

UNIVERSITY OF CAPE COAST

ATTITUDES OF UNIVERSITY OF CAPE COAST MALE STUDENTS
TOWARDS COUNSELLING

BENJAMIN ARKU

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TOWARDS COUNSELLING

BY

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This thesis submitted to the Department of Educational Foundations of the College of Education Studies, of the University of Cape Coast, in partial fulfilment of the requirements for award of Master of Philosophy Degree in
Guidance and Counselling

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DECLARATION

Candidate's Declaration

I hereby declare that this thesis is the result of my own original work and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature:..... Date:.....

Name:

Supervisors' Declaration

We hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on thesis laid down by the University of Cape Coast.

Principal Supervisor's Signature: Date:

Name:

Co-supervisor's Signature: Date:

Name:

ABSTRACT

The study sought to examine University of Cape Coast (UCC) male students' attitudes towards counselling on UCC campus. Descriptive survey was used as the research design. Simple random sampling and proportional sampling techniques were employed to select the respondents for this study. Both close-ended and open-ended questionnaires were administered to sample of 345 male students for the achievement of set objectives. Descriptive statistics and chi-square test were used to determine the relationship between UCC male students' attitude towards counselling and the variables of interest. The findings of the study suggested that the decision of male students in UCC to access counselling was independent of popular perceptions people hold about counselling. In addition, the study found that male students of UCC perceive counselling as beneficial to them as well as those who want to access the services. It was found that key factors that influenced the decision to access counselling services included the feeling of embarrassment for sharing their problems, culture variation and self-esteem issues. Age, religion and the level of education has no influence on the perceived embarrassment that comes with sharing one's problems with the counsellor. It was recommended that to ensure effective and improved patronage, University counsellors must convince students that confidentiality in delivery of their service is always upheld. Also, the University authorities should always sensitize students on the need of seeking counselling through educating the students about the benefits of counselling for all.

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DEDICATION

To my mother Obaapanyin Yaa Amoanemaa (Mrs Grace Arku) and my family members: Mrs. Eunice Arku, Mr. Louis Arku, Ms. Ursula Amoanemaa Arku.

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CHAPTER ONE

INTRODUCTION

Background to the Study

Men, in general, are far less likely than women to seek professional help for therapy. Hammer, Vogel, and Heimerdinger- Edwards (2012, January 23) suggested that men from rural communities are even more resistant than urban- dwelling men when it comes to getting therapy. The study expands upon previous research by the team and explores the factors that create barriers to treatment. For example, Hammer and colleagues in their study identified self-stigma as the primary reason that men from rural areas do not reach out for help.

According to Andrews, Issakidis and Carter (2001), less than one third of individuals who experience psychological distress seek help from a mental health professional. In fact, men tend to see therapy and counselling as a last resort (Hinson & Swanson, 1993). Wills (1992) posited that counselling is something to be considered only after their attempts to handle things on their own or in concert with individuals close to them have failed. These perceptions of therapy persist, despite studies showing that seeking therapy services is often helpful (Bergin & Garfield, 1994), and that the consequences for not seeking help are often severe (Dubow, Lovko & Kausch, 1990).

In the western world, everyone and their pet have a therapist, yet even among the wealthy and elite many male African Americans continue to hold stigmatising beliefs about mental illness. Talking about problems with an outsider (i.e., therapist) may be viewed as airing one's weaknesses and thus bringing your problems to public domain, and even more telling is the fact that

over a quarter of those consumers felt that discussions about mental illness would not be appropriate even among family. In a study completed by Wills (1992), one African American gentleman noted, "I was just embarrassed" after getting this type of help and this continues to be, like a sore thumb in the African American community. Wills lamented that it is unfortunate most of them do not have insurance, so their fear was that after seeking for help, it would not be good because they cannot afford it. Likewise, males may be resistant to seek therapy failure because they fear it may reflect badly on their families and therefore, an outward admission of the family's to handle problems internally. Among African Americans males who suffered greatly from mental disorders, many held negative attitudes about people who obtain mental health care. No matter how impaired they were, they did not want to be one of the mental disorder persons. Alvidrez, Snowden and Kaiser (2008) posited that many males with mental disorders are unaware that they have a diagnosable illness at all, and are even less aware those effective therapists exist for their specific problem. Because of the taboo surrounding open discussion about mental illness, male often have little knowledge of mental health problems and their treatments.

Many males have concerns about therapy effectiveness, which may be due to both lack of education and cultural misgivings (Hinson & Swanson, 1993). Apprehension about clashing with the values or worldview of the clinician can cause ambivalence about seeking help, and this may be especially true for the many black gentlemen who believe that mental health therapy was designed by white people for white people. However, African Americans view the typical psychologist as an older therapist for white males

but not for the African Americans since the therapist might not be insensitive to the social and economic realities of their lives (Thompson, Bazile, & Akbar, 2004).

A study conducted by Alvidrez, Snowden and Kaiser (2008) found that after controlling for severity of mental illness and other variables, male African Americans are likely to experience a psychiatric hospitalisation than Whites, an indication of continued bias among clinicians when faced with Black patients in need of mental health services. According to Leong (1986) most common reasons why men avert counselling is that they perceive they can solve the problem on their own and therefore, there is no need to seek for counselling. More often than not, Leong asserted that male clients make these types of statements to free themselves from seeking counselling. Therefore, Leong (1986) asserted that seeking counselling takes tremendous courage, and actually shows a great sign of strength. It is not easy to examine one's life, sort through one's pain, and try to find ways to improve one's relationships and how one function in the world. Leong's belief and approach to therapy involves helping a client access their strengths and find ways to make decisions and changes that best fit what they want for their lives. Part of resolving your own problems often involves asking for guidance and accepting help that is offered to you. Hanna (2002) highlighted that oftentimes, males are under the assumption that only crazy people go to therapy (counselling). However, having the ability to recognize that you need guidance and support is far from being crazy but it is rather being honest, brave, and undoubtedly human.

Jorm (2000) indicated that the most important component of therapy leading to change is in the client-therapist relationship. It is crucial that one finds a counsellor that is a good fit for him or her as well as the counsellor that one feels safe with. Furthermore, Jorm said people should go to therapist (counsellor) where they can share their experiences without fear of judgment. There are many different theoretical orientations, or ways that therapists interact with clients, formulate the goals of therapy, etc., and it is important to find a therapist (counsellor) who works in a way that feels right for your particular personality and or situation. If one believes that therapy (counselling) did not work properly in the past, it does not mean that one cannot find a better and more fulfilling experience in therapy (counselling) today.

Oftentimes, to some men especially in particular cultures, there is a strong belief that family problems (or problems in general), are to be resolved within the family, and it is not appropriate to “air your dirty laundry” with a stranger. A culturally sensitive therapist will be aware of this, and be able to work with the client in a way that feels comfortable for them, while respecting their culture and/or their family values and beliefs. Oftentimes, depending on the circumstances, secrets can be toxic and cause various psychological and even physical symptoms. So, despite the fear involved when confiding in a therapist, (counsellor) pushing through family secrets often reduces anxiety, depression and fear. One should keep in mind that only under very specific circumstances a counsellor is allowed to discuss information outside of the counselling office. An ethical therapist (counsellor) will clearly explain these

exceptions to confidentiality, and will keep your information private (Takeuchi, Leaf & Kuo, 1988).

All therapists are the same; a common false impression among most men about therapy is that the experience will be the same no matter which therapist one goes to. There are many different approaches to therapy. A person's experience will be very different depending on which therapist he or she chooses to work with. Some of the different types of therapy approaches are cognitive behavioural, humanistic, psychodynamic, dialectical behavioural therapy, and depth psychotherapies to name just a few. Some models explore the past while others focus on the present. Some primarily work with a client's thoughts and behaviours, while others focus on understanding a person's internal experience. Some approaches are better for certain people compared to other approaches. In addition, one approach may be better for a person at one point in their life to deal with a certain issue, but the same person may be better off seeing a therapist with a different approach for a different issue at some other point. Each model focuses on different things. Ben-Porath (2002) highlighted that when a person wants to choose a therapist, he or she must consider the goals to accomplish in that therapy and ask the therapist if the approach he (therapist) had chosen can help achieve the goals in the therapy or if there is the need to adopt alternative approach.

Hogg and Vaughan (2005, p. 150) posited that an attitude is "a relatively enduring organization of beliefs, feelings, and behavioural tendencies towards socially significant objects, groups, events or symbols". Attitudes structure can be described in terms of three components, namely the affective components, behavioural component and the cognitive component.

Affective components relate a person's feelings or emotions about the attitude object. Behavioural component is the way the attitude we have influences how we act or behave. Moreover, the Cognitive component involves a person's belief or knowledge about an attitude object. This model is known as the ABC model of attitudes.

One of the underlying assumptions that link attitudes and behaviour is that of consistency. This means that we often or usually expect the behaviour of a person to be consistent with the attitudes that they hold. There is evidence that the cognitive and affective components of behaviour do not always match with behaviour (LaPiere, 1934). The strength with which an attitude is held is often a good predictor of behaviour. The stronger the attitude the more likely it should affect behaviour.

Importance or personal relevance refers to how significant the attitude is for the person and relates to self-interest, social identification and value. If an attitude has high self-interest for a person (i.e. it is held by a group the person is a member of or would like to be a member of, and is related to a person's values), it is going to be extremely important. As a consequence, the attitude will have a very strong influence upon a person's behaviour. By contrast, an attitude will not be important to a person if it does not relate in some way to their life.

The knowledge aspect of attitude strength covers how much a person knows about the attitude object. People are generally more knowledgeable about topics that interest them and are likely to hold strong attitudes (positive or negative) as a consequence. (McLeod, 2014) opined that attitudes based on

direct experience are more strongly held and they influence behaviour more than attitudes formed indirectly.

Statement of the Problem

According to the Counselling Center of University of Cape Coast, data suggest that academic stress is present at the University of Cape Coast. Therefore one of the ways of overcoming the academic stress is to seek for counselling (Counselling Centre, UCC, 2013). Based on consultations with stakeholders of the counselling unit it is perceived as if men or male students are reluctant to seek for help hence the researcher's quest to find male students' attitudes towards counselling in the University of Cape Coast.

Through counselling, individuals are enabled to better understand themselves, their potential and their relationship to the world in which they live. Guidance and counselling assists individuals in making prudent choices in life, formulating plans and decisions and adjusting to situations, which result in a positive direction in their behaviour (Frempong, 2009).

However, counselling and psychotherapy have been described as potentially difficult, embarrassing, and overall risky enterprises that induce fear and avoidance in some individuals (Kushner & Sher, 1989,). This problem is asserted to be pervasive among men. It is argued that men seek therapy in general as a last resort (Hinson & Swanson, 1993), something to be considered only after their attempts to handle things on their own or in concert with individuals close to them have failed (Wills, 1992). These perceptions of therapy persist; despite studies showing that seeking counselling services is often helpful (Bergin & Garfield, 1994) and that the consequences for not seeking help are often severe (Dubow, Lovko, & Kausch, 1990).

Many studies have sought to examine the factors that influence an individual's decision to seek counselling therapy. Some of such studies include approach and or avoidance factors (Kushner & Sher, 1989), social stigma (Komiya, Good, & Sherrod, 2000), treatment fears (Deane & Todd, 1996; Kushner & Sher, 1989), fear of emotion (Komiya, Good & Sherrod, 2000), anticipated utility and risks (Vogel & Wester, 2003; Vogel, Wester, Wei, & Boysen, 2005), and self-disclosure (Hinson & Swanson, 1993; Vogel & Wester, 2003).

According to Akinade (2002) counselling also assists people in their overall personal development so they can be more effective, satisfied, productive, and more beneficial to the society in which they live. Counselling deals with the affective realm, which involves feelings, emotions, attitude and not simple ideas. It is more than advice giving.

Counselling is needed by trainees as well as students in tertiary institution to clarify their goals and values, strengthen their interests and aspirations and also to help them adequately adjust to the norms of the society. Over the years there have been lapses towards counselling in tertiary education especially among male students in tertiary institutions in Ghana as far as their implementation is concerned.

Hence, the study on male attitudes towards counselling in tertiary institutions in Ghana.

Purpose of the Study

The main purpose of the study was to examine male attitudes to counselling services of male students on UCC campus. The study sought specifically to:

1. Examine male students' attitudes towards counselling at University of Cape Coast (UCC).
2. Explore male students' awareness of benefits related to seeking counselling in the University of Cape Coast.
3. Examine relationship between socio-demographic factors (age, level of education, religion, marital status) and male students' attitudes to counselling services at U.C.C.
4. Identify ways in which male students' attitudes towards counselling services in UCC can be improved.

Research Questions

In order to find answers to the problem, the following research questions were formulated to guide the study:

1. What is the nature of the attitudes of male students of UCC towards counselling?
2. What benefits do male students of UCC get from accessing counselling?
3. What is the relationship between socio-demographic factors (age, level of education, religion) and male students' attitudes to counselling at U.C.C?
4. How can counselling be improved among male students at UCC?

Research Hypotheses

The following hypotheses were also formulated to guide the study:

1. H₀: Males have indifferent attitudes towards counselling
H₁: Males have positive attitudes towards counselling

2. H₀: The attitudes of male students of UCC towards counselling do not depend on their level of university education.
H₁: The attitudes of male students of UCC towards counselling do depend on their level of university education.
3. H₀: There is no relationship between religion and male students of UCC attitudes towards counselling
H₁: There is a relationship between religion of male students of UCC and their attitudes towards counselling
4. H₀: The attitudes of male students of UCC towards counselling do not depend on their ages.
H₁: The attitudes of male students of UCC towards counselling do depend on their ages.

Significance of the Study

The study was expected to reveal some findings which would help not only the students, but also stakeholders in helping students make informed choices. For counsellors in the tertiary institutions, it was anticipated that they would recognise and appreciate the importance of counselling to their academic and social development. The study should help the student to understand himself or herself, his or her abilities, his or her interest, his or her aspiration, his or her motivational factors and decision-making capability.

Significantly, the staff of the Counselling Units in the tertiary institutions and other Educational Units would be able to discover the shortfalls of counselling programmes to strengthen them so as to be of maximum benefit to students. It should serve as a test case for the Ghana Education Service (G.E.S), Teachers, lecturers and Educational Departments

to begin to follow-up the effectiveness of programmes in the universities and help to effectively implement them.

Finally, the study would contribute to the review of the students' perception of males' attitude towards counselling services on UCC campus and Ghana at large. Findings of the study could be used by Counselling Units and school authorities to make new policies to promote counselling of male students' at U.C.C. and perhaps in other universities.

Delimitations

With the current technological trend and changes in our educational system, it was important that an investigation into the needs of students are addressed hence counselling in Ghanaian educational institutions. The study was carried out in University of Cape Coast even though other universities could have been included.

In examining the counselling services offered, the scope of the study limited the researcher to the seven services namely: Assessment, Information, Placement and Follow-up, Counselling Orientation, Career and Therapy. Any other services outside these do not come under the research.

Limitations

For a study of this nature and considering the male students population of UCC, a total sample of 345 male students were used. This was relatively small as compared to the population of over 14,800 regular students. This sample size might make the generalisability of the findings to the population quite contentious. Moreover, because questionnaires were used in collecting the data, bias could not be ruled out completely.

Despite the limitations that have been outlined above, the outcomes of the study were not affected totally.

Organisation of the Study

The study is presented in five chapters including Chapter One. Chapter Two deals with the related literature review which includes the theoretical and empirical literature. Chapter Three looks at the methodology and the data analysis procedure. Chapter Four deals with analysis of the data and findings of the study while the last chapter which is chapter five provides the summary, conclusions, counselling implication and recommendations of the study as well as suggestion for further studies.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter presents the review of literature related to the study.

Theories of Human Needs

Psychologists have propounded several need theories. Murray, Kurt Lewin, Alderfer and Maslow were among the theorist. For instance, Murray said a need is a hypothetical force that serves to organize perception, intelligence and action of the individual (Amaning, 2009). For the purpose of this study, Maslow's theory of needs would be reviewed since it has some application in the study.

Maslow's Theory of Need

Abraham Maslow (1908-1970), a humanist psychologist, outlined the concept of human needs. Maslow's need theory states that human needs are arranged in a hierarchy and as one general type of need is satisfied another higher order need will emerge and become operative in life (Chauhan, 1989).

According to Huitt (2000) (as cited in Awabil, 2002), Maslow categorised needs into two divisions; deficiency needs and growth needs. Deficiency needs are those needs when satisfied, urge a person to seek other needs and if they are not satisfied everything recedes. The growth need enables a person to move towards a goal as the basic needs have been satisfied. Maslow's theory of motivation claims that human needs are arranged in a series of levels, that is hierarchy of importance.

The hierarchy of needs is a theoretical model of eight needs of Maslow's theory which ranges from basic physiological, safety needs to love

and belonging needs, esteem needs and finally at the top of the hierarchy the need for self-actualisation.

The physiological needs include hunger, thirst and sleep. These are dominant and are the basis of motivation. Motivation as defined by Wiener (1990) and quoted by Elliott, Kratochwill, Cook and Travers (2000), “is an internal state that arouses us to action, pushes us in particular directions and keeps us engaged in certain activity”. Maslow also said when these physiological needs are deprived for a long period; the other needs will also not appear (Elliott et al., 2000).

Safety needs include freedom from fear and anxiety, need for protection, security and stability. Elliot et al. (2000) said students who are afraid of peers, of a teacher or of a parent have their safety needs threatened and their fears can affect classroom performance.

Moreover, love and belonging needs refer to our need for family and friends, the need to affiliate with others and be accepted by others. Elliot said students who lack any sense of belongingness usually have poor relationship with others and this can affect classroom learning (Elliot et al., 2000). According to Elliot et al., esteem needs include the need to achieve, to be competent, the need to gain approval and finally, the need to have recognition. Maslow classified these four needs as the deficiency needs. A deficit in one need category will affect performance of students as asserted by Elliot et al.

The highest need in the hierarchical system proposed by Maslow is self-actualization. Self-actualisation is the realisation of one’s human potential or to fulfill one’s individual nature in all its aspect. According to Amaning (2009), Maslow grouped self-actualisation as a growth need. According to

Maslow, an individual would be ready to satisfy his/her growth need if the deficiency needs are met. Maslow said only a few people became completely self-actualised. He saw that there were other lower level growth needs prior to the general level of self-actualisation and one beyond the self –actualisation level.

These are cognitive, aesthetic and transcendence. Cognitive is to know and understand. Aesthetic is the need for symmetry, order and beauty. These are below self- actualization. Above self-actualisation need is transcendence. Transcendence is the need to help others find self-fulfillment and realize their potential (Amaning, 2009). According to Hutt (2000), Maslow was of the view that as one develops wisdom, becomes more self-actualized and transcendence, one will automatically know what to do in a wider variety of situation (as cited in Awabil, 2002).

Counselling

Counselling has been given different definitions and interpretations. The term counselling has been used to denote a wide range of procedure meant to bring about a positive change in the behaviour of the individual. According to Gesinde (1991), counselling refers to an in-depth interaction between two or few individuals with the intent of assisting the client to better understand him/herself in relationship to his/her present or future problems. Counselling is oriented towards assisting an individual or groups of people in solving problems which arise in various aspects of his or their life. Counselling also assists people in their overall personal development so they can be more effective satisfied, productive, and more beneficial to the society in which they live. Counselling deals with the affective realm, which involves

feelings, emotions, attitude and not simple ideas. It is more than advice giving (Akinade, 2002).

Bakare (1996) as cited in Akinade (2002) defined counselling as a number of procedures used in assisting an individual in solving problems which arise in various aspects of his life or in assisting him to maximize his overall development in order to be more effective, productive and functional in the society. Rogers (1961, p. 47) referred to counselling as 'series of direct contacts with the individual who aims to offer assistance in changing attitudes and behaviour'. Rogers further wrote that effective counselling consists of a definitely structured, permissive relationship which allows a client to gain an understanding of himself to a degree which enables him to take positive steps in the light of new orientation. Also, Perez (1965) opined that counselling is an interactive process co-joining the counsellee who is vulnerable and who needs assistance, and the counsellor who is trained and educated to this assistance, the goal of which is to help the counsellee learn to deal more effectively with himself and the reality of his environment. Pietrofesa, Hoffman, and Splere (1984) also defined counselling as a relationship between a professionally trained and competent counsellor and an individual seeking help in gaining greater self-making, behaviour change skills for problem solution and developmental growth.

Makinde (1990, p. 47) defined counselling as a service designed to help an individual analyze himself by relating his capabilities, achievements interest and mode of adjustment to what new decision he has made or has to make. Makinde went further to say that counselling is concerned with the feelings, attitudes and emotional dispositions of an individual about himself

and the situation facing him. Thus, counselling is designed to provide an interesting relationship where the counsellor is attempting to help a student to better understand himself in relating to his present and future decision or problems. Counselling should therefore be regarded as a method of helping the individual utilise his/her psychological resources by focusing on the individual's positive strength for development and by concentrating on the individual's personality, behavioural and emotional assets that could be mobilized (Ipaye, 1990). According to Ipaye, the counsellor assists the counsellee to make interpretations of facts relating to a choice, plan or adjustment. This assistance may be educational, vocational, social, personal, emotional or moral. Counselling is concerned with creativity, opportunities and suitable environment for personal, social, educational and vocational growth of the individual. Buku and Taylor (2006) opined counselling as a relationship bringing together the counsellee who needs help and the counsellor who is professionally trained and educated to this help. The purpose is to help the client to learn and to be able to deal more effectively with his situation. The client, by understanding himself, will make the best decision in dealing with the reality of his environment. In the view of Buku and Taylor (2006), through the face-to-face relationship, the individual develops better self-understanding of this strengths and weaknesses. When a feeling of inadequacy in certain dimensions of life is observed by an individual, seeks help through counselling, actions designed to aid the individual in taking vital decisions or make adjustments are encouraged and performed. Such actions may take the form of interview, giving information, understanding a tour or excursion, giving a test, writing reports or

participation in the group activity. This is why counselling is seen as a process in the modification of one's behaviour in an environment. The nature of counselling has always been misconstrued by people. It is believed that counselling should lead to self development rather than issuing of directions to the clients. Counselling, again, is said to be the process that focuses on enhancing the psychological well being of the client, such that the client is then able to reach their full potential. The psychological well being is achieved by the facilitating personal growth, development and self-understanding in the client, which in turn will empower the client to adapt more constructive life practices. The counsellors work in a problem-solving manner with the particular issue and the need for guidance and counselling in tertiary institutions.

Counselling Services is a confidential interaction between a professionally trained counsellor and a student. Counsellors help students, staff, and parents by;

1. Developing programmes that promote healthy life-styles and build positive school climate.
2. Meeting with parents, teachers, and students to help, support and encourage a success experiences.
3. Interpreting a standardize test scores to promote awareness about a student strength.
4. Advising students on class selection and academic opportunities.
5. Coordinating mentoring opportunities and support services for at-risk students.

6. Developing a peer helping programme. Counselling is concerned with the feelings, attitudes, and dispositions of an individual about himself and the situation facing him. In other words, counselling is designed to provide an interacting relationship where the counsellor is attempting to help a student to better understand himself in relating to his present and future decisions or problems.

Principles of Counselling

The principles of counselling are a philosophical framework within which counselling programmes are organized and activities developed. The principles therefore become the fundamental assumptions or a system of beliefs regarding the counsellor's role functions and activities. Effective counselling can be achieved through these principles:

1. Recognition of the dignity and worth of the client, the client is recognized as a human being. His or her self-esteem is respected so that he or she is given the opportunity to make his or her own choices for which he or she takes responsibility. The counsellors do not regard the client as one who has no worth or as one who is inferior. The client is entitled to his or her opinion. That is why the counsellor should devote time and energy based on mutual respect of the client and counsellor. They should meet as equals in order to ensure the safety which the client needs and deserves.
2. Counselling is for all Ages, counselling is not only for a section or a particular age group. It is for people of all ages. Since counselling is to assist individuals in problem resolution and behaviour change

regardless of age. It advocates the use of all counselling skills in handling clients of different ages.

3. The need to observe ethical standards, standards of ethics should be observed in counselling and in using personal information. What is contracted between the counsellor and the client should be observed. The counsellor has the duty to protect the profession by observing ethics. Also, the counsellor does not take undue advantage of a client's state of act that is ethically questionable.
4. Goal establishment, counselling relationship establishes goals that should be achieved at the end of the session, when there should be a change in behaviour.
5. Voluntary nature of counselling, counselling is voluntary: it is out of the clients own volition. It is a co-operate enterprise between counsellor and counselee. There is no compulsion on the side of the clients to enter into the helping relationship. The means the individual is not coerced whatsoever into the counselling relationship.
6. Recognition of the uniqueness of the individual, counselling is based on the uniqueness of each individual, because of individual differences one cannot know a person and his or her world completely. For this reason, counsellors should assist clients to have self-understanding.
7. Confidentiality, the counsellor has the responsibility to keep the information about the clients confidential because the client has the right to privacy of communication in secret. The information can only be made known to another person (outside the confines of the two) only with the permission of the clients.

8. Genuineness, counselling is genuine: the client and the counsellor adopt roles during the counselling session and roles are not pretences. Both the counsellor and the client come out with genuine remarks, comments and feeling during the relationship.
9. Counselling is non-judgmental, in counselling the counsellor should be non-judgmental in handling client's problems. No one passes or fails a counselling session. The counsellor adopts a neutral stance. The counsellor does not form an off-hand opinion about the clients and their values. The counsellor respect what the clients express no matter how these conflicts with the counsellors own values and beliefs.
10. Counselling is continuous: counselling is based on the principle of continuity: The relationship is not only one shot event. The counselling session is for as long as it will take for a resolution or change in behaviour to occur (Taylor & Buku, 2006).

Guidance

Guidance has often been defined in many ways. An examination of the plethora of books and articles on the topic indicates that the word guidance has most often been defined to convey each author's opinion and bias. At a face value, its meaning derives from its root word 'guide' which means direct, pilot, manage, steer, assist, lead, inform, and interact.

Thompson and Poppen (1979) have attempted to clarify the usage of the term pointing out the distinctions implicit in using the word 'guidance' as a concept, as an educational construct and as an educational service. Conceptually, guidance involves the utilization of the view to help an individual, to understand themselves, and as a service, it refers to

organizational procedures and processes to achieve a helping relationship. Sheltzer and Stone (1980) collected over hundred (100) definitions of guidance from the literature available at the time. Based on their findings, they came out with a definition that guidance is a process which helps the individual to understand himself and the world. Some words in the definition needed to be elaborated;

1. Process explains that guidance is not a single event, but involves a series of actions or steps progressively moving towards a goal.
2. Helping simply means that guidance is defined as aiding, assisting or availing. Many helping occupations such as psychiatry, psychology, social work, psychotherapy and psycho analysis have their purpose of prevention and amelioration of human difficulties by the provision of specialized help.
3. Individuals refer to students or client in the school or other setting specifically, guidance is seen as assistance given to normal students.
4. Understand himself and his world means the individual comes to know who he is as an individual and be aware of his personal identity, the nature of his person is clearly perceived as is his world; the aggregate of his surroundings and the people whom he comes into contact with is experienced more deeply and completely.

Pecku (1991) as cited by Buku and Taylor (2006 p. 9) said “ guidance is the systematic professional process of helping the individual through educative procedure to gain a better understanding of his/ her own characteristics and personalities and to relate himself or herself more satisfactorily to social requirements opportunities”. Biswalo (1991) as cited by

Buku and Taylor (2006 p. 10) said “guidance is a term used to denote the process of helping an individual to gain self-direction so that he/she can adjust maximally to his/her home, school, community or environment”. A UNESCO (1998) Regional Training Seminar on Guidance and Counselling held in Botswana as cited by Buku and Taylor (2006, p. 10) defined Guidance as “ a process, development in nature, by which an individual is assisted to understand, accept and use his/her abilities, aptitudes, interest and attitudinal patterns in relation to his/her aspirations” . It went on to say that “Guidance is a programme or services to individuals based upon the needs of individual and understanding of his/her immediate environment, the influence of environmental factors on the individual and the unique feature of each school”. Neukrung (1999) as cited by Buku and Taylor (2006, p. 10) indicated that guidance is “the act of guiding an individual with a profession and offering suggestions for life skills “. Guidance can therefore be seen as a programme designed to help the individual to make diligent and useful decisions of life and to relate well with people. It is primarily with services offered to individuals. The services are provided by teachers, administrators as well as guidance specialist for the individual to make decisions based upon his needs and understanding of himself and his immediate environment. This helps the individual to adjust satisfactorily to his environment, set realistic goals for himself and realize his potential in obtaining these goals.

The Need for Guidance

The provision of diversified courses of choices impose on teachers, principals and guidance and counselling coordinators additional responsibility of giving proper guidance to students in their choice of courses and career

coupled with other individual problems. The secret of good education consists in enabling the student to realize what his/her talents and aptitudes are, and in what manner and to what extent he/she can develop them so as to achieve proper social and personal adjustment and seek right types of employment. The subject of guidance has gained great importance in many countries in recent years. In many schools, well planned efforts are made to provide assistance to individual students deciding upon their future career and education, and other personal problems (www.education.nic.in)

The goal of any helping profession is to assist the individual to understand her/himself and her/his world. Guidance is a helping process that leads to the understanding of self and the world. It is assumed that when individual student understand themselves and their world view, they can be more effective, more productive, and happier in life. The understanding of self-facilitates individual greater achievement and awareness, not only of who he/she is but who and what she/he can become. According to Ontario (1984), Guidance and Counselling help students to know and appreciate themselves; relate effectively with others; develop appropriate education plans; and explore career alternatives.

Knowledge and Self Appreciation

Guidance is needed to help students know and appreciate themselves. Through guidance and counselling services, the counsellor can help individual students identify their strengths, values, interests, aptitudes and accomplishments. Their experiences, activities and interest in learning can facilitate their personal development. The counsellor through his/her guidance and counselling activates enhance developments of skills that students need to

deal with the physical and emotional changes that occur as they develop from adolescent to adulthood which is typical of this stage in of life. The services of guidance offered students call forth in students the ability to identify, describe, and accept their feeling towards themselves and other people and as well describe their hopes, expectations and fears (Akinade, 2002).

Effective Relationship with Others

Youthful age is mostly found in the senior high schools as well as tertiary institutions and this period can be stressful because of the energy they exert. This energy exerted stimulates in the young people emotional imbalance which expose them to all kinds of negative behaviours (Oladele, 2005). According to Oladele, adolescents are often irritable and easily excited. They explore emotionally instead of trying to control their feelings. This can expose them delinquency. These are some of the patterns of behaviour that is typical found among students in the Senior high school and the tertiary institutions. The remedy of such behaviour is dependent upon guidance which will help the young person in effective relationship with others. Guidance and counselling presents the young person the needed skills to practice appropriate ways of handling their emotions. With the help of the counsellor, they can demonstrate skills for effective communication and qualities they seek in relationship with others. Guidance help young people to understand that each person is different so they need to know the importance of being sensitive to the feeling and needs of others. Guidance is an impetus that helps students practice the needed skills to work productively in groups and the realization that the world is a community of different people of different race, culture, color and other creatures, as such need to be respected, loved and cared for (Oladele, 2005).

Development of Appropriate Educational Plans

According to Oladele (2005), with the help of guidance, students become aware of educational alternatives available to them at each phase of their schooling. The counsellor helps them tour various educational institutions and listens to speakers who are familiar with different educational alternatives. Guidance services foster in students knowledge of how education relates to occupational choices and how to choose subjects based on their personal strengths, interest, values and aptitude. Through guidance services such as orientation, students acquire the knowledge and attitudes needed to make successful transitions from one stage of their education to another and understand the significance of motivation in successful learning (Oladele, 2005).

The Role of Guidance and Counselling in Education

According to Gibson (2008), one of the functions of education is to provide experiences for each student to reach his/her full potential in the areas of educational, vocational, personal, and emotional development. Guidance is an integral part of education and is centered directly on this function. Guidance and Counselling services prepare students to assume increasing responsibility for their decisions and grow in their ability to understand and accept the result of their choices (Gibson, 2008; Kauchak, 2011). The ability to make such intelligent choices is not innate but, like other abilities, must be developed.

The aims of the guidance and counselling services are similar to the purpose of education in general- to assist the student in fulfilling her/his basic physiological needs, understanding herself and acceptance of others,

developing associations with peers, balancing between permissiveness and controls in the educational setting, realizing successful achievement, and providing opportunities to gain independence (Heyden, 2011)

Secondary education is very crucial in any country. It is at this level of education that many young people would be going through the storms and stress of adolescence precipitated by biological, physical, psychological, social, sexual, cognitive and moral developmental in their lives. If these stresses are not managed well, the adolescent carries it to the university which negatively affects his or her studies (Gibson, 2008; Kauchak, 2011). The adolescent period as noted earlier is very critical for guidance and counselling. Adolescents need to be understood. Besides these changes that they go through, it is also at this period of their life cycle that they gradually prepare themselves towards forming their own ego identity to settle down as adults. They cannot continue to be dependent upon their parents and other authority figures. Career development and for that matter academic choices that they make in terms of subject selection is very critical at this period

The Role of Guidance and Counselling in Educational Institutions

The literature reveals that the central role of guidance and counselling is apparent. This is to form a self-reliant person who, understanding his strengths and weaknesses, is able to make wise choices and decisions without the help of the counsellor. There are four fundamental functions of guidance and counselling in schools which are prevalent in tertiary education. These four functions are giving up to date futuristic information to students, helping students to cope with changes, the youth and their future and understanding the various phases of individual's life. All these four functions are built around

the concept of the future of the students and the different phases that the students go through. Consequently the following are the core functions of guidance and counselling in the various educational levels:

Giving up-to-date Futuristic Information to Students

The aim of schooling is not only to prepare students for today but for the future as well especially in the area of vocational choices. It is in this respect that the students' needs to be given an up-to-date information about the future especially the needs of the labour market, career and vocations, aptitudes, personality types etc all of which help to give informed decision. The purpose of such information is to help the students and guide him (Oladele, 2005).

Helping Students to Cope with Changes

According to Oladele (2005) changes whether social, environmental, economic industrial are vital part of the complexity of the modern world. Guidance in schools does a good job by helping students to get informed about such changes in their life cycles so that they would not become traumatized should they confront such changes in their lives.

The Youth and their Future

Whether or not Guidance is viewed as a concept or a service, the focus is on the youth and their future. As part of the social process of education, guidance has as its context the individual and the ultimate decision that he/she has to make. In guidance therefore decisions are not made for people. Information given is meant to help the student to cope with future events and expectations in order not to be overtaken by events that he/she is not prepared for (Oladele, 2005).

Understanding Various Phases of Individual's Life

Another function of guidance is to ensure that authority figures-lecturers, counsellors at various department and faculties, administrators, parents and students themselves understand the various phases of the individual development and the impact that these developmental changes have on their growth and adjustment in decision-making. For example, the biological changes that take place in the early adolescent have a lot of psychological implication in the behavior patterns of the mid-adolescent (Oladele, 2005). Parents, lecturers and concerned adults need to know all that there are this psychosocial changes that have significant impact on the decision are also responsible in the decision-making of the young person. Thus, tertiary education guidance and counselling programmes are designed to help students make seasoned decisions about their future educational and career choices as well as how to improve upon academic performance. Developmental strategies employed by tertiary institutions and secondary school guidance counsellors provide assistance to students in analyzing their self-knowledge, educational aspirations and career objectives (Feller, 1994).

School guidance counsellors have assisted students in the selection of career oriented programmes and have helped them to plan a sequence of academic courses that will prepare them for employment or post tertiary education. However the role of the counsellor in the tertiary institutions goes beyond that of the secondary school counselling. School guidance counsellors play a role in preparing students after university education. Guidance counsellors can help students match their career jobs with the programme pursuing. By directing them into career options, the guidance counsellor can

assist students in the selection of the level and types of courses the student should take (Feller, 1994).

Guidance counsellors possess skills that can assist students in preparing them for their personal, career and social goals (Feller, 1994; Stringfield, 1997). Tertiary guidance counsellors play an essential role in the development of non-academic skills as well as: goal setting, personal/career development, group effectiveness and leadership (Feller, 1994). These are essential skills needed for students to attain their future dreams. Studies suggest that guidance counsellors can enhance students' opportunity to make informed decisions about their plans after university education.

Guidance counsellors can help students acquire knowledge, discover their interests, learn how to make choices, and see the connection between universities (Feller, 1994; Stringfield, 1997). The role of the guidance counsellor is not limited to guiding and advising secondary school students alone but also tertiary students. The tertiary guidance counsellor can also assist students by advising their parents in areas that are critical to university preparation. According to Oladele (2005), comparing High School years to university, we can conclude that high school years are full of growth, promise, excitement, frustration, disappointment and hope.

It is the time when students begin to discover what the future holds for them. Secondary School Counsellors enhance not only the learning process and promote academic achievement but above all help young adolescent students in their search for self-identity and personal integration.

In the United States, for example, increasing emphasis is being placed on College readiness counselling at the early high school level as more school

counselling programs move to evidence-based work with data and specific results (Dimmitt, Carey, & Hatch, 2007) show how school counselling programmes help to close achievement and opportunity gaps ensuring all students have access to school counselling programmes and early college readiness activities (Carey, Harrington, Martin & Stevens, 2012).

Some of the Guidance and Counselling Services Offered in Educational Institutions

The primary mission of a school's Guidance and counselling programme is to provide a broad spectrum of personnel services to students. Some of the services include student assessment, the information service, placement and follow-up, and counselling assistance. These four areas should constitute the core of any guidance programme and should be organized to facilitate the growth and development of all students. (Erford, 2010; Erford, 2011; Neukrug, 2011).

Assessment

The assessment service is designed to collect, analyze, and use a variety of objective and subjective personal, psychological, and social data about each student. Its purpose is to help the individual to better understand herself/himself. Conferences with pupils/students and parents, standardized test scores, academic records, anecdotal records, personal data forms, case studies, and portfolios are included. The school counsellor interprets this information to pupils/students, parents teachers, administrator, and other professionals. Pupils/students with special needs are thus identified. (Numale, 2009)

Information

The information service provides appropriate and relevant data to students on their educational, vocational, personal and social opportunities and growth (Zunker, 1993). Information is designed to provide accurate and current information in order that the students may make an intelligent choice of an educational programme, an occupation, or a social activity. According to George and Cristiani (1986) in Numale (2009) information service is the counsellor's assistance to individual student for him/her to understand, accept and utilize his abilities, aptitude, interest and attitudinal patterns in relation to his aspirations (p: 61).

Essentially, the aim is that with such information students will make better choices and will engage in better planning in and out of the school setting. Students must not only be exposed to such information but must also have an opportunity to react to it in a meaningful way with others. Professionals from different fields of discipline should be invited to schools to share "realistic" experiences (Numale, 2009).

Placement and Follow-up

Numale (2009) was of the view that the school assists the student in selecting and using opportunities within the school and in the outside labour market. Counsellors assist students in making appropriate choices of subjects of study and in making transitions from one school level to another, one school to another, and from school to employment. Placement thereby involves pupil's assessment, informational services, and counselling assistance viable to the pupil's choices of school subjects, co-curricular activities, and employment. Follow-up is concerned with the development of a systematic

plan for maintaining contact with former students. The data obtained from the follow-up studies aid the school in evaluating the school's curricular and guidance programmes.

Counselling

The counselling services organized to facilitate self-understanding and development through dyadic or small- group relationships. The aim of such relationships tends to be on personal development and decision making that is based on self-understanding and knowledge of the environment. The counsellor assists the student to understand and accept himself/herself thereby clarifying his/her ideas, perceptions, attitudes, goals; furnishes personal and environmental information to the pupil/student, as required, regarding his plans, choices, or problems; and seeks to develop in the student the ability to cope with /and solve problems and increased competence in making decisions and plans for the future. Counselling is generally accepted as the heart of the guidance service (Numale, 2009).

Orientation

Orientation is one of the guidance services offered in secondary school. Orientation helps new students to psychologically and physically adjust to their new environment. This programme helps remove the fear and anxiety which some students may have when they move to a new educational environment. The school use orientation programmes to explain issues that are of vital importance to students (Numale, 2009). Here information about the library, the rules and regulations, time table and other vital information about the school are given to students at the onset for them to know their responsibility. According to Bennet (1963) orientation is a mutual process of

learning on the part of new students to become an effective functioning part of the institution and help the institution to become responsive to the needs of the changing students body. Mankinde (1990) opined that orientation services are provided to help students adjust to any new environment. At the beginning of the academic year, new students of different background are admitted into the tertiary institution and many of these students feel lost socially and psychologically in their new environment because they no longer enjoy the psychological support of their friends, parents and former teachers. Orientation services are, therefore, designed to help students make adjustments during such critical transitional period.

The Counsellor and his/her Role in Guidance and Counselling

The education of school counsellors around the world varies based on the law and culture of the countries and the historical influences of their educational and credentialing systems and professional identities related to who delivers academic, career, school readiness, and personal/social information and other counselling related services.

A counsellor is a trained person who knows and understands human nature and is willing and ready to help students or any client find solutions to the problem in which they sought help. According to Akinade (2002), counsellors are professionals who are specially trained to provide counselling services to individuals or groups of people directly or indirectly by mail, telephone or via internet. The assistance rendered is marked by the development of subtle emotional understanding. The counsellor is there to promote personal growth of the students, help find workable solutions to their problem and assist them to become responsible individual and self-confident.

It is evident that in addition to intellectual challenges, students encounter personal, social, educational and career challenges. School guidance and counselling programmes need to address these challenges and promote educational success (Lunenburg, 2010).

The Guidance and counselling programme is an integral part of a school's total educational programme; it is developmental by nature, focusing on needs, interests, and issues related to various stages of student growth. The scope of the developmental guidance and counselling programme in today's school include three components of personal/social, educational and career (Cooley, 2010; Coy, 2004).

Personal/Social Counselling

In providing guidance services for all students, counsellors are expected to do personal and crisis counselling (Lunenburg, 2010). Students are bombarded with some complex problems that are crucial at this transitional stage of life. Problems such as irresponsible sexual behaviour, dropping out of school, eating disorders, smoking, pregnancy, stealing and other problems faced at this phase must be addressed.

Also, the institution may have the physical structures and other facilities, materials and equipment and good programmes but it is the people in the programme who determine its true value and potentials. A comprehensive counselling programme must therefore make room for administrators, lecturers' teachers, students, service specialists and counsellors (Oladele, 1987). Hence the requirements for school guidance services as accommodation, finance, time and career library will not be complete and meaningful if there are no people (Oladele, 1987).

Educational Counselling

There are certain innate potentials embedded in the student at this phase of educational. Students must be helped to develop these skills, which can facilitate their learning and understanding easily. The counsellor, through classroom guidance activities and individual and group counselling can assist students with effective study habit, goal setting (short/long terms) and note taking format. The counsellor may also assist students acquire skills on: time management, how to prepare for examination, how to develop speaking and listening skills, and how to overcome examination anxiety (Oladele, 1987).

Educational counselling further aims at assisting pupils to make the most of their educational opportunities. It means offering pupils the assistance that will make them become cultivated individuals and at the same time preparing them for confident participation in the activities which will be socially useful and personally satisfying. It is also for students of all categories. The gifted ones are given academic counselling to enable them realize their capabilities and the need to do more. Dull students are also helped to convince themselves of what they can do to perform well in realize their potentialities for a happier life. Educational counselling had also helped teachers to realize new and acceptable ways of handling or implementing new concepts in the school to the benefits of the students.

Career Counselling

According to Drucker (1969), what is needed in this world today is not primarily wealth. It is vision. It is the individual conviction that there is opportunity, energy, purpose to his society rather than problems, inertia, and hopelessness. Students must be helped in ways they would develop effective

behaviour and personal vision of life goals, instead of assuming that these can be obtained at random. Planning for the future, combating career stereotyping, and analyzing skills and interests are some of the goals students must develop in school (Lunenburg, 2010).

The counsellor must make available the necessary career information the students may need. Different institutions (Business, factory, hospital, and other government agencies) must work closely with the counsellor and the school to prepare students for the world of work.

Other roles of a counsellor as posited by Shertzer and Stone (1976) (as cited in Bedu-Addo, 2002) are:

1. Planning and developing of the guidance and counselling
2. Student appraisal
3. Educational and occupational planning
4. Referral work
5. Parent help(Consulting with parents)
6. Staff Consulting
7. Placement, Local Research and
8. Public Relations

Counselling as an integral part of school educational system must provide opportunities for each student to develop his/her innate potentials. The counsellor as one of the master-mind behind education must enhance the effective, efficient and smooth process of this system by organising the needed programmes for students' development. Through the counsellor's professional art s/he must ensure that the development of students; personal/social, educational, and career planning are beneficial in her/his school. This will go a

long way to enact the skills and the knowledge the students need most at this phase of their educational/ personal life (Oladele, 1987).

Overview and Concept of Therapy

To most men therapy is “potentially difficult, embarrassing, and overall risky enterprise that induces fear and avoidance in some individuals” (Kushner & Sher, 1989, p. 256). Consistent with this statement, less than one third of men who experience psychological distress seek help from a mental health professional (Andrews, Issakidis & Carter, 2001). In fact, men tend to see therapy service as a last resort (Hinson & Swanson, 1993), something to be considered only after their attempts to handle things on their own or in concert with individuals close to them have failed (Wills, 1992). These perceptions of therapy persist, despite studies showing that seeking therapy services is often helpful (Bergin & Garfield, 1994) and that the consequences for not seeking help are often severe (Dubow, Lovko, & Kausch, 1990).

To Seek Help or Not to Seek Help for Therapy

One way to conceptualise help seeking is to view the decision to seek help as a classic approach/avoidance conflict. Kushner and Sher (1989) first conceptualised the act of seeking professional help as being an approach/avoidance conflict wherein approach factors, such as one’s level of distress and the desire to reduce that distress, increase the likelihood that one will seek out counselling services; on the other hand, avoidance factors, such as the risks of being perceived as crazy, decrease the chances that an individual will seek out services. As with other approach/avoidance conflicts, avoidance factors are thought to become increasingly stronger as one moves toward the decision to seek professional help. Kushner and Sher found that

individuals who needed therapy but had not sought it had the highest level of treatment fears, suggesting that avoidance factors can inhibit help-seeking behaviour even for individuals who could benefit from treatment. It seems, therefore, that many individuals perceive the act of seeking therapy as a dilemma; although they are experiencing negative emotional, interpersonal, or psychological consequences, the thought of seeking help carries with it a negative perception, which may, in fact, be perceived as worse than the problem.

Both approach and aversion factors offer therapists ways in which to understand individuals' reluctance to seek counselling services. However, studies examining only approach factors, have generally accounted for a small amount of the variance associated with professional help-seeking attitudes or intent. One potential reason for this large amount of unexplained variance is that the relative importance of avoidance factors remains unknown (Kushner & Sher, 1989). A discussion of the relative impact of the various avoidance factors should allow therapists to understand more about the help-seeking attitudes, intent, and behaviour of individuals who are considering seeking help. A better understanding of the role of the factors in professional help-seeking decisions is critical for counsellors and other mental health professionals to design interventions and education programs that reduce the barriers to seeking help.

Therefore, in the literature review, the researcher examines the specific psychological avoidance factors that have recently been identified in the mental health literature. Factors that have been studied recently, but not necessarily identified as an avoidance factor, are discussed. For each factor,

the conceptual support for the importance of the factor is presented followed by previous studies that have directly examined the relationship of that factor and professional help seeking are summarized. Important variations in the setting, problem type, as well as demographic and cultural characteristics that can influence the degree to which avoidance factors affect help-seeking decisions are then examined. Finally, the researcher discussed the implications of these factors for are attempting to reach out to those least likely to seek help.

Attitudinal Factors

Five factors have been described recently as attitudes factors in the help-seeking process: social stigma (Komiya, Good, & Sherrod, 2000), treatment fears (Deane & Todd, 1996; Kushner & Sher, 1989), fear of emotion (Komiya, Good & Sherrod, 2000), anticipated utility and risks (Vogel & Wester, 2003; Vogel, Wester, Wei, & Boysen, 2005), and self-disclosure (Hinson & Swanson, 1993; Vogel & Wester, 2003).

Social Stigma Factors

Researchers have categorised the concept of stigma in three main areas: stigma associated with mental illness, social (or public) stigma, and self (or personal) stigma (Vogel, Wade and Ascherman (2009); Bathje & Pryor, 2011; Corrigan, Lurie, Goldman, Slopen, Medasani & Phelan, 2005). Studies continue to point to the effect that attitudes about counselling have on college students' intentions to seek help when experiencing some sort of psychological distress, and students' attitudes are perhaps most severely impacted by perceived social stigma and self-stigma (Vogel, Wade & Hackler, 2007; Leong, Kim, & Gupta, 2011).

In addition to these three categories of stigma associated with help-seeking, there is also stigma within various populations based on culture, ethnicity, race, gender, faith practice and familial role (Leong et al., 2011; Vogel, et al., 2009; Bathje & Pryor, 2011). Each of these demographic characteristics also carries with it other qualities that contribute to avoidant behaviour.

Social stigma is defined as the fear that others will judge a person negatively if she or he sought help for a problem (Deane & Chamberlain, 1994). The social stigma attached to seeking professional help has been conceptualised as one of the most significant barriers to treatment (Sibicky & Dovidio, 1986). This may be because the public in general tends to provide negative descriptions of individuals who experience mental illness (Crisp, Gelder, Rix, Meltzer, & Rowlands, 2000).

A history of having sought outpatient mental health services can lead others to have more negative perceptions of the individual. Dovidio, Fishbane, and Sibicky (1985), listed some of these as being labelled more awkward, cold, defensive, dependent, insecure, sad and unsociable (Sibicky & Dovidio, 1986). Therefore an individual has less control of her or his emotions (Oppenheimer & Miller, 1988); and being describe as weak or disturbed person (King, Newton, Osterlund, & Baber, 1973).

Some researchers have also found that being labelled a “former mental hospital patient” led to greater social rejection than was true for someone with no such label (Link, Cullen, Frank, & Wozniak, 1987). Furthermore, although people who experience depression are seen as emotionally unstable, those who seek help for depression are viewed as particularly unstable (Ben-Porath,

2002), suggesting that it is not simply having a disorder but the seeking of help from a professional that is stigmatised. Perhaps, then, it is not surprising that people have been found to seek help less for problems that are associated with greater negative judgments by others (Overbeck, 1977). Sirey, Bruce, Alexopoulos, Perlick, Friedman and Meyers (2001), opined that most of those who have been to therapy perceive that there is social stigma associated with their having sought help.

Studies directly measuring the relationship between perceived social stigma and professional help seeking have also demonstrated that social stigma predicted a person's attitudes toward seeking help (Deane & Todd, 1996), as well as predicted the intention to seek help at a future date (Deane & Chamberlain, 1994). For example, Stefl and Prosperi (1985) found that individuals who needed treatment but did not go to therapy were twice as likely as those who needed treatment and went to therapy to report stigma as an important treatment barrier.

In addition, more than 90% of the sample in another study by Nelson and Barbaro (1985) agreed that the fear that they would be thought of as crazy was a potential barrier to seeking help. Finally, Rochlen, Mohr and Hargrove (1999) found that the stigma associated with seeking help for career issues was associated with more negative attitudes toward therapy and less intent to seek help for career issues. Thus, there is general support for the importance of social stigma in understanding why people might not seek help, even when they have a serious problem.

According to Vogel et al. (2009) and Bathje and Pryor (2011), public or social stigma among college students includes the perception or views of

the larger society (i.e. their college community and society in general) toward those seeking psychological help, and the views of an individual's small social or familial circle (i.e. their groups of friends at school and the members of their family) Both of these public sectors have a unique impact on an individual in terms of his or her avoidant behaviour. Vogel *et al.* (2009) pointed out that student who perceived that the larger community surrounding them had negative or discriminatory opinions about an individual seeking mental health counselling, but their close social circle was sympathetic and supportive of such treatment, were more apt to seek help. If, on the other hand, a college community viewed help-seeking in a positive, non-stigmatizing way, but a student's family and friends viewed it negatively, that person was less apt to voluntarily seek help. These authors indicated that if a college community and social circle both felt negative and unsympathetic about seeking help, a student would be highly unlikely to seek therapeutic help, whereas if both circles were supportive, a student may be quite likely to seek help in counselling services.

Self-Stigma

Vogel, Wade and Haake (2006, pg. 325) stated, "Self-stigma is the reduction of an individual's self-esteem or self-worth caused by the individual self-labeling herself or himself as someone who is socially unacceptable". As is the case with research on stigma associated with mental illness, studies about self-stigma have incorporated modified labeling theory as one explanation for the avoidance of help-seeking (Link, Cullen, Struening, Shrout & Dohrenwend, 1989; Wade, Post, Cornish, Vogel & Tucker, 2011). Link *et al.* (1989) applied modified labeling theory to the general adult population,

with the hypothesis that the social stigma surrounding mental illness (label) would have a negative impact on a person's view of themselves leading to increased feelings of inferiority, inadequacy, and overall low self-esteem. Their findings confirmed their hypothesis.

Treatment Fears Factors

Researchers have also become interested in another possible attitudinal factor labelled treatment fears. Treatment fears have been defined as a "subjective state of apprehension arising from aversive expectations surrounding the seeking of mental health services" (Kushner & Sher, 1989, p. 251).

More specifically, the types of fears that are identified throughout literature are: fear of experiencing and expressing painful emotions, fear of self-disclosure, fear related to counsellor trustworthiness and confidentiality, fear of not relating to the counsellor, and fear about the dual roles of a college counsellor (Vogel et al., 2007; Gulliver, Griffiths & Christensen, 2010., 2010; Guiffreda & Douthit, 2010) These fears have been measured with concern for how a mental health professional will treat the individual, fear about what the mental health professional will think of the individual if she or he seeks help, and fear of being coerced by the therapist. One study found that these types of fears can lead to the delay or aversion toward seeking help (Amato & Bradshaw, 1985). Two studies found that individuals who do not use mental health services have the highest level of treatment fears (Kushner & Sher, 1989 & Pipes, Schwarz & Crouch, 1985).

However, the role of treatment fears is complicated, because not all studies have shown consistent results. Deane and Chamberlain (1994), for

example, found that treatment fearfulness predicted intentions to seek professional help. Deane and Todd (1996) never found that treatment fears were not uniquely predictive of help seeking when other factors (e.g., social stigma) were included in the analysis. One reason for this discrepancy may be that treatment fears affect intent to seek help differently depending on the type of problem examined. Treatment fears seem to have a greater effect on individuals dealing with such issues as (a) academic problems (Cepeda-Benito & Short, 1998), (b) interpersonal problems (Vogel et al., 2005), and (c) drug/alcohol problems (Vogel et al., 2005), but have less of an effect for other issues, such as emotional problems or thoughts of suicide (Deane & Todd, 1996). Clearly, treatment fears are an important attitudinal factor, but more information is needed about their role relative to other factors.

Fear of Emotion Factors

Researchers have identified a fear of having to discuss painful emotions as another reason that some individuals avoid seeking therapy (Komiya, Good & Sherrod, 2000). Seeking help from another person often involves strong emotions, and clients may fear having to experience painful emotions. Indeed, even after seeking help, many clients withhold emotions they have been afraid to express to a therapy (Kelly, 1998).

In their study of examining emotional expression, Komiya et al. found that reluctance to seek therapy was greater for individuals who were not open about their emotions. Similarly, persons who were less skilled at dealing with emotions have also been found to be less likely to seek help, in general, as well as less likely to seek help from a mental health professional for concerns about suicide (Ciarrochi & Deane, 2001). Vogel and Wester (2003) found that

expectations of having to express emotions to a therapist affected individuals' help-seeking attitudes and intentions.

Although concerns about expressing specific emotions did not affect help-seeking attitudes, overall willingness to express emotions was related to individuals' attitudes toward seeking professional help. Vogel et al. (2005) found that expectations about emotional expression affected not only help-seeking attitudes and intentions but also actual help-seeking behaviour. People who had experienced a distressing event, as compared with those who had not, were more likely to endorse concerns about the potential risks of expressing emotions to a therapy. Thus, although only a few studies have directly examined emotional expression, it seems to be a particularly important factor to consider in reaching out to individuals who are experiencing a psychological problem.

Anticipated Utility and Risk Factors

The role of a person's initial expectations about therapy can influence her or his decision about whether to seek professional help (Tinsley, Brown, de St. Aubin, & Lucek, 1984). In particular, the anticipated utility of and risks associated with seeking therapy have been suggested as two of the most important influences on a person's decision to seek counselling and therapy (Vogel et al., 2005; Vogel & Wester, 2003). Anticipated utility refers to the perceived usefulness or lack thereof regarding seeking services from therapists. Researchers (Tinsley *et al.*, 1984) have suggested that individuals who do not seek counselling and therapy services may have lower expectations about the benefits of seeking help than do individuals who seek such services. Anticipated risk, on the other hand, refers to an individual's

perception of the potential dangers of opening up to another person (Vogel & Wester, 2003). By seeking help from someone, the person risks feeling “misunderstood... judged, or even ignored” (Harris, Dersch, & Mital, 1999, p. 407) and, thus, may choose not to seek help. Other researchers have suggested that if the anticipated utility of seeking counselling and therapy is not outweighed by the anticipated risk, the individual may decide not to see a therapist (Bayer & Peay, 1997).

Some support for the importance of these expectations has been reported. Kelly and Achter (1995) as well as Takeuchi, Leaf, and Kuo (1988), for example, found that individuals in their samples expressed qualitative concerns about the utility of psychotherapy. Bayer and Peay (1997) also found that individuals who did not seek help for a problem were more likely to feel uncertain about whether they would benefit from seeking help. In examining the utility of career counselling and therapy, Rochlen, Mohr and Hargrove (1999) found that persons who perceived more value in seeking help for career issues were also more likely to report intent to go to counselling and therapy for career issues.

Similarly, Vogel and Wester (2003) found that the utility of and risks expected from seeking help strongly predicted attitudes toward seeking help. Furthermore, Vogel et al. (2005) found that utility predicted help-seeking behaviour, in general, whereas risk predicted help seeking for those who had experienced a distressing event in their life. Thus, it seems that expectations may play a role in people’s help-seeking decisions.

Self-Disclosure Factors

Another attitudinal factor may be an individual's comfort in disclosing distressing or personal information. Jourard (1964) first described how the ability to self-disclose to another is central to a person's decision to seek help because in order to be helped, the person must choose to reveal to another person private feelings, thoughts, and attitudes. Since Jourard's study, several researchers have suggested that self-disclosure is an important element in a person's decision to seek help (Hinson & Swanson, 1993; Vogel & Wester, 2003; Vogel et al., 2005). Kelly and Achter (1995), as well as Cepeda-Benito and Short (1998), found that one's desire to conceal personal information is related to past help-seeking behaviour and current help-seeking intentions. Kelly and Achter found that high concealers reported less positive attitudes about seeking help, although these individuals did report greater intentions to seek mental health services. Cepeda-Benito and Short found that self-concealment interacted with social support to predict help-seeking intentions. They also found that self-concealers were 3 times more likely to have not sought therapy when they were experiencing a problem. Four additional studies also reported that an individual's comfort in self-disclosing to a therapist was linked with her or his attitudes and intentions to seek help. Hinson and Swanson (1993) determined that the interaction of an individual's willingness to self-disclose to a therapists and the severity of her or his problem predicted the most variance associated with a willingness to seek help. Vogel and Wester (2003) and Vogel et al. (2005) found that one's comfort in disclosing distressing information was a unique predictor of attitudes and intent to seek help. They also found that self-disclosure was an

even stronger predictor of help seeking than was self-concealment. Likewise, Vogel et al. found that college students who sought counselling after a particularly distressing event were much more wary of disclosing information and sharing emotions with a therapist, than people who went to counselling for more general concerns Vogel *et al.* (2005).

Also, they also found that negative attitudes toward counselling services had a negative effect on students' intentions to seek help. Fear that confidentiality will be breached and that a counsellor or therapist will not be trustworthy are other factors involved in students' help-seeking behavior (Gulliver, Griffiths and Christensen, 2010). In their systematic review of 22 studies related to perceived barriers to help-seeking in young people, Gulliver et al. (2010) found that many people between the ages of 12-25 years, would rather confide in a trusted friend or family member about emotional and painful information, than seek professional help from a stranger. Gulliver et al. also found that potential clients between the ages of 12-25 years feared that what they said to their counsellor in therapy would somehow get out to friends and family causing them embarrassment and misunderstandings. This finding highlights a lack of understanding regarding the role of confidentiality and privacy within mental health services.

Diala, Muntaner, Walrath, Nickerson, LaVeist and Leaf (2000) reported that people who were not comfortable talking about personal issues with a professional were 5 times less likely to seek help. Clearly, a person's comfort with self-disclosure is a factor that is considered as the individual decides whether or not to seek help.

Social Norm's Factors

A potential avoidance factor is the extent to which seeking help (or not) is the social norm, that is, the implicit standard of those close to the individual. Although social norms have not been directly reported as an avoidance factor, attitudes transmitted by family members and by friends have been suggested to play an influential role in how an individual defines and acts upon distressing symptoms (Angermeyer, Matschinger, & Riedel-Heller, 2001). Rickwood and Braithwaite (1994), for example, pointed out that having a social network that accepts and encourages help seeking for a problem is necessary for the person to seek help. If, therefore, important people in a person's life see counselling and therapy as a negative event, then she or he may be less likely to seek help for fear of exposure and loss of social standing. The impact of the attitudes of family and friends cannot be underestimated because studies have shown that people generally talk to members of their social network before seeking professional help and that 92% of individuals who sought medical care, as opposed to 61% of those who did not, reported talking to at least one person about her or his problem before seeking help (Cameron, Leventhal & Leventhal, 1993). Cameron et al. also found that many of the individuals who finally sought medical treatment (38%) consulted another person to "find out what to do," and 50% of those who sought treatment were told to see a therapist by a significant other.

A few studies such as that done by Tijhuis, Peters and Foets (1990) have shown that people who knew others who had sought therapy had positive orientations toward therapy and were more willing to seek therapy themselves). In addition, Dew, Bromet, Schulberg, Parkinson and Curtis

(1991) found that people were more likely to seek help for depression when someone recommended that they get help. Bayer and Peay (1997) and Vogel *et al.* (2005) found that people reported greater intent to seek professional help when they believed that important people in their lives would approve such an action. Leaf, Bruce and Tischler (1986) also found that the anticipation of upsetting a family member was a significant predictor of not seeking psychotherapy. King, Newton, Osterlund & Baber (1973) found that 67% of the study participants would be embarrassed if their family or friends found out that they had sought help from a mental health professional. Diala, Muntaner, Walrath, Nickerson, LaVeist and Leaf (2000) found that individuals who would be embarrassed if friends knew they sought care were 3 times less likely to seek care. Takeuchi, Leaf & Kuo (1988) also found that the violation of social norms were a perceived barrier to seeking help for an emotional problem. Clearly, social norms play some role in the help-seeking process.

Self-Esteem Factors

Researchers have generally not looked at the importance of self-esteem as a factor in an individual's decision to seek therapy services (Nadler, 1991). However, self-esteem has been reported to be an important psychological barrier to seeking help from nonprofessional sources such as family and friends (Nadler, 1991). Fisher, Nadler, and Whitcher-Alagna (1982) suggested that seeking help from another entails an implicit analysis of the costs and benefits to one's self-esteem. Seeking help from another to some degree means admitting that one cannot deal with the problem on one's own and, as such, can be an admission of inadequacy (Fisher *et al.*, 1982). Thus, a person may decide not to seek help in order to maintain a positive self-image (Miller,

1985). A number of studies on nonprofessional help seeking have found evidence consistent with this. Help seeking has been found to occur less frequently when a participant is embarrassed to seek help (Shapiro, 1983), and self-esteem has been found to be directly associated with general help seeking for a problem described as serious (Bee-Gates, Howard-Pitney, Rowe, & LaFromboise, 1996). Fear of embarrassment and feelings of inferiority or incompetence have been linked with help-seeking decisions (Nadler, 1991). Yeh (2002) found that collective self-esteem negatively predicted attitudes toward therapy in an Asian population. However, more research is needed into the role of self-esteem and professional help-seeking decisions.

For example, studies have shown that clients have lower self-esteem than non-clients; yet, what is not known is whether higher self-esteem protects the individual from needing help (i.e., they can handle problems better) or, as some researchers have suggested, that higher self-esteem increases individuals' feelings of threat (not being able to handle the problem is inconsistent with how they see themselves) and, thus, leads them to avoid therapy.

Demographic and Situational Influences on Client Attitudes to Therapy

Race and Ethnicity

Cultural values, beliefs, and norms can affect the perceived barriers to using professional services. Seeking professional help may be viewed as inconsistent with certain cultural values (Diala, Muntaner, Walrath, Nickerson, LaVeist and Leaf, 2000). Indeed, there is sometimes a conflict between the values of some minority cultures and the values that are inherent in counselling (Root, 1985). For example, cultural norms regarding the degree of

privacy (Lin & Lin, 1978) and the importance of seeking help for personal or emotional problems can affect a client's comfort with talking about a problem to a counsellor. Some cultures also hold values that suggest that the best way to deal with problems is to avoid thinking about them or dwelling on them (Cheng, Leong, & Geist, 1993). Such views may conflict with the counsellor's values of verbal self-disclosure and emotional catharsis (Uba, in Tracey, Leong, & Glidden, 1986).

It has been reported that in African American culture, for example, "toughing it out" is encouraged during difficult situations (Broman, 1996); some Asian cultures have been reported to value self-control and the restraining of feelings (Leong, 1986). Furthermore, talking about specific types of problems may be seen as taboo in some cultures. In the Zuni culture, for example, because suicide is forbidden, a person might feel intense pressure not to admit to another person that she or he has had thoughts about suicide (Bee-Gates, Howard-Pitney, Rowe & LaFromboise, 1996). The influence of cultural values on help-seeking behaviour can be particularly important in cultures that have close networks. Counsellors and therapists may be seen as "out-group members" who are not part of a social network or family (Atkinson, Whitely & Gim, 1990; Yeh, 2002). Thus, many minority groups have been found to use family and friends rather than counsellors when they need help. Mexican American youth and African American youth, for example, have been found to use a family member more often than White American youth would when they were experiencing a problem (Offer, Howard, Schonert, & Ostriv, 1991).

Americans, as compared with European Americans, have also been found to be more likely to seek help from family and friends than from a therapist (Narikiyo & Kameoka, 1992). It is not surprising that factors such as acculturation (Atkinson et al., 1990), cultural identity (Tata & Leong, 1994), cultural mistrust (Nickerson, Helms, & Terrell, 1994), and cultural commitment (Price & McNeill, 1992) have been linked with factors such as attitudes toward seeking help, tolerance for the stigma associated with seeking help, and being open to talking about problems with a counsellor. In turn, increasing an individual's confidence in therapy and the credibility of the therapists has been associated with seeking help (Dadfar & Friedlander, 1982) and with decreasing the salience of aversion factors (Akutsu, Lin, & Zane, 1990).

In sum, the potential role that race and ethnicity have in influencing help-seeking avoidance or aversion is significant. However, researchers have generally not focused on whether, in fact, certain avoidance factors are more pronounced for minority individuals. As a result, a better understanding is needed of the impact of culture and ethnicity on the salience of different psychological avoidance or aversion factors.

Setting and Problem Type

Although few studies have examined treatment setting or problem type, there is growing evidence regarding the importance of these factors in moderating the effect of different avoidance factors. For example, the social stigma associated with seeking help from a primary care setting has been found to be less severe than it is for seeking help in a mental health setting (Abe-Kim & Takeuchi, 1996). People may see talking to a medical doctor as

less problematic because medical issues are not their “fault.” People are, therefore, more willing to seek help for a mental health problem from general medical doctors than they are from a mental health professional (Christensen, Birk, Brooks, & Sedlacek, 1976).

Furthermore, the type of assistance or label applied to that assistance (i.e., counselling, psychotherapy) might affect the level of stigma perceived because certain types of treatment might be perceived as more pathological. Several studies have also shown that different problems elicit different avoidance reactions. Cepeda-Benito and Short (1998) found that treatment fears predicted whether or not a person intended to seek help for academic problems but did not predict this for interpersonal or drug problems. Takeuchi et al. (1988) found that different barriers were reported for emotional and alcohol problems. Specifically, the perceived psychosocial barriers (i.e., stigma) were more evident for an alcohol problem than they were for an emotional problem.

Individuals in another sample were also more likely to report physical, academic, or vocational concerns than emotional ones (Tracey et al., 1986), possibly because personal and emotional concerns are more stigmatized.

Deane, Wilson, and Ciarrochi (2001) found that this perceived stigma was associated with people’s willingness to seek help for emotional issues. The perceived appropriateness (i.e., utility) of seeking help has also been found to be different depending on the type of problem (Berdie & Stein, 1966). People tend to see counselling and therapy centres as an appropriate place to talk about vocational concerns and friends and family as the best place to talk about personal problems. Furthermore, people tend to seek help

from counselling centres for vocational concerns and to seek help from informal sources for personal concerns (Christensen *et al.*, 1976). Clearly, there is a need to better understand the potentially interacting roles of the person, the issue, and the treatment setting in the help-seeking process.

Age

Most studies examining avoidance factors have used college samples and so less is known about the interplay of age and specific barriers to service use (Diala, Muntaner, Walrath, Nickerson, LaVeist and Leaf (2000). However, certain demographic factors may have escalating or de-escalating effects on the importance of different avoidance factors. The literature on help-seeking, for example, has consistently shown that individuals who are in their 20s and who have a college education have more positive attitudes toward seeking professional help and are more likely to seek help than older persons or those without a college education (Vessey & Howard, 1993).

In one study, Veroff, Kulka, and Douvan (1981) found that 22% of individuals with a college education versus 10% of those without sought help. Thus, one avoidance factor that may change across age groups is the social norm for seeking help. College may be an environment in which seeking help is seen more favourably than it is in other environments. Most of the authors examining the role of age in the help seeking process have examined the help-seeking behaviour of adolescents.

In general, these studies have shown that adolescents underutilize services (Boldero & Fallon, 1995; Cauce *et al.*, 2002; Dubow *et al.*, 1990). Although the role of avoidance and aversion factors in the underutilization of counselling and therapy services by adolescents has rarely been examined in

the literature, the experiences of adolescents suggest that certain avoidance factors may be exacerbated during this time. Adolescence is a time of developing autonomy and for building a sense of identity (Santrock, 1998).

Therefore, some adolescents may be particularly reluctant to seek help because of the threats to their developing self-esteem (Cauce *et al.*, 2002). Adolescence is also a time when peers or norm groups may be particularly salient (Gavin & Furman, 1989). Therefore, perceptions of stigma and social norms may be particularly important factors. Consistent with this are the findings of Boldero and Fallon that the stigma attached to a mental health issue decreased as high school students became older (i.e., high school seniors reported fewer stigmas than high school juniors or middle school students).

Similar to adolescents, older individuals who are over 65 years have also been found to underutilise counselling services (Andrews *et al.*, 2001; Veroff, 1981), which may be the result of the increase in the salience of certain avoidance factors. Individuals in this age group, for example, are more likely to think that their distress is linked to physical problems. There is the belief that problems have a more physical basis for individuals who are over 65 and more and they are likely to seek help from a general medical doctor (Leaf, Bruce, Tischler, & Holzer, 1987) and were less likely to identify their symptoms as a mental health problem (Hasin & Link, 1988). In addition, people over 65, when compared with those under 65, were more likely to have negative perceptions about whether or not therapy would help and to try more often to deal with the problems on their own or with medication (Pearlin & Schooler, 1978).

It is not surprising that individuals over 65, as compared with those under 65, have been found to have more negative attitudes about psychotherapy (Allen, Walker, Shergill, D'ath, & Katona, 1998). Overall, these findings are in line with Veroff's (1981) suggestion that help seeking is a complex behaviour with diverse meanings for people of different ages and educational attainments.

Other Studies on Attitudes to Counselling

Watson (2005) compared the attitudes toward help seeking behaviour and expectations about counselling of 135 college student-athletes and 132 non-athletes in an attempt to identify significant differences that might warrant the need for specific approaches with each population. Significant differences were found between student-athletes and non-athletes on both variables. Implications for college counsellors and student affairs professionals are presented to address the growing concern that college student athletes are increasingly underutilizing counselling and support services.

Agi (2014), examined the relationship between perception and attitudes of 640 students toward school counselling and the distribution along sex, class, school location and socio-economic levels using the Students Perception and Attitude Questionnaire (SPAQ) as well as simple percentage, Pearson product moment and t-test techniques. Results showed that a significant relationship exists between perception and attitudes to school counselling. While there was a general low perception which reflected on attitudes, all the variables in the study except sex were found to be significant factors that influence perception as well as attitudes towards counselling.

Salami (1998) investigated the attitudes of students towards counselling at the College of Education, Oro. Two hundred and eight students responded to the Attitude Towards Guidance and Counselling Inventory (ATGCI). ANOVA and Friedman's Test were used to analyse the data. The results obtained indicated that the students generally had a positive attitude towards counselling; their disposition to seek counselling depended on the type of problems they have. It was also revealed that most of the respondents preferred seeking help from counsellors first, followed by parents, and lastly friends in matters related to vocational educational concerns and personal-adjustment problems. Salami (1998) also found that the students' perceptions of counselling were influenced by their level of education, gender and residence during school term. The findings point to a need for adequate orientation services and establishment of counselling centres in the tertiary educational institutions in this country.

Pederson and Vogel (2007) studied men who experienced negative consequences of their socialised gender roles—that is, had greater gender role conflict reported less positive attitudes and willingness to seeking counselling. Using structural equation modelling with data from 575 undergraduate men, the authors examined three mediators (self-stigma associated with seeking counselling, tendency to disclose distressing information, and attitudes toward seeking counselling) regarding the link between gender role conflict and willingness to seek counselling for psychological and interpersonal concerns. Their results indicated that this link was partially mediated by these three factors. Men experiencing greater gender role conflict were more likely to self-stigmatize and less likely to self-disclose. High self-stigma and less

disclosure then led to less positive attitudes and subsequently to less willingness to seek counselling.

Flansburg (2012) sought to identify key factors associated with students' use of college counselling services. Six common factors were seen throughout the available related research: stigma, gender, culture, experience & knowledge, fear and accessibility. In order to ascertain if and to what extent these factors influence college students' decision to seek counselling, students at an urban Catholic university were invited to take part in an anonymous online survey through their school-sponsored daily e-news.

The survey included questions related to the six factors drawn from the literature, and was completed using Qualtrics, an online survey tool. There were 46 students who completed the survey, and the data collected from the surveys was analyzed primarily using descriptive statistics. Each of the six factors had an impact on students' use of counselling services, however the manner and extent to which each one affected an individual was not always congruent with previous research. The qualitative data consisted of voluntary comments and illustrated participants' personal experiences and points of view. Given the findings from this and previous studies, college counselling centers may need to consider increasing their hours of availability, offering more information about their services online, staffing the center with counsellors who match the student body demographically, and increasing education about counselling and therapy to students.

Summary

There is growing evidence regarding the importance of specific avoidance and aversion factors in a person's decision not to seek professional

help. However, although the importance of specific aversion factors is beginning to be recognised, “within person and across situation variability needs to be better understood if counsellors are to adequately understand and facilitate adaptive help-seeking” (Addis & Mahalik, 2003, p.8). Different avoidance and aversion factors are likely to vary in their intensity and importance depending on characteristics of the problem, the setting, the individual (e.g., sex, age), as well as social and cultural influences (Kushner & Sher, 1989). A few studies, for example, have found that different types of psychological problems elicit different avoidance reactions, and the influence of certain avoidance factors changes depending on the type of treatment that is being considered (Vogel et al., 2005). Furthermore, sex in general, and gender roles, more specifically, seems to play a part in help-seeking decisions (Good & Wood, 1995). Again, previous research provides some indications that variations among setting, culture, and type of problem can affect the salience of different avoidance factors. An individual’s help-seeking decisions are affected by multiple sources (Cauce et al., 2002), and counsellors may need to continue to take these complicated factors into account if they are to further understand the reasons that people do and do not seek help.

CHAPTER THREE

RESEARCH METHODS

Introduction

This chapter presents the methodology employed for the study. This includes the research design, population, sample and sampling procedure, research instrument, setting, data collection procedure and data analysis.

Research Design

The descriptive design was chosen due to the nature of the study and the aim to describe the factors that affect male students' attitudes towards counselling in UCC. This design attempts to describe and explain conditions of the present by using many subjects and questionnaires to fully describe a phenomenon. With this design, variables are not manipulated. Gay (1976) asserts that in a descriptive research design, events are simply described and the number of times something occurs or frequency of occurrence are provided. Given the purpose of the study, descriptive research design was appropriate for this study because it allowed respondents to describe a situation as they see it (Gay, 1976).

The descriptive survey had such shortcomings as extent exaggeration of facts by some respondents. Very vital information may also be left out in the collection of data. Despite these shortcomings, Gay (1976) asserts that descriptive survey is still the most reliable for the assessment of demographic information, opinions, attitudes and conditions. To overcome the challenges inherent in descriptive surveys, the study employed the probability sampling techniques to reduce the sampling biases in order to have a representative sample. The proportionate random sampling was used to ensure that the

sample selected is a direct reflection of the population. Also, this study used a moderately large sample and the questionnaire intended to check the consistency of the responses of the respondents. According to Gay (1976) descriptive research design is good for generalisations resulting from sampling. This attribute of descriptive survey design makes it easy to draw conclusions about population which concern attitudes, behaviour and characteristics of the population. To add to the above, descriptive survey was also used because of the large population size. Given that this study was concerned with the attitudes and behaviours of males towards counselling services, the descriptive survey design was deemed appropriate for the study.

Population

The main population of the study was the 14,815 students of the University of Cape Coast during the 2014/15 academic year. However, the accessible population was 2,500 male students in the Casley Hayford Hall. Casley Hayford Hall was chosen as the researcher's accessible population because of the hall's homogeneity which was only males.

Sampling Procedure

The sample of 350 male students were randomly selected from an accessible population of 2,500 residents of Casely-Hayford Hall. The sample size for the study was obtained using Krejcie and Morgan's (1970) formula (see Appendices B). Based on this formula and the accompanying table by Krejcie and Morgan, the appropriate sample size should have been 350 for the 2,500.

Multistage sampling procedures were employed to select participants of the study. The first phase involved clustering all the five halls of residences

in the University. Secondly, the sample frame for each cluster was obtained from the Student Information Record and Management. Also, a list of all the male students was obtained. The fourth phase involved proportional allocation of the sample size among the halls of residence. Finally, simple random sampling technique (random numbers generated from Microsoft Excel) was employed to select the sample 350 male students.

Data Collection Instruments

The data collection instrument was principally a questionnaire (see Appendix A). The questionnaire consisted of both open and close-ended questions. The questionnaire was divided into four main sections. The first section was on the biographic information of respondents. The second section of question sought for responses on the attitudes of males toward counselling services. The third section dealt with the awareness of male student's benefits that are associated with seeking counselling services. The fourth section presented questions on causes and solutions to male attitudes to counselling services.

The use of the questionnaire was preferred because it ensured a wider coverage and enabled the researcher to approach the respondents. This minimised the problem of no-contact which other methods faced. The questionnaire was used in the study because in comparison to other method, it is characterised by its impersonality. In other words, the items are the same for all respondents, anonymity is respected and there were no geographical limitations to its implementation. Although questionnaires have potentially low response rate, it is relatively economical in terms of cost and time, it also allows time to carefully check the contents of the items (Walliman, 2005).

This is an important consideration in the study which seeks reliable information from the respondents. According to Patton (2002), researchers can get the right responses from respondents when they use questionnaires. The items in section B, C, D and E were structured along the lines of the Likert-scale. This is because such scale enables the respondents to indicate the degree of their agreement in a given statement. It was easy to construct, administer and score. Thus, statements of the Likert-scale was structured on a five point scale which required the respondents to indicate the extent to which they agree or disagree ranging from Strongly Disagree (SD), Disagree (D), Undecided (U), Agree (A), and Strongly Agree (SA).

Pilot Testing

The researcher with assistance from his supervisors conducted a pilot-test of 19 items on the questionnaire of some students at Oguaa Hall of the University of Cape Coast. The pilot-test was to help detect and forestall any difficulties respondents were likely to face in the process of completing the main questionnaire instrument.

Reliability refers to the degree of consistency with which the instrument measures what it is supposed to be measuring. The instrument is reliable if there are no errors of measurement and the true score component is at its maximum (Polit & Hungler 1999). If a study and its results are reliable, it means that the same results would be obtained if the study were to be replicated using the same method. Burns and Grove (2001) explained that if the research instrument is administered to the same individuals at different times and the responses remain the same, then the instrument is reliable. To check for the reliability, Cronbach reliability test was used. The Cronbach

alpha value reliability was found to be 0.92. The final approval was given by the supervisors before the questionnaires were finally administered.

Test of Reliability and Internal Consistency

To test for the internal consistency and reliability of the instrument and the scale employed, the researcher used the Cronbach alpha. The alpha was constructed with a scale of 19 items cutting across the three sections of the research instruments. The test statistic ranged from 0 to 1. However, Nunnally (1978), suggested that an alpha level above 0.7 ($\alpha > 0.7$) indicates that the scale used in the instrument is reliable and valid even though lower Cronbach's α has been reported in many other studies. The Cronbach's α reliability coefficient 0.92 for the 19 items on the scale suggested that the instrument is valid and comfortably exceeds Nunnally's (1978) threshold of 0.7.

Validity and Reliability of the Instrument

In order to elicit the impressions of students regarding the nature of male students' towards counselling services provided by the Guidance and Counselling Unit in the University, questionnaire items composed of closed- and open-ended were formulated to reveal the nature and extent of the problem to be solved. The instrument was shown to the researcher's supervisors and a couple of senior members in the Counselling Centre to validate the instrument.

There were four sections which were numbered as Section A to E. The Section A was concerned with the background information of respondents. Items included and age range, marital status, educational level and religion of respondent. Section B was views and feelings about counselling services of eleven questions. The Section C was about views on whether counselling is

beneficial or not which consisted of eight questions. The section D relates to attitudinal factors which make one to go or not go for counselling which is also equally eight questions and finally section E deals with how counselling services can be improved in UCC which is five question. Sections B to E is structured based on a Likert scale of Strongly agree, Agree, Disagree and Strongly disagree where the respondent chooses what response best suits a given question. In all 36 set of questions were provided or were used to illicit for responses.

Data Collection Procedures

According to Polit and Hungler (1999), data collection is the gathering of pieces of information that are necessary for the research process. A structured approach to collecting data was utilised. The researcher sought permission from appropriate authorities in order to carry out the data collection Casely-Hayford Hall. The questionnaires were left with the respondents and were collected by the researcher the next day. In all, two weeks was used for data collection. Out of the 350 questionnaires that were distributed, 345 were retrieved indicating a return rate of 98.6 percent.

Ethical Consideration

Research ethics require that participants be made aware of their role in the study and this includes right to full disclosure which means that the researcher has fully described the nature of the study, participant's right to refuse participation, the researcher's responsibilities and likely risks and benefits (Robson, 2004). Before this research was carried out, informed consent was sought from various stakeholders in order to ensure confidentiality and anonymity to help interact with the participants before the

survey. To ensure confidentiality the purpose of the study was explained to the school authorities and the participants that the study is for academic purposes and that any information obtained from them would be confidential and that no third party would be involved. They were helped to understand that the study was for educational purposes. Anonymity would be maintained and it would indicate clearly on the questionnaire guide all information about participants kept confidential.

Data Processing and Analysis

The data was organised for the analysis using the Statistical Product for Service Solution (SPSS version 21). The data was summarised into tables and figures and the analysis was done predominantly using descriptive statistics. Specifically, the study used frequencies and percentages.

To test for association among socio demographic factors and attitudes towards counselling, chi square test was used test for association. To examine the males' attitudes, the frequency counts were employed. Similarly, to test whether responses are different across age of the respondents, the age of the respondents were categorised into a group with five years interval scale and based on the attitude towards counselling question deduced from a series of questions on the response in Section B of the questionnaires, a chi square test was used. The test was against a hypothesis that there is no significant difference between and across ages. To find out the possible recommendation for the study, the views on how to improve male attitudes towards counselling was summarised into frequency table.

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

This chapter presents analysis of data and discussion of the results to the study. It presents the results of the descriptive statistics relevant variables, summary statistics of males' attitude towards counselling at UCC, awareness of the benefits of receiving counselling services and the ways to improve counselling services at UCC.

The study originally targeted 350 male students from the University of Cape Coast in the 2014/15 academic year. But this sample fell short of the target by 5 respondents due to non-response, thereby giving a response rate of about 99%. This represents a strong response rate and can be held as representative of the male student's population of the Casely Hayford hall.

Descriptive Statistics

Table 1 shows the demographic characteristics of the respondents in the survey. As shown in table 1, 285 out of the 345 male students, accounting for about 87% of the respondents are aged between 18 and 25 years. And some 55 (16%) of them are aged between 26 and 35 years and only 5 respondents are above 35 years. Majority of these respondents (317) representing 92% unmarried while only 24 of them were married and the remaining four were divorced.

Table 1- *Socio-demographic Characteristics of Respondents*

Characteristic	Frequency	Percent (%)
Age (in years) of respondents		
16-25	285	82.61
26-35	55	15.94
36-45	4	1.16
46-55	1	0.29
Total	345	100
Marital Status of respondents		
Married	24	6.96
Single	317	91.88
Divorced	4	1.16
Total	345	100
Level of Education of respondents		
100	106	30.72
200	64	18.55
300	100	28.99
400	44	12.75
800	22	6.38
850	2	0.58
Other	7	2.03
Total	345	100
Religion of respondents		
Christian	315	91.3
Muslim	20	5.8
Traditionalist	5	1.45
Other	5	1.45
Total	345	100

Source: Field Data, 2015

The breakdown of the levels of education for the sample revealed that 106 male students were first years in the University of Cape Coast

representing 31% of the respondents, a further 100, representing for 29% from level 300 while about 64 and 44 male students were drawn from Level 200 and 400 representing 19% and 13% respectively. The rest of 31 males representing 9% were postgraduate students (Master's and Doctorate) and national service person's resident at the area of study.

The spread of the respondents across the various levels of education is important as it will aid an assessment of how differences in levels of education of the respondents affect their level of demand for counselling services.

The distribution of the respondents by religion revealed that out of the 345 respondents selected, three hundred and fifteen (315) respondents were Christians accounting for about 91% of the total respondents. The remainder was distributed among the Muslims (20); Traditionalists (5) and the remaining 5 represent other religions (Hinduists, Buddhists). This spread across the known religious sects was also important in assessing how religious differences affect one's attitude to counselling services at the University of Cape Coast.

Research Question 1: What is the nature of the attitudes of male students of UCC towards counselling?

Table 2 illustrates the attitudes of male students in UCC towards counselling services. The responses were aggregated into the broad themes of students who agree or disagree to the items listed in the table to ascertain general perceptions and attitudes towards counselling.

Table 2– *Distribution of Students Responses on Their Attitudes to Counselling in UCC*

Variable	Agree		Disagree		Total	
	Freq.	%	Freq.	%	Freq.	%
Do not trust counsellors	134	38.8	211	61.16	345	100
Men can solve own problems	121	35.1	224	64.93	345	100
Finds it embarrassing to share problems	87	25.2	258	74.78	345	100
Improves self-image	103	29.9	242	70.14	345	100
Non permitting culture	21	6.09	322	93.92	343	100
Counsellors keep secrets	113	32.7	231	67.15	344	100
Dangerous opening up	129	37.5	215	62.5	344	100
Boldness not weakness	81	23.6	263	76.45	344	100

Source: Field data, 2015

Initially, the responses ranged from strongly agree, agree, disagree and strongly disagree. Agree and strongly agree responses were aggregated into one response (agree) and as well as disagree and strongly disagree into another (disagree).

Disagreeing to an item in the table suggests the respondent would most likely demand counselling services while agreeing suggests otherwise. The responses of the positive are reversed to ensure consistency in the scale. It can be observed across all the constructs in Table 2 that majority of the respondents are very likely to demand counselling services judging from their responses to the popular perceptions listed in the table.

Specifically, Table 2 suggests that 211 (61%) of the respondents disagreed with perception that counsellors cannot be trusted with secrets and 258 (75%) of the respondents thought that it is not embarrassing to seek help from professional counsellors. Also 215 (63%) also thought that it is never dangerous to open one's self up to get professional help from counsellors.

These findings find strong support in existing literature consistent with the findings of Deane and Chamberlain (1994); Sibicky and Dovidio (1986) and Crisp (2000) that the social stigma attached to seeking professional help has been conceptualised as one of the most significant barriers to treatment. They attributed this to general public trends that tend to provide negative descriptions of individuals who experience mental illness. Ben-Porath (2002), also found that though people who experience depression are seen as emotionally unstable, those who seek help for depression are viewed as particularly unstable, suggesting that it is not simply having a disorder but the seeking of help from a professional that is stigmatised. This is in line with the findings of Overbeck (1977), who rather concluded, people have been found to seek help less for problems that are associated with greater negative judgments by others.

This finding was Vogel et al. (2007); Gulliver et al., (2010); and Guiffrida and Douthit (2010) who identified that, more specifically, treatment fears that are identified throughout literature are: fear of experiencing and expressing painful emotions, fear of self-disclosure; and on the part of counsellors in terms of fear related to counsellor trustworthiness and confidentiality, fear of not relating to the counsellor, and fear about the dual

roles of a college counsellor will cause students not to access counselling services.

Likewise, Vogel et al. (2009) asserted that if a college community and social circle both felt negative and unsympathetic about seeking help, a student would be highly unlikely to seek therapeutic help, whereas if both circles were supportive, a student may be quite likely to seek help in counselling services. Deane and Todd (1996), and Deane and Chamberlain (1994) in their studies directly measuring the relationship between perceived social stigma and professional help-seeking have discovered that social stigma predicted a person's attitudes toward seeking help as well as his/her intention to seek help at a future date.

Thus, in summary the findings of this study supported empirical findings that people will demand counselling services easily if they do not perceive any negative stigma attached to the counselling services they require and the conditions for which they seek the help. With this background and based on the responses in Table 2 it can be concluded that male students in UCC are likely to demand professional counselling services since they disagreed to almost all the negative constructs above.

Research Question 2: What benefits do male students of UCC get from accessing counselling?

Table 3 presents the views of male students accessing counselling in UCC

Table 3- *Distribution of Respondents Views about Counselling*

Variable	Agree		Disagree		Total	
	Freq.	%	Freq.	%	Freq.	%
Helps me overcome stress	283	82.02	62	17.95	345	100
Gives emotional relief	296	85.8	49	14.21	345	100
People admire me	97	28.2	247	71.81	344	100
Helps when I am upset	248	71.89	97	28.13	345	100
Is unnecessary	294	85.22	51	14.76	345	100
Some problems are sensitive	196	56.81	149	43.17	345	100
Capacity to solve problem	259	75.07	86	24.96	345	100
Is time consuming	273	79.59	70	20.42	343	100
No value in counselling	304	88.12	41	11.89	345	100
Can live without counselling	192	55.65	153	44.31	345	100
Helps me resolve problems	300	86.95	45	13.05	345	100

Source: Field data, 2015

Table 3 summarises respondents' views about counselling service in general. Specifically, they responded to some possible benefits that can accrue from counselling to the attendant. The responses were aggregated into agree (Strongly agree and Agree) and disagree (Disagree and Strongly Disagree). Agreeing to one or more of the items in the table suggests the individual is aware of some possible effects counselling can have on the individual whereas disagreeing suggests otherwise.

Table 3 suggests that 283 (82%) of the respondents agreed that obtaining counselling services can help relieve stress, 296 (86%) of the male students reported that they can get relief from counsellors if they are in emotional crisis, 72% agree counselling can be helpful if one is upset. Again about 85% of the respondents disagreed with the fact that counselling is unnecessary and thus consider counselling as beneficial and 88% thought

counselling is valuable contrary to popular notion that counselling is invaluable.

On the whole, majority of the respondents have positive impressions about most of the popular notions about counselling listed in Table 3. Again 247 (72%), however, disagreed that accessing counselling services would attract peoples' admiration of him. This suggests that generally speaking the responses provide strong agreement on the benefits of counselling; suggesting respondents are aware of the benefits accessing counselling services can yield. Decision to accessing the service or not is thus reliant on an individual's discretion and not the misconceptions people hold about counselling services.

These findings are supported by the findings of Kushner and Sher (1989) that first conceptualised the act of seeking professional help as being an approach/avoidance conflict. According to Kushner et al (1989), whereas approach factors, such as one's level of distress and the desire to reduce that distress, increase the likelihood that one will seek out counselling services; avoidance factors, such as the risks of being perceived as crazy, decrease the chances that an individual will seek out services. Particularly, avoidance factors are thought to become increasingly stronger as one moves toward the decision to seek professional help.

And thus male students in UCC do or do not access counselling services because they have negative perceptions about the service, rather the evidence gathered in Table 3 suggested that they are fully aware of the benefits of receiving such services. Their choice according to Kushner et al. (1989), was due to the approach/avoidance conflicts.

Respondent's Perceptions about the Benefits of Counselling

The perceptions of the respondents about the benefits of counselling was summarised in Table 4. It can be observed from Table 4 that respondents perceived counselling as being beneficial to those who use the services. Specifically, 320 (93%) of the respondents perceived counselling as able to ease burdens, 312 (91%) thought it relieves stress, stabilises people and helps to make informed choices. Some 327(95%) said counselling helps reduce tension while 298 (86%) of the respondents agree that counselling brings comfort while 83% of the respondents believe that counsellors use appropriate and standardised tests to diagnose the problems and their sources of the attendants. This helps improve counselling services.

Table 4 - *Distribution of Respondents on Perceptions about the Benefits of Counselling*

Variable	Agree		Disagree		Total	
	Freq.	%	Freq.	%	Freq.	%
Eases Burdens	320	92.8	25	7.25	345	100
Relieves Stress	312	90.7	32	9.3	344	100
Stabilises People	314	91.3	30	8.72	344	100
Helps make informed Choices	315	91.3	30	8.7	345	100
Reduce Tension	327	94.8	18	5.22	345	100
Brings Comfort	298	86.37	47	13.62	345	100
Use of appropriate measures to diagnose	285	82.6	60	17.44	345	100
Improves Productivity	313	90.9	31	9.01	344	100

Source: Field data, 2015

This evidence buttresses the point made earlier about the perceptions male students hold about counselling services. The choice to access

counselling services is principally dependent on the level of distress a person is going through and the extent to which he wants a relief as opined by Kushner et al. (1989). Vogel et al. (2005) provide further proofs of these assertions. They thus concluded that expectations about emotional expression affected not only help-seeking attitudes and intentions but also actual help-seeking behaviour. People who had experienced a distressing event, as compared with those who had not, were more likely to endorse concerns about the potential risks of expressing emotions to a therapy.

Research Question 3: What is the relationship between socio-demographic factors (age, level of education, religion) and male students' attitudes to counselling at U.C.C?

Tables 5 through to 13 examine the relationship between socio-demographic factors and male students' attitude towards counselling.

Relationship between Socio demographic Characteristics and the Perception of Embarrassment for Revealing Secrets to Counsellors

Tables 5, 6 and 7 showed a chi-square test of the differences between the perception that it is embarrassing to share personal problems with counsellors and the socio-demographic characteristics of the respondents, namely age, religion and the level of education of the respondent respectively. This was done with the null hypothesis that there are no differences between the observed and expected frequencies for the effect of changing age levels on the attitude towards counselling. This implies that the two outcomes are independent of each other.

Table 5 – A contingency table on the relationship between the Perception that it is Embarrassing to share Problems and the Age of Respondents

Age	Embarrassing To Share				Total
	SA	A	DA	SDA	
16-25	14 (4.91)	60 (21.05)	160 (56.14)	51 (17.89)	285 (100)
26-35	3 (5.45)	10 (18.18)	30 (54.55)	12 (21.82)	55 (100)
36-45	0 (0.0)	0 (0.0)	1 (25.0)	3 (75.0)	4 (100.0)
46-55	0 (0.0)	0 (0.0)	0 (0.0)	1 (100.0)	1 (100.0)
Total	17 (4.93)	70 (20.29)	191 (55.36)	67 (19.42)	345 (100)

Pearson chi2 (9) = 12.9621 P - value = 0.164

Percentages are in parenthesis

From Table 5 and with a chi-square value of 12.962 and a probability value of 0.164 we fail to reject the null hypothesis that there are no differences between the expected and observed frequencies. Thus, at 5% alpha level, there are no differences between age of a male student and the perception that sharing personal problems with a counsellor could be embarrassing.

Table 5 suggests that for respondents aged between 16 and 25 years, representing (5%) of them strongly agreed that sharing ones problems with a counsellor is embarrassing, (21%) agree. The majority (56%) thought that sharing problems with counsellors is not embarrassing and the remaining respondents (18%) strongly agree that it is not embarrassing to share problems with a counsellor.

For respondents aged between 26 to 35 years, majority (55%) disagreed with the notion that it will be embarrassing to share one's problems with a counsellor; with 25% strongly disagreeing to that notion. Only 23% of the respondents thought otherwise. Specifically, 5% strongly agreed and the remaining 18% agreed that sharing problems with counsellors is embarrassing.

Again, respondents aged between 36 and 45 years, 25% disagreed to the notion that it is embarrassing to share problem with the counsellor whilst 75% strongly disagree to same construct. Interestingly, only one respondent aged between 36 and 45 years strongly disagreed that it is embarrassing to share ones' problem with a counsellors.

These findings find support in the works of Boldero & Fallon, (1995); Cauce et al., (2002) and Dubow et al., (1990) who argued that adolescents and young people in general underutilize services. Adolescence is a time of developing autonomy and for building a sense of identity and thus some adolescents may be particularly reluctant to seek help because of the threats to their developing self-esteem (Cauce et al., 2002). But that changes as one ages (Santrock, 1998). It is therefore expected that with increasing age, male students will gradually debunk the notion that it is embarrassing to share ones problems with counsellors.

Table 6 illustrates the relationship between the perception that it is embarrassing to share problems with counsellors and the religion of the respondents under the null hypothesis that the religion of respondents and the perception that it is embarrassing to share problems with counsellors are independent.

Table 6 – A Contingency Table on Relationship between the Perceptions that it is Embarrassing to share Problems with Counsellors and their Religious Affiliation

Religion	Embarrassing To Share				Total
	SA	A	DA	SDA	
Christian	15 (4.76)	65 (20.63)	175 (55.56)	60 (19.05)	315 (100.0)
Muslim	1 (5.0)	3 (15.0)	11 (55.0)	5 (25.0)	20 (100.0)
Traditionalist	1 (20.0)	1 (0.0)	2 (40.0)	1 (20.0)	5 (100.0)
Other	0 (0.0)	1 (20.0)	3 (60.0)	1 (20.0)	5 (100.0)
Total	17 (4.93)	70 (20.29)	191 (55.36)	67 (19.42)	345 (100)

Pearson chi2 (9) = 3.4441 P-value = 0.944

Percentages are in parenthesis

From Table 6 and with a chi-square value of 3.4441 and a Probability value of 0.944, we fail to reject the null hypothesis that religion and the feeling of the embarrassment after problems are shared with counsellors are independent. This suggests that at more than 5% alpha level, the religious affiliation of respondents does not affect their perception about embarrassment in any way.

Majority of the respondents were Christians disagree that sharing problems with counsellors is embarrassing. One hundred and seventy-five respondents (56%) disagreed to that assertion and 60 (19%) of the Christians strongly agreed. Only 65 (21%) of the Christians that remain suggested that sharing problems with counsellors is quite embarrassing. These findings are

consistent with everyday practice as churches and other Christian bodies increasing render counselling services on a wide array of issues to church members.

Among the Muslim respondents, 80% disagreed that sharing problems with counsellors is embarrassing. Specifically, 55% disagreed and 25% strongly disagreed. Only 20% of the Muslim respondents thought that it will be embarrassing sharing one's problems with counsellors. For the traditionalists, 60% of them thought it is not embarrassing to share problems with counsellors; segregated into 40% disagreeing and 20% strongly disagreeing. Only 20% thought it will be embarrassing to share problems with counsellors.

Again for the 191 respondents who disagreed, about 92% and 6% belonged to the Christian and Islamic faiths respectively. Just about 1% belongs to the traditional religion and the remaining 2% share the faith of the other religions. And for those who strongly agreed, about 90% are Christians, 7% are Muslims and the rest cut across the traditional and other religions.

This finding is supported in empirical literature by the works of Angermeyer, Matschinger & Riedel-Heller (2001) and Rickwood and Braithwaite (1994), who argued that having a social network that accepts and encourages help seeking for a problem is necessary for the person to seek help. Suggesting that religious groups as Muslims and Christians who encourage their membership to closely knit together and share issues, it is expected that they will not feel it is embarrassing to share problems with counsellors.

Again Table 7 illustrates the relationship between the levels of education of respondents and the perception of embarrassment if problems are shared with counsellors.

Table 7 – *Relationship between the Perceptions that it is Embarrassing to share Problems with Counsellors and the Educational Levels of Respondents*

Level	Embarrassing To Share				Total
	SA	A	DA	SDA	
100	5 (4.72)	26 (25.53)	50 (47.17)	25 (23.58)	106 (100)
200	5 (7.81)	16 (5.0)	32 (50.0)	11 (17.19)	64 (100.0)
300	6 (35.29)	17 (24.29)	58 (30.37)	19 (28.36)	100 (28.99)
400	1 (2.27)	7 (15.91)	29 (65.91)	7 (15.91)	44 (100.0)
800	0 (0.0)	4 (18.18)	15 (68.18)	3 (13.64)	22 (100.0)
850	0 (0.0)	0 (0.0)	0 (0.0)	2 (100.0)	2 (100.0)
Other	0 (0.0)	0 (0.0)	7 (100.0)	0 (0.0)	7 (100.0)
Total	17 (4.93)	70 (20.29)	191 (55.36)	67 (19.42)	345 (100)

Pearson chi2 (18) = 24.6746 P-value = 0.134

Percentages are in parenthesis

It was hypothesised that a respondents' level of education is independent of the perception that he will feel embarrassed to share problems with counsellors. Evidence from Table 7 suggests that there is no sufficient statistical basis to reject this hypothesis. Level of education and the feeling of

embarrassment after sharing problems with counsellors are therefore independent at more than 10% alpha level among male students at the University of Cape Coast.

Majority of first year students, seventy-five, (representing 71%) disagree that sharing problems with counsellors is embarrassing. This can be segregated into 47% who disagreed and about 24% strongly agreeing. Again 31 (29%) of the respondents from level 100 however suggested that sharing problems with counsellors is quite embarrassing.

Among the level 200 respondents, about 43 (67%) disagreed that sharing problems with counsellors is embarrassing with 50% disagreeing and about 17% strongly agreeing. The remaining 21 (33%) of students in level 200 however, think that it will be embarrassing sharing one's problems with counsellors.

Among the level 300 respondents 77 (58%) disagreed to the notion that sharing problems with counsellors is embarrassing. The remaining 23% suggested that it is embarrassing to share problems. For students in final year at the undergraduate levels, about 81% suggested that sharing problems with counsellors is not embarrassing. Moreover, 66% of them disagreed and 16% strongly disagreed. And through the higher levels of education the respondents increasingly disagreed with the notion that sharing problems with counsellors is embarrassing.

It can therefore be inferred that rising through the levels of education at UCC, male students increasingly become aware of the usefulness of counselling services in addressing pressing academic, social and psychological needs and thus will tend to demand more of that services, thereby

relinquishing the fear from earlier levels that sharing problems with counsellors will be embarrassing to them.

Seven of the respondents, representing 100%, disagree that sharing your problems is embarrassing. These were students who were doing their Masters' and Doctorate on campus.

The findings on education and its effect on the perception that sharing problems with counsellors finds support in literature. The literature on help-seeking, for example, has consistently shown that young people who have a college education have more positive attitudes toward seeking professional help and are more likely to seek help than their counterparts without a college education (Vessey & Howard, 1993). In another study, Veroff, Kulka, and Douvan (1981) found that 22% of individuals with a college education versus 10% of those without sought help. Thus the increasing level of disagreement with the notion as one rises through the levels of university education is in place.

Examining the relationship between socio-demographic factors and culture variation that hinders effective counselling of the respondents

Tables 8, 9 and 10 shows the frequency counts for the test of the differences between the impermissible cultural variation of respondents and their socio demographic factors; age, religion and educational level respectively. Table 8 below illustrates the chi-square test of the difference between the age and cultural background of the respondents under the null hypothesis which states that the age and cultural values of male students in UCC are not independent.

Table 8 – Relationship between Age and the Cultural Values of Respondents

Age	Culture Does not Permit				Total
	SA	A	DA	SDA	
16-25	2 (0.7)	17 (5.96)	140 (49.12)	126 (44.21)	285 (100)
26-35	1 (1.82)	1 (1.82)	28 (50.91)	25 (45.45)	55 (100.0)
36-45	0 (0.0)	0 (0.0)	1 (25.0)	3 (75.0)	4 (100.0)
46-55	0 (0.0)	0 (0.0)	0 (0.0)	1 (100.0)	1 (100.0)
Total	3 (0.87)	18 (5.22)	169 (48.99)	155 (44.93)	345 (100)

Pearson chi2 (9) = 5.0076 P-value = 0.834

Percentages are in parenthesis

It classified the response to how impermissible culture affects the access to counselling services by the various age categories as row percentages. From Table 8, and with a chi-square value of 5.0076 and a probability value of 0.834, there is evidence to suggest that the age and cultural values of respondents are independent of each other. This suggests that the extent to which impermissible cultural values affect the choice to access counselling services is independent of the age of the respondent at 5% alpha level. Age therefore has no effect on the extent to which cultural values may influence attitudes to counselling, adults and young people alike may not be influenced differently by cultural values in their attitudes towards counselling (Andrews *et al.*, 2001; Veroff, 1981).

Table 9 also accesses the relationship between the religious affiliations of respondents and their varying cultural values. This was done under the

hypothesis that there is no relationship between the religious affiliation and the cultural values of the respondents

Table 9 – *Relationship between the Religious Affiliation and the Cultural Values of Respondents*

Religion	Culture Does not Permit				Total
	SA	A	DA	SDA	
Christian	3 (0.95)	14 (4.44)	156 (49.52)	142 (45.08)	315 (100.0)
Muslim	0 (0.0)	2 (10.0)	7 (35.0)	11 (55.0)	20 (100.0)
Traditionalist	0 (0.0)	0 (0.0)	3 (60.0)	2 (40.0)	5 (100.0)
Other	0 (0.0)	2 (40.0)	3 (60.0)	0 (0.0)	5 (100.0)
Total	3 (0.87)	18 (5.22)	169 (48.99)	155 (44.93)	345 (100)

Pearson chi2 (9) = 17.1698 P-value = 0.046

Percentages are in parenthesis

The responses to how impermissible culture affects access to counselling services by religion is presented as row percentages while the column percentages display the various responses across the identified religious sects as illustrated above. From Table 9, and with a chi-square value of 17.1698 and a probability value of 0.046, there is evidence to suggest that the religion and cultural values of respondents are not independent of each other. This suggests that the extent to which cultural values hinders the choice to access counselling services is dependent on the religion of the respondent at 5% alpha level.

Empirical findings support this result. Cultural values, beliefs, and norms can affect the perceived barriers to using professional services. Seeking professional help may be viewed as inconsistent with certain cultural values

(Diala, Muntaner, Walrath, Nickerson, LaVeist & Leaf, 2000). Indeed, there is sometimes a conflict between the values of some minority cultures and the values that are inherent in counselling (Root, 1985). Some cultures also hold values that suggest that the best way to deal with problems is to avoid thinking about them or dwelling on them (Cheng, Leong, & Geist, 1993). So these cultural values may conflict with Christian values and thus hindering access to counselling services.

Table 10 – *Relationship between the Level of Education and the Cultural Values of Respondents*

Level	Culture Does not Permit				Total
	SA	A	DA	SDA	
100	1 (0.94)	4 (3.77)	41 (38.68)	60 (56.6)	106 (100)
200	0 (0.0)	4 (6.25)	35 (54.69)	25 (39.06)	64 (100.0)
300	1 (1.0)	8 (8.0)	43 (43.0)	48 (48.0)	100 (100)
400	1 (2.27)	2 (4.55)	29 (65.91)	12 (27.27)	44 (100.0)
800	0 (0.0)	0 (0.0)	16 (72.73)	6 (27.27)	22 (100.0)
850	0 (0.0)	0 (0.0)	0 (0.0)	2 (100.0)	2 (100.0)
Other	0 (0.0)	0 (0.0)	5 (71.43)	2 (28.57)	7 (100)
Total	3 (0.87)	18 (5.22)	169 (48.99)	155 (44.93)	345 (100)

Pearson chi2 (18) = 24.6746 P-value = 0.134

Percentages are in parenthesis

Table 10 also accesses the relationship between the levels of education of respondents and their varying cultural values. This was done under the hypothesis that there is no relationship between the level of education and the cultural values of the respondents. The percentages depict the responses by

educational levels of the respondents at the time of the survey and the column percentages classify the various responses across educational levels.

From Table 10, a chi-square value of 24.6746 and a probability value of 0.134, there is no evidence to suggest that the level of education of a male student and cultural values of respondent's are dependent of each other. This suggests that the extent to which impermissible cultural values affect the choice to access counselling services is independent of the level of education of the respondent at 5% alpha level.

Examining the Relationship between Socio-demographic Factors and Feeling of Positive Self-Esteem of the Respondents

Tables 11, 12 and 13 shows a chi-square test of the differences between the feeling of positive self-esteem variation of respondents and their socio demographic factors; age, religion and educational level respectively.

Table 11 illustrates the chi-square test of the difference between the age and feeling of positive self-esteem of the respondents under the null hypothesis that the age and feeling of positive self-esteem of male students in UCC are independent. The responses by the age categories of the respondents are presented as row percentages and the across age categories as column percentages as in Table 11.

Table 11 – *Relationship between Age and the Feeling of Positive Self-esteem of Respondents*

Age	Improve Positive Self Image				Total
	SA	A	DA	SDA	
16-25	20 (7.02)	63 (22.11)	158 (55.44)	44 (15.44)	285 (100)
26-35	3 (5.45)	14 (25.45)	30 (54.55)	8 (14.55)	55 (100.0)
36-45	1 (25.0)	1 (25.0)	1 (25.0)	1 (25.0)	4 (100.0)
46-55	1 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (100.0)
Total	25 (7.25)	78 (22.61)	189 (54.78)	53 (15.36)	345 (100)

Pearson chi2 (9) = 15.9807 P-value = 0.067

Percentages are in parenthesis

From Table 11, and with a chi-square value of 15.9807 and a probability value of 0.067, there is evidence to suggest that the age of a male student his feeling of positive self-esteem are dependent of each other. This suggests that the extent to which feeling of positive self-esteem affect the choice to access counselling services is dependent of the age of male students of the respondent at 5% alpha level.

Again this conclusion is consistent with Cauce *et al.* (2002) who argued that some adolescents may be particularly reluctant to seek help because of the threats to their developing self-esteem. Gavin & Furman, (1989) were also of the view that adolescence is also a time when peers or norm groups may be particularly salient.

Table 12 illustrates the chi-square test of the difference between the religious affiliation and feeling of positive self-esteem of the respondents under the null hypothesis that the age and feeling of positive self-esteem of male students in UCC are independent.

Table 12 – *Relationship between Religion and the Feeling of Positive Self-esteem of Respondents*

Religion	Improve Positive Self Image				Total
	SA	A	DA	SDA	
Christian	21 (6.67)	70 (22.22)	174 (55.24)	50 (15.87)	315 (100.0)
Muslim	2 (10.0)	5 (25.0)	11 (55.0)	2 (10.0)	20 (100.0)
Traditionalist	1 (20.0)	2 (40.0)	1 (20.0)	1 (20.0)	5 (100.0)
Other	1 (20)	1 (20)	3 (60)	0 (0)	5 (100)
Total	25 (7.25)	78 (22.61)	189 (54.78)	53 (15.36)	345 (100)

Pearson chi2 (9) = 5.7624 P-value = 0.763

From table 12, a chi-square value of 5.7624 and a probability value of 0.763, there is no evidence to suggest that the age of a male student and feeling of positive self-esteem of respondents are dependent on each other. This suggests that the extent to which feeling of positive self-esteem affect the choice to access counselling services is independent of the religion of male students of the respondent at 5% alpha level.

Table 13 – *Relationship between Level of Education and the Feeling of Positive Self-esteem of Respondents*

Level	Improve Positive Self Image				Total
	SA	A	DA	SDA	
100	9 (8.49)	21 (19.81)	53 (50.0)	23 (21.7)	106 (100.0)
200	4 (6.25)	22 (34.38)	30 (46.88)	8 (12.5)	64 (100.0)
300	10 (10.0)	20 (20.0)	56 (56.0)	14 (14.0)	100 (100.0)
400	1 (2.27)	8 (18.18)	30 (68.18)	5 (11.36)	44 (100.0)
800	0 (0.0)	5 (22.73)	14 (63.64)	3 (13.64)	22 (100.0)
850	1 (50.0)	1 (50.0)	0 (0.0)	0 (0.0)	2 (100.0)
Other	0 (0)	1 (14.29)	6 (85.71)	0 (0)	7 (100)
Total	25 (7.25)	78 (22.61)	189 (54.78)	53 (15.36)	345 (100)

Pearson chi² (18) = 26.2459 P = 0.094

Percentages are in parenthesis

Table 13 illustrates the chi-square test of the difference between the education levels attained and feeling of positive self-esteem of the respondents under the null hypothesis that level of education and the feeling of positive self-esteem of male students in UCC are independent. The responses by the levels of education of the respondents at the time of the survey are presented as row percentages and the across the levels of education as column percentages as in Table 13.

From Table 13, a chi-square value of 26.2459 and a probability value of 0.094, there is no evidence to suggest that the level of education of a male student and feeling of positive self-esteem of respondents are dependent of each other. This suggests that the extent to which feeling of positive self-esteem affect the choice to access counselling services is independent of the level of education of the respondent at 5% alpha level.

Research Question 4: How can counselling service be improved among male students at UCC?

Table 14 - *Improving Counselling in UCC*

Variable	Agree		Disagree		Total	
	Freq.	%	Freq.	%	Freq.	%
Enhance Confidentiality	337	97.96	7	2.03	344	100
Good Inter-Personal Relationship	332	96.51	12	3.48	344	100
Awareness Creation	333	96.8	11	3.2	344	100
Counselling Accessible	325	94.47	19	5.52	344	100
Increase number of counsellors	296	86.29	47	13.7	343	100

Source: Field data, 2015

The perceptions of the respondents about improving counselling services is summarised in Table 14. It can be observed from Table 14 that respondents suggest ways of improving counselling services. Specifically, 98% of the respondents suggest confidentiality; trustworthiness on the part of counsellors must be enhanced in order to encourage male students to accessing counselling, 97% thought good interpersonal relationship among counsellors

and patients or students is needed. Some 97% of the study population were of the view that there is need for creation of awareness of the benefits of counselling. Again, it is important to make counselling more accessible to students on campus as a way of improving counselling services was suggested by for 94% by male students. Some 86% think the number of professional counsellors in the halls should be increased in order to have enough time in dealing with problems of each and every students when the need be.

These findings are consistent with the findings of Gulliver, Griffiths and Christensen (2010) who argued that lack of confidentiality and trustworthiness on the part of the counsellors can have a negative effect on students' intentions to seek counselling. They basically found that negative attitudes toward counselling services had a negative effect on students' intentions to seek help. Therefore, if a male student fears that confidentiality will be breached and that a counsellor or therapist will not be trustworthy enough will decline to go for the service.

Also, Kelly and Achter (1995) as well as Cepeda-Benito and Short (1998) found that one's desire to conceal personal information is related to past help-seeking behaviour and current help-seeking intentions.

Again, the findings are supported by Rickwood and Braithwaite (1994) who pointed out that having a social network that accepts and encourages help seeking for a problem is necessary for the person to seek help. Therefore, the more counselling is made accessible via social network on UCC campus, the more likely male students of UCC will seek help.

The findings also find support in the work of Flansburg (2012) who sought to identify key factors associated with students' use of college

counselling services. Six common factors were seen throughout the available related research: stigma, gender, culture, experience & knowledge, fear and accessibility. Given the findings from this and previous studies, he argued that college counselling centers may need to consider increasing their hours of availability, offering more information about their services online, staffing the center with counsellors who match the student body demographically, and increasing education about counselling to students. Therefore, increasing the number of professional counsellors and the hours of availability among others will end up creating more incentives for UCC male students to seek counselling.

Summary

This chapter presented results of the descriptive statistics of the relevant variables in the study. It presents summary statistics of the males' attitude towards counselling at UCC, awareness of the benefits of receiving counselling services, and the ways to improving counselling services at UCC. With a sample size of 345, majority of the respondents were aged between 26 and 35 years, unmarried, level of education was fairly represented from level 100 to 400 and some graduates and postgraduate and most of the study population were Christians. A Cronbach's α reliability coefficient of 0.807 for the 19 items on the scale suggested that the instrument was valid. In examining the extent of the nature of attitudes towards attitudes, the findings supports empirical findings that people will demand counselling services easily if they do not perceive any negative stigma attached to the counselling services they require and the conditions for which they seek the help. In order to explore the benefits of counselling, respondents' views about counselling

services in general were analysed. It was found that on the whole, majority of the respondents have positive impressions about counselling. Thus, majority of the respondents agreed that the benefits of counselling were positive or good. The study also examined the relationship between socio-demographic factors (age, religion and level of education) and male students' attitude towards counselling measured by embarrassment in sharing problems with counsellors; cultural inhibitions and feelings of positive self-esteem with the help of the chi-square test statistic. Lastly, male students made several suggestions of ways by which counselling service could be improved.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

The chapter presents the summary and conclusions as well as the recommendation of the study. It also presents counselling implications and suggestions for further research.

Summary of the Study

The study sought to examine male students' attitudes towards counselling on UCC campus with a set of objectives. These objectives were to examine the extent of attitudes to counselling among male student; to explore male students' awareness of benefits related to seeking counselling; to examine relationship between socio-demographic characteristics and male students' attitudes to counselling and lastly, to identify ways in which male attitudes towards counselling in UCC can be improved.

To achieve these objectives, the study used a sample of 345 male undergraduate respondents. The sampling techniques used were simple random and proportional sampling. The study employed both close-ended and open-ended items to obtain information on respondents' socio demographic characteristics and attitudes and perceptions about counselling. It was revealed that respondents' age, level of education, marital status and religion had influence on how their viewed counselling services and perceived benefits of counselling on UCC campus.

Key Findings

The following were the main findings of the study:

1. Majority of the respondents are very likely to demand counselling

judging from their responses to the popular perceptions.

2. It was revealed that a majority of the respondents have positive impressions about most of the popular notions that relates to counselling. This suggests that generally speaking the responses provide strong support for concluding that male students care not aversive to counselling.
3. It was revealed that respondents perceive counselling as being beneficial to those who use the services.
4. The perception that men feel embarrassed when they reveal their secrets to counsellors, some cultural backgrounds that inhibit access to counselling and the thinking that accessing counselling brings about positive self-image were selected to measure a person's attitude towards counselling. Thus, the first three highest ranked attitudes to counselling were supported by literature. The test of association between these factors and the socio demographic characteristics (age, religion, level of education) were based on the chi-square test at 5% alpha level.
5. There were no differences between
 - a) age of a male student and the perception that sharing personal problems with a ccounsellor could be embarrassing;
 - b) the religious affiliation of respondents does not affect their perception about embarrassment in any way
 - c) Finally, level of education and the feeling of embarrassment after sharing problems with counsellors are independent of each other.
6. The extent to which impermissible cultural values affect the choice to

access counselling is independent of the age of the respondent and the level of education of the respondent, but however dependent on the religion of the respondent.

7. The extent to which feeling of positive self-esteem affect the decision to access counselling is dependent on the age of male students of the respondent; that the extent to which feeling of positive self-esteem affect the choice to access counselling is independent of the religion of male students of the respondent; and the extent to which feeling of positive self-esteem affect the choice to access counselling is independent of the level of education.

Conclusions

From the data analysis and the discussions above, the following general conclusions can be reached on male students' attitude towards counselling in the University of Cape Coast. Based on these conclusions, recommendations are drawn to direct policy on the conduct of counselling in UCC.

In examining the extent of attitudes to counselling among male students at UCC, it can be concluded from this study that the decision of male students in University of Cape Coast to access counselling is independent of popular perceptions people hold about counselling. This suggests that, to go or not to go for counselling depends solely on the male students' discretion and the benefits they perceive as accruing from accessing counselling.

To explore male student's awareness of the benefits from counselling, this study concluded that, male students of UCC perceive counselling as beneficial to those who access the services and thus, the decision to access

these services or not is that discretionary; it is not due to lack of knowledge about the associated benefits from counselling.

The indication was the key factors that influence the decision to access counselling include the feeling of embarrassment for sharing his problems, impermissible culture and the feeling of positive self-esteem. Based on the findings of this study, it can be concluded from the test of association that, at 5% alpha level, increasing age has no influence on the perceived embarrassment that comes with sharing one's problems with the counsellor. It can also be suggested that, at more than 5% alpha level religious differences have no significant influence on the perceived embarrassment that comes with sharing one's problems with the counsellors.

Attaining higher levels of education also was shown to have no association with being embarrassed to share problems with counsellors. Furthermore, it concluded at 5% alpha level ageing does not affect culture's influence on the decision to access counselling services. Also, attaining higher levels of education does not affect the extent to which culture influences a male student's decision to seek for counselling but religious affiliation does affect the extent to which culture influence one's decision to access counselling services.

The desire of a male student of UCC to improve his positive self-image from accessing counselling services changes with age. Again, religious affiliation of male students does not influence the extent to which to accessing counselling improve his positive self-esteem. As a male student's level of education increases, his desire to improve his positive self-esteem is related or influenced by accessing counselling services. Eventually, ways of improving

counselling services on UCC is upheld by the male students as necessary in encouraging male students in accessing counselling.

Counselling Implication

The study sought out to examine male students' perceptions on counselling services in UCC. The findings reported above suggest that generally male students feel positive about counselling and its impacts on an individual's contrary to popular perceptions. Age, level of education, religious affiliations and cultural values are shown not to significantly influence popular perceptions about counselling. Male students also seem to be aware of the benefits of receiving treatments.

Counselling, as we know, provides an emotionally safe place in which to explore what treatment will involve and lasting implications for students who access counselling and those close to them. There can be emotional, relational, financial and social implications relating to seeking counselling on varied issues. This implies counsellors must adopt measures to ensure counselling services are easily accessible to these male students in the most convenient manner. University hall tutors, the counselling session among others, knowing male students are aware of the benefits, need to adopt a system that would make obtaining such treatments less strenuous and convenient. The recommendations below can be considered.

Recommendations

Evidence from the data gathered suggests that male students on the average do not regard the popular perceptions and student attitudes to counselling as a hindrance to whether a student will obtain counselling services or not. It has also been ascertained from the evidence above that male

students are aware of the benefits that accrue to those who access counselling services. But these conclusions notwithstanding, patronage of counselling services among male students is considerably low.

To improve patronage of counselling among male student therefore, the following recommendations are proffered;

1. Counsellors must guarantee utmost confidentiality with information from their clients so as to improve patronage.
2. Counsellors must pursue an awareness drive to increase the education on the benefits of counselling.
3. Counsellors should take solid steps to establish an excellent interpersonal relationship with their clients.
4. Counselling must be made easily accessible to potential and existing patrons.
5. Finally, the University administration should ensure sufficient numbers of counsellors are available for male students to access.

Suggestions for Future Research

Future studies should consider a larger sample spread across a wider scope of student residents across UCC campus so as to ensure adequate representation and generalisability. This will ensure a more robust and consistent findings.

Future studies should also consider a more robust method of analysis such as the log it regression to access how these identified popular attitudes affect the decision to access counselling or otherwise among male students in UCC.

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APPENDICES

APPENDIX A

Questionnaire: Male Students Attitudes towards Counselling

This questionnaire was designed to investigate your views and feelings about counselling services. Your cooperation will be appreciated. There is no wrong or right answer and the information you provide is purely for an academic purpose. You are therefore assured of total confidentiality and anonymity. Kindly express your candid opinion. Thank you

INSTRUCTIONS

Tick (✓) where appropriate or supply your answer. .

SECTION A: BACKGROUND INFORMATION OF RESPONDENT.

1. Age in years.

16-25 [] 26-35 [] 36-45 [] 46- 55[]

2. Marital status

Married []

Single []

Widowed []

Divorced []

3. Level of Educational Background

Level 100 []

Level 200 []

Level 300 []

Level 400 []

Level 800 []

Level 850 []

Others (specify)

4. Religion

Christian []

Muslim []

Traditionalist []

Others (specify)

Section B: Your views and feelings about counselling

5. Please tick (✓) if you Strongly Agree (SA), Agree (A), Disagree (DA), or Strongly Disagree (SDA) to each of the statements below

COUNSELLING	SA	A	DA	SDA
I will obtain professional help if I have stress				
I would find relief in counselling if I am in emotional crisis				
People would admire me if I cope with my problems without going for counseling				
I would obtain help from a counsellor if I am upset for a long time				
I do not consider counselling necessary for me now and even in future				
I do not consider counselling to be of any value for me				
I believe that I am able to work out my problem without the help of counseling				
Generally, problems resolve by themselves so				

counselling is not necessary.				
It is not necessary for me to go for counselling because I have the capacity to solve my problems.				
Personal problems are too sensitive to bring to a counsellor.				
Counselling would take too much of my time. So I do not think it is necessary for solving my problems				

SECTION C: Your views on whether counselling is beneficial or not.

6. Indicate whether you; Strongly Disagree, Agree, Disagree, Strongly Disagree, by ticking the appropriate section to the following;

COUNSELLING HELPS (TO)	SA	A	DA	SDA
ease burdens from people				
relieve stress				
stabilize people				
Individual to make informed choices				
reduce tension				
bring comfort				
use standardized test to diagnose problem sources of individuals				
improve performance and productivity				

SECTION D: What makes you to go or not to go for counselling?

7: Indicate whether the statements below are reasons why you would go or would not go for counselling.

Reasons	SA	A	DA	SDA
I do not trust counsellors. I don't like sharing my secrets with anyone				
I believe that men should be able to solve their own problems				
Sharing my problems with my counsellors would be embarrassing				
It helps me to improve my positive self-image.				
My culture does not permit me to go for counselling				
I trust that counsellor would keep any secret I tell them				
I find it dangerous to open up myself to counsellors				
People who seek help for counselling are bold not weak as some may say				

SECTION E: improving counselling in UCC campus for male students.

8. Indicate whether you Strongly Disagree, Agree, Disagree, Strongly

Disagree, by ticking the appropriate section to the following;

Ensuring counselling patronage	SA	A	DA	SDA
Confidentiality must be enhanced				
Good inter-personal relationship among counsellor and counsellee is needed				
Awareness creation of the benefits of counselling is needed				
It is important to make counselling more accessible to students on campus				
Number of professional counsellors in the Halls should be increased				

APPENDIX B

Results from the Pilot Study

Section A: Your views and feelings about counselling

COUNSELLING	SA	A	DA	SDA
I will obtain professional help if I have stress	5	0	10	5
I would find relief in counselling if I am in emotional crisis	2	10	7	1
People would admire me if I cope with my problems without going for counseling	4	9	2	5
I would obtain help from a counsellor if I am upset for a long time	9	10	1	0
I do not consider counselling necessary for me now and even in future	0	1	4	15
I do not consider counselling to be of any value for me	6	7	5	2
I believe that I am able to work out my problem without the help of counseling	7	8	4	1
Generally, problems resolve by themselves so counselling is not necessary.	10	9	1	0
It is not necessary for me to go for counselling because I have the capacity to solve my problems.	1	3	9	7
Personal problems are too sensitive to bring to a counsellor.	9	5	5	1
Counselling would take too much of my time. So I do not it necessary for solving my problems	3	1	4	5

The question on attitude of students towards counselling was examined using a likert scale of 1 to 4. The scale was done 1 as Strongly Agree (SA), Agree (A), Disagree (DA) and Strongly Disagree (SDA). The measures contained 10 items to seek out the students' opinion on counselling which is used to measure the attitude of individuals towards counselling among tertiary students.

It was found that all the questions were answered. And there were no skewed response contrary to the expectation of the researcher. Therefore, the conclusion was that there is no need for major revision of the questions.

The split-half test for reliability was done using all listed items and the test showed a coefficient of 0.073 and significant at 5%.

SECTION B: Your views on whether counselling is beneficial or not.

6. Indicate whether you Strongly Disagree, Agree, Disagree, Strongly Disagree, by ticking the appropriate section to the following;

COUNSELLING HELPS (TO)	SA	A	DA	SDA
ease burdens from people	5	5	2	8
relieve stress	3	7	7	3
stabilize people	5	10	5	3
Individual to make informed choices	2	2	10	6
reduce tension	12	3	7	8
bring comfort	3	7	5	5
use standardized test to diagnose problem sources of individuals	3	6	8	2

improve performance and productivity	2	11	3	4
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The question on benefits of counselling was examined using a likert scale of 1 to 4. The scale was done 1 as Strongly Agree (SA), Agree (A), Disagree (DA) and Strongly Disagree (SDA). The eight outlined items to seek out the students' opinion on counselling importance for students in University of Cape Coast.

It was found that all the questions were answered. And there were no skewed response contrary to the expectation of the researcher. On the question of individual making informed choices, the respondents were confused about what specific choices the question or the statement is about. Therefore, the researcher had to explain to the respondents the choices involve. The split-half test for reliability was done using all listed items and the test showed a coefficient of 0.082 and significant at 5%.

SECTION C: What makes you to go or not to go for counselling

7: Indicate whether the statements below are reasons why you would go or would not go for counselling.

Reasons	SA	A	DA	SDA
I do not trust counsellors. I don't like sharing my secrets with anyone	6	4	1	9
I believe that men should be able to solve their own problems	3	9	5	3
Sharing my problems with my counsellors would be	6	13	1	0

embarrassing				
It helps me to improve my positive self-image.	2	2	10	6
My culture does not permit me to go for counselling	9	5	5	6
I trust that counsellor would keep any secret I tell them	3	7	5	5
I find it dangerous to open up myself to counsellors	3	6	8	2
People who seek help for counselling are bold not weak as some may say	2	11	3	4

Questions on what prevent people from counselling. The benefit questions recorded zero no response. All the questions were answered by the 20 respondents selected for the pilot testing. The respondents answered the questions without any difficulty and assistance. The test for reliability gave a significant reliability coefficient of 0.012 at 5% significant level.

Ensuring counselling patronage	SA	A	DA	SDA
Confidentiality must be enhanced	7	11	2	0
Good inter-personal relationship among counsellor and counselee is needed	3	6	8	2
Awareness creation of the benefits of counselling is needed	10	9	1	0
It is important to make counselling more accessible to students on campus	6	13	1	0
Number of professional counsellors in the Halls should be increased	3	9	5	3

Professionalism in counselling must be encouraged	3	6	8	2
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The responses indicated that majority of the responses were in favour of the statement made on ensuring counselling patronage. The reliability test was significant.

APPENDIX C

Krejcie and Morgan's Formulae

$$n = \frac{X^2 * N * P * (1-P)}{(ME^2 * (N-1)) + (X^2 * P * (1-P))}$$

Where :

n = sample size

X^2 = Chi – square for the specified confidence level at 1 degree of freedom

N = Population Size

P = population proportion (.50 in this table)

ME = desired Margin of Error (expressed as a proportion)