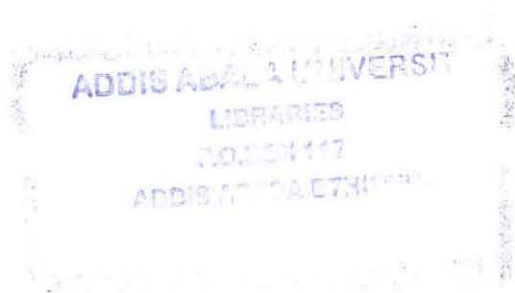


**ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES**

**ADOLESCENTS' ATTITUDE TOWARDS SEEKING COUNSELING
AND ITS RELATION WITH SELF-CONCEALMENT,
SELF-ESTEEM AND GENDER**

BY: GETACHEW TASSEW



JUNE, 2006

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**ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES
DEPARTMENT OF PSYCHOLOGY**

BY: GETACHEW TASSEW

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for the Degree of Master of Art in Psychology**

JUNE, 2006

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Graduate studies committee

Tamiric Andualem
Advisor

R. VENKATACHALAM
Examiner (internal)

Agedem Redi
Examiner (external)

[Signature]
signature

[Signature]
Signature

R. Venkatesh Chandra
Signature

[Signature]
Signature

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Abstract

The objectives of this study were to explore adolescents' attitude toward seeking counseling, and to examine its relation with self-concealment, self-esteem and gender. The data gathered through three Likert-type scales (attitude toward seeking counseling, self-esteem and self-concealment scales) from a total of 395 (135 females and 260 males) high school adolescent students attending grades 9 to 12 in Debre Markos town, who were selected via proportional stratified random sampling, were analyzed using mean, standard deviation, bivariate correlation, t-test and multiple regression. The mean and one sample t-test revealed that adolescents had negative counseling seeking attitude. Counseling seeking attitude was related negatively and significantly with both self-concealment and self-esteem. Gender also predicted counseling seeking attitude, being females associated with positive attitude. Self-concealment, self-esteem and gender taken together significantly predicted attitude towards seeking counseling. Self-concealment was found to be the best predictor among the variables entered in the equation followed by gender. On the basis of these results, discussion and conclusion were made. Finally, some recommendations are forwarded for possible intervention and future research.

CHAPTER ONE

INTRODUCTION

1.1. Background of the Study

Adolescence is a period of human development characterized by a complex set of developmental changes which bridges childhood and young adulthood. It is a time of major changes- social, emotional, physical and cognitive-in all developmental domains (Rickwood et al., 2005), with potential for conflicts and stress (Rosanne & Martin, 2004). Adolescence is a critical period in human life span, particularly in terms of factors influencing mental health and well-being (Rickwood et al., 2005; Reinherz et al., 1993 in Sheffield, Fiorenza & Sofronoff, 2004). Developmental tasks associated with adolescence cause a unique set of stressors and strains (Patterson & McCubbin, 1987). Likewise, Aggarwal (1994) described adolescence as a period of anxieties, worries, ambitions, conflicts and complexity.

Adolescence is considered to be a vulnerable period in the life cycle due to the nature and pace of changes. Schonert-Reichl and Muller (1996) stated that adolescence is a vulnerable period for mental health problems because of a number of biological, interpersonal, cognitive and environmental changes and the occurrence of increasing number of stressful life events. Research on the well-being of adolescents has shown that approximately 20% of adolescents experience psychological disturbance (Rickwood & Braithwaite, 1994; Offer et al., 1991 in Sheffield, Fiorenza & Sofronoff, 2004; McGee et al., 1990 in Sears, 2004). Larson and Ham (1993) also concluded that adolescence is associated with an increased sensitivity to environmental stressors such as conflicts, resulting in higher level of distress. It has been also indicated that psychological or emotional distress significantly impact adolescents' social, physical, educational and occupational functioning that have in turn major effects on later adult life (Rickwood et al., 2005; Rosanne & Martin, 2004). Managing the physiological changes of puberty, adjusting cognitive capacity with life experience, achieving the expected independence, developing appropriate social role, fulfilling academic requirement, planning occupations,

and generating set of values to lead adult roles (Garmezy 1981 cited in Patterson & McCubbin, 1987), contribute a lot in posing adolescents' psychological distress.

Coping with these normative and non-normative demands during this period is, therefore, crucial for adolescents' mental and social well-being. Research examining coping classified it using a variety of systems, however, regardless of the systems, asking for help with a problem was included as an adaptive mode of coping with concern or problems (Boldero & Fallon, 1995). Hence, help seeking, a behavior of actively seeking help from other people (Rickwood et al., 2005), is an important subset of coping behavior. Help can be sought from different sources varying in their degree of formality – friends, families, counselors, youth workers, clergy, etc (Rickwood et al., 2005).

Despite adolescents' obvious need for professional help, they rarely seek professional psychological help, and prefer to seek help from informal sources such as friends and families rather than formal sources such as school counselors, social workers, teachers and therapists (Boldero & Fallon, 1995; Rickwood & Braithwaite, 1994; Schonert-Reichl & Muller 1996). Adolescents are more willing to seek help from parents or families when they experience psychological disturbance, emotional, personal or behavioral problems (Sheffield, Fiorenza & Sofronoff, 2004).

Adolescents' willingness to talk to some one about their distress is positive, however, it is not clear that the responses received from informal help, particularly from family and friends, who may be untrained to deal effectively with emotional and personal problems, are helpful (Rickwood et al., 2005). Commonly, people see professional counseling as a last resort (Hinson & Swanson, 1993).

Individuals' reluctance to seek professional psychological help has initiated an interesting question for professional counselors. What influences a person to seek professional counseling? To explain individuals' reluctance to seek psychological help, help seeking attitudes became a focus for empirical study. It seems that the utility of the concept

attitudes affect a person's help seeking behavior rests on the theory of attitude causes behavior.

According to the theory of planned behavior, people act in accordance with their intentions and perceptions of control over the behavior (Ajzen, 2001). Attitude towards the behavior was the first independent determinant of intention (Ajzen, 1991). The theory of reasoned action also asserts that intention to perform the behavior, the most direct antecedents of a behavior or action, is determined by a person's attitudes about the behavior (Fishbein and Ajzen, 1974, 1975). This implies that attitude causes behavior or action.

Indeed, consistent with this perspective, studies have shown that the best predictor of help-seeking intent is a person's attitude toward seeking professional counseling (e.g. Kelly and Achter, 1995; Carlton and Deane, 2000; Cepeda-Benito and Short, 1998; Vogel et al., 2005).

Inline with the above idea, Al-Darmaki (2003) writes that a person's response toward seeking professional help for emotional or other problems or avoiding getting such help is determined by his/her attitudes toward seeking psychological help. Carlton and Deane (2000) also concluded that attitudes toward seeking professional psychological help were significant predictors of intention to seek help for both personal and emotional problems and suicidal thoughts. A negative attitude toward seeking counseling is a major barrier to seek professional psychological help (Rickwood et al., 2005). Cognizant of attitudes affect both the utilizations and successfulness of counseling is one reason for counselors' continued research interest in help seeking attitudes (Stiles et al., 1986, and Grencavage & Norcross 1990 cited in Leong, 1999).

Based on the aforementioned discussion, attitude toward seeking counseling, which is viewed as producing the most consistent and substantial relationships with help-seeking behavior and in some cases most amenable to change (Carlton & Deane, 2000), is the focus of the present study.

In turn, most studies examining psychological as well as demographic variables in relation to help seeking attitudes in samples that range from adolescents to adults in different countries have shown that a person's attitudes can be influenced by psychological and demographic factors (e.g. Kelly & Achter, 1995; Turkum, 2005; Yoo, Goh, & Yoon, 2005; Vogel et al., 2005).

Among demographic variables, gender has received the most attention and most studies indicated that it is the most salient variable that correlated significantly with attitudes toward seeking professional help. Females, in general, have shown more positive help seeking attitudes than males (e.g. Turkum, 2005; Ang et al., 2004; Johnson, 2001; Leong, 1999). Similar results are found specifically in a sample of adolescents (Rickwood & Braithwaite, 1994; Schonert-Reichl & Muller, 1996; Boldero & Fallon, 1995; Orya et al., 2001). But there are some exceptions that found gender is not a significant predictor of attitudes toward seeking counseling (Atkinson & Gim, 1989 cited in Al-Darmaki, 2003; Atkinson, Lowe & Matthews, 1995).

The act of seeking help from some one requires revealing personal information about oneself and one's problem (Hinson & Swanson, 1993). Self-concealment which denotes one's predisposed refusal to share personally distressing information with others (Larson & Chastain 1990) is, therefore, found to be one area of research in counseling in relation to help seeking attitudes. Studies revealed that self-concealment was negatively associated with attitudes toward seeking counseling, with high self-concealers have more negative attitudes toward seeking counseling than low self-concealers (Yoo, Goh, & Yoon 2005; Kelly & Achter 1995; Cepeda-Benito & Short, 1998).

Researchers also examined help seeking attitudes and self-esteem. The findings are, however, not conclusive. High self-esteem individuals were more reluctant to seek help than low self-esteem individuals (Nadler et al.1985). It was also found that seeking psychological help was associated with negative self-image (Schonert-Reichl et al., 1995 in Schonert-Reichl & Muller, 1996) and lower self-worth (Schonert-Reichl & Muller,

1996). Siegman (1974) cited in Savaya (1998) also reported that individuals with high self-esteem were less inclined to seek help for psychiatric problems.

In contrast, Al-Darmaki (2003) found that high self-esteem was associated with more positive attitudes toward seeking professional counseling. Still, a study by Savaya (1998) revealed that self-esteem was not associated with attitudes toward professional help seeking.

Ethiopian adolescents also encounter a number of different types of problems like their counter parts in other parts of the world. Previous studies revealed that Ethiopian adolescents face psychological, social, physical, emotional, personality and other problems that require professional intervention (Cox 1967; Renner 974; Yusuf, 1998). In Cox (1967), 72% of the respondents reported that adolescence had been a period of " Stress and Strain " for them. Ethiopian high school students (approximately in the age range of 15-21) face psychological and emotional problems such as stress and strain, frustration, depression, inferiority and superiority complex, identity problems, anxiety and tension. They also face problems of delinquency, drug abuse, and specifically, rape, illegal abortion and early marriage for females (Yusuf, 1998).

Professional help seeking provides protection against variety of mental health risks, including risks for suicide (Martin, 2002 cited in Rickwood et al., 2005). Help seeking among adolescents is a necessary ingredient to cope successfully with their problems (Schonert-Reichl & Muller, 1996). This implies that counseling is a major asset for adolescents. In response to that professional counseling is fundamental to adolescents' mental health and well-being as well as recognizing adolescence as a critical period and age of problems, counseling service has been offered to Ethiopian high school students.

However, the main question is the utilization of this psychological service by them. Even if, there is no well-documented research evidences, the public image of counseling seems to be poor in Ethiopia (Seleshi, 2000). Mpofu et al. (1997) in Seleshi (2000) reported that although counselors give orientation to students about counseling and they are conscious

enough how to seek psychological help from counselors, most adolescents don't use the services. The writer's preliminary observations and experiences support the finding from this survey that adolescents are reluctant to seek professional psychological help and the service is under utilized.

In accord with the existing literature, one explanation put forward for adolescents' reluctance to seek professional counseling might be their attitudes toward seeking psychological help. Attitude is an important determinant for a person's response toward seeking or avoiding getting counseling (Al-Darmaki, 2003; Rickwood & Braithwaite, 1994; Egan, 1982). According to Seleshi (1996) cited in Seleshi (2000), students who recognized the value of counseling and with positive attitudes frequently come to counselor willingly when they feel the need for help but students who have negative attitudes would not come to the counselor. Hence, the issue needs to be addressed.

Although counseling service is relatively new in Ethiopia, almost for more than two decades, it has been offered in educational and non-educational settings by general psychologists and other individuals with related profession background. At present, counseling psychologists are being trained in Ethiopia at M.A level to offer more specialized professional psychological help. Thus, addressing Ethiopian adolescents' counseling seeking attitudes and related variables may help the profession to reach those individuals needing the services.

Therefore, the purpose of this study is to investigate adolescents' attitude toward seeking professional counseling for their psychological or emotional problems and to examine its relation with self-concealment, self-esteem, and gender.

1.2. Statement of the Problem

By addressing adolescents' problems and counseling seeking attitude, appropriate counseling services could be provided to promote over all development and to enable them to be productive for themselves as well as for the society as a whole.

Counseling is concerned with influencing voluntary behavior change on the client, that is, the client want to change and seek counselor's help (Yusuf, 1998). One can not force an individual to attend counseling, so it is important to determine how to intervene and help them respecting their freedom and dignity. A better understanding of factors underlying people's decisions to seek counseling could allow the profession to reach out to those who need counseling (Komia, Good & Sherrod, 2000 in Vogel et al., 2005). Hence, offering counseling services in a way that meet the needs of the clients is possible through a better understanding of their help seeking attitudes and the variables that might be related with their attitudes toward seeking professional help. Because of the important role that psychological variables play in determining the utilization of psychological professional services, it is important to identify those psychological characteristics that are associated with seeking or not seeking help among adolescents (Schonert-Reichl & Muller 1996).

However, this issue remains uninvestigated in Ethiopian culture. There is paucity of documented studies dealing with attitudes toward seeking counseling in Ethiopia. Help seeking attitudes underlying actual help seeking behavior may be, however, culturally determined (Al-Darmaki, 2003; Bale, 1987, & Schofield, 1987 cited in Furnham, 2000). Hence, this study is planned to be conducted.

Moreover, psychological and demographic variables examined in this study are chosen because of their possible influence on attitudes toward seeking professional counseling and their relevance for counselors as indicated in the existing research literature.

Willingness to disclose personal information may impact not only the outcome of counseling (Kelly, 1998; Kahn, Achter, & Shambaugh, 2001), but also willingness to seek help from a variety of sources (Hinson & Swanson, 1993). Thus, understanding self-concealment is highly relevant for counselors; because counseling requires the clients to reveal their most intimate and distressing experience (Cepeda-Benito & Short, 1998). Examining it as a client variable in the future counseling research could be very useful (Kelly & Achter, 1995). Moreover, since the counseling setting is a place where secrets can be shared appropriately and confidentially, individuals who typically keep personal

To this end, the following research questions are formulated.

1. What is adolescents' attitude toward seeking professional counseling?
2. Is there a relationship between self-concealment and attitude toward seeking professional counseling?
3. Is there a relationship between self-esteem and attitude toward seeking professional counseling?
4. Is there a relationship between gender and attitude toward seeking counseling?
5. To what extent do the independent variables (self-concealment, self-esteem and gender) predict adolescents' counseling seeking attitude together?

1.3. Purposes of the Study

The overall purpose of this study is to investigate adolescents' attitude towards seeking professional counseling for their psychological or emotional problems and to examine their professional counseling seeking attitude in relation to self-esteem, self-concealment, and gender.

The specific purposes of this study include:

- To investigate whether adolescents' attitude toward seeking professional counseling is positive or negative.
- To examine the relationship between self-concealment and attitude toward seeking professional counseling.
- To examine the relationship between self-esteem and attitude toward seeking professional counseling.
- To see the relationship between gender and professional counseling seeking attitude.
- To examine the predictive power of self-concealment, self-esteem and gender on adolescents' attitude toward seeking counseling collectively.

1.4. Significance of the Study

Awareness of how different psychological and demographic factors contribute to individual's decision to seek help is important for counselors and other professionals. To reach out individuals who are in need of counseling, counselors will need to address their

attitudes toward counseling (Vogel et al., 2005). Thus, the findings of this study can provide information for counselors about Ethiopian adolescents' attitudes toward seeking counseling which may serve as entry point for counselors for discussing clients' expectation and value recognition about counseling.

It is also important to know more about the factors that influence and shape people's attitudes toward counseling (Cepeda-Benito & Short, 1998). In accord with this idea, this study is also expected to provide new insights regarding some psychological and demographic variables that can enhance or restrict willingness to seek professional counseling help. Therefore, it enables to make psychological services more accessible to clients by heightening counselors' awareness of the importance of considering different psychological and demographic variables to meet the needs of the clients.

Findings from this study also can help the counselors, policy makers and other concerned bodies to exert coordinated efforts that aimed at increasing favorable attitudes toward counseling and consequently to promote service utilization early rather than the advance stage of problems.

Since the clients' initial attitudes about counseling can affect the counseling process and the clients' maximum benefits from the counseling process, this study may provide useful information for counselors to consider different personal variables in relation to professional help seeking attitudes at intake

Since this study is the first in its type in Ethiopia, it will lay foundation for the documentation of literature with regard to help seeking attitudes.

Finally, the study will provide directions for future research for those professionals who are interested in the field.

1.5. Delimitation of the Study

This study was delimited in terms of area, population and variables in such a way that it could be manageable. Regarding the area, it was confined to Debre Markos town, Amhara region. It was chosen because it has been the researcher's work place and residence; hence, he could get easily the cooperation of the management bodies of schools and respondents to carry out the study. With respect to population, the study was delimited to high school adolescent students attending grades 9-12. The reason was, in our context, counseling service was being offered only in high schools as well as students at this age encounter variety of problems related with their developmental changes that elicit the need for seeking psychological help. In case of variables, although research revealed attitudes toward seeking professional counseling was associated with variety of variables; the present study was restricted to some selected variables.

1.6. Definition of Important Terms

Self-concealment – a tendency to actively conceal/ hide from others personally distressing or negative information.

Self- esteem - a global self-acceptance and basic feelings of self-worth.

Attitude towards seeking counseling - the tendency to respond favorably or unfavorably towards the act of seeking professional counseling services.

Counseling - the process in which a trained professional help a person who is actively seeking help with personal issues he encounter in his normal stage of life span development.

Adolescents - individuals with in the age range of 14-20 years.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1. Introduction and Overview of Adolescence

2.1.1. Definition of Adolescence

The word adolescence is Latin in origin, derived from the word 'adolescere' which means "to grow into adulthood" (Steinberg, 1999), or "to grow into maturity" (Gross, 2001). Adolescence is "roughly the second decade of the life span" (Steinberg, 1999, p.4). Steinberg (1999) described adolescence as a time of growing up and moving from immaturity in to maturity in all societies.

Lefton (2000) defined adolescence as a transitional period from childhood to adulthood involving a dramatic cognitive, social and emotional change, ranging in age from 12 to 20. He described adolescence as a bridge between childhood and adulthood. Regarding the onset and end of the period of adolescence, there is no clearly marked time. Determining the starting and ending point of adolescence is more of opinion instead of absolute fact (Steinberg, 1999). Assigning specific year to adolescence is difficult because there is variation from country to country and culture to culture (Aggarwal, 1994). Rather, considering it as a period moving from immaturity into maturity would give more sense rather than viewing it as having a definite beginning and ending (Steinberg, 1999).

Lipsitz (1977), and Kagan and Coles (1972) in Steinberg (1999) classified the period of adolescence in to three phases, namely, early adolescence (11 to 14 years), middle adolescence (15 to 18 years) and late adolescence (18 to 21 years). Steinberg (1999) correspond these divisions of adolescence with educational institutions approximate age, middle or junior high school, high school and college respectively.

2.1.2. Fundamental changes in adolescence

Adolescence is considered to be the most crucial and critical period in human development. Change marks the entire life span, though it is more dramatic at certain stages than at others. Adolescence is a time of profound changes in which biological factors as well as social factors exert greatest influences.

Steinberg (1999) note that most social scientists and practitioners have recognized the occurrence of so much psychological and social growth during the second decade of human development. The onset of puberty (biological change), the emergence of more advanced thinking abilities (cognitive development) and transition in to new roles in the society (social development) give the period its special flavor and distinctiveness (Hill, 1983 in Steinberg, 1999). All adolescents in every society pass through these universal sets of changes with out exception and they are called as fundamental changes of adolescence (Steinberg 1999).

The developmental transitions involved in adolescence are categorized as normative, maturational shift (e.g. spurt growth, first menstruation, changed romantic relationship, gender-role identity, autonomy and responsibility); normative society dependent shifts (e.g. school transition, leaving school, being employed, right to vote etc), and non-normative shifts (e.g. parental divorce, illness, risk taking behavior, etc) Hendry and Kloep, 1999 (in Gross, 2001). These authors notice that if the conditions are not easy, normative shifts may become non-normative shifts.

2.1.3. Problems of Adolescents

According to Petersen and Leffert (1995), developmental transition can provide challenges and new opportunities or it can become overwhelming and stressful. They, further, argue that since adolescence fulfill the definition of developmental transition, with significant changes in biological, cognitive and psychosocial aspects, adolescents can encounter a number of problems. Adolescence is often referred as a time of stress and storm. The notion of "Storm and Stress" is Hall's concept that view the period of

adolescence is a turbulent time characterized by conflict and mood swings (Santrock, 1997), psychological and emotional turmoil (Cox, 1967; Renner, 1969).

On the basis of analysis of a number of definitions, Aggarwal (1994) also characterized adolescence as a period of rapid changes, new learning, anxieties and worries, conflicts and complexity, great stress and storm, rapid fluctuation of moods, complex emotion etc. Adolescence is marked by heightened emotionality or emotional disturbance (Chauhan, 1996; Aggarwal, 1994; Biehler and Snowman, 1997). Eating disorder, substance abuse, schizophrenia, depression and suicide are identified as prominent emotional problems among adolescence (Biehler and Snowman, 1997). Biehler and Snowman argue that many high school students encounter a time of depression, loneliness and anxiety. Depression, adolescents' most common emotional problems, leads to a variety of problems including academic, social and personality problems (Biehler and Snowman, 1997; Chauhan, 1996; Kuhlen, 1992 in Chauhan, 1996).

According to Achenbach and Edelbrock (1987) cited in Steinberg (1999), psychologists and other mental health experts on psychosocial problems during adolescence, classified the problems broadly into three, namely, substance abuse - maladaptive use of legal and illegal drugs; internalizing disorders - problems that are inward and expressed in emotional and psychological distress such as depression, suicide, anxiety, phobia; and externalizing disorders - problems directed outward and manifest in behavior such as delinquency, antisocial aggression and truancy. They also note that one can accompany the other. For example, substance abuse is more likely associated with problems of schools, psychological distress, depression, delinquency and truancy (Anderson et al., 1989 in Steinberg, 1999).

The changes and demands of adolescence may develop the feeling of helplessness, confusion, and pessimistic about the future and adolescents are more likely to be psychologically depressed and in need of professional help (Steinberg, 1999). Further, this author described that depression, the most common psychological disturbance among adolescents, has emotional, cognitive and motivational symptoms. Recognizing the

magnitude and potential effects of emotional and other problems, Chauhan (1996) concluded that the provision of guidance and counseling service is critical and significant during adolescence. In the same way, Biehler and Snowman (1997) recommend that teachers should not hesitate to refer students to school counselor/ school psychologist.

2.2. Concepts and Theories of Attitudes

2.2.1. Definition and nature of Attitudes

We do not view the world around us in neutral terms. Rather, people, events and situations have either positive or negative consequence for us that develop certain regularities in our feelings, thoughts and inclinations to act toward different aspects of our environment (Vander Zanden, 1987). He termed such regularities as attitudes. The term attitude is a widely used term by the public to denote a psychological state that predisposes a person to act favorably or unfavorably to an event or situations. It is a commonly used term in every day language in academic and non-academic settings on different issues. It has been defined in various ways by different psychologists. Despite the long history of research on attitude, there is no universally agreed upon definitions.

Santrock (1997) defined attitudes as a positive or negative predisposition to behave in certain ways toward some objects, persons or groups. In the words of Eagly and Chaiken (1998), attitude is defined as "a psychological tendency that is expressed by evaluating a particular entity with some degree of favor or disfavor" (p.269). A psychological tendency in this definition implies that attitude is internal to the person, lasts for a short or long period of time and can not be observed directly rather inferred from observable responses (Eagly & Chaiken, 1998).

In line with Eagly and Chaiken's (1998) definition of attitude as evaluative (pro-con, positive- negative) dimension, Zimbardo and Leippe (1991) cited in Gross (2001) defined attitude as an evaluative disposition toward some object in which the evaluation is along continuum of like- dislike or favorable- unfavorable or positive or negative. It is a favorable or unfavorable evaluative reaction toward something or some one exhibited in

ones' beliefs, feelings, or intended behavior (Olson and Zanna, 1993). Similarly, Sdorow (1998) viewed attitude as an evaluation of an idea, event, object, or person that encompasses cognitive, emotional and behavioral components.

From the foregoing definitions, it can be understood that attitude is a point of view that someone holds towards an idea, behavior or object in his or her every day life. Attitude is expressed through evaluative response of favor or disfavor. This implies that an attitude is a tendency to respond positively or negatively to certain attitude object. The attitude object that are commonly studied in attitude research include social policies, social groups, individual person, behaviors and classes of behaviors (Eagly and Chaiken, 1998). In any case, to act or to intend to act in a certain way, having a positive attitude of an attitude object is decisive enough. Attitude is a state of mind that underlies a person's inclination to respond to something either favorably or unfavorably (Vander Zander, 1987).

In spite of a number of definitions and differences in the way they are expressed, most attitude theorists agree that (a) evaluation is viewed as central and main aspects of attitudes (b) attitudes are represented in memory, and (c) attitudes have three components: cognitive, affective and behavioral components (Olson and Zanna, 1993).

2.2.2. Components of Attitudes

Attitudes have three components; Cognitive, affective and behavioral components.

2.2.2.1. Cognitive component

The cognitive component of attitudes incorporates cognition, thought or belief about the attitude objects. It is the reasons and explanations that people provide about the attitude they hold (Hayes, 1998); beliefs linked with certain characteristics or attributes or judgments of the attitude object (Fishbein and Ajzen, 1975, 1974); the beliefs, thoughts and ideas we hold about something (Vander Zanden, 1987; Eagly & Chaiken, 1998).

2.2.2.2. Affective Component

The affective component of attitudes encompasses feelings, moods, and emotions experienced in relation to an attitude object (Eagly & Chaiken, 1998). It is the way a

person feels about the attitude object, how he/ she favorably or unfavorably evaluated the attitude object (Fishbein & Ajzen, 1975, 1974; Hayes, 1998). It reflects the feelings or emotions the entity produces within an individual (Vander Zanden, 1987). Like the cognitive component, the affective dimension can range from positive - negative evaluative reaction with greater or lesser extremity (Eagly & Chaiken, 1998)

2.2.2.3. Behavioral Component

The behavioral component of attitude reflects predisposition or tendencies toward action or to act in a certain way (Fishbein and Ajzen, 1975, 1974; Vander Zanden, 1987). It is how a person intends to respond to the attitude object (Rosenberg and Hovland, 1960 in Gross, 2001).

These three components of attitudes in relation to attitudes toward seeking counseling could be illustrated as follows. Cognitive component (e.g. the belief expression that counseling is helpful sources for individuals), affective component (e.g. expression of admiration or disgust, apperception or disdain of counselor or counseling help), and behavioral component (e.g. how likely a person would be to or not to seek counseling if he/she encounters problems).

2.2.3. The Relationship between Attitudes and Behavior

The utility of the attitude concept rests on the assumption that attitude influences behavior. Attitudes have been viewed as powerful energizers and directors of our behavior - they ready us for certain kinds of action. A research on attitudes behavior relation indicated attitudes can predict/direct behavior directly or indirectly. In fact, some classic studies revealed a lack of correspondence or low correspondence between attitudes and behavior. Ajzen and Fishbein (1975, 1974) argue that attitudes can predict behavior, provided that both are assessed at the same level of generality. High degree of compatibility between them is needed. They argue that much of the earlier research suffered from either trying to predict specific behaviors from general attitudes or vice versa.

A study by Davidson and Jaccard (1979) as cited by Gross (2001) supported Ajzen and Fishbein's idea. The relationships they found between attitudes toward birth control and actual use of oral contraceptive, attitudes toward oral contraceptive and actual use and attitudes toward using oral contraceptives during the next two years and actual use were 0.08, 0.32, 0.53 and 0.57 respectively which indicate the correspondence was increased as the compatibility increased.

It has been proposed a further refinement of conceptualizing the relationship between attitudes and behaviors. One such attempt was the theory of reasoned action which states people act rationally and behavior can be predicted most accurately from intentions that underlying our actions (Fishbein & Ajzen, 1975, 1974). This theory posits that behaviors are a direct result of behavioral intentions. In line with this concept, Santrock (1997) argue that a woman who intends to take birth control pills to avoid pregnancy is more likely to take them than is woman who does not intend to do.

Fishbein and Ajzen (1975) theorized that intentions in turn, are a function of two basic determinants. The first of these is the person's attitude towards the behavior. The second is the subjective norm - the person's perception of social pressure to perform or not to perform the action. This model implies that we intend to perform a behavior if we evaluated it positively, and if we believed that it is socially a good thing that we should perform it. In the case of a woman for instance, "does a women think taking the pill is a good idea to her?" reflects attitudes while " a woman's perception of what other such as her husband, her mother, her church think she should do" is an indication of subjective norm of a behavior (Santrock, 1997). Fishbein and Ajzen postulated the attitude to be the first antecedents of behavioral intention.

In turn, attitudes toward a behavior arise mainly from the beliefs that some one holds which link the behavior to a particular out come (Hayes, 1998). That is, they are based on what will happen if we perform that behavior. The subjective norms also develop from the persons beliefs about social judgments and how they operated in a particular group of people (Hayes, 1998).

(Bond, 1993). According to Bond (1993), in American English, counseling is used as generic word to encompass advising, guidance, psychotherapy and psychoanalysis. Differentiating the practice of interpersonal and intrapersonal counseling from the myriad of other activities is apparent (Hackney & Cormier, 1996).

According to Hackney and Cormier (1996), professional counseling "involves an interpersonal relationship with some one who is actively seeking help with personal issues that interfere with or detract from a satisfactory life. The second person, the professional counselor, is willing to give help and is personally capable of and trained to help in a setting that permits help to be given and received" (p.2). They, further, added that the process of counseling is directed toward people who experience difficulties as they live through the normal stage of life span development. For British Association for Counseling (BAC, 1998 in King, 1999), "Counseling involves a deliberately undertaken contract with clearly agreed boundaries and commitment to privacy and confidentiality. It requires explicit and informed agreement" (P. 8).

Although counseling is defined differently by different scholars, its aim is enabling the client to achieve his/ her own improved well-being. British Association of Counseling (1992) cited in bond (1993) stated counseling in the following way;

The overall aim of counseling is to provide an opportunity for the client to work towards living in a more satisfying and resourceful way. The term counseling includes work with individuals... The objectives of particular counseling relationships will vary according to the client's needs. Counseling may be concerned with developing issues, addressing and resolving specific problems, making decisions, coping with crisis, developing personal insight and knowledge, working through feelings of inner conflict or improving relationship with others. The counselor's role is to facilitate the client's work on ways which respect the client's values, personal resources and capacity for self- determination (p.19).

This implies that counseling plays a number of roles to help the client depends on his/her needs. But the process of counseling is non- directive and non-advisory. It is not perspective, informative and confronting rather the counselor is facilitator. It is voluntary;

individuals should not be forced to seek professional counseling. The present study is based on this idea.

Regarding the development of counseling psychology as a profession, Dowd (1998) indicates that counseling psychology has undergone significant development since its formal inception as a distinct helping profession in 1946. According to Dowd (1998), the original aim of assisting individuals in the search for appropriate occupations was broadened in to a profession that assists intact persons in maximizing their developmental potentials in all areas of life. In doing so, it makes a wide variety of psychological interventions designed not only to assist people in adjusting to their environment, but also to modify environments to make them more suited to human development.

In Ethiopia, counseling as a discipline and profession has no centuries of history. But with its literal and informal meaning, it has an old history. It was carried out by traditional healers such as priests, sheiks, witchcraft, parents, friends, elders, etc for people facing different problems (Yusuf & Bradely, 1983; Yusuf, 1985, 1998; Haregewoin & Yusuf, 1994). Guidance and counseling service in Ethiopian school system is quite a new initiative unlike other western countries (MOE, 2002 cited in Amare, 2004).

In 1966 /67 academic year, the first course entitled guidance and counseling was offered to psychology major students in the then Haileselassie I university, the present AAU (Yusuf, 1981). In 1977/78 academic year, the first psychology major students graduated and they were assigned as counselors in secondary school. Through time, the numbers of counseling courses become increased and in 2004/ 2005 academic year postgraduate program in counseling psychology was started.

2.4. The Concept of Self-Concealment and Its Relation with Help-Seeking Attitudes

2.4.1. Concept of Self-concealment

Secrecy is a familiar human experience. Most people have distressing feelings, thoughts, and information about themselves that they would not like to share for others (Larson & Chastain, 1990). The secrets that people keep from awareness of others can range from mildly embarrassing to highly distressing (Larson & Chastain, 1990). The most often concealed are those painful or traumatic personal experiences (Kelly, 1999; Larson & Chastain, 1990). Kelly (1999) stated that secrecy involves actively hiding private information from others and he called it as self-concealment and active inhibition of disclosure.

Larson and Chastain (1990) defined self-concealment as “a predisposition to actively conceal from others personal information that one perceives as distressing or negative (p.440)”. Derlega and Chaiken (1977) view the process of self-concealment as a special instance of boundary regulation to maintain privacy. Larson and Chastain (1990) write that the clinical practice and research as well as causal observation revealed individual differences in a tendency to conceal personal information. Some self-conceals more than others do. These authors describe this self-concealed information as “a subset of private personal information, consciously accessible to the individual, and actively kept from the awareness of others” (p.440). Thus, they said, self –concealment involves intentional concealment of personal information (thoughts, feelings, actions or events) that is highly intimate and distressing.

Self-disclosure the act of revealing personal information to others and self-concealment the act of concealing personal information from others are simply the reverse of each other (Larson & Chastain, 1990). The self-concealing individual is not disclosing, and the low-disclosure is self-concealing. These two constructs are considered to be separate and distinct, but related.

Self-concealment contributes to both psychological disturbance and psychological well-being. The beliefs of psychologists and lay persons that actively concealing personal secrets is stressful and sharing secrets for others provide emotional relief and physical well-being are supported by research findings (Kelly, 1999). Concealing distressing personal intimate information has been found to hinder psychological well-being, physical health and the healing process (Kelly, 1999; Ichiyama et al., 1992, and Pennebaker, 1985 cited in Kelly and Achter, 1995; McCarthy 1995 cited in Cepeda-Benito and Short, 1998). Pennebaker (1997) cited in Kelly (1999) stated that revealing personal secrets is beneficial because the revealers gain new insights in to their trauma and no loss of more cognitive and emotional resources to actively hide the trauma.

Problems associated with revealing personal information include the confidants often cannot be trusted to keep secrets or to protect one's identity (Kelly, 1999). Kelly suggests that these negative effects could be avoided through careful selection of confidant. Consistent with such ideas, self-concealment as operationalized by Larson and Chastain (1990) has been examined in relation to help seeking attitudes and intentions from professional counselors who presumably trained to fulfill all of the positive qualities of confidants.

2.4.2. Self-Concealment and Help-Seeking Attitudes

It seems that the importance of studying self-concealment in the helping professions recognized before a long period of time. Ekstin and Caruth (1975) cited in Larson and Chastain (1990) argue that in the psychoanalytic therapy the client's conscious secrets from the therapists represent a form of "deliberate, overt resistance" that must be overcome. Targeting the clients most intimate and disturbing experiences and their resistance to reveal them is not typical to analytically oriented counselor (Larson & Chastain, 1990) rather, counseling, in general requires the clients to reveal their most private thoughts, feelings, and behaviors which is crucial for therapeutic relationship (Toubin, 1978, cited in Larson and Chastain 1990).

Self-concealment as personality variable influences an individual's coping responses to distressing external events or troubling inner experiences (Larson & Chastain, 1990). These authors argue that refusing to disclose personally distressing experiences limit the available options of coping responses, preventing more active, problem focused coping responses and leaving primarily emotion-focused responses as possible alternatives. In their study of coping and health, Folkman et al. (1986) identified self-control as a form of emotion-focused coping style assessed by items such as 'I tried to keep my feelings to my self' and kept others from knowing how bad things were.' When threat to self-esteem was high, individuals prefer to use more self-control coping which is consistent with self-concealment theory (Larson & Chastain, 1990).

According to Larson and Chastain (1990), self-concealment can affect an individuals' health status through restricting the opportunity and frequency of helping behaviors offered by significant others. In their view, these authors conclude that high self-concealers are unable to get the kinds of social support they require by avoiding dealing the problems with others, particularly those threatening to self-esteem. In lights of the concept of self-concealment, researchers in the field of helping profession identified it as one of the personality variables affecting an individual's attitude toward seeking professional counseling help.

Kelly and Achter (1995) explored the relations among self-concealment, attitudes toward seeking Counseling, and intentions to seek counseling. The data collected from 257 University students through self-concealment scale (Larson and Chastain, 1990), Attitudes toward Seeking Professional help scale (Fischer and Turner, 1970), and Intentions to seek counseling Inventory (Cash, et al., 1975) have been analyzed using multiple regression analysis. Kelly and Achter's (1995) study revealed a significant predictive effect for self-concealment, $\beta = -.32$, $t(251) = -4.58$, $p < .001$. High self-concealers had less favorable attitudes toward seeking counseling than did low self-concealers. The study also indicated intentions to seek counseling was predicted positively by attitudes toward seeking professional counseling, $\beta = .40$, $t(250) = 6.60$, $p < .0001$. They

hypothesized that the negative attitude of high self-concealer towards seeking counseling was a reflection of their fear of having to reveal intimacies to counselors.

Similarly, Cepeda-Benito and Short (1998) examined the relation of self-concealment, avoidance of psychological services, and perceived likelihood of seeking professional help in a sample of 732 undergraduate University students who participated voluntarily in response to the notice. The participants completed the self-concealment scale developed by Larson and Chastain (1990); Attitudes toward seeing professional psychological help scale (Fischer & Turner, 1970), and intentions of seeking counseling inventory (Cash, et al., 1975).

The researchers reported that 37% of high self-concealers and 12% of low self-concealers said there had been a time in their lives when they had needed but had not sought professional counseling, $\chi^2(1, N=355) = 17.5, p < .001$. Akin to Kelly and Achter (1995), Cepeda Benito and Short's (1998) study revealed that self-concealment and attitudes toward seeking professional counseling help were negatively related. Cepeda-Benito and Short argue that self-concealment leads to dual negative effect through its contribution for greater psychological distress and preventing individuals from seeking counseling help.

In their study of the influences of psychological and cultural variables on attitudes toward seeking counseling, You, Goh, and Yoon (2005) also examined self-concealment in Korea. The researchers collected the data from 162 undergraduate students (M=64, F=98) through self-concealment scale (Larson & Chastain, 1990), and Attitudes toward seeking professional psychological help scale (Fischer & Turner, 1970). These authors reported that self-concealment significantly influenced help seeking attitudes and hierarchical multiple regression suggested greater self-concealment was associated with more negative attitudes toward seeking counseling.

2.5. Self-Esteem and Attitudes Toward Seeking Counseling

Clarifying the meaning and nature of the term “self-esteem” is essential instead of directly discussing its relation with counseling seeking attitudes. Self-esteem is the evaluative and affective dimension of self-concept (Santrock, 1997). It is also referred to as self-worth or self-image. Robins et al., (2001) also defined self-esteem as “a global affective orientation toward self” (p.465). Self-esteem is the extent to which our self-evaluations are positive or negative (Compbell, 1990 and Epstein, 1983, both cited in Baron, 1995,). It is an evaluation of one self as a person (Rentsch & Heffner, 1992). Self-esteem is related to many forms of behavior. According to Robins et al. (2001),

Self-esteem may play a critical role in shaping personality processes. Individual’s beliefs about themselves influence how they act in particular situations, the goal they pursue in life, how they feel about life events and relationship partners, and the ways in which they cope with and adapt to new environments (p.465).

Many prominent researches in personality assume a central role for self-esteem and self-evaluation. Self-esteem is strongly correlated with emotional stability, with high self-esteem individuals are emotionally stable (Robins et al., 2001).

High self-esteem persons are tending to report fewer negative emotions and less depression than persons who are low in self-esteem (Straumann and Higgins, 1988 in Baron, 1995; Shower, 1992 in Santrock, 1997). In the same way, Brown & McGill (1989) cited in Baron (1995) claimed that individuals high in self-esteem are better able to handle stress, and experience fewer negative health effects when they are exposed to it.

Researchers (e.g. Lazarus, 1966; 1991; Lazarus, Kanner & Folkman, 1980) cited in Schutz (1998) stated that high self-esteem individuals will see a stressful situation as manageable and approach it confidently focusing on problem oriented activities, while low self-esteem individuals will show more passive reactions such as self-pity, resignation, and self-reliance on external help. Persons high in self-esteem as compared to low self-esteem persons are less susceptible to influence (Wylie, 1974 in Baron, 1995).

High self-esteem is desirable, while low self-esteem is undesirable can be concluded easily. But, recently, it has been recognized that high self-esteem also has its own costs (Baron, 1995). Baron (1995) argues that persons high in self-esteem may suffer from over confidence- unrealistic optimistic expectations.

People usually want to feel good about themselves. Maintaining and enhancing one's self-esteem is viewed as a fundamental human motive (Steele, 1988 and Tessler 1988 cited in Schutz, 1998). That is the motive to present one self favorably to viewers. Events challenging one's self-perception or public image as being good, successful, etc can be regarded as threat to self-esteem (Baumgardner & Arkin, 1987, & Schlenker, 1987 in Schutz, 1998). Thus, events considered as threat to self-esteem call forth efforts to protect one's identity or one's sense of self-worth (Schutz, 1998).

Individuals may assume that to be vulnerable is to be weak and seeking help from others as a sign of weakness. As seeking help viewed as an open admission of inadequacy, people who need help often fail to use the existing sources of help (Nadler et al 1983 in Nadler et al., 1985). Seeking help entails psychological Costs such as feeling dependent, inferior, and threat to one's self-esteem (Orya et al., 2001). So, help seeking may be avoided to preserve self-esteem. Individuals high in self-esteem are more sensitive to self-threatening elements associated with help seeking than low self-esteem individuals do (Nadler et al., 1985). Seeking help requires psychological cost in the form of reduced self-esteem, so people with high self-esteem generally seek help less than low self-esteem individuals (Fisher, et al., 1982 in Savaya, 1998; Nadler, 1979; Nadler, 1991 in Savaya, 1998; Nadler, 1985). High self-esteem individuals consider receiving help as self-threatening while low self-esteem as self- supportive (Nadler et al., 1976). Nadler et al. (1985) argue that the cues inherent in help seeking are not consistent with the positive self-recognitions of high self-esteem persons, but relatively consistent with unfavorable self-recognitions of low self-esteem. However, findings from self-esteem in relation to help seeking attitudes/behaviors lack consistency. The relationship between self-esteem and help seeking behavior is much less clear.

Nadler (1987) conducted an experimental study to examine the effect of self-esteem on help seeking behavior regarding academic task in a sample of 128 high school students (M=96, F=32), ranging in age from 16 to 17, in Israeli. The results revealed that high self-esteem individuals sought less help than low self-esteem individuals. Nadler (1987) explained that because of threat to their view of themselves (threat to self-esteem) individuals avoid help seeking. Threat to self-esteem suggests that help seeking is avoided because one is concerned about negative self-evaluation (Nadler, 1987). This author cited findings consistent with his result such as low self-esteem individuals request help more often than do those with high self-esteem in organizational settings (Burke and Weir, 1976; Weiss and Knight, 1980), and high self-esteem individuals are less likely to seek psychiatric help (Stringham, 1969).

Schonert-Reichl and Muller (1996) also examined self-esteem, and other psychological and demographic variable in relation to seeking help from parents, friends and professionals for coping with emotional problems during early and middle adolescents. Two hundred-twenty one adolescents (109 male, 112 females), ranging in age from 13 to 18 years (mean age= 15 years), sampled from public secondary school (grade 8-12, Canada), completed the self-perception profile for adolescents (Harter, 1988) to assess global self-worth and then they were asked to report whether, or not they had sought help from mothers, fathers, friends and professionals (school counselor, school psychologist, psychiatrist, etc) in coping with a recent stress event. Findings from this study revealed that adolescents who reported seeking help from professionals had lower self-worth than adolescents who reported that they did not seek help from professionals. In same vein, it was also found that a negative self-image was associated with seeking help from mental health professionals (Schonert-Reichl et al. 1995, as cited in Schonert Reichl & Muller, 1996).

In a similar vein, Al-Darmaki (2003) investigated the relationship between self-esteem to attitudes toward seeking counseling help in a sample of 350 under graduate volunteer

students (273 female, 53 male 24 did not identified) enrolled at UAE University. The researcher collected the data through self-esteem scale (Rosenberg, 1965) and attitude toward seeking professional psychological help scale (Fischer & Turner, 1970). Result on correlation between attitudes toward seeking professional psychological help scale and self-esteem scale revealed that self-esteem was positively correlated with help seeking attitudes ($r = -.18$, low score indicate high self-esteem). That is, high self-esteem was associated with more positive attitudes toward professional help seeking.

Savaya (1998) also looked at the relationship of self-esteem to attitudes toward seeking and use of professional services in Jaffa, Israel. The sample consisted of 224 Arab women who were randomly selected from the tax registry of the city and purposely included from marital and family counseling center's client lists. The participants completed the Rosenberg self-esteem scale (Rosenberg 1965) and Readiness to use professional help index. The Pearson's correlation coefficient between the scores of the self-esteem scale and readiness to use professional help index revealed that self-esteem was not related to attitudes toward seeking professional counseling ($r = 0.02$, $p < .81$). Savaya's (1998) study also indicated that self-esteem was not significantly related to the use of psychotherapeutic services during the years before the study, however, with regard to the actual use of instrumental services, the users, on the average, had lower self-esteem than non-users. He suggested that the results may raise questions on the adequacy of the threat to self-esteem model to explain under utilization of professional services.

The inconsistent findings on the influence of self-esteem on help seeking attitudes may be attributed differently, for example, differences in the results of Al-Darmaki (2003) and Savaya's (1998) studies may be attributed to differences in sample and instruments used. Participants in Savay's study were only women (18 to 81 years age) whereas subjects in Al-Darmaki (2003) study included both males and females ranging in age 18 to 33. As previous researches indicated females are more likely to seek help than men, so the effect of self-esteem may be canceled in a sample consisting of only women. The instruments used by these two researchers to measure attitudes toward seeking professional counseling were quite different. In addition age may have its own impact.

The results of Nadler (1987) and Al-Darmaki (2003) are also Quite opposite. One of the reasons for this difference might be the kind of problems/difficulties in which help is requested. In case of Nadler, the problem was related to capacity to solve anagram task might be more of ego-central while the case of Al-Dramaki the situation may not be related to creativity/Intelligence that considered as ego-central. Another attribution might be that Nadler measured almost actual behavior but Al- Darmaki measured attitudes.

2.6. Gender and Attitudes Toward Seeking Counseling

One of the most consistent finding in the help seeking literature among demographic variables examined in relation to help seeking attitudes is gender.

Ang et al. (2004) examined the effect of gender on help seeking attitudes in sample of 163 student trainee teachers, in Singapore. They found statistically main effect for gender. Females had more positive attitude toward seeking counseling ($M=77.48$, $SD=10.37$) compared to males ($M=74.35$, $SD=8.33$). A study conducted by Turkum (2005) in a sample of 389 ($M=119$, $F=279$) Turkish university students also revealed that female and male students differed in help seeking attitudes, specifically, female students ($M=76.14$, $SD=10.02$) had more positive attitudes toward seeking professional counseling than male students ($M=70.70$, $SD=11.78$). Consistent finding was also reported by Johnson (2001).

A study by Furnham (2000) in a sample of 287 adults belonging to British Asian, western European, and Pakistanis indicated men had much less positive attitudes toward seeking professional help than women (Males' mean= 124.5, $SD=18.6$; females' mean=132.8, $SD=20.1$).

Rickwood and Braithwaite (1994), in their study of social psychological factors affecting help-seeking for emotional problems examined gender in relation to both general and professional help-seeking in a sample of 715 secondary school students with an age range between 16 and 19 years in Australia. Their study revealed that gender emerged as the most powerful predictors of help seeking in response to emotional problems with girls more likely to seek help than boys. Rickwood and Braithwaite further explained that

gender effect was not due to the girl's higher level of psychological distress, as gender exhibited a direct effect after psychological symptoms were controlled.

Similarly, Orya et al., (2001) investigated the help seeking attitude of Israeli adolescents for emotional and health problems, and their preferences for various helping agents in a sample of 1,415 adolescents (51% males and 49% females) in grades 7-12. These authors identified gender as one of the variables associated with help seeking attitudes from both professional and non-professional agents. According to Orya et al. (2001), females not only had positive attitudes toward seeking professional help but also a large proportion of females reported that they had been in therapy at the time of the study than males. They gave the explanation that the different ways males and females express distress, the greater awareness of internal emotional experiences and needs for intimacy makes females better candidates for psychotherapy and counseling.

Komiya and Eells (2001) explored predictors of international student's attitudes toward seeking counseling in a sample of 121 international students in the United State. The participants' regions of origin include south East Asia, Latin or Central America, Europe, Africa, Middle East and Canada. They found gender as a significant predictor of help seeking attitudes accounting for 4% of the variance. Being female was associated with more open attitudes toward seeking counseling. These authors suggest that the result of the study also suggest that gender socialization occurs similarly in different countries. Komiya and Eells's (2001) finding is consistent with the finding of Kelly and Achter (1995) from a sample of 256 Iowa state university students (M=70, F=186), with mean age of 21.81 years and standard deviation of 4.15, that showed participants gender together with other three variables accounted for 14% of the variance on the Fischer-Turner professional help seeking attitudes scale. In Kelly and Achter's (1995) study, a significant predictive effect was revealed for gender, $\beta = .23$, $t(251) = 3.93$, $p < .0001$, being female is associated with more positive attitudes toward seeking professional counseling.

In a study of attitudes toward seeking professional psychological help by Leong (1999) in a sample consisting of 290 white students (53% male and 47% female), gender difference has been found in help seeking attitudes. Females had more positive attitudes toward seeking psychological help ($M=53.4$, $SD=12.0$) than male students did ($M=46$, $SD=12.7$). Multiple regression equation revealed that gender predicted help-seeking attitudes uniquely accounting for 5% of the variance.

The same results were found from a college student samples in South Korea (Yoo, Goh, & Yoon, 2005), a sample of adolescents in Canada (Schonert-Reichl & Muller, 1996), and a sample of college students in Nigeria (Salami, 2000). Many other studies suggest that adolescent females are more likely to seek help for mental health problems than males (e.g. Boldero & Fallon, 1995; Carlton & Deane, 2000).

Gender differences in help-seeking attitudes were found to be significant in predicting actual help-seeking behavior for psychological treatment. According to Tijhuis, Peters and Foets (1990), and Wills (1983) cited in McCarthy and Holliday (2004), women tend to use psychological services more often than men though professional counseling is usually not sought for psychological concern in general. They said about two-thirds of all clients seeking psychological services are women. Similarly, one out of three women seek help from mental health professional at some point in their lives while in men only 1 out of 7 do the same (Collier, 1982 cited in McCarthy and Holliday, 2004). McCarthy and Holliday (2004) cited the finding of Robertson (2001) that states although men had similar if not higher rates of distress than women, they sought counseling at lower rate than women.

However, few studies are exceptions that contradict the above findings. Atkinson, Lowe, and Matthews investigated the relationships between Asian-American acculturation, gender, and willingness to seek personal and academic counseling. Based on earlier findings, they hypothesized that female participants would indicate a greater willingness to seek counseling for both personal and academic problems than would male participants. The data was collected from 187 ($M = 98$, $F= 89$) Asian-American undergraduate students, ranging in age from 17 to 37 (mean age=20.4), through

willingness to see a counselor survey. It has been found that Asian-American women were not more willing to see counselor for either types of problem than were Asian – American men. Other studies also reported that males and females do not differ in counseling seeking attitude (Al-Darmaki, 2003; Vogel et al, 2005).

CHAPTER THREE

Methodology

In this section, the population of the study, participants of the study, sampling techniques used, instruments employed to gather the data, data collection procedures and methods of data analysis are presented.

3.1. Target Population and Sample Size

The study is confined to Debre Markos town high school adolescent students. In this town, there are two general secondary schools (i.e. Debre Markos and Menkoror) and one preparatory school (i.e. Debza). All these three schools were considered in the present study. Thus, the target population for the present study is regular adolescent students attending grades 9-12 in these three schools. According to the statistical data procured from the participating schools, there were 6852 regular students (2321 females and 4531 males) who were attending grades 9 to 12 in 2005/2006 academic year.

Taking representative sample of the population is one criteria of a good research. Accordingly, the sample size of the present study was determined in accord with Krejcie and Morgan's (1970) recommendation. These authors recommend taking 364 sample sizes from 7000 population (i.e. 5.2% of the population). Hence, the recommended sample size of the present study became 356. However, it was felt that taking some more sample in advance could be valuable to make more representative and to balance incomplete cases, if any. So, the sample size was determined to be 400 (i.e. 5.84% of the total population). That is, a total of 400 adolescent high school students comprised the potential participant pool of the present study.

3.2. Sampling

To get the determined sample size of the present study, proportional stratified random sampling method was used. Stratified random sampling was used to increase the probability of including unique character of each member of the population as well as to ensure proportional representation of the population in the sample. Students were stratified on the basis of their schools, grades and gender. Accordingly, in each distinct stratum, the number of participants to be selected was determined by proportional

method, that is, 5.84%.Then after, the required number of subjects were selected from each distinct stratum through simple random sampling technique by using random numbers table. In doing so, male and female students were listed separately in their respective schools and grade levels. Then, each member of the population (sampling frames) in each stratum was assigned a consecutive numbers from zero to the required number. To enter the random numbers table, a starting point in the table of random numbers was chosen randomly. Depending on the sampling frame ranges, the last (right) four and three numbers (digits) in each set of the random numbers were selected for grade 10 male students of Debre Markos high school and other strata respectively. If the number corresponds to the number assigned to any of the individuals in the population, then the individual is in the sample. The numbers were selected by moving down the column from the starting point until the required number was obtained. Finally, 400 participants (265 males and 135 Females) were obtained for the main study. The summary of total population and sample subjects of the study are presented in table A by schools, grades and gender.

Table A: Population and sample subjects of the study by schools, grades and gender.

Schools	Grades	Population of the study			Sample subjects of the study		
		Males	Females	Total	Males	Females	Total
Debre markos	9	557	375	932	33	22	55
	10	1298	862	2160	76	50	126
	S.T	1855	1237	3092	109	72	181
Menkoror	9	637	383	1020	37	22	59
	10	549	378	927	32	22	54
	S.T	1186	761	1947	69	44	113
Debza	11	921	170	1091	54	10	64
	12	569	153	722	33	9	42
	S.T	1490	323	1813	87	19	106
Grand total		4531	2321	6852	265	135	400

S.T=Sub-Total

3.3. Variables

In the present study, attitude towards seeking professional counseling was treated as the dependent variable. The variables of self-concealment, self-esteem, and gender (represents males or females) were treated as the independent variables.

3.4. Instruments

The major source of information for this study was questionnaire administered to adolescent students in 2005/2006 academic year. The questionnaire for this study comprised three scales: attitude towards seeking professional counseling measure, self-esteem measure and self-concealment measure. They were adapted from previous studies in the western culture. The questionnaire has four parts. The first part of the questionnaire is concerned with demographic information about the respondents. Demographic data included the respondents' gender and age. Part two, three, and four are concerned with attitude towards seeking professional counseling scale, self-esteem scale and self-concealment scale respectively.

Attitude Towards Seeking Counseling Measure

To measure adolescents' attitude towards seeking professional counseling, the attitudes toward seeking professional psychological help scale (Fischer & Turner, 1970; Fischer & Farina, 1995) was adapted in Ethiopian context. Fischer and Farina's (1995) scale, the 10-items version, was shortened from the original 29 items version of Fischer and Turner (1970), with minor modification in some items.

For the present study, the scale consists of 20 items selected from Fischer and Turner (1970) and Fischer and Farina (1995). The respondents were required to rate on a 4-point Likert-scale ranging from strongly agree (4) to strongly disagree (1) the extent to which they agree or disagree with each item. The negatively worded items were reverse scored. Scores can range from 20 to 80, with higher numbers indicating more favorable attitudes toward seeking counseling service.

Self- esteem Measure

The self-esteem scale developed by Rosenberg (1965) cited in (Bagely, Bolitho, & Bertrand, 1997; Stephan & Stephan, 1985) was adapted for the present study to measure adolescents' global self-esteem. The scale asks respondents to indicate the extent to which they agree or disagree with 10 statements about their own self-worth and competences on a 4-point Likert-type scale, ranging from strongly agree (4) to strongly disagree (1). The negatively stated items were reverse scored. The scale can yield a total possible score from 10 to 40, with higher scores representing higher self-esteem.

After a review of more than a dozen of scales among available measures of self-esteem, it has been reported that Rosenberg self-esteem is the most reliable and most frequently used (Bolscovich & Tomaka, 1991 in Bagley, Bolitho & Bertrand, 1997). These authors suggest that due to its brevity and easy to understand the format, it is a good choice for use with adolescent population. In fact, they said, Rosenberg self-esteem scale is the standard against which new measures are evaluated.

Self-concealment Measure

The 10-items self-concealment scale of which developed by Larson and Chastain (1990) was administered to adolescents to measure a person's tendency to conceal intimate personal information that is distressing or negative. Self-concealment scale asks respondents to rate their level of agreement or disagreement with each statement on a five point Likert type scale ranging from strongly disagree (1) to strongly agree (5). Summing over the 10 items yield a potential total score range of 10 to 50, with higher score indicating greater self-concealment.

3.5. Pilot Test

For instruments were adapted from previous studies of the western culture, it was mandatory to check the appropriateness and reliabilities. Hence, a pilot study, which the very objective is to test and improve instruments, was conducted on selected samples of the study site.

To minimize language problems, the instruments were translated from English version to Amharic version. The translation was made contextually by the researcher and one English language senior post graduate student of Addis Ababa University. Then after, the researcher evaluated each of the translation by comparing the original items with the translated items to ensure that the items of each scale were properly worded in the context of Amharic so as not to lose their original meaning. Then, the final Amharic version of the scales was given for one high school Amharic teacher of the study site to evaluate it contextually. The instruments were administered for 40 (15 females and 25 males) respondents who were attending grades 9-12 in the study site. The respondents completed the instruments in their respective schools. The respondents were gathered in one room and explanation was given about the case and the way they should react to each item of the scales. Moreover, they were informed that they can ask clarification for vague items during the process. At the end, discussion was held about each item of the scales and vague items or words were rewritten or paraphrased.

After the responses of the subjects were scored, item-total correlation and Chronbach alpha were computed to see the internal consistency of items of each scale. The analysis revealed that the items of each scale were intended to measure the same construct and the scales are reliable measures. Previous studies in western culture have reported reliabilities of Chronbach alpha for each scale.

Concerning attitudes toward seeking professional help scale, for example, the reported alpha for 29 items version include 0.86 (Fischer & Turner, 1970), 0.87 (Capeda-Benito & Short, 1998), and 0.81 (Ang et al., 2004) while for the 10-items version, 0.84 (Fischer & Farina, 1995), and 0.82 (Vogel et al., 2005) were reported. The reliability analysis of the present scale yielded an alpha of 0.82.

With respect to self-concealment scale's reliability, Larson and Chastain (1990), Cepeda-Benito and Short (1998), and Vogel et al. (2005), for example, reported an alpha of 0.83, 0.88 and 0.88 respectively. For the present study, Chronbach alpha was 0.93.

Regarding the self-esteem scale, the reported Chronbach alpha in the previous studies include 0.85-0.90 (Bagley, Bolitho & Bertrand, 1997), 0.77 (Al-Darmaki, 2003) and 0.81

(Savaya, 1998). The value of alpha for self-esteem scale in the present study was 0.90. As a whole, the scales of the present study yielded acceptable reliabilities estimate and were comparable to those found in the previous studies. A summary of number of items and reliabilities of the original and the present instruments were presented in table B.

Table B: A summary of number of items and reliabilities of the original and the present instruments

Description	Scales						
	Attitude			Self-esteem		Self-concealment	
	Original		Present	Original	present	Original	Present
	ATSPPHS	ATSPPH-S					
No of items	29	10	20	10	10	10	10
Reliabilities	0.86*	0.84*	0.82	.90**	0.90	0.83*	0.93
	0.87**	0.82**		0.77**		0.88**	
	0.81**					0.88**	

*From the original authors **From other studies

ATSPPHS= Attitudes Toward Seeking Professional Psychological Help Scale
 ATSPPH-S= Attitudes Toward Seeking Professional Psychological Help Scale- the Short version

3.6. Procedures of Data Collection

After a subsequent discussion and revision, items of the scales became ready for data collection. In case of administration, in order to obtain permission to approach the participants and to get the required information, the management members of three high schools were contacted at the first glance. After discussions were held with these concerned bodies about the purpose of the study, they facilitated and adjusted the situations to collect the required data.

The questionnaire was administered to respondents in face to face situations in their respective schools in order to avoid refusals and clarify points if necessary. The

participants were gathered together in one room /hall and orientations were given about the objectives of the study and the way how to react to each item of the scale in addition to what was written on the questionnaire. Moreover, the participants were assured of the confidentiality of their responses and the voluntary nature of their participation and were reminded of the importance of responding honestly to all items.

The questionnaire was administered to 400 adolescents (135 females and 265 males), however, five questionnaires were discarded either due to incomplete cases or respondent's age range; leaving 395 (135 females and 260 males) for final analysis. The mean age of the final sample was 17.4, ranging from 15 to 20 years.

3.7. Method of Data Analysis

After all the required data were collected from the sample subjects, analysis of the data was done to answer the basic questions of the present study. An examination of the data set did not reveal significant departures from normality nor were any outliers found. To analyze and interpret the data, descriptive statistics (such as mean, standard deviation, minimum, and maximum), correlation, t-test, & multiple regression analysis were computed.

In answering the question of what is the attitude of adolescents towards seeking counseling, one sample t-test was applied beyond the descriptive statistics. In this case, since t-test compares two means, the expected mean (μ) to be compared with the observed mean was computed in the following way. The expected mean is equal to maximum score of the scale plus minimum score of the scale divided by two (i.e. $\text{Max.} + \text{Min.} \div 2$).

In order to examine the relationship between counseling seeking attitude and independent variables of the study (i.e. Self-concealment, Self-esteem and gender), the scores of attitude scale were correlated with self-concealment scores, Self-esteem scores and gender through Pearson-Product-Moment correlation. Moreover, partial correlation was performed to see the strength of the relationships between the dependent variable and independent variables by controlling the two for one. Male adolescents received a score of '0' and female adolescents received a score of '1' for the purposes of the analysis.

A multiple regression analysis was performed to assess the predictive power of self-concealment, self-esteem and gender on adolescents' attitude towards seeking counseling and to check how much of the variance in the dependent variable is accounted for by the independent variables (self-concealment, self-esteem and gender) collectively. Stepwise multiple regressions were carried out to identify the best predictor of the outcome variable among the variables entered in the equation. In addition, the semi-partial correlation coefficient (spt) was used to see the unique contribution of each independent variable in predicting the dependent variable.

CHAPTER FOUR

Results

This section is concerned with the results of the study. Thus, it deals with the results obtained from the data gathered and their statistical analysis. The results are presented in summarized form of descriptive statistics, correlation, t-test and multiple regression analysis.

4.1. Descriptive Statistics of the Study Variables

To examine the extent of each variable on the participants, descriptive statistical analysis was carried out. The means, standard deviations, minimums, maximums and number of cases are presented in table 1 below. Accordingly, the mean score of adolescents' attitudes toward seeking professional counseling (47.93) is below the expected mean score (50). The magnitude of adolescents' self-esteem (28.27) and their self-concealment (32.58) were above the expected means (25 and 30 respectively).

Table 1: Descriptive Statistic of Psychological Variables (M=260 and F=135)

<i>Variables</i>	<i>Gender</i>	<i>Mean</i>	<i>Standard Deviation</i>	<i>Minimum</i>	<i>Maximum</i>
Attitudes	Males	45.45	8.22	25	60
	Females	52.63	6.28	29	65
	Total	47.93	8.33	25	65
Self-esteem	Males	28.59	4.661	14	38
	Females	27.65	4.45	13	38
	Total	28.27	4.57	13	38
Self-concealment	Males	33.56	8.06	10	47
	Females	30.70	7.96	16	48
	Total	32.58	8.13	10	48

As depicted in table 1, the mean score of attitude towards seeking counseling scale for females (52.63) is higher than males (45.45). On the other hand, males are higher in

self-esteem and self-concealment scale, 28.59 and 33.56 respectively. The simple interpretation is that males have more negative attitudes than females. Males are also greater self-concealer than females. In case of self-esteem, females are slightly lower than males.

4.2. Adolescents' Attitude Towards Seeking Counseling

To examine adolescents' attitude towards seeking professional counseling, a one sample t-test was employed. A one sample t-test indicated that there is statistically significant difference between the observed mean (47.93) and the expected mean (50).

Table 2: A summary of one sample t-test statistics

<i>Variable</i>	<i>No of cases</i>	<i>Observed mean</i>	<i>Expected mean</i>	<i>df</i>	<i>t</i>	<i>St. Error of mean</i>
Attitude	395	47.93	50	394	-4.942*	.419

* $P<0.05$

As depicted in table 2, adolescents' observed mean is lower than the expected mean score of the scale. Hence, it can be interpreted that adolescents held negative attitude towards seeking professional counseling for their psychological or emotional problems.

4.3. Relationships among the Study Variables

To examine the relationships between independent variables and dependent variable as well as inter-correlation of all the study variables, bivariate correlation was conducted. Hence, Pearson product moment correlations of the study variables (Counseling seeking attitude, self-esteem, self-concealment and gender) are presented in table 3.

Table 3: Bivariate Correlation of Variables in the Study

<i>Variables</i>	<i>Gender</i>	<i>Self-concealment</i>	<i>Self-esteem</i>
Gender	-		
Self-concealment	-.167*	-	
Self-esteem	-.097	.19*	-
Attitude towards seeking counseling	.407*	-.502*	-.356*

* $p<0.01$

Based on the results, all the independent variables were correlated with attitude towards seeking professional counseling. Self-concealment was highly and negatively correlated with attitude towards seeking counseling ($r = -0.502$). The results also indicated that self-esteem was associated with attitude towards seeking professional counseling significantly and negatively ($r = -0.356$). The relationship between gender and attitude towards seeking professional counseling was also significant ($r = 0.407$), with males showing lower attitude score than females. When the inter-correlation among independent variables was examined, self-concealment was significantly associated with self-esteem and gender. But, gender did not show significant relationship with self-esteem.

Both the pattern and magnitude of these correlations revealed that positive attitude towards seeking counseling was associated with low level of self-esteem, self-concealment, and being females. Female and male adolescents did not show significant differences in self-esteem, but in self-concealment scale.

As independent variables were correlated to each other, partial correlation was computed to see the strength of the relationship between each independent variable and counseling seeking attitude, controlling the two for one. Still partial correlation results indicated that self-concealment negatively and significantly associated with counseling seeking attitudes ($pr = -.455$). Attitude towards seeking counseling also correlated significantly with self-esteem ($pr = -.305$) and gender ($pr = .378$).

Table 4: A summary of partial and part correlation between independent Variables and dependent variable.

<i>Variables</i>	<i>Correlations</i>	
	<i>Partial (Pr)</i>	<i>Part (spr)</i>
Gender	.378	.311
Self-esteem	-.305	-.244
Self-concealment	-.455	-.390

4.4. Relationship between the independent variables (self-concealment, self-esteem and gender) and dependent variable (counseling seeking attitude)

To see the influences of independent variables (self-concealment, self-esteem and gender) on adolescents' attitude towards seeking professional counseling all together multiple regression analysis was conducted. When the dependent variable, adolescents' attitude towards seeking professional counseling, was regressed on self-concealment, self-esteem and gender jointly, the results displayed in table 5 revealed that all the independent variables taken together were significant predictors of counseling seeking attitudes ($F(3,391) = 93.937, P < 0.01$). According to the out put of multiple regression analysis, all the independent variables considered in the equation (self-concealment, self-esteem, and gender) collectively accounted for 41.9% of the variance in attitude towards seeking professional counseling.

Table 5: Summary of ANOVA for multiple regression of predicting adolescents' attitudes toward seeking counseling from independent variables (self-esteem, self-concealment and gender).

Source	Sum of square	df	Mean square	R	R2	F
Regression	11443.982	3	3814.661	.647	.419	93.937*
Residual	15878.033	391	40.609			
Total	27322.015	394				

* $P < 0.01$

Multiple regression analysis generated significant predictive effects for all variables entered in the equation. Adolescents' counseling seeking attitude can be predicted significantly from gender ($\beta=.316, t(394) = 8.063, p<0.01$), self-concealment ($\beta =-0.402, t(394) =-10.112, P < 0.01$) and self-esteem ($\beta = -.249, t(394) =-6.324, P < 0.01$). That is all the variables significantly contributed to adolescents' attitude towards seeking professional counseling.

Table 6: Summary of regression coefficients for predicting dependent Variable from independent variables.

<i>Variables</i>	<i>B-coefficient</i>	<i>Std. Error</i>	<i>Beta (β) coefficient</i>	<i>t</i>
Self-concealment	-.411	0.041	-.402	-10.112*
Self-esteem	-.453	0.72	-.249	-6.324*
Gender	5.541	0.687	.316	8.063*

*p<0.01

4.5. Predictor Variables prioritized in Explaining Differences in Counseling Seeking Attitudes.

The result of stepwise multiple regression analysis in which the predictor variables were weighed in terms of the order of their importance in explaining the variation in criterion variable are presented in table 7.

Table 7: Summary of ANOVA for stepwise regression of predicting attitude towards seeking counseling from independent variables.

<i>Model.</i>	<i>Source</i>	<i>Sum of squares</i>	<i>df</i>	<i>Mean square</i>	<i>R²</i>	<i>F</i>
1	Regression	6878.613	391	6878.613	.252	132.233*
	Residual	20443.402	393	52.019		
	Total	27322.015	394			
2	Regression	9820.144	2	4910.072	.359	109.974*
	Residual	17501.871	392	44.648		
	Total	27322.015	394			
3	Regression	11443.982	3	3814.661	.419	93.937*
	Residual	15878.033	391	40.609		
	Total	27322.015	394			

*p<0.01

The stepwise regression analysis also showed that all of the independent variables entered in the equation (self-concealment, self-esteem and gender) are important contributors to the variance of adolescents' help seeking attitude.

As shown in table 7, the variable which has been entered first in the stepwise regression model is self-concealment. This variable alone account for 25% of the variance of attitude towards seeking counseling hence it has the highest correlation with attitude. The second most important variable which entered in the second step is gender. When gender added in the regression equation, the coefficient of determination was increased by 10.7%. The last variable added in the stepwise regression analysis is self-esteem which increased the prediction of help seeking attitudes by 6%.

Table 8: Regression coefficients of the stepwise regression in predicting attitude towards seeking professional counseling from the independent variables.

<i>Step No</i>	<i>Variables entered</i>	<i>Regression coefficient (B)</i>	<i>Std. Error</i>	<i>Beta coefficient (B)</i>	<i>R²</i>	<i>Increase in R²</i>	<i>t</i>
1	Self-concealment	-.514	0.045	-.502	.252	-	-11.499*
2	Gender	5.835	0.719	.333	.359	.107	8.117*
3	Self-esteem	-.453	0.072	-.249	.419	0.060	-6.324*

p<0.01

Moreover, to see the unique contribution of each independent variable, the square of part correlation/semi-partial correlation/ was used. Accordingly, the unique contributions of self-concealment, self-esteem and gender are about 15.21%, 5.95%, and 9.67% respectively (Spr²). The full model of multiple regression analysis explained 41.9% of the variance in counseling seeking attitude. But summing over the unique contributions of each independent variable yield 30.83.Hence, about 11.07 was lost to their communality (i.e.shared variance).

CHAPTER FIVE

Discussion

Cognizant of the role of attitude in determining an individual's behavior/ action from the existing attitude theories and review of literature on help seeking attitudes in other part of the world, the present study attempted to assess adolescents' attitude towards seeking professional counseling for their psychological or emotional problems. Another main concern of the present study was examining the relationship of counseling seeking attitude with self-concealment, self-esteem and gender. Accordingly, the findings are discussed in the following order:

- Adolescents' attitude towards seeking counseling.
- Self-concealment and attitude towards seeking counseling.
- Self-esteem and attitude towards seeking counseling.
- Gender and attitude towards seeking counseling.
- The predictive power of independent variables on attitude towards seeking counseling.

5.1. Adolescents' Attitude Towards Seeking Counseling

With regard to attitude towards seeking professional counseling from counselors, the present study revealed that adolescents had unfavorable or negative attitudes. The result of the present study appeared to share the result of a survey that examined the public image of school psychology in twelve east and south African countries including Ethiopia (Mpofu et al., 1997 in Seleshi, 2000) in which the public image was reported to be low. A number of possible explanations could be forwarded regarding the reasons for adolescents' negative attitude towards seeking psychological help.

One possible explanation might be public adherence to traditional belief (Mpofu et al., 1997). Traditionally, people seek help from religious persons, elder people, traditional medicine men, spiritual healers or other informal sources when they face a variety of

problems (Yusuf, 2001). That is, people rely on traditional methods such as families, friends, elders, priests, sheiks, witchcraft doctors, Zaar experts, etc to get help for their problems. This trend seems to continue in adolescents to rely more on traditional methods (family, friends, religious persons, etc) for help with psychological problems. Sears (2004) reported that youths who sought professional help were those who are less likely to talk with other informal sources of help when they have problems than those who had not sought professional help. Kuhl, Jarkon-Horlick, and Morrissey (1997) also found perceiving family, friends and self as sufficient to deal with problems as central barrier to seek professional counseling.

In fact, psychological services are products of the western culture so it is wide spread and well accepted in the western culture, while in Ethiopia it is less available and not well accepted. The profession itself, counseling psychology, is in search of identity in Ethiopia (Yusuf, 1991 in Yusuf, 1998). Accordingly, the society in general and adolescents in particular, might not be aware about the nature of counseling, and the role and usefulness of receiving professional counseling service.

Lack of recognizing professional counseling is potentially effective for variety of problems, may lead adolescents to have low outcome expectation, and then develop negative attitudes toward seeking professional counseling. A person's outcome expectations predict attitude (Ajzen & Fishbein, 1980 in Vogel et al., 2005). If a person expect a positive outcome for a certain behavior (e.g. seeking counseling will lead to not feeling sad any more), she/he will have a positive attitudes toward seeking counseling (e.g. seeking help is a good thing). On the other hand, if the anticipation of a person is a negative/ harmful/ outcome for a certain behavior (e.g. If I seek counseling, others will think I am "crazy"), then she/he will have a more negative attitudes-seeking help is not good-(Vogel et al., 2005).

In a local survey, it has been reported that most students do not seem to recognize the values of counseling (Seleshi, 1996 in Seleshi, 2000). According to this report, students who recognized the value of counseling have positive attitudes and utilize the available

counseling service while those not recognized the value of counseling tend to have negative attitudes and don't like to see counselors. This implies that adolescents' negative attitudes toward seeking counseling could be attributed to lack of information about the potential effectiveness of counseling on the part of adolescents.

Concerns about confidentiality and a need for privacy might also be cited for adolescents' negative attitudes towards seeking counseling. Adolescents lack of information about the nature of counseling, that is, professional counseling is a safe place to share one's personal and private secrets with confidentiality and fear of being exposed to others through counselors may play a great role in developing negative attitudes toward seeking counseling service. Concerns about confidentiality may prompt adolescents to cope with problems on their own or rely on informal helpers instead of seeking professional help (Kelleher, Taylor & Rickert, 1992 cited in Sear, 2004). In accord with this, Orya et al. (2001) indicated that the most frequently expressed complaint by adolescents in their counseling center was that information in the school system tends to 'leak' to teachers and administrative staffs, making them feel insecure to see school counselors and discuss personal issues. Likewise, Seleshi (2000) suggests that students' fear of being exposed to share personal information for others may be one reason for their reluctance to seek counseling.

Another possible explanation for adolescents' negative attitudes toward seeking professional counseling may be social stigma associated with seeking professional help. Adolescents may be fearful and embarrassed about asking for help because of fear of being negatively judged. Because of strong stigma attached to seeking professional counseling, individuals prefer to obtain help from their social network such as friends, parents or siblings (Lin, 1998 cited in Ang et al., 2004). People's fear about what others might think of them for being in counseling, in turn, affect what people would think about themselves for being in counseling-self-stigmatization (Leong, 1999). So, if people themselves need to seek help, they believe that there is something wrong with them.

In expressing the possible effects of stigma on help seeking attitudes, Rickwood and Braithwaite (1994) suggested that a social network that accepts and encourages help seeking rather than reject or discourage help seeking is necessary for a person to develop positive attitudes toward seeking help as a positive choice. In general, the desire to avoid the social stigma or negative judgment from others plays a great role in shaping adolescents' negative attitudes. Social stigma was found to be significantly related with attitudes toward seeking professional help (Vogel et al., 2005; Deane & Chamberlain, 1994).

Adolescents' negative attitude may also be explained in terms of counselors' competency. That is counselors' competency may contribute for adolescents' negative attitude toward seeking help from them. The quality and type of help they provide could raise question about the advantage of seeking help from counselors over other sources of help. If adolescents perceive that counselors could not provide the help with they need better than other sources, they may develop negative attitude to see counselors. Adolescents' concern that the source could not help them is one reason for not seeking counseling (Sheffield, Fiorenza and Sofronoff, 2004). Likewise, individuals' lack of confidence in counseling professionals and their services are the reasons for underutilization of counseling services (Nu, 1987 and Pan, 1996 in Ang et al., 2004).

Still another possible explanation for adolescents' negative perception for seeking counseling in our country may be due to the counselors' role ambiguity. In our schools, counselors are assigned to perform tasks that are not compatible with counseling profession such as unit leaders, disciplinarians, etc (Yusuf, 1998; Seleshi, 2000). Thus, the ambiguity of counselors' role may confuse adolescents about the kind of help they can receive from counselors (Orya et al., 2001).

In addition to the explanations given above, previous studies, which were confirmed in the present study, found that high level of self-esteem and self-concealment were associated with negative attitudes. The mean scores of both self-concealment and self-esteem scales of the present sample are relatively high. The mean scores self-concealment

in previous studies, for example, 26.28 (Kelly & Achter, 1995), 25.7 (Vogel et al., 2005) and 27.43 (Cepeda-Benito & Short, 1998), were lower than the mean score of the present study (28.27). The reverse is true for mean score of counseling seeking scale. Accordingly, adolescents' negative counseling seeking attitude in the present study may also be attributed to the subjects' high level of self-esteem and self-concealment.

Given the importance of appropriate help seeking in reducing psychological distress and fostering healthy adolescent development, less willingness to seek psychological counseling may be a risk factor for significant problems.

5.2. Self-Concealment and Attitude Towards Seeking Counseling

According to the result of the present study, self-concealment was negatively and significantly associated with adolescents' attitudes toward seeking counseling. This implies that high level of self-concealment predicted negative attitudes toward seeking counseling. This finding is consistent with the findings of previous studies (Kelly & Achter, 1995; Cepeda-Benito & Short, 1998; Yoo, Goh, & Yoon 2005) that found high self-concealers have more negative attitudes toward seeking counseling than low self-concealers. Vogel et al. (2005) also found negative association between self-concealment and counseling seeking attitudes. Yoo, Goh, and Yoon (2005) further stated that the higher the level of self-concealment, the more negative individual's attitudes toward seeking psychological help is.

Indeed, the act of seeking help from someone involves revealing personal information about oneself and one's problem (Hinson & Swanson, 1993). Particularly, professional counseling requires the clients to reveal their most private thoughts, feelings, and behaviors which are crucial for therapeutic relationship (Toubin, 1978 in Larson & Chastain, 1990). Since self-disclosing is a prerequisite for counseling process or therapeutic relationship (Yoo, Goh, & Yoon, 2005), the process of counseling requires the clients to reveal their innermost and disturbing experiences. Thus, expecting to engage in high amounts of self-disclosure to some one that are stranger may highly contribute to high self-concealer adolescents' negative attitudes.

Kelly and Achter (1995) suggested that high self-concealers' negative attitudes toward seeking counseling is a reflection of their fear of having to reveal inner most thoughts or intimacies to counselors. It has been also suggested that the necessity of revealing personal information in the counseling process may be deterrent toward seeking professional help (Yoo, Goh, & Yoon, 2005).

With respect to this, Kelly and Achters' (1995) experimental study demonstrated that high self-concealers who read a description of counseling emphasizing the necessity of clients' self-disclosure reported much less favorable attitudes toward counseling than low self-concealers who read similar description.

Likewise, Larson and Chastain (1990) stated that self-concealment as personality variable influences an individual's coping responses to distressing external events or troubling inner experiences. Individuals with high level of self-concealment prefer to use more self-control coping particularly when threat to self-esteem was high.

Self-concealment was also found to contribute to psychological disturbance and hinder psychological well-being (Kelly, 1999, Larson & Chastain, 1990). Based on this, Cepeda-Benito and Short (1998) argue that high level of self-concealment is doubly harmful because it contributes to greater psychological distress and reduces the possibility of recovery by delaying individuals from seeking treatment.

5.3. Self-Esteem and Attitude Towards Seeking Counseling

With respect to the influence of self-esteem on adolescents' help seeking attitude, the current study's result revealed that self-esteem is negatively associated with adolescents' help seeking attitude. In other words, this predictor variable had negative and significant predictive effects on adolescents' attitude towards seeking professional counseling. Specifically, adolescents with high self-esteem had more negative attitudes toward seeking counseling.

This finding is consistent with other experimental and field studies. In academic and problem solving related tasks, Nadler (1985, 1987) found that high self-esteem

individuals were less willing to seek help than low self-esteem individuals. In organizational setting, Burke and Weir (1976) also note that individuals characterized as having low self-esteem approach other with requests for help more often than do those with high self-esteem. Similarly, it has been found that individuals with high self-esteem were less inclined to seek professional psychological help (Schonert-Reichl & Muller, 1996; Fischer, Winer & Abramowitz, 1983 cited Nadler, 1987). Likewise, in clinical settings it was found that high self-esteem individuals are less likely to seek psychiatric help (Stringham, 1969 in Nadler et al., 1985).

Research indicates that people who are in need of help often fail to use helping resources because it represents an open admission of inadequacy (Fischer, Nadler & Whyteher-Alagna, 1982 in Nadler, 1987). Individuals avoid the seeking of help because of threat to self-esteem that is threat to their view of themselves (Nadler, 1987; Schonert-Reichl & Muller, 1996). Schonert-Reichl and Muller (1996) further suggested that adolescents with high global self-worth do not feel seeking professional help because of the feeling of efficacy and independence. Hence, high self-esteem people consider receiving help as self-threatening while low self-esteem people as self-supporting (Nadler, 1976).

Usually, people want to feel good about themselves. Maintaining and enhancing one's self-esteem is a fundamental human motive to present one self favorably. Self-enhancement theory (Baumeister, 1982; Swann, 1987) states that self-esteem is a fundamental human motive. Thus, the self-esteem motive or self-maintenance motive and the motive for self-worth (Convington 1984 in Rosenberg et al., 1995) have been identified by Maslow as one of the innermost human needs. All these theorists share the view that there exists in human beings a universal desire to protect and enhance their feelings of self-worth. Maintenance of self-esteem, therefore, leads to self-protective motives and self-enhancement processes (Rosenberg et al., 1995). Events considered as threat to self-esteem call forth efforts to protect one's identity or sense of self-worth (Schutz, 1998).

However, it should be recognized that there exists differential sensitivity to threat to self-esteem. The person with high self-esteem expects respect and admiration (Baumeister, 1982). Nadler (1987) described that according to the consistency perspective, the self-threat in seeking help is more incompatible with high self-esteem person's positive self-cognitions than his/her counter parts self-cognitions. Hence, high self-esteem individuals may perceive asking help from counselors as challenges to their self-worth.

In general, according to threat to self-esteem theory, seeking help from others entail psychological 'cost'. Help seeking that is embarrassing, intimate or stigmatizing is more self-threatening than help seeking that does not with such characteristics (Fisher et al., 1982, 83 in Amato & Saunders, 1985). In line with threat to self-esteem perspective, in a study that attempt to identify help seeking situations that are ego-threatening from those are not, Amato and Saunders (1985), for example, seeing psychologist about depression and seeing a student's counselor about anxiety were found to involve elements of threat to self-esteem. They found to be embarrassing, intimate and stigmatizing. This implies seeking help for psychological problems was judged as threat to self-esteem.

Thus, it can be concluded that the finding of the present study is in agreement with much of the previous studies and supports the threat to self-esteem theory.

But, the result of present study is inconsistent with the finding of Al-Darmaki (2003) that found high self-esteem individuals have positive help seeking attitudes than low self-esteem. It also did not collaborate with Savaya's (1998) result that there was no significant relationship between self-esteem and professional help seeking attitudes.

The inconsistency of the present study with Savay's result may be attributed to samples and instruments used. The participants were only women (18-81 years age). As has been repeatedly demonstrated in previous studies, females generally inclined to favor seeking psychological help as compared to males. As such, being only women may reduce the influence of self-esteem. In case of instruments, attitude measure was quite different. With respect to Al-Darmaki's finding, the subjects were University students ranging in age 18 to 33. As such, high level of education might help high self-esteem students to see

seeking help as a science rather than as an open admission of inadequacy and vulnerability. Age difference also could be attributed to both studies.

5.4. Gender and Attitude Towards Seeking Counseling

In the present study, gender was found to be a significant predictor of adolescents' attitudes toward seeking professional counseling, with females averagely having positive attitudes toward seeking professional counseling.

The finding that females have positive attitude towards seeking counseling as compared to their males counter parts in the present study is consistent with the previous studies conducted on psychological help seeking attitudes across national boundaries and ethnic groups in a sample of adults and adolescents. It was found that females significantly have more positive attitudes toward seeking psychological counseling than males in a sample of white American University students (Leong, 1999), Singaporean student trainee teachers (Ang et al., 2004), adults of different origin (Furnham, 2000), international students of different origin (Komiya & Eells, 2004), University students of mixed origin (Kelly & Achter, 1995) and Turkish University students (Turkum, 2005). The result of the present study also confirmed the result of studies specific to adolescents help seeking attitudes in that female adolescents have positive attitudes toward seeking psychological help in a sample of Australian adolescents (Rickwook & Braithwaite, 1994; Boldero & Fallon, 1995), Israel adolescents (Orya et al., 2001), mixed ethnic adolescents in Canada (Schonert-Reichl & Muller, 1996).

Regarding the reasons, one possible explanation could be pointed to varying socialization experience of males and females. That is, the psychology of gender to predict different attitudes toward seeking help can be attributed to differential gender socialization. It has been indicated that varying gender socialization contributes to gender differences in help-seeking attitudes /behavior (Komiya & Eells, 2001; Good & wood, 1995; Good, Thomson, & Braithwaite, 2005; literature review by McCarty & Holliday, 2004).

A study in 25 countries in different part of the world revealed that male socialization is based on the value of achievement, independence, stronger, inventive, masculinity, self-

confident, suppression of emotions, etc while female socialization emphasizes affection, dependence, femininity, submissive, expression of emotion/feeling, etc (William & Best, 1990 cited in Feldman, 1999). Norms of appropriate masculinity discourage expression and sharing of emotions (Cunningham, 1990 in Rickwood & Braithwaite, 1994). The Amhara culture seems 'hard' especially for men, who are expected to be independent, strong, suppress emotion and avoid feminine quality. For example, in Amhara culture, for whatever cases they cry, the response given to boys by elders is "boys don't cry". This implies that expression of emotions/feeling is a sign of weakness and vulnerability associated with females. In line with this, Good, Thomson, and Braithwaite (2005) stated that repressing emotions is a sign of strength and invulnerability associated with masculinity.

Males are typically socialized toward restriction and suppression of emotions, independence, avoidance of characteristics associated with femininity, etc (Good, Thomson, and Braithwaite, 2005; Good and wood, 1995). As failing to meet cultural standards of masculinity opens males to aversive experiences such as ridicule and shame, males tend to avoid them at all cost (Good, Thomson, & Braithwaite 2005). For instance, in Amhara culture, there are derogatory names such as 'sietasiet' '(ሴታሴት)' 'kesiet Ayshale' (ከሴት አይሻል), etc associated with acting in a way that contradicts the expected male roles. Thus, male socialization to be independent and to conceal vulnerability influences males to have negative attitudes toward seeking counseling help (Addis & Mahalik, 2003 in Good, Thomson, & Braithwaite, 2005; Good & wood 1995). Specifically, traditional attitudes about male gender roles, concern about expressing emotions and concern about expressing affection toward other men, were significantly related to negative attitudes toward seeking professional counseling (Good, Dell, & Mintz, 1989 cited in Good, Thomson, & Braithwaite 2005; Good & Wood; 1995).

Indeed, the potential desirable characteristics of counseling clients such as recognition and acknowledgment of personal problems, voluntarily asking help, willingness to express vulnerable feelings/willingness to self-disclose, etc which clearly contradicts with

common earlier male socialization may shape adolescents' negative attitudes toward seeking help from others.

However, the result of the present study contradicts with the finding of Vogel et al. (2005) in that participants' sex did not contribute unique variance to help seeking attitudes or intent and Atkinson, Lowe, and Mathews (1995) in that gender is not a significant predictor of attitudes toward seeking professional counseling. Al-Darmaki (2003) also reported that there is no significant gender difference between females and males in professional psychological help seeking attitudes.

5.5. The predictive power of Independent Variables on Attitude Towards Seeking Counseling

Estimate of how well self-concealment, self-esteem and participants' gender predicted adolescents' attitude towards seeking professional counseling jointly was generated with multiple regression analysis. The output of the multiple regression analysis revealed that attitude towards seeking counseling was significantly associated with these three independent variables. With respect to the proportion of the variance, these predictor variables (self-concealment, self-esteem and gender) collectively accounted for about 41.9% of the variance in attitude towards seeking professional counseling.

The stepwise regression analysis also confirmed that each independent variable significantly contributed in predicting counseling seeking attitudes, self-concealment being best predictor accounting for about 25% of the variance. The emerging of self-concealment as significant predictor of counseling seeking attitude collaborates the finding of Kelly and Achter (1995) and You, Goh, and Yoon (2005). Gender was also found to be a significant predictor of help seeking attitude in other studies (e.g. Komia & Eells, 2001; Leong, 1999; Kelly & Achter, 1995).

In general, while the full model explained 41.9% of the variance, summing over the unique contribution of each variable gives 30.83. This indicates that about 11.07% was lost to their communality.

CHAPTER SIX

Summary, Conclusion and Recommendation

6.1. Summary

The present Study was conducted with the main objectives of (a) exploring adolescents' attitude toward seeking professional counseling for their emotional /psychological problems and (b) examining the relationship of adolescents' counseling seeking attitude to self-concealment, self-esteem, and gender. In light of these major objectives, the following research questions were formulated.

1. What is adolescents' attitude toward seeking professional counseling?
2. Is there a relationship between self-concealment and attitude toward seeking professional counseling?
3. Is there a relationship between self-esteem and attitude toward seeking professional counseling?
4. Is there a relationship between gender and attitude toward seeking counseling?
5. To what extent do the independent variables (self-esteem, self-concealment and gender) predict adolescents' counseling seeking attitude together?

In order to answer the above questions, the study was conducted on adolescent regular high school students in Debre Markos Town. A total of 400 (135 females and 265 males) participants were drawn from a total population of 6852 (2321 females and 4531 Males) in three high schools using proportional stratified random sampling technique.

The data for the present study came from questionnaire administered to adolescent students in 2005 /2006 academic year. The questionnaire comprised three scales: attitude toward seeking counseling measure, self-esteem measure and self-concealment measure. The questionnaire has four parts. The first part deals with the demographic information of the respondents. The next consecutive parts are concerned with counseling seeking attitude, self-esteem and self-concealment measures respectively. The instruments were adapted from previous studies.

After the instruments were translated in to Amharic version for ease of understanding, they have been pilot tested in a sample of 40 adolescent students (15 females and 25 Males) in the study site and reliabilities were computed. The analysis of the pilot test data revealed the Chronback alpha of 0.82, 0.90 and 0.93 for attitude toward seeking counseling scale, self-esteem scale and self-concealment scale respectively.

For the main study, the questionnaire was administered to 400 (135 females and 265 Males) subjects in their respective schools. The final analysis, however, was made using a sample of 395 (135 females and 260 Males) adolescents. Five questionnaires were excluded from the analysis due to either incomplete cases or respondent's age range.

Regarding data analysis, one sample t-test was used to check the level of the attitude adolescents hold concerning seeking professional counseling. Pearson -Product-Moment was employed to examine the relationship of attitude toward seeking professional counseling with self-concealment, self-esteem and gender.

To determine the predictive power of independent variables (self-concealment, self-esteem and gender) on attitude toward seeking professional counseling, multiple regression analysis was used. Stepwise regression analysis was run to find out the best predictor variable among the variables entered in the analysis in explaining the proportion of variance in counseling seeking attitude. Moreover, the unique contribution of each variable in predicting the outcome variable was determined through part correlation by controlling the two for one.

The result of one sample t-test revealed the existence of statistically significant difference between the expected and observed mean, with the interpretation of adolescents held negative attitude toward seeking counseling.

The bivariate correlation indicated that attitude toward seeking professional counseling was negatively and significantly associated with self-concealment ($r = -0.502$) and self-esteem ($r = -0.356$). Significant association was also found between gender and counseling seeking attitude ($r = 0.407$).

When attitude toward seeking counseling was regressed on independent variables (self-concealment, self-esteem and gender) collectively, the proportion of variance found was 41.9%. The unique contributions of self-concealment, self-esteem and gender in predicting the dependent variable were found to be 15.21%, 5.95% and 9.67% respectively. Hence, about 11.07% was lost for their communality.

6.2. Conclusion

From the obtained findings, it can be concluded that adolescents held negative attitude toward seeking counseling. Moreover, low level of self-concealment, low self-esteem, and being females were associated with positive counseling seeking attitude. Relatively, large amount of variance (41.9%) in counseling seeking attitude was accounted when self-concealment, self-esteem and gender were examined simultaneously.

In all, the findings of the present study suggest the need for the school community at large and adolescents in particular to be educated and sensitized concerning professional counseling (e.g. the nature of counseling, what happens in counseling, why counseling is potentially effective, etc). School community-based education could help to increase positive help seeking attitude, and reduce the negative aspect of social norms and social stigma. The results also support the need for counselors to be aware of how different psychological and demographic factors influence individual's decision to seek counseling /help. If counseling professionals want to help those in need of the service, it seems that they should address their clients' attitude toward counseling. Self-concealment which is the direct opposite of the requirement of counseling process needs to be the target of counselors. In addition, in a culture in which males being socialized to be independent and emotionally restricted, it is not surprising that they held negative help seeking attitude, rather, it suggests that counselors need to be gender sensitive and culturally skilled.

6.3. Recommendation

Based on the findings of the present study, the following suggestions are forwarded.

Positive attitude is the first step toward actively seeking help (Orya et al., 2001). Given the potential that attitude is subjected to change, it is likely that adolescents' negative attitude toward seeking counseling could be changed. So, counselors and other concerned bodies should exert coordinated efforts to modify adolescents' attitude and promote service utilization.

Based on the findings of the present study, it seems that adolescents may need to be educated about the role and usefulness of receiving professional counseling. Thus, counseling professionals need to inform adolescents about what happens in counseling, benefits of counseling and why counseling is effective. This possibly improves outcome expectations about seeking counseling.

Professional counseling needs to be seen as an appropriate source of help by adolescents at the time of distress. So, they need to be made aware that counseling professionals are potential sources of effective help.

School communities (students, teachers, and administrative staffs) do not recognize the value of counseling (Seleshi, 1996 in seleshi, 2000). This implies that counselors must work hard to sensitize the school communities regarding the value of professional counseling.

Self-concealment was found to account for the highest variance in counseling seeking attitude among the variables treated in the present study. Self-concealment impact not only willingness to seek counseling and the outcome of counseling but also it contributes significantly for higher level of depression, anxiety and physical symptoms. Hence, it should be the fruitful target of counseling and other professionals.

The society in general and the school communities in particular should acknowledge male's decision to seek help as strength rather than as a sign of weakness. This might help

to minimize the feeling of shame or embarrassment that male adolescents encounter as a result of asking help.

Counselors may need to design programs to inform male adolescents about the benefits of counseling in a manner that does not conflict with their gender socialization. Counselors also should be gender sensitive and culturally skilled.

The study also suggests that counselors should inform adolescents about the nature of counseling, that is, it is a safe place to share personal or emotional issues. This might help them to feel more comfortable with revealing personal information. Explaining clearly confidentiality issues in particular is important.

It was also suggested that media could improve positive outcome expectations about help seeking by providing information about the benefits of counseling (Wills & Depaulo, 1991 cited in Vogel et al., 2005). Therefore, mass media (TV, radio, news letter, etc) should play significant role in sensitizing adolescents with respect to the nature, process, benefits or effectiveness of professional counseling and importance of seeking appropriate help at the early stage of the problems.

Although the present study attempted to provide some insight regarding counseling seeking attitude, it is not conclusive because there is no related findings in this area to support the present findings in Ethiopian context. Efforts are only just emerging. Hence, this study should be replicated in collage and University samples, samples that comprise different ethnic groups. Future research should include other variables such as prior counseling experience, social-network orientation, parents' educational level, gender socialization, and social stigma.

As obtaining information regarding adolescent's reasons for their negative attitude toward seeking counseling would have great benefit, future research should focus at this point. It is also helpful to investigate the consistency of attitude toward seeking counseling and actual help seeking behavior.

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Appendix-A

Addis Ababa University

School of Graduate Studies

Department of Psychology

Questionnaire

The purpose of this questionnaire is to gather information necessary to explore adolescents' attitude toward seeking counseling, and to examine its relation with self-concealment and self-esteem. This study can be accomplished successfully only when you complete all the items of the scales honestly and frankly. At the on set, I would like to assure you that information obtained from the responses of this questionnaire will be used only for research purposes. Your responses will be kept confidential. Hence, please, give your responses freely and genuinely. No need of writing your name.

Thank You for your kind cooperation

Part One: Background Information

Direction: Please supply the right information for the following items either by circling the letter or by filling the blank space.

1. Sex A. Male B. Female

2. Age _____

Part Two: Attitude Toward Seeking Counseling Measure

Direction: Read each of the statements carefully and then encircle one of the numbers depending on your degree of agreement and disagreement.

The numbers represent:

1=Strongly Disagree

3= Agree

2= Disagree

4= Strongly Agree

No.	Items	1	2	3	4
1	When I believed I was having a psychological or emotional disturbance, my first inclination would be to get professional attention/ counseling.	1	2	3	4
2	The idea of talking about problems with counselor/ psychologist strikes me as a poor way to get rid of emotional conflicts.	1	2	3	4
3	If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in counseling.	1	2	3	4
4	I feel a person should cope with his conflicts and fears with out resorting to professional counseling.	1	2	3	4
5	I want to get counselor's attention if I was worried or upset for along period of time.	1	2	3	4
6	I might want to have psychological counseling in the future.	1	2	3	4
7	Considering the time and self-disclose involved in counseling, it would have doubtful value for a person like me.	1	2	3	4
8	A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional counseling /help.	1	2	3	4
9	Getting psychological counseling would be needed when there is no access to other options.	1	2	3	4
10	Personal and emotional troubles, like many things, tend to work out by themselves.	1	2	3	4
11	Although there is counseling service in our school, I don't want to seek psychological help.	1	2	3	4

No.	Items	1	2	3	4
1	On the whole, I am satisfied with myself.	1	2	3	4
2	At times I think I am no good at all.	1	2	3	4
3	I feel that I have a number of good qualities	1	2	3	4
4	I feel that I do not have much to be proud of.	1	2	3	4
5	I can do things as well as most other people	1	2	3	4
6	I certainly feel useless at times.	1	2	3	4
7	I feel that I am a person of worth, at least on an equal basis with others.	1	2	3	4
8	I feel I don't have more respect for myself.	1	2	3	4
9	All in all, I am inclined to feel that I am a failure.	1	2	3	4
10	I have a positive attitude toward myself.	1	2	3	4

Part Four: Self-Concealment Measure

Direction: Read each of the statements carefully and then encircle one of the numbers depending on your degree of agreement and disagreement. The numbers represent:

- 1=Strongly Disagree
2= Disagree
- 3= uncertain
4= Agree
5= Strongly Agree

No.	Items	1	2	3	4	5
1	I have an important secret that I haven't shared with anyone.	1	2	3	4	5
2	If I shared all my secrets with my friends, they would like me less.	1	2	3	4	5
3	There are lots of things about me that I keep to myself.	1	2	3	4	5
4	Some of my secrets have really tormented me.	1	2	3	4	5
5	When something bad happens to me, I tend to keep it to myself.	1	2	3	4	5
6	I am often afraid I will reveal something I don't want to.	1	2	3	4	5
7	Telling a secret often backfires and I wish I hadn't told it.	1	2	3	4	5
8	I have a secret that is so private I would lie if anybody asked me about it.	1	2	3	4	5
9	My secrets are too embarrassing to share with others.	1	2	3	4	5
10	I have negative thoughts about myself that I never share with anyone.	1	2	3	4	5

Appendix-B

አዲስ አበባ ዩኒቨርሲቲ የድህረ ምረቃ ትምህርት ፕሮግራም የሳይክሎጂ ትምህርት ክፍል

መጠይቅ

የዚህ መጠይቅ አላማ ወጣት ልጆች መያዣ የምክር አገልግሎት / ወንጀል/ ለመጠቀም/ ለመጠየቅ ያላቸውን አመለካከት/ ዝንባሌ ለመዳሰስና ለራስ ከሚሰጥ ግምትና ግላዊ ሁኔታዎችን ከመደበኛ ጋር ያለውን ዝምድና ለማወቅ የሚረዳ መረጃ ለመስጠት ነው፡፡

ይህ ጥናት ስኬታማ ሊሆን የሚችለው ሁሉንም የመጠይቁን ጥያቄዎች በቅንነትና በግልፅነት ሊመልሱ ነው፡፡ ከወዲሁ ላረጋግጥላችሁ የምፈልገው ነገር በዚህ መጠይቅ አማካኝነት የሚወሰደው መረጃ ለዚህ ጥናት ብቻ የሚውል ይሆናል፡፡ የምትሰጧቸው መልሶች በሙሉ በሚስጥርነት ይያዛሉ፡፡ ስለዚህ መጠይቁን በግልፅነትና በታማኝነት እንድትሞሉ በትህትና እጠይቃለሁ፡፡ ስም መፃፍ አያስፈልግም፡፡

በቅድሚያ ስለ ትብብራችሁ አመሰግናለሁ

ክፍል አንድ፡- አጠቃላይ መረጃ

መመሪያ፡- ከዚህ በታች ለቀረቡት ጥያቄዎች ትክክለኛውን ምላሽ በክፍት ቦታ በመጻፍ ወይም በምርጫ መልክ ለተቀመጠው በማክበብ መልስ/ሽ፡፡

1. የታ ሀ. ወንድ ለ. ሴት

2. እድሜ _____

ክፍል ሁለት፡- የምክር አገልግሎት የመጠቀም ዝንባሌን በተመለከተ

መመሪያ፡- የሚከተሉትን ዓረፍተ ነገሮች በጥሞና ካነበብክ/ሽ በኋላ በዓረፍተ ነገሮቹ ላይ ስለ መስማማትህ/ሽ እና አለመስማማትህ/ሽ በእያንዳንዱ ዓረፍተ ነገር ፊት ለፊት ከተቀመጡት ቁጥሮች አንዱን በማክበብ መልስ/ሽ፡፡ ቁጥሮቹ የሚያመለክቱት፡-

- 1= በጣም አልስማማም
- 2= አልስማማም
- 3= እስማማለሁ
- 4= በጣም እስማማለሁ

ተ.ቁ	ዐረፍተ ነገር	1	2	3	4
1.	ስነ-ልቦናዊ ችግር ወይም የስሜት መረበሽ የገጠመኝ መሆኑን ሳምን የመጀመሪያ ምርጫዬ የሚሆነው ከባለሙያ የምክር አገልግሎት ማግኘት ነው፡፡	1	2	3	4
2.	ከካውንስለር/ከስነ-ልቦና ምሁር ጋር መነጋገር ወይም ምክክር ማድረግ ስሜት ነክ የሆኑ ችግሮችን ለመቅረፍ እንደማይረዳ ይሰማኛል፡፡	1	2	3	4
3.	ከባድ የሆነ ስሜት ነክ ችግር ቢገጥመኝ በምክር አገልግሎት/በካውንስለ.ንግ/ሊሻለኝ እንደሚችል እተማመናለሁ፡፡	1	2	3	4
4.	አንድ ሰው ውስጣዊ ግጭቶችንና ፍራቻዎችን የምክር አገልግሎት ሳይጠይቅ በራሱ መፍታት/መቋቋም እንዳለበት ይሰማኛል፡፡	1	2	3	4
5.	ለረጅም ጊዜ ጭንቀት ወይም መረበሽ የሚያስቸግረኝ ከሆነ የምክር አገልግሎት /የካውንስለር ክትትል/ ማግኘት እፈልጋለሁ፡፡	1	2	3	4
6.	ለወደፊቱ ስነ-ልቦናዊ የምክር አገልግሎት ማግኘት እፈልጋለሁ፡፡	1	2	3	4
7.	የምክር አገልግሎት ሂደት ለካውንስለ.ንግ/ ከሚወስደው ጊዜና ራስን ግልጽ አድርጎ ከመቅረብ አንፃር ለእንደኔ አይነቱ ሰው ጠቀሜታው አናሳ ነው፡፡	1	2	3	4
8.	ከስሜት ጋር የተያያዘ ችግር ያጋጠመው ሰው ችግሩን ብቻውን ለመፍታት ስለሚከብደው የካውንስለር /የስነ-ልቦና ምሁር እርዳታ ያስፈልገዋል፡፡	1	2	3	4
9.	ስነ-ልቦናዊ የምክር አገልግሎት መጠየቅ የሚያስፈልገው ሌላ አማራጭ ሲጠፋ መሆኑን አለበት፡፡	1	2	3	4
10.	እንደ ሌሎች ነገሮች ሁሉ ግላዊና ስሜት ነክ ችግሮችም በራሳቸው ጊዜ ሊጠፉ የሚችሉ ናቸው፡፡	1	2	3	4
11.	በት/ቤታችን የተማሪዎች የምክር አገልግሎት ቢሰጥም /ቢኖርም/ እኔ ግን መጠቀም አልፈልግም፡፡	1	2	3	4
12.	የቅርብ ጓደኛዬ የስነ-ልቦና ችግርን በሚመለከት ምክር ቢጠይቀኝ / ብትጠይቀኝ ወደ ካውንስለር/ የስነ-ልቦና ምሁር እንዲሂድ /እንድትሂድ እነግረዋለሁ /እነግራታለሁ፡፡	1	2	3	4
13.	ወደ ካውንስለር /የስነ-ልቦና ምሁር መሄድ እፈራለሁ ምክንያቱም ሌሎች ሰዎች ስለእኔ ከሚኖራቸው አሉታዊ አስተሳሰብ የተነሳ፡፡	1	2	3	4
14.	መንፈስ ጠንካራ የሆነ ሰው የሚያጋጥሙትን የስነ-ልቦና ችግሮች በራሱ መቅረፍ ስለሚችል ብዙም የካውንስለር ርዳታ አያስፈልገውም፡፡	1	2	3	4
15.	የካውንስለ.ንግ አገልግሎት /ስነ-ልቦናዊ እርዳታ/ ከመጠየቅ ይልቅ ከነችግሬ መኖር እመርጣለሁ፡፡	1	2	3	4
16.	ከፍተኛ የሆነ የስሜት መረበሽ/ችግር/ ያጋጠመው ሰው በምክር አገልግሎት /ካውንስለ.ንግ/ ሊሻለው ይችላል፡፡	1	2	3	4
17.	የምክር አገልግሎት ከመጠየቅ ይልቅ ራስን በስራ መጥመድ ጭንቀትንና ውጥረትን ለማስወገድ ጥሩ መፍትሄ ነው፡፡	1	2	3	4
18.	የምክር አገልግሎት ተጠቃሚ መሆን በግለሰብ ህይወት ላይ መጥፎ ነገር ይፈጥራል፡፡	1	2	3	4
19.	ለስሜታዊ ችግሮችም እኔን ቢሆን ከካውንስለር ይልቅ ከቅርብ ጓደኛ ምክር ማግኘት ይሻለኛል፡፡	1	2	3	4
20.	የምክር አገልግሎት ማግኘት ካስፈለገኝ በይሉኝታ ምክንያት አልተወውም፡፡	1	2	3	4

ክፍል ሶስት፡- ለራስ ስለሚሰጥ ግምት

መመሪያ፡- የሚከተሉትን ዓረፍተ ነገሮች በጥሞና በነበብክ/ሽ በኋላ በዓረፍተ ነገሮቹ ላይ ስለ መስማማትህ/ሽ እና አለመስማማትህ/ሽ በእያንዳንዱ ዓረፍተ ነገር ፊት ለፊት ከተቀመጡት ቁጥሮች አንዱን ቁጥር በማክበብ መልስ/ሽ፡፡ ቁጥሮቹ የሚያመለክቱት፡-

- 1= በጣም አልስማማም
- 2= አልስማማም
- 3= እስማማለሁ
- 4=በጣም እስማማለሁ

ተ.ቁ	ዐርፍተ ነገር	1	2	3	4
1	በአጠቃላይ በራሴ ሁኔታ እረብሁ፡፡	1	2	3	4
2	አንዳንዴ ጥሩ ሰው እንዳልሆንኩ ይሰማኛል፡፡	1	2	3	4
3	ብዙ ጠንከራ ጎኖች አንዳሉኝ ይሰማኛል ፡፡	1	2	3	4
4	ብዙ የሚያኮራ ነገር እንደሌለኝ ይሰማኛል፡፡	1	2	3	4
5	ብዙ ሰዎች የሚሰሯቸውን ስራዎች እኔም እሰራቸዋለሁ፡፡	1	2	3	4
6	አንዳንዴ የማልጠቅም ሰው እንደሆንኩ ይሰማኛል፡፡	1	2	3	4
7	ጠቃሚ ሰው እንደሆንኩ ይሰማኛል# ቢያንስ ከሌሎች አላንስም፡፡	1	2	3	4
8	ለራሴ ጥሩ ግምት /ክብር/ እንደሌለኝ ይሰማኛል፡፡	1	2	3	4
9	በአጠቃላይ ህይወቴ በውድቀት የተሞላ እንደሆነ ይሰማኛል፡፡	1	2	3	4
10	ስለ ራሴ በጎ /አወንታዊ አመለካከት አለኝ፡፡	1	2	3	4

ክፍል አራት፡- ግላዊ ሁኔታን ስለመደበቅ/ለሌላ ሰው አለመግለፅ

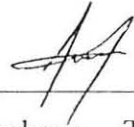
መመሪያ፡- የሚከተሉትን ዓረፍተ ነገሮች በጥሞና በነበብክ/ሽ በኋላ በዓረፍተ ነገሮቹ ላይ ስለመስማማትህ/ሽ እና አለመስማማትህ/ሽ በእያንዳንዱ ዓረፍተ ነገር ፊት ለፊት ከተቀመጡት ቁጥሮች አንዱን ቁጥር በማክበብ መልስ/ሽ፡፡ ቁጥሮቹ የሚያመለክቱት፡-

- 1=በጣም አልስማማም
- 2=አልስማማም
- 3= እርግጠኛ አይደለሁም
- 4= እስማማለሁ
- 5= በጣም አስማማለሁ

ተ.ቁ	ዐርፍተ ነገር	1	2	3	4	5
1	ለማንም ያላፈልኩት ወሳኝ የሆነ ሚስጥር አለኝ፡፡	1	2	3	4	5
2	ሚስጥሮቼን ሁሉ ለጓደኞቼ ከነገር *ቸው ለእኔ ያላቸው ፍቅር ሊቀንስ ይችላል፡፡	1	2	3	4	5
3	ለማንም ሳላፍል ደብቄ የያዘ *ቸው ብዙ ነገሮች አሉኝ፡፡	1	2	3	4	5
4	በውስጤ ሁሉ ሚስጥሮቼ የተወሰኑት በጣም ያስቃዩኛል/ያስጨንቁኛል፡፡	1	2	3	4	5
5	መጥፎ የምለው ነገር ሲገጥመኝ ለማንም አልናገርም፡፡	1	2	3	4	5
6	መግለጽ የማልፈልገውን ነገር ሳላስበው እንዳልናገር በማለት ብዙ ጊዜ እሰጋለሁ፡፡	1	2	3	4	5
7	ሚስጥር ማውጣት ብዙ ጊዜ ስለሚጎዳ/መዘዙ ብዙ ስለሆነ/ ለማንም መናገር አልፈልግም፡፡	1	2	3	4	5
8	ማንም ሰው ቢጠይቀኝ እውነታውን የማልገልፀው የራሴ የሆነ ሚስጥር አለኝ፡፡	1	2	3	4	5
9	ለሌላ ሰው ለማ ፈል ሚስጥሮቼ በጣም ያሳፍራሉ፡፡	1	2	3	4	5
10	ለማንም የማልናገራቸው ስለ እኔ ብዙ አሉታዊ ነገሮች አሉኝ፡፡	1	2	3	4	5

Declaration

This thesis is my original work and has not been presented for a degree in any other University and that all sources of materials used for this thesis have been dully acknowledged.



Getachew Tassew