)                     | 5.20 (1.15)        | 3.31 (1.56) | 4.60 (1.22)   | 3.72 (1.52)  | 3.51 (1.37) |
| Correlation with PHS attitude | .44***             | -.37***     | .25**         | .23*         | .17         |

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

### Attitude-relevant values (RQ2)

Using bivariate correlations, relationships between PHS attitude and each value were examined. Significantly associated values were healthy ( $r = .21, p = .03$ ), authority ( $r = -.21, p = .04$ ), equality ( $r = .24, p = .01$ ), a world of peace ( $r = .29, p = .003$ ), social justice ( $r = .20, p = .05$ ), and helpful ( $r = .20, p = .04$ ). The self-direction values were not associated with the attitude toward PHS: (1) self-respect,  $r = .08$ , (2) choosing own goals,  $r = .01$ , and (3) independence,  $r = .01$ , all  $p = ns$ .

### Conclusion

In light of the FTA (Herek, 1986), this study investigated motivational bases of negative attitudes toward PHS among young adults to provide useful insights for the design of interventions to promote help-seeking behaviors. The utilitarian function was strongly associated with PHS attitudes, suggesting that health messages that address benefits or efficacy of seeking psychiatric treatment should be more persuasive than not providing such information (Herek, 1986).

Study results also confirmed that negative PHS attitudes indeed served an ego-defensive end. Interestingly, participants did not acknowledge ego-defensiveness as an important reason for their negative attitude toward PHS, although such function was strongly associated with the attitude implicitly. This supports the notion that the ego-defensive function is not accessible to attitude holders and thus highly resistant to change (Katz, 1960). Furthermore, research suggests when ego-threatening elements are made salient in a message, it can result in negative cognitive responses such as counterarguments and message/source derogation (Lapinski & Boster, 2001). Therefore, it will be advantageous to take into account the nature of ego-defensive motives when advocating PHS to treat depression. However, it has been unclear in the literature exactly how to match or address the ego-defensive attitude function with a persuasive message.

In light of Katz (1960), one possibility is to offer motivational insights into forming a positive attitude. Value-expressive messages may be able to accomplish this goal by framing a behavior as a pursuit of an important value (i.e., in a positive light for the audience's self-conception). In the current study, value-expressiveness was perceived as an important reason for PHS attitude and was also positively associated with the attitude. There are at least two approaches for changing attitudes that have a value-expressive component: (1) change the underlying value to make changes in the corresponding attitude, or (2) modify the connection between a particular value and the attitude (Katz, 1960; Hullett, 2004). The former strategy is challenging because values are formed over time, grounded in cultural traditions, and thus resistant to change. The latter strategy utilizes value-expressive messages that argue adopting a particular attitude will help the pursuit of the value. When

using this strategy, messages addressing audiences' important values were more effective than those that do not address (or mismatch) such values (Hullett & Boster, 2001; Hullett, 2002, 2004).

In the context of PHS, two values are potentially useful to be advocated in value-expressive messages: the health and self-direction values. Study results revealed a positive association between the health value and PHS attitude, reflecting that a major reason for seeking treatment is to recover one's health. Thus, one could use a health value-expressive message (i.e., arguing that a positive attitude toward PHS would be consistent with the pursuit of health value) to strengthen the connection between health values and PHS attitudes. At the same time, previous work shows that self-reliance is one of the major barriers to help-seeking. The present study also found that self-direction values were not associated with PHS attitudes, suggesting that young adults did not see PHS as a proactive and independent choice to be self-directed. Thus, the use of self-direction value-expressive message would be to create the connection between self-direction values and positive PHS attitudes. Future work should confirm the efficacy of these value-expressive messages in promoting PHS among young adults.

Results of this study should be interpreted carefully within several constraints. First, a convenience sample of healthy college students was used to examine young adults' motivational bases of PHS attitude. This study aimed to form positive PHS attitude among healthy young adults without depressive symptoms; it is, as such, unclear whether the results are generalized to depressed individuals or other populations. Yet, results are generally in line with previous studies in psychiatry that addressed beliefs associated with help-seeking for mental disorders (e.g., Wrigley et al., 2005; Barney et al., 2006; Komiti et al., 2006; Rickwood et al., 2007; Schomerus et al., 2009). Secondly, several attitude function measures had low reliability scores despite the fact that they were derived from relevant literatures. It would be beneficial for future work to develop more reliable measures of attitude functions.

In conclusion, the utilitarian and ego-defensive functions appear to be most important to be addressed in messages endorsing PHS. Considering the difficulty of directly addressing the ego-defensive function (as it may increase resistance to persuasion), (health or self-direction) value-expressive messages could be useful to provide motivational insights into forming positive attitudes toward PHS beyond young adults' self-defense motives.

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## **Appendix A: Attitude Function Measures**

### **Value-expressive function**

- [1] My opinions about psychiatric help seeking mainly are based on my personal values
- [2] My opinions about psychiatric help seeking mainly are based on my beliefs about how things should be
- [3] My opinions about psychiatric help seeking tell other people a lot about the kind of person I am
- [4] My opinions about psychiatric help seeking express what I value most

### **Ego-defensive function**

- [1] My opinions about psychiatric help seeking mainly are based on the fact that I would rather not think about seeking psychiatric treatment
- [2] My opinions about psychiatric help seeking mainly are based on my personal feelings of discomfort or revulsion at seeking psychiatric treatment
- [3] My opinions about psychiatric help seeking mainly are based on my personal feelings of uneasiness about myself for resorting to external help
- [4] My opinions about psychiatric help seeking mainly are based on my personal feelings of discomfort or revulsion at being regarded as unbalanced by other people
- [5] My opinions about psychiatric help seeking mainly are based on the fact that I would rather not think about myself in need of psychiatric treatment

### **Utilitarian function**

- [1] My opinions about psychiatric help seeking mainly are based on my expectations about what I can expect to get from the treatment
- [2] My opinions about psychiatric help seeking mainly are based on my expectation on the helpfulness of the treatment
- [3] My opinions about psychiatric help seeking mainly are based on my expectation that I would experience acceptance and understanding in from the treatment.

### **Experiential-schematic function**

- [1] My opinions about psychiatric help seeking mainly are based on my personal experiences with people whose family members or friends have received psychiatric treatment
- [2] My opinions about psychiatric help seeking mainly are based on my personal experiences with receiving psychiatric treatment or other counseling services
- [3] My opinions about psychiatric help seeking mainly are based on my personal experiences with hearing about psychiatric treatment or other counseling services

### **Social-expressive function**

- [1] My opinions about psychiatric help seeking mainly are based on my perceptions of how the people I care about consider psychiatric treatment as a group
- [2] My opinions about psychiatric help seeking mainly are based on learning how those who received psychiatric treatment are viewed by the people whose opinions I most respect
- [3] My opinions about psychiatric help seeking mainly are based on my perceptions of whether the people I care about would seek psychiatric treatment when they are in need
- [4] My opinions about psychiatric help seeking mainly are based on my perceptions of how those who received psychiatric treatment would be treated by the people whose opinions I most respect.