THE SELF-STIGMA OF SEEKING PROFESSIONAL PSYCHOLOGICAL HELP

AMONG UNDERGRADUATE STUDENTS AND ASSOCIATIONS WITH

ATTACHMENT STYLE

By

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THESIS APPROVAL

"The Self-Stigma of Seeking Professional Psychological Help Among Undergraduate Students and Associations with Attachment Style" a thesis prepared by Anastasia Papadaki in partial fulfillment of the requirements for the Master of Arts degree in Applied Child and Adolescent Psychology was presented April 29th, 2024 and was approved and accepted by the thesis advisor, internal examiner and the School of Graduate and Professional Education.

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The self-stigma of seeking help has been identified as a key barrier to seeking professional psychological help among undergraduate students, globally. The development of self-stigma associated with seeking help is linked with lower levels of self-esteem and a reduced self-concept, and these negative effects lead many undergraduate students to avoid utilizing counseling services when needed. Knowledge of factors that contribute to the development of self-stigma among students is necessary to develop intervention efforts that increase help seeking behaviors and improve student wellbeing. The present study explored the self-stigma of seeking help from an attachment perspective. A correlational study design was used to determine the correlation between levels of the self-stigma of seeking help and

levels of attachment avoidance and attachment anxiety among a sample of 37 undergraduate students enrolled at a university in Athens, Greece. It was hypothesized that both dimensions of attachment would show a positive correlation with levels of the self-stigma of seeking help. The hypothesis was partially supported, and a positive correlation with a moderate strength of association was found between levels of attachment avoidance and levels of the self-stigma of seeking help. Findings also indicate that within the sample, levels of the self-stigma of seeking help were moderately high, adding to the literature that presents the self-stigma of seeking help as prevalent problem encountered by undergraduate students. Study findings and implications for applicable interventions are discussed.

Keywords: self-stigma, help-seeking, attachment theory, attachment avoidance, attachment anxiety

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The University of Kent at Canterbury   Kent, UK
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I. INTRODUCTION

The Self-Stigma of Seeking Professional Psychological Help Among Undergraduate Students and Associations with Attachment Style

Professional counseling services are associated with one significant limitation; the benefits of counseling can only reach those who actively seek it out (Schaffer et al., 2006). Internationally, studies have shown that despite lower levels of mental wellbeing and significant levels of psychological distress, emerging adults within undergraduate populations display poor help-seeking behaviors and are less likely to seek out professional mental health services (Gulliver et al., 2023; Goodwin et al., 2016). As a result, university counseling centers are often underutilized.

Emerging adulthood refers to the developmental stage that immediately follows adolescence, and includes young adults between the ages of 18-25 (Arnett, 2000). It has been found that emerging adulthood is associated with increased vulnerability for the onset of mental illness, and a higher prevalence of mental health concerns such as anxiety and depression (Auerbach et al., 2018; Solmi et al., 2021). Furthermore, emerging adults enrolled in undergraduate university programs are found to experience more psychological distress and higher levels of depression and anxiety than peers who are not enrolled at university (Bewick et al., 2010). Studies suggest that the increased vulnerability of undergraduate students may be associated with some of the key life transitions that take place when attending university, such as a change in living circumstances, a change in support networks and the additional stressors associated with academic performance (Arnett, 2000; Arnett, 2020). As a result of psychological distress and poor emotional health, undergraduate students have been found to experience declining academic performance, decreased life

satisfaction, lower levels of self-confidence, increased dropout rates and in certain cases, suicidal thoughts (Sheldon et al., 2021). Gulliver et al. (2023) emphasize that the high prevalence of mental disorders as well as general psychological distress that affects undergraduate populations has become a global concern, especially since students aged 18-24 are least likely to seek out professional support for their concerns. In an extensive review of the literature, Hunt and Eisenberg (2010) note that in light of the high prevalence of mental health problems experienced by undergraduate students, university mental health services are in a unique position to "address one of the most significant public health problems among late adolescents and young adults" (p 3.).

Within the literature, one of the most cited barriers to seeking professional psychological help is the stigma associated with seeking treatment itself, often referred to as help-seeking stigma (Vogel et al., 2017; Link et al., 2015; Lannin et al., 2015; Tucker et al., 2013; Vogel et al., 2013). An individual's decision to seek professional psychological help may be affected by two different forms of stigma that include public stigma and self-stigma (Corrigan, 2004). Public stigma may be defined as the awareness of perceptions within society that "a person who seeks treatment is undesirable or socially unacceptable" (Vogel at al., 2006, p. 325). According to the modified labeling theory of stigma (Link et al., 1989), self-stigma develops when an individual endorses public perceptions or stereotypes and through personal agreement, applies existing negative perceptions to themselves. As a result of the self-stigma of seeking help individuals experience lower levels of self-esteem and self-efficacy (Vogel et al., 2006; Lannin et al., 2015).

The self-stigma of seeking help has been found to have a direct negative association with help seeking intentions among university students (Vogel et al.,

2017). Overall, the negative impact that self-stigma has on students' self-esteem and self-concept leads many students to avoid utilizing counseling services (Lannin et al., 2015; Topkaya et al., 2017). However, while the awareness of public stigma is considered a necessary precursor for the development of self-stigma, not all students will ultimately endorse or internalize the public stigma that surrounds the use of professional psychological services (Lannin et al., 2013). Therefore, studies have been undertaken to better understand factors that lead to the development of self-stigma in relation to seeking help. There is evidence within the literature that attachment theory may provide a useful construct to better understand the self-stigma of seeking help, as higher levels of self-stigma have been linked with insecure attachment patterns (Cheng et al., 2015; Zhao et al., 2015; Nam & Lee, 2015).

Attachment theory (Bowlby, 1988) describes a framework of affect regulation and attachment behaviors based on enduring schemas that are developed during early childhood experiences with caregivers. Attachment bonds develop during infancy and early childhood in relation to the level of availability and reliability provided by caregivers. As a result of early experiences with caregivers, individuals develop internal working models of themselves and others that remain stable throughout the life-span (Bowlby, 1969, 1982). The self-model pertains to an individual's self-perception of their own lovability, worth and self-efficacy. An individual's other-model is the lens through which individuals perceive others with regard to their dependability, goodness and trustworthiness (Bowlby, 1973).

Attachment patterns and internal working models have been found to influence perceptions and emotions related to support seeking in interpersonal and professional contexts throughout the life span (Mikulincer & Shaver, 2019; Shaffer et al., 2006). Attachment theory has therefore been studied as a valuable construct to

better understand students' use and perceptions of professional counseling when faced with mental distress or interpersonal problems (Wadman et al., 2019; Shaffer et al., 2006; Vogel & Wei, 2005). The direct association between undergraduate students' internal working models and help-seeking intentions have been explored, and findings indicated that students' other-model and self-model were differentially associated with help seeking intentions (Turan & Erdur-Baker, 2014). These findings suggest that perceptions of the self and expectations of others that are rooted in attachment patterns may play a role in determining students' expectations of the counseling experience. For some students, perceptions of self-worth have been found to be associated with increased help-seeking intentions, while for other students, expectations regarding the dependability or goodness of others predicted help seeking intentions (Turan & Erdur-Baker, 2014).

Studies that have sought to better understand the association between attachment patterns and help seeking intentions have also investigated the role of factors that act as mediating variables (Wadman et al., 2019; Shaffer et al., 2006; Vogel & Wei, 2005; Lopez at al., 1998). Indeed, studies that increase our understanding of the variables that play a mediational role between attachment and help-seeking are the key to developing applicable intervention strategies that can support help seeking (Vogel et al., 2006). One such mediational variable is the self-stigma of seeking help.

Studies have shown that students with insecure attachment develop higher levels of the self-stigma of seeking help, compared with securely attached students (Zhao et al., 2015). Additionally, consideration of the wider literature reveals common links between insecure attachment and the self-stigma of seeking help. Specifically, outcomes of insecure attachment have also been found to be associated with the

development of self-stigma. Variables that are associated with both insecure attachment as well as the self-stigma of seeking help include increased levels of self-reliance, lower levels of social support, decreased levels of self-disclosure and lower levels of self-esteem (Jennings et al., 2015; Guarnieri et al., 2015; Genc & Kara, 2021; Benoit & DiTommaso, 2020; Smart & Wegner, 2000; Mikulincer & Shaver, 2019; Goodall, 2015).

Attachment theory and findings within the literature present the self-stigma of seeking help as a variable that is especially relevant in the relationship between attachment patterns and help seeking intentions. However, studies that have investigated the association between attachment styles and the self-stigma of seeking help are only a few in number (Cheng et al., 2015; Zhao et al., 2015; Nam & Lee, 2015). Additionally, inconsistent associations between the dimensions of attachment anxiety and attachment avoidance, and the self-stigma of seeking help have been found, suggesting that further studies are necessary.

Emerging Adulthood and Help-Seeking in Undergraduate Populations

Emerging adulthood refers to the developmental stage that immediately follows adolescence, and includes adults between the ages of 18-25 who live in industrialized societies (Arnett, 2000). This development stage has been described as both theoretically and empirically distinctive, with important characteristics that differentiate this stage from adolescence and adulthood. Emerging adults typically experience more autonomy and considerably less dependency than adolescents, and at the same time have not adopted the full weight of adult responsibility (Arnett, 2000). It is a developmental stage described by six key characteristics that include identity exploration, instability, self-focus, ambiguity about the future, openness, and role transitions.

Emerging adulthood is most characterized by significant life transitions, as individuals experience changes in autonomy, family support and social networks (Lane & Fink, 2015). For some individuals, emerging adulthood may be a period of well-being defined by change, exploration and possibilities, as well as increased social support (Arnett, 2000; Conley et al., 2014). For other individuals, the life transitions that are integral to this developmental stage may act as a catalyst for the emergence of psychological distress or mental health problems (Lane & Fink, 2015; Lane, 2015; Conley et al., 2014). Indeed, it has been found that emerging adulthood is associated with increased vulnerability for the onset of mental illness, and a higher prevalence of mental health concerns such as anxiety and depression (Auerbach et al., 2018; Solmi et al., 2021).

Studies have shown that the completion of life transitions during this stage, such as the completion of studies in the form of obtaining a degree, or securing employment, are associated with mental well-being (Baggio et al., 2017). On the other hand, emerging adults that experience unfinished transitions, or who are still in the process of a significant transition, such as completing undergraduate study, have been found to have lower levels of psychosocial wellbeing (Conley et al., 2014).

In recent years, studies have found an increasing prevalence of psychological distress and poor emotional health among undergraduate students (Gulliver et al., 2023). As a result of psychological distress, students have been found to experience declining academic performance, decreased life satisfaction, lower levels of self-confidence, increased dropout rates and in certain cases, suicidal thoughts (Sheldon et al., 2021). Despite the higher levels of mental distress experienced by undergraduate populations on a global scale, emerging adults display reduced help-seeking behaviors relative to the rates of psychological distress experienced (Goodwin et al., 2016).

Kushner and Sher (1989) first conceptualized the decision to seek professional psychological help among undergraduate students as a process wherein individuals weigh approach and avoidance factors, often encountering a conflict between the two. Approach factors may be described as those factors which facilitate help seeking, such as the desire to reduce distress. Avoidance factors encompass the risks an individual may associate with seeking help, and inhibit help seeking behavior. Therefore, the decision to seek counseling has been described as process that is influenced by competing motivational and inhibitory influences, and an individual's final decision is the result of a classical approach-avoidance conflict (Kushner & Sher, 1989).

Considered through the lens of the transactional model of stress and coping (Lazarus & Folkman, 1989), the experience of psychological stress is considered a general prerequisite for individuals to consider seeking professional psychological help. Psychological stress has been conceptualized as a perception that results from the relationship between an individual and their environment, wherein the individual perceives that his or her resources or abilities will be overwhelmed, which will result in the loss of well-being (Lazarus & Folkman, 1984).

Despite the high prevalence of experiential stress experienced by undergraduate students, studies show that many students decide not to seek professional help, pointing to the impact of avoidance factors that inhibit help-seeking intentions and behaviors (Westberg et al., 2022). Within the literature, one of the most cited avoidance factors to seeking professional psychological help is the stigma associated with seeking treatment itself, often referred to as help-seeking stigma (Vogel et al., 2017; Link et al., 2015; Lannin et al., 2015; Tucker et al., 2013; Vogel et al., 2013).

The Self-Stigma of Seeking Help

Stigma is a broad term that may be defined as a personal characteristic or attribute that is perceived as socially unacceptable (Blaine, 2000). Stigma has also been defined as "the possession of (or belief that one possesses) some attribute or characteristic that conveys a social identity that is devalued in a particular social context" (Crocker et al., 1998, p. 505). An individual's decision to seek professional psychological help may be affected by two different forms of stigma that include public stigma and self-stigma (Corrigan, 2004).

Public stigma may be defined as public perceptions within society that "a person who seeks treatment is undesirable or socially unacceptable" (Vogel et al., 2006, p. 325). Ben-Porath (2002) first highlighted the public stigma associated with help seeking in a study showing that participants who had received counseling services were rated less favorably and treated more negatively than those who had not, despite all participants having the same diagnosis. Self-stigma, according to the modified labeling theory of stigma (Link et al., 1989), develops when an individual internalizes public perceptions and applies existing negative labels and stereotypes to themselves.

Within western cultures, the use of psychological services has been linked with unfortunate misperceptions of inferiority, as well as inadequacy or weakness, which lead to reductions of an individual's self-concept and self-efficacy when internalized as self-stigma (Lannin et al., 2015; Tucker et al., 2013; Corrigan, 2009; Fisher et al., 1982). Vogel et al. (2006) defined the self-stigma of seeking help as "the reduction of an individual's self-esteem or self-worth caused by the individual self-labeling himself or herself as someone who is socially unacceptable" (p. 325). Internalized-stigma therefore represents a considerable threat to an individual's

positive self-concept, which most individuals are strongly motivated to protect (Lannin et al., 2013). Indeed, seeking help has been found to be internalized as inferiority or inadequacy even in interpersonal contexts (Fisher et al., 1982). As a result, the self-stigma associated with receiving counseling services acts as a significant deterrent in the decision to seek help among those who experience psychological distress (Lannin et al., 2016; Dagani et al., 2023; Yu et al., 2023).

The Impact of Self-Stigma on Help-Seeking

While both public stigma and self-stigma have been identified as barriers to help seeking within the literature, the development of self-stigma has been found to have a more direct effect on help seeking intentions and behaviors than public stigma (Yu et al., 2023; Hantzi et al., 2019). Indeed, the internalized stigma model (Lannin et al., 2015) proposes that the development of self-stigma inhibits help seeking directly. Vogel et al. (2017) found that when compared to the public stigma of seeking help, the development of self-stigma acted as the strongest predictor of help seeking intention among international undergraduate samples. In a study by Topkaya et al. (2017), similar findings were presented, in that while self-stigma was directly and negatively linked to attitudes towards seeking counseling, public stigma was indirectly linked to attitudes towards seeking counseling only through self-stigma. The self-stigma of seeking help has been found to predict decreased intentions to seek counseling alongside lowered levels of self-esteem (Lannin et al., 2015), as well as negatively predict the decision to seek information about counseling services among undergraduate students (Lannin et al., 2016). The self-stigma of seeking help has also been found to be negatively associated with intentions to seek individual or group counseling among adolescent students (Shechtman et al., 2018). Additionally, it has been found that the self-stigma associated with seeking help may persist even after

counseling has been initiated, and was found to predict undergraduate students'

willingness to continue with counseling (Wade et al., 2011). These results highlight

that self-stigma may have a negative impact on treatment adherence even once the

decision to seek counseling has been made, and is an important factor that affects both

the decision to seek help as well as treatment longevity.

There is evidence that while the perception of public stigma is a necessary

precursor for the development of self-stigma, it does not in and of itself predict its

development (Lannin 2013, Vogel et al., 2013). Indeed, studies investigating the

association between public stigma and self-stigma of seeking help have found only

weak to moderate strengths of association (Vogel et al., 2013). An individual may

therefore be aware of the public stigma associated with seeking counseling, without

endorsing such views or internalizing stigmatizing beliefs about ones' self (Lannin et

al., 2013).

Development of the Self-Stigma of Seeking Help

The development of self-stigma in response to public stigma has been

described as the result of a process that includes awareness of a stereotype,

endorsement or personal agreement with it, and finally self-concurrence or the

application of that stereotype to one's self. The end result of this process is defined as

self-harm, or the loss of self-esteem (Efstathiou et al., 2019; Link, 1987). The four

social-cognitive processes that are associated with public stigma include cues,

stereotypes, prejudice and discrimination. Among these, labels are considered the

most significant cue that can trigger stigmatizing responses from others in the form of

public stigma (Corrigan, 2004). Self-stigma therefore results when individuals adopt

these labels through self-labeling. An individual seeking counseling services may, for

example, refer to themselves as a 'help-seeker' alongside the development of self-stigma (Vogel at al., 2006).

To avoid self-stigma, individuals may engage in label avoidance, which may constitute a refusal to seek counseling so as to avoid being publicly labeled, and to avoid self-labeling that would result in the reduction of their self-concept (Kosyluk et al., 2021; Efstathiou et al., 2018). The self-stigma of seeking help has been found to negatively impact individuals' self-concept by introducing feelings of shame and self-blame (Tucker et al., 2013). Self-stigma has also been defined as the reduction of an individual's self-esteem, self-concept and self-efficacy (Corrigan et al., 2009). In creating the Self-Stigma of Seeking Help scale, Vogel et al. (2006) operationalized the definition of the self-stigma of seeking help as necessarily resulting in the reduction of an individual's self-esteem. Self-esteem was defied as an individuals' "self-regard, satisfaction with one's self, self-confidence and one's overall worth as a person" (Vogel et al., 2006, p. 326). Overall, the negative manifestations of the self-stigma of seeking help leads many young people to avoid help-seeking in an effort to avoid self-stigma (Vogel et al., 2017). At the same time, many individuals do not develop self-stigma in response to seeking counseling or the anticipation of seeking counseling, and the individual differences or variables that may protect against the self-stigma of seeking help have been explored alongside variables associated with its development (Vogel et al., 2013).

Jennings et al. (2015) conducted a study to investigate the role of self-reliance in the relationship between the public stigma of seeking help and the self-stigma of seeking help among undergraduate students (N=246). Findings indicated that self-reliance, or the belief that one should handle problems on their own, mediated the relationship between perceived public stigma and the development of self-stigma.

These findings suggest that higher levels of self-reliance may be associated with increased susceptibility for developing the self-stigma of seeking help.

Among a sample of high school students (N=115), Zhao et al. (2015) found that an increased affiliation with supportive peers was associated with decreased levels of the self-stigma of seeking help. These results are further supported by findings by Guarnieri et al. (2019), which show that close identification with other individuals or groups is associated with decreased levels of self-stigma in response to public stigma. Therefore, social support may act as a protective factor against the development of the self-stigma of seeking help, while a lack of social support may facilitate its development.

Within the literature, associations between levels of self-disclosure and the severity of self-stigma have been found, with regard to mental illness stigma. While the role of self-disclosure has not been researched in relation to the self-stigma of seeking help specifically, it has important implications for mental illness stigma. Before these findings are reviewed, the important differences between the self-stigma of seeking help and the self-stigma of mental illness are briefly discussed.

Mental illness stigma and the stigma of seeking help are at times considered one and the same, although research has shown that they are distinct constructs (Vogel et al., 2006; Tucker et al., 2013). Seen through the lens of modified labeling theory, having a diagnosis and concurrently receiving psychological treatment results in the acquisition of the label "mental patient" (Link, 1987, p. 101). The self-stigma of mental illness is therefore defined as the anticipation or internalization of devaluation as a result of such a label (Link et al., 2015). Most notably, under this conceptualization, help-seeking is considered a necessary consequence of mental illness. Indeed, Tucker et al. (2013) argue that self-stigma research was once

hampered by a failure to clearly operationalize self-stigma, as well as by unclear distinctions between mental illness stigma and the stigma of seeking help within the literature. While these two constructs have largely been identified as separate within the literature, the public stigma of mental illness is still found to be associated with increased levels public stigma in relation to help-seeking, which has been associated with increased levels of the self-stigma of seeking help (Vogel et al., 2007). These results highlight that the negative stereotypes and stigma that surround mental illness continue to impact public perceptions of seeking counseling, emphasizing that these two forms of stigma are distinct yet related (Shechtman et al., 2018; Vogel et al., 2007).

Factors which protect against the self-stigma associated with mental illness may therefore have value as protective factors with regard to the self-stigma of seeking help. Interestingly, it was found that self-disclosure about one's mental illness is related to decreased levels of mental illness self-stigma and increased levels of self-esteem (Smart & Wegner, 2000). Additionally, disclosing a mental illness diagnosis has been associated with increased levels of social support, and increased levels of social support are associated with decreased levels of self-stigma (Corrigan & Rao, 2012). Due to the ability of self-disclosure to decrease self-stigma and its negative effects, strategic self-disclosure has been suggested as a useful intervention strategy to reduce the self-stigma associated with mental illness (Corrigan, 2022). While the benefits of disclosure have not been studied in relation to the self-stigma of seeking-help, it is possible to suggest that disclosing one's intentions to seek counseling may have a similar effect. This is especially true since the self-stigma of seeking help has been negatively associated levels of self-disclosure, which were found to mediate the relationship between perceptions of public stigma and help seeking intentions (Genc

& Kara, 2021). Therefore, while lower levels of self-disclosure are associated with increased perceptions of the public stigma of seeking help, there is also some indirect support that increased levels of self-disclosure may reduce the effects of the self-stigma of seeking help (Smart & Wegner, 2000).

Finally, aspects of culture have been found to influence the development of the self-stigma of seeking help. There are important differences between individualistic and collectivistic cultures that may differentially affect stigma. Individualistic cultures, including Northern Europe and the United States, are more individual-oriented, and as a result, attributes such as self-interest, self-determination and self-initiative are culturally celebrated. In contrast, collectivistic cultures such as those found in East Asia, predominantly value group harmony and group conformity. Due to an emphasis on interconnectedness and interdependence, the needs of the group are often emphasized above the needs of the individual (Shin et al., 2013). Therefore, when making decisions individuals often consider group or societal values.

As a result, within collectivistic cultures perceptions of public stigma may be both more visible as well as carry more weight, thus having a more pronounced effect on the development of the self-stigma of seeking help (Soheilian & Inman, 2009; Yu et al., 2023). Indeed, the perception of the public stigma of seeking-help was found to be associated with lower levels of help seeking intention among Japanese university students compared to American university students (Mojaverian et al., 2013). Additionally, research has shown that collectivism significantly moderates the relationship between the perception of public stigma and the development of self-stigma (Yu et al., 2023). Finally, Bismar and Wang (2021) found that among a sample of university students (*N*=219) with parents from collectivistic cultures, levels of acculturation were found to act a moderating variable between levels of perceived

public stigma and the self-stigma of seeking help. Indeed, results showed that lower levels of acculturation were associated with increased levels of self-stigma.

Variables that have been found to impact the development of the self-stigma of seeking help include levels of self-reliance, social support, willingness to self-disclose, and cultural collectivism. As identified by the research, the presence of public stigma is a necessary precursor to the development of the self-stigma of seeking help, but does not predict its development (Vogel et al., 2013). Therefore, further research is needed to better understand the factors that facilitate the development of self-stigma in societies where public stigma surrounding professional psychological help seeking exists. When Vogel et al. (2006) developed the Self-Stigma of Seeking Help scale (SSHOSH), recommendations for future research included the necessity for studies that explore the relationship between attachment dimensions and the self-stigma of seeking help. Since that time, a handful of studies have explored this relationship, finding positive associations between insecure attachment patterns and levels of the self-stigma of seeking help (Cheng et al., 2015; Zhao et al., 2015; Nam & Lee, 2015). The associations found between attachment dimensions and the self-stigma of seeking help suggest that attachment patterns may act as an important variable in the relationship between perceived public stigma and the self-stigma of seeking help.

Attachment Theory

Bowlby's (1988) theory of attachment describes a framework of affect regulation and attachment behaviors based on enduring schemas that are developed during early childhood experiences with caregivers. Bowlby's (1969) initial conceptualization of attachment theory is theoretically diverse and is rooted in previous findings within the fields of ethology, evolutionary biology, psychoanalysis,

cognitive neuroscience and systems theory (O'Shaughnessy et al., 2023). In his own words, Bowlby (1969) described attachment as the "lasting psychological connectedness between human beings" (Bowlby, 1969, p. 194).

More specifically, attachment develops as the result of an innate and biologically driven desire for proximity to an attachment figure that stems from the process of natural selection (Bowlby, 1958). This attachment or tie develops in infancy between an infant and their primary caregiver, often the mother, to ensure proximity is maintained. The biological drive to maintain proximity to an attachment figure is based on the biological need for safety, security and protection. During infancy when children are entirely dependent on their mothers, proximity to an attachment figure, or protective other, provides protection from threat, offers comfort and ultimately ensures survival (Mikulincer & Shaver, 2023; Ainsworth et al., 1972) Bowlby (1969, 1982) therefore conceptualized that infants are born with an innate psychobiological system that is strongly motivated to establish proximity to attachment figures, and referred to this system as the *attachment behavioral system*. Behaviors that are exhibited by a child or infant in an effort to achieve closeness or proximity to a caregiver or attachment figure are termed *attachment behaviors*, and are a vital part of the attachment behavioral system.

In infancy, a child begins to develop an attachment bond or attachment relationship with their primary attachment figure, in relation to the care and responsiveness provided by that caregiver. Bowlby (1969, 1982) described parents as having an innate biological drive to care for an infant, and at the same time perceived that the quality of an attachment figure's care can vary significantly as a result of their own experiences and learning (Cassidy & Shaver, 2008). Bowlby (1956) found that infants will develop attachment bonds with caregivers who provide suboptimal or

even abusive or neglectful care as a result of their biological drive for survival. Therefore, while almost all children develop an attachment bond to their primary attachment figure, children may develop either secure or insecure attachment in response to the quality and consistency of care received (Bowlby 1969,1982). The development of insecure versus secure attachment requires a closer look at the function of the attachment of the behavioral system, discussed below.

The attachment behavioral system develops in infancy and is critical during early development, yet continues to function throughout the lifespan (Bowlby, 1988; Mikulincer & Shaver, 2023). In terms of functioning, the attachment behavioral system may present with low activation, in response to low intensity threats, while high activation may occur in response to the perception of greater perceived threats or experienced distress. The intensity of attachment behaviors naturally follows the intensity of the attachment behavior system activation in response to environmental triggers. The behavior activation system operates in a goal-directed and goal-corrected manner, such that the system activates in response to triggers in the environment and is similarly down-regulated by desired changes in the environment, such as the reestablishment of proximity to the primary attachment figure (Mikulincer et al., 2003). The goal-directed and goal-corrected functioning of the attachment behavioral system allows for flexibility and for infants and children to adapt to the environment of their upbringing, referred to as the environment of evolutionary adaptedness (Bowlby 1969,1982). Through repeated activation of the attachment behavioral system within a given environment, internal working models, are formed in relation to the self and others as a result of a caregiver's responses to attachment behaviors (Mikulincer & Shaver, 2023).

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Internal working models can be defied as mental representations of individual-environment transactions that naturally develop to support the goal-corrected nature of the attachment behavioral system (Mikulincer et al., 2003). The development of internal working models allows the infant and child to predict the outcome of their chosen attachment behaviors with regard to its primary goal, the attainment of proximity and the alleviation of distress. As a result of these mental representations, or internal working models, a child is able to evaluate, change or adapt their chosen attachment behaviors in an effort to reliably attain their goal within that environment (Bowlby 1969, 1982). To fully adapt their environment, a child will develop internal working models of others as well as an internal working model of the self. The internal working model of the self refers to mental representations of one's own value, lovability and self-efficacy, while the internal working model of others refers to mental representations of other's reliability or motives.

Secure attachment forms when as a result of sensitive and responsive care, a child feels assured that their attachment figure will continue to be responsive and available, and attachment security is achieved (Ainsworth et al., 1978). Secure attachment therefore develops alongside a positive working model of the self and of others (Mikulincer & Shaver, 2019). In the absence of reliable and supportive care from primary attachment figures, a healthy sense of attachment security does not develop, referred to as insecure attachment. As a result of inconsistent or rejecting care in response to bids for proximity, a failure to achieve attachment security is linked with uncertainties regarding one's worth and lovability, as well as doubts regarding the reliability of others (Bowlby 1969, 1973; Mikulincer & Shaver, 2019). *Insecure attachment* therefore develops alongside negative working models of either the self and /or others.

Bowlby (1988) posited that the attachment behavioral system is most vital in infancy, yet continues to function and impact attachment relationships across the lifespan. Indeed, studies have shown that the functioning of an individual's attachment behavioral system continues to be evident in the thoughts, behaviors and emotions experienced with regard to support seeking across various contexts and relationships in adulthood (Mikulincer et al., 2002; Mikulincer & Shaver, 2019). In addition, attachment patterns have been found to be largely stable across the lifespan, and within the context of different relationships, pointing to the enduring nature of internal working models once formed (Ahmed & Brumbaugh, 2014). Attachment security versus insecurity, and manifestations of an individual's internal working models, are most evident during stressful or traumatic situations wherein comfort and the reduction of distress is sought (Mikulincer et al., 2003). Additionally, studies have shown that an individual's internal working models have been found to affect emotion-regulation strategies, coping and adjustment during times of stress (Mikulicer & Shaver, 2019; Mikulincer et al., 2003).

Attachment theorists have added to and expanded Bowlby's (1973) original attachment theory, and these new conceptualizations of attachment often feature in the recent literature pertaining to both stigma and attachment. Bartholomew and Horowitz (1991) added to attachment theory by developing a taxonomy of attachment styles that include secure, preoccupied, dismissive-avoidant and fearful avoidant orientations. These attachment styles are each associated with either positive or negative internal working models of the self and others. Under this conceptualization, secure attachment is associated with a positive self-model as well as a positive other-model. Those with a dismissive-avoidant attachment style have a positive self-model while at the same time having a negative other-model. In contrast, those with a

preoccupied attachment style maintain a negative self-model while perceiving others through a positive other-model. Finally, a fearful attachment style is associated with both a negative self-model as well as a negative other-model.

Additionally, these attachment styles may be defined by two attachment dimensions that include attachment avoidance and attachment anxiety (Brennan et al., 1998). While secure attachment manifests in low levels of both anxiety and avoidance, a dismissive-avoidant style is characterized by high levels of avoidance and a preoccupied attachment style is characterized by high levels of anxiety. In contrast to a secure attachment style, a fearful avoidant style is associated with high levels of both anxiety and avoidance.

Internal working models as well as levels of attachment avoidance and anxiety are constructs that have been linked with individual patterns of behavior in interpersonal relationships (Mikulincer & Shaver, 2012; Mikulincer et al., 2003). Internal working models remain stable throughout the lifespan and help determine whether an individual seeks proximity or distance within close relationships in response to distressing events (Mikulincer & Shaver, 2019). High levels of attachment avoidance are associated with a negative internal working model of others, which leads to the belief that others may be untrustworthy or unreliable. Attachment avoidance is therefore associated with an increased sense of self-reliance and an unwillingness to depend on others in times of need. In contrast, high attachment anxiety is linked with a positive working model of others and negative working model of the self. Therefore, high levels of attachment anxiety are associated with increased levels of proximity seeking and increased reliance on others during times of stress (Mikulincer & Shaver, 2019). Despite an increased outward reliance on others, those with high attachment anxiety are frequently concerned that they may face rejection

from others due to a negative self-model, which manifests as a lack of self-assurance that they can be accepted (Mikulincer & Shaver, 2019). In contrast, individuals with secure attachment experience less anxiety in the face of stressors as a result of positive internal working models of themselves and others (Bartholomew & Horowitz, 1991).

Attachment in Emerging Adulthood

During emerging adulthood, important transformations occur with regard to individual attachment behaviors (Guarnieri et al., 2015). As longitudinal studies have demonstrated, attachment remains largely stable from infancy through adulthood (Hamilton, 2000). This is because during childhood, internal working models become less consciously accessible and as a result become less prone to change (Bowlby, 1982). However, while attachment security or insecurity remains relatively stable, significant changes to attachment relationships and attachment behaviors occur.

In emerging adulthood, greater independence is sought from parents, and emerging adults subsequently rely more on their friends and romantic partnerships for attachment needs (Ahmed & Brumbugh, 2014). Research shows that emerging adults predominantly rely on friends and romantic partners for proximity seeking, or closeness and support, during times of stress (Brumbaugh & Fraley, 2006; Fraley & Davis, 1997). Similarly, emerging adults also turn to their peers and romantic partners as a 'safe haven' when seeking comfort and reassurance. Finally, emerging adults continue to perceive and rely on their parents as a secure base, from which to explore the environment. One important change is that accessibility to parental attachment figures and knowing that the attachment figure is available if needed, becomes more important than physical proximity to parental attachment figures (Ahmed & Brumbugh, 2014).

In a meta-analysis, Konrath et al. (2014) found an increased prevalence of insecure attachment patterns among young people entering emerging adulthood. Among a college student sample, a meta-analysis uncovered a 14.44% increase in the percentage of emerging adults with insecure attachments along-side a 15% decrease in the percentage of individuals with secure attachment. Of note, Konrath et al. (2014) identified a 56% increase in the proportion of university students with a dismissive avoidant attachment pattern and an 18% increase in the prevalence of a fearful avoidant attachment style (Lapsley & Woodbury, 2016).

These results have far-reaching implications for student wellbeing and successful adaptation, as secure attachment has been linked with improved social competence, higher levels of self-esteem, better emotional regulation, heightened problem-solving abilities, and self-confidence (Mikulincer & Shaver, 2019; Lapsley & Woodbury, 2016). Both anxious and avoidant attachment have been associated with depressive symptomatology (Cawnthorpe et al., 2004), as well an increased prevalence of clinical depressive episodes (Malik et al., 2015) compared to securely attached individuals. Overall, the formation of felt security, a key feature of secure attachment, is associated with more positive adjustment across the lifespan (Lane, 2015; Murray et al., 2000). Since insecure attachment is associated with a higher prevalence of mental distress and clinical presentations, the way attachment can affect help seeking intentions and behaviors becomes increasingly relevant.

Attachment and Help-Seeking

Studies have shown that an individual's attachment style continues to impact the thoughts, behaviors and emotions experienced with regard to support seeking across various contexts throughout adulthood (Mikulincer et al., 2002; Mikulincer & Shaver, 2012). Attachment security versus insecurity, and manifestations of an

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individual's internal working models, are most evident during stressful or traumatic situations wherein comfort and the reduction of distress is sought (Mikulincer & Shaver, 2023). Additionally, studies have shown that an individual's internal working models have been found to affect emotion-regulation strategies, coping and adjustment during times of stress (Mikulicer & Shaver, 2012). Consequently, attachment styles play an important role in specific attachment relationships, but also affect functioning and perceptions of relationships in a global context with regard to support seeking (Bowlby, 1991; Mikulincer & Shaver, 2007). Research shows that global attachment patterns, as opposed to relationship specific attachment, affect the perception of novel interpersonal situations (Brumbaugh & Fraley, 2006). For many undergraduates, the decision to seek counseling for the first time represents a novel interpersonal experience, for which global attachment may play a key role in determining initial perceptions and expectations.

Attachment and Help-Seeking: Internal Working Models

Lopez et al. (1998) succinctly stated that "those persons who voluntarily pursue counseling must not only be experiencing distress but must also be inclined, under the circumstances, to perceive others as potential sources of help and support" (p. 79). The association between internal working models and intentions to seek counseling are deemed to be related as the functioning of internal working models is most evident in times of distress. At the same time the experience of distress is a condition under which the decision to seek counseling is often made (Lazarus & Folkman, 1989). Interestingly, Bowlby (1980) proposed that internal working models function automatically, and outside of conscious awareness, and the perceptions and expectations that result often serve a self-protective function (Lapsley & Woodbury, 2014; Pietromonaco & Barret, 2000). Therefore, if considered under the lens of

attachment theory, the intention to seek counseling in times of distress may be affected more by automatic and instinctive processes, rather than a conscious decision-making process. Significantly, internal working models may affect the extent to which individuals perceive counseling as supportive and helpful, and these perceptions may be automatic or instinctual in nature.

Attachment avoidance that develops as result of early experiences with their caregivers that were characterized by rejection or coldness may expect similar reactions from mental health professionals based on their negative other-model (Shaffer et al., 2006). As result of negative experiences with early caregivers, those with a negative other-model have been found to generally devalue the importance of others (Cassidy & Shaver, 2008). Additionally, due to a positive self-model, those with attachment avoidance may safeguard their own self-sufficiency, believing they are capable of independently resolving their own problems. Since individuals with a negative other model tend to devalue the help that is available from others, this may decrease perceptions that counseling may constitute a supportive and helpful relationship that provides benefit (Shaffer et al., 2006; Mikulincer et al., 2003; Shaver & Mikulincer, 2002). Additionally, adults with a negative other-model were also found to describe the therapeutic relationship negatively during the initial stages of counseling (Satterfield & Lyddon, 1995).

Attachment anxiety is associated with an increased outward reliance on others for support and assistance, due to a negative self-model which manifests as doubts regarding one's own self-worth and self-efficacy (Mikulincer & Shaver, 2019). Therefore, individuals with attachment anxiety perceive that the assistance of others is necessary during times of stress due to a positive-other-model, believing that others are more equipped to help than themselves (Shaffer et al., 2006). As a result,

individuals with a positive other-model are more likely to perceive the associated benefits of counseling, and are more likely to seek out counseling as a result.

As a result of internal working models, individuals may display approach or avoidance strategies in response to distressing events or emotions. The tendency of individuals to seek proximity or avoid proximity to others following distressing events has most often been studied in the context of close personal relationships but this theory has also been applied to professional help seeking. Indeed, studies have shown that undergraduate students with high attachment anxiety, having a positive other-model and a negative self-model, were more likely to seek out counseling in response to experiential distress (Vogel & Wei, 2005; Lopez et al., 1998; Wadman et al., 2019). Of note, students with high attachment anxiety are more likely to seek help, yet simultaneously harbor worries that they will face rejection because they do not perceive themselves as worthy of support (Shaffer et al., 2006). For students with high attachment avoidance, or a negative-other model and a positive-self model, the results are varied. While some studies have shown that attachment avoidance is associated with less positive attitudes towards seeking help (Shaffer et al., 2006) and decreased willingness to seek counseling (Lopez et al., 1998; Vogel & Wei, 2005) other studies have obtained varied findings that draw important conclusions about mediating variables, such as distress levels and the acknowledgement of distress (Wadman et al., 2019).

Attachment and Help-Seeking: Secondary Attachment Strategies

Individuals with insecure attachments present with difficulties in modulating emotional affect in relation to stressors (Lopez et al., 2002). As a result, individuals with insecure attachments utilize secondary attachment strategies in the form of hyperactivating or deactivating strategies in response to interpersonal problems and

the experience of distress. Those with high anxiety may overreact emotionally while those high in avoidance may suppress emotional arousal. These patterns of responding to stress are considered self-regulatory strategies for managing distress (Lopez et al., 2002). Additionally, the functioning of the attachment behavioral system and hyperactivating and deactivating strategies have important implications for how students with insecure attachment experience and acknowledge distress, as well as their subsequent willingness to self-disclose. Finally, both the acknowledgement of distress and the willingness to self-disclose have been found to affect student attitudes towards seeking counseling (Shaffer et al., 2006).

Individuals with secure attachment develop positive working models of the self and others, resulting in positive beliefs about their own self-worth, their own worthiness of being cared for and others' availability and willingness to help. These positive beliefs result in the formation of functional emotional regulation strategies which lead to adaptive strategies for the management of distress (Malik et al., 2015). Emotional disclosure is considered an adaptive emotional regulation strategy, and includes sharing emotional experiences with others (Garrison, 2012). Therefore, secure attachment is associated with effective distress management as a result of emotional regulation strategies, as well as increased comfort with self-disclosure. Importantly, ease of self-disclosure has been linked to increased willingness to seek professional psychological help (Shaffer et al., 2006).

Individuals with attachment anxiety display hyperactivating strategies in response to perceived stress that impede the development of adaptive emotional regulation. Hyperactivating strategies include exaggerated proximity seeking in response to distress, hypervigilance to the feelings of stress, and can include excessive worry or rumination about problems or events (Malik et al., 2015; Cassidy, 1994). In

this way, hyperactivating strategies hinder emotional regulation, and lead to the amplification of stress rather than the emotional regulation of stress (Malik et al., 2015; Mikulincer & Shaver, 2019). As a result, anxious attachment is associated with the experience of more intense levels of emotional arousal when problems are encountered or perceived (Searle & Meara, 1999). In addition, the over-emphasis and exaggeration of distress serves as an attempt to elicit help from others (Mikulincer et al., 2003; Shaver & Mikulincer, 2002). Attachment anxiety is therefore associated with increased acknowledgement and awareness of psychological distress, as well as increased or exaggerated levels of self-disclosure (Malik et al., 2015; Dozier, 1990).

Individuals with attachment avoidance use deactivating strategies to distance themselves from their own emotions, and to distance emotionally from others. Due to a negative other model, individuals with attachment avoidance find it difficult to depend on others (Malik et al., 2015). These strategies allow those with attachment avoidance to maintain their independence and self-sufficiency, which acts as a protective mechanism (Wei et al., 2005). It has been found that individuals with attachment avoidance suppress or deny their emotional reactions (Fraley & Shaver, 1997) and find it more difficult to identify and communicate their feelings (Mallinckrodt et al.,1998). Deactivating strategies therefore lead to the development of maladaptive emotional regulation strategies that suppress emotional arousal and impede emotional disclosure. In some cases, deactivating strategies used in relation to stressors may result in denial of the experience of distress (Dozier & Kobak, 1992). Indeed, attachment avoidance was found to be associated with low reporting of psychological distress on self-report measures which was then associated with a decreased likelihood of seeking help (Vogel & Wei, 2005).

Attachment and Help-Seeking in the Literature

A study by Wadman et al. (2019) investigated the association between adult attachment and help-seeking behaviors among a college student sample (N= 549). In addition, the study measured levels of distress as a moderating variable. Findings indicated that for students experiencing the highest levels of distress, both attachment avoidance and attachment anxiety was associated with increased help-seeking intentions and behaviors. However, for students that experienced only mild or moderate levels of distress, only attachment anxiety was associated with help-seeking while attachment avoidance was not. Regression analyses revealed that anxious attachment was indeed found to be predictive of help-seeking. For attachment avoidance, levels of distress were found to play an important moderating role between attachment avoidance and help seeking. These findings suggest that the awareness and acknowledgement of distress, as well as overall distress levels experienced, are a significant factor that can determine whether university students with an avoidant attachment style seek professional counseling services. These results, however, are dissimilar to the findings of Lopez et al. (1998).

In a sample of college students (N=253) Lopez et al. (1998) found important differences between students with attachment anxiety and attachment avoidance in terms of the levels of distress indicated on self-report measures. Overall, students with attachment anxiety reported higher levels of problems and experiential distress compared with both securely attached students and students with attachment avoidance. In correlation with the higher levels of distress reported, students with attachment anxiety were largely found to indicate increased willingness to seek counselling. Notably however, among those students that did report high levels of distress, only students with secure attachment and attachment anxiety indicated

willingness to seek-help. Specifically, students with attachment avoidance who had reported higher levels of distress displayed decreased willingness seek counseling, despite experiencing and reporting high levels of distress. Therefore, while findings by Wadman et al. (2019) indicate that students with attachment avoidance will show increased help-seeking intentions in response to high levels of distress but not in response to mild or moderate levels of distress, previous findings by Lopez at al. (1998) show that students with attachment avoidance are least likely to seek help irrespective of the level of distress, and even when distress levels are high. These findings indicate that levels of distress may not always constitute a moderating variable between attachment avoidance and help-seeking, and further studies are needed.

A study by Vogel and Wei (2005) investigated the associations between attachment style and help-seeking among a sample of undergraduate students ($N=$ 355), which included levels of distress and levels of perceived social support in mediation analyses. Findings were consistent with earlier research relating to attachment anxiety and help-seeking, in that students with attachment anxiety were more likely to report higher levels of distress, which mediated an increased willingness to seek counseling (Lopez et al., 1998; Wadman et al., 2019). Overall, students with attachment avoidance reported lower levels of distress along-side less willingness to seek help.

Vogel and Wei (2005) found that students with attachment avoidance and attachment anxiety perceived lower levels of social support compared with securely attached students. Results of a structural equation model showed that for students with both forms of insecure attachment, the perception of low levels of social support was negatively associated with psychological distress, which was then positively

associated with the willingness to seek counseling. The authors argue that while students with attachment avoidance may be reluctant to report psychological distress, they were more willing to acknowledge a perceived lack of social support. The acknowledgement of a perceived lack of support then indirectly contributed to feelings of distress, which then contributed to increased willingness to seek counseling.

Vogel and Wei (2005) therefore present social support as a possible mediating variable that can indirectly affect help seeking intentions, by increasing the awareness and disclosure of distress. Additionally, these findings from Vogel and Wei (2005) present further support for the notion that distress severity acts as a key variable that can mediate, or moderate, the relationship between attachment and help seeking intentions (Wadman et al., 2019; Lopez et al., 1998). Indeed, studies have consistently shown that individuals with attachment anxiety are most likely to seek help and are simultaneously most likely to acknowledge and disclose distress (Wadman et al., 2019; Vogel et al., 2004; Bartholomew & Horwitz, 1991; Lopez et al., 1998). At the same time, Vogel and Wei (2005) extend the literature by pointing to the key importance of self-disclosure, arguing that the willingness to acknowledge and communicate distress is equally as important as distress levels alone in mediating the relationship between attachment patterns and help-seeking, especially for students with attachment avoidance. This assertion is supported by findings by Wadman et al. (2019), which showed that higher levels of self-reported distress were associated with increased help-seeking intentions by students with attachment avoidance. However, earlier findings by Lopez et al. (1998) showed that higher levels of distress continued to be associated with decreased help seeking intentions among students with

attachment avoidance, suggesting that other factors may play a role for students with attachment avoidance.

Additional findings from the literature include a study by Shaffer et al. (2006) which sought to determine whether help seeking intentions among undergraduate students with psychological or interpersonal problems were mediated by individual perceptions of the risks and benefits of counseling, among students ($N= 821$) with insecure attachment. Specifically, the study examined the mediating effects of the perceived risks and benefits associated with self-disclosure, a key part of the counseling process, as measured by the Disclosure Expectations scale (Vogel & Wester, 2003). Self-disclosure has been defined as a process wherein individuals reveal private and personal information to a counselor, which may include thoughts, feelings, beliefs and attitudes and is an important part of the therapeutic relationship (Vogel & Wester, 2003).

Shaffer et al. (2006) conceptualized the decision to seek counseling as a cognitive decision-making process that includes actively weighing perceived risks and benefits. Findings indicated that cognitive process were involved in the decision to seek counseling for those with attachment avoidance, and perceptions of associated risks and benefits fully mediated the intention to seek counseling. Students with attachment avoidance consistently anticipated greater risks and fewer benefits associated with self-disclosure which were then associated with decreased intentions to seek counseling.

Students with attachment anxiety, on the other hand, perceived increased benefits as well as increased risks associated with the self-disclosure entailed in counseling. When more risks were perceived, students with attachment anxiety indicated decreased intentions to seek counseling, while the perception of increased

benefits was associated with an increased likelihood to seek counseling. Shaffer et al. (2006) posit that results are in line with attachment theory, in that anxiously attached students are likely to seek out counseling due to an increased outward reliance on others, and are therefore likely to perceive the benefits associated with seeking support. While individuals with attachment anxiety highly value the support of others, they also frequently worry that they may face rejection. Therefore, individuals with attachment anxiety may simultaneously experience anxiety that mental health professionals will not accept or approve of them (Shaffer et al., 2006). When students with anxious attachment perceived more risks than benefits, the risks outweighed the benefits and they were less likely to seek counseling.

Lastly, Shaffer et al. (2006) note that while cognitive processes fully mediated the relationship between attachment avoidance and the decision to seek counseling, cognitive processes only partially mediated the relationship between attachment anxiety and intentions to seek counseling, in the form of perceived risks and benefits. Due to the mixed results obtained for those with attachment anxiety, the authors propose that additional factors likely play a significant role in the decision to seek counseling for students with this form of insecure attachment. The authors suggest that in light of the increased outward focus of students with anxious attachment, the public stigma associated with the help seeking process may play an indirect but significant role, as stigma has been shown to be negatively associated with help seeking intentions (Wei et al., 2005; Vogel et al., 2005).

Finally, Turan and Erdur-Baker (2014) conducted a study to determine the relationship between internal working models and attitudes towards seeking counseling among a sample of university students (*N*= 589), uncovering important differences between male and female participants within the context of a Turkish

collectivist culture. Findings indicated that among male university students, a positive self-model (present in both secure and dismissive avoidant attachment styles) was predictive of more positive help seeking attitudes, while a negative self-model (present in preoccupied and fearful avoidant attachment styles) was associated with a negative help seeking attitudes. Interestingly, male university students' other-model was not found to have predictive value in determining help-seeking attitudes. For female university students the converse was true, in that a positive other-model was predictive of positive help seeking attitudes while a negative other-model was associated with negative help seeking attitudes. For female university students, associations between the self-model and attitudes towards seeking help were not evident.

Overall findings by Turan and Erdur-Baker (2014) indicated that for male and female university students, a secure attachment style was associated with positive attitudes towards help seeking. However, while attachment avoidance was associated with more positive help seeking attitudes among male students, attachment anxiety was associated with more positive help seeking attitudes among female students. Interestingly the other-model was found to have predictive value only among female students, while only the self-model was found to predict attitudes among male students. Therefore, for female university students, perceptions of others' as trustworthy and dependable was most significant, while for male students' perceptions of self-worth and competency were most significant when considering help-seeking.

In summary, three mediating variables have been found to play a role in the relationship between attachment styles and help-seeking, including reported levels of distress, perceived social support, and perceptions of the risks and benefits associated with disclosure. Higher levels of distress have consistently mediated the relationship

between attachment anxiety and increased levels of help-seeking. However, the association between levels of distress and help seeking is less clear for attachment avoidance, partly because decreased help seeking intentions have been evident even when distress levels are high (Lopez et al., 1998), and partly because avoidant attachment has been associated with the denial of distress, or a reluctance to disclose distress, as a result of deactivating strategies (Bowlby, 1980; Vogel & Wei., 2005; Dozier & Kobak, 1992; Shaffer et al., 2006). As such, individuals with attachment avoidance may not accurately report distress levels on direct measures, suggesting that comfort with self-disclosure may actually mediate the relationship between distress levels and help seeking. Finally, the perceived risks and benefits associated with self-disclosure in counseling was found to consistently mediate the relationship between attachment styles and help seeking, with the perception of more benefits associated with increased help seeking and the perception of more risks associated with decreased help seeking. However, while attachment avoidance was consistently linked to the perception of more risks and fewer benefits, students with attachment anxiety perceived counseling with more ambivalence, perceiving both risks and benefits (Shaffer et al., 2006).

The study of variables that mediate the relationship between attachment styles and help-seeking is valuable because, as stated by Vogel and Wei (2005), it is difficult to change a student's attachment dimensions. To increase our understanding of how attachment relates to help-seeking in a way that can inform the development of applicable intervention strategies, the role of mediating variables is key. It is far easier, for example, to develop interventions that support students in acknowledging and disclosing distress, than to change attachment patterns. Similarly, developing interventions that increase awareness of the benefits of counseling, while working to

discredit the perceived risks, is another practical approach. Overall, attachment avoidance has been found to be directly associated with decreased help seeking while attachment anxiety directly associated with increased help seeking, which are findings supported by attachment theory. However, the role of mediational mechanisms that indirectly link attachment patterns to help-seeking remain unclear, and are the key to successful intervention strategies.

The self-stigma of seeking help has been suggested as an additional variable that may mediate the relationship between attachment and help-seeking. Even in studies that did not directly investigate the role of stigma, it's relevancy to both attachment and help-seeking has been noted (Vogel & Wei., 2005; Turan and Erdur-Baker, 2014). In light of the mixed results found for students with attachment anxiety, Shaffer et al. (2006) argue that the role of self-stigma may be an additional variable particularly relevant to students with attachment anxiety, due to an increased outward focus on others and fears of rejection. Additionally, Turan and Erdur-Baker (2014) argue that the impact of attachment on help-seeking requires further examination within collectivistic cultures due to the emphasis of stigma as a cultural phenomenon in societies where collective consciousness and homogeneity are emphasized (Kim et al., 2004). Turan and Erdur-Baker (2014) note that within collectivistic culture, individuals may fear stigma for the collective self, in addition to the individual self, increasing its relevance. In conclusion, Turan and Erdur-Baker (2014) posit that investigations between attachment patterns, stigma and help-seeking are warranted and necessary because "the insecurity of attachment can potentially result in the insecurity of others' response" (p. 89).

Attachment and the Self-Stigma of Seeking Help

A number of studies have examined the relationship between attachment styles and the development of self-stigma with regard to help-seeking. Among the studies that have explored this relationship, a theory-based argument rooted in the attachment literature has been made by Cheng et al. (2015). Cheng et al. (2015) proposed that self-stigma may be a significant mediating variable between attachment styles and help-seeking intentions due to the coping methods associated with individual attachment styles. Individuals high in attachment anxiety display higher levels of outward reliance on others, value the approval of others and maintain fears of rejection or abandonment (Mikulincer et al., 2003). Therefore, attachment anxiety may be associated with an increased awareness of public stigma as well as an increased tendency to internalize stigma due to a negative self-model. At the same time, attachment avoidance is associated with increased self-reliance that stems from a negative internal working model of others, that underlies the perception of others as unreliable (Brennan et al., 1998; Mikulincer et al., 2003).

Cheng et al. (2015) posit that individuals high in attachment avoidance may therefore endorse the public stigma surrounding professional help seeking due to a high valuation of the self-sufficiency which is important to their self-concept, and as a result may be vulnerable to self-stigma. The hypothesis by Cheng et al. (2015) was only partially supported, and results indicated that among a sample of undergraduate students (N= 1,682), only attachment anxiety was associated with higher levels of self-stigma regarding help-seeking, which in turn was associated with weaker intentions to seek counseling. However additional studies, discussed below, have found evidence for the association between both avoidant and anxious attachment styles and increased levels of self-stigma of seeking help.

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Zhao et al. (2015) investigated the association between attachment styles and self-stigma for seeking help among a sample of high school students ($N= 115$), finding that a secure attachment style was associated with reduced levels of self-stigma. In comparison to securely attached participants, adolescents who presented with a preoccupied attachment style or a dismissive avoidant attachment style were more likely to indicate higher levels of self-stigma and to judge themselves for seeking help. The authors suggest that insecure attachment has been associated with higher levels of self-criticism, which would make students more likely to internalize public stigma, leading to negative self-evaluations (Blatt, 2004). Interestingly, findings indicated that participants with dismissive avoidant attachment, displayed the highest levels of self-stigma of seeking help, and as a result were least likely to seek counseling among participants. In similarity to Cheng et al. (2015), the authors suggest that for those with high attachment avoidance, seeking help is inconsistent with their desire for independence and self-reliance and at odds with their self-definition. As such, individuals with dismissive avoidant attachment may be more likely to experience self-stigma, as seeking help may pose a greater threat to their self-concept.

Nam and Lee (2015) investigated the mediators between stress and attitudes toward seeking professional help among a sample of undergraduate students ($N= 298$). Findings indicated that attachment styles and both public stigma and self-stigma acted as mediators, but that public stigma and self-stigma had different paths depending on attachment style. It was found that attachment anxiety was more strongly associated with public stigma, whereas attachment avoidance was more strongly associated with self-stigma. These results suggest the possibility that for individuals high in attachment anxiety, public stigma may be a more significant

mediator between experiential stress and help seeking intentions when compared to self-stigma. These findings are also similar to those by Zhao et al. (2015), and provide further support for the association between attachment avoidance and the development of self-stigma.

Finally, a qualitative study by Hill et al. (2012) explored attitudes about psychotherapy among a group of undergraduate students (*N*=12) and found that insecurely attached students expressed more concerns with both the public stigma and self-stigma of seeking help than securely attached students. Due to the qualitative nature of this study, results were not quantifiable and direct associations between specific attachment styles and self-stigma were not made. However, this qualitative study does add to the emerging body of research that points to an association between insecure attachment styles and the development of self-stigma with regard to seeking help.

Indirect support for the links between insecure attachment patterns and the self-stigma of seeking help can also be gleaned from the wider literature. Indeed, variables associated with insecure attachment patterns have also been found to be associated with the development of the self-stigma of seeking help. For instance, Jennings et al. (2015) found that increased levels of self-reliance are positively associated with the development of the self-stigma of seeking help. At the same time, self-reliance is recognized as a primary characteristic of individuals with attachment avoidance within attachment literature (Mikulincer & Shaver, 2019).

Social support has been found to protect against the development of the self-stigma of seeking help while a lack of social support has been linked with increased levels of the self-stigma of seeking help (Guarneri et al., 2019; Zhao et al., 2015). With regard to attachment insecurity, research has shown that both attachment

avoidance and attachment anxiety are associated with increased experiences of loneliness and a lack of perceived social support when compared to individuals with secure attachment (Benoit & DiTommaso, 2020; Adar et al., 2022).

A fear of self-disclosure has been identified as a prominent barrier to help seeking (Vogel et al., 2003) and indirect evidence suggests that an unwillingness to self-disclose may be both an outcome of the self-stigma of seeking help (Genc & Kara, 2020) as well as a factor that may facilitate its development (Corrigan, 2022; Smart et al., 2000). For individuals with attachment avoidance, a reluctance for emotional self-disclosure has been found within interpersonal relationship contexts (Mikulincer & Shaver, 2019) and has been identified as barrier to help seeking (Vogel & Wei, 2005). At the same time, students with attachment anxiety have been found to perceive more risks associated with self-disclosure when compared to students with secure attachment. Namely, attachment anxiety has been associated with increased awareness of the risks of interpersonal rejection as a result of self-disclosure in counseling (Shaffer et al., 2006).

Finally, diminished self-esteem has been identified as a fundamental consequence of the development of the self-stigma of seeking help (Corrigan, 2009; Vogel et al., 2006). At the same time, links between insecure attachment and lower levels of self-esteem have been made within the attachment literature (Goodall, 2015; Foster et al., 2007). Indeed, among a sample of emerging adults attending university (N= 209), securely attached students displayed the highest levels of self-esteem while students with insecure attachment displayed low levels of self-esteem (Passanisi et al., 2015).

In conclusion, both direct findings and indirect associations within the literature suggest that students with both attachment avoidance and attachment

anxiety may be more vulnerable to self-stigma. Arguments based on attachment theory suggest that for students with attachment avoidance, an increased sense of self-reliance that stems from a positive-self model and negative other-model, may predispose individuals to develop self-stigma when seeking help is at odds with their self-concept. For students with attachment anxiety, attachment theory suggests that an increased outward focus and fears of interpersonal rejection may lead to greater awareness of the public stigma of seeking help and an increased likelihood of internalizing the negative messages associated with public stigma.

Overall, the research suggests that the self-stigma of seeking help may be particularly relevant in understanding attachment patterns and their relationship to professional help-seeking. However, studies that have investigated the association between attachment and the self-stigma of seeking help directly have found mixed results, suggesting that further studies are necessary. Both Zhao et al. (2015) and Hill et al. (2012) found that insecure attachment is associated with higher levels of self-stigma, when compared to students with secure attachment. Zhao et al. (2015) found that both attachment anxiety and attachment avoidance were associated with higher levels of self-stigma, and attachment avoidance was associated with the highest levels. In contrast, Cheng et al. (2015) found that attachment anxiety was associated with the highest levels of the self-stigma of seeking help, while attachment avoidance was associated with low levels. Interestingly, Nam and Lee (2015) found that attachment anxiety was associated with public stigma and decreased help seeking intentions, while attachment avoidance was associated with self-stigma and decreased help seeking intentions. Indeed, inconsistent associations between attachment anxiety and attachment avoidance, and the self-stigma of seeking help have been found, suggesting further studies may be of value.

Study Aims

One of the most prominent psychological obstacles to seeking professional help among undergraduate students is the self-stigma of seeking help (Vogel et al., 2017). A growing body of literature suggests that attachment theory can provide a valuable lens through which the self- stigma of seeking help can be better understood, as insecure attachment styles have been linked with higher levels of self-stigma. As noted by Vogel et al. (2013), increasing our understanding of the factors that lead to the development of the self-stigma of seeking help is vital to support interventions that address stigma at the individual level, as well as the societal level. Interventions that address the self-stigma of seeking help are especially important to encourage the use of university counseling services among those who are in psychological distress, thus opening avenues towards improved well-being among students (Lannin et al, 2013). Awareness of the associations between insecure attachment and the development of self-stigma can help inform such interventions. Finally, this research can add to our knowledge of vulnerabilities associated with insecure attachment styles, which can help guide approaches in counseling.

The first aim of this quantitative study was to investigate the association between attachment styles and the self-stigma of seeking help among a sample of undergraduate students between the ages of 18-25 at an international university based in Athens, Greece. In light of earlier research, the current study aimed to test the hypothesis that a positive correlation would be found between levels of attachment avoidance and attachment anxiety respectively, and levels of self-stigma (Cheng et al., 2015; Zhao et al. 2015; Nam & Lee, 2013; Hill et al., 2012). A self-administered survey was used to collect ordinal data on levels of attachment anxiety and attachment

avoidance, and levels of the self-stigma of seeking help. This data was used to determine the relationship and strength of the association between variables.

Within Europe, Greece was found to be among countries associated with the highest percentage of untreated mental health concerns, and only 7% of the general population were found to have sought help for a psychological or emotional problem in the past 12 months (Hantzi et al, 2019). Among a sample of Greek university students, Efstathiou et al. (2019) found that the self-stigma of seeking help had a significant negative direct effect on attitudes towards help seeking. Additionally, levels of self-stigma and less favorable attitudes towards help seeking were found to be significant. Indeed, studies have shown that higher levels of both public stigma and the self-stigma of seeking help within collectivistic cultures have been found to impact help seeking intentions and behaviors (Yu et al., 2023). Therefore, the second aim of this study was to add to the current literature by investigating levels of the self-stigma of seeking help present within an undergraduate population based in Athens, Greece as a collectivist culture.

II. METHOD

Participants

Participants were recruited using a non-probability sampling method in the form of convenience sampling. Total participants included 37 currently enrolled emerging adults in the undergraduate population at the American College of Greece between the ages of 18 and 25.

Procedure

Quantitative data was collected via an anonymous and self-administered online survey (Appendix A) distributed by email among undergraduate students between the ages of 18-25 at the American College of Greece. Data collection occured over a 26-day period from January 25th, 2024 until February 19th, 2024. Participants were asked to provide informed consent (Appendix B) before filling out the survey. Additionally, approval for this study was granted by the Institutional Review Board at the American College of Greece (Appendix C), prior to the start of data collection. The survey briefly identified the constructs measured, and participants were informed that the study's purpose was to investigate the relationship between attachment styles and personal feelings towards seeking counseling. A hypothesis statement was not included in the survey, and a debriefing statement was not used.

Materials

Quantitative data was collected in the form of a close-ended self-designed survey instrument that merged items from two separate standardized scales pertaining to the self-stigma of seeking professional psychological help and attachment styles individually. The survey instrument included all ten items from the Self-Stigma of Seeking Help scale, SSOSH (Vogel et al., 2006) and all nine items from the

Experiences in Close Relationships-Relationship Structures Questionnaire, ECR-RS
(Fraley et al., 2011). Basic demographic questions were also included.

Self-Stigma of Seeking Help scale, SSOSH (Vogel et al., 2006).The SSOSH is
a self-administered scale that measures levels of the self-stigma of seeking help. Items
for the SSOSH are rated from 1 (totally disagree) to 5 (totally agree) on a 5-point
Likert scale. A sample item is "I would feel worse about myself if I could not solve
my own problems." A higher total score obtained for these items indicates higher
levels of the self-stigma of seeking help. However, items 2, 4, 5, 7, and 9 are reverse
scored.

Internal consistency for the SSOSH is .91 (n=583) and the test-retest reliability
in U.S. college samples has been found to be .72 (Vogel et al., 2006), indicating good
reliability. The SSOSH has good measurement validity and a unidimensional factor
solution that indicates measurement of a single construct (Vogel et al., 2006). The
SSOSH has additionally been found to have a single factor construct when tested
across cultures, including England, Greece, Taiwan, Israel, and Turkey, indicating
good construct validity when used internationally (Vogel et al., 2013). The internal
consistency from international samples as reported by Vogel et al. (2013) ranges from
.77 - .89.

Experiences in Close Relationships – Relationship Structures scale, ECR-RS
(Fraley et al., 2011). The ECR-RS is a self-report measure that is designed to assess
global attachment in close relationships in general. The ECR-RS provides continuous
measurement for the dimensions of attachment avoidance and attachment anxiety via
two respective subscales. Items are rated from 1 (Strongly disagree) to 7 (Strongly
agree) along a 7-point Likert scale. Higher scores for each subscale indicate higher
levels of avoidance and anxiety respectively.

Scores obtained on questions 1-6 refer to levels of attachment avoidance, with questions 1-4 reverse scored. For reverse scored items, the initial score is subtracted from 8 to calculate the final scores for those items. Finally, the sum of scores for items 1-6 are calculated and divided by 6, to arrive at the final score for avoidance. Sample items for the measurement of attachment avoidance include the statements "I don't feel comfortable opening up to others" and "I prefer not to show others how I feel deep down".

To obtain the final score for attachment anxiety using the ECR-RS, the sum of items 7-9 is calculated and divided by 3. Sample items from the attachment anxiety subscale include the statements "I often worry that other people do not really care for me" and "I'm afraid that other people may abandon me". To use the ECR-RS to ascertain attachment categories, final scores for attachment avoidance and attachment anxiety are plotted on the ECR-R/RS Dimensions Diagram (Fraley et al., 2011), shown in Appendix D. Using this diagram, attachment styles may be categorized as secure, preoccupied, dismissive avoidant and fearful avoidant.

The ECR-RS has a two-dimensional factor structure with a Cronbach's alfa coefficient of 0.75 for anxious attachment factor and 0.92 for avoidant attachment factor, indicating good reliability (Fraley et al., 2011). The ECR-RS was also found to have good construct validity when used as a measure of global attachment, indicating good psychometric properties overall (Hudson et al., 2015).

Design

This quantitative study used a correlational research design to investigate the relationship and strength of association between levels of attachment avoidance and attachment anxiety respectively, and levels of the self-stigma of seeking help among a sample of undergraduate students.

III. RESULTS

Data analysis revealed that the study's hypothesis statement was partially supported. It was hypothesized that the variables attachment anxiety and attachment avoidance would each display a positive correlation with the variable the self-stigma of seeking help. Results of the Pearson's Correlation Coefficient revealed that only attachment avoidance was positively correlated with the self-stigma of seeking help, showing a moderate strength of association $r(35) = .57$, $p < .001$. With regard to levels of self-stigma among participants in the sample, the mean score of the Self-Stigma of Seeking Help scale (Vogel et al., 2006) was 21.16 ($SD = 6.42$, variance = 41.2). The total score possible for this scale is 50, showing that average scores fall into the middle range. Descriptive statistics, tests of normality and inferential statistics were used for a complete analysis of the data, the findings of which are reported below.

Descriptive Statistics

Descriptive statistics were computed to obtain measures of frequency and measures of central tendency for the study sample. Measures of frequency are displayed in Table 1 for demographic variables. Among participants ($N = 37$) the mean age was 19.8 ($SD = 1.72$). For the Self-Stigma of Seeking Help scale (Vogel et al., 2006) variable, the mean score was 21.16 ($SD = 6.42$, variance = 41.2). The average score for attachment avoidance scale was 21.7 ($SD = 5.32$, variance = 28.3) and the average score for attachment anxiety scale was 13.7 ($SD = 4.64$, variance = 21.5). The mode of gender among participants was female ($f = 22$, 59.5%) and male participants comprised 37.8 % of the sample ($f = 14$). Non-binary participants comprised 2.7 % of the sample ($f = 1$).

The majority of participants were enrolled in an undergraduate psychology program of study ($f = 16$, 43%). Additional programs of study reported include Biomedical Sciences ($f = 2$, 5.4%), Communications ($f = 2$, 5.4%), Cyber Security ($f = 3$, 8.1%), Environmental Studies ($f = 1$, 2.7%), Finance ($f = 1$, 2.7%), Graphic Design ($f = 1$, 2.7%), Information Technology ($f = 2$, 5.4%), International Hospitality ($f = 3$, 8.1%), International Relations ($f = 2$, 5.4%), Shipping Management ($f = 1$, 2.7%), Sociology ($f = 2$, 5.4%), and Theatre Arts ($f = 1$, 2.7%). Programs of study among participants are visually displayed in Figure 1.

The majority of participants reported Greece as the country considered home ($f = 28$, 75.5 %). Other countries identified as home include Belgium ($f = 1$, 2.7%), Egypt ($f = 1$, 2.7%), England ($f = 1$, 2.7%), India ($f = 1$, 2.7%), Kuwait ($f = 1$, 2.7%), Sierra Leone ($f = 2$, 5.4%), Switzerland ($f = 1$, 2.7%), and the USA ($f = 1$, 2.7%). Countries identified as home by participants are visually represented in Figure 2. Participants were asked to report the country they most considered home to ascertain whether participants identified most with collectivist cultural ideals or individualist cultural ideals. Among countries reported, only four countries represented individualist culture (10.8%) including the USA, Switzerland, Belgium and England. The remaining participants reported feeling most at home in countries associated with collectivist culture ($n = 33$, 89.2%).

Measures of frequency were also computed for attachment styles based on scores from the Experiences in Close Relationships-Relationship Structures scale (Fraley et al., 2011). Results indicated that the majority of participants fall into the category of preoccupied attachment ($f = 16$, 43.2%). A total of 4 participants fall in the category of dismissive avoidant (10.8%) and a total of 6 participants were scored as fearful avoidant (16.2%). Among participants, the majority of students were found

to have insecure attachment styles ($f = 26$, 70%) compared to participants falling into the securely attached category ($f = 11$, 29%). Measures of frequency for attachment styles found among participants are displayed in Table 2. Measures of frequency for each attachment category are also displayed visually, via a bar graph (Figure 3).

Inferential Statistics

A Shapiro-Wilks Test was computed to determine if the data met assumptions for normal distribution, since the sample size was small ($N = 37$). Findings indicated that data collected for the variables of attachment avoidance ($W = 0.97$, $p = .418$), attachment anxiety ($W = 0.95$, $p = .161$) and the self-stigma of seeking help ($W = 0.96$, $p = .197$) did not significantly deviate from normal distribution. The obtained significance levels ($p > 0.05$) result in failure to reject the null hypothesis that the population is normally distributed. As data normality was ascertained, further analyses were able to be carried out using parametric testing.

An independent t-test was computed to determine if there was a significant difference in levels of the self-stigma of seeking help reported among males and females. Findings indicated that there was no statistically significant difference between males ($M = 22.7$, SD 6.0) and females ($M = 20.3$, $SD = 6.64$) for levels of the self-stigma of seeking help, $t(34) = 1.10$, $p = .346$. Descriptive statistics for scores of the SSOSH scale (Vogel et al., 2006) among males and females are displayed in Table 3.

An independent t-test was also computed to determine if there was a significant difference in levels of the self-stigma of seeking help among participants from collectivistic countries and participants from individualistic cultures. Findings indicated that there was no statistically significant difference between participants from an individualistic culture ($M = 23.0$, $SD = 6.48$) and participants from

collectivistic cultures ($M = 20.9$, $SD = 6.48$) with regard to levels of the self-stigma of seeking help, $t(35) = .60$, $p = .633$. Descriptive statistics for the differential scores of the SSOSH (Vogel et al., 2006) among participants from individualist and collectivist cultures are displayed in Table 4.

A large percentage of participants reported psychology as their degree program of study ($f = 16$, 43%). It was reasoned that such students would have more familiarity with the counseling process, as well as more knowledge of associated benefits. Therefore, an independent t-test was carried out to determine if there was a significant difference in levels of self-stigma between participants enrolled in an undergraduate psychology program and participants enrolled in other undergraduate programs. Findings indicated that there was no significant difference between psychology students ($n = 16$, $M = 19.6$) and students from other degree programs of study ($n = 21$, $M = 22.3$) with regard to levels of self-stigma $t(35) = -1.28$, $p = .466$.

Finally, an independent t-test was computed to assess levels of the self-stigma of seeking help among securely attached students and insecurely attached students. The results revealed that there was no significant difference between securely attached participants ($n = 11$, $M = 20.36$) and participants with attachment insecurity ($n = 26$, $M = 21.50$) with regard to levels of the self-stigma of seeking help $t(35) = -.4$, $p = .440$. A comparison of means was also computed for individual attachment styles and scores on the Self-Stigma of Seeking Help scale (Vogel et al., 2006). Results indicated that individuals with secure attachment ($M = 20.36$, $SD = 6.8$) and preoccupied attachment ($M = 20.37$, $SD = 7.0$) had the lowest scores. Participants with a fearful avoidant attachment style had a mean score of 21.33 ($SD = 6.4$). Interestingly, participants with a dismissive avoidant attachment style showed the highest scores of self-stigma ($M = 26.25$, $SD = 6.4$). Descriptive statistics for SSOSH

(Vogel et al., 2013) scores among attachment categories are displayed in Table 5. To assess the differences in mean scores of self-stigma among attachment categories a one-way ANOVA was computed. Results showed that there was no statistically significant difference between groups $F(3,33) = 0.97$, $p = .417$. The mean scores of self-stigma among attachment categories are visually displayed via a bar graph in Figure 4.

Linear Relationships: Pearson Correlation Coefficient and Linear Regression

A Pearson Correlation Coefficient was computed to assess the linear relationship between levels of attachment avoidance and levels of the self-stigma of seeking help (Figure 5). Findings indicated a significant positive correlation between the two variables, with a moderate strength of association $r(35) = .57$, $p < .001$. A Pearson Correlation Coefficient was also computed to assess the linear relationship between levels of attachment anxiety and levels of the self-stigma of seeking help (Figure 6). The results indicated that the relationship between levels of attachment anxiety and levels of the self-stigma of seeking help was not significant $r(35) = -.14$, $p = .387$. In other words, attachment anxiety revealed a very weak negative association with the self-stigma of seeking help that failed to be statistically significant. Indeed, inspection of a scatterplot for attachment anxiety and the self-stigma of seeking help visually displays a non-linear relationship between variables (Figure 7). Descriptive statistics and correlations for all study variables are displayed in Table 6.

Since a positive linear relationship was found to exist between attachment avoidance and the self-stigma of seeking help, a linear regression analysis was calculated to evaluate the extent to which levels of attachment avoidance could predict levels of the self-stigma of seeking help (Figure 8). Before the linear

regression was carried out, data was confirmed to meet all necessary assumptions.

The Durbin-Watson statistic was used to confirm independence of observations and

the data was found to meet the assumption of independent errors (Durbin-Watson

value = 1.49). Data was found to contain normally distributed errors as displayed by

the normal P-P plot of standardized residuals. The data was found to meet the

assumption of non-zero variance (Attachment avoidance, variance = 28.36; The self-

stigma of seeking help, variance = 41.25). An analysis of standard residuals was

computed, showing that the data contained no outliers (Std. Residual Min= - 1.56,

Std. Residual Max = 2.19). Finally, a scatterplot of standardized residuals showed that

the data met assumptions of homogeneity of variance and linearity.

A linear regression was therefore carried out to compute the predictive value

of attachment avoidance (t= 4.11, $p < .001$) in determining levels of the self-stigma of

seeking help. The fitted regression model was attachment avoidance = 6.19 + .68 (The

self-stigma of seeking help). A statistically significant regression was found $R^2 = .32$,

$F (1, 35) = 16.96$, $p < .001$. The R^2 was .32, indicating that levels of attachment

avoidance explained approximately 32% of the variance of the self-stigma of seeking

help, thus the regression analysis revealed a large effect size that was statistically

significant ($R^2 = .32$, $p < .001$). Results from the regression analysis indicate that each

1-point increase in the level of attachment avoidance predicted an approximate

increase of .47 points in the self-stigma of seeking help score. Levels of attachment

avoidance were found to significantly predict levels of the self-stigma of seeking help

(ß = .57, $p < .001$). Confidence intervals indicated that it is 95% certain that the slope

to predict the self-stigma of seeking help from attachment avoidance is between - .34

and 1.02. Finally, a scatterplot with a line of best fit was also inspected and a linear

trend was observed (Figure 9).

IV. DISSCUSSION

The current study was undertaken to ascertain if findings would support the hypothesis that dimensional measures of attachment anxiety and attachment avoidance would each display a positive correlation with levels of the self-stigma of seeking help, as measured by the ECRS-RS (Fraley et al., 2011) and SSOSH (Vogel et al., 2006) respectively. This hypothesis was partially supported by study findings, which showed a positive correlation between attachment avoidance and the self-stigma of seeking help, with a moderate strength of association. The results of a regression analysis also showed that levels of attachment avoidance displayed some predictive utility, such that within the current sample levels of attachment avoidance acted as a predictor variable that explained levels of the self-stigma of seeking help. It was hypothesized that attachment anxiety would also show a positive correlation, since increased levels of both attachment anxiety and attachment avoidance have been associated with increased levels of self-stigma in the literature (Zhao et al., 2013, Cheng et al., 2015; Nam & Lee, 2015). However, levels of attachment anxiety displayed a very weak negative correlation with levels of self-stigma that failed to be statistically significant.

Students that were categorized as having dismissive avoidant attachment style based on scores of the ECR-RS (Fraley et al., 2011) were found to have the highest average scores for the self-stigma of seeking help. The dismissive avoidant attachment style is characterized by high levels of avoidance and low levels of anxiety, showing that higher levels of attachment avoidance were associated with higher levels of self-stigma. Students that were categorized with a fearful avoidant attachment style showed comparatively lower levels of self-stigma, as did students with preoccupied and secure attachment styles. It is important to note that while a

fearful avoidant attachment style is characterized by high levels of attachment avoidance, this attachment style is also characterized by high levels of anxiety (Brennan et al., 1998). These results suggest the possibility that higher levels of attachment avoidance result in higher scores of self-stigma only when anxiety levels are simultaneously lower, such that avoidance is the dominant characteristic. However, differences between the average scores of self-stigma among attachment categories were not found to be statistically significant, suggesting that conclusions should not be drawn from these results. Rather, significance is given to the finding that levels of attachment avoidance, as hypothesized, were found to be positively correlated with levels of the self-stigma of seeking help.

The results of this study support earlier research that found an association between higher levels of attachment avoidance and increased levels of the self-stigma of seeking help. Zhao et al. (2015) found that the self-stigma of seeking help was highest among participants with higher levels of attachment avoidance. In addition, Nam and Lee (2015) found that attachment avoidance had a direct association with the self-stigma of seeking help. Within the current study, a moderate positive association between attachment avoidance and the self-stigma of seeking help suggests that when attachment avoidance levels are low, self-stigma levels tend to also be lower, while increases in the level of attachment avoidance tend to correspond with increased levels of self-stigma. These findings seem to suggest that a direct association between attachment avoidance and the self-stigma of seeking help may exist, supporting earlier findings by Nam and Lee (2015).

The current study found a positive correlation between attachment avoidance and the self-stigma of seeking help, while no correlation was found for attachment anxiety and self-stigma. To better understand the theoretical implications behind these

findings, the characteristics of attachment avoidance were considered. As proposed by Cheng et al. (2015), attachment avoidance is associated with increased levels of self-sufficiency, which may explain negative perceptions of seeking help and increased levels of self-stigma. Overall, attachment avoidance is associated with reduced help seeking intentions and behaviors in the literature, which may reflect more negative views of help seeking in general (Wadman et al., 2019; Vogel & Wei, 2015; Shaffer et al., 2006). Indeed, when attachment avoidance is high, turning to others for help in times of need is viewed negatively due to the belief that others are unequipped, unreliable or unwilling to help due to a negative other-model (Mikulincer & Shaver, 2023). Additionally, higher levels of attachment avoidance are associated with cognitive distancing and emotional disengagement when faced with distress, such that levels of perceived distress remain relatively lower across time (Mikulincer & Shaver, 2019). Indeed, a recent study found that among students with attachment avoidance, counseling was less likely to be perceived as valuable or helpful unless high levels of distress were also reported (Wadman et al., 2019).

Higher levels of attachment avoidance may therefore be associated with increased levels of agreement when faced with publicly held stereotypes or negative attitudes surrounding professional mental health help seeking (Link, 1987). In other words, levels of attachment avoidance may determine the extent to which students engage in self-concurrence, or apply negative stereotypes to themselves. This may be the case since attachment avoidance is linked with negative evaluations of outward help seeking due to a high valuation of self-sufficiency. At the same time, as the result of lower levels of distress and decreased tendency to acknowledge and disclose distress in response to interpersonal problems, counseling is less likely to be perceived as valuable (Genc & Kara, 2021). As a result, students with higher levels of

attachment avoidance may experience higher levels of agreement with negative public evaluations of help seeking (Shaffer et al., 2006; Mikulincer & Shaver, 2019).

Self-concurrence, or the internalization of publicly held stereotypes surrounding help-seeking, leads individuals to label-themselves as unacceptable were they to seek counseling (Lannin et al., 2013). This may be especially true for students with higher levels of attachment avoidance, since avoidance has been linked with lower levels of self-concept clarity (Emery et al., 2018; Wu, 2009). The self-concept is defined as the clarity or cohesiveness with which individuals perceive themselves, and includes features such as personal beliefs, traits and goals (Campbell, 1990). Self-concept clarity also refers to the extent to which these self-perceptions remain stable over time. The self-stigma of seeking help has been found to diminish individuals' self-concept, and leads to negative self-perceptions as the result of self-labeling (Lannin et al., 2013). It may therefore be possible to suggest that decreased self-concept clarity experienced by students with higher levels of attachment avoidance leads to vulnerability for the development of self-stigma. Since individuals have been found to avoid professional help seeking in order to protect their positive self-concept (Lannin et al., 2013), it may be possible to assert that help-seeking may be perceived as a greater threat to one's positive self-image when there is a lack of self-concept stability.

Specific factors have been found to be associated with the development of the self-stigma of seeking help. These factors include levels of social support (Zhao et al., 2015), willingness to self-disclose (Corrigan, 2022; Genc & Kara, 2020; Smart et al., 2000), and levels of self-reliance (Jennings et al., 2015). Self-reliance has been defined as the sentiment that one is capable of handling difficulties and obstacles independently, and has been associated with higher levels of the self-stigma of

seeking help among students (Jennings et al., 2015). Additionally, increased levels of self-reliance have been identified as a prominent barrier to professional help seeking that disproportionally affects undergraduate students (Ebert et al., 2019). This finding is unsurprising given that emerging adulthood is characterized by incresed feelings of independence and lower levels of dependence on others (Arnett, 2020). Since self-reliance and self-sufficiency are characteristics of individuals with higher levels of attachment avoidance (Mikulincer & Shaver, 2023), it may be suggested that increased levels of self-reliance may partially explain the moderate association with self-stigma found in the current study.

Higher levels of attachment avoidance have been associated with lower levels of social support among university students (Adar et al., 2022; Benoit & DiTommaso, 2020; Mallinckrodt & Wei, 2005). At the same time, studies have shown that close relationships with peers and belonging to social groups may act as a protective factor against the development of self-stigma, and a lack of social support may contribute to the development of self-stigma of seeking help (Guarneri et al., 2019; Zhao et al., 2015). Therefore, if aspects of social support are considered, it is possible to suggest that the moderate association between levels of attachment avoidance and the self-stigma of seeking help found in the current study may partially be explained by levels of social support.

Finally, attachment avoidance has been associated with a decreased willingness for self-disclosure. Self-disclosure has been defined as the "process by which persons let themselves be known to others" (Mikulincer & Nachshon, 1991, p. 322) and includes feelings, thoughts, dispositions and states of being and may include past experiences and future plans. Within interpersonal relationships, attachment avoidance has been associated with lower levels of emotional disclosure (Mikulincer

& Shaver, 2023). In a study by Shaffer et al. (2006) students with higher levels of attachment avoidance consistently perceived more risks in association with the self-disclosure entailed in the counseling process. In a study by Garrison et al. (2014), levels of attachment avoidance among undergraduate students ($N = 116$) were negatively associated with self-disclosure. In other words, undergraduate students with higher levels of attachment avoidance were least likely to disclose their distress with other individuals, as measured by the Distress Disclosure Index (Kahn & Hessling, 2001). Interestingly, studies have also shown that a fear of self-disclosure is negatively associated with help-seeking intentions among university students (Vogel at al., 2003). Additionally, levels of comfort with self-disclosure have been found to determine the extent to which individuals perceive counseling as valuable and helpful (Genc & Kara, 2021). Finally, studies have shown that decreased levels of self-disclosure have been associated with the development of self-stigma (Corrigan, 2022; Smart & Wegner, 2000).

It is possible to suggest that attitudes towards self-disclosure may play a role in the moderate strength of association between attachment avoidance and the self-stigma of seeking help found in the current study. Higher levels of attachment avoidance result from early experiences with caregivers that are characterized by emotional rejection, such that intimate interactions with others which may include emotional disclosure or care-seeking are anticipated as painful, and as a result distance and self-reliance are maintained as a protective strategy (Mikulincer & Shaver, 2023; Mikulincer & Nachshon, 1991). Since individuals with higher level of attachment avoidance commonly utilize deactivating strategies that result in expressive suppression, they subsequently engage in lower levels of self-disclosure and are more likely to perceive self-disclosure negatively (Mikulincer & Shaver,

2019; Garrison et al., 2014; Shaffer et al., 2006). Notably, lower levels of self-disclosure have been associated with increased levels of shame and the development of self-stigma (Corrigan, 2022; Smart & Wegner, 2000). Since negative attitudes towards self-disclosure have been associated with both attachment avoidance and the development of self-stigma, this factor may partially explain the relationship between attachment avoidance and the self-stigma of seeking help found in the current study.

The current study found a positive correlation between attachment avoidance and the self-stigma of seeking help, while no correlation was found for attachment anxiety and self-stigma. These results were unexpected, since increased levels of attachment anxiety have been associated with increased levels of the self-stigma of seeking help in previous studies (Cheng et al., 2015; Zhao et al., 2015). Theory based arguments for the association between attachment anxiety and the self-stigma of seeking help have been made in the literature. It has been suggested that as result of an increased outward focus and fears of social rejection, levels of attachment anxiety may predispose individuals to the development of self-stigma (Cheng et al., 2015). In other words, levels of attachment anxiety may determine the extent to which individuals value publicly held views, and the extent to which these views are internalized and self-labels are applied. Indeed, attachment anxiety has been associated with the highest levels of self-criticism among attachment styles (Rogier et al., 2023), and higher levels of attachment anxiety are characterized by a negative internal working model of the self.

There are two possible reasons the current study did not find a correlation between attachment anxiety and the self-stigma of seeking help. Attachment anxiety is associated with increased levels of experiential distress due to hyperactivating strategies and rumination (Mikulincer & Shaver, 2019). This attachment dimension is

also associated with an increased outward reliance and the tendency to view others as more equipped to help than they would be independently. As such, hyperactivating strategies and increased levels of experiential distress and self-disclosure serve to achieve proximity to helpful others both within interpersonal contexts, and in terms of professional help seeking (Mikulincer et al., 2002; Mikulincer & Shaver, 2019). Indeed, higher levels of attachment anxiety have been associated with increased levels of professional help seeking along-side higher levels of distress and self-disclosure when compared to attachment avoidance (Wadman et al., 2019; Vogel & Wei, 2005; Lopez et al., 1998). It may therefore be possible to assert that the desire to reduce distress by seeking assistance from helping professionals may override fears of rejection. Additionally, students with high levels of attachment anxiety have a positive working model of others, suggesting that perceptions of helping professionals as trustworthy and reliable may act as a buffer against negative public stereotypes associated with receiving counseling services (Turan & Erdur-Baker, 2014).

Since attachment anxiety is associated with increased comfort with self-disclosure (Vogel & Wei, 2005; Mikulincer et al., 2002) and relatively low levels of self-reliance (Mikulincer & Shaver, 2019), these factors may indirectly protect against the internalization of stigma. This may be true since the converse has been found for attachment avoidance, which is associated with higher levels of self-reliance and lower levels of self-disclosure. It may therefore be possible to suggest that key differences in levels of self-reliance and self-disclosure may partially account for the correlation found between attachment avoidance and self-stigma, as well as the lack of correlation found between attachment anxiety and self-stigma.

Aspects of culture may also play a role in the lack of correlation found between attachment anxiety and self-stigma in the current study. Notably, studies that

found a positive correlation between attachment anxiety and the self-stigma of seeking help were conducted in the United States, a culture defined by individualist ideals (Cheng et al., 2015; Zhao et al., 2015). In contrast, a study that was conducted among a sample of South Korean university students (*N*= 301) found no association between attachment anxiety and the self-stigma of seeking help. Instead, attachment anxiety was strongly associated with public stigma, rather than self-stigma, among participants from a collectivist culture. Within the current study, the majority of participants identified Greece as the country most considered home (75.5 %), a country strongly associated with collectivist cultural ideals (Hantzi et al., 2019). Among participants in the current sample, a total of 33 students (89.2 %) were from countries with a collectivist majority culture.

These findings suggest the possibility that attachment anxiety may be more strongly associated with the public stigma of seeking help within cultures defined by collectivist ideals. Public stigma is the awareness of negative stereotypes and labels surrounding help-seeking held by society. Within collectivist societies individuals value conformity to group norms, and these group norms tend to consist of more clearly defined ideals regarding appropriate and inappropriate behaviors (Papadopoulos et al., 2013). Additionally, individuals are more interdependent and the needs of the group are often emphasized above the needs of the individual (Shin et al., 2013). Therefore, personal decisions made by individuals may reflect not only on the individual, but also on their families and other groups of belonging. As such, individuals within collectivist cultures may consider widely held societal views with more importance, and group norms may play a larger role in the decision-making process and perceptions of help seeking. Indeed, individuals within collectivist cultures have been found to perceive higher levels of public stigma in association with

professional help seeking (Yu et al., 2023; Shea & Yeh, 2008). Since attachment anxiety is associated with an increased outward focus and worries regarding interpersonal rejection, these characteristics may lead to a heightened awareness of public stigma within collectivist cultures, such that attachment anxiety is associated with public stigma more so than self-stigma.

It has been argued that collectivism may be associated with increased levels of the self-stigma of seeking help, due to increased awareness and consideration of public stigma (Soheilian & Inman, 2009; Bismar & Wang, 2021; Yu et al., 2023). However, the current study did not find this to be the case for students with higher levels of attachment anxiety, which showed no correlation with self-stigma. Consideration of earlier studies suggests that within collectivist cultures attachment anxiety may be more strongly associated with perceptions of public stigma, yet it is impossible to make this assessment without having measured perceptions of public stigma within the current sample, and future studies would be necessary to determine this relationship.

A secondary aim of the current study was to investigate levels of the self-stigma of seeking help among a sample of undergraduates in Athens, Greece. Results showed that levels of self-stigma were comparable, although lower, than previous study findings in Greece. A Study by Hantzi et al. (2019) found that within a sample of adults from the general population in Athens, Greece ($N = 119$) levels of the self-stigma of seeking help as measured by the SSOSH (Vogel et al., 2006) were moderately high ($M = 27.2$, $SD = 1.02$). A study by Efstathiou et al. (2019) found that among a sample of undergraduate students at a Greek public university ($N = 1,381$), levels of the self-stigma of seeking helps were also moderately high. Among male students ($M = 27$, $SD = 6.16$) the mean level of self-stigma was slightly higher than the

mean level found among female students (M= 25, SD= 5.76). Within the current study, levels of the self-stigma of seeking help were comparatively lower, and the mean score among participants was found to be 21.16 (SD = 6.42).

The noticeable difference between scores of self-stigma in the current study and those found within previous studies in Athens, Greece may be a subtle reflection of differences in diversity. Interestingly, diversity has been associated with lower levels of self-stigma, since the acceptance of diversity and cultural complexity is linked with more tolerance for departures from social norms (Papadopoulos et al., 2013). Previous studies investigated levels of the self-stigma of seeking help among a sample of the general population, and among a sample of undergraduate students from a public university in Athens, Greece (Hantzi et al., 2019; Efstathiou et al., 2019). The sample for the present study was comprised of English-speaking students each attending an international American university in Athens, Greece. As an international university, students enrolled come from a variety of multicultural backgrounds, contributing to a campus culture defined by more diversity. Therefore, increased levels of on-campus diversity and multiculturalism may also play a role in the lower levels of self-stigma found in the current sample.

Limitations

Numerous limitations can be found within the current study. Due to the use of non-probability convenience sampling, findings of the current study cannot be generalized to the general population. The study was also limited by an insufficient sample size (N= 37), which did not include enough participants to be a true reflection of the undergraduate population. Within the relatively small sample, a majority of students (43%) were enrolled in an undergraduate psychology degree program of study, reflecting a lack of variability with regard to study programs. In addition, the

majority of participants were female ($f = 22$, 59.5%) and male students comprised only 37.8 % of the sample ($f= 14$). Overall, data analyses were limited by the relatively small sample size, and it is unknown to what extent the sample size affected study findings. For instance, within the sample only four participants were categorized as dismissive avoidant using the ECR-RS (Fraley et al., 2011). As a result, further data analyses used to assess differences in scores of the SSOSH (Vogel et al., 2006) among attachment categories did not display statistical significance. Additionally, the use of a correlational study design means that assumptions cannot be made about causation in the current study.

The self-stigma of seeking help is an important barrier to help seeking, and is considered a key variable to better understand the underutilization of counseling services among undergraduate populations (Vogel et al., 2017; Link et al., 2015). However, the survey instrument within the current study did not include an item to directly measure student intentions to seek counseling. Additionally, participants were not required to indicate whether they were currently receiving counseling services. Therefore, associations between the self-stigma of seeking help and help seeking intentions and behaviors could not be made. The decision to exclude survey items related to help-seeking intentions or service use was made in order to limit the amount of personal information asked of participants, to encourage participation. As a result, the current study does not add to the existing literature that finds a direct negative association between levels of the self-stigma of seeking help and help seeking intentions (Vogel et al., 2017; Vogel et al., 2013).

The aims of the current study were to investigate the correlation between the dimensions of attachment anxiety and attachment avoidance with the self-stigma of seeking-help. It was reasoned that understanding the ways in attachment dimensions

are associated with the self-stigma of seeking help can help inform interventions aimed at reducing self-stigma. However, individual attachment patterns are enduring in nature and tend to remain stable throughout the life-span (Ahmed & Brumbaugh, 2014). As such, attachment patterns themselves cannot be the focus of interventions strategies. Rather, variables that mediate the relationship between attachment dimensions and the self-stigma of seeking help can be used to help inform practically applicable intervention strategies (Shaffer et al., 2006).

The results of the current study can be used to hypothesize that factors such as social support, self-disclosure and levels of self-reliance may play a role as mediating variables in the relationship between attachment dimensions and the self-stigma of seeking help, and can help inform future studies. However, within the current study mediating variables were not included, and as such conclusions cannot be drawn regarding the role played by these factors. Therefore, the current study cannot contribute to the development of intervention strategies with certainty, and can only offer possible approaches to intervention, that require confirmation through further research.

The consideration of current research and recent findings within the literature is important to inform study approaches as well as the interpretation of findings. With regard to the present study, recent studies were not always available or located within the literature, and at times dated literature was relied upon to interpret findings. It is unknown to what extent this has affected the current study, and it is possible that at times the literature used may not reflect the most recent findings to date. This may present a possible limitation to the curent study.

Self-report measures for the assessment of attachment dimensions have been described as unreliable, since aspects of attachment may be "inaccessible to conscious

awareness, and therefore cannot be assessed by self-report measures" (Bartholomew & Shaver, 1998, p. 29). Since self-report measures require individuals to consciously assess feelings and behaviors, they may not accurately reflect core attachment dimensions. It has been suggested that attachment interviews, such as the Adult Attachment Interview- AAI (George et al., 1985), are a more accurate method of assessing attachment dimensions (Jacobvitz et al., 2002). The survey for the current study included items from the Experiences in Close Relationships- Relationship Structures scale (Fraley et al., 2011), and possible limitations due to the use of self-report measures are noted.

Future Research

Directions for future research might include the assessment of mediating or moderating variables in the relationship between attachment dimensions and the self-stigma of seeking help. As noted by the current study, these variables might include levels of social support, levels of self-disclosure and levels of self-reliance, which have been found in association with the development of self-stigma as well as higher levels of attachment avoidance (Smart et al., 2000; Mallinckrodt & Wei, 2005; Genc & Kara, 2020; Guarneri et al., 2019; Zhao et al., 2015; Jennings et al., 2015; Mikulincer & Shaver, 2023; Adar et al., 2022). Deciphering which, if any, of these variables moderates or mediates the association between attachment dimensions and the self-stigma of seeking help can inform intervention strategies that reduce the impact and prevalence of self-stigma.

The impact of cultural collectivism or individualism on the development of the self-stigma of seeking help is valuable in understanding the ways in which interventions can reduce self-stigma within different cultures. As such, future studies may continue to include demographic items relating to culture. In addition, future

studies could include scale items that measure perceptions of the public stigma of seeking help in addition to the self-stigma stigma of seeking help. This would allow future studies to determine if attachment dimensions are differentially associated with public stigma or self-stigma in different cultural contexts. In addition, this would allow future studies to measure the strength of association between levels of public stigma and the development of self-stigma in different cultural contexts. Perceptions of the public stigma of seeking help may be investigated, for example, using the Stigma Scale for Receiving Psychological Help- SSRPH (Komiya et al., 2000).

The current study included a culturally diverse sample, and among participants nine different cultural backgrounds were represented. Results showed that 24.32% of participants were currently living abroad, and countries that were considered home outside of Greece included Belgium, Egypt, England, India, Kuwait, Sierra Leone, Switzerland and the USA. These results highlight that many students attend higher education abroad, and future research may investigate the ways in which help-seeking intentions and behaviors differ when at home versus when away from home. In addition, the ways in which these differences impact the self-stigma of seeking help may be investigated.

Finally, the majority of studies that investigate the stigma surrounding help seeking help measure perceptions of widely held public stigma within society or the development of internalized or self-stigma. Alternatively, studies may utilize the Perceptions of Stigmatization by Others for Seeking Help – PSOSH (Vogel et al., 2009) scale, which measures perceptions of stigma that are present within individuals' own social network. During emerging adulthood, individuals increasingly rely on their peers for attachment needs and there is an increased emphasis on peer relationships (Ahmed & Brumbaugh, 2014). Therefore, levels of stigma within

personal peer networks may be especially relevant in understanding the association between attachment dimensions and the development of the self-stigma of seeking help among undergraduate students. Use of the PSOSH (Vogel et al., 2009) would also allow researchers to determine if the development of internalized stigma is more strongly associated with perceptions of the public stigma present within society or stigma within one's own social network.

Implications for Interventions

When students develop the self-stigma of seeking help, they experience reductions in their self-esteem, and their self-concept is negatively impacted by feelings of shame and self-blame (Efstathiou et al., 2019; Tucker et al., 2013; Vogel et al., 2006). Overall, the negative impact of the self-stigma of seeking help leads many students to avoid seeking help, and as such the self-stigma of seeking help acts as a barrier that prevents many students from utilizing counseling services when needed (Vogel et al., 2017). However, the impacts of self-stigma endure even once counseling has been initiated, and negatively impact treatment adherence (Wade et al., 2011). As the result of the self-stigma of seeking help, students may either avoid seeking help, or in the process of receiving counseling may experience lower levels of self-esteem, a loss of self-efficacy and negative perceptions of the self-due to self-stigma's impact on their self-concept.

The present study found a moderate positive correlation between the dimension of attachment avoidance and levels of the self-stigma of seeking help. As such, attachment theory as well as findings associated with attachment avoidance in the literature, can help inform intervention strategies. These intervention strategies may focus on reducing the self-stigma experienced by students on a broader scale,

through campus-wide campaigns, or may include approaches to counseling that directly respond to the self-stigmatization experienced by clients.

Narrative therapy has been used as a successful intervention strategy for individuals that are impacted by the self-stigma of mental illness (Yanos et al., 2015; Kondrat & Teater, 2009). Narrative therapy is based on the theory of empowerment, and seeks to increase clients' self-esteem, self-determination and self-efficacy. As such, narrative therapy seeks to reduce the effects of self-stigma and support a positive self-concept (Kondrat & Teater, 2009). Narrative therapy utilizes therapeutic techniques that help clients develop more positive interpretations of their lives and experiences, and challenges the self-narratives that lead to self-stigma. It is possible to suggest that narrative therapy may be equally valuable in addressing the self-stigma associated with help seeking. Additionally, attachment avoidance has been associated with lower levels of self-concept clarity (Emery et al., 2018; Wu, 2009), suggesting that intervention strategies that encourage and support a positive self-concept within the counseling process and specifically address self-stigmatizing narratives may be valuable.

The perception of risks related to self-disclosure has been found to have a direct association with levels of the self-stigma of seeking help (Vogel et al., 2006). In addition, students with higher levels of attachment avoidance have been found to perceive more risks associated with the self-disclosure in counseling (Shaffer et al., 2006). Therefore, widespread on-campus interventions that work to discredit perceived risks of self-disclosure may help reduce levels of the self-stigma of seeking help experienced by students (Shaffer et al., 2006). Such campaigns might, for example, promote the benefits of counseling, emphasize the reliability and

trustworthiness of mental health professionals and help normalize self-disclosure and the therapeutic process.

Levels of self-reliance have been found to have a direct association with levels of the self-stigma of seeking help (Jennings et al., 2015). Self-reliance is the belief or conviction that individuals should be able to find solutions for their problems independently and without relying on outside support (Beukema et al., 2022). This belief is also common among individuals with higher levels of attachment avoidance, as delineated by attachment theory (Mikulincer & Shaver, 2023; Bowlby, 1988). Campus wide interventions can therefore work to change public perceptions and narratives surrounding counseling and discredit the belief that self-reliance is necessary or expected from students when experiencing interpersonal problems or psychological distress. Campus wide campaigns may, for example, introduce the idea that seeking counseling does mean relying on others to 'fix' interpersonal or emotional problems, but is rather an opportunity develop the skills necessary to take an active role in addressing personal concerns (Jennings et al., 2015). As such, seeking counseling becomes associated with increased self-efficacy, strength and empowerment, and challenges negative self-perceptions associated with seeking help. This may be particularly beneficial to reduce the self-stigma of seeking help and increase help seeking behaviors among undergraduate populations, since emerging adulthood is associated with increased independence which may underscore an emphasis on self-reliance (Arnett, 2020).

V. CONCLUSION

The self-stigma of seeking help significantly impacts undergraduate students' willingness to reach out for professional psychological support when faced with difficulties. It has been found that the internalized stigma associated with seeking seeking help may negatively impact students' perceptions of counseling, as well as result in harmful perceptions of the self in association with receiving counseling (Vogel et al., 2017; Vogel et al., 2006). Indeed, the self-stigma of seeking help is associated with lowered self-esteem, feelings of shame and self-blame, and a reduced self-concept due to self-concurrence with public stigma (Lannin et al., 2015; Tucker et al., 2013).

Globally, undergraduate students face a high prevalence of mental health concerns and psychological distress and at the same time students aged 18-24 are least likely to reach out to on campus counseling services for support (Gulliver et al., 2023). Since the self-stigma of seeking help acts a prominent barrier to help-seeking, studies that increase our understanding of how and why this form of self-stigma develops can lead to interventions that support student wellbeing. Indeed, not all students will develop self-stigma in response to the public stigma of seeking help, and understanding factors that facilitate its development can improve intervention efforts to reduce self-stigma's development and harmful effects.

Attachment theory and research offers a valuable framework to conceptualize the development of self-stigma among students with different attachment patterns. The aim of the present study was to add to the existing literature that has found associations between insecure attachment patterns and the self-stigma of seeking help (Zhao et al., 2015; Nam & Lee, 2015; Cheng et al., 2015). Indeed, the current study found a moderate positive correlation between levels of attachment avoidance and

levels of the self-stigma of seeking help, which supports two previous studies that also found a direct positive association between this attachment dimension and levels of self-stigma (Zhao et al., 2015; Nam & Lee, 2015).

Identifying the ways in which attachment dimensions relate to the self-stigma of seeking help is valuable in a few important ways. First, this research supports earlier studies that found an association between attachment avoidance and the self-stigma of seeking help, supporting awareness of the vulnerability for self-stigma associated with this attachment dimension (Zhao et al., 2015; Nam & Lee, 2015). Awareness of how attachment avoidance relates to the development of the self-stigma of seeking help can help guide approaches in counseling that directly address self-stigma and its effects, from assessment to intervention. Second, consideration of attachment theory and research can help inform future studies, which can directly assess the role of mediational variables in the relationship between attachment avoidance and the self-stigma of seeking help. Finally, high levels of self-reliance and lower levels of self-disclosure are each factors associated with higher levels of attachment avoidance, and are also associated with the development of self-stigma (Genc & Kara, 2020; Smart et al., 2000; Jennings et al., 2015; Mikulincer & Shaver, 2023). Knowledge of the association between attachment avoidance and the self-stigma of seeking help highlights these common variables, and suggests that consideration of these variables may be valuable in the development of intervention strategies that seek to reduce the self-stigma of seeking help and increase student wellbeing.

The current study also identified that among a sample of undergraduate students in Athens, Greece, levels of the self-stigma of seeking help were moderately high. This adds to the literature which shows that the self-stigma of seeking help is a

widespread problem faced by undergraduate students globally (Vogel et al., 2017). Intervention efforts that target the self-stigma of seeking help are of particular value to undergraduate student populations, but are also important in school and high school settings to where the self-stigma of seeking help is also experienced by students (Zhao et al., 2015). Therefore, the current study may contribute to both future studies, as well as present efforts, that aim to develop applicable intervention strategies for use in school and university settings, and thus makes a small contribution to the field of child and adolescent psychology.

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Table 1.

Measures of Frequency for Demographic Variables

Variable	*n*	%	Cumulative %
Gender			
Male	14	37.8	37.8
Female	22	59.5	97.3
Non-Binary	1	2.7	100
Age			
18	10	27.0	27.0
19	7	18.9	45.9
20	9	24	70.3
21	3	8.1	78.4
22	6	16.2	94.6
23	1	2.7	97.3
25	1	2.7	100
Program of Study			
Biomedical Sciences	2	5.4	5.4
Cyber Security	3	8.1	18.9
Environmental studies	1	2.7	21.6
Finance	1	2.7	24.3
Graphic Design	1	2.7	27.0
Information Technology	2	5.4	32.4
International Hospitality	3	8.1	40.5
International Relations	2	5.4	45.9
Psychology	16	43.2	89.2
Shipping Management	1	2.7	91.9
Sociology	2	5.4	97.3
Theatre Arts	1	2.7	100

Continued on next page

Variable	*n*	%	Cumulative %
Home Country			
Belgium	1	2.7	2.7
Egypt	1	2.7	5.4
England	1	2.7	8.1
Greece	28	75.5	83.8
India	1	2.7	86.5
Kuwait	1	2.7	89.2
Sierra Leone	2	5.4	94.6
Switzerland	1	2.7	97.3
U.SA.	1	2.7	100

Note. Among participants (*N*= 37) the mean age was 19.8 (*SD* = 1.72)

Table 2.

Measures of Frequency for Attachment Styles Among Participants

Attachment Style	*n*	*%*	Cumulative Percent
Secure	11	29.7	29.7
Preoccupied	16	43.2	73.0
Dismissive Avoidant	4	10.8	83.8
Fearful Avoidant	6	16.2	100

Note. N= 37.

Table 3.

Descriptive Statistics for SSOSH Scores Among Genders

Gender	n	M	SD
Male	14	22.7	6.0
Female	22	20.3	6.64

Note. *N*= 36.

Table 4.

Descriptive Statistics for SSOSH Scores Among Cultures

Culture	*n*	*M*	*SD*
Collectivist	33	20.93	6.48
Individualist	4	23	6.48

Note. *N*= 37.

Table 5.

Descriptive Statistics for SSOSH Scores Among Attachment Categories

Attachment Style	*n*	*M*	*SD*	Variance
Secure	11	20.3	6.8	46.6
Preoccupied	16	20.3	7	49.8
Dismissive Avoidant	4	26.2	5.9	35.5
Fearful Avoidant	6	21.3	2.9	41.2

Note. N= 37. SSOSH refers to the Self-Stigma of Seeking Help scale (Vogel et al., 2006).

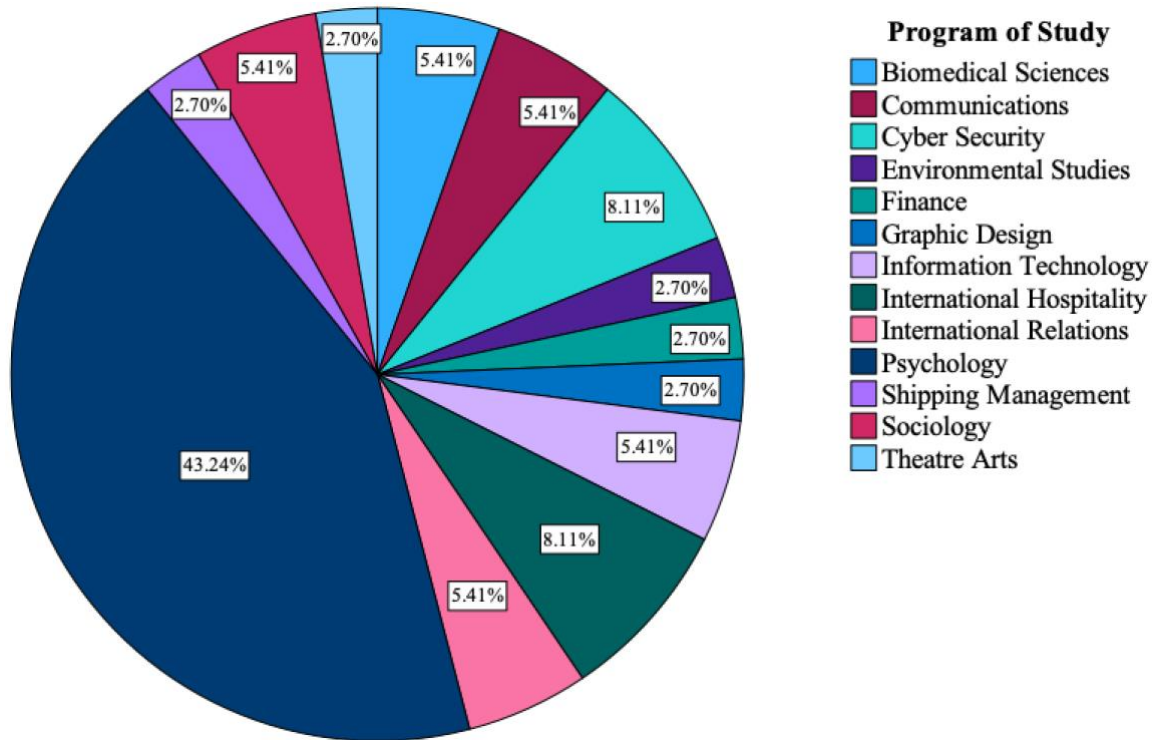**Table 6.**

Descriptive Statistics and Pearson Correlations for Study Variables

Variable	*n*	*M*	*SD*	1	2	3
1 Self-Stigma of Seeking Help	37	21.16	6.42	-		
2 Attachment Avoidance	37	21.7	5.32	.57**	-	
3 Attachment Anxiety	37	13.70	4.64	-.15	-.13	-

Note. ** Correlation is significant at the .001 level (2-tailed).
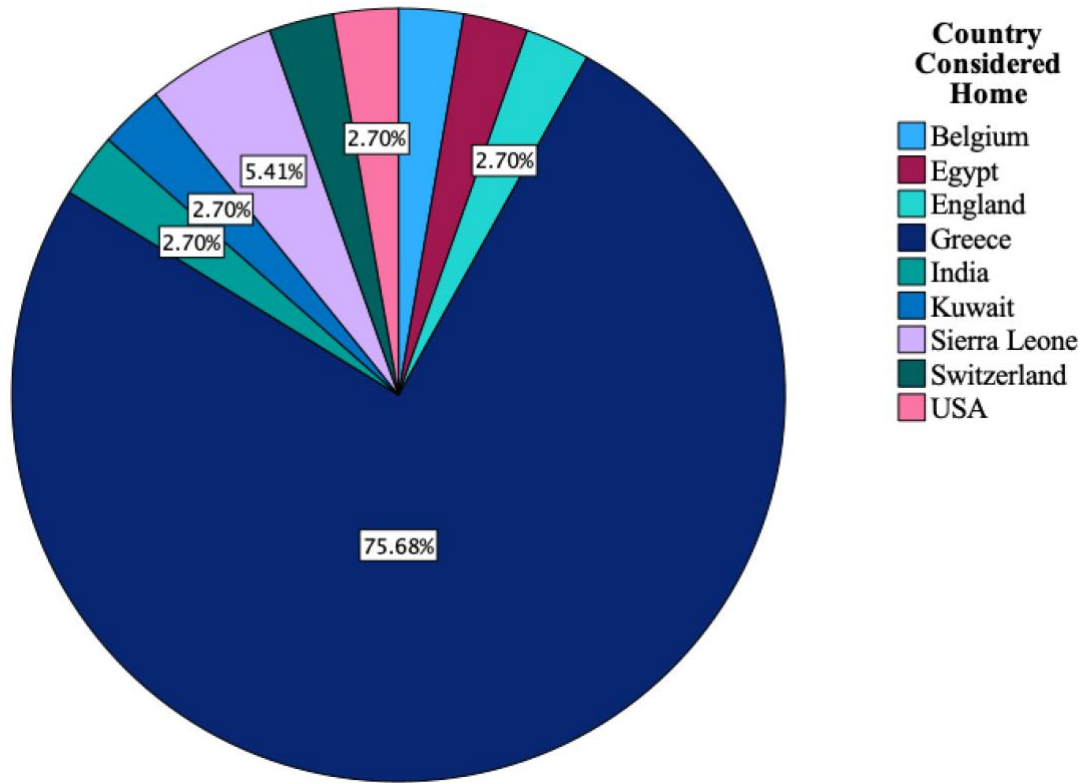
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Figure 1.

Pie Chart Displaying Programs of Study Among Participants
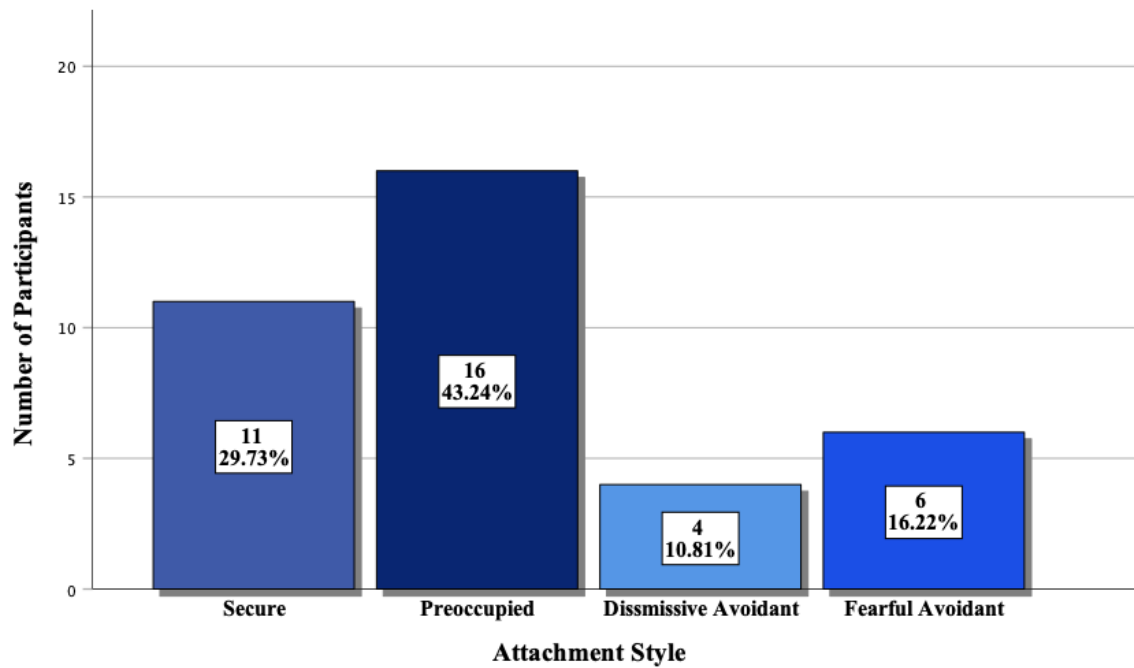

Note. N= 37.

Figure 2.

Pie Chart Displaying Countries Considered Home Among Participants

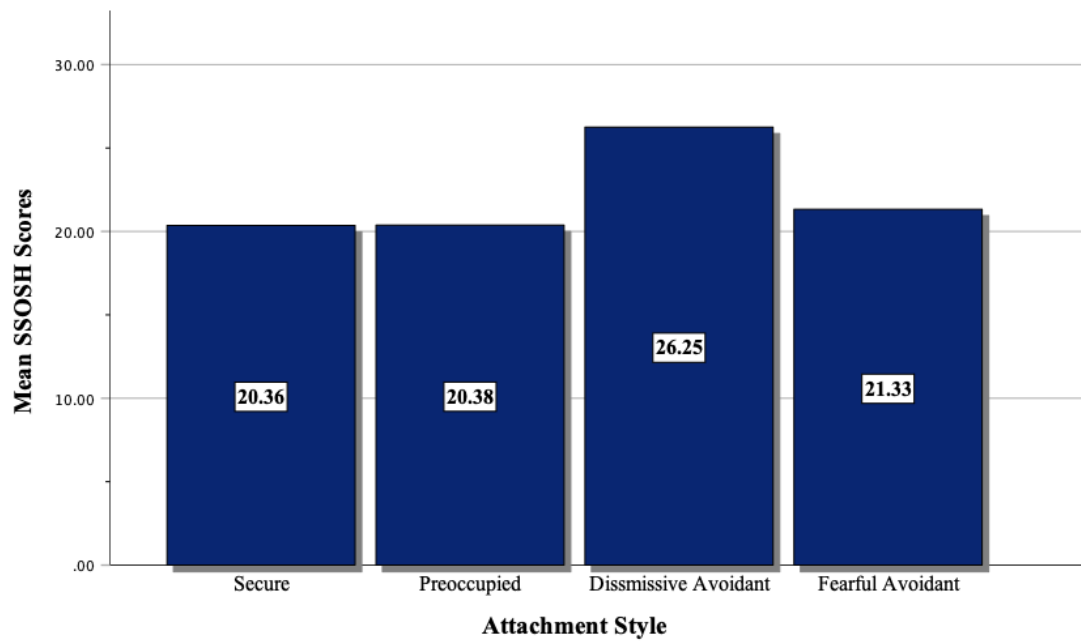*Note. N*= 37.

Figure 3.

Bar Graph Displaying Measures of Frequency for Attachment Styles in Sample

Note. N= 37.

Figure 4.

Bar Graph Displaying Mean Scores of the SSOSH Among Attachment Styles in

Sample

Note. N= 37. SSOSH refers to the Self-Stigma of Seeking Help scale (Vogel et al., 2006).

Figure 5.

Pearson Correlation Coefficient for Attachment Avoidance and the Self-Stigma of

Seeking Help

		Attachment Avoidance	Self-Stigma
Attachment Avoidance	Pearson Correlation	1	.571**
	Sig. (2-tailed)		<.001
	N	37	37
Self-Stigma	Pearson Correlation	.571**	1
	Sig. (2-tailed)	<.001	
	N	37	37

*Note.* ** Correlation is significant at the 0.01 level (2-tailed)

Figure 6.

Pearson Correlation Coefficient for Attachment Anxiety and the Self-Stigma of Seeking Help

		Self-Stigma	Attachment Anxiety
Self-Stigma	Pearson Correlation	1	-.146
	Sig. (2-tailed)		.387
	N	37	37
Attachment Anxiety	Pearson Correlation	-.146	1
	Sig. (2-tailed)	.387	
	N	37	37

Figure 7.

Scatterplot Displaying the Association Between Attachment Anxiety and SSOSH Scores
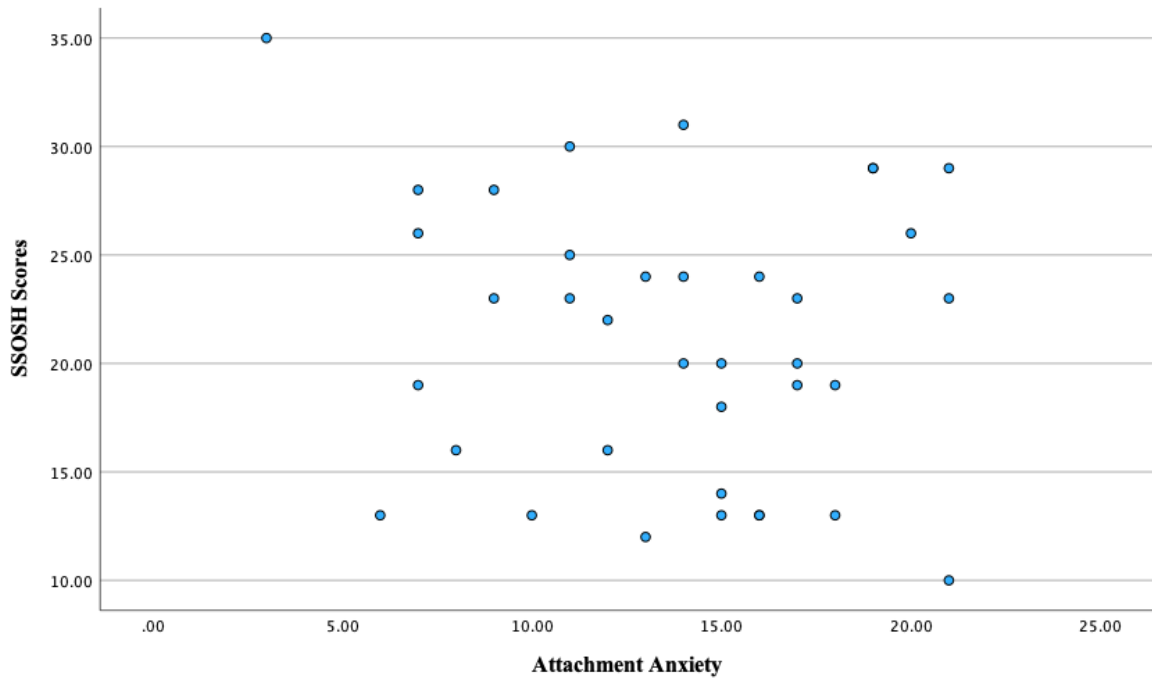
Note. SSOSH refers to the Self-Stigma of Seeking Help scale (Vogel et al., 2006). A linear relationship is not evident between variables.

Figure 8.

Linear Regression Analyses for Attachment Avoidance and the Self-Stigma of Seeking Help

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.571[a]	.326	.307	5.34594	1.490

a. Predictors: (Constant), Attachment Avoidance

b. Dependent Variable: Self-Stigma

Anova[a]

| Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	484.759	1	484.759	16.962	<.001[b]
	Residual	1000.268	35	28.579		
	Total	1485.027	36			

a. Dependent Variable: Self-Stigma

b. Predictors: (Constant), Attachment Avoidance

Note. The fitted regression model used was attachment avoidance = 6.19 + .69 (The Self-Stigma of Seeking Help).

Figure 9.

Scatterplot with Line of Best Fit Showing Linear Regression
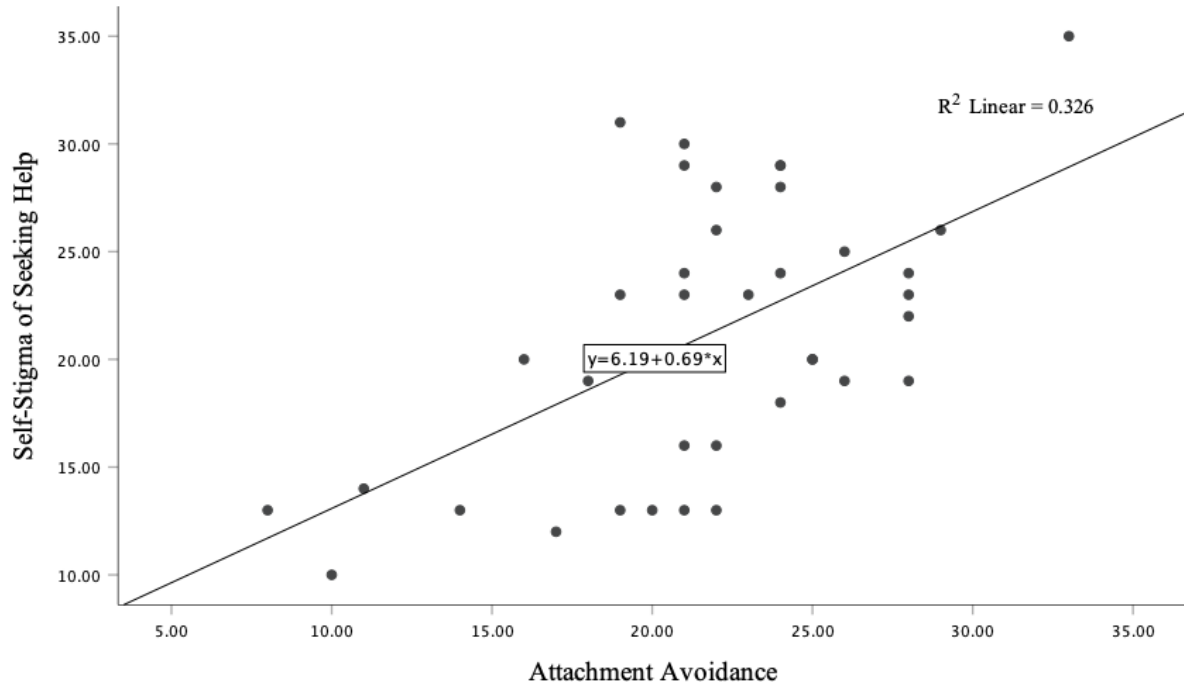
Note. Linear Regression $R^2 = .32$, $p < .001$.

Appendix A

Survey Instrument

The following 10-minute survey is part of a research study on the relationship between attachment styles and personal feelings associated with seeking counseling among undergraduate students. The research is being conducted by Stacy Papadaki, a current graduate student at the American College of Greece, as part of a graduation requirement for the Applied Child and Adolescent Psychology MA. Your participation in this survey is very valuable, and your responses are anonymous.

Within this survey you will find questions that have been taken from two separate scales that include the Self-Stigma of Seeking Help scale (Vogel et al., 2006) and the Experiences in Close Relationships-Relationship Structures scale (Fraley et al., 2011).

The survey is comprised of three short sections, and each section includes individual instructions.

Please circle the items that apply to you or type in your response.

1) Gender:

a. Male

b. Female

c. Non-binary

2) Year of study:

a. 1st year

b. 2nd Year

c. 3rd Year

d. 4th Year

3) Age: _____

4) Which country do you consider home? :_____

5) How many years have you been living in Greece?_____

6) What is your degree program of study? _____

Please read each of the following statements and rate the extent to which you believe each statement best describes your feelings about **close relationships in general**. Using the 1 to 7 scale below, after each statement select a number to indicate how much you agree or disagree with the statement when applied to the relationship(s) you are looking at (Fraley et al., 2011).

1.) It helps to turn to people in times of need.

1. Strongly disagree
2.
3.
4.
5.
6.
7. Strongly Agree

2.) I usually discuss my problems and concerns with others.

1. Strongly disagree
2.
3.
4.
5.
6.
7. Strongly Agree

3.) I talk things over with people.

1. Strongly disagree
2.
3.
4.
5.
6.
7. Strongly Agree

4.) I find it easy to depend on others.

1. Strongly disagree
2.
3.
4.
5.
6.
7. Strongly Agree

5.) I don't feel comfortable opening up to others.

1. Strongly disagree
2.
3.
4.
5.
6.
7. Strongly Agree

6.) I prefer not to show others how I feel deep down.

1. Strongly disagree
2.
3.
4.
5.
6.
7. Strongly Agree

7.) I often worry that other people do not really care for me.

1. Strongly disagree
2.
3.
4.
5.
6.
7. Strongly Agree

8.) I'm afraid that other people may abandon me.

1. Strongly disagree
2.
3.
4.
5.
6.
7. Strongly Agree

9.) I worry that others won't care about me as much as I care about them

1. Strongly disagree
2.
3.
4.
5.
6.
7. Strongly Agree

People at times find that they face problems that they consider seeking help for. This can bring up reactions about what seeking help would mean. Please use the 5-point scale to rate the degree to which each item describes how you might react in this situation (Vogel et al., 2006).

1.) I would feel inadequate if I went to a therapist for psychological help.

1. Strongly Disagree
2. Disagree
3. Agree & Disagree Equally
4. Agree
5. Strongly Agree

2.) My self-confidence would NOT be threatened if I sought professional help.

1. Strongly Disagree
2. Disagree
3. Agree & Disagree Equally
4. Agree
5. Strongly Agree

3.) Seeking psychological help would make me feel less intelligent.

1. Strongly Disagree
2. Disagree
3. Agree & Disagree Equally
4. Agree
5. Strongly Agree

4.) My self-esteem would increase if I talked to a therapist.

1. Strongly Disagree
2. Disagree
3. Agree & Disagree Equally
4. Agree
5. Strongly Agree

5.) My view of myself would not change just because I made the choice to see a therapist.

1. Strongly Disagree
2. Disagree
3. Agree & Disagree Equally
4. Agree
5. Strongly Agree

6.) It would make me feel inferior to ask a therapist for help.

1. Strongly Disagree
2. Disagree
3. Agree & Disagree Equally
4. Agree
5. Strongly Agree

7.) I would feel okay about myself if I made the choice to seek professional help.

1. Strongly Disagree
2. Disagree
3. Agree & Disagree Equally
4. Agree
5. Strongly Agree

8.) If I went to a therapist, I would feel less satisfied with myself.

1. Strongly Disagree
2. Disagree
3. Agree & Disagree Equally
4. Agree
5. Strongly Agree

9.) My self-confidence would remain the same if I sought professional help for a problem I could not solve.

1. Strongly Disagree
2. Disagree
3. Agree & Disagree Equally
4. Agree
5. Strongly Agree

10). I would feel worse about myself if I could not solve my own problems.

1. Strongly Disagree
2. Disagree
3. Agree & Disagree Equally
4. Agree
5. Strongly Agree

Appendix B

Consent Form

Dear Participant,

My name is Anastasia Papadaki and I am a graduate student at the American College of Greece. As part of a graduation requirement for the MA in Applied Child and Adolescent Psychology, I am conducting a study on the relationship between attachment styles and personal feelings towards seeking counseling.

Your kind participation in the following survey is highly valued. The survey consists of three short sections with individual instructions, and will take 10 minutes or less to complete.

Your participation in this study is anonymous. No identifying information is required for the purposes of this research and all data obtained will be safely stored. When research results are reported, responses will be aggregated and described in summary.

Your participation in the survey is voluntary, and you may withdraw your participation at any time.

If you have any questions regarding the study, or your participation in this study, you may contact Anastasia Papadaki at anastasia.papadaki@acg.edu or 695-128-4982. You may also contact the faculty member supervising this work, Dr. Sax at asax@acg.edu .

This research study has been reviewed and approved by the Institutional Review Board of the American College of Greece.

By clicking the 'next' button, you represent that you have read and understood the above information, that you are over 18 years of age and agree to participate, that you understand that you can withdraw your consent at any time and stop participating without consequence and that you do not have any legal claims. If you would like to keep a copy of this study description for your records, please save or print a copy of this page before proceeding with the study. Click next if you want to continue.

Appendix C

Institutional Review Board: Exempt Determination

Institutional Review Board

January 12th, 2024

Anastasia Papadaki, MA Applied Child and Adolescent Psychology

Re: Exempt determination (IRB protocol #202401397)

Dear Researcher,

Thank you for submitting your study entitled, ""The Self-Stigma of Seeking Professional Psychological Help Among Undergraduate Students and Associations with Attachment Style"". The IRB has reviewed and approved your study under the following conditions:

- Please include in the informed consent form a phrase stating that in case of participation withdrawal, all information obt___ll be permanently deleted from all records.
- Cla___in the informed consent that a password-protected approach will be implemented for all collected data
- Clarify in the informed consent who is going to have access on the collected data (for example only the PI and the supervisor)
- Finally, because this study is an anonymous online survey, please add the following text at the end of your informed consent. This "new" part should replace the part of the informed consent where the participants have to provide their signature:
  *"By clicking the **Next** button, you represent that you have read and understood the above information, that you are over 18 years of age and agree to participate, that you understand that you can withdraw your consent at any time and stop participating without consequence and that you do not have any legal claims.*
  If you would like to keep a copy of this study description for your records, please save or print a copy of this page before proceeding with the study.
  *Click **Next** if you want to continue."*

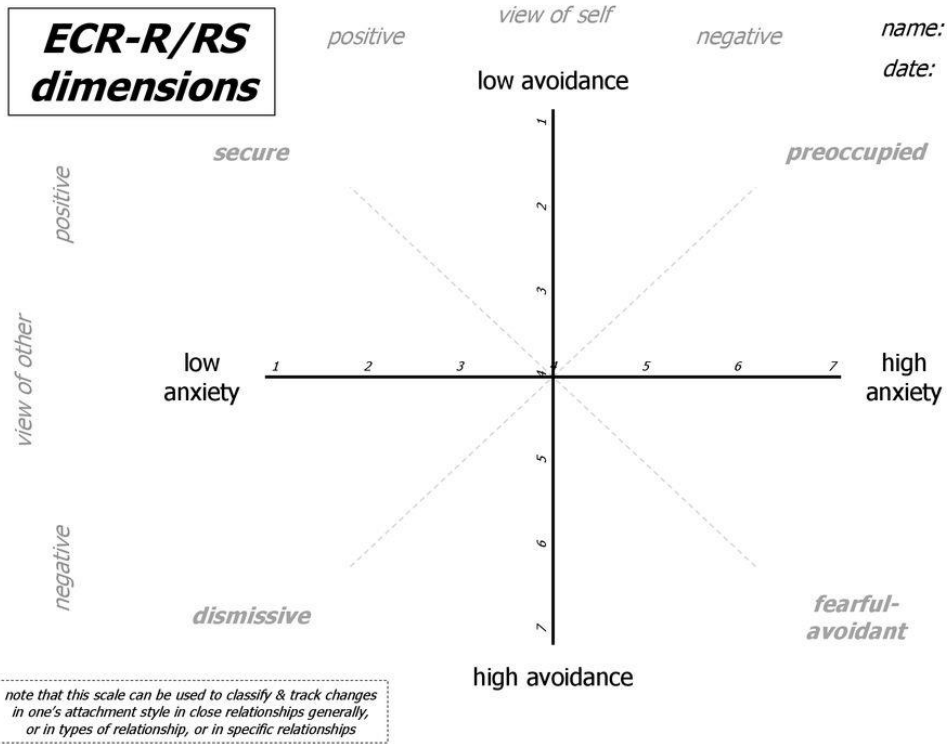*You may send the additional information in the following e-mail address (iberatis@acg.edu).*

Please keep in mind that the IRB Committee must be contacted if there are any changes to your research protocol. Feel free to contact the IRB [irb@acg.edu] if you have any questions.

Best Wishes for your research work.

6 Gravias Street, 153 42
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Appendix D

ECR-R/RS Dimensions Diagram

(Fraley et al., 2011)