Research / Araştırma

The Reliability and Validity of Self Stigma of Seeking Help Scale (SSOSH) in a Turkish Sample

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ABSTRACT

The reliability and validity of Self Stigma of Seeking Help Scale (SSOSH) in a Turkish sample

Objective: The aim of this study is to examine the reliability and validity of Self Stigma of Seeking Help Scale (SSOSH) in a Turkish sample.

Methods: The scale items were translated into Turkish by the researchers and three specialists who have good knowledge of both languages. The scale was translated back by two specialists, and experts opinions from different fields were consulted on the properness of the phrases. The scale was pre-administered to 40 university students. The scale was administered to a group of 299 university students so as to obtain results on validity and reliability, and to a group of 202 university students so as to find out the concurrent validity. Exploratory and confirmatory factor analyses (EFA and CFA) were conducted to determine and confirm the structure of the scale. The scale was administered to a group of 40 university students over a three weeks interval for test-retest reliability of the scale.

Results: EFA and CFA showed that the items had a two-factor structure in Turkish culture. It was found out that factor loading of the 23 items ranged between 0.533 and 0.771; item-total correlation ranged between 0.445 and 0.754. Internal consistency coefficient (Cronbach's alpha) of the whole scale was found out to be 0.90, coefficient of stability 0.82, concurrent validity 0.71.

Conclusion: The results of this study show that the Turkish version of SSOSH is a reliable and valid scale for the assessment of self-stigma of seeking help on university student population.

Key words: Seeking psychological help, stigmatization, self-stigma, social stigma

ÖZET

Psikolojik Yardım Aramada Kendini Damgalama Ölçeği'nin (PYAKDÖ) bir Türk örnekleminde geçerlilik ve güvenilirliği

Amaç: Bu araştırmanın amacı, Psikolojik Yardım Aramada Kendini Damgalama Ölçeği'nin (PYAKDÖ) bir Türk örneklemindeki geçerlilik ve güvenilirliğini incelemektir.

Yöntem: Ölçek maddeleri araştırmacılar ve her iki dili de iyi bilen üç uzman tarafından Türkçeye çevrilmiştir. İki uzman tarafından ölçeğin geri çevirisi yapılmış, ifadelerin uygunluğu açısından farklı alanlardaki uzmanlardan görüş alınmıştır. Kırk kişilik bir üniversite öğrenci grubu üzerinde ön uygulama yapılmıştır. Ölçek; geçerlilik ve güvenilirliğe ilişkin kanıtlar elde etmek amacıyla 299, ölçüt dayanaklı geçerliliğini belirlemek amacıyla da 202 üniversite öğrencisine uygulanmıştır. Ölçeğin yapısını belirlemek ve doğrulamak amacıyla, açımlayıcı ve doğrulayıcı faktör analizinden (AFA ve DFA) yararlanılmıştır. Ölçeğin test-tekrar test güvenilirliği için ölçek, üç hafta ara ile 40 üniversite öğrencisine uygulanmıştır.

Bulgular: AFA ve DFA sonucunda, maddelerin Türk kültüründe iki faktörlü bir yapıya sahip olduğu saptanmıştır. Yirmi üç maddeye ait faktör yük değerlerinin 0.533 ile 0.771, madde toplam korelasyonlarının 0.445 ile 0.754 arasında değiştiği saptanmıştır. Ölçeğin tamamına ilişkin iç tutarlılık katsayısı (Cronbach alfa) 0.90, kararlılık katsayısı 0.82, ölçüt dayanaklı geçerliliği 0.71 olarak bulunmuştur.

Sonuç: Bu araştırmanın bulguları, PYAKDÖ'nün Türkçe formunun üniversite öğrencisi örnekleminde psikolojik yardım aramada kendini damgalamayı, geçerli ve güvenilir bir şekilde ölçtüğünü göstermiştir.

Anahtar kelimeler: Psikolojik yardım arama, damgalama, kendini damgalama, toplumsal damgalama

INTRODUCTION

Needing psychological help and applying for it does not always follow each other. Several people who can benefit from psychological help either does not prefer to take it or even if they begin, they can not fully participate. One reason for this discrepancy is "stigma" (1-6). Stigmatization anxiety leads to two dangers that

can hamper participation in psychological help process: decreasing self-esteem of the individual or taking away the social opportunities (3).

In recent years, researchers have pointed that, before taking an action, individuals first make an assessment of stigmatization by people close to them (7) and then stigmatization by the society they live in (3) before deciding on whether they will attempt to receive help or not. While it has been known that perceived social stigma is associated with the decision to seek help, the complex role played by stigmatization in this process has not been fully understood since it has been made clear by Corrigan (3). Corrigan mentioned two types of stigmatization that affects an individual's decision to seek help: social stigmatization and self stigmatization (3). According to the researcher, increased risk of social stigmatization leads to increased possibility of self stigmatization.

Vogel and colleagues (8), suggested that particularly stigmatization by people who are close to the individual increases the risk of self stigmatization and thus leads to individuals' refraining from seeking psychological help. Authors indicated that when the individual seeks psychological help in spite of self stigmatization which may lead to decreased self-esteem and self-sufficiency and that there is a risk of internalization of the stigmatization by society or close people which may lead to an inferior, insufficient and weak perception of the self (9,10).

While it has been known that an individuals willingness to seek psychological help and perceived social stigmatization is directly associated (3,6,7), the role of self stigmatization has been investigated only in the recent years. Vogel and colleagues (8) showed that when compared with social stigmatization, self stigmatization more closely predicts attitudes towards seeking psychological help and willingness to do it. When seeking professional psychological help is perceived as a threat to self-esteem, in spite of the emotional suffering, the individual may decide not to seek help because taking help is perceived as weakness and acceptance of failure. This may lead the individual to think that accepting the need for help is even worse than the emotional suffering (8).

Vogel and associates indicated that the stigmatization process operates the same way not only when seeking help for psychiatric disorders but also when seeking psychological counseling (6). Stigma due to psychiatric problems may not be the same as stigma due to psychological counseling, however, people who take psychological counseling report that they are stigmatized more than people who are not receiving such help. Sibicky and Dovidio (11) showed in their study, which relies on an experimental design, that people stigmatized for taking psychological counseling and psychotherapy are seen as less attractive and that they face more negative attitudes when compared with people who were not stigmatized. In a study based on a scenario, Ben-Porath (12) reported that people who are said to get help for depression are considered as less emotionally consistent, less interesting and lower self-esteemed when compared with people who are said to get help for back pain and people who are not getting help for depression. As a result, not only having a psychiatric problem but also seeking help for the problem is stigmatized by the society.

Studies conducted on stigmatization in Turkey mostly considers stigmatization of people with psychiatric disorders. September 2004 issue of the journal 3P (psychiatry, psychology, psychopharmacology) was published by the title "Stigma" and it is an important reference source which includes detailed assessment of the issue (13-18). In recent years studies considering attitudes towards help seeking have been increased. In a study which compared the attidues towards seeking psychological help of Turkish and American postgraduate students indicated no significant differences between the two groups regarding attidues towards seeking professional psychological help (19). However, women stated more favorable attitudes towards seeking psychological help then men (19,20). Another study showed a direct negative association between perception of social stigmatization and intention to get psychological help (21).

Studies suggest that when social stigmatization is internalized, possibility of seeking help is decreased further (22,23), therefore, understanding different forms

of stigmatization and helping people to overcome burdens against seeking help is an important task for investigators in psychological counseling field. The aim of this study, in this context, is to adapt Self Stigma of Seeking Help Scale (SSOSH) developed by Vogel and associates (8) to Turkish and investigate the psychometric structure of the scale. We think that bringing this scale in to Turkish will make studies on and understanding the stigmatization process easier.

METHOD

This is a study which adapts Self Stigma of Seeking Help Scale (SSOSH) (8) to Turkish culture and investigates the reliability and validity of the scale.

Study Group

Data were collected from 581 individuals from four different groups. Data were collected from 40 college students to determine the problematic and difficult to understand items in the scale, which was translated into Turkish and ready to use. For most of the validity and reliability studies, data were collected from 3rd and 4th grade college students in Ankara University Faculty of Education during 2009-2010. 45.15% of the study group consisted of 3rd grade students while 54.85% were 4th grade students. Age range was 19-30 (X=22). 34.11% of the sample were male and 65.89% were female. Data were collected from a total of 299 individuals from six different departments. 46 (15.38%) students were from "Computer and Teaching Technologies", 39 (13.73%) were from "Culture of Religion and Moral Values Teaching", 47 were from (15.73%) "Pre-school Teaching", 51 were from (17.06%) "Student Advisory Department", 43 were from (14.38%) "Social Sciences Teaching" and 73 were from (24.41%) "Mental Disability Teaching".

To calculate test-retest reliability, a separate group of 40 students from 3rd and 4th grades were enrolled. To test criterion validity data were collected from 202 3rd and 4th grade students from 5 different departments of Ankara University Faculty of Education during 2010-2011: 32 (15.84%) from "Computer and Teaching

Technologies" department, 68 from 33.66%, "Pre-school Teaching" department, 50 from (24.75%) "Student Advisory" department and 35 (17.33%) from "Primary School Teaching" department and 17 (8.42%) from "Social Sciences Teaching".

Data Collection Tools

Self Stigma of Seeking Help Scale (SSOSH): Vogel and associates (8) predicted a single dimension and created an item pool and after examining this pool they reduced number of items to 28. Researchers took expert opinion on these 28 items and excluded 3 of them. Reliability and validity of these 25 items were studied and of these 25 adequately working (factor load values >0.30, item total correlations >0.50) items, 10 best items yielding highest factor loadings and item-total correlations were accepted as the final scale. Vogel and associates (8) conducted 5 studies in 5 different groups to investigate the validity and reliability of this 10 item scale.

In Study 1, researchers investigated factor structure and internal reliability. In Study 2, confirmatory factor analysis were conducted to confirm the factor structure as well as construct and criterion validity. In Study 3, test-retest reliability was evaluated along with replication of construcy and criterion validities. In Study 4, cross-validation was assessed in a new sample. Lastly, in Study 5, predictive validity of SSOHS in discriminating individuals who sought psychological services from those who did not across a 2-month period. After the validity and reliability studies, single-factored final scale was stated.

Psychological Help-Seeking Attitudes Scale (PHSAS): Psychological Help-Seeking Attitudes Scale, developed by Türküm (24) was used for construct validity. Scale includes 18 items. 12 items are positive and 6 items are negative statements. A single total score is achieved after the reverse scored items are transformed. Scale is Likert type ranging from 1 to 5. Higher scores reflect positive psychological help seeking attitudes. Cronbach alpha coefficient is 0.90 and test-retest reliability coefficient is 0.77.

Procedure

In the context of this study, we adapted not the 10-item final scale of Vogel and colleagues (8) but the 25 item long form which was reliable and valid in its original culture, to evaluate how these 25 items work in Turkish culture. Although the original final scale contains 10 items, researchers developed a reliable and valid 25-item test which had high factor loadings. The first 10 items were selected only in terms of briefing the scale. When the recent discussions on scale development process and inter-cultural studies were taken into account, such as that the selected items in fact have interaction with the non-selected items and that these items are selected due to this interaction (25); that adaption studies including trial items had higher internal consistency when compared with studies which do not include trial items (26). We decided to evaluate the 25 items, which were found to be valid and reliable, in the present study in order to find the Turkish counterparts of these items. Adaptation of the scale to Turkish culture is done in accordance with the steps defined by International Test Commision (ITC). Study started after approval. The scale was translated into Turkish by the researchers in addition to three experts with experience on the field and the foreign language. Five translations were merged into one single form by the researchers. Backtranslation was done by two English language experts. Backtranslation was compared with the original scale by the researchers and the statements were revised. Expert opinion was obtained from four experts in guidance and psychological counseling field. Two experts on Turkish language was consulted for understandibility of the expressions, appropriateness to the target group, expression problems, etc. Two experts on measuring and evaluation were also consulted. A pre-administration on 40 students presumably representing the target group was conducted and the students were asked to give feedback on the problematic items. Expressions were revised according to these feedbacks. After these examinations and revisions, 25-item scale became ready for administration. 1-2-4-5-7-8-11-12-14-16-17-19-20-21-22-23-24-25 numbered items were inversely coded before the analysis.

Data Analysis

Exploratory and confirmatory factor analysis were done to detect and confirm the construct of the scale. In order to find the construct of the adapted items, exploratory factor analysis was conducted first. Confirmatory factor analysis was done to verify the factor analysis found in the explorative factor analysis. Confirmatory factor analysis tests whether the implied construct is confirmed by the data set (25), and the validity of the model depends on presentation of the goodness-of-fit statistics and evidence of construct validity together (26,27). Chi-square test was used to test the fitness of the model. Besides indexes such as, Root Mean Square Error of Approximation (RMSEA), Goodness of Fit Index (GFI), Comparative Fitness Index (CFI), Normed Fitness Index (NFI), Adjusted Goodness of Fit Index (AGFI), Incremental Fit Index (IFI) were utilized (26-28).

In the context of reliability studies, test-retest reliability was analyzed by re-administration of the scale in three weeks to a group of 40 participants and computing Pearson product moment correlation coefficient. Besides, Cronbach alpha was computed to measure internal consistency of the scale.

In order to measure criterion validity, 25 item Self Stigma of Seeking Help Scale (SSOSH) (8) and 21 item Psychological Help-Seeking Attitudes Scale (PHSAS) (24) were administered at the same time and correlation between the total scale scores was computed.

RESULTS

Exploratory Factor Analysis

Exploratory factor analysis, followed by confirmatory factor analysis was done to determine construct validity of SSOHS. Keiser-Meyer-Olkin (KMO) test was used to test whether the sample size was adequate for exploratory factor analysis and KMO of the data set was 0.91. Barlett Sphericity Test was significant (=3056.85 p<0.01), indicating the normality of the data set. Two factors were determined in the exploratory factor analysis by investigating the variance

explained by the components, the eigenvalues, (eigenvalue1=7.950; eigenvalue2=3.286; eigenvalue3 =1.255; eigenvalue4=1.247; eigenvalue5=1.098) and scree-plot graphics (Figure 1). Varimax rotation was used in the analysis.

Two items which yielded low factor loadings (<0.30) were excluded from the scale and the analysis were
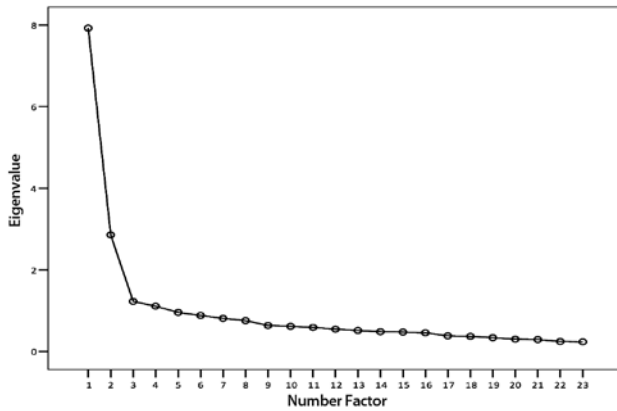

Figure 1: Scree-plot graphics of items in Self Stigma of Seeking Help Scale

repeated. After 4th and 16th items were excluded, factor analysis with the remaining 23 items revealed that factor 1 explained 34.47% and factor 2 explained 12.43% of the variance. Two factors together explained 46.90% of the total variance. Since the original scale has a single dimension, the reason for two factor solution in Turkish culture was investigated by naming the two factors. One of the factors focused mainly on "perception of seeking psychological help as threat to ego" and the other factor focused on "perception of seeking psychological help as a support to ego". The finding that the scale has two dimensions in Turkish culture was shared with the authors of the original scale and their opinion was taken. Factor loadings are summarized in Table 1 (Table 1).

When Table 1 is examined, it is evident that 16 items form a factor and factor loadings were between 0.533 and 0.771. Seven items were loaded to a second factor with loadings between 0.569 and 0.748. When it was taken into account that the minimum factor loading must be 0.30, it was evident that all items had acceptable and high factor loadings (25).

Table 1: Factor loadings of items in Self Stigma of Seeking Help Scale

Item	n	Mean	SD	Factor 1	Factor 2	Common Factor Variance
Item19	299	2.01	0.98	0.77		0.65
Item20	299	2.05	1.00	0.77		0.66
Item25	299	2.21	1.09	0.73		0.53
Item22	299	2.30	1.11	0.72		0.52
Item2	299	2.10	0.99	0.72		0.53
Item21	299	1.99	1.08	0.72		0.48
Item12	299	2.23	1.12	0.69		0.50
Item11	299	1.77	0.89	0.68		0.49
Item23	299	1.96	0.92	0.68		0.50
Item5	299	1.98	0.97	0.68		0.49
Item17	299	2.13	0.96	0.63		0.40
Item24	299	2.39	1.10	0.63		0.39
Item8	299	2.03	1.00	0.62		0.40
Item1	299	2.05	0.94	0.60		0.38
Item7	299	2.40	1.13	0.60		0.36
Item14	299	2.51	1.09	0.53		0.29
Item18	299	2.87	1.12		0.75	0.56
Item9	299	2.46	1.11		0.70	0.54
Item6	299	2.87	1.01		0.69	0.47
Item3	299	2.66	1.20		0.66	0.44
Item15	299	2.92	1.03		0.64	0.42
Item13	299	2.47	1.11		0.60	0.40
Item10	299	2.88	1.14		0.57	0.34

SD: Standard Deviation

Reliability

Cronbach alpha coefficient was 0.90 for the 23 item scale. This showed that internal consistency of the scale was high. Since the scale has two sub dimensions, internal consistency of these subdimensions were also examined. Item-total correalations are summarized in Table 2 (Table 2). Cronbach alpha coefficient of factor one consisting of 16 items was 0.92. When Table 2 is examined, it can be seen that item-total correlations of the first factor changed between 0.461 and 0.754. Cronbach alpha coefficient of factor two consisting of 7 items was 0.79. When Table 2 is examined, it can be seen that item-total correlations of the first factor changed between 0.445 and 0.613. Item-total correlations were also interpreted as a measure of discriminativeness. Since a discriminative item must have at least 040 discriminativeness coefficient, it was evident that all items in the scale were discriminative (29). For test-retest reliability the scale was re-administered in three weeks to a group of 40 participants and consistency coefficient was found to be 0.82.

Confirmatory Factor Analysis

Confirmatory factor analysis was utilized to confirm the two factor structure of 23 item SSOHS. Diagram of the model is provided in Figure 2 when the independent and latent variables were taken into account (Figure 2).

Chi-square was 645 (p<0.01), and the ratio of chi-square value to degree of freedom was 2.87 in the confirmatory factor analysis. Literature in the field suggest that chi-square value is not adequate to display a good model by itself. Therefore, goodness of fit indexes were also examined.

Root Mean Square Error of Approximation (RMSEA) was 0.08. Non-normed Fitness Index (NNFI), Comparative Fitness Index (CFI), and Incremental Fit Index (IFI) were 0.96. Normed Fitness Index (NFI) was 0.94 and Goodness of Fit Index (GFI) was 0.84. Adjusted Goodness of Fit Index (AGFI) was 0.81. When these values of model fit were investigated, it was evident that they are in the acceptable range (30,31).

Table 2: Item-total correlations of items in Self Stigma of Seeking Help Scale

|	Factor 1		Factor 2
Item	Item Total Correlation[1]	Item	Item Total Correlation[1]
Item1	0.56	Item3	0.53
Item2	0.67	Item6	0.51
Item5	0.65	Item9	0.61
Item7	0.54	Item10	0.47
Item8	0.58	Item13	0.49
Item11	0.65	Item15	0.45
Item12	0.64	Item18	0.59
Item14	0.46		
Item17	0.57		
Item19	0.75		
Item20	0.75		
Item21	0.67		
Item22	0.67		
Item23	0.64		
Item24	0.55		
Item25	0.66		
Item Mean	2.27		2.73
Minimum	1.77		2.46
Maximum	3.52		2.92
Range	1.75		0.46
Variance	0.20		0.41

[1]n=299
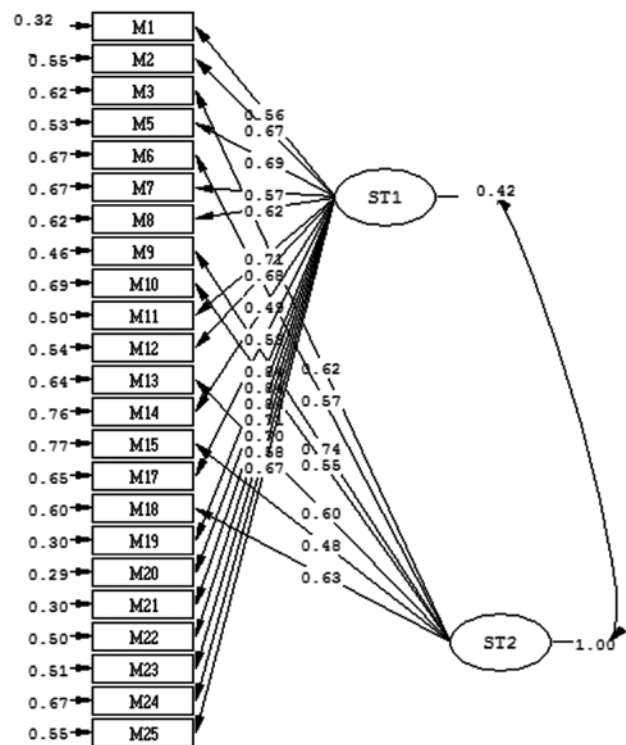
Figure 2: Confirmatory factor analysis diagram

Criterion Validity

In order to measure criterion validity, 25 item Self Stigma of Seeking Help Scale (SSOSH) and 21 item Psychological Help-Seeking Attitudes Scale (PHSAS) were administered at the same time to a sample of 202 students and correlation between the total scale scores was found to be 0.71.

DISCUSSION

It becomes harder everyday to adjust to modern life which becomes more complex ever. This shows the importance of fulfilling the need for psychological support services. However, as discussed, social and individual concerns holdback people to use these services even when they need them. Studies support the notion that stigmatization may prevent individuals' seeking psychological help and their full participation in these services. Particularly social rejection and decreased self-esteem threats, which come with stigma, lead to less than necessary use of the services. Measurement tools were necessary in Turkey in order to conduct more substantial studies on the subject.

With this study, SSOHS, which was developed by Vogel and colleagues (8) and which measures self stigmatization of seeking psychological help is translated into Turkish. By translating SSOHS into Turkish, obtaining quantitative data on the association of stigmatization with different variables and supporting the theoretical background of the subject and in this way conducting studies on prevention of self stigmatization will be easier.

Having a better understanding of the process of making a decision to seek psychological help or not will help to make better interpretation of burdens on psychological help services and to find better solutions. This study contributes to the field on issues such as drawing attention to self stigmatization in psychological help seeking process, helping researchers in the psychological counseling field to study the topic in more detail and taking steps on preventive measures.

Limitations of the study included the sample consisting of college students, including a group with high empathy and certain qualities which have a more limited range of reactions when compared with Turkish population, to protect the original structure of the scale in Turkish culture. Replicating the results and elaborating the present study with broader and different samples in Turkey will contribute and support the current findings. We hope that this study will enlighten future standardization studies on stigmatization, an important issue in psychological counseling and psychotherapeutic services for both service providers and service users, which has been started to be evaluated recently in Turkey.

CONCLUSIONS

In this study, exploratory and confirmatory factor analysis were done in order to evaluate construct validity of SSOHS and it was seen that there were two factors of the scale in Turkish culture. The decision of the authors of the original scale to include only 10 items with the highest factor loads out of 25 possible items only for the sake of shortening the scale can be discussed from a psychometric point of view. We tried to present validity and reliability results for the 25 items, however, since 2 items did not work at all, these items were excluded for keeping these items would endanger the reliability and validity of the wholse scale. In light of the current study, reliabilitiy and validity of both 25 item long form and 10 item short form of the scales can be investigated again in larger samples. Cronbach alpha coefficient for the complete 23 item scale was 0.90, indicating a high internal consistency. Since there were two subdimensions of the scale, internal consistency for each subscale was also computed. Cronbach alpha coefficient of the first factor including 16 items were 0.92, and Cronbach alpha coefficient of the second factor including 7 items were 0.79. For test-retest reliability the scale was re-administered in three weeks to a group of 40 participants and consistency coefficient was found to be 0.82. In order to measure criterion validity, PHSAS developed by Türküm (24) was used. Criterion validity coefficient was found to be 0.71. In conclusion, results of the present study indicated that Turkish form of SSOHS is a valid and reliable tool to measure self-stigmatizaion of individuals.

REFERENCES

1. Komiya N, Good GE, Sherrod NB. Emotional opennes as a predictor of college students attitudes toward seeking psychological help. J Couns Psychol 2000; 47:138-143.

2. Hashimoto K, Elia D, Chambliss C. Cross-cultural differences in counseling attitudes: Japanese versus the United States students. Resources in Education 2002; ERIC/CASS. CG031905.

3. Corrigan PW. How stigma interferes with mental healthcare. Am Psychol 2004; 59:614-625.

4. Vogel DL, Wester SR, Wei M, Boysen GA. The role of outcome expectations and attitudes on decisions to seek proffessional help. J Couns Psychol 2005; 52:459-470.

5. Corrigan P, Watson AC, Barr L. The self-stigma of mental illness: implications for self esteem and self efficacy. J Soc Clin Psychol 2006; 24:875-884.

6. Vogel DL, Wade NG, Hackler AH. Perceived public stigma and the willingness to seek counseling: the mediating roles of self-stigma and attitudes toward counseling. J Couns Psychol 2007; 54:40-50.

7. Vogel DL, Wade NG, Ascheman PL. Measuring perceptions of stigmatization by others for seeking. Psychological help: reliability and validity of a new stigma scale with college students. J Couns Psychol 2009; 56:301-308.

8. Vogel DL, Wade NG, Haake S. Measuring the self-stigma associated with seeking psychological help. J Couns Psychol 2006; 53:325-337.

9. Link BG, Struening EL, Neese-Todd S, Asmussen S, Phelan J. Stigma as a barrier to recovery: the consequences of stigma for the self-esteem of people with mental illness. Psychiatr Serv 2001; 52:1621-1626.

10. Markowitz FE. The effects of stigma on the psychological well-being and life satisfaction of persons with mental illness. J Health Soc Behav 1998; 39:335-347.

11. Sibicky M, Dovidio JF. The stigma of counseling; stereotypes, interpersonal reaction and the self-fulfilling prophecy. Annual meeting of the Eastern Psychological Association, 1984.

12. Ben-Porath DD. Stigmatization of indivuduals who receive psychotherapy: an interaction between help seeking behavior and the presence of depression. J Soc Clin Psychol 2002; 21:400-413.

13. Özmen E, Taşkın EO. Ruhsal hastalığa yönelik tutumların ruh sağlığı hizmetlerine etkisi. 3P Psikiyatri-Psikoloji-Psikofarmakoloi Dergisi 2004; 12:83-91 (Article in Turkish).

14. Demet MM. Anksiyete bozukluklarına yönelik tutumlar ve damgalama. 3P Psikiyatri-Psikoloji-Psikofarmakoloi Dergisi 2004; 12:65-69 (Article in Turkish).

15. Özmen E, Taşkın EO, Özmen E, Demet MM. Hangi etiket daha damgalayıcı. Ruhsal hastalık mı? Akıl hastalığı mı? Turk Psikiyatri Derg 2004; 15:47-55 (Article in Turkish).

16. Ögel K. Alkol ve madde kullanım bozukluklarına yönelik tutumlar ve damgalama. 3P Psikiyatri-Psikoloji-Psikofarmakoloi Dergisi 2004; 12:71-75 (Article in Turkish).

17. Aydemir Ö. Bipolar bozukluğa yönelik tutumlar ve damgalama. 3P Psikiyatri-Psikoloji-Psikofarmakoloji Dergisi 2004; 12:61-64 (Article in Turkish).

18. Ünal S, Hisar F, Çelik B, Özgüven Z. Beliefs of university students on mental illness. Düşünen Adam: The Journal of Psychiatry and Neurological Sciences 2010; 23:145-150.

19. Keklik İ. Attitudes toward seeking professional psychological help: a comparative study of Turkish and American graduate students. Eurasian Journal of Educational Research 2009; 37:159-173.

20. Atik G, Yalçın İ. Help-seeking attitudes of university students: the role of personality traits and demographic factors. S Afr J Psychol 2011; 41:328-338.

21. Topkaya N. Psikolojik yardım niyetinin sosyal damgalanma, tedavi korkusu, beklenen yarar, beklenen risk ve tutum faktörleriyle modellenmesi. Doktora Tezi, Ege Üniversitesi, Sosyal Bilimler Enstitüsü, İzmir, 2011 (Article in Turkish).

22. Vogel DL, Wade NG. Stigma and help-seeking. The Psychologist 2009; 22:20-23.

23. Larson JE, Corrigan PW. Psychotherapy for self-stigma among rural clients. J Clin Psychol 2010; 66:524-536.

24. Türküm AS. Stresle başa çıkma biçimi, iyimserlik, bilişsel çarpıtma düzeyleri ve psikolojik yardım almaya ilişkin tutumlar arasındaki ilişkiler: Üniversite öğrencileri üzerinde bir araştırma. Anadolu Üniversitesi Sosyal Bilimler Dergisi 2001; 1:1-16 (Article in Turkish).

25. Tabachnick BG, Fidell LS. Using multivariate statistics. 5th edition.USA: Pearson Education, 2007;607-610.

26. Hair J, Anderson R, Babin B, Black W, Tahtam R. Multivariate Data Analysis. New Jersey: Prentice Hall Inc., 2006;745-762.

27. Schumacker RE, Lomax RG. A Beginner's Guide To Structural Equation Modeling. New Jersey: Lawrence Erlbaum Associates Publishers, 2004;79-122.

28. Kline RB. Principles And Practice Of Structural Equation Modeling. NewYork: The Guilford Press, 2000;80-100.

29. Ebel RL. Essentials of Educational Measurement. New Jersey. Prentice Hall. Inc., 1972;382-406.

30. Schermelleh-Engel K, Moosbrugger H. Evaluating the fit of structural equation models: tests of significance and descriptive goodness-of-fit measures. Methods of Psychological Research Online 2003; 8:23-74.

31. Jöreskog KG, Sörbom D. Lisrel 8: User's Reference Guide. Chicago. IL: Scientific Software International Inc., 2001.